

Pornography and Sexually Addictive Behavior: A Descriptive Inventory

William Stapleton

People are often shocked when they hear the terms sexually addictive behavior, sexual addiction or sex addict. The mention of it raises images of despicable characters who lurk in internet chat rooms seeking to lure young people into illicit activities. Nobody wants to be considered alongside those they imagine would fit such a category. The disturbing thing, though, is the uncomfortable truth that sexual addiction is on the rise in every sector of society and sex addicts are much less identifiable than we might imagine. So, what are we really talking about when we raise the subject of sexual addiction? A cursory search through some simple clinical resources for a definition of addiction will result in a statement something like this:

“Addiction is a brain disorder characterized by compulsive engagement in rewarding stimuli, despite adverse or destructive consequences.”¹

Some might say this is an over-generalized definition of addiction. However, to describe the common elements of all the behaviors we can plainly identify as addictive, we must have a definition that doesn't value or prioritize one behavior over another. Which is worse: an alcoholic who destroys his family and ends up dying young, or a heroin addict who ends up on the street, cut off from all relationships, and eventually dies of an overdose? Or might we feel more apt to try to help the compulsive gambler, who can't ever get ahead financially because she spends every extra penny at the local casino? We could go on and on, but the simple truth is that all addictive behaviors share some of the same elements and all addicts take one of two paths: Either they enter a rigorous, intentional and often painful pathway to recovery, or they live with the consequences of their addiction, which include being cut off from the important relationships that make life meaningful, physical and emotional destruction and often, physical death.

When we think of it this way, many different behaviors can be addictive, with similar destructive consequences, and we may apply the same tests to sexual activities as we might to any addictive behavior. Without quantifying the level or degree of addiction, the 7 tests below should help you identify any addictive behavior in your life.

1. If you do it secretly and would be embarrassed if others in your life knew, you're in some measure addicted.
2. If it disrupts your normal lifestyle or daily schedule, you're in some measure addicted.
3. If it disturbs your family and marital relationships, but you find yourself continuing the behavior, you're in some measure addicted.
4. If you tend to minimize, hide or lie about the behavior to yourself and/or others, you're in some measure addicted.
5. If you feel you should discontinue the behavior, but seem to periodically gravitate back to it, you're in some measure addicted.
6. If you sometimes feel that you are a slave to the behavior, and other times as if can stop any time you wish, bouncing back and forth between the two extremes, you're in some measure addicted to the behavior.
7. If any component of your participation in the behavior involves shame, you're in some measure addicted.

Sexual activity, practiced within an addictive cycle, then, is only another of the many and varied forms of addictive behavior.

¹ American Society for Addiction Medicine (2012). "Definition of Addiction" <http://www.asam.org/for-the-public/definition-of-addiction> Last accessed 4/23/2015.

Throughout America, and in fact, all over the world, increasing numbers of men and women are seeking clinical treatment for sexual addiction.² It should be noted that this issue did not originate with the counseling and helping professions. Nobody described sexual addiction and then began applying that description to their clients and patients. Instead, clients and patients have increasingly asking their counselors and therapists for help with behavior they describe as sexual in its content and addictive in nature. This is partly the result of the seemingly endless variety of Internet-based sexual content, and partly the result of easy access to anonymous sexual partnering via smartphone apps and social media.

Contrary to what many people think, sexual partnering doesn't necessarily require personal contact. Recovering alcoholics learn early on about people who can quit drinking through sheer willpower and self-control ("*white-knuckling* it"), and yet retain the cognitive patterns that were always the underlying cause of their alcoholism. They refer to these people and to their behavioral patterns as a "dry drunk." In therapy, addicts are cautioned not to think of their behavior as the cause of anything, but rather as the outworking of an underlying cognitive and emotional state, lest they simply trade one addiction for another.

