Cognitive-Behavioral (CogB) Treatment of Unwanted Sexual Arousal and Behavior

Philip M. Sutton, Ph.D., LMFT, LCSW, LP

I. Use of the Schwartz 4-Step Program for Treating Impulse-Control Disorders

The Schwartz (1996) *Four- Step Self-Treatment Method* originally was designed and has been shown effective for treating obsessive-compulsive disorder (OCD). Schwartz also discusses how to use this approach to treat "impulse-control disorders." A prior discussion of this clinical application of the Schwartz Four-Step Program was given by Dean Byrd at the 2002 NARTH Convention- see references.

In Chapter 7 of *Brain Lock*: "The Four Steps and Other Disorders," Schwartz (1996) discusses how "this Four-Step method" may be used "in the treatment of eating disorders and other types of impulse control disorders (ICD) like pathological gambling, drug and alcohol abuse, and compulsive sexual behavior" (p. 182). He reasons that "other common conditions" such as these also may be treated the same way because "as with OCD, the serotonin circuits"- which are amenable to change using the Four-Steps- "seem to be involved" (p. 182; cf. Schwartz & Begley, 2003). The use of the Four-Steps to treat unwanted SSA reasonably may occur under the following conditions.

- Initially, ICD's reflect more **positive-reinforcement** (i.e., acting so leads to pleasurable or pleasant experiences, which are primary reinforcing properties) than **negative-reinforcement** (i.e., acting in order to escape or avoid painful or unpleasant experiences.) "Many people with these problems genuinely enjoy certain aspects of the(ir) pathological behaviors …(and) can be induced to work and exert effort to attain food, sex or drugs" because doing so "cause(s) pleasant feelings" (p. 183).

- In the beginning, ICD's tend to be ***ego-syntonic***. People with impulse-disorders may find it more difficult to perceive or otherwise experience them as unwanted or "genuinely **ego-dystonic**" (p. 183).

- Relabeling and reattributing are more difficult. People with ICD's must work harder to **clarify** 1) **the purpose of** or **the role** these behaviors play in their lives and 2) **how genuinely motivated** they are to stop behaving so and to forgo the pleasurable/pleasant experiences.

- "The key factor that determines how applicable the Four Steps are to the problems of impulse control is the degree to which the person with the problem is able to **separate** his or her own **self-concept from the behavior** that is causing the difficulties" (p. 184).
- Stopping requires both realizing and being able to think and say: "**It's not me**- **it's just my inappropriate urge!**"

    - Understand how, just like in OCD, **emotional factors may play a large role** in perpetuating ICD's. For example, with OCD it is important to recognize that OCD is "a family disorder." Commonly, part of the OCD urge "is related to an emotional need to

avoid intimate interpersonal relationships and unwanted personal responsibilities" (p. 185).

- People with ICD's must increasingly perceive and understand **"the difference between who they really *are* …and *want* to be** and **the urge;** …between **who they are** and **what that urge** to act in an impulsive manner **is**" (p. 185).

- Being able to see this difference **may "require traditional, emotionally related psychotherapy**" (p. 185).

- "There is a greater need for "**willpower**" in overcoming the unwanted, impulsive urge (p. 184).

  - The significant role played by "brain biochemistry" in these "inappropriate urges… in no way decreases the amount of **personal responsibility**" the struggler must exercise in dealing with them (p. 185).

  - Painful messages from the brain do not decrease one's "responsibility for **coping with the problem in a healthy manner** and **performing functional** rather than destructive **behaviors**" (p. 185).

- Using the Relabel and Reattribute Steps enables one to **look honestly** into one's own "**motives"** behind the unwanted urges and behaviors and one's "**goals for the future.**" This allows one to work to **separate one's emotional life from one's impulsive urges and behaviors** through and in order to create "an adaptive armamentarium of healthy behaviors" on which to Refocus (p. 186).

