

SEXUAL ANOREXIA

(Response to questionnaire: Does anorexia tie in with your love and sex addiction? If so, how?)

What is anorexia? Sex and Love Addicts Anonymous (S.L.A.A.) offers this definition: “As an eating disorder, anorexia is defined as the compulsive avoidance of food. In the area of sex and love, anorexia has a similar definition: Anorexia is the compulsive avoidance of giving or receiving social, sexual, or emotional nourishment.”

Patrick Carnes, the nationally known author on addiction and recovery, describes sexual anorexia as: “an obsessive state in which the physical, mental and emotional task of avoiding sex dominates one’s life. Like self-starvation with food, deprivation with sex can make one feel powerful and defended against all hurts.”

The S.L.A.A. members that responded to our survey have spent a lot of time and energy trying to avoid sex and intimate relationships.

One of the responders to our questionnaire identifies herself as a 56-year-old lesbian with sexual, social and emotional anorexia. “I have always pursued relationships with unavailable women who are married, alcoholic or straight; I’ve never sought a sexual relationship with another lesbian.”

A 45-year-old participant is struggling with what she believes is sexual anorexia. She grew up in a sexually repressive family and social system where alcoholism and other dysfunctional behavior existed. “I didn’t have a model of a good healthy sexual relationship growing up,” she explains. “I’ve never had a loving relationship. I can’t be sexually open and free. I have hang-ups.”

‘HANG UPS’ (FEAR)

Many of the participants shared a fear of sexual pleasure and indicated that they were full of fear and sexual self-doubt. The following are some of the fears they expressed in their responses:

- Fear of intimacy of “connection” with others
- Fear of engulfment, “suffocation,” loss of self, or death
- Fear of intense feelings (which have been suppressed)
- Fear of being visible or seen for one’s self
- Fear of one’s sexuality
- Fear of being attracted to someone
- Fear of starting or exiting a relationship

ADDICTIVE and DEPRIVATION BEHAVIORS

Used to decrease pain (numbing out) or increase pleasure (getting a hit)

Sexual anorexia has been described as the flip side of sexual addiction. It’s elusive, often masking itself behind other compulsive and deprivation behaviors. The responders consistently indicated that the fear hides behind avoidance schemes or other self-protective mechanisms. Their responses showed that sexual anorexia can wear many masks; the following are some of the behaviors they use to compensate:

- Isolation strategies for self-comfort
- A vivid fantasy life (in private)
- Pornography, voyeurism, masturbation, etc.
- Cross-addictions – food, money, drugs, alcohol, hoarding, TV, Internet, etc.
- Sexual promiscuity or acting out (with unavailable people)

POOR SELF-ESTEEM, DEPRESSION, AND ANXIETY

Like food anorexics, sexual anorexics starve themselves in the midst of plenty. Many of the participants indicated that they feel a sense of acute alienation and loss of self. The following are some of the issues mentioned by the responders:

- Deprivation (sexually, emotionally, etc.)
- Self-belittling and judgment
- Perfectionism
- Grandiosity or inferiority extremes
- Hiding from life and light
- Loneliness
- *Stuck* emotions
- “Nothing ventured, nothing gained” thinking and acting

TRAUMA IN EARLY FAMILY LIFE

Anorexia is usually rooted in childhood trauma. If a person is traumatized as a child they tend to have no control; in order to lessen the trauma, sexual anorexics may become adverse to sex and their own sexuality. The responders, both men and women, indicated that trauma was present in their childhood histories, including the following:

- Boundary violations
- Sexual shaming
- Emotional neglect and abuse (needs not met)
- Sexual and/or physical abuse
- Deprivation leading to addictive strategies in later life
- Loss (death) of family members

AVOIDANCE OF INTIMACY

In the S.L.A.A. literature, anorexic members make this observation: “We anorexics begin to realize that we have been living our lives for a long time without love. We observe the absence of closeness in certain areas of our lives and we observe that we engage in dread of others and a strategy to keep them at bay. Having become aware of this we may have tried to change our conduct. If we found we could not change, we may have come to understand we are addicted to it: **it was conduct we repeatedly engaged in and could not stop despite the consequences.**” These are some of the methods used by the responders to avoid intimacy with themselves and others:

- Intellectualizing (using anorexia as an excuse to act-out sexually, inability to find a balance between need to rejuvenate and wanting to isolate out of fear of being visible, etc.)
- Distancing strategies (avoidance of dating, avoidance of intimate friendships, behaving in a grandiose or inferior manner, avoidance of the company of others, withdrawal or isolation from partner, etc.)
- Addictive behavior (masturbating, fantasizing, intrigue, overeating, etc.)
- Using safety mechanisms, i.e. operating automatically (making oneself “small” and “unseen” in group situations, keeping secrets, pretending to be “to busy” all the time, etc.)
- Addictive obsession with unavailable people

ANOREXIA: Sexual, Social, Emotional (published by *The Augustine Fellowship of S.L.A.A.*)

“We know there are very good reasons for our having become anorectic; we also have come to realize that there is nothing to blame ourselves for in being anorexic. But we now want nourishing emotional, sexual, and social lives. Our anorexia may have come out of a precious sense of our own preservation, but still we want to change; we have begun the work of recovery and change in S.L.A.A. We would like to say that your recovery is essential to ours. So each new member brings a fresh understanding and a new possibility for recovery for all. The fellowship of Sex and Love Addicts Anonymous welcomes you!”

Characteristics of Sexual Anorexia

1. Sexual anorexia can be hidden underneath extreme behaviours, like sexual promiscuity, compulsive eating, compulsive cleaning, alcoholism and co-dependency; and/or deprivation behaviours like hoarding, compulsive saving, compulsive dieting, food anorexia and phobic responses.
2. Sometimes our distorted thinking has been influenced by culture, social or religious groups that view sex negatively.
3. Fearing sexual pleasure, we have rigid and judgmental attitudes about sex behaviours. Fearful of being discovered, we become socially and spiritually anorexic.
4. Preoccupied and obsessed with others being sexual, we have a vivid fantasy life.
5. We sometimes have a morbid and persisting fear of sexual contact; therefore, we obsess and are hyper-vigilant around sexual matters.
6. We can cycle from sex addiction to sexual anorexia out of deprivation and isolation but feel safer in sexual anorexia.
7. We have distorted perceptions of our body appearance. We sometimes fear being noticed at all and want to disappear.
8. We can have extreme loathing of body functions to avoid anything connected with sex.
9. We sometimes obsess, get depressed and/or have self-doubt about sexual adequacy.
10. We sometimes have excessive fear and preoccupation with sexually transmitted diseases.
11. We sometimes feel grandiosity from avoiding sex but still worry and obsess about the sexual intentions of others.
12. We sometimes have shame and self-loathing over sexual experiences and will react with self-destructive behaviour to limit, stop, or avoid sex.

