

**Out of the Shadows**  
**Understanding Sexual Addiction**

**Third Edition**

**Patrick Carnes, Ph.D.**

**Contents**

List of Illustrations  
Preface to the 2001 Edition  
Preface to the 1983 Edition

Introduction: A Moment Comes for Every Addict  
Chapter 1: The Addiction Cycle  
Chapter 2: The Levels of Addiction  
Chapter 3: Cybersex and Addictive Behavior  
Chapter 4: The Family and the Addict's World  
Chapter 5: Coaddiction  
Chapter 6: The Belief System  
Chapter 7: Twelve Steps to Recovery  
Chapter 8: The Future Is Conditional

Notes  
Resource Guide  
Index  
About the Author

## Chapter 1 The Addiction Cycle

Although Hefner was approaching forty-five, and had been involved with hundreds of photogenic women since starting his magazine, he enjoyed female companionship now more than ever; and perhaps more significant, considering all that Hefner had seen and done in recent years, was the fact that each occasion with a new woman was for him a novel experience. It was as if he was always watching for the first time a woman undress, rediscovering with delight the beauty of the female body, breathlessly expectant as panties were removed and smooth buttocks were exposed—and he never tired of the consummate act. He was a sex junkie with an insatiable habit.

—Gay Talese, *Thy Neighbor's Wife*

Del was a lawyer. Brilliant, charming, and witty. He had a special breakthrough in his career when he was appointed as one of the governor's special aides. His wife and three children were proud of his accomplishments. However, Del's public visibility was creating a problem because he was also a sexual addict. His double life included prostitution, porn bookstores, and affairs.

Del would initiate relationships with women, feeling that he was "in love." After the initial sexual contact, he would desperately wish to be free. These relationships became characterized by his ambivalence. He wanted to be sexual, but he did not want the relationship. Yet he couldn't say no clearly without fear of hurting the women's feelings, so he never quite broke off the relationships. Instead he hoped their frustration would force them to give up. The result was that he had a series of relationships at the same time in various stages of initiation and frustration.

There was not only the juggling act of keeping his relationships straight. Some of these women were vital to him professionally. He exploited relationships to receive cooperation. His problem was that the women would believe that he cared for them. The professional complications were extreme. At one point, he was involved with a colleague and her secretary at the same time. The secretary went in to talk to her boss about this "problem" she had. Del had to face two very angry women.

His other behaviors were also problems. In porn shops, he was sexual with a number of men in the movie booths. Worse, the shops he frequented were near the capitol, an area where he was liable to be recognized. He vowed to stop when, sitting in a meeting in the attorney general's office, a plan was described for a raid on a local porn shop—the one he had patronized two days before. But he did not stop.

Neither were his visits to massage parlors without peril. One night his masseuse was a young girl quite high on some form of drug. Del decided to have his massage anyway, including a "hand job." When she masturbated him, she hurt his penis. Del was too shameful to complain or even to tell anybody. When he got home, he was so upset, he masturbated—despite his penis being sore.

Late one evening, Del pulled up next to a young woman at a stoplight. He had always had the fantasy of picking up a woman on a street. He looked at her and she smiled at him. Del became very excited. They drove side by side for several blocks. She returned his stares at each stop sign. Soon she pulled ahead of him, turned off the road, and pulled

to a stop. He followed and pulled up behind her. She waved toward him and pulled out again. Del thought she wanted him to follow.

Del's mind raced ahead to where she could be leading him. She drove in the direction of a well-known local restaurant with a popular late-night bar. Convinced that was where they were headed, he speculated that after a drink, they might end up at her apartment. With his mind full of fantasies, he pulled up behind her when she stopped. As he was opening his door, she leaped out of her car and dashed into the building. Surprised, he looked up to see that he was not in front of the restaurant. Rather, she had stopped at the police station three blocks away.

Horrified, Del got back in his car and raced home. While driving, he was in shock at how out of touch with reality he was. She had not been encouraging him to follow her, but was in fact frightened. He, on the other hand, was so caught up in his fantasy that he failed to notice she was parking at a police station.

He felt a flood of remorse for subjecting the woman to a frightening ordeal. Also, he was terrified that she would accuse him of attempted rape and that he would be arrested. When Del arrived home at 1:30 a.m., he was so scared that he sat and prayed. At 2:00, there was a sound of a siren in the distance. He promised God that he would change. He fantasized about what it would do to his wife and kids. Truly, it was the most desperate moment of his life. Finally, he went to bed.

