Facilitating RIM Sessions with Clients Who Suffer from Sex Addiction

By Tom Prah in fulfillment of the RIM Master Facilitator Project

Introduction and Definitions

As a RIM facilitator, you will be witness to all kinds of childhood traumas that have been repressed and held in the clients' bodies. My goal is to educate about sex addiction as well as help RIM facilitators know how to interact with clients who suffer from sex addiction. The RIM process gives the client valuable insight about original traumatic events and the subsequent behaviors that arose from those traumas.

Sex Addiction-also known as sexual dependence is compulsive participation in sexual activity, despite negative consequences i.e. health risks, financial problems, shattered relationships or legal problems (arrest). (National Council on Sexual Addiction and Compulsivity)

Sexual Addiction is primarily a male problem. My own observations break out the male to female population at a ratio of 20 to 1. In this paper, I refer to the person suffering from sexual addiction as a male with "he, or his", but sexual addiction is not exclusive to males.

Connection between Trauma and Addiction

Why does sex addiction develop?

Aviel Goodman quotes a study that found 82% of people suffering from sex addiction report having been sexually abused as children (Aviel Goodman, 1998, pg.58). The factors that contribute to the development of sex addiction are many. Crowe and Earle say that traumatic child hood events like years of sexual, physical, emotional abuse, or

victimization often play a part in the development of sex addiction (Crowe and Earle, 1998, p. 13). With sex addiction, the person suffering from the compulsive activities has learned that sexual fantasies seem like the answer to the pain of isolation they are enduring.

Why do addictions persist?

Sigmund Freud, in *Beyond the Pleasure Principle* (1920), suggested that people sometimes repeat aversive or traumatic experiences that have been passively endured in an attempt to gain active mastery of the situation. Victoria Castle, MSC, in *The Trance of Scarcity,* suggests that as the child develops and matures, the stories they have made up create a lens through which they see the world. Bessel Van der Kolk writes more about the connection between addiction and persistence. In the Adverse Childhood Experiences (A.C.E.) study, collaboration between Kaiser Permanente and the Center for Disease Control (C.D.C.), concluded that the problem (addiction) is really the person's solution. Although widely understood to be harmful to health, each adaptation (such as smoking, drinking, drugs, obesity, sexual obsession) is notably difficult to give up.

There has been little understanding that the patient feels benefit from these risky behaviors. The idea of the problem being a solution is in keeping with the fact that opposing forces routinely coexist in biological systems. The presenting problem is often only the marker for the real problem, which lies buried in time, concealed by patient shame, secrecy and sometime amnesia—and frequently clinician discomfort (Bessel Van Der Kolk, p. 147-8). Those comforting stories were their survival mechanisms, but as they age and mature, they become increasingly out of touch with the reality of what goes on in their lives. Their brains cannot keep the reality of the trauma intact because it is too painful to consider, so they suppress the memories.

The memories are held in their bodies in specific areas. Until those memories of the trauma are discovered and released, the child/adult will repress those memories from their present consciousness. If those memories are not released, one of the ways the child/adult can cope is to engage in repetitive habits that pull them out of their painful reality and into an alternate world that temporarily gives them distraction or relief from the insult. Actions that result in a feeling of pleasure have a much stronger pull on the person. The man (or woman) suffering from the sex addiction begins to tell himself stories about how whatever he is doing does not harm anyone.

As those activities progress, there is a realization that what he is doing is not normal. Isolation and being secretive become the way he can protect the activity from scrutiny and becomes, over time, more important than personal relationships. The progression of this secret life can take years, but the longer it is practiced the deeper the repetition of the story and its subsequent mutations. This is where the difficulty in treatment arises. These maladaptive habits are practiced for decades. At each step, he tells himself additional stories to justify continuing the destructive thoughts and behaviors. This adds layers of isolation and more intricate stories that drift further and further

from reality. When his world comes crashing down, as it inevitably does, he is left with some clear-eyed views of what he has done to himself and his family. This is a devastating and powerful event. In recovery terms, it is called "reaching a bottom". It gives him a clear chance to try to grab hold of the present and attempt to start to clear away the stories he has believed since his childhood.

How Does the RIM Process Help Those Suffering from Sexually Compulsive Thoughts and Behaviors?

