HARMONY PLACE MONTEREY

From Pornography to Intimacy: Changing the Triggers for Sexual Arousal

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How the Emotional Motor System Controls the Pelvic Organs

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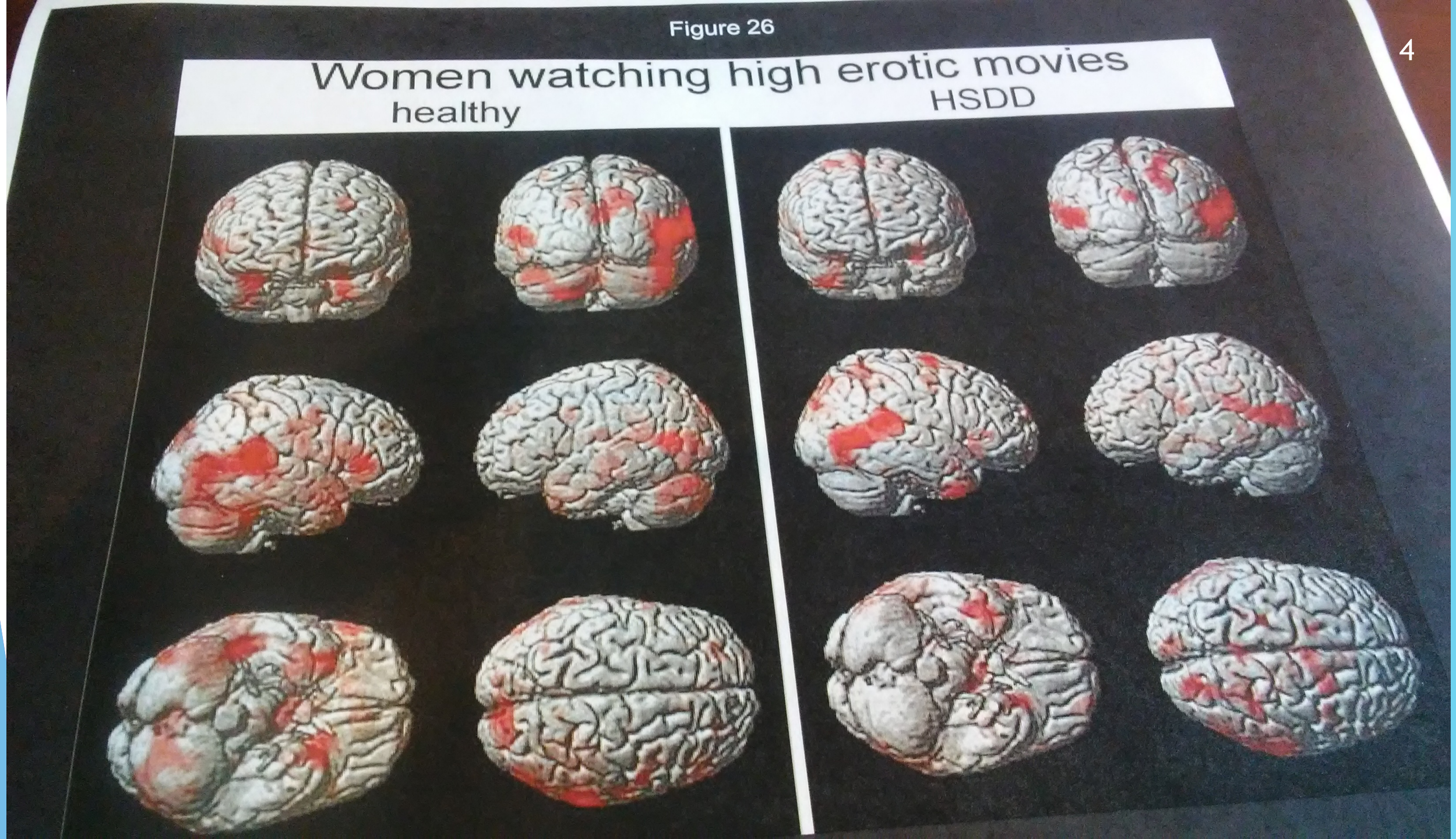
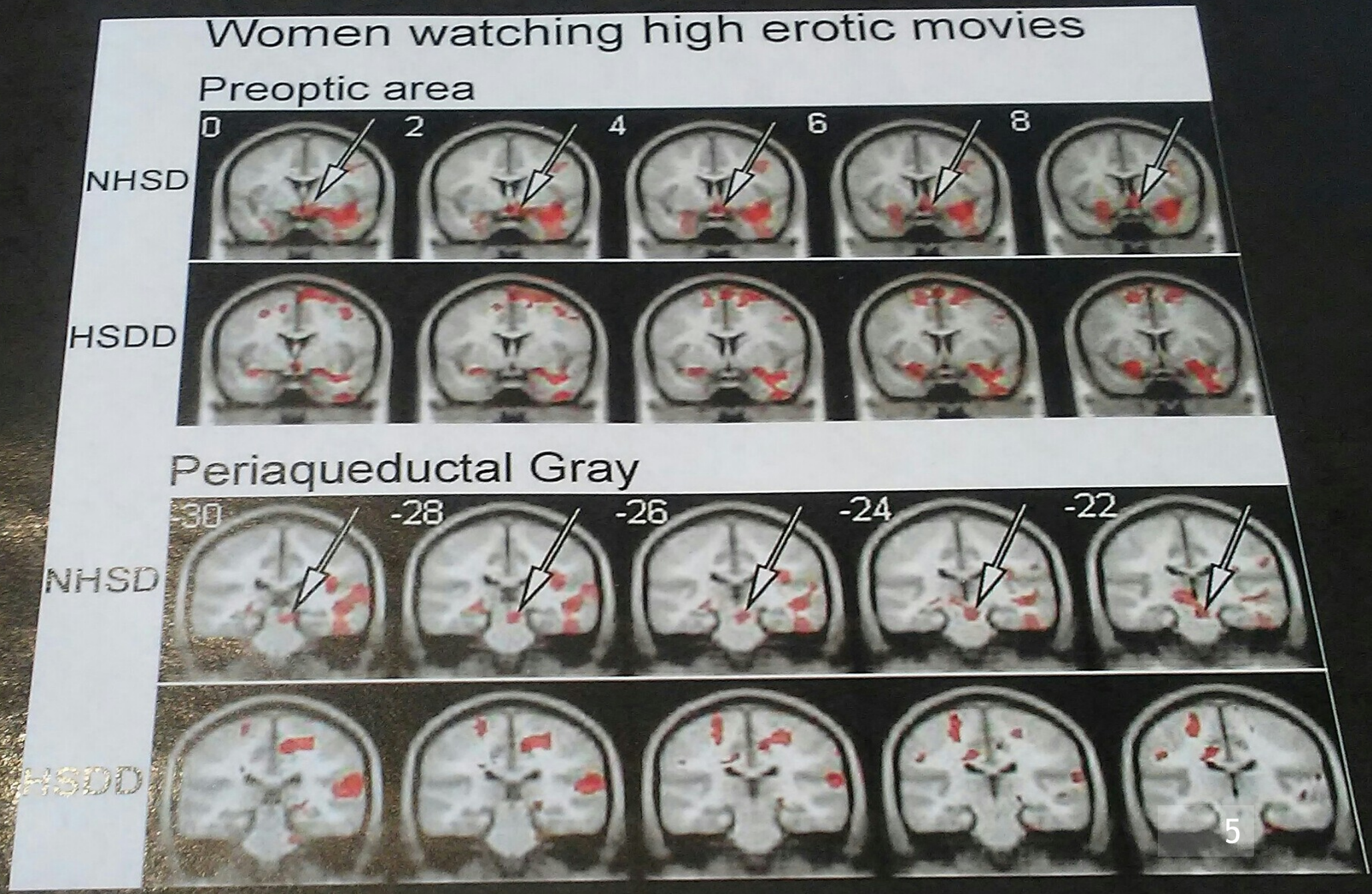
Figure 26