When he awoke in the morning, he felt tremendous relief. He knew he was not going to be picked up. He went to work and put enormous energy into his job that day. At the end of the day, he felt in need of a reward. He stopped at a massage parlor.

Del was a man who valued the law. He also prided himself on his honesty with people, a fact he often parlayed into seduction. His children and wife were central to his life. He had worked hard in his career. His addiction, however, violated his own values and the law and jeopardized his career and family. His story—of which just a few pieces are related here—is one of constant predicaments. Del's addictive behavior put him in situations in which he was vulnerable to tremendous consequences. His degradation was only exceeded by the violation of his own principles. Because of Del's sexual addiction, his fantasy became more real than the nightmare he created.

### **What Is Sexual Addiction?**

A way to understand sexual addicts like Del is to compare them with other types of addicts. A common definition of alcoholism or drug dependency is that a person has a pathological relationship with a mood-altering chemical.<sup>1</sup> The alcoholic's relationship with alcohol becomes more important than family, friends, and work. The relationship progresses to the point where alcohol is necessary to feel normal. To feel "normal" for the alcoholic is also to feel isolated and lonely, since the primary relationship he depends upon to feel adequate is with a chemical, not other people.

Sexual addiction is parallel. The addict substitutes a sick relationship to an event or a process for a healthy relationship with others. The addict's relationship with a mood-altering experience becomes central to his life. Del, for example, routinely jeopardized all that he loved. His vows to quit were lost against the power of his addiction. The only thing that exceeded his pain was his loneliness.

Addicts progressively go through stages in which they retreat further from the reality of friends, family, and work. Their secret lives become more real than their public lives.

What other people know is a false identity. Only the individual addict knows the shame of living a double life—the real world and the addict’s world.

Leading a fantasy double life is a distortion of reality. Del was so caught up in his fantasy that police station became a restaurant and a cooperative prospect was, in fact, a desperate and frightened woman. An essential part of sanity is being grounded in reality, so in the sense that addicts distort reality, the sexual addiction becomes a form of insanity.

### **The Addict’s Belief System**

How does addiction begin? How does the progressive insanity occur? It begins with the delusional thought processes that are rooted in the addict’s *belief system*. That is, addicts begin with core beliefs about themselves that affect how they perceive reality. So important is this factor—the belief system—in the addiction equation that it is a theme running throughout this entire book. For now, we need only to point out its role in the impaired thinking of the addict.

Each person has a belief system that is the sum of the assumptions, judgments, and myths that he or she holds to be true. It contains potent family messages about a person’s value or worth, relationships, needs, and sexuality. Within it is a repertoire of what “options”—answers, solutions, methods, possibilities, ways of behaving—are open to each of us. In short, it is a model of the world.

On the basis of that model we

- plan and make decisions
- interpret other people’s actions
- make meaning out of life experiences
- solve problems
- pattern our relationships
- develop our careers
- establish priorities

For each of us, our belief system is the filter through which we conduct the main task of our lives: making choices.

The addict’s belief system contains certain core beliefs that are faulty or inaccurate and, consequently, that provide a fundamental momentum for the addiction. Generally, addicts do not perceive themselves as worthwhile persons. Nor do they believe that other people would care for them or meet their needs if everything was known about them, including the addiction. Finally, they believe that sex is their most important need. Sex is what makes isolation bearable. Their core beliefs are the anchor points of the sexual addiction. If you do not trust people, one thing that is true about sex—and alcohol, food, gambling, and risk—is that it always does what it promises—for the moment. Thus, as in our definition of addiction, the relationship is with sex—and not people.

### **Impaired Thinking**

Out of the belief system—the set of interacting faulty beliefs—come distorted views of reality. Denial leads the list of ways that addicts distort reality. Addicts use many devices to deny—to themselves and others—that there is a problem. Ignoring the problem, blaming others, and minimizing the behaviors are part of the addict’s defensive

repertoire. Consequences such as venereal disease, unwanted pregnancy, lost jobs, arrests, and broken relationships are either overlooked or attributed to factors other than the addiction:

- Venereal disease: “A lot of people get it now.”
- Pregnancy: “She tricked me into it.”
- Arrests: “Cops had it in for me. They had no real proof.”
- Jobs: “The boss needs to be liberated.”
- Relationships: “Her family always had problems. She simply couldn’t handle it.”

