'Sexual sobriety' leaves victims untreated

By Omar Minwalla, Psy.D.

The focus of traditional sex addiction-compulsivity treatment models tends to be on diagnosing and stopping specific sexual behaviors, termed "sexual sobriety." From a treatment perspective, it is correct and necessary to implement behavioral containment and stop destructive or problematic behaviors.

However, this is where most treatment ends, rather then also treating the other patterns of abuse of human beings and violations of human rights, termed "sex addiction-induced perpetrations" (SAIP).

The problem is sexual acting out disorders are not just sexual behaviors but are also abusive conduct patterns and complex pathologic systems, which often include elaborate deceptive compartmentalized sexual-relational realities and systems of abusive covert management.

These are patterns of methodical planning over time, careful construction of manipulation of others and cognitive schemas well maintained in order to keep a compartmentalized reality protected from discovery. It takes pre-planning to sexually act out in many instances, sometimes requiring days of strategizing against the integrity of vital relational stability and family infrastructure required for health.

Maintaining a compartmentalized sexual or relational reality within a family system and relational intimate life takes profound energy to orchestrate and maintain, requiring careful and skilled methodology. This is not simply impulsive or compulsive sexual behavior.

A disorder of chronic lying in a family system is pathology and requires treatment, regardless of sexual acting out or not. Chronic patterns of establishing and maintaining a *deceptive, compartmentalized sexual-relational system* in an intimate relationship or family system, is pathology and harmful, which is more accurate in description then simply "compulsive pornography use."

Minwalla

The process of gaslighting an intimate partner – the intentional psychological manipulation of victim's reality over time – is a form of emotional and psychological abuse and torture, eroding and damaging the victim's survival instincts and intuition, regardless of sexual behaviors. Clearly, there exist many symptoms of pathology, beyond the single symptom of "lack of control of specific sexual behaviors" or "compulsivity." Sexual sobriety alone is an inadequate treatment model.

Sex addiction-induced perpetration (SAIP) is clinical pathology. However, within traditional treatment models there exists no established diagnostic or clinical formulation for SAIP and no treatment, methodology or clinical paradigm that accounts for and treats SAIP. This is a serious omission in the field and in clinical practice.

The reality here is that the preoccupation with diagnosing and treating these complex pathologies as simply "compulsive" or impulse control disorders and focusing on treating sexual behaviors, while avoiding and omitting the proper diagnosis of abuse and covert violence, leaves dynamics of serious pathology untreated.

This also means that the people harmed, the victims of these dynamics of abuse, are rendered invisible. Their trauma and experiences are not being accounted for in clinical treatment models and their suffering is being dishonored by the complete omission, silence and denial that pervade existing treatment models. They are dishonored by the professional practice of being satisfied with simple behavioral control over specific sexual patterns (sexual sobriety) as the primary objective of treatment.

Victims need recognition of the patterns of harm and abuse they experience and have endured, which goes way beyond the Pollyanna descriptions of "hurt and betrayal" caused by specific sexual acting out behaviors. Furthermore, female victims are violated further by being labeled "co-sex addicts" routinely by professionals and "educated that they have a disease of self-perpetration" rather than being afforded therapeutic intervention for abuse and assessment and treatment for consequent acute and complex trauma (C-PTSD).

The Sex Addiction-Induced Trauma Model (SAITM) accounts for the clinical management and treatment of both sexual behaviors and SAIP. According to the model, sex addiction-compulsivity disorders are defined as "a complex system of sexual, personality and masculinity pathology, which may include the maintenance of a deceptive, compartmentalized sexual-relational reality, sexual-relational acting out behaviors and other patterns of perpetration, abuse and violation that causes serious PTSD and C-PTSD (SAIT) in victims.

The model proposes clinical management that includes assessing and diagnosing sex addiction-induced perpetrations and providing appropriate safety, stabilization and clinical de-escalation for victims. Clinical management would also provide methodological treatment for perpetration-focused management, clinical resolution and psychological integration. Clinical treatment would also include relational, family and social considerations, as indicated, in a perpetration-victimization and post-traumatic clinical context and conscious framework.

