

**THE HEART OF DARKNESS:  
A JOURNEY INTO CHRONIC SEXUAL ADDICTION AND  
THE QUEST FOR RECOVERY**

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## Abstract

The processes that are involved in sexual addiction and recovery were explored in this research. A phenomenological-hermeneutic method was employed in interviewing five male recovering sexual addicts. Themes of sexual addiction and recovery were then extrapolated from the words the participants used to express their life experience. Eleven themes characterizing the addiction process emerged from the transcriptions of the participant's in- depth interviews, as well as six themes relating to recovery. It is hoped that a deeper understanding of the sexual addict's internal and external motivations for the use of sex, will be achieved by depicting several addicts' experiences in an unfolding story. It is up to readers of this research to draw their own conclusions and to take what is relevant to them from the words of the sexual addicts and the researcher's interpretation of those words. There is no one absolute interpretation of the participants' life experiences. This research only suggests possibilities to illuminate interpretations of the lived experiences of the five participants involved.

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Dedicated to my two nieces Raina, and Danielle, and to my nephew,  
Paul.

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## Chapter 1

### Introduction

The phenomena I seek to shed some light on in this study are themes and processes that appear in sexual addiction and recovery. It is unfortunate that many individuals in our western society have and carry the label of sexual addict, and it for this reason that I seek a clearer understanding of that which is involved in the development of and recovery from sexual addiction. Furthermore, the purpose of the research is to uncover some of the more fundamental ways recovery is initiated and sustained over a long period of time. As a counsellor, I hope that these extrapolated themes and processes will provide one more aid in the better understanding and treatment of sexual addiction.

A phenomenological hermeneutic approach was used to achieve these goals, and focused on the analysis of the words and life experiences of those dealing with sexual addiction issues. The literature on sexual addiction and the process of analysis, however, inevitably biases this researcher's ability to articulate the lived experience of the research participants in a "pure" manner. Fortunately phenomenology does not focus on ridding one of biases, but by encouraging reflexivity, helps one become more aware of them.

The participants of this research were male individuals dealing with sexual addiction, between 20 to 55 years of age, who have been in recovery for minimum of four years and have had some form of treatment dealing with their sexually addictive behaviours. Originally this thesis set out to investigate sexual addicts who had committed sexual crimes because of their addiction. Due to several research participant dropouts, and the lack of access to such sexual addicts, the focus shifted to include any sexual addict who fit the previous stated screening criteria (Appendix A).

Though most of the literature deals with male sexual addiction, there is evidence that suggests women also are afflicted with this addiction (Kasl, 2002; Ferree, 2001; & Carnes 1989, 1991). For this research, however, men were the focus and therefore only pronouns for men are used, though the information presented may also apply to women.

A sexual addiction, for the purposes of this research, is defined as the lack of control over some sexual behaviour or relationship, sexual behaviour that has a negative effect on one's life. As with alcohol or drugs, sex addiction fits the classic, four-component model of what comprises an addiction: a) compulsivity or the loss of control over a behaviour, b) a continuation of the behaviour or relationship despite repeated attempts to stop, c) continuation despite negative consequences, d) preoccupation or obsession, and d) tolerance or more of the same behaviour or a progressive escalation of behaviours required to get the same "high" (Carnes, 1989).

Carnes (1989,1992) also developed a range of levels of sexual behaviours. All three levels have boundaries that are permeable and individuals at each level can experience disastrous and devastating consequences. It is also the case that at each level the individual can and often does experience shame, suffering and despair; thus the level may not be a reflection of consequential severity.

#### Implicated Researcher

For many years people have questioned my reasons for working in the areas of sex, sexuality, sexual addiction and especially for dealing with sexual offenders. My answer has been that I am interested in the psychological forces or drives at work in those who rape or sexually abuse others. My life's quest seems to be two-fold: Firstly, it is directed at ensuring, to the best of my ability, that I help individuals to be released from

the driving forces that lead to their sexual addictions or offending behaviour. The second part of my quest is to “save” at least one individual from experiencing the devastation of being a victim of a sexual offence and as well, to help ease and or cease the suffering of a spouse or loved one of those with sexual addictions.

I have lived with and loved a person struggling with a sexual addiction. His name was Marcel and he told me that for his entire life, he had been compelled by some unknown and unwanted force to have sex regardless of circumstance. When “the dark force” took over his soul he became a different person, one he did not recognize or want to know.

Marcel, on the outside (and inside) was the most alluring person I have known. Because of his physical appearance, he had no problems fulfilling his voracious sexual appetite without having forced sex. He did, however, confide in me that he would and could force himself upon someone if the force took him over and no one was willing to have sex with him at that time. Knowing him and loving him the way I did caused me to refuse to believe he could ever harm someone, especially in such a horrendous way. His confession was even more confusing to me given that except for his sexual addiction, Marcel and I were mentally connected on every level. I am confused and have felt guilty because I could not understand that sexual side of him; I was unable to give him appropriate advice or direction to help him calm the madness running rampant inside his head. If I could have done that, maybe the AIDS virus would not have run so swiftly inside his body and killed him along with nine of my other friends who were infected by Marcel before he knew he was positive.

Until one sees their love and life supporter wither away, and change from a beautiful person both inside and out, to one who is barely recognizable; into someone who is so cruel you can hardly be around them it is hard to understand the full range of damage sexual addiction can cause.

As he wasted away and I sat by his bed, I knew that I must do something that would make his pending death bearable. That was when I embarked on my quest and decided to work with the most severe sexual offenders and addicts. I did so to ease the suffering of addicts and myself; to help protect others who might become their prey. Some of Marcel's prey happened to be my friends and as a result, I had to stand by in silent anguish as they died slowly and painfully while their family members and friends kept asking for an explanation as to why this had to happen.

My experience with Marcel is one of the reasons I am so interested in sexual addiction. Another reason for my interest stems from an experience very early on in life, and that experience has instilled in me a victimization fascination. When I was nine years old a family friend sexually abused me. I have kept this area of my life secret from most people, especially my parents. I have feared for a long time that exposing this to them at this point would cause them much grief. I feel especially guilty about not coming forward before, as this man went on to abuse many others, including his own daughter, for which offence he went to jail.

With this research, I hope to gain insight into how victims are chosen, the nature of sexual addiction, and most importantly, for me, how and why recovery is possible.

For about five years my personal mantra has been "If I can save one child on one particular day from being abused then I have been successful in my quest." By finding

out what recovery elements are functional and most effective for sexual addicts, my ability to complete this quest is greatly improved. These personal confessions directly implicate me in this research.

### Summary

In the following chapter, a review of the literature pertaining to sexual addiction and recovery will be explored. It will include topics that help explain the addictive processes, the addictive system, and some developmental aspects that may influence sexual addiction. The chapter will also explore some possible models of recovery, some possible stages of recovery, and some possible treatment models of sexual addiction.

In chapter three the method that was used to carry out this study of sexual addiction and recovery will be explored. The chapter will discuss the method of phenomenological hermeneutics and how it pertains to this particular research. The chapter will illuminate the selection of the participants, and how the data was collected and analyzed. Chapter three will also assess the reliability and validity of the present study. Given the nature of the research, ethical issues and issues relating to the researcher's safety and integrity, will be explored as well.

The following chapter (Chapter 4) will introduce the reader to the five researcher participants. In part A, eleven addiction process themes attained from the research will be presented in an unfolding story-like pattern. In section B, six recovery themes will be depicted.

The concluding chapter (Chapter five) will outline this researcher's tentative conclusions. In this chapter, the reader will also encounter some possible theoretical

implications, implications for helping professionals, recommendations for future research, and possible limitations to the present study.

## Chapter 2 Literature Review

### Addictive System

In order to help those afflicted with a sexual addiction, one first has to understand the processes that occur within the realm of an addiction. Patrick Carnes is a forerunner in the development of knowledge regarding sexual addiction. Carnes (1989) developed a theory of the addiction system. The first part of the system was an extensive addiction cycle comprised of four stages, including 1) preoccupation, 2) ritualization, 3) sexual compulsivity, and 4) despair, which leads to shame and guilt. In the first stage of the cycle (preoccupation), the addict's thoughts become focused on their sexual acting-out behaviour. The individual becomes enraptured with feelings, fantasies, memories, hopes and expectations surrounding acting out. Most of the addict's time is spent in this preoccupation phase; initially the obsession serves as a coping mechanism for dealing with pain, but it eventually results in low productivity and procrastination. To recover from a sexual addiction and deal with the negative consequences, it is critical to pinpoint time of day, place, situation, or other things that may trigger the onset of the preoccupation stage.

The second stage of the addiction cycle that is closely related to preoccupation is ritualization. During this stage addicts often enhance their mental preoccupation with the use of rituals. For addicts anything can become a ritual; they may involve certain places, certain smells, and certain people. Like preoccupation, once the ritual begins, it is virtually impossible for the addict to stop it from continuing into acting-out.

Ritualization may naturally lead to the next stage in the addiction cycle, which is sexual compulsivity. Sexual compulsivity is the inability to control one's sexual behaviour. This is the stage that truly establishes an addiction. " To be preoccupied and to ritualize are precursors to this stage but without acting out the addiction is not established, because the behaviour is still under control" (Carnes, 1989, p. 64). After the addict acts out, the next stage of the cycle is shame and despair, which inevitably increases one's isolation. One feels so bad about acting out that he experiences intense shame and guilt; this despair leads the addict to start the cycle over again by becoming preoccupied with, for example, sexual fantasies in order to block out the negative feelings and to feel better. Unfortunately, the shame and despair become more deeply rooted after each repetition of the cycle. It is not uncommon for addicts in this cycle to "attempt suicide (17 %) and/or become depressed (50%)" (Carnes, 1991, p. 63).

This addiction cycle is part of a larger addictive system, which includes specific belief systems, impaired thinking, and life unmanageability. It seems that the addict's belief system is crucial in the governing of the addictive behaviour.

The driving force of the addictive system is the belief system, the addicts' filtering lens from which he or she views the world. This includes all messages, conclusions about self, family roles/rules, myths, meanings, information, self-evident truths, prejudices, and guesses regarded as facts gathered from life experience and combined to form an interlocking mosaic of beliefs. Through this belief system all decisions are filtered (Carnes, 1989, p. 69).

Four of the more fundamental faulty core beliefs that feed off a sexual addiction are 1) "I am basically a bad, unworthy person"; 2) "No one would love me as I am"; 3) "My needs

are never going to be met if I have to depend on others”; and finally, 4) “Sex is my most important need” (Carnes, 1992).

Impaired thinking is the force that encourages and allows these faulty core beliefs to survive. Some types of impaired thinking associated with sexual addiction include denial, rationalization, self-delusion, self-righteousness, or blame of others (Carnes, 1989, 1992). This impaired thinking is sometimes challenged and the addict “wakes” to realize a split between illusion and reality. It may be the case that either the impaired thinking or the sudden waking to reality keeps the addict’s life unmanageable. Together, the addiction cycle, unmanageability, impaired thinking, and belief systems form an addictive system that one must understand in order to help sufferers get on and stay on the path of recovery.

#### Factors that Influence the Addiction Process

To help with this recovery process we also need to look at factors that influence the addictive process, as addiction does not occur in a vacuum-- it has many contributing factors from many facets of life. There is no one cause of sexual addiction. However, integration of the following factors can help helping professionals, researchers and the general public better understand a pattern that may influence the growth and development of sexual addiction. The first set of factors Carnes (1989) identifies deal with socio-cultural aspect elements that influence sexual addictions. Addictions are expected and often encouraged by the values established in Western culture. This is especially true for sexual addiction.

Men who have numerous sexual encounters are viewed as studs or playboys and given accolades by peers. In fact, who has not heard the joke “if you have to have an

addiction, sexual addiction is the one to have.” This is a society that also objectifies and degrades women in the media, in a multi-billion dollar-pornography industry, and sex industry that includes strip clubs, prostitution, etc. Western society is one in which sex itself is objectified. Due to this value system, males may be led to believe that it is acceptable, and a part of masculinity for them to objectify and use women sexually. It is increasingly becoming the case that women are getting the same sexual objectification messages about men (via the porn and sex industries) that historically only men have been receiving about women.

It has been my clinical experience that, unfortunately for the addict, he may get cultural reinforcement about sexual activity from peer interaction. At some point, as the addict’s behaviour escalates, he no longer feels accepted and eager to join the group. The tendency is for them to isolate from their peers because they keep secrets and are embarrassed about how bad things have really gotten for them. There becomes a fear of being judged or labelled by society, so they keep the secret and suffer in silence and isolation.

Another set of factors (Carnes, 1989) that influence the addictive process starts with a genetic predisposition. After some trauma or catalytic event, the predisposition results in the creation of neurochemical deficits; these deficits make a person vulnerable to situational and environmental stressors. The potential addict may excessively use highs derived from sexual activities over time to combat the stress. This prolonged abuse of the sexual high then alters the neurochemical balance in the brain and a neurochemical change occurs. The continued use of highs to compensate for the deficit preserves this imbalance, and addiction may result. The neurochemical imbalance protects itself by

needing the high to balance the chemistry in the brain, so the addicts can feel normal (Milkman & Sunderwirth, 1986).

Milkman and Sunderwirth (1986) have made great strides in the neurochemistry of addiction. Sexual addiction, like other addictions, spans all three major narrow brain pathways. The authors have also synthesized scholarly activities into the realization that different addictions tap into the same brain chemistry, and that sex is one of the most potent addictions.

Carnes' (1989) next set of factors deals with what may be an additional driving force behind addictions, that is toxic shame (Bradshaw, 1988). Shame is about lack of acceptance of oneself in relation to real or imagined others, and what is acted out may be based in shaming incidents in one's childhood (Bradshaw, 1988; Carnes, 1989, 1991, 1992 & Sprenkle, 1987). This is especially true of children who grow up in rigid and/or disengaged families. Children growing up in this type of environment often develop a shame-based personality that makes them particularly vulnerable to addiction and co-dependency. These children often grow up to be self-doubting, desperate for approval, afraid of discovery, and unaware of their own feelings. These shame-based people are likely to engage in shame cycles whereby they act out to get rid of the shame and feel a sense of release. The individuals previously alluded to tend to act-in; acting-in includes things like, for example, self-degradation as a result of the shame of acting out (Carnes, 1991). Acting out, for individuals with such a personality, may include sexually addictive behaviour. They may also compulsively try to control their behaviour (Carnes 1991).

Acting in or acting out are both compulsive behaviours that lead to despair, powerlessness, and unmanageability; they both are destructive and a detrimental part of

the shame cycle. Further, as Carnes (1991) succinctly states it "The clearest way to engender shame in children is to abuse them sexually, physically or emotionally" (Carnes, 1991, p. 106).

It is almost universal that sexual addicts have had some form of abuse (Anderson & Coleman, 1991; Carnes, 1993; Schwartz, 1992; Tedesco & Bola, 1997). Carnes' research illustrates that identical percentages of men and women, who have been diagnosed sexual addicts, reported having been abused. "They reported emotional abuse at 97%, sexual abuse at 81% and physical abuse at 72%; these individuals all experienced at least two forms of abuse; some had all three" (Carnes, 1991, p, 109). Not only can abuse predict addiction and the severity of subsequent abusive behaviour, but also it may be a good indicator of how many addictions an individual will develop. The need to rid oneself of awareness of abuse may be dealt with by blocking out events. This behaviour may occur directly after the trauma, or it may result in a stress reaction that occurs long after the trauma (Whitfield, 1998).

Posttraumatic stress may result in severe addictions; when looking at the characteristics of posttraumatic stress disorder, helping professionals can see how an addiction may become a central coping mechanism. This disorder is characterized by disassociation, flashbacks, confusion, displaced anxiety, exaggerated distrust, fusion of sex with associated feelings (such as romantic love or infatuation), tolerance for pain, perfectionism, dependency avoidance, and shame (Carnes, 1989). The addiction becomes a maladaptive response to stress; it becomes a way to escape pain, to nurture oneself, to fill a void, and it may also become a way by which abusive events become internalized.

After internalization there may be resultant fantasies and behavioural acting out, or a re-enactment of childhood abusive events (Carnes, 1989; Whitfield, 1998).

In the same arena as post-traumatic stress/abuse experiences, an alternate or contributing explanation of some sexual addictions may be what is known as betrayal bonds (Carnes, 1997). It is possible that one can be abandoned by betrayal; and often abandonment is at the core of an addiction. If betrayal is severe, it can be a traumatic experience. Unfortunately, many individuals form or have strong attachments to those who betrayed them; the bonds of attachment are strengthened by an individual's desire to help the betrayer. Individuals may even blame themselves, their deficits, or failed efforts, for the abuser's betrayal. These exploited relationships and the desire of the individual not to believe they are being betrayed creates betrayal bonds. Essentially the betrayal bonds occur "when a victim bonds to someone who is destructive to him or her" (Carnes, p. xvii).

Often individuals, as a result of the trauma caused by the betrayal and the bonds that were formed, rely on addictions as a way of coping with the trauma. Unfortunately, however, a sexual addiction is often elicited, as the nature of the betrayal is often sexual.

#### Developmental Aspects

In accordance with Carnes, Heinz Kohut suggests that persons prone to addiction have difficulty identifying and expressing feelings and have issues with shame, guilt and trust. Kohut (1996) also suggests that the core nuclear self needs a "good enough" environment to grow into adult self. If at the mother-child stage II of development (where a baby gains attachment through reciprocal smiling and gazing) there is a failure to bond, then this may lead to addictive behaviour. If these individuals fail to bond with

significant people they often grow up searching for wholeness and connection with self and others. These individuals hunger for attachment and support, and struggle with other issues of self

Margaret Mahler (1968) suggests that trauma during the individuation process may cause a child to panic or face terror as a result of feeling one is losing one's self. Individuals at this stage, feel as though they will disintegrate, and they become contact-seeking, feel powerless, exhibit clinging behaviour, being there for others and showing pseudo-independence (Mahler). If there is a lack of connection during this stage the child may grow up seeking this connection through addictive behaviours (including sexual), or may try to mask the negative feeling by other addictive behaviours (for example, drugs or alcohol).

Erik Erikson's (1963) psychosocial stages of development suggests that if a person is unable to resolve a conflict at a particular stage, the conflict will be confronted and dealt with later in life. The eight psychosocial stages are trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. role confusion, intimacy vs. isolation, generativity vs. stagnation, and integrity vs. despair (Erikson). Some of these stages may influence sexual addiction, especially trust vs. mistrust, where if infant needs are not met later in life their ability to trust others may be affected and they may avoid intimacy and become isolated individuals, which are both possible traits possessed by a sexual addict. As well, if toddlers in the autonomy vs. shame stage initiate sexually explorative activities and are made to feel shame because of the actions, they may not only get negative messages about sex, but their ability to trust their own decisions may be hindered. The longer-term results may be that the individual

struggles with issues of insecurity, shame, and guilt, which also are present in sexual addicts' lives.