Women watching high erotic movies
Preoptic area
0
2
4
6
8
NHSD
HSDD
Periaqueductal Gray
-30
-28
-26
-24
-22
NHSD
HSDD

5

TREATMENT MODEL

Love and Compulsion Cannot Coexist

- Love is willingness and ability to be affected by another human being and to allow that effort to make a difference in what you do, say, and become.
- Compulsion is the act of wrapping ourselves around an activity, a substance, or a person to survive, to tolerate and numb out experience of the moment.
- Love is a state of connectedness, one that includes vulnerability, surrender, self-valuing, steadiness, and a willingness to face, rather than run from, the worst of ourselves.
- Compulsion is a state of isolation, one that includes self-absorption, invulnerability, low self-esteem, unpredictability and fear that if we faced our pain, it would destroy us.
- **Love Expands; compulsion diminishes.**

— *Geneen Roth, 1991*

Layers of Treatment

- Address underlying trauma
- Disrupt repetition compulsion and reenactments
- Establish secure attachment
- Maintain emotion regulation
- Reconstruct erotic template
- Development of coping, social and life skills
- Enhance choices for genuine intimacy

Developmental Adaptation

- Caregiver psychological unavailability, physical abuse, sexual abuse, and serious distortions in the infant-caregiver relationship were strong predictions of adult psychopathology. Emotional problems are developmental outcomes; that is, they derive from a process of successive transactions of the child and the environment.

- Disturbance is created by the interplay of multiple factors operating over time, and links between antecedent conditions and disturbance are probabilities and nonlinear. The same process that governs continuity and change in normal adaptors, governs the development of disturbance. (Sroufe, 1988, p. 275)

BORN OPEN AND RECEPTIVE

- Caretakers, schools, peers, sequentially wounded us, we split off self-parts
- Our conscious self gets smaller (feel constricted)
- Our unconscious get bigger
- Common defenses –
  - Controlling
  - Self-absorbed
  - Symbiosis
  - Protect from danger
- Deny our needs
- Fill emptiness with things, food, drugs, work, money, sex, spending, starving
- Self-rejection, self-hatred
- Project disowned parts on partners
- Resist gifts of connection and positivity

Premises

- Behind the symptom are the “Problems”
- Symptom has developed as a survival strategy
- Symptom is logical, rational and adaptive
- Symptom remission is dependent on understanding the logical development and allowing for a more optimal solution

SEXUAL AROUSAL

LOVE MAP

Personalized, developmental representation or template in the mind and in the brain that depicts the idealized lover and the idealized program of sexuoerotic activity with the lover, as projected in imagery and ideation or actually engaged in with that lover.

DISORDER OF SELF

Inter-Psychic Intimacy (between the couple)

versus

Intra-Psychic Intimacy (within the individual)

Disorder of the Self: MALE TYPE

- **Partial affective/intellectual split**
- **Anger prominence**
  - Walling off vulnerable core self
  - Shame-sensitive, shame-phobic
  - Action blunting of empathetic recognition
  - Incapacity to translate feeling into action
  - Harsh, unconscious self, criticism projected onto others
  - Perfectionistic need to mask
  - Inability to grieve or mourn
  - Vulnerable to substance abuse

Integration vs. Dissociation

Pathological dissociation, which can most often be traced to disorganized attachment in infancy, represents a profound distortion of core self-processes, such that development progresses towards greater complexity without complementing interrogation. The result can be internalizing a sense of defectiveness, self-criticism, and hostility to protect the idealized image of the caregiver.

When dissociation prevails, there is fragmentation of self. Vulnerability to dissociative coping mechanisms is more likely in the absence of experiences of reliable support and self-efficacy. Dissociative processes interfere with the formation of a personal narrative and verbal exchange, undermining the integration of traumatic events with other experiences.

