excellent way to begin being sexual again.

Listen to the words of a recovering male who has been in Sex Addicts Anonymous for nearly four years now.

> When I choose to be sexual when alone, I act sexually in two ways which feel healthy for me, and which are the result of much consultation with my sponsor and group friends. For both of these, I center myself by reviewing my boundaries. I make the conscious choice to be sexual.
>
> 1. A Monogamy Fantasy: I fantasize about a single partner whom I once cared for. In this way, I do not deny my heterosexuality. With monogamy fantasy, I focus on an image of being sexual with a mate in a loving way.
> 2. Sensation Masturbation: This involves touching myself in a way which feels pleasurable. I continually ask myself and answer myself, "How does this feel?" I orient myself to my sensations instead of to addictive fetishes. I believe that in the past, I escaped personal sexual intimacy by using fantasy, which kept the focus outside myself. Now I orient to me; sex is within me. I overcome initial squeamishness of touching myself by facing my fears, not by orienting to external objects.
>
> After being sexual in a healthy way, I feel connected, proud, satisfied, warm, safe, content, and thankful.

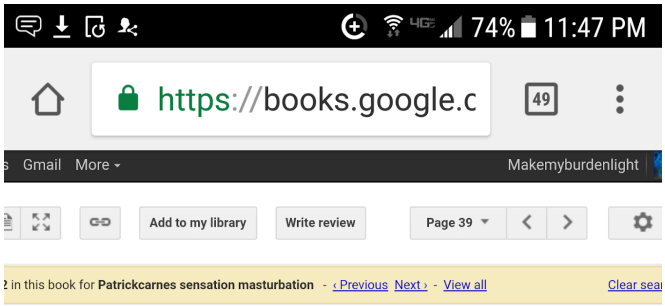
Masturbation has long been a taboo topic in our culture and even thought to be physically harmful despite the fact that it's part of sexuality for most of us. Most sexologists now agree that masturbation is neither physically nor emotionally harmful. Many say that the pleasure, physical movement, and stress reduction gained from masturbation offer health benefits.

The following exercises are designed to help you break through some of the barriers to understanding masturbation and its role in sex, and to help you become more comfortable with this part of your sexuality.

You and Masturbation

Write your answers to the following questions in your journal. Share your answers with your partner—or answer the questions together.

1. When you were growing up, what messages were you told about masturbation? Was it good or evil? What were you told would happen to you if you masturbated?



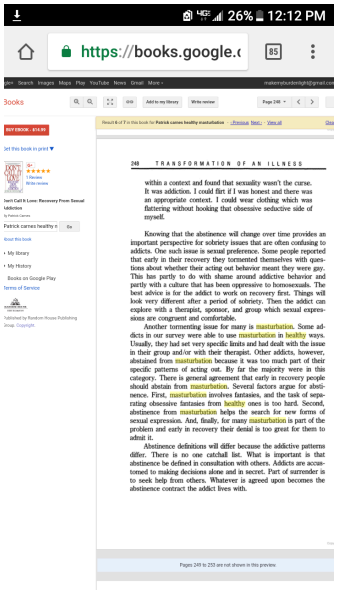
Level One

Level One behaviors have in common general cultural acceptance. If some are regarded as unseemly or even illegal, the reality is that widespread practice conveys a public tolerance. The other common characteristic is that each can be devastating when done compulsively. Even the healthiest forms of human sexual expression can turn into self-defeating behaviors—or worse—the victimization of others.

Masturbation

Masturbation is an essential part of being a sexual person. Nurturing oneself, exploring sexual needs and fantasies, and

