The Secretive Life of Sex and Cybersex Addiction

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Frank sits inconspicuously in the red plastic booth at the back corner of the club. As he sips his Jack Daniels and Coke, the dim light prevents the dancers from seeing his face. His heart rate increasing, his mind in a hypnotic state, he has a singular focus: to lure the newest dancer his direction and convince her to spend time with him. If he succeeds, he will persuade her to go out with him. Putting his magician-esque skills to work, he pulls Starla toward him like an animal seducing its pray. She is captivated by his appearance and 6'5'' frame. She notices his gold jewelry and expensive clothing. Frank is one step closer to living out his ultimate fantasies. Frank and Starla exchange verbal sexual play, and then she begins to seduce him by rubbing his leg, then gently touching him, and finally by giving him a lap dance. Frank whispers in Starla's ear that he wants to show her a good time, take her out on the town, buy her expensive clothing, and take her to the finest restaurants. She gazes into his eyes and agrees without hesitation.

Meanwhile, Frank's wife is putting the couple's two young daughters to sleep at their home 20 minutes away. Sadly, Frank is no stranger to the clubs. In fact, he frequents the Show Room Club several times a week—not to mention his weekly visits to the massage parlors and daily use of Internet pornography.

Frank lives this secret life with conflicted emotions. Part of him loves his wife, kids, and the life they live, and another part of him is intoxicated with each new "acting out" behavior. After several failed attempts to stop the behavior, emotionally desperate and alone, in financial debt, and with a marriage on the brink of divorce, he knows he should seek professional help.

Frank is not unlike many men and women who struggle with sexually addictive behavior. According to Patrick Carnes, the best way to understand sexual addicts is to compare them to other types of addicts, be it drug dependents or alcoholics: "The most common definition of alcoholism or drug dependency is that a person has a pathological relationship with a mood altering chemical." For the alcoholic or drug dependent, the addict's relationship with the mood altering chemical becomes increasingly more important than anything else in the addict's life, including family, career, friends, and self-care. Carnes states, "The relationship [with alcohol or drugs] progresses to the point where alcohol [or drugs are] necessary to feel normal. To feel 'normal' for the alcoholic is also to feel isolated and lonely, since the primary relationship he/she depends upon to feel adequate is with a chemical, not other people."

There are few differences between the alcoholic's addictive behavior and the sexual addict's behavior. A sexual addict replaces healthy relationships with family and friends with an unhealthy experience. Eventually, this mood altering experience spills into nearly every other area of the person's life. The false identity or alternate life becomes so powerful that isolation takes over and the sex addiction is the addict's only friend. According to Maureen Canning, the sexual addiction process is similar to the chemical dependency.

There are eight clear steps that each addict lives out:

Loss of Control—Behaviors that go further than intended (e.g., unprotected or risky sex).

Compulsive Behaviors—A distinct pattern of out of control behavior (e.g., compulsive masturbation).
Efforts to Stop—Countless failed attempts to stop behavior.
Losses—Pain due to losses from behaviors that affected other areas of their life (e.g., effecting work productivity, financial debt).
Preoccupation—Not being in the moment or present, but rather mentally obsessing about behaviors.
Progression—The insatiable need to have the behavior taken up a notch, becoming more risky each time.
Negative Consequences— Continuing the behavior despite the consequences become increasingly harmful.
Withdrawal—Attempts to stop behavior end up causing anxiety and depression, as well as physical symptoms such as nausea and headaches.

Many addicts deny (both to themselves and others) that they have a problem, even when significant consequences develop such as STDs, job loss, and divorce. This delusional thinking keeps the addict from taking ownership of their behavior. They will build a self-protective wall of defensiveness, excuses, justifications, minimizing, and lying in order to avoid taking ownership of their behavior. Over time, the addict's distorted thinking becomes like breathing—a natural part of who they are. They say to themselves, "This is not that bad. I deserve this. I need this to deal with my stress." As a result, the addict's behavior intensifies.

Carnes describes this faulty belief system as the driver behind what he calls **The Addiction Cycle:**
Preoccupation—A trance or mindset where an addicts mind is completely engrossed with thoughts of sex. The brain releases "feel good" chemicals such as dopamine, serotonin, and adrenaline. No pain is experienced in this phase. This chemical release can become as addictive as any drug.
Ritualization—The addict's own specific routine that leads to sexual behavior, which is used to intensify the experience. For example, putting on a specific style of clothing, such as a $500.00 pair of Gucci shoes that are only worn when the addict plans to go out to the clubs.
Compulsive sexual behavior—The actual sexual act or acting out/in. This part of the behavior is the most difficult to stop.
Despair—The addict's feeling of utter hopelessness and powerlessness about his/her behavior.