When addicts believe in the defensive rationalizations, the result is *denial* that a specific incident or behavior is a part of a total behavioral pattern.

Arguments, excuses, justifications, and circular reasoning abound in the addict’s impaired mental processes:

- If I don’t have it every few days, the pressure builds up.
- I am oversexed and have to meet my needs.
- What she doesn’t know won’t hurt.
- My husband is not sensitive to my needs.
- She really enjoyed, asked for, deserved it.
- Only certain men turn me on, and my husband isn’t one of them.
- Every guy will get what “nookie” he can.
- If only my wife would be more responsive.
- Men are like animals—males are more sexual than females.
- Cybersex is just electrons; it’s not real.
- With the stress I am under, I deserve it.
- It doesn’t hurt anybody because . . .
- The Internet helps to broaden my sexual horizons.
- I couldn’t help it, given how she acted.
- No one really cares.
- It’s my way of relaxing.
- Internet chat rooms don’t hurt anybody—it’s just a game.
- Women always pretend they don’t want it when they do.

Whatever the *rationalization*, it further cuts the addict off from the reality of his or her behavior.

*Sincere delusion* is believing your own lies. The addicts who make a commitment to change or follow through on something are sincere in their intentions. They are as sincere as when they vow to themselves to quit. They may even experience a great deal of emotion—tears of pain, expressions of tenderness, or anger when someone doesn’t believe in their good intentions. However, their commitment to others is no more valid than their vows to themselves. It might seem paradoxical to be sincere about telling a lie. It is not, but it is evidence of seriously impaired thinking.

An example of the thinking process will help. The addict who has been confronted by his wife because he was not at work when he was supposed to be spins out a tale as to his whereabouts. She doubts he is telling the truth. He is incensed at her distrust. He assumes she would be this way even if he were truthful. So he takes it a step further. He assures her that he had even told her earlier that he’d be where he now says he was. This makes

her feel even crazier, because she cannot remember. His emotions about her distrust are real. He is now even more incensed that she cannot remember. His lies and his sincerity become fused.

Making declarations of love in order to seduce, becoming incensed at the behavior of an arresting officer in order to obscure one's own behavior, and protesting that something "happened only once" in order to cover up—all are types of sincere delusion.

Ironically, the addict knows that he really is not trustworthy. In his isolation, he is also convinced that most people cannot be trusted. Further, he is certain that if anyone found out about his secret life of addictive experiences, there would be no forgiveness. Only judgment. To complicate matters, he has placed himself in so many precarious situations that he lives in constant fear of discovery of his being so untrustworthy. The *suspicion* and *paranoia* heighten the sense of alienation.

The addict's blame of others for all problems is another way to protect his secret life. Fault lies with spouse, children, parents, work associates, or boss. The addict is self-righteous, critical, and judgmental. There is no acceptance of personal responsibility for mistakes, failures, or actions. This appearance of integrity further insulates the addict's world from reality. The *blame dynamic* provides further justification for the addict's behavior. Ungrateful children, demanding spouses, hard-nosed bosses create an unfair world in which the addict deserves a reward. To be honest about one's limitations would bring the wall crumbling down—and, in turn, jeopardize the one source of nurturing and care that can be counted on: the sexual addiction.

Each of these delusional thought processes—denial, rationalization, sincere delusion, paranoia, and blame—closes off an important avenue of self-knowledge and touch with reality for the addict. Gone are the feedback loops that serve as vital correctives to a faulty belief system. In this way the addict's world becomes closed off from the real world. Within that world the addictive cycle is now free to work.

### **The Addiction Cycle**

For sexual addicts an addictive experience progresses through a four-step cycle that intensifies with each repetition:

1. *Preoccupation*—the trance or mood wherein the addicts' minds are completely engrossed with thoughts of sex. This mental state creates an obsessive search for sexual stimulation.
2. *Ritualization*—the addicts' own special routines that lead up to the sexual behavior. The ritual intensifies the preoccupation, adding arousal and excitement.
3. Compulsive sexual behavior—the actual sexual act, which is the end goal of the preoccupation and ritualization. Sexual addicts are unable to control or stop this behavior.
4. *Despair*—the feeling of utter hopelessness addicts have about their behavior and their powerlessness.