AAI: Unresolved/Disorganized States

01

Lapses in monitoring of reasoning

- Odd thoughts & thought intrusions
- Unreality
- Disconnected ideas

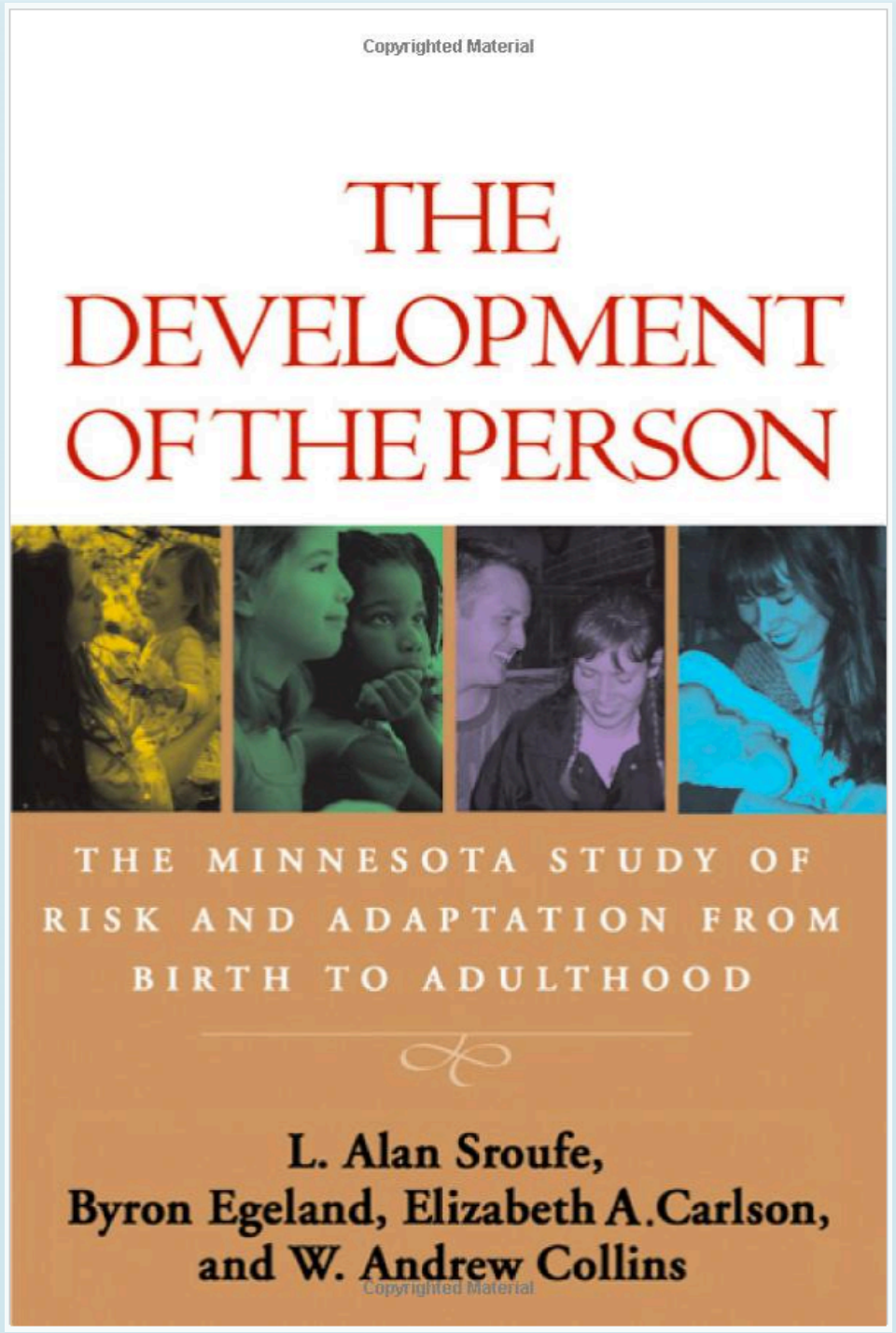
02

Lapses in the monitoring of discourse

- Prolonged silence
- Drawn out of context of interview, then returns to normal discourse, e.g. sudden extreme attention to detail
- Sudden changes in emotional theme

03

Lapses specific to talking about trauma & loss.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THE MINNESOTA STUDY OF RISK AND ADAPTATION FROM BIRTH TO ADULTHOOD
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DAN SIEGEL

- Health is integration or linkage of differential parts and systematic wholeness that honors the differences between distinct parts

Dissociation and Internet Use

- The overuse of Internet pornography can be considered similar to a dissociative condition. There can be huge time distortions, a universal harmful consequence reported in the loss of time.

Dissociation and Internet Use

- Dissociative trance is characterized by an acute narrowing or complete loss of awareness of immediate surroundings that manifest as profound unresponsiveness or insensitivity to environmental stimuli.
- Unconscious finger movements on the mouse, or otherwise at the computer, searching for the object of intense erotic stimulation.
- Linkage of sexual addiction and dissociation is the “addict self,” which people talk about as a separate personality that they believe takes control and has a will of its own.

