

Understanding Sexual Addiction From the Lens of Trauma

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Objectives

- 1) Understand sexual addiction as a **means of regulating the nervous system.**
- 2) Understand ways that sexual addiction **has roots in attachment wounds.**
- 3) Bring awareness to the importance of **addressing clients 'trauma'** to help bolster healthy long term recovery from sexual addiction.

Statistics of Pornography Use

61% of US adults report using pornography in some capacity. Roughly **141 million people**. This is up from 55% in 2015.

78% of the US male population engage in some form of pornography use ~ **90.5 million people**.

44% of the US female population engage in pornography use ~ **50.6 million people**.

Roughly 18.2 million people in the US consume pornography daily ~ 12.9% of the US population.

Statistics of Pornography Use

The average of age of exposure to pornographic material is **12**.

This is often a child/teens **first exposure** to sexuality and sexual experience which shapes their sexuality and identity.

Roughly **58%** of teens are exposed to violent or aggressive pornography.

What is Sexual Addiction?

“Addiction occurs when we meet **legitimate needs** in **illegitimate ways** in a **repetitive pattern.**” - Mark Laaser

Sex addiction is not about sex. It's about the motivation that drives the behavior.

What is Sexual Addiction?

The motivation to act out is often about **attachment safety/needs** and **nervous system safety/regulation** all while achieving an **emotional feeling state** (thought + emotion + sensation) that keeps someone bonded to the behavior.

What is Sexual Addiction?

The question to ask our client is **“when did sexual arousal become a solution to a problem?”**

Addiction as an Attachment Disorder

What are the basic human attachment needs?

Addiction as an Attachment Disorder

What are the basic human attachment needs?

- To be **heard and understood**
- To be **affirmed**
- To be **accepted**
- To be **safe**
- To have **non sexual touch**
- To be **chosen**
- To be **included**

Addiction as an Attachment Disorder

When attachment needs go unmet we learn to meet them by **any means necessary**.

Often we will fragment into separate parts of self to accomplish **attachment safety, regulation**, and to find internal **equilibrium**.

Addiction as an Attachment Disorder

This is often where **duplicity**, **secrecy**, and **compartmentalization** starts.

The message wired into the limbic system is:

I am no longer able to be safe as I am but rather need to be something/someone else in order to be safe.

Addiction as an Attachment Disorder

This creates an attachment relationship to the behavior.
Especially when a deficit of attachment safety exists.

Addiction as an Attachment Disorder

It becomes imperative to explore early attachment experiences to better understand what the client is seeking to experience while engaging in unwanted behavior.

Great tools for this are the **Trauma Egg** and a **Sexual and Relationship Timeline**.

Addiction as an Attachment Disorder

Common Attachment Invasions: Yelling, name calling, emotional incest, hitting, slapping, spanking, sexual teasing about the body, modeling unhealthy lifestyles and/or spirituality

Addiction as an Attachment Disorder

Common Attachment Abandonments: no expressions of affection, not heard and seen, held space for when dysregulated, being left alone, not modeling physical self care, no sexual education, sexual misinformation, lack of disciplines even spiritual disciplines.

Addiction as an Attachment Disorder

Impaired belief systems:

If you knew me, you would reject me - so I must hide.

I am all alone. I must figure out life by myself and I can.

I must earn love, and to be really loved, I must be perfect.
Who I am at my core is not good.

I am not okay with who or what I am.

Sex is my most important need.

Addiction as an Attachment Disorder

Early Childhood Experiences: Early intimacy (affection), vulnerability (hurt or healed), pornography exposure (how young and how intense), childhood sexual experimentation (impact of view of self), abuse (physical, emotional, spiritual, sexual), labels (jock, overweight, nerdy, dumb, golden child)

Unfortunately, many people can report feeling, experiencing, or living some of these out.

Addiction as an Attachment Disorder

Family systems that tend to be more **rigid and/or disengaged** are **significantly more likely** to produce children who struggle with unwanted or addictive behaviors.

Attachment/Authenticity

Children will always choose attachment over authenticity.

Addiction as an Attachment Disorder

Authenticity is often found in **secret** because it will not threaten the attachment relationship to the caregivers.

This reinforces the need for separate parts of self - **private self and public self.**

This is where dissociation can begin.

Addiction as an Attachment Disorder

Feeling State Theory of Addictions - Miller

The feeling state the behavior creates drives the behavior and repetition of the behavior.

Feeling state = thought, emotion, physical sensation

Addiction as an Attachment Disorder

The questions becomes.

What does the most intense, positive moment of the behavior give you in that moment?

What does that moment mean to and about you?

Addiction as an Attachment Disorder

Often with sexual addiction the feeling state is to feel **safe, desired, wanted, accepted, understood, heard, and/or seen.**

This goes back to **early attachment wounds.**

Addiction as an Attachment Disorder

Pornography takes what was **designed to experience in healthy relationship** and turns it into a **secretive, individual, experience.**

When a deficit of attachment exist, the more powerful the draw to pornography it becomes.

Addiction as an Attachment Disorder

Pornography also **hijacks** the healthy relationship building process and **emphasizes a relationship based and created on sexual arousal.**

The relationship does not get built on **knowledge, trust, reliability, and commitment.**

The Bodies Warning System

Our brains are in a constant state of scanning for threats based on passed down experiences, and those negative experiences we had in childhood.