The pain the addicts feel at the end of the cycle can be numbed or obscured by sexual preoccupation that reengages the addiction cycle.

Sexual addicts are hostages of their own *preoccupation*. Every passerby, every relationship, and every introduction to someone passes through the sexually obsessive

filter. More than merely noticing sexually attractive people, there is a quality of desperation that interferes with work, relaxation, and even sleep. People become objects to be scrutinized. A walk through a crowded downtown area is translated into a veritable shopping list of “possibilities.”

To understand the trancelike state of preoccupation, imagine the intense passion of courtship. We laugh at two lovers who are so absorbed in one another that they forget about their surroundings. The *intoxication* of young love is what the addict attempts to capture. It is the pursuit, the hunt, the search, the suspense heightened by the unusual, the stolen, the forbidden, the illicit that are intoxicating to the sexual addict. The new conquest of the hustler; the score of the exposer, voyeur, or rapist; or the temptation of breaking the taboo of sex with one’s child—in essence, they are variations of a theme: courtship gone awry. Nowhere is this more visible than in the search for sex on the Internet. Hours pass while you’re gazing at pornographic images on the computer screen or sending instant messages. There is total preoccupation. You might find yourself not sleeping because you’re tranced in cyberspace. You might not be working during the day because you’re too exhausted and you feel compelled to go online for sex despite promising yourself you wouldn’t. Progressively, your relationships suffer. Kids are neglected. Spouses are ignored. Phone calls remain unreturned. Isolation becomes real.

The addict uses—or abuses, rather—one of the most exciting moments in human experience: sex. Sexual arousal becomes intensified. The addict’s mood is altered as he enters the obsessive trance. The metabolic responses are like a rush through the body as androgens speed up the body’s functioning. The heart pounds as the addict focuses on his search object. Risk, danger, and even violence are the ultimate escalators. One can always increase the dosage of intoxication. Preoccupation effectively buries the personal pain of remorse or regret. The addict does not always have to act. Often just thinking about acting brings relief.

The sexual addict’s excitement-seeking parallels some other types of compulsive/obsessive addicts. In that sense, there is little difference between the voyeur waiting for hours by a window for ninety seconds of nudity and the compulsive gambler hunching on a long shot. What makes the sexual addict different is that he draws upon the human emotions generated by courtship and passion.

The trance is enhanced by the sexual addict’s *ritualization*. Professionals have often wondered why sex offenders use the same “MO” (modus operandi or method) each time, when it only makes apprehension easier. The answer is simple. A ritual helps the trance. Like a yogi in meditation, the addict does not have to stop and think or disrupt his focus. The ritual itself, like preoccupation, can start the rush of excitement.

Addicts often talk about their rituals. The compulsive masturbator and his surroundings, the incestuous father and his elaborate preparations, the cybersex addict and starting the modem, the exposer’s regular routes, the hustler’s approach and cruising area—all involve complex rituals. The rituals contain a set of well-rehearsed cues that trigger arousal.

The preoccupation trance supported by extensive rituals is as important as—or sometimes more important than—sexual contact or orgasm. The intoxication of the whole experience is what the addict seeks in order to move through the cycle from despair to exhilaration. One cannot be orgasmic all the time. So the search and the suspense absorb

the addict's concentration and energy. Cruising, watching, waiting, preparing are part of the mood alteration.

The first two phases of the addictive cycle (preoccupation and ritualization) are not always visible. The addict struggles to present an image of normalcy to the outside world. The public self is a false ego, since the addict knows the incongruity of his double life. Compulsive sexual behavior, the third phase of the cycle, however, leaves a trail, despite the protective public image.

In the story of Del, described earlier in this chapter, he repeatedly made commitments to himself and to God that he would stop. These resolves were short-lived. Del could not control his behavior even though he wanted to. Like Del, addicts are *powerless* over their behavior. They have lost control over their sexual expression, which is exactly why they are defined as *addicts*. The failure of their efforts to control their behavior is a sign of their addiction. Sexual addicts often describe the process of picking a day—a child's birthday, a change of jobs, a holiday—as “the last day.” Usually, this marks a time when “it” will never happen again. Sometimes addicts will set goals—a year, a month, or a week. Whether forever or a shorter time, the addicts betray themselves, buying into the delusion that they are in control of their behavior. When they fail, yet another indictment of self-control and morality is added to ever-increasing shame. For the recovering addicts who have acknowledged powerlessness, there is hope. They know that they might get through one day free from their addiction—with a lot of help.

