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A Neurological Approach to the Treatment of Sex Addiction

Integrative Life Network

ONE

What Sex Addiction Is Really Like

If you're reading this book, you or someone you know may be suffering from what is known as sexual addiction. Perhaps you have experienced negative consequences in your marriage, your relationships, your job, your social reputation, your self-esteem, your health, your finances, your daily routines, and your overall happiness, that are directly related to your compulsive sexual behaviors. You may feel as if you have no control over your life and that you are totally dictated by your compulsion to act out sexually. You may often ask yourself questions such as "Why me?" "Why can't I control myself?" and "What's wrong with me?"

On the other hand, you may actually bristle at the idea that somehow, some way, you have lost control over your sexual behaviors. You may tell yourself that all men do it or that it's just a "guy thing." You may have heard of the term *sex addiction*, but because of the negative stigma attached, you have steered clear of owning your own addiction and the negative impact that it has had on yourself and others. The denial of sex addiction may be perpetuated by the fear that you will be labeled. In hearing the term *sex addict*, you may well have conjured up images of sex offenders and social pariahs, and you know that you're not one of *those people*. But despite the incredible effort you put forth to keep yourself in denial, the deep-seated shame that you feel regarding your chronic sexual behavior has left you feeling awful. You likely fear that at any given moment you will be discovered for the person you believe you truly are—someone unworthy of affection and connection.

Likewise, if you are reading this and you are the partner of a person whose sexual behaviors have spiraled out of control, your feelings and emotions may also be all over the map. You may think that your spouse or partner is some kind of sociopath, unable to feel any empathy or have any regard for fidelity or vows of commitment. As for this term *sex addiction*, you may also have your doubts, dismissing it as merely an excuse that men can use in order to carry on a life of lies and cheating.

Sex addiction therapists have been faced with all kinds of rebuttals and counter-arguments that challenge the legitimacy of this addiction. They are sometimes told that they are "sex negative" and "puritanical" and that people have a human right to express their sexuality. These same arguments are often used by people still active in their own sex addiction as a means of defending their own unhealthy behaviors.

Adding fuel to the fire are others who claim that sex addiction is a scam and that there is no science to confirm that this addiction even exists. These naysayers accuse sex

addiction proponents of creating a fictitious disease in order to make a profit. However, a large body of empirical evidence exists in the area of addiction and specifically sex addiction that will, hopefully, silence these pundits and end the hold they have over people who seek recovery.

Whatever emotions, thoughts, or doubts you may be experiencing, if you are reading this book, you or someone very close to you has been engaging in sexual behavior that is causing everyone involved an incredible amount of pain. If you are a person whose sexual behaviors have left you at risk of losing your marriage, family, children, reputation, and job, you may be reading this book because you are desperate but unable to change these behaviors, and maybe you are willing to look at this problem with your sexuality as an addiction. Be assured there is great relief when a secret life finally makes it to the light of day. When you are able to own your addiction, you no longer have to hide. Owning your addiction means that you no longer need to keep up your double life. Most importantly, once you are able to own your sex addiction, there is a real opportunity to heal yourself and your relationships.

So how, exactly, is sex addiction defined? The term itself was coined by psychologist Patrick Carnes in his groundbreaking book *Out of the Shadows: Understanding Sexual Addiction* (2001). Carnes defines sex addiction as “any sexually related, compulsive behavior which interferes with normal living and causes severe stress on family, friends, loved ones and one’s work environment.” As sex addiction therapist Robert Weiss (2015a.) puts it, sexual addiction is “a dysfunctional preoccupation with sexual fantasy and behavior, often involving the obsessive pursuit of non-intimate sex, pornography, compulsive masturbation, romantic intensity, and objectified partner sex.” Weiss (2015a.) continues this definition to assert that this adult obsessive pattern of thoughts and behaviors continues for a period of at least six months despite the following:

- attempts made to self-connect the problematic sexual behavior
- promises made to self and others to change the sexual behavior
- significant, directly related negative life consequences

What these professionals are saying is that there is a difference between someone who is in control of his sexual behaviors and someone who is not, and that difference is addiction. When someone is addicted to sex, he cannot stop the behavior, even if he wants to and even if he experiences negative life consequences as a direct result. A sex

addict is at risk for sexually transmitted diseases, financial ruin, legal troubles, shattered personal relationships, loss of reputation or career, and an ever-deepening self-loathing and mistrust.