There are more universal possible explanations for the addictive process. For those we can look to analytical psychology and the students of Carl Jung. One such student who may give insight into addictions through her use of archetypes is Carol Pearson. If we look at the Orphan archetype, one who has the feeling that the world owes them something, we can see how a sexual addiction may develop if an adult becomes fixated in this stage. The Orphan, who moves into a pseudo-warrior persona (one who takes on the world, in conflict/confrontation) with the ideals of the orphan, behaves as if in a tantrum. "These are looters, the rapists, the batterers and business men exploiting for profit," (Pearson, 1986, p. 30). These individuals are the macho men or the "Don Juan's" who think they have a right to take whatever they want, including sex. The more they take, the more they want, to help them feel less like the abandoned orphan. They are getting what the world owes them via the attainment of sexual gratification and all the positive feeling associated with the attainment of their goal. Orphans are narcissists "but they are masking primal emptiness and hunger; for the real narcissists do not yet have a genuine sense of identity and consequently feel emptiness" (Pearson, p. 54).

The narcissist can also be seen in the "shadow king or the tyrant". Like the orphan, "these people really feel that they are the centre of the universe and others exist to serve them. They exist to further their own status and what they think is their own well being at the expense of others." (Moore & Gillette, 1990). Such is the case with sex addicts who have sex with women to meet their own narcissistic needs and leave the

woman broken- hearted; the narcissist's ego is inflated by her hurt, "how good he must have been if she is upset at the loss of him".

The tyrant has a tough exterior but is really "very sensitive to criticism and though putting on a threatening front, will at the slightest remark feel weak and deflated. He won't show you this, however; what you will see, unless you know what to look for, is rage" (Moore & Gillette, 1990, p. 67). Such is the sex addict who gets rejected and rapes another individual.

Sex is a major focus of addiction in our western culture. "The culture has made sex and love artificially scarce commodities, so people spend endless hours trying to manipulate the world to get enough", (Pearson 1986, p. 55); this notion is also expressed by Carnes (1989) in his explanation of the preoccupation stage of addiction.

Almaas (1999) differs in his answer to the question of sexual addiction. His ideas have some similarities to the archetype discussion; he gives us a deeper explanation of narcissism and of psychological disturbances, which include addiction. His explanation is global yet extremely specific. Almaas has an inspired way of looking at human existence, development and presence. He indicates that most, if not all, psychological disturbances can be traced back to the loss of essential identity. This essential identity "allows identification with ones true nature" (Almaas, 1996, p. 148). This loss of identification with ones true self is viewed by Almaas as "narcissism which is not simply alienation from being but it is the loss of the essential identity" (Almaas, p. 148), from ones true self, the inner core. This alienation/ narcissism is viewed by Almaas, in its simplest form, as the source psychological disturbance.

One source of narcissism that may manifest as a psychological disturbance is that of defensive structures. “If a person was abused physically, sexually or mentally he must develop measures to deal with his trauma, any of which will disconnect from essence” (Almaas, 1996, p. 187). “All ego defences, necessary though they are for the psychological balance of the inadequately cared for child, contribute to his disconnection from his essential core, and thus to his narcissism” (Almaas, p. 187). When an individual encounters difficulties, he may cling to idealized images as a defensive projection against feelings of dependency and helplessness (Almaas). As one moves past these defences and sees one's essential nature this “gives one a painful awareness of what was betrayed by the parents and by the self's accommodation of the parent's world” (Almaas, p. 199).

Narcissism may manifest in a painful state of emptiness where one feels a deficient inner nothingness, a vacuity, as if one has nothing inside or no substance, or a narcissistic wound that stems from a loss of value as a result of alienation from the essential identity. It may also manifest as vulnerability, insecurity, psychosomatic preoccupations, depression, a general uneasiness with oneself, and projecting an image of a false self (Almaas, 1996). Unfortunately it is usually accompanied by feelings of unreality, meaninglessness, and pointlessness.

All narcissism is not bad however; in fact there is a healthy narcissism, which is viewed by Almaas (1996) as a normal growth process that may be experienced throughout different developmental stages. It is during these stages that a disruption during one's early years may result in narcissistic disturbances that manifest in adulthood as being stuck in the narcissistic stages of mirror development. Individuals who exhibit

central narcissistic tendencies will often experience the desire to be special, unique, constantly mirrored, and may appear grandiose (Almaas).

One of the more fundamental needs of a child when developing healthy narcissism is an appropriate mirroring from others; it is instrumental in the development of self-image (Almaas, 1996). Due to the fact “the child does not have the capacity for self-reflection” (Almaas, p. 160) the need to be seen is directed towards external objects. It may be the unfortunate case that people in a child’s life do not see him for who he is, or are unable to relate to him, and thus he may feel unimportant, insignificant, ignored, rejected, or unwanted (Almaas). This is why the sexual addict is constantly looking to be validated as a worthwhile human being during his sexual exploits.

Even the child who is related to appropriately by people, who love and care for him, may be misunderstood. This misunderstanding and mis-appropriated reflections may cause him to feel confused and uncertain about his true identity (Almaas, 1996). The sexual addict is defining himself through his sexuality.

The child who is developing healthy narcissism and thereby recognizes and establishes his emerging sense of who he is needs to be appreciated, admired, and feel loved for who he is. This child also needs to be seen in a positive light, to feel welcomed, wanted, cherished, prized, valued as precious, special, and unique and he needs this positive and admiring mirroring. (Almaas). Even if all of these things are done by the primary caregiver in the child’s life the child may still strive to be something he is not (Almaas).

This discrepancy may occur because, although the caregiver may be warm and accepting, they may not have the ability to see the child as a whole. As a result they may only reflect certain qualities and choose to see merely those they expect, thus a large part

of the child has no reflection and thus may get disconnected from the whole. What this may mean for the developing child is severe narcissism as “he tries to become what his parents want and expect him to be” (Almaas, 1996, p. 197), rather than being authentic and true to his essential being. This notion is reflected in the male sexual addict who tries to live up to what society tells him is a successful male; one exhibiting prowess and conquest. The higher the number of notches on the bedpost the better. The sex addict can use sexual behaviours to mask the void that was created due to the lack of reflection of the whole of him as a child.

What this lack of mirroring also means for an adult is that they seek mirroring for the dimension of the self that they did not adequately receive in the past. “The more narcissistic the individual happens to be, the more intensely and desperately he will experience his need to be seen” (Almaas, 1996, p. 161). This desperation in the sexual addict is seen as they move from one partner to the next looking for the reflection of self they never had as a child.

Once one has attained narcissistic personality traits as a result of unhealthy narcissistic development, one tends to gain self-esteem through action and accomplishment (Almaas, 1996). The sexual addict’s self esteem gets more inflated with every conquest, every time they are successful in their task of having that sexual encounter they so desire, their sense of self becomes more grandiose. The narcissistic sex addict, over time, is faced with ambitions and ideals that are so grandiose and unrealistic that they are unattainable, which may contribute to a decrease in self-esteem (Almaas). This time in a sexual addict’s life may be when acting out occurs most, because in order to feel normal they need to get their self-esteem re-inflated, and get positive reflections

back. When caught in the web of feeding unhealthy narcissism through the sexual addiction, the addict “will find it difficult to be authentic and thus to function as a normal, healthy self” (Almaas, p. 82).

The narcissist will experience a sense of accomplishment when a goal is met; however, they may still feel as if they are lacking because they did not feel whole to begin with (Almaas, 1996). The sex addict will never have enough no matter how many notches he has unless he connects with himself, and no longer seeks the positive or lost reflections in his sexual partners.

The sexual partners the addict chooses may in some cases be idealized figures who may appear to possess perfection and power. By having sex with such people narcissistic persons could be making an attempt to use them as a support to enhance a sense of identity and gain a sense of perfection and power (Almaas, 1996). This may lead to a sense of grandiosity that is accompanied with alternating feelings of emptiness, which may result in feelings of inauthenticity and, unreality, and it may present as a “fear of being “found out”” (Almaas, p. 163). This may be the experience of a sex addict who acts like he is “god’s gift to women” just to hide his feelings of inadequacy and worthlessness. If he has sex with the best and the brightest, maybe no one will see that he is really nothing but a fraud, an empty shell, devoid of the experience of an authentic selfhood (Almaas).

The more an individual experiences severe and opposing feelings of grandiosity and emptiness, the more they may experience intense anger and irrational rage, which is also known as narcissistic rage or envy (Almaas, 1996). This may lead to the envy of those that have obtained that which the narcissist has not (for example, having sex with

the boss's wife because he envies his boss, since the narcissist perceives his boss as more successful). The rage is unpredictable and may occur as a result of real or imagined insults. Such insults may include feeling like one is not being seen, understood, or appreciated in the way one desires, or feels he deserves, to be (Almaas). The sexual addict may want to make the world stand up and take notice and get the respect and acknowledgement they think they deserve, and if an individual were to reject their advances at this stage they may rape or harm that person.

#### Recovery from a Sexual Addiction

Carnes (1989) has taken the experiences of sexual addicts and their partners to piece together a recovery process. From his many years of research, Carnes (1989,1991,1992) suggests a possible course that may be taken by some individuals in the first five years of recovery. In the first year Carnes found there was no measurable improvement in the addict's life; in some cases things get worse. If they are going to, most addicts slip, (turn to acting out behaviour as a coping strategy) in the first six months of recovery. Also during the first six months, health indicators such as increased number of accidents, sickness, and visits to the physician, are higher than any other in the five-year recovery process. The first year may also be marked by extraordinary amounts of turmoil.

Though this turmoil may still exist during the second and third years of recovery, this time is more associated with starting to rebuild the addict's life. During years two and three of recovery there are improvements occurring in many areas of the addict's life: for example, finances, ability to cope with stress, spirituality, self-image, career status, and friendships. During years two and three, addicts may have an increased amount of

energy that is needed to reconstruct their lives and to do the personal work that is required to sustain recovery.

In years four and five, healing can start to occur in the addict's key relationships that may include friendship, children, parents, siblings, and partners. Sexual addicts report a significant shift toward a more healthy and satisfying sexual expression with the healing of relationships and an increase in overall life satisfaction. These may be improved dramatically in the fourth and fifth years of recovery. In conjunction with the improvements made over the five years Carnes also realized that most addicts might go through six stages of recovery during that same time frame.

#### Stages of Recovery

It is imperative for helping professionals to understand the recovery stages an addict may go through in order to help the person move through them with the least amount of turmoil. Carnes (1992) suggests these stages may unfold for some individuals in the following manner (not necessarily in sequential order nor do all the stages have to occur in every individual case). The first of these stages is the developing stage; here unmanageability and powerlessness force the addict to acknowledge that he has a problem, but yet he continues to stay in the addiction and to act out. In this stage, an addict may seek help but discontinue it or find it not helpful; the addict also tends to encounter the reality of the problem but may minimize its severity and think he can handle it himself. Some addicts may alter their behaviours or substitute less characteristic behaviours for them.

The second stage is a crisis/decision stage. Here there is a growing consciousness in the addict that something needs to be done, and a commitment to change is made. In

this stage addicts are often forced to do something about their behaviour by events, people in their lives, or by fright associated with escalation of their actions.

The shock stage is the third stage. It also occurs during the first eight months of the first year of recovery. Emotional numbness, extraordinary disorientation, and efforts to control damage mark this stage. During this stage addicts describe physical symptoms of withdrawal, disorientation, confusion, numbness, an inability to focus or concentrate; addicts also have periodic bouts with despair, loneliness, and hopelessness. Some addicts react with angry feelings about limits set by a therapist or others. Often there is also a feeling of relief and acceptance that their double life is finally over. It is, however, hard for most addicts to be honest with themselves about the extent and nature of their addiction.

The fourth stage in the process is the grief stage. Here the addict experiences the phenomenon of denial/ bargaining, feeling angry for the losses resulting from and because of the addiction; a profound loss is experienced as the addiction ceases to serve as a comfort or friend. Sexual addicts experience the reality of their situation, and have intense sadness. Grief may sometimes be so intense that individuals may become sick due to immunological impairments caused by grief. It is imperative for recovery that addicts submit to awareness of the extent and range of their addictive behaviour. This awareness will expand and deepen over the years. The grief stage lasts for about eight months and usually occurs at the end of the first year or beginning of the second year.

Closely following the grief stage is the repair stage in which a sense of productivity and renewal begins to occur in the addict's life. Many critical changes happen during the repair stage. For example, there is a new capacity for joy, and a

deepening of new bonds with others. Addicts take responsibility for themselves, they sometimes have to reparent themselves; they learn to express their needs, accept that they have needs, and work to meet those needs. During this phase, addicts work on completing tasks and being dependable. The addicts may have found a new ability to choose low-key options (activities) over high excitement options (activities). This may be a time in the addict's life for balance. If balance is achieved, life becomes manageable again.

When the addict begins experiencing all the changes previously stated, then the final stage of recovery is fast approaching; the growth stage. In this final stage the addict begins to explore new options and restructure relationships in a new non-addiction oriented open system. This period usually occurs during years four and five of recovery. Some markers that suggest one has entered this stage are relationships reported to be dramatically improved, careers back on track, talk of balance and intimacy, an improved capacity to resolve conflict, and a recognition that one has become less judgmental and more compassionate.

In conjunction with the previous markers of this stage some, other commonalties are found between addicts in the growth stage. The commonalties include developments such as "profound empathy and compassion for ones self and others, developing trust for ones own boundaries, finding integrity in relationships, feelings of achievement over new milestones in love and sex, a new ability to take care of and nurture relationships, and old relationships [are] transformed and ended" (Carnes, 1991, p. 201-202). During this final stage, addicts may have strong adverse emotional reactions to some of their previous acting out behaviours. It is here, where, for the first time, some addicts can step back and look objectively at their behaviour, and a deep abhorrence is often the gut reaction. The

stages of recovery do not have the same impact on, nor is the duration of the stages the same with, every addict. It is also the case that during any stage an individual may relapse and fall prey to the addictive cycle once again.

### The Manley Model

Carnes seemingly has one of the most comprehensive models for recovery from, and development of, sexual addictions. His models are a composite of most of the current research done in this area. It is the case, however, that no one person or model can completely encompass any disorder or recovery process. There are several other models in the area of sexual addiction that are similar to Carnes but which have a slightly different outlook on sexual addictions. One such model is Manley's model of "healthy sexuality and the third stage of sexual health recovery".

Manley's (1995) model of healthy sexuality includes five sections. The first section is sexual "person-hood," that is essentially the being of a sexual human exclusive of behaviour. Sexual person-hood begins with conception and develops throughout one's life, and includes the areas of self- image, gender orientation, sexual identity and gender assignment. Secondly, the model deals with sexual relationships and/or attachments, which show three levels of sexual relationship. The first level involves genital expression with a partner in an emotional relationship. The second level includes relationships with attachments and emotions but no genital expression, and the third level includes relationships with people or situations where there is a temporary or distant attachment.

The third section of Manley's (1995) model is concerned with an individual's sexual behaviours and the continuum that ranges from over to under indulgence; somewhere in the middle Manley identifies as the healthy area. The fourth section of the

model deals with the sexual physical/biological capabilities ranging from areas of major body systems to physical maturity. Manley views the fifth section of the model, as the core of the entire model, and that is sexual spirituality. Here Manley is concerned with the connection to a greater power. "Sexuality and spirituality are connected at a very basic level in terms of value and meaningfulness regarding other dimensions, love in ones life, the miracle of existence, and the development and affirmation of sexual grace" (Manley, p. 161).

All sections in the model are interrelated. In conjunction with the five sections of sexuality Manley (1995) also suggests there are three stages of sexual health recovery that are reflected in the five sections of healthy sexuality. The following definition of healthy sexuality may be used as a goal to work towards while engaged in the three stages of sexual health recovery:

Healthy sexuality is the experience of feeling whole and worthy as a sexual person, willing and able to consent to a variety of relationships with appropriate boundaries, including an established, committed, primary relationship in which expression of sexual behaviour is by personal choice and is consistent with one's value system, wherein a full range of sexual functioning occurs within one's physical capabilities, and further that one is connected in all parts of one's sexuality to one spiritual core (Manley, 1995, p. 161).

When sexual behaviours become healthier, as in the previous definition, through recovery and sobriety, the following may occur: relationships improve, physical sexual capacity returns, personal worthiness increases and a spiritual connection is restored. In

order to reach the goal of healthy sexuality Manley (1995) feels that most individuals with a sexual illness go through three stages before the goal can be met. In the first stage the individual is in the area of addict/victim. An individual is a victim to emotional wounds that he may or may not know about. In this stage the addict uses coping strategies for example, excess of sex to medicate the pain coming from the wound. In stage one, the healing that occurs helps to illuminate attachment issues that need to be worked through, (for example, over and under attachments to certain people). In this stage as well, an individual must limit excessive sexual behaviour, detach from entangled relationships, seek a spiritual connection, and develop friendships with safe other recovering persons (Manley, 1995; Carnes, 1983, 1989, 1991).

In stage two, one works towards tending those wounds that helped create sexual addiction/compulsion in the first place. At this level work is directed towards creating safety through redefining boundaries in certain relationships that may have been instrumental in creating the emotional wound experienced by the individual. It is often the case that an individual may work on healing their wounds by visiting the scarred inner child, in an effort to develop a more functional, less scarred, adult in the here and now. Success at this level is often defined when a person develops and uses appropriate coping mechanisms for managing pain.

"Stage two requires even more care for the attachments/detachment as the trauma bonds from negative attachments are broken and tentative steps towards positive attachment are made" (Manley, 1995, p. 169). In stage two as well, an individual has three basic tasks they must complete: 1) continuing to refrain from excessive sexual activity, 2) creating safety to allow emergence of memories and feelings, and finally 3)

working within a structure and with professional guidance to remember, revisit, and integrate past wounds (Manley).

When the goals of stages one and two have been met, it is time to move to the third stage of recovery which, according to Manley, requires recovering people to consider going where they have never gone before, moving towards a healthy, positive, thriving sexuality. Manley (1995) suggests twelve tasks that may help to ensure that one meets their goal of achieving healthy sexuality. These tasks include limitation of unhealthy sex activities, integration of past sexual wounds, emergence of an adult capable of making positive choices, attachment to both an adult sexual self and to another person, drawing boundaries for physical touch, getting training on recognizing and giving voice to sexual needs and desires, getting education on sexual physical function, expanding ones sexual repertoire within boundaries, practice with emotional and physical intimacy, practice with sexual etiquette, developing sexual mentors or an advisory committee, and participating in sex therapy.

Manley's model has many similarities to the vastly more popular Carnes model of sexual addiction and recovery. It is, however, the belief of this author that no sexual addict will necessarily go through any or all of the stages set forth by the models presented. The models can, however, aid the sexual addict or the therapist with whom they are working, by providing them with a possible template of issues that may indicate underlying problems that resulted in their sexual acting out. As well, the models illustrate stages the afflicted may go through on their path to recovery and what possible methods may help with the recovery process. The two models presented are very consistent with most of the literature that is available on sexual addiction and the recovery processes.

### Treatment of Sexual Addiction

Carnes (1991) clearly delineates a treatment protocol for a sexual addict; for example, during the first year the addict needs to break the isolation, survive withdrawal symptoms, reduce shame, work through emotions, and resolve crisis situations. During years two and three of the rebuilding stage, one needs to build relationships, experience celibacy, develop self-affirmations, change one's lifestyle, develop a relapse prevention plan, and find alternative highs and spirituality. During years four plus, Carnes describes other changes that need to occur like having a healthy sex life and having healthy relationships with family and friends.