Cybersex
Cybersex, in particular, has grown in frequency and intensity over the past 15 years with the inception of the Internet. No longer does the addict need to go to seedy adult bookstores or clubs, risking exposure. Now, the addict is only a mouse click away from engaging in pornography or cybersex (including chat rooms and downloads).
"These days cybersex activities include not only viewing and/or downloading pornography along with masturbation, but also reading and writing sexually explicit letters and stories, e-mailing to set up personal meetings with someone, placing ads to meet sexual partners, visiting sexually oriented chat rooms, and engaging in interactive online affairs which include real-time viewing of each other using electronic cameras hooked up to the computer. Many people allow themselves to engage in sexual behaviors online (S&M, cybersex with adolescents or children, presenting themselves as persons of the opposite gender) which they would never do in the real world. Spin-offs of cybersex activities are phone sex with people met online, and online affairs that progress to real or offline affairs."

When cybersex was first introduced in the 1990s, it was termed “the crack cocaine of sex addiction” because of its accessibility and affordability. Al Cooper, a Stanford University researcher, discovered that this is not just an issue for men—more than 41 percent of women said they intentionally viewed pornography, primarily in chat rooms. A person can be anonymous on the Internet, where the opportunity exists to toss aside “normal” life, inhibitions and relationships.

Online sexual addictive behavior, in particular, is appealing because participants can say anything, be whomever they want, ask for whatever they want, and never risk exposure or risk being vulnerable with another. The addict avoids emotional rejection by dissociating from authentic intimate relationships and escaping into a world filled with fantasy and intrigue. “The Internet and cybersex can be so powerful because the actual on-line experience can reinforce unhealthy coping mechanisms learned in childhood. When children experience traumatic situations, they often cope by dissociating (mentally and emotionally detaching) themselves from the traumatic situation. The Internet is a way to interact with others while keeping a barrier between you and other people.”

Trauma and Primary Care Givers

“At the heart of every sexually dysfunctional person who acts out is the desire to undo the abuse (emotional, sexual, mental, or verbal wounding) suffered in childhood at the hands of more powerful, controlling abusers. The difference is that, as children, sexually dysfunctional persons suffered the punishment; as adults, they dish it out. As children, they had no power and control; as adults, they take power and control. *Sexual compulsive behavior is not about sex; it is about power and control.”*

When parents make choices to either indirectly or directly abuse or abandon their child (emotionally, physically, verbally, or mentally), the child is forced to search for coping skills to deal with the trauma. A parent’s role is twofold: first, to show unconditional love (including helping their child feel safe and nurtured), and second, to assist in the process of taking ownership of self – becoming an adult.

Charles’ Story

When Charles first came into my office, he carried many burdens that were affecting his marriage, including depression, anxiety, low self-esteem, and acting out sexually. He expressed an intense conflict between his spiritual value system and his behaviors. In the past, therapy was not an option in Charles’s mind, until his wife caught him looking at pornography, and he then confessed to several sexually unhealthy behaviors. In session, with a flat affect, he began to tell me about the environment in which he was raised:

“My mother was the person who was there for me growing up. If I had a problem or struggle, I could go to Mom, and she would help me through it. She also came to me if she had problems or struggles. We were there for each other. We had a good connection,” Charles paused for a moment, “until I got married.” Agitated, he continued, “My wife, after 15 years of marriage, still gets upset when I talk to Mom. I only call Mom three times a week. I don’t know why my wife gets so upset.” He shook his head and after a brief pause, he shifted the direction of the conversation. “My dad was a hardworking man growing up. He provided (financially) for us.” His voice softened and stared at the floor. “But he still has never told me that he loves me. He expected so much of me. It never felt like it was enough.”

From a therapist’s perspective, both of Charles’s primary caregivers caused emotional wounds that, unfortunately, affected his marriage. His mother’s invitation to Charles to listen and care for her emotional needs indirectly told Charles that he was more important or “better than” others—

better than his brother, better than his sisters, better than his father. This "better than" position contributed to Charles feeling emotionally isolated because he learned over time that his needs were less important than his mother's. Furthermore, Charles's desire to please his mother contributed to perfectionist behavior—he was terrified of making a mistake. He was unconsciously trying to perform to keep his mother happy and to avoid being rejected or replaced with another.

His father, on the other hand, inadvertently told Charles that he was less important or "less than" others. His father's inability to show positive emotions toward Charles contributed to feelings of abandonment and a lack of self-esteem. To compensate, Charles' grandiosity increased, leaving him unaware of a false sense of empowerment.

In both cases, Charles suffered abandonment due to his parents preventing him from recognizing his worth in order to develop a strong self-esteem. Until therapy, Charles was unaware of his anger at his mother because of her request of him to take care of her emotionally. As a child, he could not get angry with his mother because he was dependent on her for love and "better than" status. This transferred to his relationship with his wife. When he became angry with his wife, he internalized the hurt and angry feelings and used Internet pornography and prostitutes as a way of indirectly expressing anger toward her. Charles also came to understand that his father's inability to emote left him desperate for intimacy while simultaneously making it difficult to be vulnerable with his wife. Cybersex became the outlet to act out without risk or vulnerability.