Of course, we've all seen these negative consequences and downfalls play out on television and in the lives of multiple celebrities and high-profile figures who could not control their sexual behaviors. In these instances where public figures were outed for their promiscuity, they suffered major detrimental consequences as a direct result. A golf legend lost his wife and endured public embarrassment for years to come. A former US president was not only publicly embarrassed for his chronic sexual activities but was also impeached for perjury and obstruction of justice because he lied under oath about his affair. A New York congressman lost his chance at becoming New York City's mayor simply because he could not refrain from sexting women on social media; he also ultimately lost his wife and had to endure jail time. And then of course there is a TV and movie actor who is well known for his philandering reputation that led to his multiple divorces and who has recently come forward as HIV positive.

Why would such powerful men, who seemingly have everything, risk marriages, careers, health, and reputations, all for simple sexual gratification? Only when you actually start to peel back the layers of this issue can you really begin to grasp that for some people who act out sexually, their behaviors are uncontrollable. Despite negative life consequences, these individuals continued to act out simply because *they could not stop*.

The scope and magnitude of this problem goes far beyond Hollywood and politics. One man lost his job with a Fortune 500 company because he could not stop looking at pornography when he was at work. In spite of the multiple forewarnings that he was going to lose everything he had ever worked toward, he continued the behavior and was fired because the compulsion to log on every afternoon at three fifteen was too strong to resist.

It is estimated that between 3 and 5 percent of the US population (roughly nine million people) struggle with uncontrollable chronic sexual behaviors. As if those statistics are not shocking enough, they are undoubtedly low simply because the untreated and unreported population are not among these numbers. To really grasp the gravity of this issue, one must be willing to acknowledge the many other red flags

warning us that sex and pornography addiction is an escalating crisis within our society. Lee Chris reported that as of 2011, nearly forty million Americans log on to one or more of the 4.2 million pornographic websites in existence each day (Newsweek.com, November 25, 2011). Also, in 2016 pornography was deemed an epidemic by Utah state legislation, stating that it is a “health hazard” that promotes “the objectification of women, which teaches girls they are to be used and teaches boys to be users” (Domonoske 2016). If you carefully consider such facts as these, it is easy to see that addiction to sex and pornography is not only real but it is a national crisis snowballing out of control.

Well-substantiated evidence exists that suggests sex addiction is not that different from substance addiction. In 2010, The American Society of Addiction Medicine (ASAM), a psychotherapeutic professional organization that has fully accepted sex as an addiction, made a departure from equating addiction solely with substance dependence by redefining addiction altogether. In a public statement released the same year, ASAM defined all addiction in terms of brain changes, stating that addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. These brain changes are reflected in an individual pathologically pursuing reward and relief by substance use and other behaviors. Addiction is characterized as an inability to consistently abstain, impairment in behavioral control, cravings, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death. (ASAM 2017)

Compulsive Sexual Behavior Disorder is being considered for the ICD 11. The recommended code, according to the ICD-10-CM index, is F52.8, which is the code for ‘other sexual dysfunction not due to substance or known physiological condition’; the inclusion terms of ‘excessive sexual drive’, ‘nymphomania’ and ‘satyriasis’ are listed under F52.8. DSM-5 also lists ‘other specified sexual dysfunction’ as F52.8. (AMA 2016)

The fact that the term *sexual addiction* is not listed in the fifth edition of the *Diagnostic & Statistical Manual ([DSM-5] 2013)* is one of the strongest arguments that counters this way of thinking. The DSM-5’s publisher, the American Psychiatric

Association (APA), does not recognize the term *sex addiction*, stating that it is too broad. The APA *does*, however, recognize the terms *hypersexuality* and *hypersexual behavior*. What is most important to recognize here is that the APA is not overly accepting of behavioral addictions in general, and in fact has refrained from using the term *addiction* whatsoever. They even go so far as to label alcoholism and drug addiction instead as “*substance disorders*,” with diagnostic criteria set in place for such disorders.

For alcohol use disorder, the APA lists in their *DSM-5* the following diagnostic criteria, each of which is in synchronicity with sex addiction:

1. Alcohol is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects.
4. Craving, or a strong desire or urge, to use alcohol.
5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use.
8. Recurrent alcohol use in situations in which it is physically hazardous.
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol.
10. Tolerance, as defined by either of the following: a) A need for markedly increased amounts of alcohol to achieve intoxication or desired effect b) A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following: a) The characteristic withdrawal syndrome for alcohol (refer to criteria A and B of the criteria set for alcohol withdrawal) b) Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. (2013, 490)

As with each of these criteria where alcohol is the vice and the overwhelming cause of a person’s own demise despite best efforts to stop, sex can and is being used by millions of

people in the same way. ASAM, too, has its own diagnostic criteria that apply to all addictions. The three main criteria on this list used in sex addiction are as follows:

- preoccupation or obsession with substance or behavior
- loss of control evidenced by failed attempts to quit or cut back
- inability to stop despite directly related negative consequences

In all of these ways, sex addiction is just like any other addiction. Sex addiction does not equal sex offending, perversion, homosexuality, or transgenderism. It is a craving, preoccupation, compulsion, and inability to stop engaging in the behavior despite negative consequences.