The *despair* that the addict experiences after being compulsively sexual is the “low” phase of the four-step cycle. The letdown combines the sense of failure at not having lived up to resolutions to stop with hopelessness about ever being able to stop. If the behavior was particularly degrading, humiliating, or risky, the addict's self-pity grows. If the behavior violated basic personal values or exploited them, the addict experiences self-hatred as well. Addicts often report suicidal feelings along with their despair and shame.

Standing in the wings, however, is the ever-ready preoccupation that can pull the addict out of the doldrums. The cycle then becomes self-perpetuating. Each repetition builds upon the previous experiences and solidifies the reiterative pattern of the addiction. As the cycle fastens its grip on the addict, the addict's life starts to disintegrate and become unmanageable.

### **Unmanageability**

The addict is caught up in the task of keeping his secret life from affecting his “public” life. Even so, the consequences come: arrests, unmasked lies, disruption, unmet commitments, attempts to explain the unexplainable. The addiction surfaces in the addict's inability to manage his life. For a moment, the addict recognizes that he cannot continue. But the impaired mental process blurs reality with euphoric recall of sexual successes. The addict faces yet again the ultimate seduction: a unique opportunity that, of course, will be “the last time.”

This unending struggle to manage two lives—“normal” and addictive—continues. The unmanageability takes its toll. Family and friendships are abbreviated and sacrificed. Hobbies are neglected. Finances are affected. Physical needs of other kinds are unattended. The addict's lifestyle becomes a consistent violation of his or her own values, compounding the shame. The impaired mental processes result in faulty problem solving in all areas of the addict's life. These decisions add to further unmanageability.

Nowhere is this more clear than in the workplace. Faulty problem solving and diversion of energy require extra time and effort to hold down the job. Extra long hours at work further the unmanageability at home. Worse, if the addiction is connected with the work environment, the addict's position is even more precarious.

Addicts often point to the connection between their addiction and the stress of high performance demands in which there is important personal investment. Graduate school, for example, is often when addicts first encounter compulsiveness. The stress of proving one's self in an arena where every inadequacy is evaluated is a potent flash point for the ignition of sexual addiction. So are new jobs, promotions, and solo business ventures. Unstructured time, a heavy responsibility for self-direction, and high demands for excellence seem to be the common elements in these situations that are easy triggers for addictive behaviors. Procrastination becomes a daily nemesis for these addicts. For once ignited, the addiction makes work easy to put off.

One of the worst consequences of the addiction is the addicts' *isolation*. The intensity of the double life relates directly to the distance of the addicts from their friends and families. That is, the more intensely involved in compulsive sexual life the addicts become, the more alienated they become from their parents, spouses, and children. Without those human connections, the addicts paradoxically lose touch with their own selves. The unmanageability from the addiction has run its course when there is no longer a double life. When there are no longer friends or family to protect or a job to hold or pretenses to be made—even though some things are valued enough to want to stop—the addiction is at its most destructive and violent point. The addict's world has become totally insulated from real life.

### **The Addictive System**

As addicts move from healthy relationships to sexual compulsion, their internal processes combine to form an addictive system. The addictive system—as with all systems—contains subsystems that support one another. Often this support occurs in repetitive, predictable cycles.

To picture the addictive system with its subsystems, consider the human body. It is a complex system with many subsystems—the nervous system, the digestive system, and so on. Clearly, when one subsystem, such as the nervous system, is upset, all the other bodily systems are affected and must adjust in some way.

