Brief Report

Sexual Addiction: Seen Through the Eyes of Trauma Firefighters as Facilitators of Reenactment

Maggie Waldron, M.A.[1]

Abstract

The purpose of this article is to explore the use of *Internal Family Systems therapy with those* who *struggle with sexual addiction, and to share observations about how firefighters often serve in some form as re-enactors of the trauma held by exiles. Is the firefighter's purpose to find a* way *of expressing trauma in code while looking for a resolution without having to expose the most vulnerable exiles?*

The second purpose is to share a technique called "The Box", which has been utilized in group therapy for sex addicts. This technique quickly assists individuals to identify their managers, firefighters, and exiles in a nonverbal, concrete, and symbolic Self expression. These are then shared with other members of the group.

Patrick Carnes pioneered the field of sexual addiction. He defines it as a "pathological relationship with a mood altering experience" (Carnes, 1992). Mark Schwartz (1999) of the Masters and Johnson Clinic in Missouri suggests that "we rename sexual addiction to reflect not its symptomatic manifestation of sexual compulsivity, but rather the roots of its origin: an attachment or intimacy disorder." He goes on to write that "sexual compulsion is the end point of developmental events that begin in early attachment difficulties with caretakers and subsequent overwhelming experiences the child is unable to handle." Carnes surveyed 233 men and 57 women who had spent five years in recovery. 97% reported being emotionally abused in their lives, 81% reported being sexually abused, and 72% reported being physically abused (Carnes, 1991). This disorder is clearly trauma based.

Having worked with both survivors of sexual abuse and sex addicts I repeatedly observe the phenomena of re-enactment. This may take the form of PTSD symptoms, incest survivors who are later raped or marry abusive spouses, or a sex addict whose specific fantasies or forms of acting out have within them encoded cues of earlier trauma. In Judith Herman's (1991) book *"Trauma and Recovery"* she writes, "The symptoms of PTSD simultaneously conceal and reveal their origins. They speak in a disguised language of secrets too terrible for words."

So why is this concept of re-enactment important? If we can learn to interpret it, it may assist in the retrieval of memory, which leads to resolution and healing. Normal memory gets laid down in the brain as "explicit memory" (Van Der Kolk, 1996). These memories have been metabolized and are often in the form of a narrative, using language, story, and images. Trauma memory is "implicit memory" (Van Der Kolk, 1996). These memories are somatosensory, often locked or frozen in the body without being processed; therefore no meaning making is possible.

In the Internal Family Systems model, aspects of a person, sometimes referred to as subpersonalities, cluster into three major categories of functioning; exiles, managers, and firefighters. The exiles are those parts of a person that contain the feelings, sensations, and beliefs of events that were overwhelming or threatening to the entire system at the time they occurred. These parts are often young, frozen developmentally, and frequently split off from conscious awareness. The managers and firefighters serve as gatekeepers of the exiles. They are parts that develop in response to the exile in order to keep the feelings and beliefs from being re-experienced, keeping trauma from happening again. Their role often causes them to function in an extreme manner to assure this safety by controlling the persons' internal and external environment. A firefighter, I propose, may also serve as a means of facilitating re-enactment, repeating over and over unresolved trauma, looking for a new resolution, hence healing.

It is only when we can access the exiles, who can remember, not reenact, the memory that we can help them, through the use of Self, to metabolize the trauma

[1] *Co-director, Human Sexuality Program, Syracuse University/SUNY Health Science Medical School, and private practice in Syracuse, NY*

Author's address: 614 South Salina Street, Syracuse, NY 13202
Telephone: (315) 474-7479; e-mail: mdw@twcny.rr.com

by having them tell their story and having it compassionately witnessed.

The Self, sometimes called the Soul, or the core essence of a person, is often displaced in trauma. The Self, with its qualities of compassion and curiosity, is the healing agent for the exile and the source that can bring the entire system back into balance and alignment. We are born with a Self that is whole and complete with all the wisdom and guidance that is needed to live fully.

I have observed story after story of my clients' acting out behaviors as clearly encoded cues of earlier trauma, my respect and appreciation for the firefighter role grew. They not only put out the flame of overwhelming feelings of the exiles, but they have the dual function, to send out an S.O.S. or reminder of experiences in such a way that does no endanger the entire system.

Two clinical examples are offered to help illustrate my point. The first is a 45-year-old male who presented with a sexual addiction manifested in voyeurism. He had been arrested for the second time, but had no convictions. In taking a complete sex history, as well as family and social history, his addiction became a clear re-enactment of earlier childhood trauma, and an adaptive mechanism to cope with overwhelming feelings. Joe (pseudonym) grew up in a poor family, with alcoholic parents. His parents would have huge fights in the evening, often over money. Joe, who also struggled with a learning disability, would escape the family tension and his homework that he felt at a loss to understand, by climbing a tree to his tree fort and waiting often until late at night when he knew his parents had passed out and it was safe to go back into the house and to bed. As it grew dark, he found he could see into peoples' homes, and observe how other families lived. Being shame based, he believed he was not good enough to ever have that. As he entered puberty, he began to sexualize what he observed, and found he could put himself into an altered state that rescued him from his current situation. This voyeurism continued to be both a way to escape, and yet express his deep sense of longing and shame that he was always on the outside looking in.