Carnes (1991) focuses most of his intervention strategies around the 12-step program and cognitive behavioural forms of treatment. There are, however, other treatment modalities that one may need to look at in order to provide the best treatment plan possible for an individual afflicted with the disorder. Some of these other treatment modalities are described in the following section, and when used in conjunction with each other, may be more effective than mere symptom reduction. The combination may also lead to personal growth and fulfillment, which is known as second order change. This is what the transformative model of sexual addiction treatment suggests is necessary for the betterment of society and the addicts afflicted with this devastating disorder (Warren & Green, 1995; Carnes 1991).

The modalities that will be discussed have had, in isolation, moderate to good success in treating sexual addiction. What Carnes (1989,1991) alludes to and what this author's personal experience in working with sexual offenders and addicts suggests is that a combination of any and all of these modalities may be required depending on the

situation, and individual, to produce first and second order change (Wakeling, 1979; Kilmann, Sabalis, Gearing, Bukstel & Scovern, 1982; Reid, 1989; Adson, 1992; Schwartz, 1992; Gabbard, 1994). Changes very rarely occur and/or are sustained with a single treatment modality, as there is no one treatment proven to remedy every addict's symptomology and/or enhance their personal growth.

The first treatment modality to be discussed is medication and it is often the first and only source of treatment thought of for treating sexual addictions because it is often the quickest and easiest way to stop acting out behaviour and see results. It does not, however, deal with any second order changes. Tested medications in this area are antiandrogenic agents. Medications currently in use that have been showed by research to reduce sex drive and, sexual thought, sexual behaviour, and aggressiveness include medroxyprogesterone (MPA) (Money, 1968, 1970, 1972; Freund, 1980; Hermann and Beach, 1980; Gagne, 1981; Berlin & Meineck, 1981; Berlin, 1983; Maletzky, 1991; Kravitz et al., 1995). At this point MPA's have not been approved in North America as a viable treatment for sexual addiction and compulsivity.

Another potential medication is Cyproterone acetate (CPA) "CPA blocks testosterone receptors, intracellular testosterone uptake and intracellular metabolism of androgens" (Bradford, 1988). In controlled trials CPA produced a decrease in reported erotic fantasies, but not a significant reduction in erectile response to erotic slides and film (Goodman, 1998). The research done by Laschet, 1973; Laschet and Laschet, 1975; Cooper, 1986; Gilby, Wolf & Goldberg, (1989) suggests CPA has been associated with decreases in sexual aggression and in decreased recidivism rates for various forms of sexual aggression and pedophilia.

Other types of medication that have been tested as a possible treatment for sexual addictions are affect- regulating agents. They have had positive results when tested on paraphilics and non-paraphilic sexual addictions (Prentky, 1992; Kafka, 1991, 1994).

The symptoms of sexual addiction respond to medication in a pattern that resembles the response pattern of affect disorder symptoms, the biopsychological process that underlines sexual addiction is understood to originate in impaired affect regulation, impaired behavioural inhibition, and aberrant function of the motivational reward system. Interventions that enhance affect regulation and behavioural inhibition can thus be expected to diminish addictive craving and addictive behaviour” (Goodman, 1998, p. 254 - 255).

The next treatment resource that will be addressed is the behaviour modifying modality: “...behavioural methods have been employed in the treatment of paraphilias but not in the treatment of non paraphilic sexual addictions. They are oriented towards assisting individuals to reduce the erotic quality of their paraphilic interest, or to shift the balance of erotic arousal potential from paraphilic interest and non paraphilic interest” (Goodman, 1998, p. 255). The first of these behaviour modifying methods is aversion conditioning where unwanted patterns of sexual behaviour are linked repeatedly with unpleasant stimuli. The second modifying method is covert sensitization, an imaginary form of aversion conditioning, in which fantasies of paraphilic arousal are paired with fantasies of aversive events in order to promote a learned association between paraphilic themes and unpleasant feelings.

The third behavioural treatment is masturbatory training, which ideally shifts paraphilic patient arousal patterns in the conventional direction by controlling the

fantasies or visual stimulation that they experience while masturbating. This may be achieved in two ways: via satiation (masturbating after orgasm to the point of pain in hopes of extinguishing of erotic arousal), and fading (paraphilic patient fantasies are gradually shifted from deviancy to conventional during treatment by shifting of the visual stimuli) (Goodman, 1998).

The fourth and final behavioural treatment is imaginal desensitization. The theory is "once an individual has developed the sequence of sexual activity, which begins with a sexual fantasy and ends with overt behaviour, the interruption of that sequence results in anxiety that motivates completion of the sequence. Imaginal desensitization uses the method of systematic desensitization to diminish the anxiety that is aroused by the interruption of the sequence that leads to paraphilic behaviour "(Goodman, 1998, p. 259).

The next treatment modality still deals with the behavioural aspects of sexual addiction but is also focused on the personal aspects of the addict and addiction (first and second order change). This modality is cognitive- behavioural; it has had the most growth in and success with, treatment of sexual addiction. These therapies typically would rely on interventions that are directive, practical, task oriented, and educational in nature (Goodman, 1998); some employ self-monitoring and contracting techniques (Quadland, 1985). Leading therapists in this area describe programs for treating sexual addiction that are as close to being an integrated model that we have documented to date; using cognitive behavioural approaches and also focusing on group therapy, and family therapy (Carnes, 1983, 1989, 1991; Schwartz & Brasted, 1985; Quadland, 1985; Swisher, 1995).

The initial focus of these cognitive behavioural models is to cease addictive behaviours and alter maladaptive core beliefs, and reduce shame. In order to meet these

treatment goals, lectures and homework are given, the therapist confronts irrational beliefs, and problem-solving skills are developed. Carnes (1991) in conjunction with the previous strategies has gone one step further in his model of treatment and utilized the 12-steps program: "There are things that cognitive behavioural therapy alone cannot supply like a constant support system which can facilitate positive identification, prophetic bonding, and confrontation by individuals who have had similar life experiences" (Travin & Potter, 1993). As well, Carnes implemented relapse prevention techniques whereby individuals learn how to anticipate a relapse and what to do before during and after a relapse occurred (triggers, action plans, support people; Carnes 1983, 1989, 1991; Price 1999). Carnes (1991) also included a reward system in his prevention plan to encourage continued growth and not to be punitive.

There have been extensive evaluations of the cognitive-behavioural treatment modality in relation to sexual addiction; one of the most comprehensive by Marshall (1990) and his colleagues. Their evaluation of the effectiveness of cognitive behavioural programs for the treatment of child molesters and exhibitionists was encouraging. They did not, however, indicate that the programs were uniformly effective; this is realistic given the diversity of the personalities and life experiences of different sexual addicts. A way in which some therapists have chosen to fill this void is to implement couples and family therapy which "can often help to delineate how perverse sexual activity can reflect sexual emotional difficulties in the marital dyad" (Goodman, 1998, p. 266), "it can engage the spouse and use the energy in the relationship as agents of therapeutic change" (Wise, 1979, p. 76).

Less cognitive and behavioural oriented psychological therapies have also been utilized in the treatment of sexual addiction; two such person-oriented therapies are Gestalt, and Jungian. Gestalt therapy, for example, is a very good fit to treat sexual addiction because often sex is used to alleviate pain and alter mood states to block out unpleasant experiences (Carnes, 1983, 1991; Friedman, 1988). Gestalt therapy works to reverse the processes involved in sexual addiction. “The goals of gestalt therapy are to become aware of experience, sensations, emotions, and needs; to be able to act on these; and deal with the environment so that needs are met. Gestalt therapy emphasizes living in a moment as opposed to for the moment, where nothing else matters. The fundamental goal of gestalt therapy is awareness of, and the ability to operate from, all aspects of self, in order to function as an integrated whole person” (Friedman, 1999, p. 64).

The benefit of gestalt therapy is that it works to help the individual gain awareness and integrate into a whole person without splits. Gestalt treatment focuses on getting the client to experience polarities of self and addiction by engaging the client in activities that help them explore their sexuality, shame, etc. Gestalt therapists achieve this by having the client become that facet (sex, shame, despair etc.) of themselves that bothers them and to speak from that perspective. The hope is that awareness occurs as a result of actions taken by the client in therapy.

A more spiritual treatment modality is Jungian therapy; the foundational belief about addictions in this modality is that the motive for addiction is a quest for wholeness (Fordham, 1947). “The addict goes beyond the simple idea of brain reward when seeking drugs in the face of pain, suffering, and adverse consequences. Experiences of the intact or whole person are qualitatively different from simple pleasure stimulation in the brain”

(Naifeh, 1995, p. 135). Jung suggested “one craving for alcohol was equivalent, on a low level, of the spiritual thirst of our being for wholeness” or “the counterfeit quest for wholeness” (Jung, 1975, p. 62). The same can be said for the craving of sex. It was Jung’s belief that addicts needed something more than talk, and more than any conventional therapeutic modality could give. That belief has facilitated the processes that now occur in the 12- step programs, for example, accepting, and resolving issues related to the shadow side of one’s person and surrendering oneself to being helped by other persons and/or embracing a spiritual awakening (Naifeh, 1995).

## Chapter 3

### Method

#### A Brief Introduction to Classical Phenomenology and Hermeneutics

The qualitative method used for this research is known as phenomenological hermeneutics. It has roots in the phenomenology of Husserl, and the hermeneutics of Heidegger. Edmund Husserl, (1967) the founder of phenomenology, was a German philosopher who introduced the term in his book *Ideas: A General Introduction to Pure Phenomenology*. Classical phenomenology was in part defined by Husserl's study of the structures of consciousness that enabled consciousness to refer to objects outside itself. Another foundation for the growth of classical phenomenological research via Husserl was the notion of intentionality, which is synonymous with the existential-phenomenological view that we are of this world rather than a part of it (Osborne, 1990). That is to say that “human consciousness is always and essentially oriented toward a world of emergent meaning” (Von Eckartsberg, 1998, p. 5). When intentionality is viewed this way then as Nixon (1992) suggests, it allows research to explore the common elements of an experience and not “drift off into the pure subjectivity of personal experience” (Nixon, p. 94-95). Though the personal narratives of those suffering with a sexual addiction are important. The meaning behind their experiences is the core of this present research.

What phenomenological hermeneutical research is not intended to do is to test a hypothesis: “The aim is to understand a phenomenon by having the data to speak for itself, by attempting to put aside one’s preconceptions as best as one can.

The phenomenological hermeneutic method provides us with descriptions of the experience that are then interpreted by the researcher from a particular theoretical perspective; however, if there is a structure to the phenomenon it will transcend particular interpretations" (Osborne, 1990, p. 81). Phenomenological hermeneutics employs both objectivity and subjectivity; objectivity to allow the researcher to remain as true to the research participant's story as possible. However, subjectivity is just as important because it allows the researcher to use ones point of view, knowledge and insight to explore the meaning held in the stories of the participants.

Phenomenology, then, is the study of the lived experiences as they spontaneously manifest themselves in their environment before personal reflection can begin (Merleau-Ponty, 1962). This is the approach used in this study to allow the experiences of participants affected with sexual addiction to openly discuss the sexual addiction and the path they followed to recovery.

"The researcher aims for accounts of the participant's pre- reflective experience rather than cognitive constructs of experience based upon participants assumptions of what was intended. The aim is to remove as many demand characteristics from the research situation as possible and replace them with a relationship of empathic understanding and trust so that a genuine experience will be conveyed " (Osborne, 1990, p. 82). In this current study however, the participant's stories did in fact include some psychology terminology, which indicates some level of cognitive constructs being represented.

### Theoretical Support for Hermeneutics

The idea of interpretation stems from the notions of Heidegger (1962).

Hermeneutics refers to a process of interpreting the phenomenon, the lived experience expressed through the use of speech, writing or of art for the purpose of uncovering and reconstructing the held meaning (Van Hesteren, 1986; Chessick, 1990).

Hermeneutic methodology stems from the work of Friedrich Schleiermacher, who first described the ‘hermeneutic cycle’ that suggests “understanding always involves reference to that which is already known, the understanding must operate in a circular, dialectic fashion. A fact never stands on its own, independent from its context or interpreter, but is always partially constituted by them” (Chessick, 1990, p. 260). This is the framework from which Dilthey, known as the father of Hermeneutics, developed his ‘hermeneutic methodology.’ The hermeneutical approach as a methodology arose from Dilthey's work as an alternative to the natural sciences in which the art of interpretation could be used as a suitable measure, especially in the human sciences. It differs from the natural sciences because it does not look for “objective facts but emphasizes meanings as developed by investigators whose activities are inevitably rooted in a given socio-historical setting” (Chessick, 1990, p. 257), for example, western individualism and western secular psychology. Dilthey believed there were two main ways to experience the world, either by standing back and observing the world, or by living in the world and adopting a stance towards it (Chessick, 1990).

Methodological Hermeneutics uses qualitative descriptions, analogical understanding and narrative modes of exposition. It does not want to quantify, objectify, and compartmentalize social phenomena. Heidegger notions forces methodological

hermeneutics to delve further into the realm of human existence. “Methodological hermeneutics attempts to reform, broaden and humanize the social sciences, ontological hermeneutics employs phenomenological methods, and seeks truths that are foundational for all inquiry including science” (Chessick, 1990, p. 259). This study is grounded in the notions of ontological hermeneutics by questing to understand the meaning behind the stories of the participants.

Modern hermeneutics focuses on the ontological hermeneutics of Heidegger. Gadamer (1989), a foremost expositor of modern hermeneutics works on making pre-understandings explicit. This idea of pre-understanding comes from Heidegger (1962) and suggests that all scientific activity arises in a context of pre-understandings that derive from practical dealing in the lived world. These dealings and activities are founded in one’s historical background of habitats practices and skills and a culture that recognizes little, as most things are taken for granted. Gadamer (1989) builds on the work of Heidegger and suggests that before we understand ourselves via self-examination we must first understand ourselves in the context in which we live, and realize that our interpretations will stem from that context. “What is known is always known by the knower situated within history and society and therefore interpretation is always conditioned and influenced by the tradition and the horizon of understanding within which one operates” (Chessick, 1990, p. 262).

One of Heidegger’s most important contentions was that because we are always immersed in a horizon of understanding, the scientific notions of bringing forward and removing all assumptions, so that absolute objectivity toward fact must be attained, is impossible. Thus, for example, this research is directly influenced by my understanding

and pre-understanding of the area of sexual addiction and as well the participants pre-understanding.

The interpreter brings to the data a complete set of preconceptions, or as they are known in Gadamer's work, prejudices. These prejudices present as a framework from which all information is organized and interpreted (Chessick, 1990). Though some of the natural sciences try to eliminate all prejudices to be completely objective, Gadamer (1989) suggests that if one has a method then one has to have interpretation, and with that has to come bias. Heidegger (1962) knew this framework as a "horizon". This horizon consists of bodily activities, symbol systems, cultural practices and institutions. What hermeneutics does is to force investigators to confront their false sense of objectivity.

#### Hermeneutic Refinement

One could say that phenomenology is the study of lived experiences and hermeneutics is the interpretation of that experience. Individuals, including researchers, cannot overcome their own prejudices but can amend those prejudices in a dialogue with others (Chessick, 1990). This notion of shared implication is why my personal experiences related to this field were depicted above in this thesis, and why the developing themes generated by the research were discussed with others. My "story" implicates me directly in this research. Meaning is generated by language and resides in dialogue and not in the minds of individuals (Heidegger 1962; Gadamer, 1989).

Gadamer (1989) suggested that the listener contributes to meaning. He suggests that the listener not only may understand an utterance differently from a speaker but may also produce a meaning that is closer to the actual meaning that the individual is trying to express. If meaning exists in the dialogue then it legitimately depends on the person who

listens and therefore makes the listener not a contaminant of but a producer of meaning (Gadamer). It was necessary for the participants and myself to sit down and dialogue about their experiences in order to illustrate in a meaningful sense what actually occurred on their addiction and recovery journeys. Hermeneutics in its modern form is the process of interpreting phenomena, the lived experience, through whatever medium necessary to uncover and reconstruct the held meaning (Chessick, 1990).

Interpretation then, is not the passive reflection of what was in the speaker's mind, but the full explication of the meanings lying implicitly in the discourse or text. Then the listener or interpreter's prejudices can be understood to play a positive not a negative role if brought out in dialogue or reflection (Gadamer, 1989).

Gadamer (1989) suggests that we bring forth and expose prejudices rather than suppressing them, to the degree that we know them. This is what I attempted to do at the beginning of this thesis by exposing some of my reasons and motivations for doing this type of research. A literature review was then presented detailing theoretical knowledge that has influenced me. In Chapter five, possible sources of researcher bias will be explored.

Phenomenological hermeneutics is important in understanding an individual's journey given its method of connectedness (Heidegger, 1962; Sass, 1998) with the lived experience, which does not allow one to approach the experience from a disconnected standpoint where one could miss vital insights (Jardine, 1990). It is imperative that the researcher not become so involved that one gets lost in personal issues and becomes unable to describe and interpret the information presented. The researcher must "be strong in orientation of the object of study in a unique and personal way while avoiding

the danger of becoming arbitrary, self-indulgent, or of getting captivated and carried away by our unreflected preconceptions” (Van Manen, 1990, p. 20).

The nature of phenomenological hermeneutics is such that it has a built-in quest orientation, which is described as being “characterized by an open-minded, broad horizon perspective on self in the world, a need to question and explore the unfamiliar, and a strong motive force to work through existential issues and questions of meaning” (Van Hesteren, 1986, p. 211). This is very appropriate for research focusing on the journey traveled by those who have reached a plateau in their quest for sobriety from sexual addiction. In order for individuals to have reached the recovery phase, they are likely to have to some degree this quest orientation within themselves. Therefore, they will have already been oriented toward this type of discovery during their own quest, which makes for a more open and accepting research participant, as the researcher meets them on their level. The researcher does not try to deconstruct their journey with a pre-formulated set of rapid-fire questions for information collection.

This type of quest orientation allows the researcher as well as the research participant to be open to whatever information is presented. Both the researcher and the research participant become vulnerable, self reflective, questioning their world views, challenging personal beliefs, values and, morals, resulting in an openness to all experiences and potential transformations or insights (Van Hesteren, 1986).

#### Selection of Research Participants

Osborne (1990) suggested that when one is addressing and referring to those who have volunteered to be a part of your research, it is important, especially when utilizing phenomenological hermeneutics, to substitute the term “subject” as seen in the “hard

sciences” for “participant” or “co-researcher,” as the latter implies a mutual cooperative engagement between both the researcher and participant. Given the very personal nature of the proposed research, it is imperative that the research participant becomes invested in and feels connected to and part of this exploration. However, a mere changing of a title will not engage and make the research participant feel part of the process and open to the journey that is necessary for them to embark on in order for the research to be successful. It has to be the quest of the researcher to help establish this connectedness for the research participants by being aware of and or articulating personal biases; projecting warmth, caring, openness, positive regard for others and ethical integrity.

The following are research criteria requirements that were met by each research participant in order for them to become participants in this study and make the research a success. First, and most importantly, the individual had to have experienced and be able to articulate the phenomena of sexual addiction in a verbal manner. The five research participants selected had also been on the recovery journey from sexual addiction for at least four years, they were male between 20 to 55 years of age, had a sexual addiction officially diagnosed (all were referred by a psychologist or counsellor, however one individual indicated that he did not have an “official diagnosis” but did meet the criteria for sexual addiction) and had some type of therapy/treatment for the addiction (Appendix A).