Characteristics of Healthy Partners

Taking the Initiative - Expressing care

To be intimate, one has to risk being first. Calling, reaching out, expressing interest or care, inviting others to share activities or problems, revealing needs and wants — all characterise initiative. Initiative never stops. Without it, mutuality cannot exist. Its opposite is the passive, isolated stance of an anorexic terrified of abandonment, or the seductive person who has to rely on others to maintain their emotional connections. Recovery requires connection with others.

Remaining Engaged/ Staying Present.

To say someone is emotionally present means that their feelings are available, that the whole person is totally engaged. People who are present listen and pay attention. They notice what happens and express their reactions. They are willing to spend time with no other goal than to be present. They seek and accept the presence of the other. The opposite of this is the shame-based person who deflects the attempts of others to connect, since any affirmation is felt to be undeserved. Recovery works to reduce shame through affirmation of the group, so that presence becomes safer.

Working for Resolution

Trust builds when people finish things, including interpersonal transactions. A person who acknowledges care and outreach lets others know they have been heard so the message does not have to be sent again and again. Working for closure on problems, responding to others needs and wants, and expressing appreciation for others' completed efforts all create a sense of safety and reliability.

Addicts try to leave things unfinished to keep their options open; co-addicts set low levels of accountability because they are afraid of abandonment. Needs and wants here remain unheard. Recovery comes through the 8th and 9th steps as the interpersonal bridge is rebuilt.

Vulnerability When people are vulnerable, they share their thoughts and feelings. They talk to others about their dilemmas and involve them in their decisions. People who are vulnerable allow feedback. They reveal parts of themselves, including fears and inadequacies. Anorexics, however, keep everything secret and private, often from fear or shame. By hiding their internal dialogues, they often strive to appear fearless and invulnerable, not knowing that owning up to powerlessness and need is normal and human.

Nurturing involves caring for other people. People who are nurturing express care for others, empathize with their pain, and affirm their value. They support, encourage, and offer suggestions. They do things to help others, taking care not to diminish them in any way. They touch and allow themselves to be touched.

Recovery comes from compassion and honesty engendered by the group experience. Nurturing of others can become the norm, as fear is replaced by feelings of safety.

Honesty When people are honest, they can claim both positive and negative feelings. They are clear about their priorities and values. Honest people are specific about disagreements, provide feedback when asked, and admit flaws and mistakes. Those with whom they are intimate know them fully.

Manipulation, passive-aggressive behaviour, and avoidance can take the place of honesty, because we fear conflict or have been unable to identify what we feel and think. The program's focus on rigorous honesty and on meditation help to heal the gulf created by silence.

PATRICK CARNES – SEXUAL ANOREXIA – NURTURING

January: Nurturing Read page p.121 (Issues) – p.129 (stop at Planning). (Skip SEAN AND MARGIT, p.125)

Some People may find it hard to believe that an individual might not know how to self-nurture, but hearing this question as I often do, there's no doubt that this is a great struggle for many.

At the end of this chapter are exercises designed to help people begin to learn to nurture themselves and accept nurturing from others. One suggestion I have now, however, is to be serious about nurturing, but not too solemn. What's the distinction between the two? Watch a child working on a project; building a fort, for instance. Kids can work for hours on something like this and be quite serious about it. Yet at the same time they will play and laugh and giggle. They're serious, but not solemn.

Too often, however, we as adults will not let go enough to be serious and playful. We become stuck in solemnity. When the question is asked about the difference between the two, it's asked with solemnity. We want to do everything correctly, properly.

When we are depleted, we need to allow ourselves room to grow, so my suggestion is to accept that we don't really know how to be nurtured, that we have to learn, and that we can learn. Next, just be open to the possibility of nurturance. Once open to the possibility, we will experience it. And that experience may come almost as a revelation, wherein suddenly we will see the myriad possibilities for nurturing in our lives.

When is sex a fix and when is it nurturing?

This question is often asked by sex addicts, as well as by alcoholics and those with other addictions. Their concern is that they always used sex as a kind of medicating tool. Consequently, when they have sexual feelings they think, "Oh, no, I must be needing to medicate, and this is addictive behavior," even though they could very well be having quite normal feelings of arousal appropriate to the situation.

In early recovery, sex addicts often bounce from the addiction side of their problem to the anorexic side. They are still obsessed with sexual issues; now, however, on the anorexic side of the equation, they believe that total abstinence is the only solution.

Here are some guidelines to help determine whether sex is appropriate – and SAFE, a formula recovering people have used for many years now.

- Sex is safe when it isn't Secret.
- Sex is safe when it isn't Abusive.
- Sex is safe when it isn't something we do just because we Feel bad about something.
- Sex is safe when it's not Empty of relationship.

In addition, sex is safe when:

- It doesn't feel shameful
- It doesn't demean others
- It's celebrative

An additional suggestion: Whenever you're in doubt, check with somebody you trust and get another opinion. This could be your sponsor, your therapist, or one of your fair witnesses, for example. Remember, too, that as time passes, you'll grow in your recovery and have a better sense of addictive sex and nurturing sex. Figure 6.4 summarizes the differences between addictive and healthy sexuality.

ISSUES

When working on nurturing skills, many sexual anorexics struggle with issues such as the following. Some of these issues have been explored at greater length in this or previous chapters; for the ones we have not, a brief discussion is included here. Read the issues carefully, noting the ones that apply to you. Then use those issues as discussion points with your partner and/or fair witnesses.

Avoiding extremes of indulgence and deprivation.

While we looked at this topic in depth in chapter 3, remember that it is very easy to find ourselves living in extremes. It is so important to seek out the center in our lives, and one of the ways we can stay in balance is to connect with ourselves, with our inner voice and core. When we do so, we finally begin to know who we are and what we want. To know ourselves, we have to let go and really look at and address our problems, which is what this book is designed to help us do.

Feeling unworthy or undeserving of care.

This issue has to do with shame. Psychoanalyst Erik Erikson, many years ago, talked about the eight stages of human development. In the first stage, the baby must decide whether or not to trust its caregiver – a most basic feeling.

Following this stage comes “shame versus autonomy.” In this stage, the child begins to “leave” the parent to take independent action. The child needs to be assured that the parent will still be there for her, but she begins to learn to be on her own, make choices for herself, and take responsibility for herself. If there is failure to accomplish this stage, the child feels shame. Eventually, such children lose the ability to be individuals, to act proactively for themselves. When they grow into adulthood, they find themselves with little or no sense of self and profound feelings of shame – with the door wide open for addictive behaviors to fill that empty place inside them. We hear them as adults, after they have begun to recover, asking why they can’t drink, for example, but other people can. Or why they can’t eat and enjoy their food as others can. Or why sex is such a problem for them. They feel flawed, ashamed. If we feel flawed and shameful, we don’t believe we deserve anything good – and now we’re back to the need to learn nurturing.

