

Hello, this is Kate McNulty. I'm recording our call from yesterday on a "Sex Positive Perspective on Sex and Porn Addiction" because we unfortunately had some interruptions and distracting sounds on the call. But I'm giving you the same content as in the original call, including callers' comments and questions.

I just want to begin by acknowledging that these are controversial topics in the field of sex therapy, and therapists who have general practices may not be aware of that. But those of us in the sex therapy field are engaged in ongoing debate about the veracity of the idea of sex addiction or porn addiction and the usefulness of these terms.

However, my focus today is on practical clinical techniques for helping both individuals and couples. I'm not differentiating between the terms "sex addiction" or "porn addiction" because I'm interested in the effect the behavior has on the relationship, and what I'm seeing is that it seems to be the same, that hurt is caused and there are feelings of betrayal in the partner who feels injured by this behavior.

So, I'm not likely to focus very much on the usefulness of the terms porn or sex addiction. I'm simply trying to give you material and ideas to react to in your own practice.

I do want to note that my experience with this issue has exclusively been with heterosexual couples. I hope if there are therapists who are listening and are working with other kinds of relationships, they'll be offering their own training so that we can learn from them. However, although I do see quite a few lesbians and lesbian couples, this doesn't seem to be a problem women are bringing to the office, and I see very few gay men. The couples and individuals I see are usually in heterosexual relationships and that's mostly what this call will be about.

What I'd like to do is begin by talking about sex positive methods for addressing the initial crisis. I hope that you recognize when people come into your office for this kind of therapy, with this kind of concern, they are often in a compromised state.

People are usually suffering from sleeplessness, they may have decreased appetite or they may be overeating out of anxiety. People are often in a state of perseveration, ruminating about the events and the many conversations they've been having about this subject.

People really are in a state of relentless, surging emotions. So people who come in for help with this kind of problem are usually in a pretty drastic state. Their relationship may be threatened, they may have family members angry at them and feeling disengaged, even have trouble functioning at their job as a consequence of their behaviors. They may be experiencing quite a bit of moral judgment by other people who know about this very private

situation.

So, I'm just encouraging therapists to, as they would with any other circumstance, when you begin to assess people who come into your office, to think about the level of functioning that they're operating in when they have this kind of stress going on in their lives.

So what, of course what we want to do is get to a place where we can help with curiosity and compassion and give the hurt partner some frank acknowledgment of the suffering that's been caused. But I'm also encouraging therapists to avoid getting diverted into delving into too much history the first time people come in, or looking for insight in the early phases of this kind of therapy.

When I'm working with couples in particular who have these kinds of concerns, my first goal is to help them manage their affect so we can reduce the level of reactivity that's going on in their relationship. But really most important is that when people come to see us for the very first time is that we're hoping to create enough rapport, enough sense of trust with the client or clients that they'll come back. Because people need to know that they can have confidence in the kind of help that you're offering. And if you can let them know that you're working with a model or structure that has some predictability to it, people are likely to experience that as comforting and reassuring.

So even if you're newer at this work or don't have that many cases with these kinds of problems, the more that you can assure yourself that you're working toward some kind of structure that works for you, that fits your philosophy and style as a clinician, that's going to give people some sense that you know what to do and they can count on you for good, reliable help.

So I'll often begin talking to people about kind of a three-phase model of the therapy. And I affirm for them, even in the very first session- I explain after I've heard enough of their story, and I have some approximate understanding of their situation- I'll say something like, "You know, we can expect that there's going to be a progression here, and that the first thing that we're going to need to do here is to help you in this very real crisis that you're experiencing." Whether there's been a discovery or a disclosure or just the individual who's coming in for help, I'll say the same kinds of things. "We want to help you manage all this emotion so that you're avoiding destructive conversations with your partner. And then when things have settled down a little bit, we're going to take time to make sense of things.

"We're going to try to achieve some understanding of how this happened, what exactly did happen that contributed to this situation in your relationship, what laid the groundwork for this to take place in this relationship."

So as clinicians, our goal is over time is to create an understanding that is coherent to the individual, or to the couple, that they can share; a narrative about how they got into this state. Because people are propelled into your office when they have these kinds of concerns: there's often been a pivotal event, a discovery, a disclosure; something was found in email or on somebody's phone, a message got intercepted by someone. There's usually a compelling story going on that the clients are bringing in when they are in those circumstances, because these are very emotionally charged kinds of problems.

