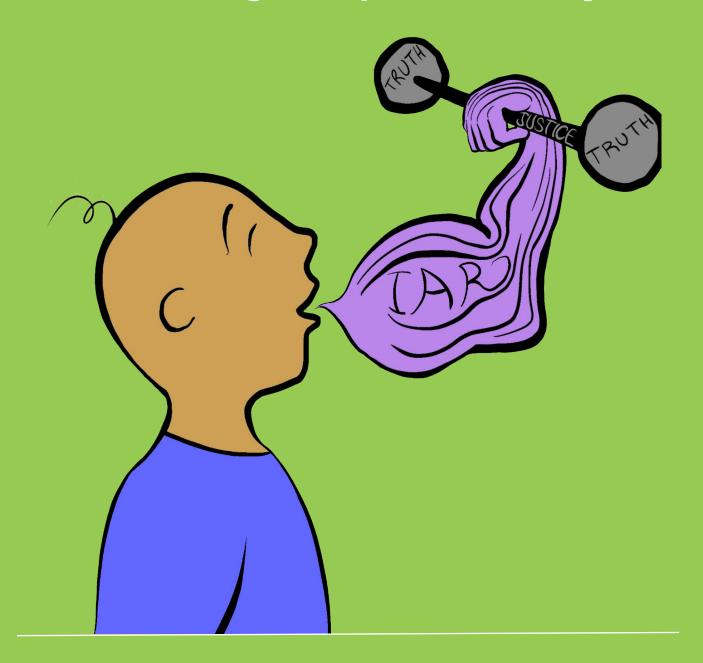
Top Five Reasons

The Voice is the Primary Clinical Instrument in Treating Deceptive Sexuality



By Dr. Omar Minwalla Licensed Psychologist and Clinical Sexologist July 2025

Note from Dr. Minwalla

Dear Reader,

This paper highlights a precious muscle and powerful instrument I have come to recognize, utilize, and deeply honor in human beings: the human voice. I have come to see the human voice not only as vital but as the primary clinical instrument in treating individuals seeking help for deceptive sexuality and trauma-related disorders—including infidelity, sex addiction, and compulsive or problematic sexual behavior.

The voice becomes central to the clinical treatment of the person who engaged in deceptive sexuality, to the intimate partner or spouse who has been harmed, and to the process of relational repair. It is also a crucial tool in restoring relational justice and building a foundation for reattachment and progressive intimacy.

Most current treatment approaches for infidelity, sex addiction, or compulsive sexual behavior focus primarily on the sexual conduct itself. The dishonesty—the systemic and sustained deception—often remains in the shadows. This is largely due to what I refer to as our collective "infidelity blind spot." As a culture, we have not yet fully recognized cheating as a form of abuse, or as fundamentally a dishonesty problem.

But once we begin to understand infidelity in this way, it becomes easier to appreciate how and why the human voice is so critical. The voice facilitates truth-telling, disclosure, accountability, emotional expression, and the restoration of reality. It becomes an essential tool in treatment, recovery, and healing-from deceptive sexuality, from unhealthy masculinity, and from the societal collusion that enables both.

Through the courageous use of voice—by naming, speaking up, and telling the truth—we begin to promote justice and help others recognize that deceptive sexuality is not merely about sex. It is, at its core, about dishonesty. And the voice, and speaking truth, is how we heal.

Voice-up, Alpha-up,

Dr. Minwalla

Table of Contents

Note from Dr. Minwalla	2
Top Five Reasons The Voice is the Primary Clinical Instrument in Treating Deceptive Sexuality	5
Reason 1: Abuser Addressing Dishonesty by Rehabilitating the Voice: From IMR to IAR	6
Reason 2: Survivor Healing Through Truth Narration, Truth-Holding, and Truth Metabolization	11
Reason 3: Relational Repair Requires Honesty, Vocal Ownership and Authenticity	16
Reason 4: Healing Masculinity, Voice over Violence, Speaking Up	19
Reason 5: Instrument of Transformational Justice Against Social Collusion, Alpha-Up	23
The Voice is the Primary Clinical Instrument in Treating Deceptive Sexuality	24
Voice as a Tool of Healing Omshri Reflection	25
References	33

Important Note:

This is not to be confused as treatment, clinical recommendations, a substitute for treatment or clinician training, but simply education and a description of how the human voice is a key tool used within a deceptive sexuality and trauma treatment model.

Top Five Reasons The Voice is the Primary Clinical Instrument in Treating Deceptive Sexuality

Healing from infidelity and deceptive sexuality requires treating dishonesty—not just sexual behavior. While addressing the sexual behavior is one important component, it is not sufficient. Effective treatment must directly confront the pervasive problem of dishonesty—including behavioral dishonesty, psychological manipulation, the systemic gaslighting, and structural use of deception in the intimate relationship(s).

Deceptive sexuality is best conceptualized through a dual-disorder framework that captures two interconnected but distinct clinical dimensions:

- Compulsive-Entitled Sexuality (CES):
 This refers to compulsive, impulsive and sexually entitled behaviors, the sex part of the problem.
- Integrity-Abuse Disorder (IAD): This
 captures the use of deception, omission,
 systemic gaslighting, reality manipulation
 as a covert psychological operation, and
 a method of psychological and relational
 control. This is the dishonesty part of the
 problem.

These two clinical problems are structurally maintained through the creation of a hidden reality—a covert psychological space and operation built through the control of information, and the victim's perception of reality. This concealed world is what we metaphorically call the "secret sexual basement"—a separate, sexual reality

constructed and sustained without the partner's knowledge or consent, which robs them of their autonomy. Once this is seen, recognized and understood, then we can begin to see how treatment requires not just addressing sex, but also the dishonesty and the harm caused by this part of the problem.

So how does healing from deceptive sexuality begin? What breaks down the infrastructure of systemic deception? What allows survivors to heal, and promotes relational justice and repair? The answer is not merely a "sex plan." It is not just about monitoring sexual or romantic behaviors or avoiding sexual transgressions. The clinical intervention that enables healing and transformation is something often overlooked: the human voice.

The human voice becomes the critical therapeutic instrument for disrupting systemic deception, restoring psychological coherence, helping survivors metabolize systemic abuse and trauma, integrating truth, and restoring personal and relational integrity. The voice, speaking truth, becomes a key clinical instrument for healing.

Speaking truth becomes treatment. Voice work becomes clinical work. Here are the top five ways the human voice becomes a key clinical instrument in the treatment of deceptive sexuality, infidelity, and sex addiction-compulsive-impulsive behavior problems.

Reason 1

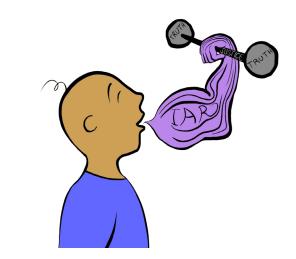
Abuser Addressing Dishonesty by Rehabilitating the Voice: From IMR to IAR

Effective treatment for deceptive sexuality must begin with a direct clinical intervention targeting the mechanisms of dishonesty. If deception is part of the diagnosis, then it must be directly and consistently addressed in treatment. The voice—which has been used to conceal, distort, and manipulate reality—must now be retrained and rehabilitated as a clinical instrument of truth, with the goal of helping the patient become more honest.

In this therapeutic context, voice work is not simply about talking. The voice is understood as a somatic, neurological, relational, and ethical system that must be reprogrammed toward honesty, authenticity, and integrity. It is through vocal expression that a patient begins to rewire patterns of deception and move toward accurate, authentic, intentional speech.

Educational Metaphor...

The Voice as a Muscle of Truth



One powerful intervention is the CA (Communicate Accurately and Authentically) Exercise, which supports patients in using their voice to deliver Intentionally Accurate and Authentic Reality (IAR). This intervention helps differentiate between two fundamentally different energetic systems: IAR (truth-telling) and IMR (Intentionally Manipulated Reality). Clinical outcomes depend on the activation and conditioning of the vocal apparatus as a psychological and relational muscle, that is weak and underdeveloped, in terms of projecting honesty and now needs to be worked out and get stronger in terms of speaking truth. Truth must not only be known—it must be spoken. If you are helping someone with a dishonesty problem get better, you need to help them speak honestly moving forward, which means focusing on their voice, as part of treatment and recovery.