These research participants had been recruited via a letter of invitation (Appendix C) that was sent to sexual healing facilities, individual psychologists, and other professional contacts. Referrals/participation was requested based on the necessary research criteria. The contingency plan was activated and advertisements (Appendix E)

were posted for individuals who met these requirements to contact the researcher.

However, all the participants were direct referrals from helping professionals (physiologists and counsellors).

Before a research participant was selected, a telephone-screening (Appendix A) interview was conducted by the researcher to determine suitability for the research based on the stated criteria (Osborne, 1990) and to answer any questions the potential research participant might have. Participants were also, at this stage, informed of their choice to use a pseudonym, which helped insure their anonymity. A letter of consent (Appendix B) was administered and was completed by each participant prior to the interview, with the understanding and agreement that the interview session would be taped and the data collected would be described in the researcher's developing thesis, published in academic journals, and/or conference presentations and/or university classes.

The participants were supplied with phone numbers for the chair of the human research subjects committee at the University of Lethbridge and the thesis supervisor, in case they had any questions or concerns. To help ensure confidentiality each research participant is identified using a pseudonym selected by the participant or the researcher for the purpose of maintaining confidentiality. The research participants were informed that this writer, a research assistant (transcriber) and the thesis supervisor, would be the only people to see the raw data.

Transcriptions were made available to each research participant upon completion of the data analysis. Contact numbers from each research participant were collected not only for the distribution of transcriptions but also for potential clarification of collected

data, other potential participant input regarding developed themes, and data they wished to omit on their transcript.

#### Data Collection: Interview Format

The interview procedure used in this research to elicit the research participants' story was a semi-structured narrative format (Cochran, 1985, 1986). Client centered (Rogers, 1962) and open-ended questions, empathic listening, and verbal reflections were utilized to amplify key themes of the research participants' stories. All five interviews started and ended the same way (Appendix C). In most cases the participants answered the set of researcher's questions (Appendix C) without being asked; the questions seemed part of the participants self-dialogue and shared "professional" knowledge, which may reflect shared cultural assumptions. In this study there was one primary interview; the first interview was the longest session, sessions had a range from one and a half hours to four hours. The average interview lasted about two and one half hours.

The second phone interview occurred after the data had been transcribed and interpretations and themes were developed. The researcher sent the transcripts out to the participants with a list of the developed themes. During the phone interview, the researcher checked with the participants to ensure that the themes resonated with them, which they did. Some participants offered suggestions, which the researcher noted and tried to incorporate. The participants were also thanked again for their participation and asked if their transcripts held any information they wished to omit, which they did not.

### Data Analysis

Data analysis occurred according to the tenets of phenomenological hermeneutics as illustrated in the work of Van Manen, who saw:

actual phenomenological research as a dynamic interplay between four activities:

- a) turning to a phenomenon, which seriously interests us and commits us to the world;
- b) investigating experience as we live it rather than as we conceptualize it;
- c) reflecting on the essential themes, which characterize the phenomenon;
- d) describing the phenomenon through the art of writing and rewriting” (Van Manen, 1984, p. 46).

The interview transcriptions were initially read and a naïve interpretation was achieved based on the researcher’s assumptions (Wiklund et al., 2002). After the initial reading the researcher was forced to question her interpretations and examine other ways of looking at the information received. The next step was to explore the structure and overall thematic quality embodied within each narrative to determine underlying meanings and truths shared between narratives (Van Manen, 1990). These themes were discussed with the researcher’s supervisor, and trusted peers of the masters program, and checked with the participants to see if the themes resonated with them. These actions were taken to determine the accuracy of the researcher’s perception of the themes. In Chapter four of this thesis there is a final write-up using verbatim quotes, paraphrasing, and pseudonyms that articulates the developed themes and this researcher’s analysis of them. Some quotes were edited to avoid repetition and altered to fully express their meaning. These alterations were marked by the use of ellipses [...].

As a supplement to each transcription, the researcher wrote a summary of the interview directly following the interview. During the interview the researcher also wrote notes that included insights, judgements, questions and indications of statements perceived to be important. The summary and notes helped this researcher see more clearly the processes involved in sexual addiction and recovery. These summaries and notes were invaluable to the researcher throughout the writing process.

In summary, all contact with research participants, other than phone calls, were transcribed, with all identifying information deleted. These transcriptions along with the author notes (feelings, insight, and early interpretations) were read over by the author, and as themes developed, theme clusters were formed (Osborne, 1990). Given that the participant number is very small a computer program for analysis was not necessary. The researcher manually looked for common themes that emerged from the description of each participant's lived experience with sexual addiction and recovery. These clusters and the thematic similarities and differences will be articulated in the following chapter.

Any anomalous information that is non-concurrent with developing themes was also documented; the fecundity of the individual case may be such that it is necessary to present it even if it contradicts or is not similar to the other themes developed (Jardine, 1990; Gadamer, 1989). All the information will be presented as an unfolding description of sexual addiction and recovery phenomena.

#### Reliability and Validity

Kvale (1983) suggests that an individual interview produces situations which are never repeatable but which provide multiple perspectives, which can nonetheless lead to a unified description of a shared phenomenon.

Phenomenological research focuses upon meaning rather than facts; stable but not absolute meaning can transcend variable facts. “We must remember that there is no absolute interpretation of the data and that interpretations can produce contradictory as well as coherent meanings. The best the researcher can do is to argue a particular interpretation as persuasively as possible, supported by references to the data, and leave the final judgment to the reader” (Osborne, 1990, p. 87).

However, there were some strategies employed in this research to aid in the increased reliability of this study: firstly, using a careful and thorough description of procedures used and the data analysis (Osborne, 1990); secondly, ensuring accuracy in recording and transcribing (Peräkylä, 1997, as cited in Wiklund et al., 2002); thirdly, maintaining accurate records of transcriptions and interpretations (Koch, 1994; Priest, 2002); and, finally using verbatim illustrations of data interpretations (Johnson, 1997).

Phenomenological validity can be assessed in four ways. The first way is by bracketing (Osborne, 1990). Here the researcher will describe the research method and one’s own biases. This renders the readers better able to come to their own conclusions about the interpretations made by the researcher (Giorgi, 1975). The second way is to check with the with the research participants to ensure that the interpretations that are being made accurately reflects their experience. The third way is to presenting coherent and convincing arguments that are reflective of the data presented (Osborne, 1990). Finally, Shapiro (1986) suggests that validity is partially based on whether or not the data resonates with individuals who have experienced the phenomenon but are not in the study. Nixon (1992) suggests that the researcher, by attending to the research participants stories in a sensitive manner and being determined to create and articulate a high quality

interpretation of the data, contributes to the validity and reliability of the research. These measures were taken in this research to produce a high quality, reliable and valid piece of work.

### Ethical Considerations

Some ethical considerations regarding phenomenological research are quite valid. One such consideration, as mentioned earlier, is confidentiality. In this research, this issue has been addressed by encouraging self-selected pseudonyms and respecting the research participants' entitlement to omit any revealing information. This is critical in establishing anonymity even though the information may be beneficial to the research. All notes and tapes will be destroyed upon the completion of the study within, no more than five years. The researcher will take extreme caution before publication or revealing the raw data to anyone not previously agreed upon with participants, to remove access to all possible personal identifiers. Research participants also had the chance to review their transcription and remove any data they felt was personally identifiable.

In light of the personal nature of the research and the research format another valid ethical consideration is concern for the research participants' mental stability. The interviews often raised powerful emotions in both the research participant and researcher. To reduce the impact of the intense emotions, the researcher maintained awareness of her own as well as the research participants' limits, and took extreme caution not to exceed emotional boundaries. A consent letter (Appendix C) was signed before the interview began which informed each research participant that they themselves could stop the interview process at any time for any reason without explanation. If it had been the case

that further emotional care needed to be taken during or after the interview, a previously compiled list of counsellors would have been offered to the research participants.

The final area of concern is that, given the nature of the subject, (though unlikely given the participants were in recovery) it could have been the case that the participants might have revealed that they were partaking in illegal activity. They were informed in the consent letter (Appendix A) that if any such information was revealed, the researcher would be obligated to report the activity or proposed activity to the proper authorities. The participants were further informed that the researcher might be required, via subpoena, to produce the documents relating to the crime, if the participant were charged as a result of their confession of a crime to the researcher. This insert, though necessary, may have limited some of the information presented in the interviews by the participants for fear of legal ramifications. This may have also contributed to the dropping out of the initial sample of individuals with a sexual addiction who had also committed violent criminal acts.

#### Researcher Integrity and Safety

Given the nature of the research, this researcher made some special accommodations to help ensure her personal safety. These accommodations were as follows: a) all interviews were conducted in a public place (e.g., University of Lethbridge Health Sciences counselling labs, Library group rooms, private office with secretary available for assistance if needed) during times when other individuals were available to supply assistance if necessary, b) a cell phone and voice mail set up specifically for this research were used and the number was changed upon completion of the research, c) an email address was set up specifically for this research which was to be cancelled after the

research is finished ([research\\_100@hotmail.com](mailto:research_100@hotmail.com)) d) personal information was not disclosed to the participants, e) I was aware at all times of my surroundings and I was prepared to terminate interviews at the first sign of problems and then contact my thesis supervisor immediately with any concerns about the researcher participant, f) I had a network of professional and personal contacts who were willing to participate in debriefing strategies with me if required.

## Chapter 4

### Results

In this chapter you will hear from the participants of this study who have lived through sexual addiction and who are now in the process of recovery. They have been gracious and open about verbally sharing their lived experiences. They have trusted and helped this researcher to develop the themes that are presented in this paper.

Unfortunately, there was a sixth participant who went through the interview process, read his transcript and at the very last moment decided he was not comfortable having his story in print; even given all of the precautions taken to preserve his anonymity.

Nevertheless, the other five interviews were rich in text and fully illuminated the themes presented.

In the following chapter, there will be a sharing of both verbatim and paraphrased sections of the interviews to illuminate the developed themes. This sharing is to help the reader better understand the participants' perspectives and experiences. In the first section of this chapter, the reader will be introduced to the participants. The second section will deal with extracted themes that are relevant to the sexual addiction processes, and the third section will illuminate themes involving recovery from sexual addiction.

#### An Introduction to the Participants

Phil. Phil is a middle-aged man who has found some semblance of peace within himself after decades of being "controlled" by his sexual addiction. In his early years he was loved by an overbearing mother, who made him the apple of her eye: "I was the golden boy." She constantly put down and dominated his mild mannered and sensitive, alcoholic father. Phil grew up being shy and sensitive, which, later in his life, he used as a way to lure needy women to his bed.

He was married at a young age and the marriage lasted for seventeen years. In that relationship he “walked the line” with affairs. Phil divorced his wife then started his dating career. At this point, in his late thirties, Phil’s sexually addictive behaviour kicked into overdrive. Phil would pick up women at self-help meetings where, in his own words, he became “the big bad wolf, and the women would be poor innocent little red riding hoods” who he would talk into a sexual relationship with his sensitivity. Phil was a “softer predator”, who occasionally crossed the line to an aggressor when he did not receive the sexual response he anticipated. During these times he could be forceful and coercive. His motif of the big bad wolf, however, became a pattern for him as he drifted through sexual relationships constantly seeking something he could not find.

He got diagnosed with a sexual addiction by counsellors and in self-help groups. However, it was not until he started to spend time with men, got involved in self-help groups and meditated, that he got connected with himself and started to resolve his addictive processes. When his addiction and the contributing factors were resolved, he was finally able to attain the type of relationship he wanted: “We connect on all levels”.

Jason. Jason is a middle-aged man, in his mid to late forties who had a difficult childhood. Nowadays, Jason likes to think of himself as a man who, due to his history of drugs, a bad family life, sexual abuse, and the cycle of addiction and deviance, made some really bad choices. Jason reflects fondly on his days in the military, even though a lot of his addictive behaviours were perpetrated there. His need for a purpose was filled via “serving my [his] country”, but the desire and search for the love and support that escaped him in childhood could not be avoided. For many years his life was filled with alcohol, drugs and “a girl in every port”. As his addiction progressed, he participated in

orgies with up to fifty people at one time. The culture in which he lived perpetuated and embraced his sexual behaviours of escape.

Jason's sexual and emotional needs were not being met by activities he was engaging in, and his sexual behaviours escalated in search of love and acceptance. Jason was arrested and charged with crimes involving "inappropriate" relationships that resulted from his sexual addiction. Jason went through a rigorous correctional treatment program that has stopped his sexual acting out, and it has given him much insight into his previous sexual behaviour. He is now married with two children and lives what he calls a "nice, normal life." Jason is now at a place in his life where he can say, "I don't hate myself anymore, I like me".

Sonny. Sonny has lived a rather tragic life, riddled with abuse, drugs and prostitution. He is now a young man in his mid twenties who has lived in various places in both Canada and the United States. His parents were divorced when he was just entering adolescence. He felt consumed with a sense of responsibility for his younger brother whom he took care of when neither of their parents were around. He felt rejected and abandoned by his father initially when he left the family on a religious pilgrimage. To make the situation even worse for Sonny was the fact that after his father left, his mother spent more time with her new boyfriend than she did her sons.

He now searches for the meaning in that which has plagued him. Sonny who describes himself as, "a cute kid, not real masculine looking, kind of pretty", started prostituting at age thirteen. He was very successful as a teen prostitute and had both male and female clients, but the majority were middle-aged men. Sonny was also heavily into drugs and alcohol, but feels that sex was his "real" addiction; he explains, "the

professionals blamed everything on the drugs, but it was the sex that I craved most and could never give up, it was that [sex], that kept me in the life.” (After going to several different counsellors, he did get diagnosed with a sexual addiction.) Sonny always wanted to belong to something or someone. The response he got from men while selling himself gave him a momentary sense of belonging.

Sonny went to rehab for drug addiction, moved back in with his father, and finally came to the conclusion that he did not desire the life of a prostitute and a “druggie” anymore. He made the decision that he needed to face his demons so he could have a relationship with “true intimacy”, which he had always sought. He credits helping professionals for planting the seed for recovery, but it was through meditation and spirituality that he feels he was able to stay on track.

Lake. Lake fell into sex addiction after a mid-life tragedy. He had a fairly sheltered youth, a religious upbringing with a focus on school and sports. Lake was a late bloomer and did not engage in sexual activity until college. He grew up in the fifties and sixties when drugs were starting to become popular but he only experimented with them on a very limited basis.

He fell in love, got married and had two children. He was a successful physical education teacher for many years. Life seemed flawless until one day in 1985 when he got in a terrible accident and became a quadriplegic. While he was in the hospital in traction, Lake’s wife called to inform him she was leaving him for his best friend.

For several years afterwards, Lake was involved in many sexual relationships that he was using to find love and to escape his own reality. During this time he got involved in several simultaneous sexual relationships with women. He said the women were giving

him a “mercy fuck”. Lake relied on cocaine, pot, alcohol and penile injections to take him and his partners to the desired level of sexual intimacy. He was, on some level, using the women for sex to make himself feel more normal, like a “real man”.

Lake was a socially functional addict for quite a while; he was completing a Ph.D. while running up a \$30 000 drug bill to support his sex habits. After getting into extreme trouble he sought help to deal with his addictions and self-esteem issues that had resulted from his feelings of abandonment.

Lake is now married to a woman of his own faith and though he is happy with the emotional connection they share, he is struggling sexually. He is still working towards a healthier being, and is doing so by working on a connection with his “real” self.

Kelly. Kelly is a middle-aged father of three, who is currently involved in a three-year relationship. He has been on his own and running from his life since he was twelve years old. He spent many years on the street, in foster homes, or in prison. He felt as though he never fit in with his family as he expresses in this statement:

I am the forth oldest of the children, and I always as a little boy, what I remember was I didn't fit in my family. I was very shy, scared kinda kid. If I look at pictures, I usually see myself on the end of the picture, with my finger in my mouth and my eyes closed and head down.

Kelly was physically, sexually and emotionally abused by his father and ran away to the streets where he continued to get abused by men. He got heavily involved with drugs and his need for sex was exacerbated by his cocaine use. He would frequent bars looking for women when he was drinking and bathhouses for men while he was using drugs.

He did not have the ability to connect with any one person to sustain a relationship: “I never knew love only lust.” He continued using sex and drugs until his drug use got so bad that, though he still had the physical craving for sex, he not could tear himself away from the drugs long enough to have sex. Instead, he would spend time in adult movie theatres and watch pornography while shooting up.

Kelly was diagnosed with HIV and Hepatitis C in 1997 and that, in conjunction with his attaining custody of his daughters, plus a botched suicide attempt got him on the path to recovery. Kelly's story was tragic but he has turned his life around and is thriving as a “man” and as a father. He is working on dealing with issues from his past and is “trying to live in the here and now”.

#### Part A: Addiction Process Themes

The sexual addiction and recovery themes that have been illustrated by the participants' stories will be displayed in an evolving story format. The researcher's interpretations are intended as only a supplement to enhance the depth and meaning of the themes. The participants' life experiences and resultant stories will speak for themselves. Readers will be able to follow these themes to gain insight into what the participants experienced in their lifetimes, with respect to their sexual addiction. One may even be able to follow a linear pattern as one theme evolves into another. For example, the theme of abandonment and betrayal left the participants feeling worthless and empty. These two themes could be used to explain why the participants seek power and control; they are searching for mastery of their environment, something that had eluded them in their earlier years.

In section A, there will be an exploration of eleven themes dealing with the process of sexual addiction. In section B, there are six sexual addiction recovery themes explored.

“The wound- Not feeling okay”. Each of the participants experienced a life altering wound; four out of the five experienced this wound as a child. Situations in their life at a very early age created an ultimate wound that set up a life long pattern of fundamentally feeling not “okay”. It is crucial to the stories of the participants and to the story of sexual addiction, that the ultimate wound of each participant is exposed. The wounds may seem to vary in severity but all were childhood wounds and, for each individual child, quite damaging. Jason’s wound was one that both included and extended beyond family dysfunction:

[In our family there were] family problems, mental health problems, suicide attempts almost successful but there were a lot of hospitalization for them, a lot of fighting and arguing every day, screaming and fighting [there was] years of that.....I was molested by a guy in the neighbourhood as a child.

Kelly, as a child, was exposed to various forms of abuse (physical, psychological, sexual, spiritual and neglect) from his family members for as long as he could tolerate it. When he was about twelve years old he left home to look for a better life on the street; his following statement explains that existence:

My dad worked lots of different jobs, alcoholic; he was very abusive with my mother, very abusive with us [children]. Physical abuse, sexual abuse, mental abuse, and spiritual abuse. When I say spiritual that is like, he would get drunk and the next morning he would get us all up to be altar boys. You had to go to

church and stuff like that... There was sexual abuse; I am sometimes not sure if it was my father or one of his friends, because he had a lot of drunken parties. For me that's when, call it a sex gig or whatever, it all started, being abused like that. My best recollection was sticking my head in my pillow, just wondering why. When it was done, [sexual abuse over] I would just close my eyes and try to make it go away. Then around the age of twelve I got tired of being abused, beat up and watching all the violence so I moved on, I ran away from home.