REENACTMENTS | RELATIONSHIPS

Clinical Manifestations of Avoidant Attachment – Dan Brown 2008

- Avoidance of getting close or being intimate
- Discomfort with closeness
- Ambivalence
- Dismissing behaviors
- Aloofness & contempt
- Mistrust depending on others
- Difficulty getting close
- Preference for remaining distant
- Fearful of closeness
- Unemotional or minimizing emotional expression
- Uncomfortable opening up, especially private thoughts
- False self
- Pulls away if someone gets close
- Illusion of self-sufficiency

Romantic Attachment

Avoidant

- Less interested in relationship
- Low satisfaction
- High break-up rate
- Low intimacy
- Less falling in love
- More game playing
- Less intimate sex
- More uncomfortable feelings during sex
- Adolescents having sex “to lose virginity” and peer pressure
- More drugs and alcohol with sex
- Tend not to enjoy sex
- More casual sex
- Perfectionism

Anxious

- Obsessed with partner
- Low relation satisfaction
- More passionate
- Obsessive style of love
- Likes hugging and kissing more
- More concerned with rejection and abandonment

Characteristics of an Ideal Parent

- Consistency
- Reliability
- Interest
- Protection
- Attunement (behavior, internal state development)
- Soothing and Reassurance
- Expressed Delight
- Encouragement for Exploration
- Outer Exploration

Dan Brown, PhD and David Elliott, PhD
Criteria for Secure Attachment

- Sense of felt-safety (reliable protection danger)
- Dense of being seen and known (realizable attunement)
- Experience of felt security (timely soothing and reassurance)
- Sense of being valued (delight in child)
- Sense of support for unfolding one's own unique self (unconditional support of exploration)

SEXUAL COMPULSION

Nonaraphilic Hypersexuality

- Some examples include compulsive masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, adult entertainment venues and clubs.

- Associated with impulsivity, emotional dysregulation, and stress proneness.

Process Addictions and Addictive Disorders

- Addictions Counseling has recognized the prevalence of process addictions or addictive disorders in substance-abusing clients (Hagedorn, 2009)
- 17-41 million people present Internet addictions
- 17-37 million present sexual addiction or compulsive sexual behavior
- 14-26 million present eating disorders or food addictions
- 6-9 million present gambling addiction or pathological gambling
- Other addictive disorders include self-injurious behavior, workaholism, and compulsive exercise

Compulsions

- Compulsive Behavior
  - Comes from an identifiable source
  - Operates in a predictable pattern
  - Can be alleviated through a process of awareness, clarification and recovery

Factors Affecting Compulsivity

- Self-harm
- Love
- Trust
- Empathy
- Loneliness
- Attitude
- Homophobia
- Paraphilia
- Habits
- Narcissism (My needs first)
- Personality
- Entitlement (exploit others)
- Affect regulation
- Arousal pattern
- Rage | Anger | Passive-aggressive
- Boundary
- Strain
- Imagery
- Re-enactment

PORNOGRAPHY

The Confluence of Forces Driving the Sex Addiction Epidemic

- The availability of pornography on the Internet
- iPorn is plentiful, cheap, and private
- Adding fear and aggression supercharges the experience
- Graphic images lead viewers deeper into a world of chemically charged fantasy and further away from real relationships.
- iPorn is a gateway to more intense and risky sexual behavior, both on and off line
- The ultimate addiction because it taps into a biological lifeforce.

Pornographic Issues

- Integration
- Love
- Lust
- Intimacy

Factors Influencing Acting Out

Impulsive: Feel Pleasure

Compulsive: Reduce Discomfort

Disinhibited: Loss of Control, *perceived self-injury*

Consequences of Using Pornography

- Irritated and depressed
- Isolated from other people
- Objectifying people
- Neglecting important areas of life
- Problems with sex
- Making partner unhappy
- Feeling bad about self
- Engaging in risky or dangerous behaviors
- Addicted to porn

Pornography Problems

- Conflict with your values, beliefs, and life goals
- Compromises your ability to be honest and open in a relationship
- Upsets and competes with an intimate partner
- Harms your mental and physical health
- Makes you less attractive as a sexual partner
- Causes sexual desire and functioning difficulties
- Shapes your sexual interest in destructive ways
- Causes a variety of family, work, legal and spiritual problems

Top Ten Sexual Problems from Using Porn

- Avoiding or lacking interest in sex with a real partner
- Experiencing difficulty becoming sexually aroused with a real partner
- Experiencing difficulty getting or maintaining erections with a real partner
- Having trouble reaching orgasm with a real partner
- Experiencing intrusive thoughts and images of porn during sex
- Being demanding or rough with a sexual partner
- Feeling emotionally distant and not present during sex
- Feeling dissatisfied following an encounter with a real partner
- Having difficulty establishing or maintain an intimate relationship
- Engaging in out-of-control or risky sexual behaviors

Alternatives to Loss of Control

- Emotional-cognitive Strategies
  - Listen to your self-hypnosis audiotape
  - Distract your mind and relax by listening to your favorite music
  - Firmly touch an object that symbolizes your “safe place” and concentrate on the feeling
  - Concentrate on the rhythm of your breath
  - Hold ice cubes in your hands and focus on them
  - Write down all the negative consequences that would follow if you were to lose self-control right now.