So our task initially is to help clients diminish the level of affect they are experiencing, but we can also let them know we'll get to a point where we're sorting out a direction together. If the future of the relationship is in question for a couple and they face a decision about whether the relationship will continue, we'll eventually address that, or we'll have to figure out things about forgiveness and create a plan together for moving forward.

But mostly I think in the beginning of treatment our job is to encourage people to take the time they need to take to make wise and well informed choices. Because when you have couples coming in your office who already perhaps have been to a divorce attorney, or you have individuals who already say everybody in their life has advised them to leave this person or to get out of this relationship, you've got a very accelerated set of decisions being faced, and people really don't have the cognitive equipment to make good decisions when they're, typically, when they're presenting for this kind of service.

So offering people the idea that there's this kind of stage model, and you can construct that in whatever way works for you as a therapist, but that there is a structure, and that in the meantime we're going to help them engage in civil behavior at home.

We're going to give them some tools and structure for taking breaks from conversations; for letting their partner know when they get over-stimulated or overwhelmed. We will help in establishing some regularity about their conversations so that they can experience in life at home that, they are talking to their significant other in a routine way about these problematic issues, but that doesn't have to be done all at once.

We see couples who are getting into marathon conversations with one another, talking for hours and hours at a time until they're exhausted, talking even when they cannot think of anything new to say. Couples are often getting in repetitive conversations because they desperately want connect, or they want to resolve the problem, but they just don't have the tools on their own to have conversation that moves forward and that is productive.

Another thing we want to take leadership with in the early stages of treatment, within the first

handful of sessions: if there has actually been physical activity with other people, extra-marital contact with people outside of the committed relationship, the therapist can help by raising the question that, maybe people need to go for medical testing to see their doctor.

These are questions that couples don't always know how to raise with one another and may be afraid to ask, or feel embarrassed about. So if our taking initiative about that kind of discussion can help them engage in a conversation they need to have, then that's helping them in a very tangible way that they appreciate.

We also often have to help people define what they're going to do about monitoring of activity. Monitoring cyber-activity, online activity of any kind- of course we have so much access to technology now. People are monitoring their spouse's comings and goings and where abouts, and correspondence with other people.

There are all kinds of levels at which couples can intervene with one another. And we want to help them examine the purpose and usefulness of that kind of behavior. Because there can be so much data flying around and such a quest for "facts," and exhaustive details about what activities the partner is involved in or has been involved in, that it really diverts the couple from doing the emotional work and reflection that they need to do.

So, we want to help people- we can't tell couples exactly what to do, but we do want to encourage them to engage in, critical thinking together in terms of what's useful in seeking information while we also attempt to limit their reactivity.

So if we can help people see that tracking every movement or asking for a full accounting of their partner's day after they've been apart for a few hours is not so useful. Then we have to help them replace that with conversation that's about their emotional landscape; conversation that feels reassuring or comforting or that involves searching for understanding. And people often need quite a bit of structure about how to do that.

So I'm going to talk now about more things we can do to lay the groundwork for effective conversations about these concerns that are painful and often terribly embarrassing for people.

So another function we can serve is to inquire early on in our contact with people what kinds of resources they have been using about this problem so far. What information are they being exposed to when they read books or look on the internet? Because there's a lot of bad and misleading information out there. So helping people think about what advice they're getting from people who are close to them, or what sources of information they're turning to, is a really useful service. You can draw their attention to the fact that something that they read online may not be substantiated anywhere and may just be someone's opinion, or one

person's experience in their own relationship, and that might not be a source that they want to trust or use as a basis for their own decision making.

So, we want to help people find more effective means of reassuring one another and some of that is seeking information and resources together, making use of practical material that's been shown to be helpful.

One caller, earlier in our call, mentioned that this business of having a partner under surveillance, and tracking behaviors, and whereabouts, and so forth, can be compared to a parental kind of function. And that we don't want to invite people into parental and child relationships, we want to help them negotiate relationships with some equal level of power and influence together. So, I thought that was a good point I just wanted to bring up.

