Healing the Wounds of Sexual Addiction  By Dr. Mark R. Laaser

Review by Stephen Henderson

Summary of Healing the Wounds of Sexual Addiction

Dr. Laaser writes a fantastic commentary on those struggling with sexual addiction in any way—with the addiction itself, with someone who is struggling with this addiction, and those who don’t think it should be considered an addiction. The information provided in the first chapter begins to build a case throughout the book that addiction is “about trying to control behaviors—and failing. Just like alcoholics, sex addicts tell themselves they can quit tomorrow if they want to. They like to think they are in control, but they are not” (Laaser, 2004, p. 24). Sexual expression—through fantasy, pornography, masturbation, or sexual acts—becomes the individual’s coping mechanism for dealing with stress, hurt, and a variety of other emotions. This re-circuits (even releasing chemicals in the brain that individuals become dependent upon as well) the brain which leads to dependency on this coping mechanism, which triggers the addiction.

One would do well to realize that sex and human sexuality are indeed gifts from God, but can be grossly misused. The prevalence of sexual addiction is difficult to ascertain; however, we know that sexual sin is rampant in the church. Experts suggest that about 10% of Christians in the
United States are sexually addicted. One study stated that 67% of all Christian men have looked at pornography and in another 40% of pastors (Laaser, 2004, p.15).

To help determine if one uses sexual expression in addictive ways, one should find the reason for sexual expression. If one uses sexual expression to gain intimacy—closer more open relationship—then they are living out healthy sexuality. If one uses sexual expression to escape from intimacy they are exhibiting traits of sexual addiction (Laaser, 2004, p.26).

There are various building blocks of sexual addiction that Laaser addresses: sexual fantasy, pornography, and masturbation. These develop a cycle in the addict’s life that is relived over and over. Sexual fantasy excites the individual (producing adrenaline, neuro-chemicals, and chatecholamines which have narcotic-like effects) that facilitate the human sexual response. Pornographic materials, defined as anything that elicits sexual fantasy and response, feed the appetite of the sexual addict which spurs on sexual response. The addict will then gratify the appetite through masturbation. This sexual response progresses with every sexual response of the sexual addict—sexual partner, cyber-sex, prostitution, exhibitionism and voyeurism, indecent liberties, obscene phone calls, bestiality, rape, incest, and child molestation as described in the third chapter of the book (Laaser, 2004).
The sex addict usually has a poor self-image, often related to some type of childhood abuse. To escape these negative feelings, the addict seeks sexual expression to assist with mood alteration. Sex addicts tend to feel entitled to what they want, seek, or feel. This kind of life often becomes unmanageable and efforts to control things fail. This often when a sex addict will seek help, but is met with comments that discourage the support and assistance they need. The sex addict will often be in denial about the problem, even deluding themselves with various rationalizations of their behaviors. Through the process of addiction the addict needs a greater and greater high due to the law of diminishing returns, so the individual seeks out more illicit encounters to achieve the high they once enjoyed. Sex addicts, like many addicts, have blackouts where they don’t know what they have done or where they are. The sex addict will be ready to blame others and will experience many relational strains—this is often the result of the double life they are living by hiding their addiction and behaviors. Sex addicts often are addicted to other things as well.

Sexual addiction often begins with a feeling of shame. This shame, or other negative emotion, leads the person deeper in the cycle of addiction. The individual becomes preoccupied with all things of a sexual nature—often constantly making sexual jokes or adding sexual meanings to various words. This leads them into their ritual—a process that can take varied amounts of time that lead up the sexual expression. The sexual expression is called...
acting out, which leads the person to despair. In order to cope with despair, the addict seeks something to alter the mood, which is sex, and the addiction cycle spins on.

Many sex addicts come from families that are unhealthy. These families lack boundaries, either in the establishing of them or the honoring of those in place. Communication skills are often low and emotions are rarely talked about leading the members of the unhealthy family to believe that emotions are bad, therefore we do not feel. Blame is often directed at others, so as to deflect responsibility and minimize the problems. Individuals in the family often take on different roles described in chapter five—the hero, scapegoat, mascot, lost child, doer, enabler, princess or prince, and saint (Laaser, 2004, p.83-86). These roles change over time and may be combined. Through the dysfunctional family, individuals experience emotional, physical, sexual, cultural, and/or spiritual abuse. These wounds cut deep and facilitate the low self-esteem and ill-equipped coping strategies. These unhealthy coping strategies make them prime candidates for addiction—escape from negative emotions.