With the RIM process, the client can revisit the original trauma in safety (with resources) in order to be able to say the things he could not say when the trauma first happened. This serves to redo the repressed memory (that runs in the background of daily life) to a memory that is more empowering and compassionate to the client. My own RIM experiences have helped me to redo my childhood traumas, which were my underlying source of discomfort, guilt and shame. This has allowed me to redo my story of myself. Prior to RIM, I had a persistent feeling of being fundamentally flawed, that there was something wrong with me. That story had become a self-fulfilling prophecy, lived out through failed relationships, anxiety, dishonesty, seeking comfort through alcohol, drugs and sex. The persistence of these unwelcome, non-nurturing stories to reappear has been a source of pain in my life. I had over 35 years to practice the addictive mindset before I started to change. Anything you practice, you get better at. I now practice being self-nurturing, vulnerable, compassionate to others and present all of the time.

Treatment Methods for Sex Addiction and Discussion

- **12 Step Recovery** –There are various groups available for sexual compulsivity nationally. Sex Addicts Anonymous (SAA), Sexaholics Anonymous, Sex and Lust Addicts Anonymous are the three largest attended Anonymous groups in the U.S. They have a very low cost for the members to attend. The only requirement for membership is the desire to stop the addictive behaviors. There are 'open' meetings that will allow curious people to visit who just want to see what 12 Step recovery meetings look like. Members come to join 12 Step Recovery meetings after something in their life has gone serious awry. I have been attending 12 Step meetings since the year 2000. I have yet to hear a first-time attendee say to the group that his life was going well and he decided to attend the group to make it better. All these groups are patterned after Alcoholics Anonymous, an organization founded 80 years ago. Attendance and participation by the members forms a good foundation for continuing growth and development. The principle drawback of 12-step recovery is the label that is perpetuated and repeated at each meeting. In introducing themselves, the participant will usually say, "Hi, my name is John Doe, I am a sex addict". This perpetuates the self-view that they are fundamentally flawed. A more useful identification would be, "Hi, my name is John Doe, I am a *recovering sex addict".*

- **Therapy Model-**The person suffering from the addiction seeks help from a counselor, psychologist or psychiatrist. This model relies on the 'expert' understanding the 'problem' and giving advice or treatment to solve the 'problem'. This treatment can come in individual sessions, group sessions or, for severe problems, inpatient programs. Therapy alone, without additional support for the client when he is outside of the therapist's office, has proven to be ineffective and frustrating to generations of compassionate and well-intended therapists. If the therapist or counselor has specialized training as a Certified Sexual Addiction Therapist (C.S.A.T.), the client interaction can be productive.

- **Coaching Model**- The coaching model has the premise that the client has all the answers within themselves and the coach's goal is to ask the right questions to help them find those answers. I am of the opinion that coaching is very useful for helping clients realize their full potential. Coaching alone for sex addiction, without additional specialized training in addiction, has proven to be ineffective and frustrating to coaches. I have been trained as a coach by a training school called the Institute for Professional Excellence in Coaching (I.P.E.C.). I have had further training from Dr. Doug Weiss Ph.D. in Sexual Recovery Coaching (S.R.C.). I utilize the RIM method in my coaching to help the client see the effects of unresolved childhood trauma on their current behaviors.

- The following four practices are additional helpful practices that that I recommend in my coaching practice to the person suffering from sex addiction.

- **Yoga** gives the client more body awareness and helps him (or her) be in his body and to still his mind and to be present. I have practiced Yoga myself and encourage my clients to participate in classes.

- **Prayer and Meditation**. These two practices are encouraged in 12 Step Recovery and are actually practiced in meetings. Prayer has been described as asking your Higher Power for help and Meditation is quieting the mind and listening for answers. Prayer helps the client to realize he is not alone and that he has a resource for safety and wisdom. Meditation helps the client to gain perspective and calms the mind.

- **The Emotional Freedom Technique** (E.F.T.) tapping is a valuable tool I have successfully used to release intrusive or unwanted thoughts and feelings. I have tapped on boredom, fantasy, anxiety, feelings of inadequacy and more. It is a useful tool to help clients to move beyond feeling "stuck" with obsessive thinking or unwanted uncomfortable feelings to a desired state of consciousness.

- **Biofeedback** uses feedback from an electronic device to help the client know if they are in a relaxed and present state. This gives them a valuable tool to get to know how those states "feel." Bessel Van Der Kolk M.D. reports that biofeedback is valuable tool in helping trauma victims reset their awareness

from being hyper vigilant and defensive to relaxed and present. I have no experience with it, but I can see how it might be useful for patients suffering from sexual addiction.