That same thing is true for sexually-based addiction. Addiction doesn't reside in the liver, or in the lungs or in the genitalia. Addiction resides in the brain. And in order to recover from sexual addiction, we must deal with both the thought patterns that create the emotional state, leading to the addictive behavior, and also with the actual damage that occurs within the brain through repeated use of neural pathways that lead to destructive behavior. Recent studies in neuroplasticity have made scientists realize the role the brain plays in all behavior, addiction included:

When we develop a habit, the brain (*efficient organ that it is*) creates a path to support that habit. As we engage in the habit over and over, the pathway becomes well-worn. . . . In many ways, addiction can be explained as a neuroplastic event. The brain gets trained to do a particular behavior – use drugs or alcohol or gambling – eventually to the exclusion of all else. BUT, in treatment, we can retrain the brain, that is develop a new pathway that supports recovery.³

An emotionally engaging chat session during which one or both participants derive sexual gratification or release should be considered sexual partnering. There may have been no physical contact, but the fantasy and release that occurs within the brain during such a fantasy encounter may present a more powerful, and therefore more difficult to overcome, blockage to freedom from addiction. The brain "knows how" to go to that source for release from stress, to get pleasure, and to, at least temporarily, feel better.

Other powerfully addictive situations can involve strong emotional connections in which the other person may even be unaware they are the object of fantasies and/or sexual gratification. Because the underlying thought pattern results in behavior which is kept secret, the fantasy may be even more powerful than physical contact.

It's common for sex addicts to abuse sexual fantasy – even in the absence of sexual acts or orgasm – to produce an intense, trance-like emotional state that temporarily provides emotional detachment and dissociation from life stressors. Research suggests that these feelings, often described as being in "the bubble" or "a trance," are the result of the neurochemical process induced by a fantasy-based release of adrenaline, dopamine, endorphins and serotonin, not dissimilar to a "fight or flight" response.

Of course, these kinds of dangers and difficulties have always been present in society. In the past people have become addicted to the fantasy-release cycle through letter-writing relationships, photographs, through telephone

2 Weiss, Robert LCSW CSAT-S Who Is A Sex Addict? <https://psychcentral.com/lib/who-is-a-sex-addict/> Last accessed 4/23/2015.

3 Scharff, Constance PhD Neuroplasticity and Addiction Recovery at Psychology Today <https://www.psychologytoday.com/blog/ending-addiction-good/201302/neuroplasticity-and-addiction-recovery> Last accessed 5/1/2013

conversations and many other technologies. In fact, it's possible to look at nearly every technological advance throughout history and see that soon after its inception, some people began using it to enhance or enable sexual practices that lay outside the norm. But the medium through which addictive behavior is accomplished isn't the important thing. It's the thinking patterns of fantasy and visualization leading to sexual gratification, dissociation and release, whatever medium is employed, that fuels the addictive cycle. Again, because sexual fantasy and gratification need not incorporate any interpersonal activity or outward behavior, this type of addiction can be particularly devastating in terms of personal self-image and relationally.

For active sex addicts, the sexual experience itself can, over time, become less tied to pleasure and more to feelings of relief or escape. Healthy, pleasurable, life-affirming experiences become tied to obsession, secrecy and shame. Over time, the hidden fantasies, rituals and acts of the sexually addicted person can lead to a double life of lies to self and others, manipulation, splitting, rationalization, and denial.

These defenses allow sex addicts to temporarily escape their core feelings of low self-esteem, fears of abandonment and depression or anxiety, as sexual fantasy and sexual acts are abused attempting to fulfill unmet emotional needs.

For the sex addict, sexual acting out most often takes place in secret, against a background of social isolation, and absent genuine, intimate relatedness. The problem can occur regardless of outward success, intelligence, physical attractiveness, or existing intimate relationship commitments or marriage. And because the problem is so easily concealed – acting out always occurs in private – those in recovery can experience relapse at any time, even after having abstained for long periods of time.

Like the criteria for other addictive disorders, sexual addiction can be characterized by the following 5 symptoms:

1. Loss of control over sexual thoughts and behaviors.
2. Escalation in frequency and intensity of sexual fantasy and/or activity.
3. Negative consequences resulting from sexual behaviors.
4. Losing significant amounts of time as well as interest in other activities because of pursuing or engaging in sexual behaviors.
5. Irritability, defensiveness or anger when trying to stop a sexual behavior.