I think that this business of what's referred to as sex/porn addiction is a very gendered experience so I can't help but use gendered language: we want to support and reinforce the disclosure of the husband, I'll just say for simplicity's sake. So typically I use the format of a joint session to begin with, most often both people are presenting for the initial visit. Although sometimes I get an individual coming in for the first session, and they're deliberating with a relationship decision or they've been blown away by the disclosure, an event of some kind, so perhaps I'll encourage them to bring their partner in. Usually though, if I'm working with couples, I start with a joint session with the two of them, then I have a confidential session alone with each person. And then we go back to joint sessions. So, another question we considered on our call earlier today was, should those one-on-one sessions be confidential or not?

I am trained in the Gottman method. John and Julie Gottman are very clear that they recommend that the contents of the one-on-one sessions should be open information: that you begin the session by advising the partner, "Please don't tell me anything you don't want your partner to know. Everything is shared and open information in this kind of therapy." But, having been in the field with sex therapy, as well as doing the Gottman work for a long time now, I just don't find that useful. That's something that I modify because I get much more beneficial information out of having a frank discussion that each person knows is going to be kept private.

And what I hear from couples is that even the woman likes the idea that I'm having a confidential conversation with her husband, because then at least somebody knows most of what's going on, even if the wife can't know that herself, it helps her feel comfortable that I'm holding that information.

And I'm helping her husband keep his eyes open about that information. Part of what we need to do as time goes by, too, in this kind of therapy- which, usually it takes a while; there's been hurt, trust has been broken, so this is not a four or five session kind of therapy typically.

But over time as we get to know people better, we have to help the couple keep integrating new information into their shared knowledge base. So sometimes the man, the partner who has “strayed,” we could call it- the husband will have more to say over time, that he wasn't able to say it all in the beginning.

And he needs support and backup for bringing in new information, and for helping his wife take that information in. Sometimes this dynamic has gotten created long before you met the couple, early in the relationship. The wife may have had a history of being hurt or disappointed or betrayed by someone else in her life, and may have told the husband repeatedly, “Never cheat on me, it would kill me. I couldn't bear it if you did this, this would wreck our marriage.”

So this has become a very high stakes conversation, often over years. And so part of our task is to help the wife consider the utility of these warnings, now that this hurt has become real. And then we encourage the husband to forge ahead, and be thoughtful, but also be brave, and take some risks about he's willing to let his wife know. Because he's gotten a message over, an often very-repeated message over time, that it would be unbearable for her to hear about activities, interests, engagement with other people outside the relationship.

So, the kind of backup that both people need is really considerable. I'm also going to talk a bit about- because I am hopping back and forth about work with individuals and couples- so I want to talk a bit about how I see us using ourselves when we're in either role, whether we're the individual therapist, or the therapist for the couple.

I think it's really important that we recognize that no matter what role we are assuming, I really feel like ethical obligation is to consider the needs of, and advocate for, the entire family and community system in these inflammatory kinds of situations. I just don't think it's useful for us to get caught in one person's story.

Individual therapy is a great vehicle for a lot of kinds of help. If people have panic attacks or depression or anxiety problems or eating disorders, there are all kinds of ways that individual therapy can be very beneficial for them, but individual therapy has actually been shown to present a risk when it's used to address relational problems.

People who come in for therapy about relationship issues specifically, if they present individually, they actually have a higher probability of divorce than people who are not addressing those issues in a one-on-one situation. So I think it's important for us to recognize that isolation does not serve our purposes here.

I think the ideal arrangement is for a couples' therapist to be the hub, and to coordinate the

care with anyone else who is working with members of a couple; but that happens all too infrequently. And I'm aware that we don't have endless hours to play phone tag, and sometimes it's just very problematic to try to get in touch with somebody else, or clients are hesitant to give us a release. There are all kinds of reasons that it doesn't happen, but I think it's useful for us to recognize that this is the preferred kind of approach to take if at all possible, because it helps us contain the whole situation as a team and stops us from working at cross purposes. We don't want to be, working in contradiction to what another therapist in another part of the system is doing, yet it happens all the time, and relationships fail as a direct result.

So the other thing I'd like to talk about is, helping to limit who is drawn in for help, and, helping limit the number of influences on this situation. Another aspect of this is helping the wife be concerned, inquisitive, curious in ways that are effective and productive.

So we may have situations where one person is doing a lot of help-seeking or looking for support and then on the other hand, many times this is a very private matter and your clients aren't talking to anyone; they're talking to you because they don't have any confidante.

