

Treatment and Healing of Pornographic and Sexual Addictions

Victor B. Cline, PhD

This address was given at the 2000 BYU Families Under Fire Conference.

© 2000 by Brigham Young University
Division of Continuing Education
All rights reserved.

For further information write:

BYU Families Under Fire
136 Harman Continuing Education Building
Provo, Utah 84602
(801) 422-3559
E-mail: conferences@byu.edu
Home page: <http://familiesunderfire.byu.edu>

In over 25 years I have treated approximately 350 males afflicted with sexual addictions (sometimes referred to as sexual compulsions). In about 94 percent of the cases I have found that pornography was a contributor or facilitator in the acquisition of their deviation or sexual addiction. This might include exhibitionism, voyeurism, obscene phone calls, soliciting prostitutes, brief affairs, and even on occasion a child molestation and forced sex. But most of the damage was through compulsive infidelity (sometimes infecting the wife with venereal diseases) and a destruction of trust in the marital bond, which in many cases ultimately led to divorce and a breaking up of the family, with the husband having no or highly restricted visitation with his children.

Many wives found their husbands preferring fantasy sex rather than making love with them, their partner. (They would catch them stimulating themselves while being immersed in pornography on the Internet, in magazines, or in videos.) This had devastating effects on the marriage. One of my (patient) wives, in great pain, confronted her husband, “What do you see in those two-dimensional, faceless women that I can’t give you as a loving wife, who is flesh and blood, a real person and committed to you?” The men never had an answer. To some extent they enjoyed intimate relations with their wives, but most preferred the fantasy sex with masturbation because “these fantasy women” could do *anything* and were perfect in *form and appearance!* While some wives initially blamed themselves as possibly being responsible for their husband’s problem, they soon found that being extra affectionate with the husband never solved anything or stopped the “acting out” behavior or the constant lies and deception.

I found that once addicted, whether to just the pornography or the later pattern of sexual acting out, they really had lost their “free agency.” It was like a drug addiction, and in this case their drug was sex. They could not stop the pattern of their behavior, no matter how high a risk it was for them or how terrible the potential consequences.

In one case I had my patient give me a check for \$1,000, which I put in a special bank account. Since his sexual acting out was always preceded by pornography exposure, I thought we could possibly break the pattern by first stopping the pornography addiction and consumption. So I made an agreement with him that he could have his money back in 90 days if he could be 100 percent sober with regard to exposure to any kind of pornography. Since he was extremely tight with money, this appealed to him and he agreed. He knew that he would do nothing foolish to lose that much money. If he failed the test, however, the money would go to charity (not myself, as I didn’t want to profit from his weakness nor have any reason to want him to fail). Unfortunately, on the 87th day he relapsed three days away from getting his \$1,000 back.

Since he had come so close to getting his money back, I agreed to give him a second chance. I figured that if he could go 87 days sober, surely he could make 90. He was delighted to get a second chance. However, 14 days later he relapsed again and confessed to me that even if he had given me \$10,000 it wouldn’t have made any difference—he would still have relapsed. He could not control himself nor his behavior no matter what the consequences. I never used that technique again to break addictive behavior. It just didn’t work. Promises, good intentions, will power, threat of job loss, the possibility of divorce, frequent reading of the scriptures, or even imprisonment do not deter the behavior. None of these work.

Both my 30 years of clinical work and frequent reviews of the literature convince me that at least one major avenue leading to the creation of these kinds of addictions is through a process of masturbatory conditioning. The work of R. J. McGuire suggests that being exposed to special sexual experiences (which could include pornography), and then masturbating to the fantasy of this exposure, can cultivate a desire to participate in these deviant sexual acts. And it’s just a matter of time before this happens.

The best evidence to date suggests that most or all sexual deviations are learned behaviors, usually through inadvertent or accidental conditioning. There is no convincing evidence, to date, suggesting the hereditary transmission of any pathological sexual behavior pattern such as rape, incest, pedophilia, voyeurism, exhibitionism, or promiscuity.

As one researcher in this area, Dr. R. J. McGuire, explains it, as a man repeatedly masturbates to a vivid sexual fantasy as his exclusive outlet, the pleasurable experience endows the deviant fantasy (rape, molesting children, exposing oneself, voyeurism, promiscuity, etc.) with increasing erotic value. The orgasm experienced then provides the critical reinforcing event for the conditioning of the fantasy preceding or accompanying the act. McGuire indicates that any type of sexual deviation can be acquired in this way, that it may include several unrelated deviations in one individual, and that it cannot be eliminated even by massive feelings of guilt. His paper cites many case histories to illustrate this type of conditioning. Other related studies by D. R. Evans and B. T. Jackson support his thesis. They found that deviant masturbatory fantasy very significantly affected the habit strength of the subject’s sexual deviation.