**Intervention: How to Help**

With sexual addiction being a reality in our churches, communities, and families we must come to understand how to provide help and support to our loved ones. We must first understand the characteristics of the disease—there is a chemical dependency in sexual addiction. The individual
needs support to overcome inappropriate coping mechanisms and behaviors. For those who experience this, compassion and empathy must drive all assistance to any addicted individual. We must not make judgmental assumptions about the individual, but respond with the love and faithfulness that God has given us.

First the addict must determine to go on the journey. Laaser develops this understanding by asking if the individual wants to get well. This journey will be a difficult one, but it will also need to be a spiritual one—for with man this is impossible, but with God all things are possible (Mt. 19:26)! Through this spiritual journey the sex addict will be required to die to the old sinful habits (the sinful self) and rise to new life in Christ (the new self). To do this accountability must be established. Laaser depicts accountability in the context of the first four chapters of Nehemiah—begin in sadness and brokenness, confess and repent, honestly express feelings and needs, practice in the strength of groups, take one day at a time, eliminate waste and filth, start close to home, use times of strength to prepare for times of weakness, build something new in addition to defending against attacks, and serve others (Laaser, 2004, p.126-131).

This will indeed be a process, not a onetime event. The addict, and those supporting, will need to understand the process of change. Establishing boundaries, accountability, and channels for confession and absolution will be extremely important for the process.
If the sex addict must be confronted in order to come to terms with their need for help and come to an awareness of their problem, Laaser outlines guides for individual and group addictions that are based upon the Biblical model of discipline recorded in the Gospel of Matthew chapter eighteen (See Appendix A). Treatment of sexual addiction targets the building blocks of sexual addiction—healing shame, stopping fantasy, stopping rituals, stopping sexual behaviors (including a 90 day abstinence contract), and healing despair (In chapter ten, a detailed look at this process is laid forth—See Appendix B; Laaser, 2004, p.149).

Outcomes are often determined by the work put in by the addict. Ultimately the addict can recover from addiction. There are two terms in which are used to address this recovery progress which will have slips and relapses. The first, slips, include a single instance of acting out. The second, relapses, include a series of instances of acting out—this often happens about six to twelve months after recovery starts (Laaser, 2004, p.166).

For those who are in a marriage relationship, when marital fidelity has been compromised, should seek healing from the infidelity. This is also true for those who do proceed with a divorce. Healing is important for the individual’s ongoing relationships, and may well salvage a marriage that can continue to bring glory to God. This healing process is laid forth in chapter eleven by Dr. Laaser (See Appendix C).
The reality of sexual addiction is upon us, our relationships and our families. It is also inside the church. Pastors and priests have wounded the church deeply. Laaser concludes his book with comments on how to look for warning signs to protect one’s pastor and church as well as issues to facilitate healing in the wake of a sexual addict.

**Biblical Support**

Dr. Laaser uses several Biblical references in the book. The message and purpose for writing the book is borne out of his own journey from sexual addiction to celebrating recovery. In this, his faith is on full display for the reader. This book provides much in the way of Biblical support, but the most notable is his connection to the first for chapters of the book of Nehemiah which details the rebuilding of Jerusalem after it had been thoroughly destroyed. Many lives and relationships have been destroyed by sexual addiction, but they can be rebuilt by the power and people of God! Other references include the model for Christian discipline given in Matthew chapter eighteen, several references to proverbs, and John chapter four when Jesus meets the Samaritan woman at the well. The Biblical worldview, from which this book is written, makes the Christian reader at home while providing support in healing sexual addiction through the work and power of God.

**Resources**

**Conclusion**

*Healing the Wounds of Sexual Addiction* is a fantastic detailed look at sexual addiction with an eye upon moving the addict into recovery. It is a
bold call to society to protect our leaders, families, and marriages by placing sexual addiction in the mainstream of addiction in need of proper counseling and support. It also provides a glistening light of hope for those who find themselves or a loved one in the powerful grip of sexual addiction. There is hope and it can be found healing in the pages of this book!
Appendix A – (Laaser, 2004, p. 140-147)

One-to-One Intervention

Determine the purpose for confronting this individual
- Are you able to confront the addict with a spirit of love and gentleness?
- Are you in a codependent relationship with the addict?
- Is your own conscience clear in this area?
- Will you be able to follow through on the intervention?

“The goal of an intervention is to force the addict to seek help. Before initiating a conversation with the addict, find out where help is available and how to get it. Collect a list of phone numbers for counselors, treatment centers, and Twelve-Step fellowships. As part of the intervention, be prepared to drive the person to a counselor, or perhaps even offer to help pay for therapeutic help” (Laaser, 2004, p. 141).