Phil has done a lot of internal work on his wound and has made some insights into what had occurred; the following is his story and his insights:

Well you know I think the genesis of the sexual addiction I would say for me is, uh, is those two words neediness and emptiness, uh, they probably come from childhood with me. Uh, I was quite close to my mother and uh, I would sleep with my mother and father but eventually, I got kicked out of bed, so there was a neediness right there and I think getting kicked out of the bed and my father's an alcoholic, uh I think what really happened there is that I was mother favourite right so I was growing up with an Oedipus complex all that stuff plays into this. So dad's an alcoholic and dad's away, so there's emotional incest happening. Emotional incest is I was mother's surrogate husband; she got her needs fulfilled and met through me. And I was too young so I didn't know what was going on.

Sonny struggles even today with how his life unfolded as he remembers distinctly what life was like before his wound was inflicted:

It started way back when I was young, we [were] a nice happy family, you know, mother, father, two boys, you know it was great. We went on picnics, went to

church, very strict Catholic family. It was good, I was happy as a child. When things started going sort of amiss, my father..... He decided to go on somewhat of a pilgrimage to the Middle East. There was war going on at the time, and a he was going to leave. We knew this was what he wanted to do. He sat us down, sat the kids down to explain it to us and you know, for your father to explain to you that he wanted to go to a place where there is war...but he is doing it for good reasons... Yeah he is telling you that he is going away you don't know when you are going to see him next. He is telling you he is not going there to kill anybody or to hurt anybody but to help people. You think he is doing a good thing but you know he is at risk. You know, it was like; [father said] "I might not see you again..... I love ya and ahh be strong be strong for your family" and so on and so forth..... I'm like seven, seven or eight years old. ....So he left. I was really sad to see him leave, I felt, I felt so alone. You know my mother was there of course she was you, know she had to take care of the kids and so on and so forth you know, but it really hurt her as well, you know I could really see that. I didn't hear from my dad for the longest time. It was just the three of us; we were living in Ontario. Yeah it was scary, you know I almost gave up...I think he was gone for like six months. Yeah it was horrible.....I felt [I] was very abandoned very on my own. Because of course my mother was busy doing what she had to do, to take care of us and [having an affair]. .... I don't think she had that much support from my father. ...They got a divorce and we [were] all over the place after that.

Lake was the exception to the wound being inflicted at an early age. He indicated that he had "good family". He grew up with a strong religious background and he never

wanted for anything as a child. His wound occurred later in life and will be discussed in future sections. His wound however, can be viewed as an ultimate wound as it occurred after he had been disabled.

When children receive these ultimate blows to the self, they can carry the impact of the wound around with them all their lives. This wound allows other life situations to affect the individual in a deep, life-altering way. A course has been set for a potential path of destruction unless the wound is revealed and proper help is received. This usually will not occur, especially in children, because they will try to protect the wound and the people who have inflicted it.

“Family of origin discord”. Another theme that spanned participants’ stories was that of unhealthy family of origin dynamics. The participants lived with fighting parents, “arguing everyday, screaming and fighting, so many years of that, so that was part of what happened to me, I am not saying it’s the reason I did what I did, but it’s part of it” (Jason). The parents were demeaning to each other: “My father, he was a strong man, I had a lot of respect for the guy at the time. My mother would talk bad things about my father, the entire time” (Sonny) and to the children in the family. The participants tried to “fix the broken family”: “My family went to shit so I thought I am picking up the pieces” (Sonny) or they would just run away, or do both.

Participants internalized guilt for their parent’s problems: “the fighting in the house wasn’t helping. I guess I thought maybe it was my fault” (Jason); which turned into a life long pattern of punishing themselves and trying to please others no matter what the cost to self. Sonny expresses this childhood guilt:

As a kid you try to find whatever obvious answer is there, right so you look towards yourself. You're not going to blame it on your brother, or your dad, or your mother; you are not going to blame it on anybody except yourself. Because that's who you know, whether you were a bad kid and threw your toys down the stairs or didn't eat your supper or something and get yelled at.

Participants were sent messages by their parents that they were not valuable members of the family, that were nothing but a hindrance, and unlovable. The participants spent their lives trying to attain that which was not given to them by their parents, love and acceptance.

There were also some other very interesting dynamics happening with the father son relationship of these participants. The participants had poor male role models when they were children. The fathers were often absent from the home because of work or divorce. They did not or would not take the time to teach their sons life lessons. Lake illustrates this point when he tells the story of his sex talk with his father:

My dad worked long hours he wasn't home much, he worked two jobs. Here's my total sex conversation with my dad... Dad says... "son" he says, "don't get in any jackpots". [The second bit of advice to Lake from his father was] "Lake, once you have tasted the wild honey you never go back."

The participants' mothers also influenced their development. The mothers were often verbally degrading towards the father and either rejected the boys because they reminded them of their husbands, or became completely overbearing, sometimes both. The mothers were often in an abusive relationship with the participant's father: "my dad hit my mom and all of the nine kids" (Kelly). The result was the mothers were either

emotionally absent or emotionally enmeshed. This perpetuated an unhealthy mother son relationship, as was seen previously in Phil's situation where "emotional incest" had occurred with his mother.

One can see how the childhood environments of these participants would have lasting effects on how they portrayed adolescent and adult relationships. Many aspects of abuse, on all levels, can be recognized from the telling of these stories. These men were taught as children how to behave in relationships. Growing up in the environments that they did, the participants often felt isolated and rejected either physically and/or psychologically.

"Betrayed and abandoned". Being sexually betrayed by adults in their life as children, had significant influence on the participants and their development of a sexual addiction. "I was a victim of sexual abuse" (Jason). As a result of the abuse the participants developed self hatred; it left them with a sense of aloneness in the world and an inability to trust others: "I fear men..... If they were to talk to me one on one I would be thinking of a way to get out fast. I don't trust men, I hate men. I hate my father. I hate all the ideal[s] of how they think" (Kelly). Betrayal also led the participants to an unhealthy way expressing love, feeling love and connection, as Jason explains:

[I am a victim and apparently a perpetrator], you know I created my victims as well.....but they [psychologists] saw me as a victim as well. And that sort of made sense, sex felt good, I wanted to feel close to someone [not be rejected],... sex was the way I was shown love so that's how I thought I must show love.

The not knowing how to respond appropriately to others was a product of betrayal; it resulted in participants having superficial and brief relationships:

I like basically treated a woman like she was there for sex, it was probably because that's all I knew. I didn't know the feelings side of it, how to treat someone kind, it was like this is how I am treated so this is how I am going to treat you. I never had any relationships that lasted more than like a week. (Kelly).

When individuals are betrayed they often experience abandonment at the same time, as the two often walk together. This abandonment led the participants to need connection, love, and to be wanted. This was a result of feeling rejected and not cared about. Abandoned individuals experience a void, and because of past experiences [sexual abuse], they choose to try and fill this emptiness through sexual encounters. Participants show that feelings of abandonment can occur in children from a whole range of experiences, starting with what seems like a natural development in the growth process. Phil's experience is an example: "I would sleep with my mother and father but eventually, I got kicked out of bed, so there was a neediness right there and I think getting kicked out of the bed" [created it].

The men in this study experienced more obvious signs of abandonment as well, like when the parent or parents physically left: "[I felt] very abandoned, if he wanted to stay with us he would have stayed." (Sonny). Children also internalize abandonment and make negative self - judgements. They feel responsible for the parents not being around. Even when it is not a parent's choice to leave, the child still feels rejected: "She'd be in the hospital gone for a year maybe or six months, come home for a few months, have a problem, go back in the hospital. It was on and off throughout growing up so my mother wasn't there half of the time, I wonder[ed] what I had done to make her go away" (Jason).

Unfortunately, the abandonment and betrayal is sometimes so obvious and destructive that there is no need for the child to interpret the situation at all. The abandonment is obvious though the long term effects of it may not be:

I wanted to be wanted, like by my parents. All the years that I was on the streets and in the foster homes and all that, my parents came to pick me up when I got out of prison, cause I phoned them. They never came to visit me, all those years... I remember hearing all the time [that my parent's didn't want me], cause I would run away and the police would catch me, the police would phone my parents to pick me up, they would just say no we are not coming, [you] take care of him (Kelly).

When betrayal comes as an adult, especially when one is already experiencing low self esteem and low self worth, (as was the case with the participants), the effects can be quite devastating. The one exception to ultimate childhood betrayal in the participants was Lake. His betrayal came as an adult, after he became a quadriplegic:

I'm very loyal, once I say I am going to be loyal then I am. Ahh, I broke my neck and I rehabbed in Calgary, while I was in Calgary my wife and my next-door neighbour had an affair. My wife asked for a divorce while I was still rehabbing in Calgary. And ahh, so I never really moved back home. I moved out of the hospital and I tried to come back home for a while and it didn't work out..... I was abandoned and I was feeling really low, really terrible. I was feeling like no woman would ever love or ever care for me.

Abandonment and betrayal seem to have the most powerful effect and really encourage sexual acting when they are paired with a perceived deceit, de-emaculation, and abuse.

Individuals in this study were for the most part, left as children. In turn they blamed themselves for their isolation or and felt that they deserved to be ostracized. Since the parent is the primary and formal caregiver in Western society, the child really has limited options as to what he can do to combat the feeling of loneliness. Trust becomes exceedingly difficult, as one never knows when one will be left again. Feelings of unworthiness always lie beneath the surface and the “what ifs” of being deserted once again plagued the participants.

“Unbearable emptiness and worthlessness”. The participants exhibit major issues of low self worth and self-esteem. As a result of their histories of abuse, neglect, betrayal and abandonment they are filled with an emptiness: “I think the genesis of the sexual addiction I would say for me is, uh, is those two words, neediness and emptiness, uh, they probably come from childhood with me” (Phil).

Participants tried to rid themselves of the knowledge that their lives were void of love by filling it with sex and as many sexual partners as possible. They were looking to fill the emptiness. Participants were unable to fill the emptiness with sex and this fact, combined with past betrayals and abuses, led to a whole array of insecurities. The childhood feelings of worthlessness became a problem the men had to face when engaged in relationships; “I mean any time that I’ve ever connected with a really good-looking woman like I felt like I wasn’t worthy” (Phil).

The negative feelings were reinforced by non-caring partners: “I was just a toy, they would use me then forget about me” (Sonny). The participants continued to engage in the cycle of sexual addiction as a way of desperately seeking to be worthwhile and deserving human being. To help improve self worth they would have relationships with individuals who they saw as attractive: “she was gorgeous” (Lake); or rather intellectual “she was so bright” (Kelly); or important socially: “she was the head of the volunteer courtship, very organized, status” (Phil). Specific partners were utilized to help build the participants’ egos because if they could have relationships with individuals who had the qualities they desired, then they could fool themselves into thinking that they too had those qualities. The line of thinking is, “if I am dating someone who is attractive, I too must be attractive”. Participants also suffered major insecurities about performance “I wasn’t good enough in bed” (Phil). As well they suffered insecurities about personal qualities including attractiveness, intelligence, and worthiness.

Here again, the participants identified with their childhood and issues that arose at that time. They had/have a fear that they will never be good enough. To help ease some of the pressures that the insecurities brought they sought out ways to gain control, or a sense of control, in their environment.

“The illusive quest for control and power”. The participants, both as adults and children, felt completely without power; they felt manipulated in almost every aspect of their lives. In their quest to gain control some of the participants took the issue right into the actual act of having sex: “[if] I was having intercourse, or I was doing the oral sex then I was in control. I didn’t have to surrender; right there was no surrender process

there” (Phil). The participants sought to reclaim control over the area of their lives where they felt most powerless, in the sexual domain, as exemplified by Sonny:

You know there were things that happened to me in the past that I have very little control over and they have been horrific. The feeling of not being able to have something to hold on to or to have something that is really important to you taken away. You get that a lot in your life and you just don't want it anymore. So you try to take control over what you can and when you can you take as much control as possible. .... I felt like I was in control because you get what you ask for doing what you are doing [prostitution]. No matter how much anyone else thought they were in control of me they never were. It was me, it was all about me and I had to, I always had to be in control of things. I wasn't always making positive decisions in my life obviously. But still I was in charge of those decisions.....I was in control, if I wanted to sleep with you I would and I did. I wouldn't worry about the way you would feel about me afterwards because you didn't matter I got what I wanted from you type thing. You gave me what I wanted that's it that's all.

Some of the problems dealing with control can be explained, in part, because some of the participants had domineering mothers who emasculated their fathers, and inadvertently, them as well. This led to the men becoming insecure around women, and in order to feel better about themselves they had to try to take the perceived power away from the women and reclaim what they had lost as a child. Phil attained his power over women by catching them off guard and touching them:

I'd go to feel a woman up, and so I had this, this power stuff came in there, about I could use my power, it was good, I had a little bit of power over women....This power differential stuff happening I guess it was a false sense of confidence.

If the men did not control and have power, they feared that they would be found out. They feared others would learn that they were weak, worthless, empty, and good for nothing losers; "I have to do something really big or they [male and female sexual partners] are going to think I am a loser" (Kelly). To silence the fear of being "found out" and being seen by others as they saw themselves, (i.e., frauds, losers, worthless individuals, and or needy boys who pretended to be in-control men) they had to create a sense of power.

The participants expressed another element of the control issue that presented itself as the addiction deepened. The more the men engaged in the sexual addiction the more they felt they were out of control of their own behaviour. That was something they judged very harshly. The self-judgements were exacerbated by knowing how they were be judged by society. Their lack of control fed the notions that they were no good, or poor excuses for men. How could they be real men when they could not even control their own behaviour? Jason said: "I don't want it controlling me.....these things [sexual cravings] were controlling me, I was weak, I hated myself cause I was weak...the more it happened the more I tried to stop, but I just couldn't." Kelly further reinforces the lack of control when he explains: "I would just get horny, let's call it what it was, and I would just have to go" (Kelly).

The more one delves into the sexual addiction culture the clearer the themes become. It becomes easy to see a connection between the themes and, how one theme

leads into the next. Children learn from their parents how to behave in the social environment. If they witness or experience abuse, this (potentially) becomes a precursor to later life dysfunction. Since the participants all reported feeling a sense of isolation and ultimate loss of control over their environment, it becomes clear why they needed to seek out power or utilize power. Power provided these men with a sense of control over their environment; something they lacked or were not afforded as children. The addiction to that power would be enticing indeed. An illusive quest for power, or control, would also indicate that an area in the individual's life has remained unfulfilled; often times these individuals have overwhelming insecurities and feelings of nothingness. With these things occurring in one's life it is not surprising that the participants indicated that they needed to escape their realities.

“Finding purpose and escaping through sex”. It became apparent early on in the interviews that the participants were using their sexual encounters to create meaning and to find a purpose in their lives, as they were filled with emptiness, worthlessness and insecurities.

The participants felt unloved, unlovable and unappreciated. Their need for purpose (in many cases purpose was defined by love) was so great they would do just about anything to meet that need: “I let him put a salami sausage in my rear” (Kelly). Sex was the tool to get what they felt they needed, be that acceptance, a place in the world, to be seen, to be noticed or to be loved. Sonny's story illustrates the need for purpose and the lengths one goes through to meet those needs; the story also shows some of the distorted thinking that allows sexual acting out to continue:

It was the love that it all brought in, as you get older you think ok sex is love because nobody is really going to appreciate you for anything other than trying to get laid... You know I didn't really care, it didn't matter what I was doing [prostituting]. I had things, I had money I had places to stay, I knew people, so on and so forth. You know I could get into clubs, get into the big high social life and roll around with your buddies and their nice car. You just feel like you are doing good... You have to [be] safe, you have your sugar daddies and of course they give you that father figure, loving, yeah sure I love you for the moment but you take what you can get. You feel that feeling of emotion that feeling that I am doing something good and I am being appreciated for what I am doing. It makes me feel good about myself, getting some appreciation. Of [course] they would give you the world in that little bit of time, and after [the sex] you feel like a piece of shit.... They wanted me I was their special little boy, you know, that felt good. I was doing something good. It was good to be wanted. You know, it felt good to be important no matter how disillusioned I was about it. I still believe it was important. Yeah not only to the Jon's and the Jane's I was important, but also the other people who supposedly showed me love, like the pimps. The people that were close to me, my other friends people that tricked out with me and stuff like that. They were family, you feel you have your own tight circle; you had a reason to live, a purpose in life.

Essentially, the participants were looking for a connection "I couldn't connect" (Lake); a connection with others that would cover up all the pain and neediness "that

fucking self-consciousness, you know it's gone, and your one with this person, you melted in together" (Phil).

This theme of escapism was a huge factor in the participants' continuation of their sexual addiction path. The sex allowed them to avoid the pain of their lives: "while I was having it [sex] and tricking out, and doing whatever, being used, or anything like that.... It was enjoyable for me because I just floated away, you know, that was my escape. I took myself out of my body; I transcended myself in a weird sort of way" (Sonny).

They could briefly escape the core hurts: "I wanted to escape my disability, escape my aloneness and my responsibilities." (Lake). Through sex the participants could momentarily feel better: "[the fascinating thing was about] trying to make yourself feel better so you focus on these (sexual) things" (Jason).

The escape only ensued as long as they were engaging in sex. When the act was over, then the negative self-image was reinforced and they felt even worse about themselves, which perpetuated the cycle. Sonny explains, "You know I was trying to escape from my own reality with sex, it didn't work, it just got worse, I was fairly depressed and I started cutting myself and such." When the sexual act was over, the participants were often left feeling alone and vulnerable in an environment that was extremely insecure. The participants would then once again need to escape from reality. Escapism could be viewed as a coping method or as a defence mechanism necessary for survival or both. One of the realities the men needed to survive was feeling as though they did not measure up. The participants did not feel that they were masculine enough to feel worthy of relationships.

“Wanting to be a real man”. One of the most prominent themes that influenced the participants’ development and that helped sustain the sexual addiction was the ideal of masculinity, (and of masculine autonomy, “I can do it all on my own” and or “I don’t need anybody”), and the fear of not measuring up to the ideal. Participants got cultural and familial messages about what a man should be: “You were a real man if you were a jock” (Lake); or another example would be “Some where back in my mind I thought that [this] is what it was suppose to be [having a big penis], fill it and hurt it...I was thinking because of what happened to me and watching all the porn’s; it was all about being big.” (Kelly).

The men in the study did not feel as though they measured up to society’s version of an ideal male, “I will often say to my girlfriend do you want a guy with a larger penis, because that where I co me from, bigger was better” (Kelly), “I would compare myself to other men and I would always come up short; that I didn’t have anything to offer” (Phil). These feelings of inadequacy were instrumental in the lives of these men as they spent countless hours trying to measure up, and/or hiding the fact that they did not from others. Not meeting the ideal male standard helped lead the participants into self-loathing, self-blame, and a feeling of despair. Sonny explores his experience with not measuring up:

I was growing up and I wasn’t very athletic, I was cute but I wasn’t athletic so, I was fairly feminine. That was kind of a scary thing though, cause you could see your father like that [masculine] and your brother like that [masculine] and you’re not. But I wasn’t what my father expected me to be, I felt that maybe I was the reason why he left. I felt that I was the one who ruined a lot of things just because of who I was, so I felt that he took away his love for me because I was who I was.

