THE BRAIN SCIENCE OF UNWANTED SEXUAL BEHAVIORS

Written by Mark Kastner

Engaging in unwanted sexual outlets (porn, masturbation, live sex chat, escorts, paid sex) or even streams of short-term, meaningless relationships can create a great deal of shame, despair and self-loathing. After repeatedly trying and failing to implement the common advice—“Why don’t you just stop,” or “You just need to use more willpower”—many caught in the “unwanted-behaviors trap” feel hopeless—“Maybe I’m just basically weak, or unattractive, or a freak”—giving the façade of intimacy, exclusivity, loyalty and trust. And all of this is easy, convenient, instant and sometimes free or cheap. It does not require the risk and work of developing and nurturing a true intimate relationship. The great tragedy of using these types of behaviors as a substitute for real intimacy is that these activities shut the person off from true emotional intimacy and real human interaction, making them feel even more isolated, disconnected and lonely, increasing their longing, pain and shame. This then drives them to seek out more of their behaviors, creating a deeper downward-spiraling isolation and loneliness cycle.

4. Dependency:
As a person repeatedly uses sexual outlets as their primary strategy for pleasure, escape and coping, their brain begins to believe that this IS the way to deal with the stresses of life. They can get to the point where sexual outlets and behaviors become a central focus in their life. Their thoughts become dominated by sexual images, urges and fantasies. Increasing amounts of time, effort and energy are expended on anticipating and preparing for sexual outlets, engaging in them, or fighting the urge. Their brain begins to interpret sexual outlets as a “need” just like food or sleep. Over time, they become dependent on the chemical rush they get through their sexual behaviors. They find themselves going back again and again, despite the negative consequences. Their brain is constantly seeking relief and is convinced that they must have their sexual outlets to survive—that they’ve got to get that chemical rush to be able to function in life. They try to stop, but they can’t. Just as those who struggle with drug addiction, alcohol, street drugs, alcohol and prescription drugs, alcohol and prescription drugs. What starts out as a substitute for real intimacy and relationships—to fill the “void” of loneliness. These sexual outlets offer a “fantasized relationship,” a semblance of being in love and having a real fulfilling, partner relationship. In this fantasy world, people imagine things like, “She wants just me.” “He adores me—I’m desired, craved, loved.” The person sees the experience as exclusive, private—“It’s just me and her.” The experience is seen as exciting, pleasurable, taboo, and privileged—giving the façade of intimacy, exclusivity, loyalty and trust. And all of this is easy, convenient, instant and sometimes free or cheap. It does not require the risk and work of developing and nurturing a true intimate relationship. The great tragedy of using these types of behaviors as a substitute for real intimacy is that these activities shut the person off from true emotional intimacy and real human interaction, making them feel even more isolated, disconnected and lonely, increasing their longing, pain and shame. This then drives them to seek out more of their behaviors, creating a deeper downward-spiraling isolation and loneliness cycle.

5. Replacement for real intimacy:
We live in an age of people communicating by phone, texting, e-mail and chat rooms. This has reduced the amount of face-to-face communication, interaction and real “connection.” Add to this the fact that sexual thoughts, urges and actions, and the way to deal with the stresses of life. They can get to the point where sexual outlets and behaviors become a central focus in their life. Their thoughts become dominated by sexual images, urges and fantasies. Increasing amounts of time, effort and energy are expended on anticipating and preparing for sexual outlets, engaging in them, or fighting the urge. Their brain begins to interpret sexual outlets as a “need” just like food or sleep. Over time, they become dependent on the chemical rush they get through their sexual behaviors. They find themselves going back again and again, despite the negative consequences. Their brain is constantly seeking relief and is convinced that they must have their sexual outlets to survive—that they’ve got to get that chemical rush to be able to function in life. They try to stop, but they can’t. Just as those who struggle with drug addiction, alcohol, street drugs, alcohol and prescription drugs. What starts out as a substitute for real intimacy and relationships—to fill the “void” of loneliness. These sexual outlets offer a “fantasized relationship,” a semblance of being in love and having a real fulfilling, partner relationship. In this fantasy world, people imagine things like, “She wants just me.” “He adores me—I’m desired, craved, loved.” The person sees the experience as exclusive, private—“It’s just me and her.” The experience is seen as exciting, pleasurable, taboo, and privileged—giving the façade of intimacy, exclusivity, loyalty and trust. And all of this is easy, convenient, instant and sometimes free or cheap. It does not require the risk and work of developing and nurturing a true intimate relationship. The great tragedy of using these types of behaviors as a substitute for real intimacy is that these activities shut the person off from true emotional intimacy and real human interaction, making them feel even more isolated, disconnected and lonely, increasing their longing, pain and shame. This then drives them to seek out more of their behaviors, creating a deeper downward-spiraling isolation and loneliness cycle.