Having difficulty separating care from exploitation or abandonment.

Addictive Sexuality

- Feels shameful
- Is illicit, stolen, or exploitative
- Compromises values
- Draws on fear for excitement
- Reenacts childhood abuses
- Disconnects one from oneself
- Creates a world of unreality
- Is self-destructive and dangerous
- Uses conquest or power
- Serves to medicate and kill pain
- Is dishonest
- Becomes routine
- Requires a double life
- Is grim and joyless
- Demands perfection

Healthy Sexuality

- Adds to self esteem
- Has no victims
- Deepens meaning
- Uses vulnerability for excitement
- Cultivates sense of being adult
- Furthers sense of self
- Expands reality
- Relies on safety
- Is mutual and intimate
- Takes responsibility for needs
- May bring legitimate suffering
- Originates in integrity
- Presents challenges
- Integrates most authentic parts of self
- Is fun and playful
- Accepts the imperfect

Two basic points need to be reiterated here, the first of which has to do with how help is given in the family and how care is accepted. In abusive families, children learn that care comes with a price – and often that price is exploitation. The child is told, “I’m doing this for you,” or he somehow receives the message that help and care are being given to meet the child’s needs. But, in fact, the opposite is true; the “caregivers” are really only meeting their own needs. The conclusion the child eventually reaches is that in order to get his needs met, he has to deny his own reality – lie, in other words – or do things that he knows are not right or good for him. The end result: distrust of any form of care.

The second point deals with the problem of abandonment. People who've experienced significant abandonment during childhood may decide as adults that any relationship is better than another abandonment. Sexual abuse. Emotional abuse. Beatings. Emotional blackmail. Anything is acceptable, just not abandonment.

Most children grow up experiencing disappointments and a few 'black eyes.' But they learn, in general, that it's safe to trust themselves and others – that the world is a safe place. For people who've experienced severe abuse, however, care has always been contaminated with exploitation or abandonment. As a result, the freewheeling, open-hearted trust that is the child's natural stance in the world is destroyed. As children, these people learned to shut down. And as adults, they face the challenge of discovering that they can be nurtured and cared for without being exploited or left.

Furthermore, at this crucial juncture the First Step becomes very important. The first thing we need to do is to set our anxiety aside and allow the program laid out in this book to help. We are asked to trust the process of change. We learn that people work through the Steps and by so doing, they heal. Their needs are met – and the gate described in the first paragraph of this chapter begins to open.

Overcoming rules about hardship and character building.

As children, some of us learned certain rules about hardship. We learned that life was simply about suffering and that we have to accept it; that our body is bad; that we have to work until we're completely depleted; that we don't accept or even expect joy in our lives. Working hard on dismal and focused tasks without joy has become the central theme for us. Garrison Kellow, host of National Public Radio's *A Prairie Home Companion*, captures this attitude wonderfully when he describes the "Norwegian Bachelor Farmer" who isn't married, has few friends, and lives as independently as possible. Embedded in this caricature are our rules about accepting hardship and deprivation.

We can discover the childhood messages about hardship that prevent us today from being spontaneous and joyful and passionate. We can decide to make new rules for our lives and allow ourselves celebration, passion, and joy.

Granting permission for sexuality to be nurturing and playful.

When children grow up in restrictive and non-nurturing environments, they lose their sense of playfulness and optimism. In addition, they develop a kind of attitude about their families that tells them they're being disloyal if they go against what they have been taught about nurturing, spontaneity, or playfulness. And here is another situation in which our "new elders" – our fair witnesses – can play a critical role in recovery. These people can give us permission to break these old rules and live in a way that is more fully human.

Confronting blocks in the form of perfectionism, excessive goal orientation, and dependency avoidance.

Playfulness, spontaneity, nurturing, fun – all these and more are part of a healthy life. Author Berry Sears, in his best-selling book, *The Zone*, talks at length about learning to "eat in the zone" by balancing proteins and carbohydrates and fats, and so on. In a similar way, we need to learn to live in the "healthy human zone" – a place where it's acceptable to make mistakes, to be playful ... and to be sexual. We have had blocks that have kept us from living in the human zone; only by confronting them can we find our way back to it.

TASKS

For many people who have abused alcohol or other drugs, the answer is sobriety through abstinence. Likewise, many people struggle with sexual anorexia because they've been out of control sexually. But in this case, abstinence is not the answer; it is instead just one more way of self-abuse, of failure to nurture, of self-deprivation.

The fundamental antidote for deprivation is the ability to nurture ourselves. Before we can have healthy, fulfilling sexual relationships, we must first learn how to let go and accept being nurtured by ourselves or by others.

The following exercises can help you begin this process. They offer concrete and specific ways to accept nurturing and allow yourself to depend on others. In addition, they will help you see how this lack of nurturing in your life has affected your sexual life.

ROLES AND RULES

People can take on any number of roles in their lives – some of which include

- The super-functional rescuer who has no time for self.
- The martyr who has been well trained and well rewarded for tolerating pain.
- The super-successful professional or business person on whom everyone depends to keep things going.

The “entitled” person who waits for others to take care of his or her needs, and then feels disappointed when nobody does so

The hardworking underachiever who is burdened on all fronts, and who doesn’t seem to be able to get ahead – who works very hard and yet has no reward in the end.

NOW THINK ABOUT YOUR LIFE:

1. What roles have you played that interfered with being nurtured?
2. What roles have you played that interfered with taking care of yourself?

Write your answers in your journal. (See “In Your Journal,” page 123.)

AGAIN, THINK ABOUT YOUR LIFE:

3. Can you discover the messages about hardship that you learned as a child – messages that currently prevent you from being spontaneous and joyful and passionate? List these messages in your journal.
4. You can decide to make new rules for your life. In your journal, write new rules that will allow you to be spontaneous and joyful and passionate.

NURTURING YOURSELF

1. There are many ways we can nurture and care for ourselves. In this exercise, take some time to look carefully at yourself and try to discover ways you have not cared for yourself. Write your answers in your journal.
2. Now, do the opposite. What are some ways you are being good to yourself? In what ways do you reward yourself? If you find this difficult at first, think of people you know who seem to be good at self-nurturing, and write down how you think they do it; also refer to the nurturing chart at the beginning of this chapter. List your answers in your journal.
3. What are some additional ways you could nurture yourself?
4. Turn now to the sexual part of your life. List ways you have been depriving yourself sexually or have kept yourself from being sexual.
5. Look at the list you just made about ways you have avoided being sexual. How have these choices hurt you – and others in your life? List your answers in your journal.
6. What has been painful about this exercise?
7. What are some ways you could nurture yourself sexually?