The American Psychological Association's Intimate Partner Abuse and Relationship Violence Working Group concluded:

"*We suggest that those involved in partner violence have specialized treatment needs and that those who treat them must do so with sensitivity and from a base of knowledge that comes from specialized training. Psychologists who do not have the requisite training potentially endanger their clients, and likely commit an ethical violation. Those who are teaching psychologists-to-be but who do not teach them about partner violence are abrogating their responsibility and risk perpetrating the conditions which foster this problem.*

Perpetration requires treatment and appropriate clinical intervention, not defensive denial, silence and professional avoidance. Clinical pathology that contributes to serious harm and violation of others and human rights requires an organized clinical methodology and direct clinical management, not undefined, underdeveloped or squeamish clinical approaches.

After all and in fact, it is these dynamics of sex addiction-induced perpetrations that often "induce trauma," do more human damage and accrue more human cost than sexual acting out behaviors alone ever possibly could.

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References available from author

Omar Minwalla, Psy.D., is a licensed psychologist and clinical sexologist. He is clinical director of The Institute for Sexual Health. His website is: www.theinstituteforsexualhealth.com and his email address is: dromarminwalla@gmail.com.

The following article was published in The National Psychologist in March 2015 and is preserved here in its original form, as The National Psychologist version is no longer available online. Original terms and acronyms are preserved to provide accurate historical context to the reader as to how the model was developed and has evolved:

'Sexual Sobriety' Leaves Victims Untreated

By Dr. Omar Minwalla, Psy.D.
March 2015

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However, this is where most treatment ends, rather than also treating the other patterns of abuse of human beings and violations of human rights, termed "sex addiction-induced perpetrations" (SAIP).

The problem is sexual acting out disorders are not just sexual behaviors but are also abusive conduct patterns and complex pathologic systems, which often include elaborate deceptive compartmentalized sexual-relational realities and systems of abusive covert management.

These are patterns of methodical planning over time, careful construction of manipulation of others, and cognitive schemas well maintained to keep a compartmentalized reality protected from discovery. It takes pre-planning to sexually act out in many instances, sometimes requiring days of strategizing against the integrity of vital relational stability and family infrastructure required for health.

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The American Psychological Association’s Intimate Partner Abuse and Relationship Violence Working Group concluded, “We suggest that those involved in partner violence have specialized treatment needs and that those who treat them must do so with sensitivity and from a base of knowledge that comes from

specialized training. Psychologists who do not have the requisite training potentially endanger their clients and are likely commit an ethical violation. Those who are teaching psychologists-to-be but who do not teach them about partner violence are abrogating their responsibility and risk perpetrating the conditions which foster this problem."

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LETTER

Sex addicts deserve compassion, not bullying

The article, " 'Sexual Sobriety' Leaves Victims Untreated," by Omar Minwalla, Ph.D., (March/April issue) proposes harsh tactics for what he terms "sex addiction-induced perpetration." In one broad sweep, Minwalla dismisses other sex addiction treatment models because "the focus of traditional sex addiction-compulsivity treatment models tends to be on diagnosing and stopping specific sexual behaviors, termed 'sexual sobriety.' "

Later, Minwalla refers to sex addiction as "masculinity pathology" – a curious term because both men and women suffer from sex addiction. Minwalla seems to be unaware of 12-step programs such as Sex Addicts Anonymous (saa-recovery.org), Sexaholics Anonymous (sa.org) and Sex and Love Addicts Anonymous (slaafws.org) that help male and female sex addicts in the recovery process.

These programs focus not only on specific sexual behaviors but also on the underlying "character defects" that compel men and women to engage in compulsive sexual behavior. Members complete a "searching and fearless moral inventory" to identify the people in their lives (including themselves) whom they have harmed because of their compulsive sexual behavior (Step 4), share their inventories with a sponsor or therapist (Step 5) and try to make amends for their behavior to those they have harmed (Step 9).

Nothing about these recovery programs suggests that they are "undefined, underdeveloped or squeamish clinical approaches." In fact, patients report that these programs demand total commitment and a renunciation of "half measures." Treatment models such as the Task-Centered Model outlined by Patrick Carnes, Ph.D., in his book, *Facing the shadow: Starting sexual and relationship recovery*, are designed as a companion to 12-step work.

Therapists can become trained as Certified Sex Addiction Therapists (CSATs; iitap.com). Sex addiction is a disease that deserves compassion, not bullying.

[redacted], Ph.D., CSAT
Associate Professor
Clinical Psychology Doctoral Progam
[redacted].

Send your letter to the editor to Natlpsych@aol.com