But, of course, people have very different ways of coping, and some people cope by drawing in a cast of thousands. They have a lot of people that they're talking to that want to provide them with a lot of input and advice, and that's another part of your assessment, is to figure out, Who are their people, their influences? And are they benefiting the situation and offering a good support to the relationship, or are they interfering or creating more confusion and ambiguity?

I think that the other thing about helping the wife ask productive questions or helping the couple have useful exchanges is about regulating affect of course, but also recognizing that a lot of people don't know why they do what they do. And so for the wife to persist in asking the husband why he did what he did is probably not going to be fruitful. You may need to point out to her very concretely that, "It doesn't look like you're getting great results from this behavior so far. So can we figure out a different way for you to try to have some of the conversations you feel urgent about or get some exchange going with your husband?"

So you can be thinking about, framing for her, modeling for her, a variety of ways to express hurt, worry, concern. Really demonstrating this skill tangibly in the office by modeling for her that, you can articulate ways that she can seek having her needs met, her needs for information or reassurance or recognition of her hurt, in a thoughtful way and in a purposeful way, that is not repetitive in nature and that actually allows something new to happen in the couple.

So, I could give more examples of that but I'll leave it at that. I just I think we want to know who may be planting suggestions in these folks minds and be clear about who's whispering in their ears.

Another question that came up on our call was, What are the techniques for helping people do this? Somebody asked, are you using NVC, Non-Violent Communication techniques? I'm pretty concrete and practical about the way I tend to talk people, and of course you'll do this in ways that fit your style.

But here's an example: let's say you have a couple come in for the first time or the second session and, the man is just spilling over with affect. Really, highly distressed, sobbing, really desperate to let his wife know how terrible he feels, and he's saying things like, "I'm a monster. I can't believe I did this. I'm worth nothing. Our lives our ruined. I've wrecked everything."

You know, with this high level of affect, a way to reframe what's happening and to validate the reality of how much pain has been caused, but to stop that dramatic display, is to say some phrase like this: "You know, let me tell you something about what I'm seeing here. I'm seeing that you are ready to acknowledge that you are a flawed human being. You've made some pretty big mistakes and used really poor judgment.

"You're letting her know that you can see you've hurt her very deeply. And I think that's different from saying that you have an addiction, or you can't control yourself, or you're a monster. What I'd like to do is to help you get your feet back on the ground, and talk and think about yourself in a way that's human, and that recognizes you're not the first guy who's ever done this kind of thing, you're not the first person who's made errors in judgment or done things that weren't considered.

"And that, that's what we need to work with together. We need to help you figure out how to, how to avoid doing things in this way that is unfortunate and that causes harm, but that this isn't about being monstrous or, being out of control. You made some decisions that were not good ones."

So that's an example of some kind of exchange I might somebody who's highly distressed. Help them get their breathing back under control and just consider things from a fresh point of view.

Another question that came up on our call was about What about things that are more extreme kinds of actions, or more repeated kinds of actions: not just looking at porn online a lot, or not just having a liaison with a co-worker or stranger or something. You know, the question was, what about really repeated behaviors that the caller thought were obviously



self harming or hurtful.

So we talked about more, habitual behaviors like having sex with strangers in a restroom by the highway, or having, liaisons with people in the bath house, or something like that. Sex that's more anonymous in nature and may have gone on for years, or there may be a high volume of physical sexual contacts with other people.

I think in those instances, really our interventions are quite similar, but we want to do even more careful thinking. You know, when someone's expressing this remorse and regret about repetitive behavior, we want to think about the ways in, in which they're describing their behavior. Is this ego-syntonic behavior or is it ego-dystonic behavior? If it's ego-dystonic, meaning it's not in keeping with how the person sees themselves or not how they want to act, then that dictates some of the goals that we're setting. But we are working and collaborating with them. We are not the expert on their sexuality.

And, I don't really see that there are radical departures from somebody that has another kind of indiscretion or unfortunate judgment, but I think is partly a moral question that we need to grapple with as therapists, and that's part of our work, is keeping our own objectivity about such extreme kinds of scenarios that people bring in. They naturally get our attention, but is that where we should put our clinical focus? Or is the extreme nature of the behavior distracting us from what is clinically relevant?

