

Together AZ



JULY 2015

Inspiring Success on the Road to Recovery

Numbing the Pain

By Cristine Toel, MA, LAC, S-PSB

Sex Addiction: An Ineffective Painkiller

As a therapist at Psychological Counseling Services (PCS) in Scottsdale, I see clients from all over the country who share the ineffective practice of numbing emotional pain with sex addiction. They come to PCS for our Intensive Outpatient Program (IOP), and at intake report a common theme – I don’t like what I’m doing, but I can’t stop it, because nothing else works to soothe anxiety, depression, stress, fear, anger – nothing else works to soothe the pain.

As we sit across each other establishing goals for the week, I feel the heaviness of the pain inside them. I can feel the frustration of the theme that runs through their body and mind; the theme of failure, loneliness, and loss. I begin to type in their words, “get sober from sex addiction,” “prevent future relapses,” or “learn healthier ways to cope.” Sometimes I can see a part of them wanting to snatch the words back, like Linus fighting Lucy for his blanket.

Sometimes I see another part, a deeper part, who has done it long enough to know that what was supposed to numb the pain is only making the pain worse. That part has tallied the losses; the marriages, the jobs, and the friends. That part wants to shred the blanket in a million pieces and for good.

Clients will often explain that sex addiction isn’t like alcohol or drugs — it’s not like you can just avoid the liquor aisle at the grocery store, or the bar, or the friends you used to do drugs with. Sex and sexual triggers are everywhere. Clients talk about the difficulties of going to malls where they face women in underwear with wings on their backs, and half-naked teens in sepia-toned ads on the storefronts where their kids want to buy blue jeans. Another overwhelming narrative from clients in terms of escalation or relapse involves the internet.

Since the early 1990’s, internet pornography has redefined the culture by creating a readiness aspect to sexual content that didn’t exist before. As of 2015, the amount of content, including chat rooms, webcam sites providing live encounters, and downloadable apps (*the list is endless*) with access to casual sex, has exploded, making it difficult for addicts to establish, much less maintain sobriety.

Seeking Real Intimacy

People have trouble hearing the word “sex addiction” without grimacing at the term. The public perception is that the individual is more of an ass**** than an addict.

Internally, I see something different. I see individuals who long to connect, yet fear vulnerability and the risk it takes for healthy intimacy. Typically they have a history of abuse, abandonment, and/or neglect — and have difficulty trusting that a significant other won’t rep-



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licate what has occurred in their past. Sex can “feel” like intimacy, which makes it easy for the addict to believe he or she is connecting to another human being.

Real intimacy, however, involves the richness of building history with a partner, working through struggles and hardship together, and experiencing joy. “Faux” intimacy catches up when the connection only reinforces the loneliness and emptiness the individual had at the start. It’s a “cheap solution,” and the addict on some level knows this.

The pattern that typically plays out in the sex addiction cycle, involves numbing the pain through the sexual act, feeling shame and self-loathing for “acting out,” followed by a period of attempting to resist the behavior. The point of no return is different for every client. It can be the moment when yet another affair is discovered by the addict’s significant other, it can be the moment a boss discovers pornography on an addict’s work computer, or it can be the addict saying *no more*.

While the preference would be the addict initiating treatment rather than an external forcing it, there is at least an opportunity for the addict to do life differently when he or she enters therapy.

For *Wayne, *Tom, *Jason and *Karen, their reasons for signing up for an IOP at PCS varied. Wayne had been sober from alcohol for 25 years, and then started having affairs a year into his second marriage. He “got caught” a year ago, and since then has kept relapsing. He would say that his wife was the reason he sought

treatment; however, he admitted he had never felt peace in his entire life, and needed to know what that felt like before he died.

Karen was similar to Wayne in that she had been sober from alcohol for over 20 years, but lost her sobriety from sexual addiction four weeks prior to coming to PCS. She and her husband almost divorced three years ago, and he told her if she relapsed that would be it. After her relapse, he struggled to pull the trigger on the marriage. He listened as she described her desire to go deeper in her therapy, in order to get to the root of her behaviors, and decided to give the marriage a chance.

Jason entered therapy after his girlfriend broke up with him. He had spent most of his teenage years isolating and using pornography and masturbation to cope with the pressures of growing up. Now in his early-20’s he reported his life was going nowhere and he didn’t know how to stop. All three had resistances to therapy, but deep-down wanted to change.

Tom was a different story. He entered therapy to try and end his fourth affair, saying, “I’m in love with this girl, but I don’t know. Maybe I need to let her go and try and love my wife. I don’t really want to, but my wife wants me to try, so here I am.”

Wayne (age 55): Married, father of 2 adult children

When I met with Wayne for our second session, he shuffled around the couch and told me he was pissed at my colleague he named, “Alligator Shoes.” I tried

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(Individuals pictured are models used for illustrative purposes only.)