Again, if you have difficulty nurturing yourself or allowing others to do so, you will also have difficulty with sex. Deny nurturing, and you will also deny your sexuality. Again, healthy sexuality is, by definition nurturing – for both you and your partner.

PATRICK CARNES – SEXUAL ANOREXIA

April: Self Definition - Read page p.188 (Issues) – p.192 (stop at Planning).

ISSUES

Many sexual anorexics struggle with the following issues in reference to self-definition. Some of these issues have been explored at greater length in this or previous chapters; for those which have not, a brief discussion is included here. Read the issues carefully, noting the ones that apply to you. Then use those issues as discussion points with your partner and/or fair witnesses.

- Experiencing the loss of self through deprivation
- Having the inability to ask for personal needs to be met.
- This speaks to the issue of knowing yourself; knowing both the no and the yes.

Blaming others for sexual problems and failures. One sign of distortion of self-definition is blaming others for our sexual problems and failures – it's about the husband, the ex-wife, the way I was raised, how men are and how women are, and so on. These efforts at blame serve only to distract us from looking for the real source of the problem.

Having inadequate boundaries with others around sex, and feeling confused about values. This issue is of course, symptomatic of the loss of self and the confusion this brings. We should expect value conflict and confusion. This is part of the process – a process that leads us to ourselves, where we must confront our pain.

- Remaining 'little' when one needs to be 'full-sized' as a sexual person.

"Full sized" women and men are grown-ups who take responsibility for themselves. They don't see their problems as the fault of other people. My inability to be orgasmic is not about you, it's about me and my orgasm. Children want to be taken care of and let adults make their decisions; 'full-sized' people take responsibility for their own lives.

Sending conflicting messages about sexuality to others because of internal inconsistencies. If we're not consistent, we will give others in our lives double messages. Here's an example. Sue has an attraction for those of the same gender, but feels that she could never act on it. Her relationships, however, operate with this pattern: "I'm really attracted to you, but when you get close, I pull back and leave." This stance confuses others because it's a message that says, "I'm interested, but I really will not pursue that option."

- Overcoming fearful, reluctant, and indecisive stances toward others.

This is the basic task we need to accomplish, and it stems from all the above issues. Though this is a critical developmental sexual task, it's not a complex one. If we're not able to take stands in general, we won't be able to do it when sex is involved. This task reflects the true spirit of the Fourth Step, which asks us to undertake courageous self-examination. It's an approach to mental health that says we want reality no matter what the cost. It's asking us to look directly at our real selves.

The Big Book of Alcoholics Anonymous says, "There are some of us who have cried out, "This is too great a task." Certainly, this is a difficult task, but it is by no means too great. Many before us have accomplished it, and with the help of others, we can do likewise. Doing so is absolutely

fundamental to this recovery process. Yet it is this very work – to have a realistic picture of who we are – that so many people fear and resist.

TASKS

Consider the following statements about self-definition and then complete the exercise that follows.

1. Many incentives exist for not taking a stand about who you are as a sexual person. If we like to avoid conflict, or if we don't deal well with feelings, not taking a stand is a good way to cope. Knowing who we are as people will help us take such a stand.
2. Obsession thrives in the unfinished and obscure difficult choices. Obsessive preoccupation is the fundamental component of sexual anorexia. When we are unable to make choices, we live constantly "in between," and it's this very fence-sitting that feeds obsession. Again, with a better idea of who we are, making decisions will become easier.
3. Jung's notion of 'legitimate suffering' can be applied to sex. Real grief and pain do exist in people's lives. "Legitimate suffering' can be part of this experience, and through the recovery process, our suffering can become associated with what gives us meaning and can help clarify issues. We have tried to run from the pain long enough.
4. By clarifying sexual priorities and setting boundaries we can be safe and sexual. As suggested earlier, checking in with your support community and fair witnesses is so important. We need to break the no-talk rule about sexuality. Most of us believe that the only person we can talk to about sex is our partner – and even then we're very cautious. We need to be able, for example, to call someone and say, "You know, I have this thing that I think about sexually, and I want to know if you think it's really bad." We need to create and foster openness about sexuality with our friends. To be able to talk freely about how things are going sexually is very relieving as well as a great help. We've just got to stop avoiding the sexual part of ourselves.

LOOKING AT YOUR SEXUAL DARK SIDE

This exercise is designed to help you begin looking at your sexual dark side by considering the questions listed below; Write your answers in your journal. In addition, share them with your partner and your fair witnesses.

1. What have you kept hidden in regard to your sexuality?
2. What have you not felt good about?
3. What matters to you sexually?
4. What sexual priorities do you have?
5. What concerns do you have about sexual safety?
6. What can you do to feel safe sexually?

PATRICK CARNES – SEXUAL ANOREXIA - SENSUALITY

Sensuality Read page p.148 (Issues) – p.154 (stop at Planning).

ISSUES

When working on their sensuality, many sexual anorexics struggle with issues such as the following. Some of these issues have been explored at greater length in this or previous chapters; for those which have not, a brief discussion is included here. Read the issues carefully, noting the ones that apply to you. Then use those issues as discussion points with your partner and/or fair witnesses.

- Focusing on the present (as opposed to preoccupation about the past and worry about the future).
- Beginning self-awareness as a gateway to personal and spiritual growth.
- Confronting blocks around fear of touch or sound or visual fears.
- Learning to trust oneself and one's own reality.

Many of us have made promises to ourselves that we didn't keep. We weren't able to stay true to ourselves. Sometimes, of course, this happened because we experienced situation in which it was dangerous for us to be true to ourselves. Our goal now is to begin building trust – in both ourselves and in others. That begins by taking care of ourselves and by tuning in to what our sense tell us. We realize we are getting information that is important and useful, information that will ultimately bring us the ability to listen to our inner voice – and to act on what we hear. This is learning to have a sense of ourselves and to see the world as it is.

When we can pay attention to what our sense are telling us, we begin to connect to the larger world around us and to the world of nature. This is the gateway to personal and spiritual growth.

Discovering that denial of reality is, in part, denial of the sense, and overcoming fear of body awareness. We have already talked at some length about the loss of connection with our sense and factors involved in this condition. There is, however, an additional component to this problem. Some victims of abuse don't want to have body awareness. Why? Because with that awareness can come very painful memories. For these people, obliterating the senses was an important and useful coping mechanism at one time. Denying an awful reality made sense. Getting in touch again with feelings can be terribly frightening because of the horrible memories it might call up.