Possible Indicators of a Problem with Porn

- Unexplained absences and unaccounted time
- Possessing porn materials or visiting porn sites on the Internet
- Excessive or late-night computer use
- Demanding privacy when using the television or computer
- Change in bedtime rituals
- Social and emotional withdrawal
- Maintaining a private email address, private credit card, or private cell phone account
- Vague and nonsensical explanations for behavior
- Defensiveness when questioned about porn use
- Evidence of hiding, lying, and secretive behavior

Possible Indicators of a Problem with Porn [CONT…]

- Unexplained tiredness, anger, and/or irritability
- Increased concerns regarding sexual attractiveness and performance
- Decrease in affection and nonsexual touching
- Insensitive sexual comments and unusual sexual language
- Loss of emotional closeness in the relationship
- Lack of sexual interest and sexual functioning problems
- Heightened need for sexual stimulation, contact, and release
- Strong interest in unusual or objectionable sexual practices

Cognitive Structure of the Type A Sub-patterns

Odd-numbered Sub Patterns

Idealized Self

- A1. Idealizing others
- A3 Compulsive caregiving
  - 1. Attention
  - 2. Caregiving
- A5 Compulsive Promiscuity
  - 1. Social
  - 2. Sexual
- Delusional Idealization

Even-numbered Sub Patterns

Negative Self

- A2. Distancing from self
- A4. Compulsive compliance
  - 1. Performance
  - 2. Compliance
- A6. Compulsive self-reliance
  - 1. Social
  - 2. Isolated
- Externally Assembled self

Self-responsibility Among Type A Speakers

- **A1-2:** There is not problem, so I don't have to decide about responsibility (i.e. idealization).
- **A3-4:** There is no problem and my attachment figure caused it, but, for these (stated) reasons, he or she is not responsible (i.e. exoneration). Furthermore, my own behavior can prevent it; therefore, there is no reason to blame my attachment figure and I must accept responsibility for the outcomes of my behavior.
- **A5-6:** There is a problem and, because my act preceded it or I knew it would happen. I am either responsible for failing to prevent it (i.e. self-responsibility) or I sought this (bad) thing (i.e. masochism). Furthermore, because my acts precipitated my attachment figure's response, I bear responsibility for his or her behavior as well.
- **A7-8:** There is a problem and it is myself; it is what and how I am. Any relief from this must be provided by others because I cannot understand what or how I am.

Lack of Self-responsibility in Type C

- **C1-2:** These events aren't ordered meaningfully and, therefore, don't lead to any conclusion, so I don't have to assign responsibility (i.e. passive semantic thought).
- **C3-6:** Bad things happened and, because I was young, powerless or unknowing, my attachment figures are responsible (i.e., reductionist blaming thought.
- **C3/C5:** I am strong, they can't hurt me; I'll get back at them.
- **C4/C6:** I'm weak. Someone must rescue me. (Both perspectives are usually implied, that is, false strength/anger hides weakness and vice versa.)
- **C7-8:** Bad things happened and, because I was hurt by them, I am a victim and anyone else might be responsible, except me (i.e., denial of cognition).

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Hypersexual Behavior Inventory

Date: _____

Name: _____

Below are a number of statements that describe various thoughts, feelings, and behaviors. As you answer each question, circle the number on the right that best describes you.

Only circle one number per statement and please be sure to answer every question. For the purpose of this questionnaire, sex is defined as any activity or behavior that stimulates or arouses a person with the intent to produce an orgasm or sexual pleasure. *(e.g. self-masturbation or solo-sex, using pornography, intercourse with a partner, oral sex, anal sex, etc..)* Sexual behaviors may or may not involve a partner.

1 — Never

2 — Rarely

3 — Sometimes

4 — Often

5 — Very Often

1. I use sex to forget about the worries of daily life.

   1 2 3 4 5

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