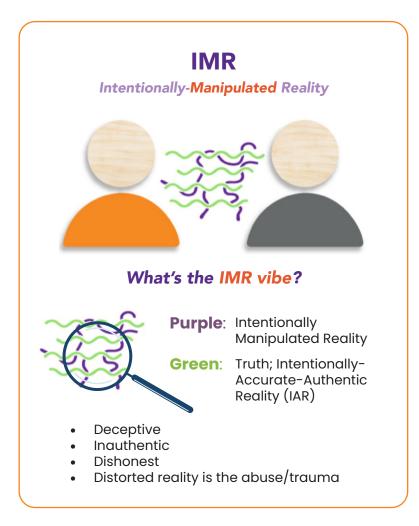
IMR vs. IAR as Energetic and Relational Systems

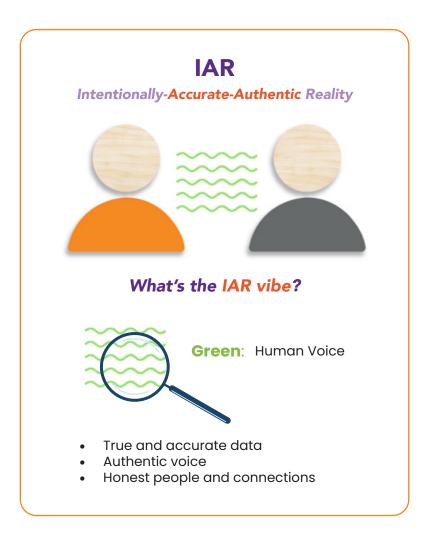
Helping patients understand this distinction is not merely conceptual—it is also somatic and relational. IAR and IMR function as vibrational frequencies both in the voice, and hence within the relational system. When the voice transmits honesty (IAR), it fosters safety, coherence, and relational health. When the voice transmits dishonesty (IMR), it produces confusion, disorientation, and further psychological harm and abuse.

In fact, Intentional Vibrational Theory (IVT) posits that IAR promotes human health, while IMR promotes psychological and relational disease. These are not just ethical ideals—they are energetic states detectable in the human voice. In cases of deceptive sexuality, the person who caused harm has used their voice as a weapon of deception. Thus, the voice becomes both the instrument of the abuse and the essential tool of recovery, repair, and healing.

Once dishonesty is properly identified as a clinical problem, it must be made visible on the treatment plan. This means working directly, in the therapy office, with how the patient uses their voice—what they say, how they say it, and how their speech patterns reflect or resist truth, reality, and integrity.

IMR to IAR





Treating Integrity-Abuse Behaviors (IABs)

This work must also include a structured cognitive-behavioral methodology for identifying and replacing Integrity-Abuse Behaviors (IABs). Treating IABs is essential for relational integrity and clinical accountability. These include behaviors such as (see IAB chart):

- Minimization
- Blame-shifting
- Deceptive compartmentalizing
- Denials
- Lying
- Justifications and rationalizations
- Twisting the truth
- Lying by omission
- Gaslighting

Each of these behaviors must be systematically tracked, cognitively deconstructed, and therapeutically replaced with more truthful, responsible, and relationally just forms of communication. This process is essential not only for restoring individual integrity but also for rebuilding trust, fostering relational repair, and establishing justice within the relationship.

Treating IABs is not optional—it is foundational for any meaningful treatment of deceptive sexuality or infidelity-based abuse disorders. To heal, patients must develop their voice as an instrument of truth, and become conscious of the words, language and intention of their speech. This includes tracking and replacing Integrity-Abuse Behaviors (IABs). Hence the voice, and how the person is communicating becomes key in addressing then integrity-abuse behaviors and tactics to resist integrity, twist truth, and deny reality.

From Deception and Suppression to "Voicing Up"

The concepts of "voicing-up" and "keeping it upstairs" are therapeutic tools and mantras. Patients are encouraged to practice and learn to use the human voice as a tool to navigate life, particularly relationships, instead of deceptive violence and compartmentalization. Learning to voice-up

involves acquiring a new set of clinical skills: identifying emotions, tolerating vulnerability and engaging in reflective dialogue. In this model, the human voice becomes the conduit and key healing instrument for creating relational safety, repair, and any chosen re-attachment and reintegration. Hence, helping clients learn to "Voice-up", and "keep it upstairs", may serve as helpful treatment tools for clinicians and those in recovery from a secret sexual basement story.

Two core therapeutic mantras in this model are:

- "Voice up"
- "Keep it upstairs"

These phrases refer to the shift from suppression, deception, and compartmentalization to open, conscious vocal expression and healthy relational communication, using this organic instrument we all have, which is the human voice. It has always been a precious tool for navigating life and human relationships. So, rather than "stuffing" emotions or hiding internal truths underground—where they form a hidden "secret sexual basement"—patients are taught to bring real and emotional experience upward and outward, through the voice. The voice becomes a clinical tool to help people navigate relationships and life and help people who had relied on deceptive compartmentalization to use their voice instead and learn to communicate, in a healthy and relational way, whatever is going on, needs to be said, or spoken, or called out, and sorted out.

As these capacities strengthen, the voice becomes the instrument through which the abuser can take ownership and meaningful responsibility, make amends, repair, and, if chosen, reattach on a foundation of truthtelling and trust. Treatment then continues to focus on the voice by helping the patient to develop skills related to being authentic, vulnerable, emotional, and deeper in abilities to share about the ego, or subjective reality, with others, in a meaningful way, for any reattachment or progressive intimacy.

Integrity-abuse Disorder (IAD): Behaviors, Patterns, and Conditions

Covert Phase Integrity Abuse

- Lying/lying by omission
- Blaming
- Deceiving, hiding, manipulating the truth
- Gaslighting (intentional psychological manipulation of the victim's reality)
- Enteric system (second brain) incongruence (two separate realities exist)
- Covert or overt blaming the intimate partner or relationship
- Cultivating negative narratives in order to justify DCSR (corroding perceptions of intimate partner, relationship, family system)
- Relational neglect, withdrawal, rejection (including sexual)
- Relational integrity erosion

- Relational (including family) risk-taking and endangerment
- Covert tactics of domination and control
- Intentional withholding of life-altering information necessary for survival (leaving victim in state of disempowerment, without a viable escape route)
- Intentional withholding of relevant information (e.g., about the DCSR) in treatment (individual or couples)

Exposure Phase Integrity Abuse

- Lying/lying by omission
- Deceiving, hiding, manipulating the truth
- Gaslighting (intentional psychological manipulation of the victim's reality)
- Externalizing responsibility
- Blaming the intimate partner or relationship for the DCSR
- Denying the problem or the disorder and its actual consequences
- Continued sexualrelational violation behavior (overt infidelity or DCSR)

- Minimizing
- Rationalizing
 - Justifying
- Projecting
- Denying
- Covering-up
- Partial disclosures
- Revising facts and history
- Obstructing
- Stonewalling
- Refusing to cooperate or to speak
- Technical manipulation
- Verbal abuse or diminishment
- Intimidation and threatening

- Being aggressive or passively aggressive
- Equivocating
- Withdrawing
- Abandonment
- Feigning innocence or ignorance
- Assuming the role of victim
- Fault-finding
- Demanding immediate equality
- Frequent or rapid integrity violations or abusive actions
- Shaping the narrative
- Defying logic or reason as a protective tactic

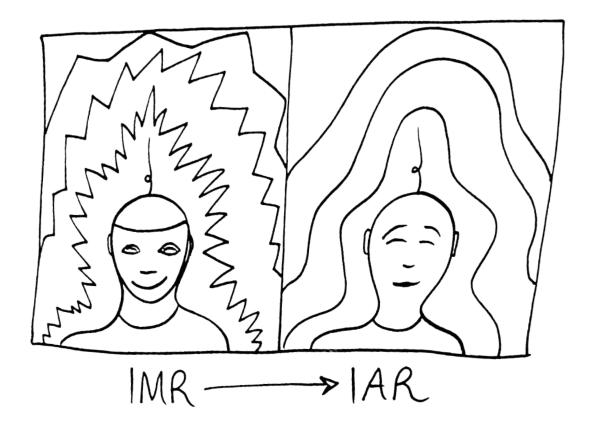
- Shifting focus to the abuser's pain
- Selective attention or memory
- Callous / cruel attitudes and actions towards victim
- Lack of demonstrated remorse
- Lack of demonstrated empathy
- Integrity abuse towards the victim (e.g., denying facts) in context of treatment (couples)