Given this, however, it's again important to remember what we explored in the previous chapter. We need to open ourselves to pain as a crucial part of the healing process.

Many in the counseling and medical professions have had a rather narrow approach to dealing with problems such as sexual anorexia. We've tried to "fix" people's sexuality as though it were nothing more difficult than putting a new computer component in the car.

Sexual anorexia and sexual additions, however, are very complex and interrelated. Five quick sessions with a counselor aren't enough. Not if we can't be nurtured. Not if we've shut down all our senses. If our fundamental, existential position in life is set to do things contrary to our being sexual, no number of new sexual techniques will overcome it. But when people follow the process outlined here, they find that they can change. The process works.

RELYING ON OBSESSION FOR REALITY.

This issue can be easily illustrated with a true story about a man I'll call "Scott." One evening, Scott was out cruising to pick up a woman when he pulled up next to a car at a stoplight. He and the woman driving the car exchanged glances. Scott thought she was flirting with him, so he followed her, his obsessive thinking shifting into ever-higher gears along with his car. He thought she was heading for a bar and he imagined drinks, conversation, and eventually, sex.

In the meantime, this woman pulled up and parked next to a large brick building. Scott, thinking they were at a bar, had one leg out of his car before he realized they were, in fact, in front of a police station! This poor woman was so frightened of Scott that she drove straight to the police, and Scott didn't even notice.

Scott had become disconnected from reality. This woman was frightened to deal, and he thought she was coming on to him. For many addicts, obsession literally becomes reality.

RELYING ON OTHER'S PERCEPTIONS OF REALITY.

One of the ways that people become blocked in their sexuality is by relying on other people for their perceptions. This brings us back again to the importance of paying attention to our own senses. Learning to be sensual means learning to trust your own senses, your own perception of the world – not someone else's. Sexuality is, at its core, sensuality, and when we listen to ourselves, sensuality becomes another way to trust our own perceptions, our own reality – and sexuality becomes a way to be honest with ourselves, to be clear about our own truth.

TASKS

This chapter explores sensuality and its importance to healthy sexuality. It is through the senses – seeing, touching, smelling, hearing, tasting – that we come to know and enjoy the world. Our ability to work, to feel pleasure, to communicate with others, and to affect the world is directly related to our use of sensory energy. Everywhere, however, there is sad evidence that many of us have “lost our senses.” The noise of dishwashers, air conditioners, power tools, and other appliances invades our space from every direction. We tax our sense of taste by eating and drinking foods that are too hot or too cold. The more our senses are overloaded, the more we withdraw from sensory stimulation.

We can, however, reclaim our senses quite easily. We need only take a little time and effort to pay attention to them – and that is exactly what the following exercises are designed to do – expand your ability to be sensual.

SENSORY EXERCISES

The following exercises are based on material from Bernard Gunther's *Sense Relaxation*. You may want to do these exercises with your partner – one of you can read the directions while the other does the exercise. Then, switch roles.

Have fun! Discover! Remember!

WASHING YOUR HANDS AND ARMS

Standing before a bathroom sink, adjust the water to a pleasant lukewarm temperature. Close your eyes and slowly lather your hands with soap. Take your time. The main idea is to be fully conscious of the process and of the sensations experienced. Move the lather up and around both arms all the way to the elbow. Feel the skin against skin contact, the lubrication of the soap, the temperature of the lather. Hear the water rushing and smell the fragrance of the soap. Rinse both hands and arms and feel the cooling of your skin in the air. Slowly lather your arms and hands and rinse again noting all the details of the experience. Dry your hands and feel the texture and friction of the towel against hands, against arms.

PAYING CLOSE ATTENTION

Close your eyes. Tune into the sounds of the room. Listen to and feel your breathing, the heave of your chest, the drop of your diaphragm, the distinct sounds of inhalation and exhalation. Feel the air temperature on your face and hands. Feel the clothing draped on your body, and become aware of yourself as inside the clothes, as inhabiting them. Note and feel the contact points between clothing and skin. Become aware of the sensation of your feet pressing on the floor, and of your arms and hands resting on your legs or the arms of a chair.

STRETCHING

Lie flat on your back on the floor with eyes closed. Feel your body against the floor, noting the contact points between floor and body. Without strain, begin stretching each part of your body, starting at the toes and feet and moving upward – ankles, calves, knees, thighs, hips, buttocks, stomach, chest, shoulders, arms, wrists, fingers, neck, face, and scalp – experiencing each sensation in turn. Where is there pain or discomfort? Where are there particularly pleasurable sensations?

USING YOUR SUBORDINATE HAND

For at least thirty minutes, try using your subordinate hand – the left if you are right-handed, the right if you are left-handed – as you go about your daily business. Try drinking from a cup, zipping zippers, opening doors, turning pages with the opposite hand you would normally use to do these things. Be aware of the sensations and your feelings about the effort – your frustrations, your patience (or lack thereof), perhaps the humor of the experience. When you stop the experiment, note how you feel about yourself.

PEELING AN ORANGE

Place an orange in the palm of your hand and examine it visually. Note the shape, texture, color, unique markings, or anomalies. Smell the skin of the orange. Close your eyes and roll the orange in your hands and up and down your forearms, noting its texture and firmness. Smack the orange with one hand, noting the sound it makes. Roll it across your face and shoulders and neck.

Slowly and gently break the skin of the orange and begin to remove the peel. Smell the odors, see and feel the juice on your skin, watch the skin as you tear it away in pieces, revealing the inner flesh of the fruit. Break the orange in half and separate a section from one of the halves. Do this as slowly as possible, feeling the flesh of the orange gradually give way. Close your eyes and place the section in your mouth, rolling it around with your tongue, feeling it against your cheeks, biting into it and feeling the juice flow out onto your tongue, tasting the pungent citrus flavor. Repeat this process with each section of the orange.

DINING IN SILENCE

With one other person or a group of people, eat an entire meal without speaking. Eat slowly. Closely observe the food the company. Note the various smells and tastes and colors and arrangements and tactile sensations, the movement of your hands and arms and lips and jaw and tongue. Eat for a time while maintaining eye contact with your company. Eat for a time while your eyes are closed.

BARRIERS TO SENSUALITY

What rules do you live by, in general, that prevent you from being sensual when you're trying to be sexual? Write them in your journal.

A SENSUAL FANTASY

Imagination and the senses are inextricably linked. In this exercise, write a sensual fantasy. Make it as complete as you can by including information from all your senses. You might, for example, imagine yourself in a quiet park, leaning against a tree. What would you see? Hear? Smell? Be aware of your sense of touch and taste (perhaps you're eating an ice-cream cone). Write your imagined experience in your journal.