Mention sex addiction to someone with no experience with the disease, and they are likely to joke about it as if it were a lighthearted or even desirable condition. Unfortunately, the reality of sex addiction is painful. It is a life of constant duplicity, paranoia, shame, fear, anxiety, depression, isolation, and loneliness, coupled with self-inflicted jolts of adrenaline and dissociation. The addict often feels different from everyone else, trapped in a dark, secret life of obsession and constraint. While they are deeply ashamed of their behaviors, it is usually the lying, secrecy, and lack of personal integrity that cause the most pain. Patrick Carnes stated that one of the four core beliefs of the sex addict is, “No one would love me as I am” (2001, 173).

In order to begin your journey to recovery, you must first fully recognize and accept that you are indeed addicted. So how does one know if he is a sex or pornography addict? Let’s look at the common characteristics of a sex addict so that you can correctly assess if you fall into this category. If you do find that your compulsive behaviors align with these common characteristics, then you will find the information provided here to be profoundly life altering. Equipped with the knowledge of the underlying causes of this addiction, any people suffering will begin to be able to regain control over their compulsive behaviors and take back their life.

The common traits of people suffering from sex and pornography addiction are as follows:

- difficulty being authentic (resulting in being fake or putting on an act)
- difficulty being vulnerable
- difficulty responding to others with empathy

- lack of parental attunement
- deeply damaged sense of self
- difficulty fully connecting with others
- avoidant attachment personality type (self-regulation)
- raised in environments that did not support emotions or autonomy
- difficulty regulating emotional states in normal, healthy ways
- re-creation/repetition and unsuccessful attempts to heal developmental wounds
- difficulty bonding
- difficulty maintaining meaningful relationships

Other characteristics may include narcissistic tendencies, preying on vulnerability, very low self-esteem or damaged belief system, deceitfulness, lying, denial, defensiveness, guilt, shame, and manipulation. Some or all of these traits may persist, even when sexual acting out behaviors are under control, if there is not treatment for the underlying trauma, as will be discussed later.

Aside from those listed above, other additional commonalities could also be indicators of addiction. In many cases, the sex addict harbors internal beliefs about not fitting in or ever being loved. Sex addicts feel that they have never been in a relationship in which their significant other knew who they really were. Their partners often say that they are not present or mindful. Addicts may perpetually feel abandoned, unwanted, scared, helpless, hurt, lonely, and isolated, and they use sex outside of the primary relationship to keep these feelings at bay. This way, they believe that they can receive the benefits of intimacy without having to be authentically vulnerable or intimate.

Another commonality among people suffering from sex addiction is the consistent reporting of a personal history of adverse developmental experiences. Either they did not receive correct attunement as a child, were not validated for who they were, or were raised in an emotional vacuum. Much research identifies such experiences as a catalyst for addiction. When childhood wounding occurs, a person's brain and nervous system may respond differently from those who did not experience developmental traumas. From an early age, these individuals can begin to seek outside behaviors and substances to regulate these damaged anatomic systems. Because sexual activity is one of the first pleasure-producing behaviors we find, it is no wonder that many people in these circumstances begin to use sexual behavior as a regulation tool. When continued into adulthood, however, these chronic, compulsive, and unhealthy sexual behaviors manifest as what they truly are: symptoms of a much deeper issue. Neuroscientist and

addiction specialist Gabor Maté states that he never asks why the addiction, but instead asks, why the pain? The progressive treatment modality presented in this book not only offers insight into the why but also provides a solid methodology to heal the root causes of this disease.

The addict engages in behaviors that are destructive to self and others. One man reported that despite knowing that the company he worked for was tracking his cell phone use, he continued to call 900 numbers anyway and was fired. In multiple cases, men have promised their partners and themselves to stop, only to be rediscovered repeating the same behaviors within months. Across the board people have continued engaging in unhealthy sexual behaviors even at the likely expense of their careers, reputations, and families. To the average person, these behaviors might seem insane, but a clinician treating pornography and sexual addiction hears stories like these every day.