Symptom Progression Phase Integrity Abuse

- Lying/lying by omission
- Deceiving, hiding, manipulating the truth
- Gaslighting (intentional psychological manipulation of the victim's reality)
- Externalizing responsibility
- Blaming the intimate partner or relationship
- Denying the problem or the disorder and its longterm consequences

- Demonstrating resistance to dealing with painful realities
- Violating agreements or commitments
- Inability or unwillingness to be accountable
- Refusing to participate in repair or healing
- Inability to provide valuable care or support
- Pathologizing the victim's reactions
- Demanding that the victim get over it and move on (demonstrated impatience)
- Sexual entitlement and demands (violations)
- Assumptions and expectations of impunity
- Callous and insensitive attitudes towards the victim

- Continued engagement of the DCSR
- Continued domination and control (covert and/or overt)
- Continued social misrepresentation
- Continued lack of demonstrated remorse or empathy
- Resisting, avoiding, prematurely terminating or abandoning treatment

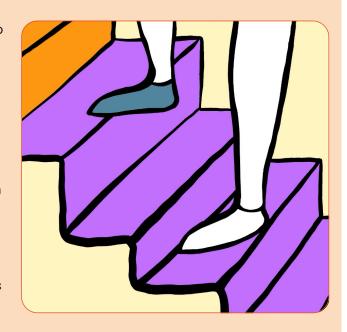


Key Takeaway for the Abuser:

If you are the person who cheated or maintained a secret sexual reality within your relationship or family system, and you want to become less abusive and more accountable, your recovery must include a dishonesty plan—not just a sex recovery plan. Once dishonesty is diagnosed, your voice becomes the central clinical focus.

Right now, your voice, this muscle, may be weak, and underdeveloped in its capacity to tell the truth clearly, fully, and relationally. Hence, recovery and healing now depends on what comes out of your mouth, speaking IAR, and being an honest person, partner, parent and member of society, moving forward.

This means learning and practicing how to "voice-up" and "keep it upstairs". That means you need to stop subjecting people to any further dishonesty or IMR, particularly in your voice, language and spoken word, and focus on developing this muscle and your ability to speak Intentionally Accurate and Authentic Reality (IAR).



Reason 2

Survivor Healing Through Truth Narration, Truth-Holding, and Truth Metabolization

Survivors of deceptive sexuality are not only harmed by the sexual behavior itself, but also by a prolonged campaign of gaslighting, psychological distortion, and reality manipulation—often executed through the abuser's voice. This creates trauma not just through what was done sexually, but through the chronic dishonesty and relational coercion that eroded the survivor's sense of reality.

One of the most profound injuries occurs when a survivor is forced into reality incongruence: a psychological bind where they must choose between trusting their partner's words, voice and version of reality, or trusting their own inner knowing and their gut instincts. Over time, this forced choice produces hypervigilance, relational disintegration, and psychological fragmentation. The survivor begins to scan their partner's voice—not only for words, but for tone, vibration, and energetic frequency—in an attempt to detect threat versus safety.

This neurobiological response to IMR (Intentionally Manipulated Reality) is rooted in survival. After discovery, the survivor's brain is assessing: Is this voice safe? Is this the truth? Or is this more distortion, manipulation, or gaslighting? Survivors begin listening not only to content but to vibration. The human neurological and nervous system become attuned to subtle signals of IAR (Intentionally Accurate and Authentic Reality) versus IMR, sensing whether the speaker is grounded in honesty or operating with an agenda of control. For healing to occur, survivors must be protected from IMR and exposed instead to IAR-accurate information, including in the therapy office, honest words, honest people, and honest environments.

The Science of Voice and Detection

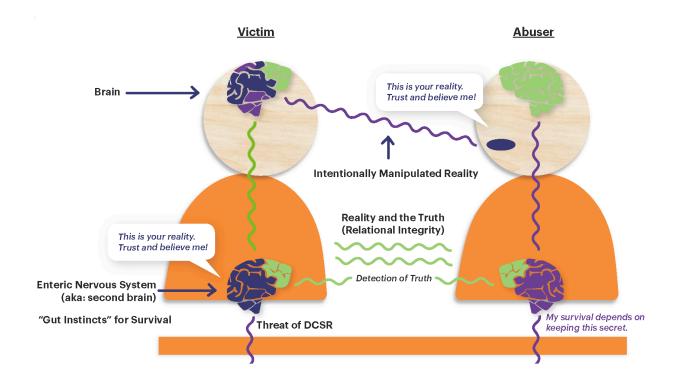
Research supports this intuitive knowing. In a 2017 study by Hughes and Harrison, listeners were able to detect the likelihood that someone had cheated solely by hearing the sound of their voice, independent of the words spoken. Their findings suggest that the human voice carries "very thin slices" of information about intention, integrity, and trustworthiness—underscoring the clinical relevance of the voice as a diagnostic and therapeutic tool.

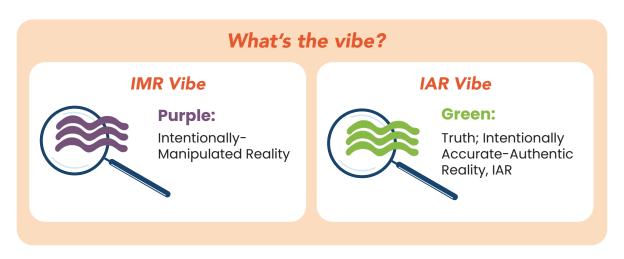
In deceptive abuse, the voice is used as the primary instrument of abuse. The voice is the instrument used to intentionally withhold life-altering information and to also present selected information upstairs. The voice has been used for information warfare. Now, in recovery, the voice must become the primary instrument of repair and healing. The very tool once used to gaslight, confuse, and manipulate must now be used to speak truth, provide safety, and facilitate emotional and relational justice. IAR promotes healing for survivors of systemic IMR, which is transmitted in the voice.

Trauma Recovery Begins with Protection from IMR

Treatment for survivors must begin with protection from abuse, safety, and stabilization. This includes protection from further dishonesty and being subjected to IMR. It is not enough to implement a sexual sobriety plan for the abuser. What is also required is a dishonesty treatment plandesigned to reduce further psychological harm, protect the intimate partner, relationship, the children and family system, and create relational safety. This means the abuser's voice must be part of clinical focus: what is said, how it is said, and whether it reflects IAR, or further harm of IMR. This is not simply a communication issue—it is a matter of addressing abuse, trauma resolution, relational ethics, and justice.

Gaslighting Mechanics: Abuser Used Voice to Intentionally Manipulate the Victim





Intentional Vibe Trauma Treatment (IVTT): Voice as Healing Instrument

Intentional Vibe Trauma Treatment (IVTT) is a structured clinical model that supports this process of naming and metabolizing systemic abuse and complex trauma. It attends to cognitive, somatic, vocal, relational, ethical, and vibrational dimensions of healing from deceptive psychological abuse. In this model, the human voice is the primary clinical instrument of recovery. Survivors are invited to narrate their traumatic experiences and reality—aloud, uninterrupted, in detail, in its organic form, and in a therapeutic container, space and context, of intentional clinical frequencies, which includes adequate safety, humility, and IAR.. The survivor's truth, is attached to their voice, facilitating their metabolization, with resonance, attention, attunement, silence and empathic witnessing. This process—speaking the truth, re-experiencing abuse and trauma, in this IAR-based context and process—supports both neurological and psychological adaptive integration. The survivor's voice, once silenced or distorted by manipulation, becomes the primary instrument of naming, stabilization, metabolization, self-directed emancipation, and empowerment.

Restoring Dignity Through Voice and Truth

A critical dimension of healing for survivors—especially intimate partners or spouses harmed by long-term deception—is to be granted a measure of the basic human dignity of being taken seriously and validated by being granted their day in court, where everyone remains silent, and listens, in a way such that the story is not forgotten and will be documented. They must be given permission and space to speak, to tell their stories in their own voice, without any interruption, invalidation, minimization, manipulation, or erasure.