The self-hatred experienced by the men in the study often led to a lack of self-confidence that was influenced by messages from one's parents. If one did not get the proper mirroring from one's father, and there was a rejection of the male figure, then there was an internalization of negative messages about masculinity. This is explained by Phil:

The lack of confidence is that I didn't feel like I was a man, a total man, my mother belittled my father and he was just a drunk right, and so my idea and my view, my view of my masculinity was really skewed. So I think I took on that view of masculinity, to be a man, I'm a nobody, I didn't measure up, that was her perception of my father right I think that I adopted that learned behaviour, or whatever you want to call it.

As experienced by the participants, as one grows there is often a reaction to what one perceives himself to be: "I was kind of a feminine boy, cute but little" (Sonny). The men saw themselves in a less than masculine light and therefore set out to prove their masculinity. This was often accomplished by "conquering" as many women as possible: "I became the big bad wolf, and all the women were little red riding hood" (Phil), "I can't even count the number of women I had" (Jason).

Early in life the participants were exposed to the messages about sex from a variety of sources that impacted their views on women, sex, and what it means to be a man. The first of these messages came from both the media and pornography "Huge Heffner with Playboy came out changing the sexual mores of the whole culture. Right there you are right at 16, 17, 18 when all this is happening." (Lake). Lake was exposed to

pornography in his teens while the other participants had a much earlier introduction, as we see in Jason's story:

...pornography there's a very powerful thing you know I mean...I was exposed to it at 5 or 6 years old and I liked it. It was in a drug store, back in [name of town] pornography would be anywhere, it was just the thing on the street... [I saw it and] oooooh that's exciting and ever since then pornography was a powerful tool. You know it's a picture, it's lifeless, it's a piece of paper with an image on it but it tells you what to do as a man. That same guy with all those women, wow. Back then what do you know when you are five years old, oh hey look at that...stuff like that can be a very powerful thing to affect your behaviour.

Another source of sexual messaging was from male peers and males who the participants saw as peer aged role models. The messages attained by peers were interpreted by the participants as "all guys go out and have sex with as many women as possible"; it's just what guys do. Phil's experience with other boys influencing how he viewed malehood was very interesting:

The older native boys and my brother were screwing the native girls, girls of the same age. I would watch this because I wanted to do it right. But I was a little bit too young during those times I used to feel up women when I would get them out at recess. It was just common, I mean all of us guys did it, as far as I knew (Phil).

To be illustrated in the next section, the participants also all seemed to share a sense of selfishness. That is to say, in some situations, they wanted only to meet their needs while caring little or nothing for the needs of the people that they were having sexual relations with.

“The persona”. To mask the empty shell that the participants had become, they all created a persona that they themselves, in their distorted thinking, believed and that they projected outwardly. The persona helped with their low sense of self and their need for purpose. They used the facilities they had to engage in as much sex as they could, to try and to meet their narcissistic needs, as was explained by Phil in the following statement:

I’m the big bad wolf and you’re little red riding hood, and you’re a little sweet morsel and I would con you, the big bad wolf would con little red riding hood.

And I’d give you treats or whatever. Okay, here’s your treats, but being very, very smooth here I am connecting with you on a very, very emotional level, a feeling level and then I move in for the kill.... I’ve got to fill my needs, and oh fuck I was always after more [sex] even when I didn’t want to [have sex], it wasn’t that great it was just to go off [orgasm] right.

The desire and perceived right to have one’s sexual needs met was often accompanied by living up to a grandiose sense of self. This was expressed by Jason who lived up to the role of “soldier” while fulfilling his sexual needs:

I never really had relationships it was all like one night stands sort of thing, you know there’s a woman in every port....it’s the role of the uniform...[women would say] “oh he looks handsome” ...have fun, get drunk, chase women around, drink some more, stroll around with the machine gun.

For those who could not present as the “big man”, and play the “take what I want gig”, they had other ways of playing the game to get what they wanted. For example, the “submissive” (Sonny), and “the giver” (Kelly). No matter what the “gig” the purpose was the same for all, to get sexually satisfied, which helped the participants feel better

about themselves. Lake, who lost the use of his legs, became the “one to feel sorry for” or the “rescuer”; Lake as the rescuer explained:

I would get these women who had been abused and then I wouldn't really find out about it until after I had gone out with them for a little while. Over half of them had been sexually abused by their stepfathers.... These were all lovely beautiful wonderful women, people. There was something about me being like them. Like they could read that, like I had been hurt, abused and I still, still bear the scars of that.... What I was doing was healing a little with myself with my girlfriend, with my self esteem, with my sexual image and they would be healing at the same time; but you see, but that just fed in to my need to be the knight in shining armour and ride in and save somebody, so I'd walk into situations that would never work even though I knew they wouldn't work I would try and help and I would rescue. As soon as I would rescue I would get dumped because once they were safe or realized that they knew what was wrong they were, they were, just disappointed because they no longer needed me and the cycle would just go on....I was just, they wanted to be nice to me, and they wanted safety but they still wanted sex. They wanted the warmth and they wanted nice, the nice person that I think I am deep down inside.

The persona the men used to make themselves feel better about their sexual actions and to help them get the sexual partner they desired also was used for another purpose. This other use of the persona was to help them shut off from their sexual partners so they would not become emotionally intimate.

“Chasing illusive intimacy”. I didn’t want to be hurt, I didn’t want to feel bad about myself; I wanted the perfect relationship I guess or whatever you want to call it. I guess you know a one night stand with a woman you pick up in a bar and she’s been drinking and you’ve been drinking so you go back and you have meaningless sex for a hour or two (Jason).

This statement by Jason exemplifies one of the strongest themes that were represented in the stories of the five male participants. Though they sought the “perfect relationship” the participants feared getting close to anyone and participated in behaviours that ensured they would escape getting intimate and connected, if in fact intimacy was even emotionally accessible to them at that time. The participants objectified the sexual act and made it purely superficial. Sonny talks about intimacy in his relationships to help explain fear of getting close:

Relationships, you know, there were people out there who wanted to get more intimate but I wouldn't let them cause that was a part of me that I didn't want release. You know, you have been hurt a lot in your time [talking about himself]. You are loving and not getting anything back from it. You know, I didn't want to deal with that. So I just wanted them for sex.

This lack of ability to become intimate caused many relationship problems and was the one thing that the participants attributed to the demise of some of the more fundamental relationships: “I would not attach deeply enough” (Lake). In fact the fear was so intense the participants would flee from the closeness:

Whenever they wanted anything more from me I was afraid and I would run and that really bothered me. The conflict, the inner conflict, I wanted to go to bed with

them, I wanted to fuck them, at the same time I was afraid of them, I was afraid of the intimacy I didn't have the confidence, I would run. (Phil).

Though the participants did not have the ability to become intimate, they did, however, seek it (intimacy) through sex. They used sex as a substitute for emotional intimacy but it was never fulfilling in the end, and as the search for intimacy continued, the addiction became more ingrained:

There is no warmth, there is no true love, all it is [is] physical pleasure trying to find intimacy, but it's [intimacy] never there it's just an act. Yeah it feels good but when it is all over there is no commitment no bonding, there is nothing, but wanting more so you try again. It was a search for intimacy really because I never had intimacy. I was looking for [it], in all the wrong places, you know like the song goes (Jason).

One can imagine that living this type of lifestyle, attempting to meet your intimacy needs through sex could lead to shady reputations within a community. One may be perceived as a "sex-god" while another could receive the mantle of "sex-pig"; neither of these monikers, in isolation, correctly identifies how these individuals viewed themselves.

The participants were fearful of getting too close; because they felt so worthless they thought if anyone got too close, then that person would see all the damage or find out that they were a fraud. They were aiming to be sex gods and fearing being perceived as a pig; they were scared souls not wanting to be hurt. For the participants of this study, if anyone got close enough to see who they were inside then they were close enough to cause pain. The participants needed to find sexual partners with whom they could avoid

intimacy with. Bars and Entertainment Clubs provide ample opportunity to meet these types of people; they also provide alcohol (“liquid courage”), which reduces inhibition. Alcohol or narcotics steal inhibition and morality, leaving the individual few feelings of conscience regarding what he intends to do. They provided a way in which the participants could stay detached from other people and the effects of their own sexual behaviour, and reinforce the sexual addiction.

“The marriage of drugs and sex”. The theme that was most fully developed in the participants’ story was that of pairing sex with drugs, which includes alcohol. Drugs were given credit for helping men who had various self-esteem issues become more able to perform sexually. Secondly, drugs also enabled the participants to escape their perceived inadequacies. Their self-judgments would dissipate and they could play their sex roles and feel less guilty. For a while they could escape the torture that was their existence. Lake illuminates the marriage of drugs and sex in his story:

Every time we were together we would drink a little bit of wine or have a shot of whiskey and have a joint and then we would make love, so what happened to me was that. Well what happened was, what the start of it was, that in order for me to be able to relax from my moral concerns [I had to get high]...I think that the marijuana and the alcohol also had a physiological effect on me, with the blood flow; you know cause you don’t have the blood flow [because of a physical injury]. And what even worked better what I found out later, was stimulants, like coke or speed. If I drank two or three drinks I wouldn’t work at all, if smoked too much pot I wouldn’t work at all. If I just had one drink and a little hit, boom away you go. You know my body would actually work cause I would have the blood

pressure back and it would also relax morals. So it led to the break in the psychological area and it put the accelerators on physical part of my body because of my disability. So you put those two things together it creates a tremendous addiction or a rush.

Drugs and alcohol were used more excessively during sexual encounters by participants who had experienced the most intense trauma for longer periods of time, as was seen in Kelly's case. He had been abused his entire life and drugs and alcohol gave him the kick to engage in his sexual addiction, with residual effects of ego building and/or the ability to punish himself:

[When I drank I had that machismo], I felt really good about myself when I was drunk, kinda like the false bravado. As a young adult I spent more time going after women than the other part [men], when I using drugs I would run to the steam baths. It was like a punishment, a self-punishment to me, I felt like go ahead, I like that humiliation I knew that [humiliation] really well, and that's what I did, you know.

Drugs also seemed to be a contributing factor when the participants would act out sexually in a manner that was not customary for them, a catalyst for moving into higher risk (i.e., physically, sexually, emotionally, or socially) sexual behaviour. Sonny explores this notion:

Things progressed in my life again and I started using different drugs and with different drugs came different types of people, I changed where I was living, I was back on the street, now homeless. Then I ended up being one of these guys who was pimped out.

In these participants' cases, it was hard to separate which of the addictions was feeding off the other but the fact of the matter is it doesn't matter. Kelly eloquently describes it "I don't know if that's what you call a sex addict, or a drug addict lost in sex; it's still lost".

"Shame and internalized judgement". From society, the participants often received labels like perverts, pigs, gigolos, heartless, selfish, liars, and con artists. Though at some point in their lives their actions could have been defined by these terms, these men internally were the furthest thing from what the labels implied. Participants' felt inadequate, worthless, alone, and empty, which were exacerbated by the shame they felt for their behaviours and their judgements about said behaviours: "I can't believe what I let those men do to me....that disgusts even me" (Kelly). The shame was often so intense that it became unbearable: "I tried to kill myself with drugs and sex" (Lake). Phil experienced a physical reaction to the shame that developed from his lusting after several different women at one time:

I started getting anxiety attacks, panic attacks, I'd see one [woman] and then I'd see another one that I wanted to fuck and then I'd start to get panic attacks. I'd just sweat. I'd just sweat [cause it was not right]. And, ahh [I] think that was about my own anxiety within, internally the conflict was happening.

In their quest to find love and acceptance, the participants' needs would take over to the point where they were no longer "thinking straight". They would use drugs to help them engage in sexual behaviours that were or bordering on exploitive:

I was beat up, I was gang raped, I was brought to a house with this one guy, we got things going, he got me high, all of a sudden in came the guys and I was a boy

toy. I said OK just get me high... [I wanted] to see if I could make people like me (Kelly).

Because of their sexual behaviours, participants would judge themselves as they knew society was judging them. In fact their own judgements and self-punishments were often harsher than that which any court could impose. This self-judging resulted in further despair and acting out. Sonny illustrates this notion:

I had a fairly bad self image throughout my life, feeling like things were my fault and I deserve the punishment for things and no matter what bad decisions I make I still need the punishment for it cause that's how things get better. You know you do something bad, you get punished for it and things are better. But I would do things like get raped to punish myself...but letting guys do that to me was also a reason to get punished and off I would go. Fucked huh?

The participants in this study had many levels of pain and suffering occurring simultaneously. Their beliefs about self and their sexual acting out behaviours were often extreme and in some instances contradictory. Their actions often invoked shame; this shame was so damning that it, on occasion, led to suicidal thoughts and attempts. Even with all the despair these men felt, they were able to come out of the fog and start the long quest of recovery. The following section is a look at some of the recovery elements that were fundamental to these participants.

#### Part B: Sexual Addiction Recovery Themes

The themes expressed by the participants with regards to their addiction and the processes involved in it were rich and explorative. This, however, was not the case with recovery; here there are fewer themes illuminated. The participants expressed a deeper

understanding of their addiction then they did their recovery. There were, however, themes brought forward by the participants about recovery that did reflect what was demonstrated by the literature in field of sexual addiction, as well as some themes that were not reflected in the literature.

In order to stay in recovery, the participants utilized a range of outside support to help them stay on the “right path”. They worked through issues of abuse, abandonment, betrayal, lack of self worth, masculinity and narcissism. Participants worked through these issues in groups, in individual therapy and on their own. Recovery was encouraged by the participants getting in touch with who they were and with others, getting connected with the universe, deciding to change their behaviour and finding intimacy. A recovery element that was present, though a little disguised, was the need of the client to be perceived as a good guy. This came forward as they discussed their experiences and tried to shed a positive light on their behaviours.

As well, during the process of the interview, participants would slip into “game” mode and utilize behaviours they would have employed when they were acting out their sexual addiction (engaging in sexual activity in such a way that it meets the needs and embraces the cycle of a sexual addiction). The participants did, however, indicate that the first step to “getting well” was stopping the sexually addictive behaviour completely which allowed them to work on the issues that bound them to sexual addiction in the first place.

“No more acting out”. With each of the participants there came a time in their lives when they decided that they were no longer going to engage in the destructive sexually addictive behaviour. The participants attributed the decision to cease the

behaviour to episodic occurrences like: “getting arrested” (Jason), or, as with Phil finding the right relationship was a key to recovery. Ceasing to act out can also be a result of despair at the given situation or reaching “rock bottom”. Kelly experienced rock bottom by a nearly completing suicide:

Then one day I come home from partying, it was in Aug. of 99 and there were two plastic bags/garbage bags with my stuff in them. So [his wife at the time] she was upstairs and she says ‘I want you out of here’. I [Kelly] says ‘oh you want to get rid of me, watch this.’ So I take off a pair of jeans or whatever I forget what it was. Wrap it around my neck and tied it around the tree and jumped. The jeans broke, they ripped I fell to the ground. I went around the complex, [name of complex] I went around the complex looking for something, to get up higher and do it again. And as I was walking the cops pulled me over, so they took me in to the drunk tank. [The] next morning I get out, and I had an unemployment check coming that morning. I thought O.K. I’ll just wait here for my check to come. [I] just sat out on the front porch, she was gone to work, my kids were gone to school already, and so I just sat there and waited. All of a sudden, I kid you not, not even half an hour before I had the check in my hand, this guy on the block who pushes [drugs] was there waiting. I just wept, [I thought] fuck it I can’t do this anymore. So I walked a block and saw a church, there was a church on twenty-third avenue and I went in and talked to the minister I says, ‘I’m a drug addict I just lost my wife and kids, I was fucked, just lost, can you please help me get into detox’.

Though the acting out behaviour may have ceased at a time when external changes in one's life were occurring, the key to stopping the sexual acting out behaviour long term was an internal change experienced by the men in the study. The men had previously gone through various stages in life when they stopped acting out: "I quit for near[ly] two years" (Lake); unfortunately the participants all went back to their patterned sexual acting out. What they attribute to the solidification of their recovery was a change internally: "I am worth more" (Kelly). Sonny paints a clearer picture of this internal change:

I was getting ripped off, getting smacked around, [it was] time to get out. I had enough... I was more than just a piece of ass. You look back on your life and you think this is horrible. You look in the mirror and like oh my god! You realized you are more than just a piece of ass. When you realize your life has value, wow, that was when I got out of the life [sexually acting out, drugs and prostitution].

When the sexual acting out stopped, the participants had a surge in self worth, they focused on making their lives better through employment: "I got a real job for the first time in years" (Sonny). They became contributing members to their family: "my wife has a husband now" (Jason); "I have custody of my two girls" (Kelly). When the acting out ceased, these individuals no longer had as much ammunition to judge themselves harshly with; and thus, less need to run from themselves and escape through sex.

"Outside support". Though increased self-esteem and the onset of important life events had spurred the decision to stop acting out, the participants required assistance in maintaining that decision. To help with sustaining recovery, the participants placed the

support of others (a connection to society) as a necessary element for them to stay “on the right path” (Kelly).

These outside supporters included professionals: “psychologist, follow up therapy and counselling was super helpful in stopping my sexual behaviour” (Jason). Secondly, joining a men’s group was source of outside support that was noted by the participants’ as a helper of recovery. Phil describes his men’s group experience:

I went to men’s groups for five years and that was a real healing thing for me, to be with men. It was very important cause you see up to that time I was always with women. There I had the sweet con and the big bad wolf. In a group of women, I was the nice, smooth guy and the heart-centred guy, right? I could play that out, you know? And I could win, but with men, they know that [what the con is]. Men that I work with, that I have been in therapy groups with, they would call you on that kind of stuff. And so I got, I started to get in touch with my masculinity in those groups... It also brought a real appreciation and love for the male side of myself.

Thirdly, to be associated with men who reflected back what they themselves saw in the mirror, but in a positive manner was vital to recovery. Sonny expresses how influential this was to him:

I wasn’t like my dad or my brother, so to have this guy who was, you know kinda a femmie like me, who sold his ass like me, but was now on some board of directors of some oil company as my sponsor, shit, I thought that dude could be me and I am still working at it, you know, I am not there yet but I am working.

The fourth type of supporter, also the one that was mentioned most often, was spouses; the ideal is best expressed in Sonny's words:

You know, it is a good relationship that has really helped me out this last couple of years. He [Sonny's partner] is very spiritual and very open, so if there is anything we need to talk about we talk, if there is anything we need to do we do... They [his partner] know the risk of that happening [acting out], they know it and they still stick by you, you know and to show you that much caring and that much love and not to leave you, that says so much. You know you are not being abandoned anymore. You are not having someone who would just say, yep, thanks, bye. You know that's important, that is wonderful.

Each participant was searching for that feeling of belonging and that feeling was, at least on some level, achieved by involving themselves in meaningful relationships. Through the process of working through some of their personal issues, ceasing to sexually act out, and finding support to help them work through problems they were able to feel a connection that previously had evaded them.

"From disconnection to connection". Participants unanimously agreed that the element that not only sustained their recovery process, but also improved the value of their lives, helped them understand themselves better, and to see themselves in a new worthwhile light, was getting "connected", to variety of sources. One such connection was a "spiritual", not necessarily being connected with a higher power but, also a, "union with the universe" (Phil). Sonny tells us about his spiritual connection, and how it has helped him:

What really opened my eyes was spiritual-ness, finding inner peace with yourself, which lead[s] to loving yourself, and respecting yourself. I realized through spirituality I have gotten a better self-image and such. But, back in the day you know when you first start to get into these things, shit I hated myself... By having the free will to open a door to see things for what they really are I realized that you know I am worth loving and I am worth something. I am worth being loved..... I can clear my mind on so many different levels that I don't need that physical escape in order for my mind to be set free... I am happy with who I am, I am a man who is worth loving and that is worth being loved. That is who I am!