- "The Impartial Spectator (**mindful self-awareness**) is all about*: trying to observe your own behavior as if you were observing the behavior of another* (p. 185). …The stronger your Impartial Spectator becomes, the more readily you are able to **Refocus your attention** and **change your behaviors** to something more functional and healthy" (p. 186). "Mindful awareness is your best ally in fending off [automatic, controlling] unwanted destructive behaviors" (p. 187).

II. Some Adaptations of CogB Interventions in Clinical Practice

Get **REAL (Schwartz,** 1997)

1) ***R****ealize*- be(come) aware of- what you are *experiencing* or *doing*.
2) ***E****valuate*- (re-)label and (re-) attribute: "It's not me- (or "it's not just my lust," etc.), I'm ASPHALTED!" (cf. *Have I been ASPHALTED,* by Phil Sutton)
3) ***A****lternativ****e A****ction*- Do *anything* else*,* ideally something that eases being ASPHALTED!
4) ***L****earn*- what the unwanted habit *means*- what (else) does this compulsive behavior get me? What would stopping cost me? What are better ways for satisfying this need?

Have I been ASPHALTED! (cf. *Have I been ASPHALTED?* Handout)

Am I (getting) WUHHS ?

- **Worthless**
- **Useless**
- **Helpless**
- **Hopeless**
- **Shameful**
- **So(a)lo(ne)**

Accept the *4 Question Challenge*:

1) *What* am I feeling (and *what else* do I feel)?
2) *Why (what* leads me to feel this way)?
3) What *can* I do about it?
4) What *will* I do?

Other Useful Questions:

1) Is this about: *Here and Now* and/or *There and Then*?
2) *So*, What if…? Or Else, *What*…?
3) *What* is the evidence? *What* do I see/hear/sense?
4) Is this a *Both*/*And*? Am I *describing* and *criticizing* myself for what I feel/felt, perceive/ perceived, or am doing/did? Could my *description* be accurate, but not my *criticism*?

***Game* Advice for People of Faith** (from Dallas, 2005)

Make a *reality check*: First write in one's *journal*, and then ***daily and PRN***, *say out loud:*

1. My name.
2. The names of the people most important to me (including and especially my *Pauls, Barnabases, and Timothys).*
3. My life responsibilities, vocation(s), ministries, work, at risk of harm from my unchastity.

Separate oneself from *behaviors* or *occasions* of unchastity:

1. *Daily and PRN* (i.e., as needed): Prayerfully renounce a sinful behavior, recommit to abstaining from it, and pray for the strength to keep the commitment.
2. Take *immediate* action by doing something (virtually anything) different.
3. Take *preventive* action by removing/minimizing future access (to PPT or Play-grounds/mates/things) and through *accountabilit*y (a "Paul" & a "Barnabas".)
4. Meet or resolve the ASPHALTED needs which stimulate some temptations.

Resist *visual* triggers:

1. Notice *yourself* noticing the trigger.
2. ***Shift eyes*** *to any safe (nonarousing) object or person (within "**3 seconds (rule)**"!*
3. Breathe deeply (relax) and recite a Scripture text or favorite (brief) prayer, e.g.:
   "I have made a covenant with my eyes (Job 31:1)."
   "Lord, I offer you my body as a living sacrifice of praise (Romans 12: 1)."
   "Lord, You are my strength and my shield (Psalm 28:7)!"
4. Resume or begin doing anything else- something "worthwhile" if possible.

Be aware of avoid or deal with *historical* and *immediate* sources of temptation:

1. *Physical:* attractive or flirtatious people, provocative media images, suggestive song lyrics or story lines, former partners in unchastity, immodest talk.
2. *Internal*: fantasies, memories, dreams, attractions, "negative" (ASPHALTED) moods, emotional wounds, leftover feelings.
3. *Spiritual:* (self/other/demonic) accusations, discord, condemnation, deceit, seduction.

Book References:

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Philip M. Sutton, Ph.D.
SuttonPhilip@gmail.com