In the treatment of hundreds of primarily male patients with sexual pathology (paraphilias), it has consistently been found that most men are vulnerable to the effects of masturbatory conditioning to pornography with a consequence of sexual ill health. We, especially males, are all subject to the laws of learning with few or no exceptions. Any individual who does this is at risk of becoming, in time, a sexual addict, as well as conditioning himself into having a sexual deviancy and/or disturbing a bonded relationship with a spouse or girlfriend. Being more intelligent increases the risk (in my judgment) because of the increased capacity to fantasize.

A frequent side effect is that it also dramatically reduces their capacity to love (e.g. it results in a marked dissociation of sex from friendship, affection, caring, and other normal healthy emotions and traits which help marital and family relationships). This sexual side becomes in a sense dehumanized.

Most addicts develop an “alien ego state” (or dark side), whose core is antisocial lust devoid of most values—raw id, in a sense or the “natural man.” In time, the “high” obtained from masturbating to pornography becomes more important than real-life relationships. It has been commonly thought by health educators that masturbation has negligible consequences, other than reducing sexual tension. Moral objections aside, there is at least one other exception. This would appear to be in the area of repeatedly masturbating to deviant pornographic imagery (either as memories in the mind or with explicit external pornographic stimuli which risks, via conditioning, the acquiring of sexual addictions and/or other sexual pathology.) It makes no difference if one is an eminent physician, attorney, minister, athlete, corporate executive, college president, unskilled laborer, average 15-year-old boy, or president of the United States. All can be conditioned into deviancy. The process of masturbatory conditioning is inexorable and does not spontaneously remit.

The course of this illness may be slow and is nearly always hidden from view. It is usually a secret part of the man’s life, and, like a cancer, it keeps growing and spreading. It rarely ever reverses itself and is also very difficult to treat and heal. Denial on the part of the male addict and refusal to confront the problem are typical and predictable, and this almost always leads to marital or couple disharmony, sometimes divorce, and sometimes the breaking up of other valued relationships.

One researcher, Stanley Rachman, demonstrated in the laboratory how sexual deviations could be created in adult male subjects. He was actually able to condition, in two separate experiments, 100 percent of his male subjects into a sexual deviancy (fetishism). He later “unconditioned” them to reverse the toxic effects, but this proved more difficult than he expected—with some of his subjects spontaneously reverting back to their addiction.

There are many approaches to treatment which usually involve individual work with a psychotherapist who has skills in successfully treating this kind of illness, plus being in a 12-step group/program such as Sexaholics Anonymous. There are no costs of being in such a group, which is patterned after the original A. A. model. It has at its core a spiritual dimension. I have found it very helpful with this condition.

I have personally found the following approach to yield the most successful outcomes for at least the type of patient population with whom I work: males 15–75 from mainly middle social class

backgrounds, often religious, and motivated to change (because of the threat of divorce, loss of job, family, prison, etc.).

1. If the patient is married, I attempt to have the wife participate in treatment. She has been traumatized repeatedly by the husband's problem, broken promises, and many lies. She usually has a huge trust issue with him and may be debating divorce. I see them together so that the wife knows everything that goes on in treatment, and we address her fears, depression, and the kids acting-out, as well as their stressed marriage.

2. In the first interview I have the husband outline the problem and ask him what he wants me to do. It is important that he take some initiative in his healing. Then I turn to the wife and ask if she has anything to add or correct or give her point of view of what her goals for therapy are. If they are on the verge of divorce, I determine if she wants out, wants to stay and help, or to stay long enough to see if he can change or start healing of his addiction.

I talk about the importance of the wife being a part of the healing team. It goes faster if both are involved. Both are wounded; both need help. However, there is one unchangeable rule: NO SECRETS. I tell them that secrets "kill you. They take away your power." They create shame and guilt. And even though there might be some relapses (usually minor) during treatment, these need to be talked about openly in therapy or they are wasting their time and money if these are not disclosed and worked with. I tell them that most people I know who are kicking the cigarette habit quit 15 times before they finally really quit. Anything hidden the spouse always sooner or later finds out about. So right to begin with—no secrets! The lies and deceptions have to stop or he won't get well.

3. I next take a history of the man's exposure to pornography and masturbation to it and sexual acting out in the wife's presence. This helps her understand more clearly that in some ways her husband was a victim, too, starting at an early age. I next inquire about possible sexual abuse or early seduction of the husband as a child or adolescent which may have eroticized him prematurely.