This act—connecting traumatic memory with vocal apparatus, vocal projection, and metabolization—is how survivors unfreeze the traumatic material trapped in their bodies and psyches. This takes tremendous courage, willingness, vulnerability and energetic effort. They are not just recalling; they are reclaiming their reality, by re-experiencing traumatic

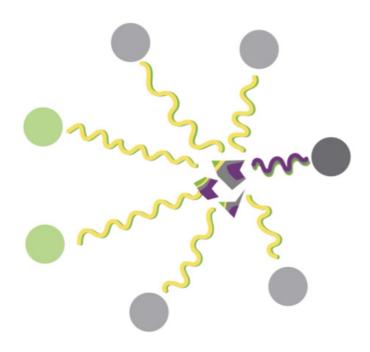
material and memory in human resilience, reattaching to their internal knowing, restoring their voice as an internal authority and as an instrument for narrating the unspeakable.

In this process, patients are energetically transforming stories which were being held in highly charged states, by attaching them to this clinical instrument, the voice, and through projection and sharing with humans who are listening and resonating with intentional frequencies of humility, safety, holding, and being empathy witnesses, in silence, the story transforms and ends up more adaptive and discharged when it goes back into psychic, neurological, and somatic storage.

Healing is activated through the voice:

- Attaching a specific piece of the traumatic memory and story to the human voice and projecting it out in the human context of holding and resonating
- Intentional attunement by clinicians, and other survivors, rooted in humility, adequate safety, and IAR
- Clinical presence and conditions permit truth-telling and truth-holding which permits metabolization of manipulated and fragmented reality
- Empathic witnessing, allows the survivor's "day in court"—being respected, heard, seen, validated, remembered, honored and dignified
- Respecting silence, as the organic metabolizer, in conjunction with the intentional vibrations, allows for trauma re-experiencing while being held and reassured in human resilience and therapeutic attachment
- Granting the survivor who is speaking, a measure of the dignity and respect they deserve for what they have endured, by being granted permission to speak without interruption or any other human voices (interference, intrusion or domination)
- Empathic and silent witnesses, trained in "sitting with" and "vibing in", and willing to show up and provide intentional holding and resonance, in stillness, with focused intention, attention, and attunement to the vibrations in the story-tellers voice.

Group Therapy



Truth Metabolization Process

The Victim Attaches
Traumatic Experience to
the Human Voice:



Purple: Specific Traumatic Experience of IMR

Grey: Organic Story held

in Storage of Abuse-Victimization-Trauma

Impacts

Green: Story attaches to Victim-

Survivor's Voice, the Clinical instrument Truth-Holders,
"Sitting With" and "Vibing In",
as Silent, Empathic Witnesses



Green: Silent Holding, Empathic

Witnessing, Resonating

with Story

Yellow: Intentional Clinical

Frequencies:

1. IAR

2. Adequate Safety

3. Humility

Key Takeaway for Survivors and Clinicians:

The partner or spouse of someone who has maintained a secret sexual life does not heal simply because the sexual behavior has stopped. Survivors need to be protected from IMR, supported by professionals who understand the damage caused by chronic dishonesty, and how to treat victims of the covert psychological gaslighting operation.

Survivors, particularly the intimate partner or spouse, therapeutically benefits when surrounded by humans and environments rooted in IAR, intentionally-accurate-authentic-reality. Intentionally accurate information stands for reason, logical and science-based information and factual reality. IAR, also includes, intentionally authentic information, meaning true to the human subjective internal experience. Hence, IAR, requires both. Accurate and authentic data become the intentional human vibrational frequencies of truth.

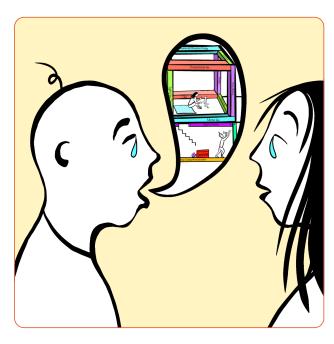
Treatment must include:

- A clear dishonesty protection plan
- Exposure to IAR-based people, information, and environments
- Therapeutic space to tell their story, in their own voice, with full validation
- Clinical recognition that truth-telling is not just disclosure—it is "sitting with", "re-experiencing with", in a context of intentional clinical frequencies, held by people studied, able and willing, in truthholding and truth-metabolization.

Survivors need more than information—they need informational justice and help reclaiming their own voice, the most precious and powerful clinical muscle, tool and instrument, central to recovery, empowerment, and emancipation from abuse.

Reason 3

Relational Repair Requires Honesty, Vocal Ownership and Authenticity



In the process of relational repair, the human voice becomes the central instrument through which harm is acknowledged, accountability is communicated, reality is disclosed, attunement is reestablished, and re-attachment can begin to rebuild. Sexual sobriety alone is not sufficient. In relational repair work, the human voice becomes the instrument through which relational harm is acknowledged, responsibility-taking can be embodied and communicated meaningfully and then metabolized. Stopping sexual acting out does not equal relational healing.

The relationship itself—viewed as a third clinical entity—has been injured by dishonesty and hemorrhaging with Intentionally Manipulated Reality. As such, the relationship requires its own treatment, grounded in truth-telling, truth-holding, empathic witnessing and dyadic metabolization of the truth of what happened, restoring a foundation of interpersonal justice. The relationship requires IAR, and the dishonesty needs to stop, and be replaced with honesty, fairness, and keeping everything upstairs, meaning no more basements and healthy communication instead.

Relational Repair Requires Vocal Ownership

Healing the relationship begins with vocal ownership and meaningful responsibility-taking. This includes:

- Accurately understanding the harm caused
- Verbally acknowledging that harm to the survivor
- Expressing genuine remorse
- Articulating personal truths about past behaviors, motivations, and ego experience
- Speaking honesty, IAR, including emotional and sexual truth moving forward

Survivors need more than facts or timelines. They need IAR—Intentionally Accurate and Authentic Reality—which includes not just behavioral honesty, but also emotional honesty and subjective truth. The ability to speak authentically, from one's internal world—about shame, fear, entitlement, injury, or confusion—is essential for rebuilding intimacy, emotional connection, and trust. Thus, relational healing requires the integration of both accuracy and authenticity. The person who caused harm must shift from using their voice to manipulate or deflect, to using their voice to disclose, reflect, and connect. They must develop the capacity to speak vulnerably, emotionally, and relationally.

Voice as a Tool for Relational Safety and Reintegration

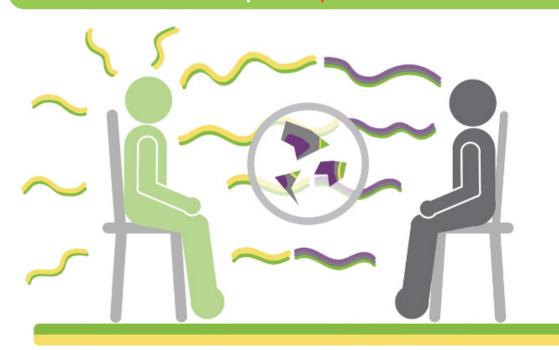
In this phase of treatment, the human voice is no longer just a tool for disclosure—it becomes the key instrument for relational repair and reattachment. This includes:

- Validating the survivor's truth
- Holding space for shared emotional processing
- Naming one's internal experience honestly
- Demonstrating integrity and building trust through vocal IAR and IAB reduction over time
- Learning to create conditions that foster listening, truth-holding, truthmetabolization, and dyadic integration of IAR

When clinically appropriate and mutually agreed upon, formal therapeutic disclosure is one structured method of providing informational justice—giving the survivor access to reality, delivered through a voice that is now working in service of healing, not deception.

Furthermore, if both partners agree to pursue relational repair, the survivor's voice also becomes central. The intimate partner who was harmed needs their voice and story held, honored, and processed with and by their partner. The ability to speak one's story, share one's truth, and be held in empathic attunement by the partner who caused harm, is a profound form of relational reconstitution. This work, however, must occur after stabilization, and within a carefully constructed clinical context of safety, humility, and trauma-informed containment.

Relational Repair Requires the Voice



What's the vibe?

