

DIGITAL TECHNOLOGY AND SEXUAL ADDICTION

By Robert Weiss LCSW, CSAT-S



These days pretty much everyone owns or has regular access to a computer, laptop, tablet, pad, smartphone, or some other Internet-enabled mobile device. Together, these digital technologies provide a level of interconnectivity that was virtually unthinkable a dozen years ago. Social media sites now have hundreds of millions of users, almost everyone has email, texting is ubiquitous, and the number of “adult friend finder” apps increases by the day.

On the plus side, this digital interconnectivity provides endless opportunities for community building and social interaction. Furthermore, it helps us to maintain our close relationships by allowing us to “stay in touch” with friends and family who, just a few years ago, may have been too distant for regular contact. It also helps us to develop new relationships with people we’d never have crossed paths with otherwise. These relationships can be professional, political, social, and even romantic.

On the minus side, digital technology also brings affordable, relatively anonymous, 24/7/365 access to highly arousing sexual content and willing sexual partners. People who are predisposed to impulsivity, compulsivity, and addiction can quickly and very easily find themselves lost in an obsessive, escalating quest for sexual intensity. These individuals use sexual technology not to have fun and feel better, but to escape and feel less. In other words, they use “sexnology” to avoid feeling stress, emotional discomfort, and the pain of underlying psychological conditions like depression, anxiety, chronic shame, unresolved early-life trauma, etc.

Nearly always, porn is the bell cow with tech-driven sexual addictions. This is hardly a surprise, given the current online porn explosion. Current statistics tell us that 12% of today’s websites are pornographic, 25% of search engine requests are porn-related, and 35% of all downloads are of sexualized imagery. And all of these numbers are up significantly from just a few years ago, thanks primarily to user-generated pornography (amateur exhibitionism, misappropriated sexts, and the like). The simple truth is that pornography is now anonymously available to anyone, anytime, on practically any digital device, and more often than not it’s free. As such, the barriers to intensely arousing sexual imagery that existed just a few years ago (social taboos, age limitations, lack of variety, cost, etc.) no longer exist in today’s increasingly digital universe.

Porn, however, is merely the tip of the iceberg. Dating and hookup websites have been around for years and sex and love addicts have been misusing them right from the start. Sex-oriented virtual worlds, which allow users to create fantasy avatars that they then guide through a variety of online sexcapades, are also popular with sex addicts. And then we have hookup apps—the crack cocaine of sex addiction. It used to be that finding partners for casual or anonymous sex took a bit of effort. You had to travel to a singles bar and pay the price of admission, buy people drinks, flirt, and chat, all the while hoping that someone among the limited clientele would be

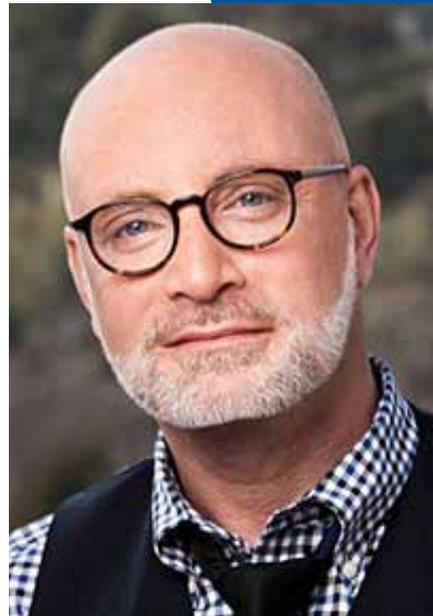
interested in you. With apps you have thousands of potential sex partners to choose from—helpfully arranged, thanks to geolocating technology, from nearest to furthest away. All you need to do is find a profile you like, let that person know you’re interested, and wait for a response. If you get a hit, you simply pick a time and place to meet. If you don’t, you just contact someone else. No strings attached.

Even seemingly benign digital technologies are showing the potential for abuse. For instance, social media sites have become places to peruse intimate photos, gain personal information, seek out hot chats, and make plans to hook up.

More recent studies indicate the problem of sexual addiction is growing more common in both adults and adolescents, and more evenly distributed among males and females. There is no doubt whatsoever that these changes are directly related to the easy, affordable, and mostly anonymous access to pornography, willing sexual partners, and other highly arousing sexual activities that digital technology provides. In other words, as digital technology has increased people’s access to potentially addictive sexuality, mental health professionals have seen a corresponding increase in the number (and variety) of people struggling with sexual addiction. It’s just that simple. Recovery is possible and treatment by qualified professionals and 12 step or other self-help groups are useful ways to begin addressing the individual’s problem.