Discussion-The best way to discover if a client has sexually addictive behavior is to ask directly, face to face, and without judgment, "Do you think you may have a problem with sexual behaviors or sexual boundaries?" Their answer gives the RIM facilitator, a direct read on the client. How he reacts is as important as the answer and is to be considered. If your intuition about the answer is yes, recommend the client take the Sex Addiction Screening Test, available on line, for confirmation.

My own personal recommendations for a man (or woman) suffering from sex addiction are to (a) enlist expert help from a coach, therapist or counselor trained in treating sexual addiction (b) get involved in a 12 step sexual behavior related program (c) have RIM sessions to uncover childhood trauma driving the addictive behaviors and (d) find the right fit of the four activities named above to help support their emotional and spiritual growth. Internet blocking software, like Covenant Eyes, help establish a boundary to repeating addictive behaviors. Polygraphs can be a very effective deterrent. The threat of detection helps the client to rein in the destructive behaviors. I take them, myself, and recommend clients do so as well.

Case Studies of Clients Suffering from Sex Addiction

Client #1

This client was a member of the clergy and is currently married. He came to SAA after a felony conviction of having sex with a minor. He was thrown out of the church and lost a well paying position in the church establishment. I facilitated one RIM session after about 5 years in the SAA program. He had recovered some potential for income and at the time was the general manager of a property purchasing and redevelopment company. His session centered on his father, with whom he had had a distant relationship.

Client #2

This client is a middle manager for an international Pharmaceutical company and currently single. He came to SAA after divorcing his wife to pursue a female co-worker. A couple of years into the new relationship, he realized he brought his 'old self' with him and found himself despondent that he was up to his old behaviors again. He was caught by his new girlfriend viewing online pornography and masturbating and decided to get some help. He went to a therapist and was referred to SAA. I facilitated two RIM sessions while coaching him on his sex addiction. His sessions centered on how he was

traumatized by having therapy for club footedness when he was a young child, with corrective footwear. He also had a perfectionist Mom and indifferent father.

Client #3

This client is an independent insurance salesman representing a large life/auto/home insurance company and currently single. He came to therapy after a failed marriage broken apart by his acting out behavior. His therapist referred him to SAA. He was single when I met him and his "bottom" was formed by his loneliness and fear about forming new relationships. I facilitated two RIM sessions, which were centered on his alcoholic stepfather who he called a narcissist.

Client #4

This client works for a large company and is currently single. He had heard me talk about RIM and wanted to try it after he relapsed into his addiction. He said he wanted to figure out why. I facilitated one RIM session with him. He stated an intension of "finding out what caused his relapse after a year of sobriety" but moved into a childhood trauma he had.

Client #5

This is my own experience with RIM and addiction. I work for a large Pharmacy Benefits Manager company and am currently married. I was exposed to RIM through "Breakthrough To Success" with Jack Canfield when Dr. Deb gave a group RIM. I had a powerful experience and decided to see if the process would help me with my childhood trauma. My many RIM sessions have given me much better understanding and acceptance about my childhood.

Client #6

He worked for a large Pharmaceutical company in the area when he was a client but recently relocated to the east coast to accompany his wife. She moved there because of a job opportunity. He is currently starting a business building custom bicycles. He was curious about RIM and wanted to try it after hearing about it from another guy in recovery. His one RIM session brought up a childhood trauma with his father. He said afterwards, "I am surprised I could recall a childhood story, I normally can't recall anything about my childhood."

Table of Numerical Results

I interviewed the clients about 18 months after their RIM sessions with 11 questions about their functioning. Clients were asked to self-evaluate on a scale of 1-10 their functioning after and before their RIM sessions. Pre and Post testing was not used because it has been found to be invalid when an intervention unleashes greater self-awareness. People more accurately

assess themselves afterwards. Clients were asked to evaluate on a scale of 1-10 of how much they are currently positively engaged with a 10 being 100% of the time (except for question 11, where 10 =100% driven by shame).

~~~~~~

1. I have honestly owned up to my mistakes and shortcomings even when I have the desire to save face on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	8	9	8	7	9	9
Pre RIM	8	5	6	5	6	2

~~~~~~

2. I am currently willing to push through the fear of failure and try new things on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	9	10	9	6	8	9
Pre RIM	6	6	7	4	5	3

3. I am currently taking responsibility for my feelings rather than blaming others on a scale of 1-10 with 10=100% of the time

	Client#1	#2	#3	#4	#5	#6
Post RIM	9	10	8	8	8	5
Pre RIM	6	6	6	5	6	5

4. I am meeting my current ideal financial goals on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	7	8	8	8	7	8
Pre RIM	4	6	6	7	7	8