In PolyVagal theory this is called **Neuroception**.

The Bodies Warning System

When we go through a painful or overwhelming event information gets stored incorrectly leading to potentially unwanted responses stemming from misread/misunderstood perceptions or understandings of the event.

Trauma is not the event. It's the response.

The Bodies Warning System

Unwanted behaviors and addictions are often an attempt, or learned response, to **sooth the activated nervous system**, often by any means necessary.

The PolyVagal ladder helps us understand what's happening with the nervous system as activation occurs.

The Bodies Warning System

Ventral - collected, calm and in unison with self.
Emotionally present and regulated.

I am safe in the here and now.

The Bodies Warning System

Sympathetic - alert, vigilant, increased heart rate, tension, begin operating out of limbic system and negative belief systems.

Safety is found through action.

The Bodies Warning System

Dorsal - shut down, disassociate, avoid, distract, numb.

Safety is found through escape and disconnection.

“The escape when there is no other escape.”

The Bodies Warning System

There's an intersection between the **nervous system** and our **attachment experiences**.

Our nervous system remembers experiences that made us safe and unsafe.

The **perception of danger** is all it takes for the nervous system to create and engage in pathways to safety.

Parts

At times, when we experience consistent wounds or painful experiences we will separate into parts or ego states to cope with the sense of overwhelm.

Internal Family Systems provides a powerful yet easy to digest language around this experience for people.

Internal Family Systems - Parts

Core Self- Calm, Patient, Curious, Present, Clear, Compassionate, Courageous, Confident, Creative, Playful and Connected.

Authentic self.

Internal Family Systems - Parts

Firefighters - reactive protection as an emergency response. Ex, addiction, anger, numbness, disassociation, risky behaviors, binge/purge cycles

Managers - proactive protection - people pleasing, perfectionism, caretaking, controlling the environment/others, excessive self criticism, anxiety, worry.

Internal Family Systems - Parts

Exiles - vulnerable, sensitive, disconnected and wounded parts that carry the weight the pain, shame, and fears of past traumatic or overwhelming experiences.

Often they are **stuck in the trauma**.

The Intersection

When we are in a sympathetic or dorsal nervous system states we are vulnerable to parts of self becoming active to create safety.

A firefighter or manager comes online to protect the wounded part of us.

The Intersection

These parts are anticipating the same hurt to happen again and are **trying to keep us regulated and safe.**

The Intersection

When younger, acting out perhaps was the best thing our clients could have done to **survive**.

The addiction was the friend, comforter, confidant, and coregulator they **needed** to help understand and regulate their nervous systems

Screenings for Sexual Addiction

SAST-R - Sexual Addiction Screening Test - Revised

- Preoccupation with sexual thoughts
- Loss of control and failed attempts to quit
- Relationship and family disturbances/neglect
- Affect disturbance (guilt, depression, degradation after sexual acts)
- Childhood or parental history of sexual trauma/abuse
- Secrecy and illegal or high-risk activities

Screenings for Sexual Addiction

Preoccupied with sexual thoughts

Ashamed - Do you hide some or all of your sexual behaviors from others

Treatment - Have you ever sought treatment for sexual behavior that you did not like.

Have others been hurt emotionally by your sexual behavior.

Out of Control - Do you feel controlled by your sexual desires.

Sad - When you have sex, do you feel depressed afterward

Finding Healing

Recovery is identifying legitimate needs and meeting them in legitimate, healthy ways.

It is a lifelong process of being healthier today than you were yesterday.

Finding Healing

Sexual addiction differs here from chemical addictions because the goal is not total abstinence from sexuality but **learning to engage in healthy sexuality.**

The client learns to tend to these 4 pillars of health:
Physical, Emotional, Social, and Spiritual.

Holistic **3 circles** plan

Finding Healing

Address attachment wounds and “Big T” trauma that infiltrated the belief system and heal parts of self that are wounded and use unwanted sexual behavior as a means of self survival and regulation.

Finding Healing

Explore and correct belief systems, rules, roles you played in your childhood that made you vulnerable to unwanted behavior (rigid father, enmeshed mother) and their impact on the behavior.

Finding Healing

Develop healthy systems. Become curious about your emotions, thoughts, responses, triggers, and even fantasies to identify the core need and meet that need in healthy ways.

Let's values drive change and recovery not "social media" recovery.

Finding Healing

Create accountability in a community of trusted people who can **fully know you and fully accept you for who you are, regardless of your mistakes.**

Make the commitment to yourself that **recovery is for you and you alone** and that commitment involves **rigorous transparency and honesty** with yourself and others.

Resources

Unwanted - Jay Stringer

The Body Keeps The Score - Bessel Van Der Kolk

No Bad Parts - Richard Schwartz

7 Desires of the Heart - Mark and Debra Laaser

The Myth of Normal - Gabor Mate

The PolyVagal Theory - Stephen Porges

Waking the Tiger - Peter Levine

Healing the Wounds of Sexual Addiction - Mark Laaser

Out of the Shadows - Patrick Carnes

Facing the Shadows - Patrick Carnes

How to Avoid Falling in Love with a Jerk - John Van Epp

Covenant Eyes - Porn Stats: Examining the Impact of Porn 2025

Thanks!

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