In taking this history I start with his first memory of exposure to pornography—what its form was (Internet, magazine, video, phone sex, topless bars etc.), how old he was at the time, and if he masturbated to it—and continue up to today (day of interview). Was there "other" acting out? I tell the husband that I don't want all of the tiny nitty-gritty details, only the main essentials. I do this to protect the wife from being exposed to unnecessary sordid details. These may needlessly torment or traumatize her. But she still needs to know what he did generally so she can decide whether to ever forgive him. This also means that the slate is clean. There's a "level playing field"; there are no more surprises. It also means that the husband can treat his wife as a confidante on any matter in this area. She already knows it all and this takes a great burden off him. He no longer has to "hide out" and lie anymore.

4. Then I establish a **sobriety date** (the date of last exposure) for all the different forms of porn or sexual acting out that he was involved with as well as the last time he masturbated. At each succeeding visit I recheck these sobriety dates. If there has been a relapse, then I

do relapse prevention work with him, identifying triggers that set him off, and seek ways to circumvent these—and also fortify him against the “wave” (of temptation).

5. I next explain to the wife that her husband has lost his free agency, and that’s why he lies and his promises don’t work. At this point in treatment, I suggest that he shouldn’t make promises that he can’t keep. Good intentions mean nothing. Her husband may mean well and really want to quit because of the terrible, painful consequences, but he literally cannot do this by himself yet. He has to have highly specialized help. Unfortunately, at the present time, most therapists do not know how to treat sexual addictions. Self-control and self-discipline or a rational approach generally don’t change anything. With most people I see who are deeply addicted, prayers and scripture reading are usually not enough to solve the problem, even though I believe that God could instantly cure the problem if He so chose. In most cases He lets the individual work it through the long way, probably because he will in the future be more likely to voluntarily choose not to repeat this very destructive behavior—of his own accord.

6. I tell both husband and wife about the “wave” which periodically hits the patient and overwhelms him with temptation. This is something most men cannot resist. One of the goals of therapy is to prepare the man to face and defeat the wave. These waves vary in intensity and frequency from several times a day to once a year or even less. Between the waves the man feels at peace and has the mistaken notion that he has power to resist anything. But this is an illusion and is only temporary until the next wave hits him.

I explain to the couple that as a therapist I’m like a guide to Mount Everest. I can show them how to get there, but they have to walk every step of the way. They have to do all the work. I assure them there is a good possibility that they can heal. But like an alcoholic when sober, in the future they have to be careful not to expose themselves to high-risk situations. I also explain that they are not mentally ill in the classical sense but that they have an addiction which powerfully controls their life--somewhat like being on crack cocaine. And the journey to freedom will not be easy. It will require an enormous commitment on their part to become whole again.

7. I assign both the husband and wife to read Patrick Carnes’ book, *Out of the Shadows* (Compcare Publications) and Stephen Kramer’s *Worth of a Soul* (Randall Book Publ.), then later Carnes’ newer book, *Don’t Call It Love*.

8. I assign the husband to start attending S. A. (Sexaholics Anonymous), which is a spiritually based 12-step program. In these groups we petition the help of a Higher Power, or God, or Jesus Christ to bless us and cleanse us of our affliction. There are chapters in nearly every city in America, and they are free. To find where and when they meet, call Alcoholics Anonymous (in all the phone books). They will know. Your client may start with a newcomers’ group first, then graduate to the step-study group after a few months. Wives who have been badly traumatized by their husband’s behavior may wish to attend S-Anon (for the spouses of offenders) or even later occasionally join with their husbands at their S. A. meetings if allowed. The husbands need to attend 90 percent of their weekly meetings for this to work and be truly healing (or go to another meeting that week if they miss their basic one). If an individual is relapsing at high rates, he may need to attend up to

three or four nights a week in order to achieve sobriety and break the stranglehold of his addiction. Thus the client regularly attends a no-cost S. A. program, and he also has a private therapist who works with both him and his wife. The therapist will tailor treatment to the unique aspects of his addiction, hold him responsible for doing the things that he can still do with his free will, and assist the wife with her doubts and concerns as well as the anxiety and trauma which she has been dealing with. The therapist will also answer many questions, do relapse prevention work, “fire drills,” and do those many things which the group cannot do for him.

9. At these S. A. meetings they need, in time, to locate a “sponsor.” This is someone who has been sober (no relapses) for a lengthy period of time, whom an addicted person can call (phone) in an emergency—occasions when the wave hits him and he is are strongly tempted to act out. The sponsor can help him stay sober—he’s like a lifeguard.

10. Because the compulsion to act out is so overpowering, addicts need a mental set to stay sober just **one day at a time**. Think only of making it today. If you focus on a longer time period, you may be setting yourself up for failure. Just get through today.