6. Obsessive/Compulsive:
Eventually the brain can develop a conditioned reflex to sexual outlets and behaviors release the same kinds of neurochemicals commonly experienced with illicit drugs, alcohol and prescription drugs. What starts out as a substitute for real intimacy and relationships—to fill the “void” of loneliness. These sexual outlets offer a “fantasized relationship,” a semblance of being in love and having a real fulfilling, partner relationship. In this fantasy world, people imagine things like, “She wants just me.” “He adores me—I’m desired, craved, loved.” The person sees the experience as exclusive, private—“It’s just me and her.” The experience is seen as exciting, pleasurable, taboo, and privileged—giving the façade of intimacy, exclusivity, loyalty and trust. And all of this is easy, convenient, instant and sometimes free or cheap. It does not require the risk and work of developing and nurturing a true intimate relationship. The great tragedy of using these types of behaviors as a substitute for real intimacy is that these activities shut the person off from true emotional intimacy and real human interaction, making them feel even more isolated, disconnected and lonely, increasing their longing, pain and shame. This then drives them to seek out more of their behaviors, creating a deeper downward-spiraling isolation and loneliness cycle.

The more they “force” themselves to try not to think about these things, the more they “force” themselves in. This is how every brain works. Avoidance of a feared or stressful thought quickly develops into an inability to stop thinking about the very thought one is trying to avoid. Soon their life becomes dominated by unwanted and intrusive thoughts and urges—obsessive thoughts and urges. They can only keep this incessant fighting and struggling up for so long until they are worn out and exhausted. Then they discover that “giving in” to their unwanted sexual behaviors actually provides temporary relief—the chemical rush, the incredible release of “Finally I don’t have to fight these thoughts and urges anymore!” It’s like the OCD sufferer who obsesses over germs and then compulsively washes his hands to get relief from his obsessive thoughts. After giving in yet again to sexual urges, the individual feels guilt, regret and shame and the whole cycle of fighting and resisting starts over again. The more they try to fight it, the worse it gets. Finally, many just give in and give up, resigning themselves fully to their unwanted behaviors, which only accelerate in severity.

Regardless of your particular kind of unwanted sexual behaviors, it’s important to understand that there is a logical, reasonable, scientific explanation behind how you got caught up in these behaviors. You are NOT a freak, loser or lost cause. You are a good and valuable human being who has simply developed a dependency on an extremely powerful “brain-chemical-releasing activity” for escape, self-medication and pleasure. This is not unlike anyone who chooses alcohol, drugs, food or any other personal “drug of choice.” The good news is, just as with any other unwanted behavior or addiction, there is logical way out. You can break free. The BIC (Brain-Intervention-Change) has been created to put you solidly on the recovery path where you can quickly begin moving forward.

some of the following insights will help you better understand “how you got here”:

1. Curiosity:
As we grow up, it’s very natural to be curious about our bodies, the bodies of others, and human sexuality in general. Many times, experiences with pornography, masturbation, casual sex and other sexual outlets start out motivated by simple curiosity. We can be exposed to these things by accident, through our own efforts, or through friends and family members. In any case, it’s usually a natural curiosity that lures us in.

2. Excitement and Pleasure:
After the initial discovery, many individuals start using sexual outlets “recreationally,” that is, they find them exciting and arousing. Pornography viewing, masturbation and various other sexual outlets trigger the brain into releasing powerful neurochemicals like dopamine, nor-