A SEXUAL FANTASY

In this exercise, take what you practiced and learned in the previous exercise and write a sensual sexual fantasy. Again include information from all the senses as much as you are able. Write your imagined experience in your journal.

SHARING FANTASIES

Share what you have written in the previous two exercises with your partner. Pay particular attention to the differences between the two imagined experiences.

EROTIC OBSERVATIONS

Over the course of a week, pay attention to the things about your partner that you find erotic. Don't limit yourself to the blatantly sexual, however. Perhaps you find erotic the curve of an arm, the way muscles flex during some task, the way a particular shirt hangs off a shoulder, his or her hair, a particular look, and so on. Write these things down as you notice them.

At the week's end, share what you've noticed with each other.

50 Anorexic Diagnosis Questions

1. Do you go for long periods without being involved in a sexual or romantic relationship?
2. Do you go without social activities for extended periods of time?
3. Although in a relationship, have you found that, for a long while, you have not experienced: romance? sexuality? intimacy? friendship?
4. Are you alone more than you want, but feel unable to change that?
5. At work do you have trouble developing relationships, talk only when absolutely necessary, or hide out in the work?
6. Do you avoid relationship with a certain gender?
7. Do you stay aloof when in groups?
8. Are you afraid of being noticed?
9. Does being in the presence of others exhaust you, even if you like them?
10. Do you habitually panic or push people away when they start getting too close?
11. Do you usually try to withdraw from or completely control emotions, sexual feelings, or group situations?
12. Do you feel uncomfortable when offered nurturing, affection, or love?
13. Do you usually dread encountering someone to whom you are attracted?
14. Do you feel safer when a relationship remains at the level of flirting and intrigue?
15. Do you feel a deep pessimism about your ability to experience lasting intimate relationship?
16. Are you continually attracted to people who don't meet your needs?
17. Are you afraid to relax around people because you feel it might lead to a sexual situation?
18. Do you fantasise about having a relationship without actually pursuing a relationship?
19. Do your sexual habits, masturbation for instance, keep you from relationships?
20. Anorexia means the refusal to receive or give pleasure. Do you practice it?
21. Do you regularly disown your physical and emotional need for others?
22. Do you have a hard time playing and having fun with others?
23. Is it so difficult for you to set healthy boundaries with others that you withdraw entirely?
24. Does everything have to be perfect before you get involved?
25. Do you envy more outgoing people?
26. Do you feel your demonstrativeness is inauthentic?
27. Does shame about your life cause you to avoid relationships?
28. Do you use your feelings of superiority or inferiority to set yourself apart from others?
29. Do you think that no healthy, attractive person or group of people would want someone like you?

30. Do you have a hard time letting people know you care about them?
31. Do you think you are not "enough"- smart enough, attractive enough, old enough, young enough, successful enough, healthy enough, enough to deserve a relationship?
32. Do you stay in relationships because you feel you don't deserve anything better or can't have anything different?
33. Do you feel it overwhelmingly difficult to show emotion or to tell the truth to someone you wish to be involved with?
34. Do you drive others away by coldness? aggression? timidity?
35. Do you prefer being alone, rather than question the choices that keep you alone?
36. Is your fear of rejection or of looking foolish so intense that you seem to be permanently stuck?
37. Do you suspect that your capacity to move toward intimacy with another is damaged or dead?
38. Do you have an overwhelming fear of being socially, sexually, or emotionally exploited or used?
39. Do you usually feel resentful or envious toward people who have intimate relationships or active social lives?
40. Do you find sex repugnant?
41. Do you feel sex is only for healthy people and will therefore never be for you?
42. Are you more open to people you can not be sexually close to?
43. When you do date someone, do you set a time limit beforehand on how long you will date that person?
44. Are you tied to your family of origin to the exclusion of others?
45. Are you mainly attracted to unavailable people?
46. Do you consider it not worth the trouble to engage with others because past experiences have been threatening or painful especially if others want to get close to you?
47. Do you feel more comfortable or more in control when you decline sex or relationship or social invitations?
48. Are you habitually more open to strangers than those you are close to?
49. Do you feel so different from others that you are afraid no one can care about you or understand you?
50. Do you feel that love is missing from your life, yet don't know what to do about it?

Week 1 - ANOREXIA STEP STUDIES

1. We admitted we were powerless over sexual, social, and emotional anorexia, that our lives had become unmanageable.

The first step asks us to let others care for us and to learn to take care of ourselves. This means giving up control, letting go, and trusting others.

Key concepts: powerlessness, trusting others, letting go.

(Chairperson may add additional step 1 readings if they chose - Example: SLAA basic text or AA literature)

2. Came to believe that a power greater than ourselves could restore us to sanity.

The 2nd step reminds us that an awareness of little things helps us to trust that there are larger forces at work in our lives. A sense of wonder emerges if we are present to our lives.

Key concepts: sanity as vulnerability, coming to trust, wonder.

(Chairperson may add additional step 2 readings if they chose - Example: SLAA basic text or AA literature)

3. Made a decision to turn our will and our lives over the care of a Higher Power as we understood that power.

The third step underlines the leap of faith necessary to believe in ourselves and to trust that our life is connected to the guidance of a Higher Power. The time-honored “act as if” principle assumes a Higher Power who made us loving and lovable, fully alive human beings.

Key concepts: leap of faith, our decision, who is our Higher Power.

(Chairperson may add additional step 3 readings if they chose - Example: SLAA basic text or AA literature)

4. Made a searching and fearless moral inventory of ourselves.

The fourth step asks a fearless inventory of who we are which demands a more honest expression of our needs, vulnerabilities, and strengths. This is the first step toward becoming visible.

Key concepts: honesty, fearlessness, visibility

(Chairperson may add additional step 4 readings if they chose - Example: SLAA basic text or AA literature)

5. Admitted to our Higher Power, to ourselves, and to another human being the exact nature of our wrongs.

The 5th step helps us to be fully known by others, including all of our “dark side”. This helps us to be comfortable to integrate those parts of ourselves we used to hide.

Key concepts: fully known, dark side, admission.

(Chairperson may add additional step 5 readings if they chose - Example: SLAA basic text or AA literature)

6. Were entirely ready to have our Higher Power remove all these defects of character.

The sixth step encourages us to look deeper for areas that need work in our life, and to be open to change and being changed.

Key concepts: readiness, openness to change and being changed.

(Chairperson may add additional step 6 readings if they chose - Example: SLAA basic text or AA literature)

7. Humbly asked our Higher Power to remove our shortcomings.

The seventh step allows us to take another leap of faith that we will be shown how to grow and move through these more difficult issues. Seeing the ways our Higher Power leads us to change, and the ways we are taught to work out these issues, adds to our spiritual growth and life experience.