IMR vibe



Purple: Intentionally-

Manipulated Reality

Grey: AVT-Existing Reality

Green: Human Voice (Victim Story)

IAR vibe



Yellow: Intentional Clinical

Frequencies, Holding, Empathic Attending

Green: C

Conscious Intentional Silence (Metabolizer of

the Story)

Key Takeaway for Healing Relationships and Clinicians:

The relationship itself has been wounded by deception and must be treated accordingly. Stopping sexual acting out is only the beginning. True relational healing requires:

- A treatment plan that centers on abuse reduction and protection from dishonesty and IMR, with clinical accountability
- Truth-telling and vocal ownership
- A formal process of informational justice
- A foundation of IAR-based communication
- A commitment to vocal honesty, reduction

- of integrity-abuse behaviors
- Learning how to listen, hold, resonate, and attune to your partner's voice
- Vocal skill building toward authenticity, and mutual vulnerability

If relational repair is a shared goal, it will be built through the human voice—as the primary instrument of responsibility-taking, truth-telling, truth-holding, repairing trust, and ultimately, authentic re-attachment and healthy attunement and communication.

Reason 4

Healing Masculinity, Voice over Violence, Speaking Up

At the heart of deceptive sexuality is a learned social blueprint—a masculinity script that normalizes secrecy, sexual entitlement, and suppression. One of the most insidious aspects of this blueprint is the unspoken permission for men to build and maintain a secret sexual life, while still being seen as men of "honor" and "integrity", referred to as the "masculinity hall pass".

Boys and men are groomed to build secret sexual basements and wear a mask, upstairs, pretending there is no secret sexual reality, a "masc" of pretending, fooling and trickery. Yet this hidden basement is built not on truth—but on dishonesty, manipulation, and patriarchal collusion. And it reflects a core distortion: that to be a man is to be entitled to sexual deception, while still being socially rewarded as honest and trustworthy.

The secret sexual basement is the "hidden masculinity blueprint", one that trains boys and men to equate silence with strength, deception with power, and sexual entitlement with identity. Toxic masculinity teaches men to prioritize control over connection and violence over voice. This script must be rewritten. Treatment requires helping men:

1) Reject deceptive dominance, 2) Embrace vulnerability and truth-telling, 3) Redefine masculinity through voice, not violence, learning to be an Alpha.

Toxic Masculinity Trains Men to Suppress and Silence, Not Voice

From an early age, boys are socialized to equate emotional expression with weakness and vulnerability with failure. They are taught to resolve conflict through domination, withdrawal, or control—not communication. Emotional constriction, covert dominance, and avoidance of vulnerability are foundational pillars of toxic masculinity—and these are the same psychological mechanisms that support the architecture of the secret sexual basement.

Rather than being taught to use their voice to relate, negotiate, or reflect, boys and men are often socialized into:

- Silence and suppression instead of expression
- Deception instead of dialogue
- Sexual entitlement over valuing basic human rights
- Manipulation instead of emotional truth

In particular, harmful masculinity scripts encourage and enable sexual manipulation, where the pursuit of personal sexual gratification is prioritized regardless of its impact on others. This belief system is at the core of sexual entitlement psychology.



The Basement Over the People Upstairs

The hidden masculinity blueprint of the secret sexual basement is not just about hidden behavior—it's about a moral inversion: prioritizing a deceptive, ego-serving reality below the surface over the actual people living above it. In this sense, building a basement means choosing violence over voice—choosing to deceive, suppress, and fragment instead of showing up with truth, vulnerability, and relational honesty. To treat deceptive sexuality, especially in men, requires a redefinition of masculinity itself. A core clinical goal becomes the transformation of masculinity from one built on control and secrecy to one rooted in voice, integrity, and relational justice.

Reclaiming Masculinity Through Voice: Learning to Voice-Up

Treatment encourages men to abandon outdated tropes like "Man-Up" and instead embrace the practice of "Voice-Up"—a new form of strength grounded in Intentional Accurate-Authentic Reality and relational integrity.

Masculinity Voice-Up Work, involves Learning to:

- 1. Speak IAR Commit to truth and verbal accuracy
- 2. Speak Authentically Share internal emotional and ego experience
- 3. Speak and Share with Humans Build connection through honest communication
- **4.** Use the Voice to Navigate Life Build intimacy, resolve conflict, and relate ethically
- 5. Speak Up for Truth and Justice Develop the capacity to "blow the whistle" on dishonesty, name abuse, and stand in solidarity with survivors, like an Alpha.

In this model, voice becomes a symbol of empowered masculinity—Alpha energy, one rooted in clarity, honesty, and the courage to tell the truth even when it's hard. Men in recovery are not just learning a set of clinical tools—they are rewriting the inherited masculinity blueprint, which for generations has equated silence with strength and deceit with manhood.

From Personal Healing to Becoming an Alpha of Transformation

This transformation is not just personal—it is also structural and intergenerational.

Men who choose to "voice-up" become cultural disruptors, they are demonstrating an extraordinary form of leadership, referred to as, *Alpha*, which is health-promoting vibrational reality and leadership. They model a new form of masculinity for their sons, their peers, their families, and their communities.

Each man who stops building a secret sexual basement, and starts speaking honestly in "upstairs" reality, contributes to a broader social healing. They are flipping the script and demonstrating how to use voice over violence, instead of violence over voice. This cultural shift begins to undermine the silent collusion that enables deceptive sexuality to remain hidden and socially normalized. By replacing the old masculine script of domination, denial, and deception with a new ethic of truth, awareness, voice, and relational dignity, men not only heal themselvesthey help dismantle the intergenerational transmission of sexual entitlement and abuse. This work also reclaims masculinity and redefines and moves masculinity towards a critical maturation, and movement towards healthy human gender evolution.

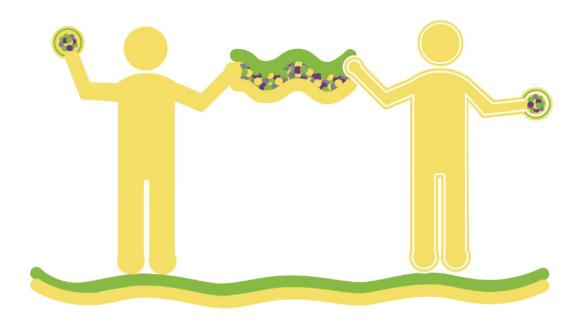
Key Takeaway for Men in Recovery and Clinicians:

Many boys and men have been groomed into a distorted masculinity—one that condones secret sexual lives, rewards dishonesty, and confuses deception for strength. But these are toxic cultural lies, not truths about manhood. You may have been conditioned to believe that cheating, hiding, and lying are part of being a man. They're not. You don't need a secret sexual basement to be masculine. To heal, you must unlearn this false inheritance. You must begin to use your voice—choose voice over violence, instead of violence over voice,

and practice speaking honestly, clearly, courageously—to connect, communicate, and rebuild masculine ego towards health and masculine maturity.

This is what it means to "Voice-Up." This is what true strength looks like. Forget "manning-up." Be an Alpha. Learn to voice-up by speaking truth and IAR. Learn to keep it upstairs, and treat people fairly. And then find the courage to Alpha-up, blow the whistle, and learn to speak-up, instead of colluding with silence.

Speaking and Sharing IAR



What's the vibe?

IMR vibe



Purple: Expressing, Metabolizing Real

Emotions, Vulnerability, Pain/Hurt,

Internal Authenticity

Grey: Men Responsibility-taking, Owning,

Metabolizing the Truth of Wearing a Masc, Covert Dominance, and the Abuse of those Upstairs, processing

the harm caused to others

Green: Human Voice is the Key Instrument

for Sharing, Metabolization, Taking Ownership and Learning to Speak IAR; how to "Keep it Upstirs", Voice-Up, by choosing Voice over Deceptive Violence

IAR vibe



Yellow: Intentionally Accurate and

Authentic Vibrational frequencies,

Adequate Safety, Humility

Green: Human Voice practicing

consciously and deliberately with others being Vulnerable, Real,

Connected

Reason 5

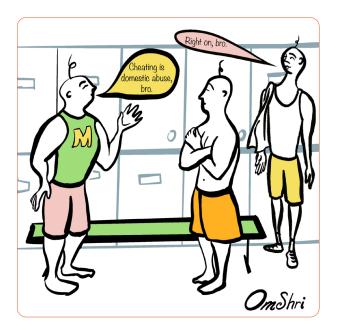
Instrument of Transformational Justice Against Social Collusion, Alpha-Up

Deceptive sexuality is sustained not only by individual dysfunction, but by systemic social and global collusion. Cultural denial, patriarchal silence, and our collective "infidelity blind spot" prevent us from standing-up to abusive authoritative social and institutional power, by using the human voice to speak-up, call out, name, and blow the whistle on the abuse embedded in sustained deception, and the secret sexual basement.