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to track his grievances, but by then he had moved on to wanting to punch yet another of my co-workers. It appeared he had been called on the carpet for flirting with a female visiting professional by buying her a box of cookies. In his view, he was merely saying, "thank you," for an affirmation she offered him after one of his sessions. His therapeutic team, however, noticed a trend in the behavior, which linked to his tendency to groom women "innocently" before embarking onto a less innocent sexual encounter. In fact, his list of encounters were several pages long, and some involved unprotected sex, which was a health hazard to himself and his wife who had spent years trying to love him. He told me he was ready to run right now. I told him he could run anytime. I honestly didn't want him to run, but I had to give him the opportunity. I had to allow him to make the choice of recovery for himself. He then spat out, "Well then you're going to have to change my schedule. I can't meet with any female therapists alone, because I guess I can't be trusted." I let him know that I thought he might benefit more from learning how to cope with the anxiety of being around female therapists and learning how to resist seeking affirmation from them. I then remembered his referring therapist sharing that Wayne was a "runner" and an "avoider," and he wouldn't be surprised if he left. Wayne took some deep breaths and this time he stayed.

Karen (age 37): Married mother of 3 children (ages 9-15)

Karen was introduced to sex by an older male cousin at the age of 10. He brought her to his friends and per her report, they "messed around" with her. She had difficulty seeing that as abuse, because in her view, she enjoyed the feeling of being touched. She described a household where her father held a gun to her mother's head in front of her and her siblings. She also recalled several instances of her father beating her mother, and seeing her mother taken to the hospital. For Karen, sex became the one thing in her young life that felt good. She

used masturbation to calm herself down, to relieve fear and tension, and to escape the turmoil in her household. Masturbation also allowed Karen to take control in an environment where she had none.

As she grew into her teenage years, sex was a way to feel attractive and popular. She continued using sex for attention and comfort well into her 20's and 30's. Compounded with alcohol, she crossed the line at work, and lost several jobs as a result. While part of her longed to have the simplicity of deep intimacy with her spouse and stability for her children, Karen had difficulty coping with her even deeper feeling of worthlessness.

In Psychodrama Group therapy, Karen volunteered to play the protagonist and worked on the scene where her father held a gun to her mother's head. She realized for the first time, how painful her childhood really was, and admitted she felt suicidal most of her life. She expressed fear that if she allowed herself to begin feeling this pain, that it would somehow swallow her whole, and she wouldn't survive it. After all, she had spent years "keeping it together" by telling herself it wasn't that bad, and then soothing the pain with sex. At that moment, she wanted to go back and stop feeling, but at the same time, she knew there was so much more.

Jason (age 23): single with a girlfriend

Jason's family system was infiltrated with a long list of high-achieving, outwardly successful grandparents, parents, and siblings. As the youngest of 7 children, he felt his "competition" was near-impossible to beat. Doctors, lawyers, business owners — all the outward signs of success. His parents were well into their 40's when he was born, and the bigger part of him felt as if he was an after-thought in life. By his own admission, he believed he was spoiled and entitled, and since there was not much demanded of him, Jason felt there was likely not much expected of him either. When he was 12, he recalled hanging out with a friend who discovered his father's stash of Playboy magazines and hid them

in the back of his house. That was Jason's introduction to what would become a pattern of using pornography and masturbation to ease his fears and escape from the pressures of reaching a bar of expectation he felt he had no chance of achieving. As he worked on his family Genogram, he realized that while his family was outwardly successful, they lacked emotional availability and connection. For the first time he began to challenge the definition of success.

Tom (age 46): Married father of 4 kids (ages 6-18).

Tom finished up a text as we began session, and then handed his phone to me and said, "Isn't she beautiful?" His wife had accompanied him from the West Coast, and while not doing the program herself, decided to be with her husband during his IOP. She was sitting in the lobby reading a book, as her husband shared a photo of his affair partner. I attempted to begin a Trauma Egg with Tom, which comes from the work of Marilyn Murray (PCS Consultant) and helps the client organize significant disturbing events in their lives, uncovering how they felt, how they coped, what message they internalized, and what they needed or wanted instead. It's an effective tool designed to uncover the underlying causes of addictive behaviors. Tom stated he had no memory of his childhood, but was able to recall current turmoil with his father, as they ran a business together.

His face reddened as he described the ways in which his father belittles him and undermines him in business. He angrily relayed how his father will take money from the business, and then deny ever doing it. When I asked him how he dealt with it, he explained that he has tried to talk to his father, but nothing changes. When we looked at ways he could communicate and set boundaries with his father, Tom laughed, "There's nothing I can do. I just have to deal with it." Tom felt powerless in his relationship with his father, yet powerful in his ability to have affairs. In that realm, no one told him how it was

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going to be. When Tom was asked to consider how his wife pays the price for that dynamic, he acknowledged the possibility, but in all honesty didn't want to change it. He was hoping we could figure out a way to teach his wife to stop complaining.