The addictive system starts with a belief system containing faulty assumptions, myths, and values that support impaired thinking. The resulting delusional thought processes insulate the addiction cycle from reality. The four-phase addiction cycle (preoccupation, ritualization, sexual compulsiveness, and despair) can repeat itself unhindered and take over the addict's life. All the other support systems, including relationships, work, finance, and health, become unmanageable. The negative consequences from the unmanageability confirm the faulty beliefs, which hold that the addict is a bad person who is unlovable. In turn, revalidated beliefs allow further distortion of reality. Diagrammed, the addictive system looks like this:

Figure 1.1

Within the addictive system, *sexual experience becomes the reason for being—the primary relationship for the addict*. For the addict, the sexual experience is the source of nurturing, focus of energy, and origin of excitement. It is the remedy for pain and anxiety, the reward for success, and the means for maintaining emotional balance. Outsiders, especially those who care about the addict, witness the unmanageability and maybe even the behavior. They see the addict's personal loss, the self-degradation, and the abandoned hope and values. It would seem so simple to just stop—even for a while. For the exhibitionist, for example, who may spend up to seven hours a day cruising and another four thinking about it, the task is not so easy. The addiction is truly an altered state of consciousness in which “normal” sexual behavior pales by comparison in terms of excitement and relief from troubles.

In the addict's world, there is an ongoing tension between a person's normal self and the addicted self. A Jekyll/Hyde struggle emerges. The addictive system is so compelling that to stop would be like death. Yet, as the system continues, the person's values, priorities, and loved ones are attacked. Sometimes, only a major crisis can restore perspective. Such was the case of Carrie.

Carrie was a music teacher. She was known for boundless energy and creativity in music. She served four elementary schools, carrying heavy equipment from school to school in her old red Volkswagen bus. The kids loved her and she loved them. Colleagues admired her skills. Parents were grateful and attended her concerts in masses.

Carrie had another life as well. Her singing was true and compelling. She received regular engagements at local nightspots. She dreamed of being a star. Her singing career, however, never got beyond the local piano bar circuit. No matter how hard she tried, her professional singing career was stymied. As she approached the age of thirty, her disappointment grew into panic that her dream might not happen.

Carrie's sexual addiction started to flourish at the point when she began panicking about her career. In the beginning there were occasional one-night stands with hotel customers in bars in which she sang. Then it became every night she worked. The ritual started with her looking over the patrons, selecting the most interesting. Animated conversations during the breaks followed. After finishing, she would go to his room and have sex. Leaving at three or four in the morning, she would return home for a few hours of sleep before school started.

She did not like what she was doing. In the morning, looking at the trusting faces of the children, she would feel the profound incongruity of where she had been but a few hours before. Also, her teaching was slipping as the addiction progressed, though no one really noticed but her. The children were still excited and everyone she worked with was convinced she was great. Still, she knew. She even discovered that being at four different schools made it easier for her to cover when she overslept. She had simply “stopped at one of the other schools.”

Carrie had also ceased dating and started singing on weekends. Since she lived alone, her only human contacts were the children and her piano bar customers. What she really wanted was a husband and a family. As her addiction progressed, she began to believe no man would want to be with her if he knew about her life.

The consequence that brought Carrie help was an unexpected heart attack at the age of thirty-three. The short nights had taken their toll. Finally, sitting in a hospital bed, Carrie told her story to a woman chaplain. Amid deep sobs, she talked of her loneliness

and her love of the children. Through her conversations with the chaplain, Carrie acknowledged that the number of men she had slept with in the three-year period was in the hundreds. It was a miracle she had not contracted venereal disease or HIV/AIDS or been injured or even murdered. The damage to her self-image was devastating enough.

Carrie, like all sexual addicts, lived in two worlds. One was a world of piano bars, musty hotel rooms, and nameless faces. The other had music, laughter, and faces of children and colleagues—whose names she knew. The coexistence of the two worlds continued until Carrie's body refused to live up to the strain.

### **Other Addictions And Emotional Illness**

One other aspect of the addictive system is that the belief system and delusional thought patterns may support more than one addiction. Overeating, for example, is a way to minimize pain. The sexual addicts who become overweight add shame concerning their body image to their repertoire of pain. The two addictions start to reinforce each other. When the addicts believe that people are not attracted to them, their sexual addiction is partially rooted in the fear of rejection. Then they eat compulsively to kill the pain due to the fear of rejection, and as a result put on weight. The added weight, by their standards, makes them even less desirable. Also, one way to avoid the depression after sexually bingeing is to binge again—with food. The two processes become interdependent. Addicts who have both addictions report that at the height of their sexual addiction, they had their greatest weight problem. We know that 38 percent of sex addicts also struggle with an eating disorder.<sup>2</sup>