Jackson Katz's bystander intervention model (Katz, 2012) operationalizes this framework, teaching individuals to use their voice as an instrument of advocacy, breaking our complicit silence and collusion. In particular, encouraging men to stand with victims of gender-based violence. In both clinical and social spheres, truth when spoken aloud promotes justice and interrupts interpersonal and also intergenerational deception, and the building of secret sexual basements.

Using the human voice to name this abuse, validate, affirm and stand up for, and with survivors, not against them in collusion, becomes a courageous and powerful act of social evolutionary transformation towards human health and justice. The voice becomes a profound social and cultural intervention—challenging patriarchal complicity, dismantling denial, calling out distortion and IMR, and creating space for informational justice and systemic truth-telling.

Speaking up and calling out the secret sexual basement as a covert psychological operation, as systemic gaslighting and dishonesty, and as a form of intimate partner abuse, that harms and violates the people upstairs becomes a profound source of power to move human life towards health. Due to our collective infidelity blind-spot, and our unconscious abuse blindness, those who see and are illuminated, may cultivate the courage and wisdom to now use the human voice for transformational intervention.



Key Takeaway for Alphas:

The human voice is not just a clinical tool. It is a mechanism, a powerful instrument, of justice, social transformation, and our collective liberation and evolution. It's time to speak. To truth-tell. To voice-up. To keep it upstairs. And to dismantle the basement—together. To Alpha-Up.

The Voice is the Primary Clinical Instrument in Treating Deceptive Sexuality

The human voice is not merely symbolic. It is a literal, somatic, cognitive, relational, ethical, psychological and powerful social instrument of transformation. It is actually a key clinical instrument in the treatment for deceptive sexuality problems, including infidelity, sex addiction and compulsive-problematic sexual behavior.

- **1.** For the abuser, the voice becomes the muscle and clinical practice of honesty and integrity.
- **2.** For the survivor, the voice enables trauma validation, narration, metabolization, and reclamation of internal and external truth, and reality.
- **3.** For the relationship, the voice is the instrument of either further harm, or establishing safety, stabilization, restoring justice, and permitting healthy reattachment.
- **4.** For men healing from toxic socialization, flipping the script of violence over voice and learn to choose voice over violence and "keep it upstairs", not man-up, but learn to Voice-Up.
- **5.** For society, our voice carries the potential to become and serve as a powerful instrument of combating silence and unconscious social collusion, instead promoting illumination, justice, and healthy social evolution.

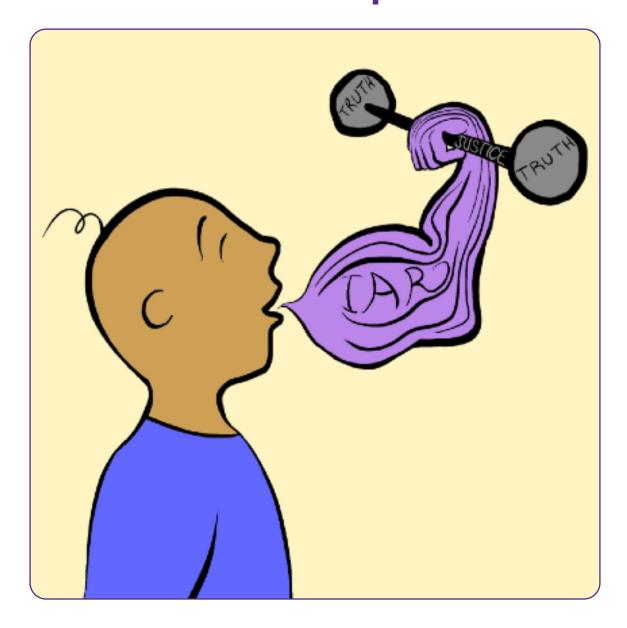
Healing from deceptive sexuality occurs by promoting honesty. Speaking IAR. Voicing-up. The opposite of deception is not silence—it is truth. Healing occurs when truth…is attached to the human voice…and is spoken, heard, and held.

Voice as a Tool of Healing Omshri Reflection

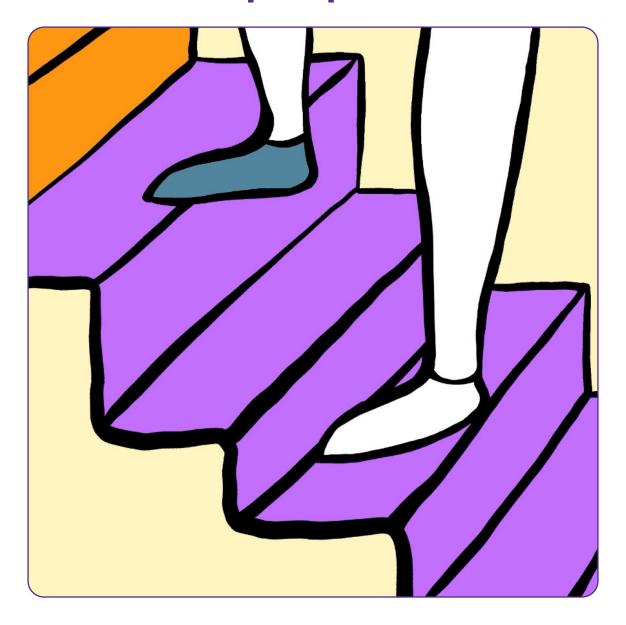
Should you choose, to turn toward, Find your breath, in silence. Allow organic curiosity, right brain metabolization.

- 1. What thoughts emerge?
- 2. What emotions or feelings emerge?
- 3. What aspects of the text, concept, or image resonates or captures your attention?
- **4.** If you grabbed the talking stick, and shared your Omshri reflection experience, what would you Voice-Up?

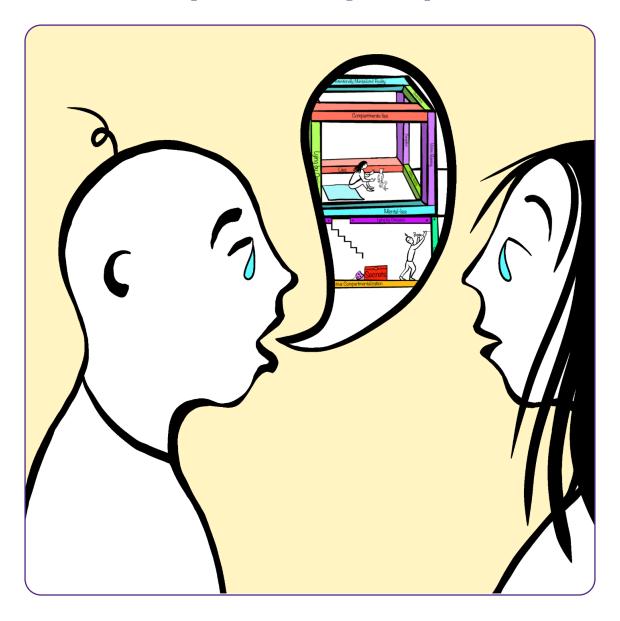
Voice-Up



Keep it Upstairs



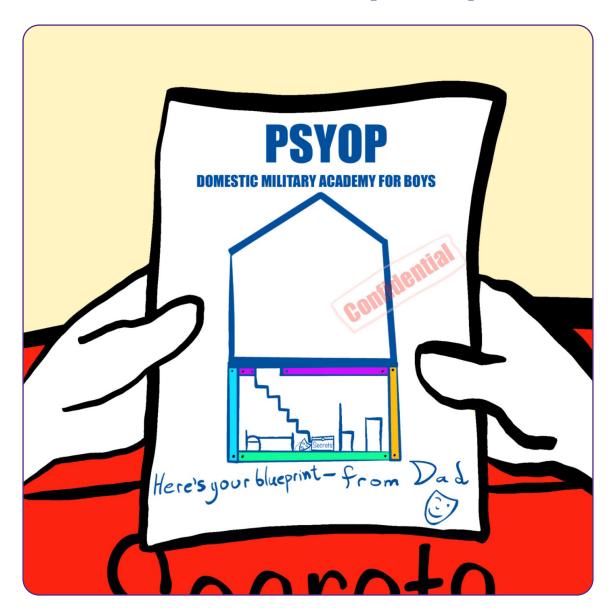
Responsibility-Repair



Masc-Off



Hidden Masculinity Blueprint



Blow the Whistle



Speak-Up = Alpha Up



References

American Psychological Association. (2003a). Professional, Ethical, and Legal Issues Concerning Interpersonal Violence, Maltreatment, and Related Trauma. Public Interest Directorate.