The second clinical example is of a man in his 30's who presented with a fetishistic addiction (foot fetish). His acting out consisted of compulsively masturbating to "teen-age girls' feet," that he would seek out to look at and fantasize about, He was seeking help because he had begun to masturbate in public places and was terrified of getting arrested. It had become a time consuming compulsion. His sex history, as well as family and social history revealed the following: Bob (pseudonym) had a severe learning disability and ADHD growing up. He attended a "special school" for part of the day. His peers in school taunted him with names such as "retard" and "fatso." He was often physically assaulted by being pushed into walls, and locked in lockers. He learned at an early age to avoid all eye contact because it drew attention to him and instead would hang his head and look at the floor. He remembers learning how to make himself invisible, leaving and going places in his mind. The majority of his youth was spent in terror and looking at the ground. With puberty, he sexualized what he saw, feet, and found masturbating a tremendously powerful way to an altered state and out of the situations he found himself a part of.

In addition to individual psychotherapy, group therapy for sex addicts is an important element of the treatment process. The most important value it offers is shame reduction. Hearing others' stories and knowing you are not the only one, allows for some the first safe connection of sharing. In group therapy, I have found that the use of the box technique, an experiential exercise that I read about in the addiction literature, accelerates each person's being able, nonverbally, to explore, identify, and symbolize his or her managers, firefighters, and exiles. It also assists in understanding how they function together as a system in regard to their roles and functions.

The exercise is presented by asking each member to bring in a box. On the outside of the box, they are to demonstrate in any form they choose (pictures, words and symbols) how they are aware of wanting others to see them. Inside the box, they are to demonstrate what they are aware of that others do not see, or get to know. For such a simple exercise, I have been amazed at the depth of insight and revelation it has revealed. One individual had a box with increasingly smaller boxes inside until the smallest box revealed his incest with words and symbols of family members, with core beliefs clearly phrased, and with feelings pouring out covering the inside of the box. This inner box was chained and padlocked. The key was also labeled with his recovery tools such as SAA, compassion and therapy, which he believes allowed him to get to this box. The gatekeeper of this incest box was his sexual addiction, which included words and symbols such as "gay sex is not carefree", "looking for love in all the wrong places" and "lonely and longing." He wept as he presented his box to the group. He became so aware of why he acted out in the manner he did, and how it related to his incest, that he felt a tremendous relief and an ability to shed much of the shame he carried. The group then processed how another's box had impacted them by sharing their feelings and thoughts, and then asking questions or sharing insights. It is often a group member that will notice that the absence of something is as important as what is there.

In conclusion, most addiction recovery programs follow the medical model with the treatment following the belief that the addiction is a disease to be eradicated. Using this as a metaphor, Schwartz (1999) refers to the Self "…as the embodiment of the healing capacity," or "…like the immune system inherent in our genetic programming and if not suppressed, maintains our health". With this in mind we can then view firefighters (sexual addictions) not as the disease, but as a symptom, such as a fever. A fever serves a twofold purpose. It alerts a person and/or professional that there is an infection going on in the body, and the fever is also a way to combat it. The exiles are the ones who are infected with the memories, beliefs and feelings. Left undetected, the infection will spread. The firefighters (sexual addictions) serves as a bridge to the source of the infection, but the fever if left to rage rampant can cause its own damage, i.e., seizures, dehydration, etc. Carl Jung (1983) writes that "…when a person gets separated from his/her instinctual nature, he/she is plunged inevitably into the conflict between their conscious life and the world of the unconscious, their undiscovered self." We must not just treat, medicate, or mask the fever (sexual addiction) but rather attune ourselves to what it is alerting us to, move toward locating the infection (or exile) and bring the full presence of Self (the immune system) to that location.

If symptoms arise as ways of getting our attention and wanting our recognition, then firefighters may be the somatic mediums in which they attempt to "…return us to our relational self while re-enacting the self destructive violence that exiled one from the larger self in the first place" (Gillian, 1991). If we meet firefighters (addictions) with the notion of overcoming, dominating, or ridding a client of them, then we do them a great disservice, and fail to discern their benevolent intent. Though extreme and often distorted, their mission may be essential in leading us to the exiles and ultimate unburdening and healing.

References

Carnes, P. (1991). *Don't call it love*. New York: Bantam Books.

Carnes, P. (1992). *Out of the shadows*. Center City, Minnesota: Hazelton.

Gilligan, S. (1997). *The Courage to love*. New York: Norton.

Herman, J. L (1992). *Trauma and recovery*. New York: Basic Books.

Schwartz, M. F., Southern, S. (1999). Manifestations of damaged development of the human affectional system and developmentally based psychotherapies. *Sexual Addiction & Compulsivity-The Journal of Treatment and Prevention.*

Van der Kolk, B. (1996). Trauma and memory. In B. Van der Kolk, A. McFarlan, C., Alexander, and L. Weisaeth (Eds.), *Traumatic stress.* New York: Guilford Press.