Key concepts: humility, request, removal.

(Chairperson may add additional step 7 readings if they chose - Example: SLAA basic text or AA literature)

Week 1 - ANOREXIA STEP STUDIES (Continued)

8. Made a list of all persons we had harmed, and became willing to make amends to them all.
The eighth step demands a rigorous honesty which becomes central to healthy relationships. This honesty within ourselves makes relationships more durable and authentic.
Key concepts: willingness, responsibility, honesty, authentic relationships
(Chairperson may add additional step 8 readings if they chose - Example: SLAA basic text or AA literature)
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
The ninth step is the actions step that requires us to do what we can to keep our relationships in order. That means to use all means that we can and to make amends for those areas in which we have not done enough. The ninth step is our part of building a bridge toward healing past wrongs; the outcome belongs to our Higher Power, and is one more way we open to the possibility of grace in our lives.
Key concepts: direct amends, safety, action, building bridges
(Chairperson may add additional step 9 readings if they chose - Example: SLAA basic text or AA literature)
10. Continued to take personal inventory and when we were wrong, promptly admitted it.
The tenth step builds on the principles of the previous nine and asks that these principles be practiced in our lives on a daily basis as a way to greater self-awareness and deeper commitment to honesty with others.
Key concepts: daily, commitment to honesty and awareness
(Chairperson may add additional step 10 readings if they chose - Example: SLAA basic text or AA literature)
11. Sought through prayer and meditation to improve our conscious contact with our Higher Power as we understood this power, praying only for knowledge of his/her will for us, and the power to carry that out.
The eleventh step encourages us to constantly improve our spiritual consciousness--our closeness and trust in our Higher Power. In this way, we remember our connectedness and purpose.
Key concepts: closeness and trust in Higher Power
(Chairperson may add additional step 11 readings if they chose - Example: SLAA basic text or AA literature)
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to other anorexics, and to practice these principles in all our affairs.
The twelfth step asks that we bear witness to our experience with others. This creates the opportunity for us to become conduits for our Higher Power at the same time that it deepens our connectedness and our own healing.
Key concepts: bearing witness, practicing principles, connectedness
(Chairperson may add additional step 12 readings if they chose - Example: SLAA basic text or AA literature)

Week 3 - Capacities for Intimacy

Initiative. To be intimate, one has to risk being first. Calling, reaching out, expressing interest or care, inviting others to share activities or problems, revealing needs and wants—all characterize initiative. Initiative never stops. Without it, mutuality cannot exist. Its opposite is the passive, isolated stance of an anorexic terrified of abandonment, or the seductive person who has to rely on others to maintain their emotional connections. Recovery requires connection with others.

Presence. To say someone is emotionally present means that their feelings are available, that the whole person is totally engaged. People who are present listen and pay attention. They notice what happens and express their reactions. They are willing to spend time with no other goal than to be present. They seek and accept the presence of the other. The opposite of this is the shame-based person who deflects the attempts of others to connect, since any affirmation is felt to be undeserved. Recovery works to reduce shame through affirmation of the group, so that presence becomes safer.

Completion. Trust builds when people finish things, including interpersonal transactions. A person who acknowledges care and outreach lets others know they have been heard so the message does not have to be sent again and again. Working for closure on problems, responding to others needs and wants, and expressing appreciation for others' completed efforts all create a sense of safety and reliability.

Addicts try to leave things unfinished to keep their options open; co-addicts set low levels of accountability because they are afraid of abandonment. Needs and wants here remain unheard. Recovery comes through the 8th and 9th steps as the interpersonal bridge is rebuilt.

Vulnerability. When people are vulnerable they share their thoughts and feelings. They talk to others about their dilemmas and involve them in their decisions. People who are vulnerable allow feedback. They reveal parts of themselves, including fears and inadequacies. Anorexics, however, keep everything secret and private, often from fear or shame. By hiding their internal dialogues, they often strive to appear fearless and invulnerable, not knowing that owning up to powerlessness and need is normal and human.

Nurturing. Nurturing involves caring for other people. People who are nurturing express care for others, empathize with their pain, and affirm their value. They support, encourage, and offer suggestions. They do things to help others, taking care not to diminish them in any way. They touch and allow themselves to be touched.

Anorexics, on the other hand, often involuntarily withdraw from people who have needs, afraid of engulfment or intimacy. They are uncomfortable with intense feelings, and have trouble listening to others. They can be critical of judgmental when others need help because they are afraid of losing themselves. Recovery comes from compassion and honesty engendered by the group experience. Nurturing of others can become the norm, as fear is replaced by feelings of safety.

Honesty. When people are honest, they are able to claim both positive and negative feelings. They are clear about their priorities and values. Honest people are specific about disagreements, provide feedback when asked, and admit flaws and mistakes. Those with whom they are intimate know them fully.

Anorexia is a disease of silence, in which significant feelings remain unexpressed and disagreements are not resolved. Manipulation, passive-aggressive behavior, and avoidance can take the place of honesty, because anorexics fear conflict or have been unable to identify what they feel and think. The program's focus on rigorous honesty and on meditation help to heal the gulf created by silence.

Week 5 - Sexual Anorexia – Overcoming Sexual Self Hatred by Patrick Carnes, Ph.D.

The leader of the meeting will select a reading from this book from the outline below:

Introduction (Pg 1-6)

Part 1

- Chapter 1: Sex as Fundamental
 - Sex as Fundamental (Pg 9-12)
 - Sex is Fundamental (Pg 9-14)
 - Sex in the Extremes (Pg 14-19)
 - Understanding Sexual Deprivation (Pg 19-22)
 - The Sex-Negative Culture (Pg 22-24)
 - Sex as Manipulation (Pg 24)
 - Sex as Trauma (Pg 24-26)
 - Sex as Marital Failure (Pg 26-27)
 - Sex as Sleaze (Pg 27-28)
 - Sex as Oppression (Pg 28-30)
 - Toward a New Paradigm (Pg 31-35)
- Chapter 2: Sex as Deprivation
 - Sex as Deprivation (Pg 37-39)
 - The Interior World of the Anorexic (Pg 39-42)
 - Sex as Terror (Pg 42-45)
 - Impaired Thinking of the Sexual Anorexic (Pg 45-47)
 - The Anorexia Cycle (Pg 47-50)
 - Anorexia and Addiction: A Comparison (Pg 50-54)
- Chapter 3: Sex as Extreme
 - Sex as Extreme (Pg 55-59)
 - The Deprivations (Pg 59-60)
 - Mix and Match (Pg 60-63)
 - The Sexual Extremes (Pg 63-70)
 - Sexual Anorexia, Addiction, and Codependency (Pg 70-73)
 - Trauma and Fear (Pg 73-74)
- Chapter 4: Sex as Healing
 - Sex as Healing (Pg 75-78)
 - The healing Journey (Pg 78-79)
 - Sexual Anorexia Inventory Checklist and Key Questions (Pg 80-86)
 - Finding a Group (Pg 86-87)
- Chapter 5: Sex as Health
 - Sex as Health (Pg 89-92)
 - Toward Healthy Sexuality (Pg 93-95)
 - Fair Witness (Pg 95-96)
 - Dimensions Sexual Health (Pg 97-99)