American Psychological Association. (2003b). Potential Problems for Psychologists Working with the Area of Interpersonal Violence. Public Interest Directorate.

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

American Psychological Association (2015). Professional practice guidelines: Guidance for developers and users. American Psychologist, 70(9), 823–831. https://doi.org/10.1037/a0039644

American Psychological Association. (2017). Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults. https://doi.org/10.1037/e501872017-001

American Psychological Association. (2018a). APA Guidelines for Psychological Practice with Boys and Men. https://doi.org/10.1037/e505472019-001

American Psychological Association Girls and Women Guidelines Group. (2018b). APA Guidelines for Psychological Practice with Girls and Women. http://www.apa.org/about/policy/ psychological-practice-girls-women.pdf

American Psychological Association Working Group on Intimate Partner Abuse and Relationship Violence. (2002). Intimate Partner Abuse and Relationship Violence. https://doi. org/10.1037/e311892004-001

Berglas, N. F., Constantine, N. A., & Ozer, E. J. (2014). A rights-based approach to sexuality education: Conceptualization, clarification and challenges. Perspectives on Sexual and Reproductive Health, 46(2), 63-72. https://doi.org/10.1363/46e1114

Bouffard, L. A. (2010). Exploring the utility of entitlement in understanding sexual aggression. Journal of Criminal Justice, 38(5), 870-879. https://doi.org/10.1016/j.jcrimjus.2010.06.002.

Braun-Harvey, D. & Vigorito, M. A. (2016). Treating out of control sexual behavior: Rethinking sex addiction. Springer Publishing Company. https://doi.org/10.1891/9780826196767

Burns, S. T. & Cruikshanks, D. R. (2017). Impact of ethical information resources on independently licensed counselors. Counseling and Values, 62(2), 159-179. https://doi.org/10.1002/cvj.12057

Candela, K. (2016). Protecting the invisible victim: Incorporating coercive control in domestic violence statutes. Family Court Review, 54(1), 112–125. https://doi.org/10.1111/fcre.12208

Carnes, P. (1991). Don't Call It Love: Recovering from Sexual Addiction. New York: Bantum Books.

Carnes, S., (2009). Mending a Shattered Heart (1st ed.). Gentle Path Press, LLC.

Carnes, P. J. & Adams, K. M. (2020). Clinical Management of Sex Addiction (2nd ed.). Routledge.

Chotiner, I. (2020, September). Kate Manne on the costs of male entitlement. The New Yorker.

- Coleman, E., Dickenson, J. A., Girard, A., Rider, G. N., Candelario-Pérez, L. E., Becker-Warner, R., Kovic, A. G., & Munns, R. (2018). An integrative biopsychosocial and sex positive model of understanding and treatment of impulsive/compulsive sexual behavior. Sexual Addiction & Compulsivity, 25(2-3), 125–152. https://doi.org/10.1080/1 0720162.2018.1515050
- Cynthia A. S. (2019). Gaslighting, Misogyny, and Psychological Oppression. Oxford University Press.
- Dutton, D. G. (1994, Summer). Patriarchy and wife assault: The ecological fallacy. Violence & Victims, 9(2), 167–182. https://connect.springerpub.com/content/sgrvv/9/2/167
- Dutton, M. A., Goodman, L. A., & Bennett, L. (2000). Court-involved battered women's responses to violence: The role of psychological, physical, and sexual abuse. In Maiuro, Roland D.; O'Leary, K. Daniel (eds.), Psychological Abuse in Violent Domestic Relations. New York: Springer Publishing Company.
- Efrati, Y. & Gola, M. (2019). The effect of early life trauma on compulsive sexual behavior among members of a 12- step group. Journal of Sexual Medicine, 16(6), 803-811. https://doi.org/10.1016/j.jsxm.2019.03.272
- Falconer, T., & Humphreys, T. P. (2019). Sexting outside the primary relationship: Prevalence, relationship influences, physical engagement, and perceptions of "cheating." Canadian Journal of Human Sexuality, 28(2), 134–142. https://doi.org/10.3138/cjhs.2019-0011
- Freyd, J. J. (1996). Betrayal Trauma: The Logic of Forgetting Childhood Abuse. Cambridge: Harvard University Press. https://www.tandfonline.com/doi/abs/10.1080/00029157.1998.1040343
- Freyd, J. J. (1997). Violations of power, adaptive blindness and betrayal trauma theory. Feminism & Psychology, 7(1), 22–32. https://doi.org/10.1177/0959353597071004
- Freyd, J. J. (2008) Betrayal trauma. In G. Reyes, J.D. Elhai, & J.D. Ford (eds.), Encyclopedia of Psychological Trauma. New York: John Wiley & Sons. https://dynamic.uoregon.edu/jjf/articles/freyd2008bt.pdf
- Freyd, J. J. & Birrell, P. J. (2013). Blind to Betrayal. John Wiley & Sons. https://sites.google.com/site/betrayalbook/ Gass, G. Z. & Nichols, W. C. (1988a). Gaslighting: A marital syndrome. Contemporary Family Therapy: An International Journal, 10(1), 3-16.
- Gass, G. Z. & Nichols, W. C. (1988b). Gaslighting, the Double Whammy, Interrogation and Other Methods of Covert Control in Psychotherapy and Analysis. New Jersey: Jason Aronson, Inc.
- Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. Psychological Trauma: Theory, Research, Practice, and Policy, 6(5), 505–511. https://doi.org/10.1037/a0032452
- Goldsmith, R. E., Freyd, J. J., & DePrince, A. P. (2012). Betrayal trauma: Associations with psychological and physical symptoms in young adults. Journal of Interpersonal Violence, 27(3), 547–567. https://doi.org/10.1177/0886260511421672
- Gómez, J. M. & Freyd, J. J. (2019). Betrayal trauma. In J. J. Ponzetti (ed.), Macmillan Encyclopedia of Intimate and Family Relationships: An Interdisciplinary Approach (pp. 79-82). Boston, MA: Cengage Learning Inc. https://dynamic.uoregon.edu/jjf/articles/gf2019.pdf
- Grubbs, J. B., Hoagland, K. C., Lee, B. N., Grant, J. T., Davison, P., Reid, R. C., & Kraus, S. W. (2020). Sexual addiction 25 years on: A systematic and methodological review of empirical literature and an agenda for future research. Clinical Psychology Review, 82, Article 101925. https://doi.org/10.1016/j.cpr.2020.101925

Grunt-Mejer, K. & Campbell, C. (2016). Around consensual nonmonogamies: Assessing attitudes toward nonexclusive relationships. Journal of Sex Research, 53(1), 45–53. https://doi.org/10.1080/00224499.2015.1010193

Harsey, S. J., Zurbriggen, E. L., & Freyd, J. J. (2017). Perpetrator responses to victim confrontation: DARVO and victim self-blame. Journal of Aggression, Maltreatment & Trauma, 26(6), 644–663. https://doi.org/10.1080/1092677 1.2017.1320777

Hegadoren, K. M., Lasiuk, G. C., & Coupland, N. J. (2006). Posttraumatic stress disorder part 3: Health effects of interpersonal violence among women. Perspectives in Psychiatric Care, 42(3), 163–173. https://doi.org/10.1111/j.1744-6163.2006.00078.x

Herman, J. (2012). CPTSD is a distinct entity: Comment on Resick et al. (2012). Journal of Traumatic Stress, 25(3), 256–257. https://doi.org/10.1002/jts.21697

Herman, J. (1997). Trauma and Recovery: The Aftermath of Violence – From Domestic Abuse to Political Terror (2nd ed.). New York: Basic Books.