Recovery

"A moment comes for every addict when the consequences are so great or the pain is so bad that the addict admits life is out of control because of his or her sexual behavior." Pain is a subjective experience. For some, the moment of pain is so great that it catapults them toward recovery. Generally speaking, this can be job loss, marital separation, or financial difficulty. For others, the moment of pain can be more specific. Some examples include when an eight-year-old discovers Internet pornography in the browser history of his father's computer, when a husband finds out he has contracted an STD from sleeping with prostitutes and is uncertain if he gave it to his wife, or when the addicts realizes he/she has depleted all of his/her savings and maxed out all his/her credit cards to subsidize the habit.

Simply put, recovery must start with connecting with a caring community to reverse the heart of addiction—alienation. Sex Addicts Anonymous, Celebrate Recovery (a 12-step program with a Christian worldview), and sex addicts therapy support groups are a few examples of such communities. Addicts who attend 12-Step sex addiction meetings, have daily contact with a 12-Step sponsor, do individual and couple counseling (as well as the spouse attending a co-sex addict program), and complete an initial 90-day abstinence plan have the greatest chance for success in overcoming the addictive behavior.

Beyond the need of a caring community, willingness on the part of the client to start therapy and do a careful examination of the belief system of the addict is the next step.

Carnes uncovers **four core beliefs that need to be addressed in the therapy and a 12-Step program.**

Core Belief One—*I am basically a bad, unworthy person*. As part of therapy, this negative thought process must be turned to *I am a worthwhile person deserving of pride.*

Core Belief Two—*No one would love me as I am.* This belief fuels the need to project a false (perfect) image of self and contributes to keeping the addiction a secret. With the support of

community and professional help, authenticity and self-acceptance can change this belief —*I am loved and accepted by people who know me as I am.*
Core Belief Three—*My needs are never going to be met if I have to depend on others.* With self-beliefs about being unloved and unaccepted, the addict concludes that no really wants to help him/her. Over time, the addict can learn to trust others and accept that they are loved by others and the Divine, resulting in a change to —*My needs can be met by others if I let them know what I need.*
Core Belief Four—*Sex is my most important need.* As the addict deepens his/her roots via a caring community, an empathic non-judgment therapist, and a connection with the Divine, the addict can learn to live a life that features healthy human relationships, rather than a life focused on sex—*Sex is only one expression of my need and care for others.*

Conclusion
Sexual addiction, like other forms of addiction, can be equally habit forming, potentially destructive, and, in some cases, emotionally crippling. **When a person is preoccupied with sex and fantasy escalates to engaging in compulsive sexual activity—regardless of the adverse consequences such as: job loss, marital separation/divorce, health, and financial disarray—he/she is a sex addict.** Treatment gives the opportunity for sex addicts to not only put an end to their addictive behavior, but also to understand the trauma and emotional hurt that laid the foundation for their addiction. Exchanging unhealthy core beliefs for healthy core beliefs, as well as participating in therapy and self-help programs, can assist the addict in regaining an open, authentic life.

Carnes, Patrick. *Out of the Shadows: Understanding Sexual Addition*. Center City, Minn.: Hazelden, 2001. pg. 14

Canning, Maureen. *Lust, Anger, Love: Understanding Sexual Addiction and the Road to Healthy Intimacy.* Naperville, Ill.: Sourcebooks, Inc., 2008. pgs. 103-4

Carnes, Patrick. *Out of the Shadows.* pgs. 15-19

Carnes, Patrick. *Out of the Shadows.* pgs. 19-20

Schneider, Jennifer P. and Robert Weiss, "Understanding Addictive Cybersex". HYPERLINK "http://www.cybersexualaddiction.com" www.cybersexualaddiction.com, (2009).

Canning, Maureen. *Lust, Anger, Love.* pg. 122

Cooper, Al, David L. Delmonico, and Ron Burg, "Cybersex Users, Abusers, and Compulsives: New Finding and Implications*," Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention* 7, nos. 1-2: 5-30, (2000).

Carnes, Patrick, David L. Delmonico, and Elizabeth Griffin. *In the Shadows of the Net: Breaking Free of Compulsive Online Sexual Behavior*. Center City, Minn.: Hazelden, 2001. pg. 41

Canning, Maureen. *Lust, Anger, Love.* pg. 43

Canning, Maureen. *Lust, Anger, Love.* pgs. 53-54

Carnes, Patrick. *Out of the Shadows.* pgs. 1-3

Schneider, Jennifer P, "A Qualitative Study of Cybersex Participants: Gender Differences, Recovery Issues, and Implications for Therapist," *Sexual Addiction and Compulsivity* 7: 249-278, (2000).

Carnes, Patrick. *Out of the Shadows.* pgs. 147-177