What could possibly drive seemingly lunatic behavior like this? Answering this question is the key component to complete and long-term healing. People struggling with this addiction have an absolute inability to regulate or express their emotions without participating in a behavior that changes their neurological chemistry. These individuals use sexual behaviors primarily as a way in which to discharge emotion, increase emotion, or re-create unresolved adverse developmental experiences (ADEs). Careful study of the neuroscientific research regarding addiction leads to the conclusion that the brain and nervous system can be predisposed to this way of operation, utilizing addictive behaviors such as sexual pleasure to relieve emotional dysregulation.

Addiction is a solution that absolutely works, at least initially. Addiction is a guaranteed solution that has the capacity to make everything better. Long term, however, this “solution” is as helpful and sustainable as a small bandage on a very deep cut. While addiction does its job at killing pain and helping people temporarily cope, this treatment comes with a long list of side effects. Unfortunately for those of us who have partaken in this “guaranteed solution,” it seems that we missed the fine print: This substance or behavior will act as a solution to all of your problems; however, using this solution will cost you your happiness, your ability to connect, and your dignity. Continued use will cost you your relationships, family, career, reputation, self-fulfillment, and very possibly your life.

The problem with partaking in chronic sexual behaviors as a way to mend old wounds is that you will feel good (or at least not as bad) for a while, but nothing changes. You will return to the very same place you always have been, a place where you are incapable of sustaining intimate connections and personal happiness.

When sexual behaviors escalate to the point of being used compulsively, this is a sign of deeper issues. At the core of sex addiction is the inability to form a truly intimate bond with a significant other. For sex addicts, the deeper issues that inhibit this bonding began to form early on in our development. Truly intimate bonding requires a capacity for vulnerability, a quality that sex addicts lack due to adverse developmental experiences. These adverse experiences affect the brain and nervous systems in such a way that these systems begin to see and read vulnerability and intimacy as threatening.

The following is an important equation that you will hear multiple times throughout the following chapters:

$$\mathbf{Vulnerability + Authenticity = Intimacy}$$

Although the addict avoids vulnerability and authenticity like the plague, it is this very avoidance that perpetuates the need to act out. Of course, there are very good reasons to avoid these ways of being, as these basic building blocks of intimacy were typically abused, threatened, or destroyed in adverse developmental experiences.

Just as alcohol or drug use is an attempt to kill or modulate pain, when relied upon over a sustained amount of time, sex can also change our anatomy to the point where we become reliant on the chemicals that are produced through the behavior. So while we may begin using sexual behavior simply to feel good in an otherwise oppressed natural environment, we might continue engaging in the behavior because our anatomy becomes dependent on it. Of course, not all people who engage in sexual activity become addicts, just as not all people become addicts to even very addictive substances like heroin; but for some people, sexual behavior used in this way can certainly become an addiction.

Until recently, the addiction community relied heavily on a genetic explanation for the predisposition of addiction. However, thanks to the proliferation of brain research,

the addiction community is shying away from that explanation and shifting more toward environmental reasons. These new findings demonstrate that genes do still matter; however, our environment (especially our early environment) is a more likely catalyst for addiction than a supposed “addiction gene.” In 2010, Gabor Maté demonstrated that an addiction gene does not exist, and that while genes can influence such things as temperament and our level of sensitivity, they cannot and do not influence even simple behaviors. For example, our ancestors may have given us our blue eyes and a propensity for being quick to anger, but it is the way we were raised that influences what we do with that anger. Maté (2010) showed that our behaviors are determined by how our environmental factors influence our genes, and not how our genes influence our environment. Thus, the adverse developmental experiences that occurred when we were very young, completely helpless, and vulnerable are the beginnings to our addictive lifestyle.

Addiction of any kind is a full-time endeavor, and sex and pornography addictions are no different. It is a constant effort to stay emotionally regulated, followed by a constant attempt to avoid the pain of withdrawal. However, there is hope. Treatment for this crippling disease is entering a new frontier. It is becoming apparent that we need to address the damages done to the autonomic and neurological systems in order to achieve recovery, and unless we do so, behavioral approaches used alone will continue to struggle.

Purchase TINSA® - Trauma Induced Sexual Addiction

TINSA® is the neurobiological approach to treating sex addiction. Begin Again Institute, Boulder Recovery, and Integrative Life Center are the only centers in the country using this proprietary model in the treatment of sexual addiction, pornography addiction, and intimacy disorders. If you or a loved one are struggling and you'd like to speak to an admissions specialist about treatment options, call us at **(720) 790-7973** or email **admissions@beginagaininstitute.com**.