Hill, M. S., & Fischer, A. R. (2001). Does entitlement mediate the link between masculinity and rape-related variables? Journal of Counseling Psychology, 48(1), 39–50. https://doi.org/10.1037/0022-0167.48.1.39

Hochman, G., Glöckner, A., Fiedler, S., & Ayal, S. (2016). "I can see it in your eyes": Biased processing and increased arousal in dishonest responses. Journal of Behavioral Decision Making, 29(2-3), 322–335. https://doi.org/10.1002/bdm.1932

Hughes, S. M., & Harrison, M. A. (2017). Your cheatin' voice will tell on you: Detection of past infidelity from voice. Evolutionary Psychology, 15(2), Article 1474704917711513. https://doi.org/10.1177/1474704917711513

Humphreys, C. & Joseph, S. (2004). Domestic violence and the politics of trauma. Women's Studies International Forum, 27(5-6), 559–570. https://doi.org/10.1016/j.wsif.2004.09.010 Johnson, S. (1996). The Practice of Emotionally Focused Couple Therapy: Creating Connection. New York: Brunner/Mazel.

Johnson, S. (2004). An antidote to posttraumatic stress disorder: The creation of secure attachment in couples therapy. In L. Atkinson & S. Goldberg (eds.), Attachment issues in psychopathology and intervention (pp. 207–228). Lawrence Erlbaum Associates Publishers.

Johnson, S. (2017). The new era of couple therapy—Innovation indeed. Person-Centered and Experiential Psychotherapies, 16(1), 39–49. https://doi.org/10.1080/14779757.2017.1298050

Katz, J. (1995). Reconstructing masculinity in the locker room: The Mentors in Violence Prevention Project. Harvard Edu-cational Review, 65(2), 163–174. https://doi.org/10.17763/haer.65.2.55533188520136u1

Katz, J. (2013, May). Violence against women—it's a men's issue [Video]. TED Conferences. https://www.ted.com/talks/jackson_katz_violence_against_women_it_s_a_men_s_issue

Kavur, M. A., Finlayson, A. J. R., & Cowan, R. L. (2020). Sexual addiction: A missed diagnosis. Sexual Addiction & Compulsivity, 27(1-2), 112–118. https://doi.org/10.1080/10720162.2020.1772156

Kelley, L. P., Weathers, F. W., Mason, E. A., & Pruneau, G. M. (2012). Association of life threat and betrayal with posttraumatic stress disorder symptom severity. Journal of Traumatic Stress, 25(4), 408–415. https://doi.org/10.1002/jts.21727

Krakau, L., Tibubos, A. N., Beutel, M. E., Ehrenthal, J. C., Gieler, U., & Brähler, E. (2021). Personality functioning as a mediator of adult mental health following child maltreatment. Journal of Affective Disorders, 291, 126 134. https://doi.org/10.1016/j.jad.2021.05.006

Kraus, S. W., Krueger, R. B., Briken, P., First, M. B., Stein, D. J., Kaplan, M. S., Voon, V., Abdo, C. H.N., Grant, J. E., Atalla, E., & Reed, G. M. (2018). Compulsive sexual behavior disorder in the ICD-11. World Psychiatry, 17(1), 109–110. https://doi.org/10.1002/wps.20499

Krueger, R. B. (2016). Diagnosis of hypersexual or compulsive sexual behavior can be made using ICD-10 and DSM- 5 despite rejection of this diagnosis by the American Psychiatric Association. Addiction, 111(12), 2110–2111. https://doi.org/10.1111/add.13366

Kumar, S. A., Brand, B. L., & Courtois, C. A. (2019). The need for trauma training: Clinicians' reactions to training on complex trauma. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. https://pubmed.ncbi.nlm.nih.gov/31580137/

Losey, B. (2021). Managing the Aftermath of Infidelity: A Sequential Guide for Therapists and Couples (1st ed.). Routledge. https://doi.org/10.4324/9780429454974

McMahon, S., Burnham, J., & Banyard, V. L. (2020). Bystander intervention as a prevention strategy for campus sexual violence: Perceptions of historically minoritized college students. Prevention Science. Advance online publication. https://doi.org/10.1007/s11121-020-01134-2

Millon, T. (2009). MCMI-III Millon Clinical Multiaxial Inventory-III, Interpretive Report. Pearson.

Murase, H., Simons, R. M., & Simons, J. S. (2021). Distinct paths to alcohol problems: Impacts of childhood maltreatment, attachment insecurity, and interpersonal problems. Addictive Behaviors, 115, Article 106780.

Ortman, D. (2014). Cheating parents: Recovering from parental infidelity. New Horizon Press.

Pocknell, V. & King, A. R. (2019). Personality inventory for the DSM-5 (brief form) predictors of sexual addiction.

Sexual Addiction & Compulsivity, 26(3-4), 315-332. https://doi.org/10.1080/10720162.2019.164505

Porter, T. (2010, December). A Call to Men [Video]. TED Conferences. https://www.ted.com/talks/tony_porter_a_call_to_men

Rachman, S. (2010). Betrayal: A psychological analysis. Behaviour Research and Therapy, 48(4), 304–311. https://doi.org/10.1016/j.brat.2009.12.002

Ryan, R. M. & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55(1), 68–78. https://doi.org/10.1037/0003-066X.55.1.68

Saltzman, L.E., Fanslow, J. L., McMahon, P.M., & Shelley, G.A. (1999). Intimate Partner Violence Surveillance Uniform Definitions And Recommended Data Elements. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control: Atlanta, GA.

Schneider, J. P. (2004). Editorial sexual addiction & compulsivity: Twenty years of the field, ten years of the journal. Sexual Addiction & Compulsivity, 11(1-2), 3-5. https://doi.org/10.1080/10720160490458193

Smith, C. P. & Freyd, J. J. (2017). Insult, then injury: Interpersonal and institutional betrayal linked to health and dissociation. Journal of Aggression, Maltreatment & Trauma, 26(10), 1117–1131. https://doi.org/10.1080/10926771.20 17.1322654

Slovenko, R. (2020). Sex addiction. American Journal of Forensic Psychology, 38(1), 47-55.

Sweet, P. L. (2019). The sociology of gaslighting. American Sociological Review, 84(5), 851–875. https://doi.org/10.1177/0003122419874843

Thompson, A. E. & Kaplan, C. A. (1996). Childhood emotional abuse. The British Journal of Psychiatry, 168 (2): 143–148. https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/abs/childhood-emotional abuse/4F5529A9F1414A9DDB3C8B53D6000C3F

Vecina, M. L. (2018). How can men convicted of violence against women feel moral while holding sexist and violent attitudes? A homeostatic moral model based on self-deception. American Journal of Men's Health, 12(5), 1554–1562. https://doi.org/10.1177/1557988318774218

Warach, B. & Josephs, L. (2019). The aftershocks of infidelity: A review of infidelity-based attachment trauma. Sexual and Relationship Therapy, 36(1), 68-90. https://doi.org/10.1080/1468 1994.2019.1577961

Williams, K. & Knudson-Martin, C. (2013). Do therapists address gender and power in infidelity? A feminist analysis of the treatment literature. Journal of Marital and Family Therapy, 39(3), 271–284. https://doi.org/10.1111/j.1752-0606.2012.00303.x

Zitzman, S. T. & Butler, M. H. (2009). Wives' experience of husbands' pornography use and concomitant deception as an attachment threat in the adult pair-bond relationship. Sexual Addiction & Compulsivity, 16(3), 210–240.

Dr. Omar Minwalla, The Institute for Sexual Health (ISH) offers specialized online educational programming, including the Be a Better Man Program and Professional Education and Training in Deceptive Sexuality and Trauma Treatment.

www.theinstituteforsexualhealth.com



The Institute for Sexual Health (ISH) is approved by the American Psychological Association to sponsor continuing education for psychologists. The Institute for Sexual Health maintains responsibility for this program and its content.