So my goal is I go through time with a couple is to help them express whatever anger and grief they may have about the situation they're faced with, but to hang on to the reality that this is a shared dilemma. They're both in it, and the only way to get out of it is to recognize their relational connection and figure out what they can do to attempt, at least, attempt soothing one another and acknowledging the unfortunate situation that they're faced with.

So, I'm going to shift gears here a bit now, and talk about ways that you can consider a new perspective on what you're trying to do in your current problematic cases. So we'll move beyond this talk about the initial stages of treatment and talk more about what are we trying to do when people come in with these sexual activities that they regret, or that they don't understand or that are causing problems in their lives.

I like some thinking that I came across and I think it's an old textbook on sexuality from, an author named DeLamiter, this is from 1981, and some of this person's thinking about the styles or modes that we're in, when we're being sexual with another person.

There's three aspects to this model, so we can think with people about what do we value about sex. Do they value procreative sex? Because some people think that's what sex is for,

and that if it's for any reason other than procreation that it may be sinful or indulgent or morally objectionable in some way. And some people value relational sex of course, sex that builds bonds between people that involves attunement, connection, perhaps romance. This kind of sex includes a focus on the partner and a real observing of the partner in a way that can be very heartfelt and emotionally moving. What is less-recognized in our contemporary culture is that some people hold a value for recreational sex, and I think that in the United States it's a problem for many people to accept this idea.

A lot of people think that recreational sex is frivolous or irresponsible or selfish, there are a lot of judgments that we have about recreational sex. But recreational sex is something some people also find transporting, it can feel transcendent to them. It may be very meaningful, spiritual experience to have recreational sex with another person.

So I think that if we hold on to some concepts like this, this can help us support the person we're working with in really examining and reorganizing their view of what sexuality means to them, individually and in the relationship. And that, I think is a quality of really valuable therapy. I think that's an indisputably useful service to provide to people. And we're not doing enough of that, that's my opinion.

So, part of what I see, I mentioned earlier, that this is an entirely gendered experience that we're talking about. But I don't see a lot of discussion about gender when I look at the literature about whatever we want to call it: problematic sexual behavior, out of control sexual behavior, sex addiction. You know, there are all these terms being bandied about, but I think we go in and out of reductionist thinking and systems thinking, and each has their use. Reductionist thinking, though, is breaking things down into their individual components, like you would if you were doing a recipe, or building a car, building a machine. You have to understand what the different parts do, and how they function together.

But, if we're doing systems thinking, that gives us a broader view. That gives us a greater capacity to see the whole, and to understand the way everything functions when it's in motion.

So I see that in our field we're really getting drawn into thinking about this reductionist point of view. You'll see people with brain scans, talking about dopamine and a lot of ideas and information about the effects of porn on the brain for instance, or what kind of sex constitutes addictive sex.

And I'm afraid I think that's just a very, very limited view. That's not taking the whole picture into account because if we just look at biochemistry in this reductionistic way, or look at brain scans in this way, we're losing our capacity for critical thinking- we're not applying it, I should

say. And we're entirely losing the lens of culture. If we think about culture and gender and what gender roles dictate in our time, in history, about sexuality, I think that tells us an awful lot about why all these events and activities are happening for people. People are playing out a lot of things about their cultural scripts that aren't being talked about in therapists' offices.

So that's just something I'm going to say a lot more about in the future, in another call probably or in another class, but for now I just want to plant that seed of an idea for you and have you consider, Why are we not looking more at gender and the way that genders plays out sexual selves.

So, I also encourage you to look at some critiques of the conventional thinking, just in the addictions field, not even sex addiction specifically. I'm not here to tear anybody down, I know most of us doing this work for really good purposes, we just really want to help; but, there's an awful lot we have not figured out yet about addictions of any kind, much less "sex addiction," which is just a name somebody came up with, probably fifteen years ago or twenty years ago or something, I think. So, you could look at the literature of Stanton Peele, he's developed a critique of the addiction treatment industry, and to my knowledge, he was the first person to use the term love addiction, and later he talked about sex addiction, but he seems to disavow the sex addiction industry.

Another author you can look up is Anne Fletcher. She is not a mental health person, she is a journalist and she's done extensive research on the rehab industry and how addiction is conceptualized. So, those are a couple names I wanted to drop.