establishing a basic self-knowledge are vital contributions that masturbation makes to sexual identity. As sexual therapists are keenly aware, without these factors it is more difficult to have a vital sexual relationship. In fact, for people who suffer from sexual dysfunction, therapy often involves a careful rebuilding of a patient's attitudes and beliefs around masturbation.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within a context and found that sexuality wasn't the curse. It was addiction. I could flirt if I was honest and there was an appropriate context. I could wear clothing which was flattering without hooking that obsessive seductive side of myself.
Knowing that the abstinence will change over time provides an important perspective for sobriety issues that are often confusing to addicts. One such issue is sexual preference. Some people reported that early in their recovery they tormented themselves with questions about whether their acting out behavior meant they were gay. This has partly to do with shame around addictive behavior and partly with a culture that has been oppressive to homosexuals. The best advice is for the addict to work on recovery first. Things will look very different after a period of sobriety. Then the addict can explore with a therapist, sponsor, and group which sexual expressions are congruent and comfortable.
Another tormenting issue for many is masturbation. Some addicts in our survey were able to use masturbation in healthy ways. Usually, they had set very specific limits and had dealt with the issue in their group and/or with their therapist. Other addicts, however, abstained from masturbation because it was too much part of their specific patterns of acting out. By far the majority were in this category. There is general agreement that early in recovery people should abstain from masturbation. Several factors argue for abstinence. First, masturbation involves fantasies, and the task of separating obsessive fantasies from healthy ones is too hard. Second, abstinence from masturbation helps the search for new forms of sexual expression. And, finally, for many masturbation is part of the problem and early in recovery their denial is too great for them to admit it.
Abstinence definitions will differ because the addictive patterns differ. There is no one catchall list. What is important is that abstinence be defined in consultation with others. Addicts are accustomed to making decisions alone and in secret. Part of surrender is to seek help from others. Whatever is agreed upon becomes the abstinence contract the addict lives with.
Pages 249 to 253 are not shown in this preview.


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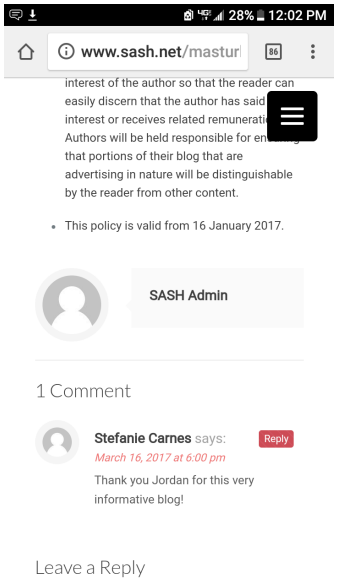
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1 Comment
Stefanie Carnes says:
Reply
March 16, 2017 at 6:00 pm
Thank you Jordan for this very informative blog!
Leave a Reply

During the initial phase of treatment, therapy focuses on teaching the patient about the illness. In addition to coaching from the therapist, the patient must read and learn about the problem. The next section provides a list of resources where patients can obtain such information. The initial phase of treatment is also the time to refer the patient to a local 12-step group for sex addiction or sexual compulsion. As the patient starts to trust the therapist and becomes more familiar with the disorder, it is time to start confronting areas of significant denial in the patient. The best place to start is with the most obvious and the most dangerous. Behaviors that are clearly self-destructive such as exhibitionism in a shopping mall, unprotected sex with prostitutes, or sex with dangerous persons have to stop. At this point, the therapist develops a behavioral contract with the patient about behaviors the patient will abstain from while in therapy. For example, if exhibitionism in a shopping center is a problem or compulsive use of prostitutes occurs in a certain area of town, the patient agrees not only to refrain from these behaviors, but to avoid going to these areas alone. The patient also agrees to report any problems.

Once this foundation is in place, the second phase of treatment can begin. The following strategies are typically employed at this time (during the first 4 to 8 weeks of treatment) for either inpatient or outpatient treatment:

- ***12-Step Program Attendance***. Mandatory 12-step program attendance is required, and a temporary sponsor is found. Patients need the support of those who have faced the same issues.

- ***Completion of the First Step***. The 12-step program starts with a first step in which patients acknowledge problems that, on their own, they have been unable to stop. Inventories of efforts to stop and consequences of sexual behavior are used to break through denial. This step is presented both in the support group and in therapy.

- ***Written abstinence statement***. This is a carefully scrutinized list with three parts (1) the destructive behaviors the patient agrees to abstain from, (2) the boundaries needed to avoid those behaviors, and (3) a full statement of the sexual behaviors the patient wishes to cultivate. All of these are carefully reviewed in therapy and in the support groups.

- ***Relapse prevention plan***. With the therapist's help, the patient prepares a comprehensive plan to prevent relapse, including understanding triggers (specific items/events that activate patient's rituals and addiction obsession) and preceding situations (e.g. extreme stress, a fight with spouse, etc.) that area not directly related to sex as well as performing "fire drills" (i.e. automatic responses to prevent relapse).

- ***Celibacy period***. The patient is asked to make a commitment to celibacy, which includes masturbation, for 8 to 12 weeks. If the person is part of a couple, their partner must also commit to this process. This period is designed to reduce the sexual chaos and to teach how sex has been used as a coping mechanism. It also creates a window to start to explore conceptually what constitutes sexual health. Often during this period, the patient will experience memories of early childhood sexual and physical abuse.