The connection with self, however, was the most powerful connection that the participants expressed. The connection was sought by personal reflection and self-awareness. The devices used to achieve this goal were various types of counselling. Jason explains his experience in this statement:

The psychologist in my program really made me look at myself and my behaviours, that knowledge and insight into myself, gave me compassion for myself and I started to like myself. I didn't even know myself before. How can a guy not know himself? But I didn't and after all the crap was out, I really liked the person inside and then I started to take care of that person.

Another way self connection was sought was through meditation, which took the participants beyond any point conversing with another individual had; “[its] more like a more whole state of being” (Phil). Through meditation Phil has made a strong connection with self and the results have been life changing:

I'd meditate, and I finally started to get connected with myself... Starting to get more in touch with myself, so starting to really get some more self worth, in the sense that I deserve more than just having sex, just fucking. I want it all, you know instead of having this thirty percent of a relationship... I was able to leave something that I didn't really want and I didn't just stay in it because of the sex. I know on a really deep level, an experiential level, that I can only handle one woman at a time... I've had moments of where I was just lost in the universe.

As the recovery progressed, and the participants became more connected with themselves, they were able to make connections with other people that had previously been unattainable for them.

"Struggling for intimacy". With recovery came a newfound ability to come closer to capturing the intimacy that eluded the participants while in the midst of the sexual addiction. Being able to rid themselves of the walls they had built up by working through the issues that sustained their addiction, enabled the participants to develop intimacy with others while reinforcing the recovery process. Sonny illustrates the point in this story:

When I started to have one partner instead of multiple partners, and that one partner I could get intimate with and lose control in as well and have them lose control in me. That was an important part of my recovery, investing in one person, that trust. I could never trust before.

Being able to trust, love and be love by others brought an ability to bond physically, intellectually and psychologically in a relationship. This multi-levelled connection allowed the participants to meet all their needs with one relationship and to no

longer seek solely sexual relationships to fill a void that could not be filled by sexual relationships anyway. Phil talks about being in this new type of relationship:

So we got that connection and so we have a really good intellectual connection because we've both taken this course at the University. We've both gone through [a University] program, we do essays and stuff together; we helped each other out, ahhhh, on a spiritual, she's on, ahhh, the same kind of journey as me.

Physically we both love to ski. Sexually, I think we're very able to connect... I think making love, you know, making love is a wonderful experience with [long time girlfriend]; we've connected. Now that things are right... it's more intensely pleasurable.

It is possible to find an emotional intimacy with a partner while in recovery from a sexual addiction but not have sexual intimacy, due to years of habitual sex that has distorted one's view of what lust and passion involve. This lack of sexual intimacy is an element that may plague a relationship and be its demise even if the sexual addiction is under control. Four of the five men had this experience at least one time during their recovery. Through his story Lake explains this phenomenon:

I go to the barbecue and I meet (J) and I really liked her. I had made up my mind that I was not going to do drugs. I was going try to do it the right way. I was not going to be married; if I am not married then I am not going have sex before it. Of course she is LDS too. She had been married three times before, but not to any LDS guys. She didn't want to live with anybody and she didn't want to have sex before marriage, she wanted to do it right. I thought you know I really care for this person. So I asked her to marry me, I thought she was the right one. I thought

it would work or it could work. We [would] try and make love; I don't work very good. I need the stimulant [drugs or alcohol] but I don't like what it does to my personality. So most of the women that I have gone out with like the control, they like to be on top. She [his wife] doesn't like to be on top. I am not very physical, if I'm on top it is very hard for me maintain an erection. You see we had quite a bit of passion before I got married. Now that I am married I am not chasing. I am not pursuing; it is there whenever I want it or however I want it any time I want it. There is no lust, I almost need a little bit of a dirty girl. There is no edge to her [wife], she is just, the reason I love her, the reason I married her was because there was no edge because she is a good woman that I love but I can't find the libido. A little bit is age, like my dad he once said to me 'Lake, once you have tasted the wild honey you never go back'. I didn't know what he meant, now I know what he means. It's just pasteurized honey [his wife], I want the wild honey [wild girls from his past], only I know that it will kill me, ruin my life, destroy me. So I can't go there yet how do I find that edge, I can't.

Relationships for these men, for the most part, have become an enhancement of a life that is more full, a life where momentary emptiness is celebrated, a life where being alone is okay. They now, for the most part, experience life in which the relationship is no longer a source of escape, nor is it something a to fear. They are no longer terrified at the thought of getting too close. The relationships they now have are intimate ones to be celebrated, cherished, tested and built on while remaining a source of strength in times when the participants felt themselves slipping: "It becomes to much to lose, you can't

expect her to stay forever, I wouldn't [have] stayed this long, she is a strong woman, she gets me, I won't fuck that up" (Jason).

"Do I still have it?" Though the participants may have increased self worth, a connection with themselves, support from others and the ability to become intimate with a partner, during and after the interview a weakness to project the old persona emerged. When sexuality has been your identity, for in some cases decades, it is difficult to fully detach from that existence. Given the perceived ideal conditions, like, situations where the participants' felt there was no danger of them being able to engage in any sexually addictive behaviour. (In this case the participants in this study felt it safe enough to test the waters with me.) Those in recovery may check to see if they still have "game".

It was the impression of this researcher that the participants were testing the waters to see "if they still had it". It was the feeling by this researcher that she was getting drawn in and played with. I do not believe the participants were "setting up the game" to try and act on any sexual impulses. I do think they saw the interview as an opportunity to pump me for reassurance that they were still able to pull the same stunts that had when they were acting out and potentially be able to "close the deal". Most of the time it was a look, a gesture and smile a complement or just I vibe I picked up on.

Several of the participants really pulled me in with their stories. Though I allowed this to occur, I recall feeling the manner in which one particular participant told his story made it especially tragic. I recall thinking what an intelligent, articulate strong individual he was, all qualities I found attractive. To my surprise, however, after the interview was over and the tape was shut off, he started to talk to me about how "even though he was an old guy" he could still perform. As he spoke he leaned forward; it seemed as though he

wanted some validation for his abilities. I thanked him for his time and help and I left the situation. As well during the interview he would talk about how much he liked younger women, and how he liked risqué women; he did so in a tone and style that was potentially suggestive, almost like he was telling me I fit those criteria.

During the all the interviews several comments about my physical appearance were made: “you’re a very pretty girl” (Kelly). Though I do not feel that the participants would try act on any sexual urges, it was apparent the urges were still there and the participants felt a need to make it known: “I am not dead, I still have cravings” (Sonny). I often felt they were still playing out their “role”, like a recovering alcoholic who acts they same way they did when they were drinking in select circumstances, or a “dry drunk”. The participants still had a lingering need to have power, control and to be seen as a sexual male. Most of all, however, the need for the participants to have me see that they were a “good guy, deep down” (Lake) was the most apparent recovery glitch theme.

“Hanging on to the good guy”. Though the participants were in the recovery process and had been for some time, it was apparent that they still had the need to have the mirroring back from the researcher that they once had received from their sexual partners while in the midst of the addiction.

The major role I felt the men were playing was the “good guy” role, “I thought I could rescue her and heal her” (Phil). The participants were also focused on letting me know that they were changed men. Even while describing some of their experiences that they themselves judged harshly, a positive spin (or behaviour justification) was placed on the situation such that the participant seemed less ‘bad’. The positive spin ploy was

demonstrated by Phil while he was telling a story about being attracted to and thinking of pursuing a teenaged girl who he was supervising at a camp:

I was fantasizing yet I was judging myself right? So I had conflict right, and so I quit [his camp supervision job]. Actually I asked her if she would like a ride home and my purpose for giving her a ride home was to see if I could [have a sexual relationship with her]... Well I sure was wanting to and like if she would have been willing to I think she was, you know, she was a teenage girl. You know how they like to display themselves right. And as a natural stage also right? Ahhhh, God, so you know, I came close to getting into trouble but I never went all the way... I just, just test [ed] the waters. [That is to say he could have been really bad and had sex with her, but he was better than that and decided against it.]

The good guy persona was often accompanied by denial of the severity of some of the past behaviours. The denial was often coupled with a lack of taking responsibility for past behaviours. Participants vehemently stated they truly owned their behaviours: “I made the choices, I knew what I was doing” (Sonny); but their stories often indicated something different. This was illustrated by Lake here:

If somebody were to ask me and look me in the eye and say “Lake are you seeing anybody else”, I would go “yes, I am seeing somebody else, but they are not really important, but I do like them but they are not as important to me as you are”, if that was the truth. If that wasn’t the truth then I just wouldn’t say anything else. [What was said to a girlfriend in regards to him dating another woman].... “Well actually yeah, but I don’t care for her as much as I care for you” which was the truth. I didn’t want to tell her that (name) was hotter than her. I have this

moral thing that as long as I am not lying directly. I never said you're the only one, I would tell a girl that I loved her or I really care for her, or whatever I really felt. I would sort of edit the truth. That made me feel morally OK or whatever.

Even with his indecent acts with minors Jason still felt the need to present himself and his previous actions in a positive light:

I wanted to deal with it and do what was right, because it was the right thing to do and I am very happy I did it, I do not regret turning myself in and dealing with the consequences of my actions, it's a good thing... I wanted to come clean and tell the truth about what I had done, so that those people can get help, I don't want anyone guessing about what happened... I never meant to hurt anyone.

This need to present in a positive light seems to indicate that though they have been able to abstain from sexual acting out, they still have a way to go on the path to recovery to be able to live and act authentically. The need to be seen as good by others in the case of the participants shows that to some degree their self worth and self-acceptance is still dependent on other people. The participants' fears and insecurities still exist to the point where it influences their behaviour, though not in the same way they did when the participants were acting out sexually.

### Summary

The results attained in this study suggest that there is probably a strong childhood environmental component to the development of a sexual addiction. The participants in this study engaged in sexual activities to escape their lot in life, feelings of worthlessness and insecurity, to deny their own behaviours and the effect of those behaviours. Sex was used as a way to help find meaning and purpose in the lives of the participants. The range

of activity to achieve these goals ranged from getting “mercy fucks” (Lake) to indecent sexual behaviour, which required incarceration.

At the inception of realizing their lives had to change, the participants ceased their sexually addictive behaviour. Through the support and help of others and through the discovery, of self the participants were able stay on the recovery path. They were all at different levels of recovery, but none were actively acting out. That is not to say that some of their previous modus operandi were not apparent. It was also the case that while telling their story the participants tried to shed a positive light on their previous behaviour.

The following chapter discusses results and conclusions made from the information attained in the five in-depth interviews. These results and conclusions indicate the disparity between the amount of information presented by the participants regarding the process of sexual addiction, and the limited information presented by the participants with respect to recovery from sexual addiction. Chapter five will discuss how society and social institutions influence the recovery process. The following chapter will also discuss implications for counsellors, the limitations of the study, and recommendations for future research.

## Chapter 5

### Discussion

The purpose of this thesis was to explore the processes involved in sexual addiction and recovery. The themes depicted in the results chapter illuminated some of the possible processes involved. Many of the themes developed in this thesis are in accord with the literature in the field of sexual addiction and recovery. The results are as follows: First, wounds inflicted during childhood can potentially have a long standing effect on an individual's life and can be the anchor of the sexual addiction, as they allow insecurities about worthiness and masculinity to influence sexual behaviour. This wound can remain open during the addiction, and is fed by fear, shame and judgement.

Second, most of participants suggested they needed to search hard for a recovery program that fulfilled all of their needs; in fact, most had to be involved in several treatments simultaneously. Sexuality is a part of all human life; long-term abstinence may not be a realistic goal to mark sexual addiction sobriety. Therefore, in-depth treatment programs need to be developed in which sexual addicts can have many of their recovery needs met. It was apparent that outside supporters, including spouses and counsellors, were helpful in sustaining recovery; however, the more fundamental changes occurred as a result of the participants changing in their beliefs about self. The participants indicated three areas of connection that were necessary for them sustaining recovery; 1) connection to self; 2) a connection to other people, 3); a spiritual connection; and 4) a connection to society. The latter connection was the one that the participants struggled most with as they were met with much judgment and persecution by society. It is necessary for the addict as well as society for there to be an embracement of these individuals to help them

with their addiction and become functioning members of society that do not cause harm. This can only be accomplished with compassion and empathy for these addicts.

Thirdly, the participants, though they have been in recovery for a minimum of four years, still exhibit some behaviours of an addict, though they were not acting out. This may be a result of the participants not reaching the final recovery stages in Carnes (1989) model of recovery. The participants' stories indicated that they moved through the first four out of the six stages in the model. They all passed the development stage where they acknowledged they had a problem and an unmanageable life. The second decision stage was passed through with ease as they all realized that something had to be done about their acting out behaviour. The third shock stage where the participants were met with emptiness, loneliness, and hopelessness are experiences they all still have residual emotions from. The participants all experienced the fourth grief stage and had to deal with no longer having sex as a crutch to cope with problems.

The participants though they delve a little into stages five (repair) and six (growth) of the Carnes (1989) model by working on repairing some of the old damaged relationships and getting jobs. They have not found a way of authentically living, especially with regards to having integrity in relationships and being more fully aware of the extent of the damage they did to others and taking responsibility for that.

Given that the participants have not reached the final stages of recovery could be an explanation for the "Do I still have it" and "Hanging on to the good guy" themes. These themes may be in existence due to the "dry drunk" syndrome experienced by the participants, as they have not worked through their pain. "If you haven't dealt with your underlying living problems in any focused, consistent manner, pain, pure and simple, will

keep you subject to the dry-drunk syndrome. In this condition, I am sober when do I get happy” (Larsen, 1985, p. 14) is the question asked. This was often the experience of the participants in the study. It was a very frustrating situation for them. The two themes may also be a result of the participants needing a defence mechanism against feeling poorly about themselves and trying to counteract a negative response from others. This is most likely the case with the “Hanging on to the good guy” theme.

These two themes suggest the participants have not reached a level of full and authentic living, which will increase their chances of recovery “slips” in the future. The way to true authenticity is knowing one’s self, being in the moment. Though some participants had sought out help that enabled them to connect socially, spiritually and emotionally with self and others; they seemed to have had a difficult time finding this type of help, as it was not a part of their traditional therapy. “I must have seen a hundred counsellors in my life” (Kelly), and therefore, though they are on the right path they are not as far along as they could be.

The themes presented in this study gave voice to the participants’ experiences with respect to their addiction and subsequent recovery. The themes gave support to the literature already present, dealing with sexual addiction and recovery. The research also offers support to the side of the argument that suggests sexual addiction is in fact an addiction. Issues such as shame, self-judgement, escapism, insecurity, preoccupation, ritualization, and acting out regardless of negative consequences, are all issues that were illuminated in this research. These are also issues that appear in the addictions literature and research regarding alcohol and drug addiction.

This current research also sheds light on the holistic nature of the sexual addiction, as one can trace the roots of the sexual addiction developed by the participants back to an early age. The research as well shows the narcissistic element involved with sexual addictions; the need to be seen as a god like figure, to present a grandiose persona, and to fallaciously try to increase self-esteem through sexual escapades.

One of the more striking concepts to come out of the research was the lack of fully developed recovery programs for sexual addicts, and the need of the addicts for a social context for recovery. The participants in this study had few treatment programs accessible to them. There is significantly less research done on what will constitute the best recovery possible from sexual addiction, as opposed to other addictions. This is unfortunate as sexual addiction is just as, if not more detrimental to individuals afflicted with it, and to society as a whole, than are other addictions.

This lack of knowledge about what is necessary for recovery from sexual addiction may be one explanation why the participants are still internally preoccupied with the process of addiction. As well a lack of social support contributes to the preoccupation aspect of the addiction. Further treatment is needed to reach a level of authentic living.

On a personal note, participating in this research has made me realize the high need for qualified helping professionals in this area. I had a good connection with the participants and was engaged by their stories. I will continue to work in the area of sexual addiction and recovery. The research has helped me decide that I have chosen the right area to work in.

### Theoretical Implications

The participants in this study had an early childhood wound inflicted. Developmental theory can help us better understand how the wound can influence the developmental stages of children and adults. As children are not able to move through the stages properly, they develop neediness, insecurity, lack of ability to become intimate and the inability to live authentically. A better understanding of how developmental stages impact sexual addiction may give keys to effective treatment of the addiction; for example, connecting with the inner child and healing that child, in order to move past the child's hurts and have a more productive adult-hood (Manley, 1995).

We can also look to shame, which was evident in the research participants, to give us a better understanding of how a sexual addiction may result from childhood occurrences. Shame suggests a lack of acceptance of oneself, and what is acted out may be based in one's childhood (Bradshaw, 1988; Carnes, 1989, 1991, 1992; Sprenkle, 1987). This was the case with the participants in this research as shame is especially apparent in children who grow up in rigid and/or disengaged families like those of the participants. These children often develop shame-based personalities that make them particularly vulnerable to addiction. These children often grow up to be self-doubting, desperate for approval, afraid of discovery, and unaware of their own feelings, as was the case with the participants in this study. These shame-based people are likely to engage in shame cycles in which they act out sexually to get rid of the shame and feel a sense of release: "I just needed the release" (Sonny).

One of the major themes that emerged from the participants' stories was "Betrayed and abandoned". Carnes (1997) suggests abandonment is at the core of an

addiction. If betrayal is severe, it can be a traumatic experience. When betrayal bonds are formed, the betrayed may repeat the betrayal in their acting out. This was the case with Kelly who was sodomized as a child and punished himself by finding men to repeat the abuse; this is known as trauma repetition (Carnes, 1997). Trauma arousal (Carnes 1997) was also evident in the participants' stories, in which the victim gets "turned on" by situations and behaviours that arose in the initial victimization. This was seen in Sonny's story, as he likes to have sex with "father figures" to replace the father who abandoned him in childhood. Abusive events become internalized. After internalization, there may be resultant fantasies and behavioural acting out, or a re-enactment of childhood abusive events.

Almaas (1996) suggests when a trauma such as sexual abuse occurs, this forms a path to the development of narcissism, which enables the sexual addiction. "If a person was abused physically, sexually or mentally he must develop measures to deal with his trauma, any of which will disconnect from essence" (Almaas, p. 187). This was seen in the participants' major themes like "Escaping through sex", or "The persona"; in fact narcissism was an element that ran through most of the themes as the story of sexual addiction unfolded.

When one encounters difficulties, one may cling to idealized self- images as a defensive projection against feelings of dependency and helplessness (Almaas, 1996). These self-idealized images were evident even when the participants, who were in recovery for four years, still expressed the theme "Hanging on to the good guy". Narcissism is an element that needs desperately to be burned through in order for the participants to reach a higher level of recovery. The necessity of the participants to try

and “work” this researcher indicated that they still had a high level of narcissism. Their need to get positive reflecting back from this researcher was another indication of how severe their narcissistic tendencies still are.

#### From Process to Treatment

The information attained in this research mirrors much of that found in the literature pertaining to sexual addiction. The addiction process section of the results was rich in insight and knowledge with respect to the participants. The recovery section, by contrast, was not as full or understandable. This can potentially be linked to deeply held moral/social attitudes and also lack of social support.

