

Errors of pastoral workers and Christian Counsellors who counsel those with sex addiction behaviors

The treatment of sex & love addiction is a specialized area of therapy and a high level of knowledge and competency is expected of those seeking to help clients negotiate this terrain; otherwise further damage can be done. This is an area where church members are perhaps the most unforgiving. Sex addiction is just not understood and so compassion and empathy can be lacking. There is a sense of having brought it upon self and is excess sex gone wrong and out of control, causing betrayal to others. Moral outrage yields no place of refuge for those who dear to seek help and so are forced to suffer silently and the inevitable exposure is what brings them to the fore, by which time major damage has been done to self and others.

There can be a misguided juxtapositioning of sex addiction behaviours as including paedophilia and with that can be an inappropriate heavy-handed approach to protect perceived vulnerable children. That can unhelpfully endorse the misguided view of a female partner, who wrongly reacts to protect the children from perceived abuse.

The clergy is expected to uphold the highest level of sexual purity (in the ministry) have few places to rest their head when issues come out about their behaviours. Treble jeopardy means loss of position, ministry, career, manse, standing in the church, community, income and a lot lot more. How then does a partner who knows of the behaviours, confide in anyone? It is simply far too risky and dangerous to the household.

The fact is that sex addiction behaviours are very prevalent in Christian circles, the Ministry and those within Churches' head offices. It is prevalent in the pews and pulpit alike. Why? It is not about sex. It is a behaviour trait and practices learned (not always sexual at that point) from childhood and triggered at puberty, adolescent or adulthood, as a coping tragedy. It is used to soothe away and make better (albeit temporarily), the excess of life's intolerable feelings. It is a maladaptive strategy which the brain gravitates toward, but has its roots in childhood.

The terrain which can trigger and activates the dormant potential behaviours are readily apparent when, for instance we take a glance at the clergy; giving out daily, with perhaps insufficient coming back in; week after week, month after month, year after year; carrying others deepest confidences and using no outlets in the form of supervision (informal or formal) where they can take their own stuff. They take solace for their feelings in the sex addiction behaviours. The brain (which gets a high from the activity) uses cognitive distortions to justify, normalise, transfer blame, deny, minimise, rationalise and magnify entitlement.

The sex addiction therapist knows well that any therapy MUST include a partner. A partner (whether a husband or more usually a wife) will have suffered trauma when finding out about the behaviours. The partner also needs care and attention in their recovery journey. Sadly, so often little or no attention is given to a partner of a sex addict. Their trauma (of learning about the behaviours) are further heightened as they see the addict spending the family budget on therapy, getting all the attention and help and yet the addict was the cause of the relationship trauma.

Sexual sin is regarded as the worst sin and such individuals are often shunned in a very subtle Christian way. Forgiveness is voiced, but not experienced in reality in many Christian circles. Grace from onlookers can be very far away for the person with sex addiction behaviours, particularly for those in senior or leadership roles where the standards expected are much higher.

That keeps the lid on any thoughts of confiding and sharing each other's burdens. The addiction behaviour unwittingly, is enabled and empowered to thrive in that environment of shame.

Female sex & love addicts are likely to be judged more harshly than males. There must be something more fundamentally flawed in a woman who behaves in this way. She cannot deserve to have children in her household.

Not recognising the concept of co-addiction and working with it at the right time can alienate and place greater levels of guilt and unhealthy shame upon the partner. Unhealthy shame and guilt are the very traits that hold the sex addiction behaviours in place.

The addiction may have been unwittingly maintained by the system in which each party lived life and behaved one toward the other. A female partner may try harder to become more sexual so that the addict does not need or want to look outside the relationship. It is her attempt to fight back for her husband. Implicit in her attempt is the reasoning that she must have unwittingly contributed to him developing the behavior. Therefore her availability for more sex and more adventurous "Ann Summers" gadget sex will cure him. That it is deeply flawed and sets her up for another betrayal and trauma.

To encourage her to monitor his behavior is to further damage her self-esteem, respect and integrity – which are already low. What these activities will do is to bolster up, enhance and maintain any co-dependency. Setting up a wife to become the husband's accountability partner is unhelpful. It changes the relationship dynamic in an adverse way. The female partner is cast into the parent role and the male addict is the child. The potential for her to be re-traumatized is very real.