5. I am meeting my current dream career goals on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	8	8	7	7	7	9
Pre RIM	5	8	5	7	6	5

6. I am meeting my current recreational time and 'fun time' goals on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	7	10	9	8	7	8
Pre RIM	6	4	7	6	7	3

7. I am meeting my physical fitness and health goals on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	9	10	9	8	7	8
Pre RIM	8	3	6	8	8	7

8. I am having better relationships with my family and friends on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	9	8	8	9	8	8
Pre RIM	8	3	6	7	6	2

9. I am currently growing spiritually closer to my higher power on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	9	10	8	7	7	9
Pre RIM	8	2	6	7	5	2

10. I currently value helping others on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	8	8	8	8	9	3
Pre RIM	7	4	6	6	5	7

11. I am currently behaving as if driven by shame on a scale of 1-10 with 10=100% of the time.

	Client#1	#2	#3	#4	#5	#6
Post RIM	2	3	3	3	2	4
Pre RIM	5	7	5	4	5	8

Clients Personal Comments

Client 1 volunteered that he had recollections of healing immediately after the RIM session. He recalled waking up in the morning and the first thought he had was "My father loves me". Some of the differences pre and post RIM he spoke about are that he has had more ministry opportunities and has participating in retreats. Since then, he has participated in weeklong silence retreats at a monastery. He felt a large part of his volunteer work prior to experiencing RIM had a codependent nature to it, and since experiencing RIM his heart has been more giving. He said that he felt waiting this long (2 years) to evaluate makes it harder to evaluate the long vs. short-term effects of RIM. Recently, he has launched his own business based on what he did in his last occupation buying and selling homes and just got his real estate brokers license.

Client 2 volunteered that he has had more honesty in his life after experiencing RIM, especially with his mom and sister. He said that prior to experiencing RIM, he felt he had a rosy unrealistic picture of relationships and he was constantly disappointed. He

feels after his RIM experience that he has a more realistic view, which is healthier and more empowered. He feels able to state his needs now. He is training to climb Mt. Rainier later this summer with a recovery friend

Client 3 volunteered that he feels his spiritual connection has become much stronger than before his RIM experience. His RIM experience raised his awareness of how his view of himself as a stepchild had held him back from growth. He now see's himself as a recovering codependent and well as recovering from his primary addiction (sex). He has been intensively involved in therapy and has gotten engaged to a woman who is fully aware of his background and has participated in his therapy. He is planning to be married later this month

Clients #4, #5 and #6 had no additional comments

Summary of Data

While the sample size is small, there are some distinct differences between the before and after scores. The combined score for the "Post RIM" questions were 83, 91, 82, 76, 77, and 76 with an average of 80.8. The shame score was excluded because it was worded inversely—thus, a higher number meant an increase in shame.

The combined scores for the "Pre RIM" questions were 66, 47, 61, 62, 61, and 44 with an average of 56.8.

Thus, the clients' scores increased 24 points or 30% after the RIM experiences. In other words, they were engaged in honest, self-respecting behavior 30% more often than prior to their RIM sessions. This reflects significant improvement and indicating they like their lives much more after receiving the RIM process. The largest percentage gain was in the spirituality question (40%) and least gain was in the financial goals question (18%).

Conclusion

It seems likely that trauma early in life increases the incidence of sex addition later in life. Addressing the traumatic events with RIM has a positive effect on those individuals who are seeking sobriety and a better way of life. There are long term lasting benefits to uncovering and healing childhood trauma. All the clients score significantly higher on their assessment post RIM in a variety of areas of their lives.

I think that for a RIM facilitator, coach or therapist, the RIM process gives the client a valuable experience to work through early trauma, which significantly aids in sex addiction recovery. This has the effect of releasing uncomfortable memories, and creating safety for expressing emotions tied up with the original trauma.

I definitely recommend RIM as part of the treatment for sex addiction.

List of Literature

Books

Doug Weiss, Ph.D. *A.A.S.A.T Sex Addiction Training Workbook,a 45 hour training course.*

Bessel Van Der Kolk, M.D. *The Body Keeps the Score*

Sigmund Freud *Beyond the Pleasure Principle*

Victoria Castle, M.S.W *The Trance of Scarcity-Stop Holding Your Breath and Start Living You Life*

Aviel Goodman, 1998 *Sexual Addiction-an Integrated Approach*

Gregory Crow and Ralph Earle, 1998 *Lonely All The Time*

Research and Articles

Addictive States of mind edited by Marion Bower, Robert Hale, Heather Wood. Pg. 151-152.