11. Through close interviewing, identify triggers which activate the wave of temptation (e.g. looking at porn, seeing girls in skimpy clothes, fighting with their spouse or the spouse being out of town, driving by an adult bookstore, walking into any video store, viewing hard R or X films, looking at ladies’ skimpy underwear, etc. Then plan strategies to avoid these or deal with them. Example: if going on a business trip and being in a hotel with access to porn movies, when checking in to the hotel request the front desk to block out those channels. I also suggest they consider calling their wives at 9:00 p.m. each evening when away and discussing how the day went, any special problems, etc.

12. Thought-stopping: When your clients are stimulated or aroused by sexual fantasy which can lead to masturbation and the acting-out cycle, tell them that they have only three seconds to block or stop the thought or imagery. At the top of their voice they should yell STOP (or scream it silently if others are nearby) and visualize a policeman with handcuffs approaching—holding a big sign with the word STOP on it. This will kick the offending imagery off the mind screen briefly. But then they have to bring to mind an event in their life that has very powerful emotional significance (either positive or negative) which they ruminate about. In other words they fight fire with fire, a strong sexual fantasy with an equally powerful contrasting kind—such as the time they helped their team win the game, a surprise birthday party, or even the death of a very close friend. But it must be something emotionally powerful.

13. Practice “fire drills.” Present to them imaginary situations they might have to face in real life which would expose them to temptation. How would they handle it? Process their responses in great detail so if something like this should happen, they would be mentally prepared to deal with it. Example: a friend at work wants to show them his latest porn. How would they handle it? The wife, of course, is listening to all of this and participating as she chooses.

14. Advise no more masturbation. The client should stop masturbating to pornography. That risks further conditioning into deviancy. Recognize that this may be difficult and not even possible immediately. But have them keep a record of those days where this occurs and strive for reducing its frequency, but especially—if they do it—refrain from fantasizing deviant imagery. In contrast have them imagine loving their spouse at this time. Check their calendar at each session. See if they can slow it down with the ultimate goal of being free of this behavior. Our experience is that this is not an impossible goal. Many addicts do quit.

15. Do marriage counseling. Do those things that will help improve their marital relationship. Give them assignments to have fun together, improve intimacy, take marriage seminars, participate in sports of their choice together, be friends, etc.

16. Do stress reduction therapy. If they have financial problems, work out solutions or refer them to agencies that can help here. If they have out-of-control children, give them support in dealing with this. Or if the wife suffers greatly, put her in a non-S. A. 12-step program—just to provide her with a support group and place where she can be nurtured. Example: Heart to Heart is an excellent (mostly female) LDS-oriented, no-cost group which uses the Book of Mormon as their 12-step guide. Contact Nina Palmer in Salt Lake City for further information: (801) 272-7657.

17. When relapses occur don't criticize or "beat them up" but point out the positives, what can be learned that will protect them in the future, that this is just part of a growth experience. Give them hope. Point out all the progress made in other areas and all the good things they are doing or making progress in.

18. Have them keep a daily journal recording fantasies and behaviors. Then review and process these during therapy.

19. Give them further books to read such as Patrick Carnes' book, *Contrary to Love* and the more recent *Don't Call It Love*". Also recommended are the S. A. Big Books (with lots of case histories and biographies of recovering addicts' stories).

20. Other techniques used include apology sessions, medications like depo provera to temporarily reduce the sex drive, including eliminating sex fantasies; autobiography; covert sensitization; family of origin work; developing a sobriety contract; healthy sexuality education; social skills work; etc. You may have to work with wounds from childhood from which they may struggle with shame, feelings of worthlessness, or have a need to punish themselves—where their self-image is distorted and negative, or where they were emotionally abandoned and unloved by their parents or caretakers. They need to be given hope. They need to know that their counselor respects and cares about them as human beings.

21. And lastly—if an inappropriate image or tempting thought appears on your client's mind screen, have him close his eyes and say, "Thank you, God!. I appreciate your reminding me of my weakness. This will help me get well!" Give them support in their spiritual life. Encourage their reconciliation and relationship with Deity.

Remember to tailor your therapy to the special needs of the couple. You will never use all of these techniques. Chose only those that best fit your client's special needs. A skilled therapist who is familiar with treating sex addictions plus involvement with S. A. are both needed to bring about change and healing. This is one illness where you cannot get well on your own unless God grants you a miracle.

FOOTNOTES:

Carnes, Patrick, *Don't Call It Love: Recovery from Sexual Addictions*. New York: Bantam Books, 1991.

Evans, D. R. "Masturbatory Fantasy and Sexual Deviation," *Behavioral Research & Therapy*, 1968, 6, p. 17.

McGuire, R. J. et al., "Sexual Deviation as Conditioned Behavior," *Behavior Research & Therapy*, 1965, 2, p. 185.

Rachman, S. "Experimentally Induced Sexual Fetishism," *The Psychological Record*, 1968, 18, p. 25.