Part 2

- Chapter 6: Nurturing
 - Nurturing (Pg 103)
 - Rachel's Story (Pg 103-105)
 - The Four Core Beliefs (Pg 105-108)
 - Our Culture's "Anti-nurturing Curriculum" (Pg 108-111)
 - The Effects of Neglect (Pg 111-114)
 - Objectification of Others (Pg 114-115)
 - Healthy Sexuality Requires Letting Go (Pg 115-116)
 - Nurturing as a Step One Issue (Pg 116-118)
 - Key Questions (Pg 118-121)
 - Issues (Pg 121-125)
 - Sean and Margit (Pg 125-127)
 - Tasks (Pg 127-131)
 - A Closing Exercise (Pg 131-133)
- Chapter 7: Sensuality
 - Sensuality (Pg 135-136)
 - The Natural Sensuality of Children (Pg 136-137)
 - Paying Attention to Senses (Pg 137-138)
 - Sensuality and Spirituality (Pg 138-140)
 - It Takes Time to Be Sensual (Pg 140-143)
 - Cultural Bias against Pleasure and Sexuality (Pg 143-144)
 - A Modern-day Myth (Pg 144-146)
 - Key Questions (Pg 146-148)
 - Issues (Pg 148-150)
 - Tasks (Pg 150-155)
 - A Closing Exercise (Pg 155-157)
- Chapter 8: Self Image
 - Self Image (Pg 159-162)
 - What is "Attractive"? (Pg 162-165)
 - There Is a Way Out (Pg 165-167)
 - The Importance of Others (Pg 167-169)
 - The Role of Trust of Self (Pg 169-170)
 - Key Questions (Pg 170-171)
 - Issues (Pg 171-172)
 - Tasks (Pg 172-174)
 - A Closing Exercise (Pg 174-176)
- Chapter 9: Self Definition
 - Self Definition (Pg 177-178)
 - Boundaries and their Development (Pg 178-180)
 - Self Definition: Looking at the Dark Side (Pg 180-183)
 - Self Definition: Engaging the Spiritual (Pg 183-187)
 - Key Questions (Pg 187-188)

- Issues (Pg 188-190)
- Tasks (Pg 190-192)
- A Closing Exercise (Pg 192-194)
- Chapter 10: Sexual Comfort
 - Sexual Comfort (Pg 195-196)
 - Sexual Embarrassment (Pg 196-199)
 - Identifying Our Discomforts (Pg 199-201)
 - Talking with our Partner (Pg 201-203)
 - Talking With Others (Pg 203-205)
 - Key Questions (Pg 205)
 - Issues (Pg 205-212)
 - Tasks (Pg 212-215)
 - A Closing Exercise (Pg 215-216)
- Chapter 11: Knowledge
 - Knowledge (Pg 217-219)
 - The Human Response Cycle (Pg 219-220)
 - Francine's Story (Pg 220-223)
 - Gaining Knowledge and Preparing to Change (Pg 223)
 - Understanding the Role of Sexual Fantasy (Pg 223-224)
 - Functions of Sexual Fantasy (Pg 225-227)
 - A Word of Caution for Sexual Anorexics and Sex Addicts (Pg 227-229)
 - Fantasy & the Sexual Response Cycle (Pg 229-234)
 - Key Questions (Pg 235)
 - Issues (Pg 235-237)
 - Tasks (Pg 237-245)
 - A Closing Exercise (Pg 245-247)
- Chapter 12: Relationships
 - Relationships (Pg 249-252)
 - Men as "Expendable Warriors" (Pg 252-253)
 - Women as "Inferior Child Bearers" (Pg 253-256)
 - Issues for Gays and Lesbians (Pg 256-259)
 - Anger Rooted in Gender Prejudice (Pg 259-261)
 - Key Questions (Pg 261-262)
 - Issues (Pg 262-264)
 - Tasks (Pg 264-267)
 - A Closing Exercise (Pg 267-269)
- Chapter 13: Partners
 - Partners (Pg 271-275)
 - Speaking the Truth (Pg 275-279)
 - Love Addiction and Avoidance Addiction (Pg 279-284)
 - Gay & Lesbian Partners (Pg 284-286)
 - Key Questions (Pg 286-289)
 - Issues (Pg 289-295)
 - Tasks (Pg 295-301)
 - A Closing Exercise (Pg 301-303)
- Chapter 14: Non-genital Sex
 - Non-genital Sex (Pg 305-306)
 - Celibacy Contract (Pg 306-307)
 - June and Bill's Story (Pg 307-308)
 - The Role of Non-genital Sex (Pg 308-310)
 - The Importance of Touch (Pg 310-312)
 - Key Questions (Pg 312)
 - Issues (Pg 313-315)
 - Tasks (Pg 315-317)
 - A Closing Exercise (Pg 317-319)
- Chapter 15: Genital Sex
 - Genital Sex (Pg 321-323)
 - Key Questions (Pg 323-324)
 - Issues (Pg 324-325)
 - Tasks (Pg 325-331)
 - A Closing Exercise (Pg 331-334)
- Chapter 16: Spirituality
 - Spirituality (Pg 335-339)
 - Expressing the spirituality of sex (Pg 339-341)
 - Key Questions (Pg 341-342)
 - Issues (Pg 342-343)
 - Tasks (Pg 344-345)
 - A Closing Exercise (Pg 345-348)
- Chapter 17: Passion
 - Passion (Pg 349-350)
 - The Power of Stories (Pg 350-351)
 - Our Stories have Culture-wide Impact (Pg 351-353)
 - Seven Levels of Feeling (Pg 353-355)
 - Speaking Out and Giving Back (Pg 355-356)
 - Key Questions (Pg 356)
 - Issues (Pg 357)
 - Tasks (Pg 357-358)
 - A Closing Exercise (Pg 358-365)
- Appendix A
 - Dimensions of Healthy Sexuality, corresponding Supportive Strategies, and corresponding 12 Step Principles (Pg 369-372)