Viewing the behaviours through only a religious lens may mean the focus for help is based on "sexual sin". That may mean adopting a stance whereby all sexual sin should be dealt with in a particular way, involving confession, repentance, abstinence. Sex addiction behavior is a repetitive, long-term habit and will not just go away.

Treating the behaviours as open to a spiritual resolve only and not acknowledge the role that the cognitive, emotional and neurochemical aspects play in servicing the addiction can set the addict up for much distress and repeated relapse. Account must be taken of the effects of neurochemicals impacting the brain. They are as potent as illegal drugs in the body. CBT – resulting in changing cognition in order to change behaviour practices is also required.

A psychodynamic journey into the role the family of origin and upbringing played, may be seen as opening up an otherwise closed and no-go area in a person's life because of past forgiveness and closure. It may be seen as dishonouring to father and mother to raise any implicit criticism about the role parents played in the early childhood nurturing stage and therefore an understanding of the crucial "purpose and function" which the addiction plays, can be missed. Unrecognised and untreated, the function and purpose may be fulfilled through the back door by gravitating to a different type of compulsion and addiction activity.

Prescribed medication may be a causative adverse effect, which is easily ignored. Attendance at a 12 steps program may be seen as something to be avoided and may deny the person what could be a very significant support and necessary group therapy. At its core, a 12 steps programme

recognises the need for personal responsibility, repentance, transformation and acknowledgement of someone bigger than self.

After the revelation, it is wise to look at the continued sexual expression in the couple relationship. New boundaries may be required for a period (and thereby restrict the availability of sexual expression within the couple relationship). Many may be hesitant to put in place such tighter boundaries and stopping the sexual contact between a man and his wife, for fear of doing something contrary to Biblical teaching. Yet that is what may be necessary – for a season.

The full extent of the acting out may not yet be known. The addict may have contracted a sexually transmitted infection. Without prior testing, the partner is exposed. Abstinence for a season is a wise precaution.

Divorcing the sinful husband and moving on, leaves unresolved any co-dependency traits in her and will likely raise its head again in a future relationship. The counsellor unwittingly colludes with the disease to keep it in place in both of them.

An inner healing type courses can be effective in breaking iniquity and not just sin and set the captive free in an instance without counselling. The Holy Spirit can and does work in that way, thus making therapy redundant. That is the best treatment!

There are times when the Holy Spirit does not perform an instant miracle in some peoples lives and there is a need for them to go through a process; a process of therapy for their healing. It is nonetheless healing in every way, in the hands of a well-trained competent sex addiction therapist. It will mean longer term therapy and coming to terms with incremental change.

Those treating the condition must come up to a high level. Regrettably, there is plenty of work and it need not be kept in the hands of a small few; but like any good professional therapy practice, ensure as a minimum, no damage is done when working in this field.

Gary McFarlane

Written 2015

Gary McFarlane BA, LLM

Gary is a Relate trained and experienced Relationship counsellor, Mediator and undertakes Sex Therapy & Sex Addiction treatment all of which are undertaken by Skype, telephone and face to face with clients from all parts of the country. He is also a member of BACP and the Association for the Treatment of Sexual Addiction & Compulsivity (atsac), where he is listed in the "Find a therapist" for Sex Addiction, Compulsivity and Love Addiction. He practices EMDR (Eye Movement desensitization Reprocessing) for processing Trauma, Phobias and other issues.

*He is author of **The Art of Loving** and **Song of Solomon for Lovers**, both available on Amazon and Google books.*

He runs group sessions for female partners of men with sex addiction behaviours and Men's Kairos Recovery Changement Programme (in groups) online and face to face at The Kairos Centre.

He recognizes that Sex Addiction & Compulsivity is an issue within Churches and for Ministers and the need for high levels of confidentiality and work to re-engage those with past indiscretion, back into ministry.

CONTACT:

Gary McFarlane
The Kairos Centre
www.kairos-centre.com

Tel: 0786 609 7247