So, with this said, how exactly does one recover from sexual addiction? Essentially, in addiction, the pleasure centers of the brain are hijacked by the addictive pattern. Eventually, it is only the addictive behavior that brings the addict any sense of joy, or at least freedom from pain. The addict's brain becomes accustomed to the addictive act being the source of pleasure – not family, friends, a good meal, or a job well done. The good news is that the brain isn't restricted to those neural pathways. They function similarly to the default settings we set up for ourselves in our computers. If nothing happens to interrupt the process, the computer will perform the default function. It's the automatic path of least resistance, and the brain will always use it unless we provide a different pathway and constantly remind ourselves to take it. So, while we can retrain the brain, the old neural pathways, the old links between addiction and pleasure are still there. It's for this reason that we suggest complete abstinence from anything having to do with the addiction. It doesn't take much to revive the old toxic neural pathway and jump start the old habit. The freedom to become involved in addictive behavior is paid for either in eternal vigilance, or else at great personal cost.

A helpful term, coined by Dr. Dan Siegel of UCLA, is interpersonal neurobiology.⁴ It describes a transdisciplinary approach to understanding how the brain works – weaving together understandings of why we behave as we do from fields as varied as anthropology, computer science, and psychology. Interpersonal neurobiology helps us to understand two things – first, how the brain actively works toward something called “*integration*” and second that the brain is developed to grow and heal itself in relationship to others.

Integration means health and wholeness. An older scientific term you might recognize, though less inclusive, would be “homeostasis”. The brain seeks a situation in which all its disparate parts to work together. It is designed for you to feel whole and happy. Of course, the sad truth is that seeking happiness and stimulation in addictive behaviors has circumvented that possibility. So, while your brain keeps thinking it can go that old well and drink from the water to quench its thirst, the water in that well is really killing you.

Relationship also plays a significant role in mental health. Addicts who are isolated do not recover as well as those who have a loving support system in place. This is not just an intuitive deduction about mental health – there are many studies in neuroscience, the science of touch and psychology that support this claim. Addiction tends toward isolation, so recovery must reverse that trend and move intentionally toward vulnerability in relationship.

The goal of cognitive therapy is to change how you think about yourself, others and situations. It helps you find more realistic approaches to life so that you can cope with problems more effectively. Cognitive therapy also changes the way you react emotionally, which in turn changes the way you behave.

Cognitive therapy gives you tools to control behavior. The more you are aware of your thoughts and feelings, the more options you have. The more options you can identify, the greater your sense of competency and control over your life. This builds self-esteem and confidence.

The steps typically followed in cognitive therapy are:

1. Identifying troubling conditions or situations.
2. Recognizing your thoughts, emotions and beliefs about those conditions or situations.
3. Learning to recognize and challenge distorted thoughts and beliefs.
4. Discovering more rational and constructive ways to think about yourself and your life.⁵

This four-step process can help you assess your addictive thinking and learn how to create a new recovery belief system.

1. Listen to your thoughts. What are you saying to yourself?
2. Identify the addictive thought
3. Challenge the addictive thought
4. Replace the addictive thought with a recovery belief — a more realistic and accurate self-talk statement.

For example, when you see a suggestively or seductively dressed woman you may encounter the self-talk statement,
“Check her out! I wonder what she looks like without those clothes!”

Ask yourself:

1. What am I thinking? I’m thinking about seeing this woman undressed.
2. Is this a distortion? Yes, it’s an addictive belief. Moreover, it’s betrayal to my wife.

⁴ http://www.drdansiegel.com/about/interpersonal_neurobiology/ Last accessed 5/4/2017

⁵ Mayo Clinic MC6064-12 Changing Addictive Thought Patterns Rochester MN, 2007 The Mayo Foundation for Medical Education and Research P12

3. Is it true? No, it's not. It's a lie to think of this woman as an object rather than as a person. Moreover, she is someone's mother, someone's sister and someone's daughter. She is a creation in God's own image, just as I am.
4. A new recovery belief: This woman is a whole person just like me. Perhaps she dresses that way because she also has some self-image needs. I really should pray for her.

As a therapist walks you through the steps repeatedly, your brain develops a new neural path to integration and wholeness. This is a process that can take some time, but ultimately, it gives you the tools you'll need to change your own thinking when you discover it is distorted or unhelpful. So, beginning with just a single change, an entirely new way of seeing yourself, the world and your life situations can become reality.