PCS Intensive Process:

The IOP at PCS is unique in that it offers 30 hours of individual therapy, along with 20 hours of group therapy, including Psychodrama, Equine, Compulsivity, Codependency, Mindfulness, Communication, Adult Play therapy, called, "Get Real Group," Anger and Forgiveness, and more. The design allows the client to begin to uncover on a deep level the origins of their emotional pain. Clients have the ability to process shame and trauma through experiential therapies, such as Eye Movement Desensitization and Reprocessing (EMDR) and Psychodrama, while also practically addressing their offense cycle (looking at patterns in offending behaviors), their tools to avoid relapse, and ways they will set up a healthy, balanced life. The client has more opportunity to go deep, as his or her sessions tend to build on one another and allow for greater momentum in their therapeutic work. For some clients, this shift occurs in a one-week IOP. For others, they experience greater reward in a two-week IOP.

Progress Notes:

Wayne: Wayne stayed for two weeks individually, and then decided to do a couples' intensive with his wife for an additional week. The man who was ready to run on day 3 of his first week was breathing differently on the last day of his third week. They both wanted to process the pain of his last affair, an affair that endured longer than other encounters, and continued to burn inside his wife. As she processed with EMDR, he witnessed her grief. He was able to be present as she expressed her sadness and built empathy for her during the process. They both felt like they got to a place of deep intimacy, and Wayne felt the peace he had longed for.

Karen: Karen learned how to conquer the heaviness of her shame and feelings of worthlessness, by continuing to share her story with her group. This process allowed her to demystify what she previously deemed shameful and humiliating. Instead of judging her, the group acknowledged her pain, and allowed her to feel for the first time that she was human, just like them. Instead of hiding in shame, Karen began to own her shortcomings from a healthy adult perspective. She had a long road ahead in repairing her relationship, but felt hopeful at the prospect.

Jason: Jason learned healthy tools to help him cope with pressure and anxiety, and achieved a level of sobriety

for some time. He began extending himself socially, and felt less isolated and withdrawn. His girlfriend had been on the fence since he began treatment, and a few months after his IOP she ended their relationship. He managed it initially, but loneliness prompted a relapse in his pornography use. He stayed in therapy and was able to successfully recover from the relapse. Through the growth and the life experience, he realized adult life is going to involve struggle, loss, and pain. For the first time, he felt ready to challenge himself to stay sober during the next inevitable disappointment.

Tom: Tom decided to go against the encouragement of his therapeutic team and continued to contact the "beautiful woman" whose pictures filled his phone. On his last day, he expressed disappointment that he felt the same; he had difficulty connecting how his decision to maintain the problematic behavior was likely the cause. The shift that did occur involved his wife. Tom went back to the West Coast, while his wife stayed and did her own IOP. She had a difficult time facing the reality of her situation; however, she allowed herself to feel the pain, and in doing so, left PCS with the feeling of empowerment and serenity.

In the end, Wayne, Karen, Jason, and many more clients, began to learn that the best painkiller is to learn how to sit with the pain, face it, and work through it. Soothing it with sex addiction ensures the singular guarantee of more pain.

**Clients names and information have been changed in order to protect their confidentiality.*

— ABOUT PCS —

Psychological Counseling Services (PCS) is a group practice located in Scottsdale, AZ with over 40 years of experience offering high quality outpatient and intensive outpatient treatment options incorporating a treatment methodology, focused on the specific needs of the client, utilizing a staff of over 25 therapists. The PCS IOP model is a great option for clients needing additional work beyond their weekly appointment suffering from trauma, addictions, depression, anxiety, relational problems, intimacy issues, and narcissism just to name a few. Call and speak to one of our intake specialists for further details or to schedule, 480-947-5739.

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Cristine is a Licensed Associate Counselor (LAC) in the State of Arizona, under the direct supervision of Dr. Marcus R. Earle. She received her Master's in Professional Counseling from Argosy University, and graduated with honors from Rockhurst University, in Kansas City, Missouri.

She is currently EMDR-trained, and a member of the ongoing Psychodrama Training Group through the Arizona Psychodrama Institute. She also completed Advanced Training in Problematic Sexual Behavior from the Society for the Advancement of Sexual Health (SASH) in 2013.

Cristine has worked with clients who have survived childhood abuse, adult children of alcoholics, those who struggle with addiction, and their effected family members. She has experience working with clients who encounter divorce, career change, remarriage, blended family concerns, parenting, and step-parenting.

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