Some Things to Say & Consider:
- “I Care about you, but I am concerned about some of your behaviors. By those I mean...[list the facts of the sexual acting out].”
- “It must be really lonely. You must be tired and frightened.”
- “You may be angry with me for bringing this up.”
- Don’t attempt to diagnose the problem
- Avoid judgmental comments such as “How could you do this?” or “Don’t you know better?”
- If the sex addict becomes defensive, you might say, “I’m not trying to judge you, and right now I don’t need you to defend your behaviors. I need you to listen to what I’m saying. I just want you to know how your behaviors have affected me.”
- State how you would like the individual’s behaviors to change in relationship to you
- Describe the consequences of their failure to change or observe the boundaries described (be prepared to follow through with these consequences)
- For a spouse, do not use divorce but separation
- Restate your love and concern for the individual and your commitment to helping and praying for them
- Do not argue with them or become defensive—remember, their anger or defensiveness has nothing to do with you but with their behaviors in and through the disease
Group Intervention

A group intervention should be done if an individual does not respond to the individual or previous group intervention.

**Group Moderator:** This person should be someone who is trained in leading groups, such as a pastor or counselor. One may need to look for a referral in the resources listed. This individual’s goal is to orchestrate the intervention in the most likely way that will result in the sex addict’s agreement to receive treatment.

**Group Participants:** The group should be composed of a wide range of participants—family, friends, co-workers (if appropriate)—who have an awareness of the addict’s problem. One would do well to be careful of those who are closely hurt by the addict, so that their anger and hurt doesn’t derail the intervention.

**Group Process:** The group should gather before the intervention to determine the flow of the event, ground rules and parameters for their communication, and set consequences for failure to comply. The intervention should be done by surprise, so as to ensure the addict’s arrival at the intervention. The group moderator runs the meeting, on each individual in sequence to read their prepared communication to the addict (this should be guided by the one-to-one guidelines given above). All participants must discipline themselves to follow through with the consequences stated in love for the addict.

**Family Dynamics:** Family dynamics will often come into play at the group intervention. Occasionally, family members will themselves deny some of the details that are addressed at the intervention. Interventions are highly emotional and participants should seek out support in preparation for the intervention (pastor or counselor) as well as after the intervention to help process the event.
Appendix B – (Laaser, 2004, p. 150-169)

5 Components of Treatment

Stopping Sexual Behaviors

- Establish an Abstinence Contract: A written statement of sexual abstinence for 90 days should be made and signed. Prolonged lack of sexual activity reverses the level of neuro-chemical tolerance addicts have built into their brains. An addict may experience symptoms of detoxification not unlike an alcoholic, though not as severe. Many struggle with the keeping the contract between day seven until fourteen. Abstinence also reverses the sex addict’s core belief that “sex is my most important need.” This is often best if negotiated with a pastor or counselor.

- Counseling: Support through counseling should be sought by all parties involved, but must be done by the sex addict to help ensure a strong building up of their new life.

- Medical Help: Sexual activity affects the body as well. The addict and sexual partners should be tested for sexual transmitted diseases, depression, anxiety, and various psychological disorders.

- Outpatient and Intensive Programs: These are available should the individual need them, and range from five-day workshops to weekend conferences for individuals and couples.

- Inpatient Treatment: These programs vary in length from two to five weeks and are often cost-prohibitive.

Stopping Rituals

- Identify Ritual Behaviors: This is often done with the support and guidance of support groups as addicts often do not know their ritual behaviors.

- Establish Roadblocks: Place roadblocks that will prevent the cycle from continuing—such as Internet filters and monitoring services, discontinuing subscriptions or Internet services. Establish healthy boundaries that will replace old rituals and serve as roadblocks for future temptation.

- Develop Healthy Emotional, Physical, and Spiritual Disciplines and Rituals: Using the same energy one had when preoccupied with their addiction, one should establish healthy “self-talk,” messages that daily remind themselves of the good things in their life. The old AA slogan says, “Fake it till you make it.” Building healthy relationships means making lists of people who
encourage and support the road to recovery and a list of those to avoid who make the addict feel ashamed. The addict should also incorporate spiritual disciplines—prayer, daily devotions, family devotions, regular worship, Bible study—into their daily life.