I think there's a lot we could do with models of adult development and looking at ego development and applying some of those theoretical concepts to this field. I don't see anybody doing that yet.

As a clinician though, mostly I want to think about intent versus outcomes. I want to help clients understand that the harm caused is more important than what their intent was. And part of being responsible, and grown-up, is to recognize and acknowledge what hurt you may have caused because you were trying to get needs met but you didn't really understand your own motivations or the impact you'd have on another person.

So we've got an ambitious task, even when we can quell the initial crisis. This is a big job to do with clients, to help them really examine and step back from these deep embedded parts of themselves that most of us are taught are secret, not to be discussed with other people, to be kept private and so there hasn't been a lot of light shed on the sexual self for most of the people we see in our offices.

So giving them space to tell and expand on their story in a calm way, in a reasoned measured way that's not inflammatory, that's not blaming, is something that we're doing. We need to give both people backup. For the guy, he needs back up because he's already ashamed of what he did and because every body's ready to shame and blame and tear down men's sexuality.

We're living in a time that's very confusing about this subject. What are okay ways for men to express themselves sexually? So we need to be a backup person for the guy who's in our offices. At the same time, we need to be ready to challenge them and help them examine their own behaviors and take responsibility for things they've done that have been imprudent or ill-advised.

So I want to talk a bit about a particular model of couple therapy. Again, I think this is useful to know about, whoever's in your office, even if you're just seeing an individual. It's just a good, simple concept to have.

So Dan Wile is a couples therapist, and trainer, who I have a great deal of respect for. He's in the Bay area. I like Dan's work because he is very elegant in his conceptualizing of things, and one idea that he gives couples therapists is that if we really distill the possibility of couples' interactions at any given time down into their most simple components, we can think about three pathways any one person can take in a conversation.

So at any given time when we're talking with our partner or any intimate that we care about, we can be engaged in 1.) attacking- of course that's not useful and it's to be avoided. So we may be attacking or we may be 2.) avoiding, or we may be 3.) confiding. And it's no mystery to figure out which of these is most useful. Of course we're all prone to doing the attacking or avoiding. But if you as a therapist can just hold on to the thought that, there are only three options at any given time, this is like a compass for you.

In session, when you're seeing couples particularly, but even encouraging your individual clients in their own lives outside the room with you, that we want to encourage people to confide. We want to encourage disclosure, we want to encourage offering vulnerabilities and taking the risk of letting somebody else really see what's going on in our inner world, because that's what holds the potential for connection with another person.

When we're in that state of confiding, that's when people are drawn closer to us. They naturally want to exercise mutual care, they feel attracted to us and they want to help us, because that's a hard-wired human impulse.

So helping couples make use of that simple idea of, are you attacking, avoiding, or confiding

right now, gives them some way that they can kind of hold their thought on, “What are we trying to do right now?”

So along with helping people manage their behaviors in conflict and delicate situations, we begin framing an explanation for their behavior, an explanation that's palatable to both of them, if you're seeing a couple. Of course there are just a thousand, thousand ways that people defend themselves psychologically, but some of the most typical patterns I see in terms of motivation and what's going on behind the scenes are about men's sexuality involving cutting off a part of themselves psychologically, creating walls within themselves, having a sense that, their sexual self may be unacceptable to other people or it's shameful or it would be rejected.

So those are some of the reasons people may seek contact with sex partners outside their relationship, because they don't know that their own partner can really understand or accept them and their desires.

Men sometimes feel, any of us do but men in particular, may feel a sexual charge associated with keeping secrets. There's something powerful about keeping secrets. It means that we've got one over on the other person. There's a way that when we have a secret we get to hold something that just belongs to us.

In our culture in particular, U.S. culture, men are very identified with their work. Many men don't really have much of a model about how to be a good husband or partner other than being a hard worker. Being the bread winner, selflessly working long hours or taking on extra responsibilities in their job, or trying to advance and accelerate their careers. That's a way that they know to demonstrate caring many times and show their commitments to family. So that can also involve some sacrifices. Sometimes we see men have ended up in these kinds of situations because they are doing so little for themselves. They're doing so little self-care, they're doing so little recreation. They have so little social life that going and doing something underhanded or secret, kind of getting away with something, can feel like a way to give to themselves.