By far the most common combination of addictions is when the sexual addict is also dependent on alcohol or another drug. Many people attribute sexual excesses and even incest to the power of alcoholism. *The reality is that alcoholism often is a concurrent illness with, rather than the cause of, the sexual addiction.* Many alcoholics have discovered that the treatment of one addiction does not cure the other. Further, many discover that they drink or use to obliterate the pain of their sexual behavior. There is a growing documentation about the interaction between the two addictions.<sup>3</sup> In fact, we know that 42 percent of sex addicts have a problem with chemical dependency.<sup>4</sup> Among cocaine addicts, 50 to 70 percent have a problem with sexual compulsion.<sup>5</sup> It may be that one of the greatest, unacknowledged contributors to recidivism in alcoholism is the failure of treatment programs to treat multiple addictions.

All types of compulsive behavior may be woven into the scenario of sexual addiction.<sup>6</sup> Shoplifting, gambling, and spending are frequent counterparts. Physical violence as a way to release pent-up tension is often reported as a concurrent behavior by sexually abusive families. The workaholic who gets high on the excitement of a new achievement finds professional life even more exhilarating when coupled with the sexual addiction. In that case, the sexual and work addict marries the job. In a pool of thousands of sex addicts, fewer than 13 percent reported having just one addiction.

Emotional illness also flourishes within the addict's world. Depression, bipolar disorders, suicide, obsessive-compulsive behavior, and post-traumatic stress disorder are frequent companions to the addiction. Many addicts have received treatment for these mental illnesses while the concomitant sexual addiction is ignored. Yet the sexual addiction compounded the mental health issues. By far the most devastating emotional risk is suicide.<sup>7</sup> Seventeen percent of sex addicts have attempted suicide; 72 percent have

thought of it. To preserve his integrity, Dr. Jekyll had to kill Mr. Hyde. Some sexual addicts become so desperate during the fourth phase of the addiction cycle (the despair after the compulsive behavior) that the only way out of the double life they can see is to die. Like Dr. Jekyll, sexual addicts' suicidal and depressed feelings express the powerlessness and impotence of living in the addicts' world.

### **Recovery**

Recovery from addiction is the reversal of the alienation that is integral to the addiction. Addicts must establish roots in a caring community. With that support, addicts can stay straight as they struggle for a perspective on their lives. With help, addicts can integrate new beliefs and discard dysfunctional thinking. Without the mood-altering insanity to insulate them from knowledge about their own sanity.

All forms of addiction are vicious because they further the inability to trust others. Yet without help from others, the addict cannot regain control because the addiction feeds itself. The sexual addiction is especially virulent because few forms of fixation or excitement are as supercharged with social judgment, ridicule, or fear. Consequently, seeking help is especially difficult for the sexual addict.

One of the best-proven paths to recovery is the Twelve Steps of Alcoholics Anonymous.<sup>8</sup> Many people suffering from compulsive disorders have translated the Steps for their own use, such as Overeaters Anonymous, Gamblers Anonymous, and Emotions Anonymous. This book proposes the Twelve Steps as a way for sexual addicts to emerge from their double lives. Across the country local groups have modified the Twelve Steps for the sexually compulsive. They go by names such as Sex and Love Addicts Anonymous, Sex Addicts Anonymous, or Sexual Compulsives Anonymous.

These Twelve Steps program help members restore the living network of human relationships—especially in the family. Step One asks the addicts first to accept their addiction by looking at their addiction cycle and its consequences, that is, to admit that they are powerless over their sexual behavior and their lives have become unmanageable. With that admission, the members then are able to start the rebuilding of relationships by taking responsibility for what they have done and making amends where possible. Values and priorities are reclaimed. Throughout the program, members explore basic spiritual issues as a way of understanding and facing their anxiety. As members live the program, the double life, with all its delusion and pain, can be left behind. Chapter 7 of this book describes in detail how the Twelve Steps can help the sexual addict break out of the addicts' world.

This chapter has described the cycle of sexual addiction. Before proceeding further, we must survey the many forms sexual addiction can take. No assessment of the sexual addiction would be complete without showing its potential variations. The question to be answered is, Who are the inhabitants of the addicts' world? That is the task of the next chapter.