Stopping Fantasy
- Fantasy has Three Objectives: When an addict is feeling lonely, angry, sad, tired, anxious, or afraid their fantasies take over their thinking. Fantasies accomplish three objectives: distracting addicts from painful emotions, meeting addicts’ otherwise unmet desires and needs, and recasting addicts’ experiences of past abuse or hurt.
- Determine what Fantasies Symbolize: Determine what causes the pain and hurt for the addict so that healing may come.
- Get Needs Met in Healthy Ways

Healing Despair
- Sex addicts experience deep emotional and spiritual despair. They believe there is no hope, that life will never get better, and that, if there is a God, he doesn’t care.
- Despair forces addicts to face the facts—that their efforts are never effective, they need other people, and they need God.
- A gradual process of encouragement and self-affirmation diminishes feelings of despair and also begins to heal the addict’s sense of shame.

Healing Shame
- This should be done through group and individual counseling because addicts often learn about their hurt or abuse by watching and hearing other addicts

Additional Treatment Issues
- In the case of abuse, one should accept that the abuse happened and express appropriate anger about the abuse—don’t get lost in the anger, but use it to drive the grieving process. Grieve the loss that was experienced. Confront the abuser—this is often done through a letter that is not sent but sealed and saved. Practice forgiveness and find meaning in the pain.
- Relationships need to be strengthened, rebuilt, and restored.
- Address issues of codependency—addicts will experience a great deal of fear of losing a loved one, friends, and family. This often happens after a period has passed in the recovery, when the
codependent spouse begins to experience anger and hurt because of the addict’s behaviors and choices.

- Slips and Relapses often occur. Prepare for these in times of strength by establishing guards against complacency—addicts will often struggle when they believe they have finally reached recovery. Provide healthy ways to deal with painful feelings and weariness. Develop appropriate consequences for these slips and relapses before they happen.
- Develop a vision for the new live that is being build and strive to make the vision a reality.
Appendix C – (Laaser, 2004, p. 170-189)

Healing for Couples

Four Critical Issues in the Early Months of Healing

- Sexually addicted couples should attempt to stay together and heal the relationship. It may be appropriate to separate one’s self and family from the addict during the early healing stages. This should be done with the understanding of reconciliation—coming back together—as the healing journey progresses. Make note of the strength you have in relationship. A codependent person surrenders to and serves their partner out of weakness; a healthy partner surrenders to and serves out of strength.
- A spouse must join in this healing journey—they have hurts to heal too. Every spouse has a role in the sex addicts acting out which must be addressed for the healing journey to progress. The sex addict bears responsibility for their unhealthy behaviors, but the spouse is not without responsibility.
- EXERCISE: Daily prepare a list of “things you did today/week that were helpful to me or to our relationship.” Prepare a list of “things I did that were not helpful to you or our relationship.” Then exchange the lists and talk about where you can grow—listen to understand and not defend yourself.
- Confront any and all abuse. Four out of five sex addicts have been sexually abused; three out of every four have been physically abuse; and almost all of them have been emotionally abused. Dr. Carnes found that those married to sex addicts have virtually the same incidence of abuse!

Important Issues for the Ongoing Journey of Healing

- Strive toward intimacy through open communication based upon the commitment to love and accept one another fully. To build this kind of intimacy, couples need to talk about past sexual behaviors (a broad outline, not detailed accounts), learn how to have safe conversations about anger and resentment (prepare a safety contract that dictates how communication is to be expressed in healthy ways; list destructive fighting strategies, establish boundaries for healthy communication, establish a regular time to meet and practice healthy communication, and consequences and steps to take when boundaries are broken), and discover how to play together (many couples have forgotten how to have fun and play).
• Sexually addicted couples may experience issues along the healing process such as sexual dysfunction, impotence, inhibition, or premature ejaculation. Support for this is needed to heal the relationship. Each step in the healing process will bring the couple closer together and make for a healthier relationship. Intimacy should be deepened by expressing sexual likes and dislikes while providing affirmation and affection.

• The couple must deal with codependency issues. Jesus said we must be willing to lose our life in order to get it back, and the same is true of marriage. Surrendering our marriage to Christ, means we must be willing to live without it.

• Begin to understand what the ideal relationship is and strive to create that in the marriage. Make a list defining the ideal couple. Determine which of these are possible or reasonable and then strive to build a marriage based on realistic goals and worthy ideals.

• Be aware of reverting to old habits. New behaviors and healthy choices work better and produce healthy results, but they may “hurt” or feel uncomfortable. You will be tempted to revert back to old habits that will feel natural—remember, you know they do not work.

• Develop a plan to grow together spiritually. Begin reading couple’s devotions. Start attending worship regularly. Join a Bible study and a small group (if offered by your church).
Reference