It can feel like a way to preserve a self that's independent of the relationship, and to have something that's fulfilling, gratifying, thrilling, Some sexual activity on the side can give a sense that, “Even with all my devotion to my family, all the sacrifices I make and the way that I'm depriving myself, here's a way I get to have something and it's only for me and no one else needs to know about it. That way nobody needs to know what my real needs are.”

Sometimes, people are just afraid of asking their partner to have their sexual needs met in their relationship, and the thing that seems most prevalent to me is that people are just, plain

and simple, unskilled at asking for their sexual needs to be met. They don't have language, they don't know the terms to use, they feel shy about saying the body parts, saying the words. They may just be unequipped with a sexual vocabulary. They don't have a sexual voice.

Where would most people learn that in our world? We don't really offer young people a lot of information. We're left to make things up for ourselves, usually by watching media and using that as a model for ourselves. And many people are in relationship without knowing how to attend to their own needs, their own intimate needs. This has a lot to do with why we're seeing such a prevalence of these problems these days.

I just think it's unfortunate and short sighted to say, well, this is a problem of addiction or these other more simplistic answers. I know the phrase "out of control sexual behavior" is an attempt to say something that's more neutral- That's less value laden. But I also take issue with this idea of being out of control.

I think there are ways that men are excused in our culture, and we have an image that they tend to lose control. And I dispute that; I think men are making choices, and part of their healing, part of their being accountable is taking responsibility for the choices that they've made and being able to account to another person for what happened.

We need to help man ask themselves questions like, "What was the kind of behavior chain that led me to pick up the phone, to look on Craig's list, to answer this personals ad, to pull over my car into the parking lot and go to the strip club and get a lap dance? What was I longing for? What emotions or desires were going on that I didn't have a more skilful way to address?" So I think that we're still groping in this field, and I'm concerned that there are too many people saying that they know what this is all about and they've got it figured out.

And that is not my stance. I think that this is very new specialization, and because of the growth in technology and ability to reach out to each other in online in anonymous ways, to look at pornography without anyone knowing, there's a ground swell of this kind of behavior in the general population, but I don't believe that therapists have figured out very much at all yet about it.

I think we need to have some humility and acknowledge that we're learning along with the clients. And I've been doing this for quite a few years, so this is not new to me, but I think we need to acknowledge that we don't know everything about this.

So I'm just going to review a bit about, some of the ways that we can help people by creating a positive, therapeutic alliance with people when they come in to our offices.

I've got some ideas that are about regulating dynamism and passivity. I think we want to be

thoughtful as we're intervening with couples to recognize that often what people are bringing in, in terms of their behaviors is this: We've got a wife who's in pursuit of her husband. The wife has many, many questions. She has a lot of pain that she needs to have him see and hear and recognize. And we're often sitting with a husband who's in largely passive withdrawal, just wondering what is it going to take to get his wife to stop talking.

So part of our challenge is to figure out how to keep the conversation balanced. I'm not necessarily an advocate of fifty percent, and everybody has to have equal time in every session, but I do want to support the person who's not speaking. Perhaps attempt, as Dan Wile would do, to speak for them, to speak on their behalf with their permission, and just ask them for feedback.

Ask them, is this how it is for you? Are these some of the things that might be going on for you now? And get their endorsement of what's going on, by just making guesses.

Maybe we need to make many guesses before you can hit the mark, but at some point the person's going to nod, or their posture will soften, or they may get tears in their eyes, but if you can speak on behalf of the person who's quieter I think that's going to really help create a profound alliance.

People will really have a visceral emotional response if you get the experience and give them the words for it. You don't have to be perfect, you just try. It's a little like going to another country where maybe you try to speak the language and you do it imprecisely, but most people appreciate that you're at least trying. We've all got our own culture inside anyway, we're all our own world, we live in our own world. And so if we can show people we're attempting to understand and we're really stretching to get their experience, then that's going to be a very joining thing for them.

We also want to think about whose agenda are we serving in any given conversation, and making sure that, again, there's a balance there. So, of course we're supporting the person who is justifiably hurt, outraged, indignant, feels betrayed, has lost trust, all those things. We need to back that person up and let the woman know, we get it.

And this is terribly difficult and there's been a great deal placed at risk in the relationship often times, but we also need to offer the kind of back up to the man who's in the office with us.