The participants had difficulty reaching and sustaining level three recovery in Manley’s (1995) model of healthy sexuality. In level three, one is to develop healthy sexuality by engaging in authentic sexual behaviour, getting connected to one’s beingness so it is possible to meet the goals of healthy sexuality.

The participants experienced a struggle to get the treatment they needed to recover as fully as possible from their sexual addiction. Those who needed to go beyond the twelve-step approach to engage recovery, had difficulty finding “alternative” ways of doing so, as the treatments were not readily available.

What seems to happen is that for some, the more conventional treatments like cognitive-behavioural, some types of group therapy, and relationship counselling take a client to a place where they can stop the “acting out.” This, for some, may be sufficient, but they can still be caught up in the addictions game where they play their “old” role without engaging in the destructive sexual behaviour. For those who wish to go further

and to contribute to a better quality of life for all, there needs to be more opportunity to find ways to live authentically, in the moment without judgement or projecting a persona.

Results from the present study and the literature pertaining to sexual addiction have led this researcher to the following conclusions about treatment of sexual addiction. I feel the treatment should be three fold dealing firstly with the acting out behaviour. Cognitive behavioural models may be effective here as they deal with “addiction issues”; create relapse prevention plans, deal with impaired thinking, behaviour modification, psycho educational techniques and a range of effective groups. The second element or area for treatment is trauma resolution as all the participants had trauma issues. Here abuse, shame, narcissism, worthiness, and emptiness need to be worked through. The third area of concern is that there was an underlying existential crisis of meaning element that ran through the participants’ stories. In this area issues of intimacy, authenticity and the “true self” need to be worked through. If all of these areas are tackled in therapy I feel the addicts will have a much better chance at staying in recovery and living a higher quality of life.

#### Society and Institutions

Many of the participants indicated that they were not willing to ask for help for their sexual addiction until they were forced to as a result of some external situation. This is not surprising, as we live in a time of collective denial surrounding sexual addiction. We like to see those who have sexual addiction issues as the “other”. We want to ignore the possibility that the behaviours perpetrated by those with sexual addiction issues are behaviours we are all capable of. As a society, we equate the behaviour with the person and therefore see the sexual addict as “bad” and in some cases not worthy of help. This

may be one of the reasons it seems as though very few individuals are willing to deal with the issue.

There is a shortage of treatment and recovery options for individuals afflicted with this disorder. There is more shame associated with sexual addiction than most other addictions, or mental health issues. This was reflected in the struggle this researcher had not only obtaining participants, but also keeping them as a part of the research. There were five participants who dropped out of the study before the interview process, and one after the interview and data analysis had occurred. They were all terrified that somehow someone could connect them to the research, and that they would have to re-experience the self-loathing and shame, and deal again with the negativity received previously from others when they found out about the participants' sexual addiction issues.

Society does, however, accept some of the behaviours engaged in by those dealing with sexual addiction issues as normal and then it becomes easier to ignore the problem. This notion is reflected in the levels of sexual behaviours discussed by Carnes. Carnes (1989, 1992) developed a range and a set levels of sexual behaviours. Level one includes behaviours that are perceived in our culture as somewhat or entirely acceptable; these behaviours include masturbation, obsessive or exploitive heterosexual relationships/homosexual relationships, pornography, and prostitution. While some of these activities bring disapproval and may be even illegal and the perpetrators prosecuted, their widespread practice indicates general public acceptance. In the case of a heterosexual relationship, even some hero worship exists, such as the playboy seen as living the good life or the adventuresome life, or "wow look at all the notches on his bedpost". However,

the behaviours in isolation are not necessarily the problem. The obsessional attitude toward them solidifies the problem as an addiction.

Carnes' (1989, 1992) level two category specifies sexual behaviour that is generally regarded as nuisance behaviour. These behaviours include exhibitionism, voyeurism, transvestitisms, bestiality, indecent phone calls, and indecent liberties. Public reaction usually judges these behaviours and the people engaging in them as sick, pathetic or obnoxious. Often, however, they are dismissed as innocuous, not serious, and usually not dangerous.

Level three includes sexual behaviour that is dangerous, abusive, or life threatening. These behaviours include incest, child molestation, sexual abuse of vulnerable adults, and rape; included in this level must also be date and wife rape. Level three behaviours are basically the only behaviours that cannot be ignored. Unfortunately, as a result, sexual addiction issues often go untreated until such time they reach level three status. Level three acts are almost always met with public outcry and almost universally reacted to with rage and calls for revenge. Addicts who commit such acts are seen as profound violators of cultural boundaries and there are met by a demand for severe consequences.

Counsellors and helping professionals are not exempt from this tendency to ignore the existence of sexual addiction. They may avoid the topic by not exploring it as an option for consideration, as was seen in the experience of Sonny who was treated for his other addictions but never for his sexual addiction: " I talked to psychologists, really kind of kept things to myself. They knew about my trade, they knew about what I was doing, but they thought it was all the drugs." His sexual acting out was blamed on the

drugs, while, in fact, the reverse was true. Many aspects of the subject sex are still taboo and unless they are talked about more and brought into the light, sexual addicts will continue to suffer in silence and act out.

Teaching institutions need to take notice of this problem and teach upcoming counsellors how to deal with sexual addiction, sexual shame and scapegoating in the culture. The counsellors need to know how to recognize signs of sexual addiction so as to not to classify it as another problem. Counsellors have to learn how to honour the sexual being. They need to be taught how to deal with issues of sex and sexual addiction that are not always pleasant, in a way that is non-judgmental and helpful.

#### Implication for Helping Professionals

The information illuminated in this research may have implications for helping professionals who are dealing with individuals suffering with a sexual addiction. It is important to note that this particular addiction may be masked by a variety of other presenting problems. These problems, for example, may include drug or alcohol addictions, as well as anxiety and depression.

Sex is a topic that is still taboo and it may take a very long time in a therapeutic setting for the addiction to sex become apparent. Once the issue is revealed, then it is up to the therapist to decide whether or not they have the tools to deal with the issue, and of course whether the therapists themselves are comfortable hearing the issues that will be discussed. Part of the addiction cycle involves shame (Carnes, 1989, 1991). Therefore, if the therapist cannot be objective and non-judgmental, it is their duty to refer the client to another professional to deal with this particular issue.

As the interviews in this research illuminated, people with sexual addiction issues also have issues of shame and self-judgement. Therapists and helpers must be careful not to label or pigeonhole clients prematurely as this could shut down the recovery process. The actions of people with sexual addiction issues can be extremely embarrassing for said individual.

However, some afflicted individuals may have engaged in or are engaging in illegal sexual activity, for example, child molestation. It is the duty of the therapist to inform the client of their legal obligation to inform the proper authorities if such information is revealed. This act of informing the client of legal obligation should be done in such a way as to not to be judgmental nor to “shut down” the clients disclosure which may be necessary for him for heal. It should also be acknowledged that a sexual addiction, like an addiction to alcohol or drugs, is often just a mask for an underlying, issue, which may be trauma, self esteem issues, family discord, self disconnection, etc. The recovery plan should be as encompassing as possible and aid the client in developing an existence of authenticity.

Working in this area is not for all counsellors or helping professionals. There is nothing wrong with a counsellor indicating in a non-shaming way that they are not capable and/or equipped to deal with the issue, in fact it is extremely ethical to decline service if this is the case. Unfortunately, often the much less ethical practice of over-reacting and judging certain activities occurs.

As a researcher dealing with sexual addiction issues, I myself have felt some of those judgments. I had helping professionals ask me what was wrong with me because I wanted to deal with “those types of people”. It is imperative that helping professionals

know their biases and to avoid working with sexual addiction issues, if they are clouded by those biases.

#### Limits to This Phenomenological Hermeneutic Research

Though phenomenological- hermeneutical research has many positives it is not without limitations. One such limitation is illuminated in this particular research, and that is a very small sample of research participants. In this particular study there are five research participants; from the information presented by the research participants' the intention of this researcher was to extrapolate shared themes. This research was not done with a random group of the majority population. The research participants were chosen from a partly self-select group of individuals in society who have a certain affliction. This research, without a doubt, will not be generalizable to the majority population nor can it be said that it is completely generalizable to the minority population of sexual addicts from which the sample was drawn; in effect "... no claim to universal generalizability can be made" (Nixon, 1992, p. 202). Nixon also notes that the themes that emerge from the study are not to be regarded as absolute truths to those on the journey but as an opening to further exploration and study of such experiences. Absolutely no universal claims can be made about sexual addiction or recovery from the results of this study.

There are some additional limits with regards to this research study. There was no process by which ethnicity or sexual orientation was systematically taken into account while the data was processed. Nor were there any measures put into place to ensure that equal representation was given to ethnic or minority groups. Therefore the research will avoid making any generalization to members of any ethnic or minority group. The sample is so small that the integrity of the research relies on the research participants' openness.

Another limitation to this particular research, given the participants' abandonment issues, is that there is very little time for the researcher and participant to build a totally trusting relationship. As a result, the interviews may be lacking some vital themes that would have been developed, if the participant and researcher had more time and contact to build their relationship. It may be the case the themes presented were not as developed as they could have been. There also may be other themes that have not been revealed due to the participants' knowledge that their information would be displayed in this particular work, and other potential publications. As well it was never entirely possible to tell that a participant wasn't using popular psychological and self-help jargon to string me a long and pull me in.

Another limitation to the study, though it is also a possible benefit, is that I am female researcher trying to understand male sexual addiction. This is why I relied on males to help with the development of the themes. As a female researcher, I do feel I may have attained different information from the participants, than I would have if I had been male. It may have been valuable to have a male co-researcher to compare themes, impressions and interpretations with. If the differences were significant that may have implications for treatment program development.

It is imperative to the integrity of the research to illuminate areas of potential researcher bias. One such area is that I had a better connection with some of the participants (Kelly and Sonny) than I did others. It is possible that some of the participants' stories got more exposure than others, and they may be projected in a more sympathetic or positive light.

Another area for potential bias was, that in some cases, the participants' stories reflected the researchers own life experiences and thus the researcher may have felt more sympathetic towards those participants. For example, Kelly reminded me of my friend Marcel, and thus, his story may have been more fully exposed and analysed in a more sympathetic manner. Another potential area of bias was, in the case of Jason. He committed crimes that have negative societal judgments attached. Therefore, his story may be presented in a negative light.

The last area of possible bias lied in my gendered reaction to the participants' stories of using and abusing women. On occasion, during the interviews, I would have internal dialogue about the character of the participants while they told their story.

This researcher, through the process of self-analysis and uncovering potential biases, took great care in how to present the stories of the participants, to try to avoid any judgmental impressions being represented in the research. Exposing the areas of potential bias for reflection gives the reader more information to make their own conclusions about the results of the research.

Phenomenological hermeneutics is an appropriate method for this research as it allows for the kind of interaction between parties that is necessary to understand the lived experience of another human being, and it also facilitates the depth of understanding necessary to develop useful themes related to sexual addiction and recovery. The method also allows the researcher to make connections between the research participants' personal narratives that may shed light on sexual addiction and recovery. This research will hopefully be one more step toward a more informed and complete understanding of sexual addiction, and of what is necessary for a more inclusive recovery plan.

### Recommendations

Given that the sample of participants in this study was so small, continued research in this same area is recommended to extrapolate and analyze the themes generated in this research and to expose others that did not manifest in this current study.

The topic of women who have sexual addiction issues needs to be investigated, as little research has been done in this area. Though there has been some research done on women who have sexual addiction, the focus has been primarily on the romantic addict and not on the sexual component. There is undoubtedly a pool of women sexual addicts whose experience needs to be explored in order to develop ways of effectively dealing with their issues, as they may differ from men.

Research on sexual addiction as it relates to sexual crimes should also be explored. It may or may not be helpful to define how personality traits of sexual addicts who commit crime differ (or do not differ) from sexual addicts without the criminal element. Why do some cross the line and others do not, assuming there is a line? It is also worth researching how crime as a social label affects both addiction and recovery.

Further research should be done on personality traits and mental disorders that manifest in sexual addicts. Though it was beyond the scope of this research to investigate, it was noted that on several occasions' issues of pedophilia, depression, posttraumatic stress disorder, hyper mania and suicide were brought forth. It was also apparent that many of the participants illustrated personality traits that may be a result of narcissistic

personality disorder, and or avoidant personality disorder. Further research needs to be done in this area, as concurrent disorders may influence recovery and treatment. It is imperative, however, not to lose sight of the sexual addiction and its social context and classify the problem solely as a mental or personality disorder. If this occurs, many of the issues surrounding the addiction itself may not get resolved.

There are many similarities between sexual addiction and other substance addictions. Therefore, the models of treatment for such addictions could be very effective in treating sexual addiction. I do feel more research in the area of effective treatment for sexual addiction is needed.

It is also recommended, by this researcher, that sexual addiction and addictions in general be made a required component of masters of counselling programs. Sexual addiction is a very prevalent disorder, but it only has a muted voice in the area of academia, nor does it receive much funding for further research. Sexual addiction needs to be discussed and explored to make its study and treatment less taboo. To meet the need to talk about and understand sexual addiction so that helping professionals can better help clients, I recommend that sexual addiction become a compulsory component of all addictions programs.

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## Appendix A

### Interview Guidelines

1. Tell me your story dealing with your sexual addiction and recovery process.  
Begin wherever you feel most comfortable. Describe for me your experiences of being a sexual addict and as well your recovery process.
2. What things do you think influenced your sexual addiction?
3. What kinds of thoughts, feelings, and behaviours are associated with being a sexual addict?
4. How has your addiction impacted you life (i.e. social, occupational, financial, health, self image, relationships etc.)?
5. What in your recovery journey would you say have helped you on your road to recovery?
6. Is there any other information that you would like to share at this time that you think is important but we have not explored up to this point?
7. Is there anything you feel that you may need assistance in dealing with as a result of the issues brought forth during this interview?

## Appendix B

## Screening Questions

1. Are you a male between the ages of 20-55?
2. Do you have or have you had a sexual addiction?
3. Have you been in recovery from a sexual addiction for at least four years?
4. How long have you been in recovery?
5. Have you had therapy or some form of treatment for your sexual addiction?

Appendix C  
Letter of Introduction  
Sexual Addiction and Recovery  
Michelle Burke, B.A, M.Ed: Counselling Psychology Student  
University of Lethbridge

I am conducting a study about the experiences of men between the ages of 20 and 55 who are recovering from a sexual addiction. Participants have to have been in recovery for at least four years and would be willing to speak with me about that experience?

Please mention this study to anyone who may fit the above criteria, and ask if they would be interested in speaking with me about their experiences. You may either give them my card with my cell phone number and my research email address on it and instruct them to contact me within the next two weeks, or obtain their name and phone number so that I may contact them.

The purpose of this research is to shed light on the processes that influence sexual addiction. The research focuses on uncovering issues in the recovery process, which may benefit the future treatment of the disorder.

Your assistance is invaluable in order for me to complete my thesis requirement for the Masters of Education: Counselling Psychology degree at the University of Lethbridge.

I may be contacted at (403) 308-6529 or at [research\\_100@hotmail.com](mailto:research_100@hotmail.com)

Thank- you for your assistance.

Sincerely,

Michelle Burke  
B.A, M.Ed. Graduate Student  
University of Lethbridge

Appendix D  
 Letter of Consent  
 Research Topic: Sexual Addiction and Recovery  
 Michelle Burke, M.Ed: Counselling Psychology Student  
 University of Lethbridge

I am conducting a study of sexual addiction and recovery. Interviews will be conducted with male individuals who have been recovering from sexual addiction for at least four years. The purpose of this study is to illuminate themes which present themselves in the interview regarding the journey of sexual addiction and recovery. It may be the case that others may benefit from your participation in this research as the results may influence treatment programs or psychological interventions dealing with sexual addiction.

The research is such that research participants will be requested to participate in an initial screening, followed by an exploration interview of about two hours and a follow up phone interview. The interviews will be audio taped. Participation is completely voluntary and research participants may exercise their right to discontinue the interview at any time without explanation.

All responses will be kept confidential and anonymity is guaranteed via the use of a self-selected pseudonym, as chosen by the research participant. The raw data will only be shared with the thesis supervisor, and transcribers. In accordance with the University of Lethbridge ethical guidelines, audiotapes, computer discs, and transcriptions will all be destroyed within five years of publication (i.e. 2008). Until such time all files and discs will be stored in a locked home safe.

The results of this study may be published in academic journals and/or a book, and/or presented at conferences and/or in university classes. You will receive a copy of your transcript, and may request a summary of the results.

I thank you for your participation; it is greatly appreciated. If you have any questions please contact me at cell # (403) 308-6529 or via email at [research\\_100@hotmail.com](mailto:research_100@hotmail.com). Question or comments may also be directed toward Dr. Gary Nixon, thesis supervisor, Chartered Psychologist, Coordinator, Addictions Counselling, University of Lethbridge, (403) 329-2644, [gary.nixon@uleth.ca](mailto:gary.nixon@uleth.ca). Questions may also be directed to the chair of the University of Lethbridge Faculty of Education Human Subject Research Committee, Dr. Cathy Campbell, (403) 329-2271, [cathy.campbell@uleth.ca](mailto:cathy.campbell@uleth.ca).

If any current illegal activity, resulting in the harming of others, is revealed to the researcher, she is required to report to the proper authorities. It may also be the case that the documentation related to the activity will be subpoenaed by the correctional /court system.

I have read and understood the above information and hereby give my consent to be a part of this research by participating in the interview process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix E  
Letter of Consent for Transcribers  
Research Topic: Sexual Addiction and Recovery  
Michelle Burke, M.Ed: Counselling Psychology Student  
University of Lethbridge

I \_\_\_\_\_, swear that I will not reveal any of the contents from the tapes transcribed for Michelle Burke's Masters thesis (The heart of darkness: A journey into chronic sexual addiction and the quest for recovery), to anyone other than the researcher (Michelle Burke).

Nor will I make any extra electronic or paper copies of the transcriptions for any reason, and the contents will be kept completely confidential. I will not use the information/data attained from these transcriptions for publication of any kind. While in my possession, the audio-tapes, transcriptions, and discs containing transcribed information will be kept in a locked box when they are not in use.

I agree to the previously stated terms:

\_\_\_\_\_  
Signature of the transcriber

\_\_\_\_\_  
Date

**Appendix F**  
**Advertisement for participants**  
Research Topic: Sexual Addiction and Recovery  
Michelle Burke, M.Ed: Counselling Psychology Student  
University of Lethbridge

**LOOKING FOR RESEARCH  
PARTICIPANTS**

ARE YOU OR IS SOMEONE YOU KNOW A MAN  
BETWEEN THE AGES OF 20 AND 55 WHO.....

- HAS A SEXUAL ADDICTION
- HAS BEEN IN RECOVERY FOR AT LEAST  
FOUR YEARS
- IS WILLING TO SPEAK ABOUT HIS EXPERIENCE

**All participation is completely voluntary**

And strictly confidential

Please contact me at cell number (403) 308-6529 or At  
[research\\_100@hotmail.com](mailto:research_100@hotmail.com)

Thank you for you assistance

M. Burke B.A Psych

M.Ed Candidate, University of Lethbridge