We talked a bit about coordinating the therapists and I think people by and large appreciate that, if they're seeing someone else and you're willing to make the call or take some leadership in initiating contact, people typically appreciate that because these problems are serious enough that they really recognize they need all the help they can get.

I think another possibility would be just thinking about how the couple's dynamic is often that the person who has caused the hurt, the man, he wants to think about anything but this.

He wants to burrow down into his work. He wants to be busy. He might want to do stuff to show that he cares. He might do more projects around the house, or he might take the kids out of the house more on the weekends, or do things to demonstrate his involvement and his caring, but often times the person who has created the hurt doesn't want to have process it and keep talking over it again and again, because it's so very painful.

And yet the person who has been hurt can't stop talking, is obsessed essentially, is just ruminating and combing over every detail, looking at the past and trying to think, "How did I miss this, or how long was this going on, or how many people, or where did he find this person.

So they've got a big task to piece together their reality, retrospectively. And we can help them recognize that, for a while, it's probably going to be kind of like those programs that are operating in the background in your computer, you're going to have an internal voice that's doing that. It's going to be very hard to quiet the noise for a while.

But letting them know with empathic comments like that, that you can see, you get, how much of a struggle this is for them and how much pain they're in, what hard work this is, to go through this. And that you have some glimmer of understanding of what their experience is like.

I want to talk a bit too about going back to this idea of an actual addiction being present. I think part of what's affirming the idea of an addiction, just the language we use to talk about it, for example I've heard therapists say, "Well I have I have a case load of guys, they've been looking at pornography, and I try to help them stop, and they're getting to a place where they've cut back on their activity. Or they're not seeing the woman they had the fling with at the office anymore because they got transferred to a different department, but they come in, the therapist will say, and they're telling me they're in withdrawal, they're having cravings, how am I supposed to help them with that?"

So again, I think we're only using a very approximate kind of metaphor here, to represent some human experience, but that's not necessarily accurate. And so, the more we can help people empathically by recognizing, "It sounds like it's hard to be apart from her. It sounds like that even though you know this event hurt your wife, you really, you really miss that woman that you were involved with at work, or being able to say, I know, it seems like porn is a way you've really been taking care of yourself for a long time. It's one way you've been able



to let yourself off the hook and stop thinking about work and pressures for a while. So it's totally natural that you would want to go back to doing that because it's a habit that's served you. For a long time. It probably hasn't been the best way to take care of those needs, but it's totally understandable if that's something you still feel pulled to do.

And yet, it sounds like you and your wife have agreed that's hurtful to her, or those are behaviors that you've agreed not to do, for now. At least until the two of you can get your feet under you and she's feeling better.”

I've had comments from women like “I feel like my husband has a hundred mistresses and they live upstairs on the computer.” Women feel very threatened even just by imagery online because they get all kinds of inadequacies and doubts stirred about their own physical attractiveness, and their husband's or partner's connection with them, so again, I just believe that whether these are actual 3D physical activities out in the world or online activities, they can create the same sensation of being threatened and feeling betrayed. So we need to honor that in people and not quibble with our terminology.

So, I'd like to also just refer you to a resource for helping people. I think another function we can serve in these kinds of circumstances is to help people develop their own definition of and parameters for sexual health and self-care.

And I think that's a truly adult task, people need to be healthy and self-possessed to do that. They need to have a psychological curiosity about themselves. And we can engage their imaginations, their sense of values and their belief systems in doing this, and I think that this is a kind of conclusion of this type of therapy, is to get people to a developmental state where they find this an engaging activity, and a conversation to have with one another. And over the course of time, it can really build a bond for people to be able to talk on that level.

Those are truly intimate, personal kinds of conversation to have that are deeply meaningful and move people out of the realm of superficial, sexuality and sense of self. So one good resource I like to refer people to is just to Google World Health Organization and look up their definition of sexual health. There is a lot of information there. As far as I know, this is some of the best, well thought out material on the kind of universal agreements we can reach about what helps people feel good in their sexual lives, to help them mature and help them get the information that they need.

So I hope this has been helpful. I welcome any feedback from anyone who is listening. I invite you to get in touch with me any time and let me know your feedback or thoughts about this presentation. Thank you for listening.

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## Sex Positive Perspective on Sex and Porn Addiction

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