Robert Weiss is a Clinical Social Worker in the USA and Author of two new books namely, *Always Turned on: Facing Sex Addiction in the Digital Age* and *“Closer together, Further apart, a book about the way technology effects relationships.*

Elim Clinic offers a two day, CPD accredited workshop for Professionals, “introduction to sex addiction” and have private practitioners available to assist persons who believe that they may need help for a sex addiction. For more information please contact the Clinic on 011 975 2951.



Robert Weiss



We are all addicts. Yes, you are. So am I. We are addicted in many ways to many things. It is easy to identify the obvious **physical addictions**; drugs, alcohol, medication, etc. It's a little harder to **identify the process or behavioural addictions** (sex, internet, exercise, gambling) but we are becoming more aware of them. Kicking any of these addictions is hard, but try kicking your addiction to one of your own **destructive core beliefs**. You will also scream. You'll fight. You'll deny, rationalise and minimise it.

It's easy for those who have no physical addiction, to point at the addict and judge their moral fibre when in fact it is a brain disease in need of both medical and therapeutic interventions. We are all **addicted to the way we think about ourselves and others**. We are **hooked on our view of life** and too many of us are still not open to challenge our own fixed beliefs in order to be more tolerant, more supportive, and more useful to the greater community.

We don't realise that whilst we judge, we ourselves may have **emotionally driven compulsive behaviours** that are as addictive, as destructive to ourselves and as damaging to others as those counterparts who are addicted to drugs and alcohol. Emotional addictions may be hard to identify. Nevertheless, we all have them. **Denying them, does not mean they don't exist** as Harriet

Braiker pointed out, *"If you are an approval addict, your behaviour is as easy to control as that of any other junkie. All a manipulator needs do is a simple two-step process: Give you what you crave, and then threaten to take it away"*. We can see our emotionally driven compulsive behaviours when we look closely at our relationships with other people. We might find the **recurring cycles and circumstances** that show up in our lives. For example, people who manage to escape one abusive relationship often end up in another one.

It is harder still to identify the **thought patterns and core beliefs** you may have that fuel your relationship to yourself and others. Parents and teachers rightfully worry about pushers hanging around schoolyards, hoping to entice the innocent into some physical addiction. Yet as parents we are busy impressing young minds with ideas and ways of thinking about life. From birth, we are trained/programmed/brainwashed to think a certain way, to have certain perspectives, to defend a certain reality. These provide us with comfort and security just as much as any needle full of dope does for others. And with those pre-programmed minds, **we view anything and anyone outside of our reality and norm, to be abnormal, lesser and wrong**. Paulo Coelho, author of the Pilgrimage once said, *"We can never judge the*

lives of others, because each person knows only their own pain and renunciation. It's one thing to feel that you are on the right path, but it's another to think that yours is the only path". And Santosh Kalwar added, *"We are addicted to our thoughts. We cannot change anything if we cannot change our thinking."*

All obsessions, compulsions and addictions serve a purpose. Just as alcohol numbs the emotional pain for the addict, it may serve you to be addicted to 8 cups of coffee per day because it boosts your productivity. It may serve you to be addicted to the high you get from your morning run because it provides the motivation to stay physically healthy. It may serve you to be hooked on your belief that your way is the only way because it keeps you from challenging yourself, from having to make changes and to grow. Just because **an addiction may serve you**, or just because the benefits outweigh the negatives for now, does not mean that you should not challenge it, or that you don't **need change in your life**.

As you can see from the other articles in this newsletter, addiction is an equal opportunity destroyer. It doesn't care whether you are rich or poor, educated or not, Christian or Muslim. It cuts across social status, gender, culture and all belief systems. Therefore I challenge everyone to explore their attitudes towards addicts. When we educate ourselves about addiction and recovery **we will**

gain understanding, knowledge and skill. When we reflect on our own compulsive behaviour and fixed beliefs, **we will gain empathy** and compassion. This is a tough job. For most of us, it may even be a lifetime of work. As Margaret Atwood points out, *"Every habit he's ever had is still there in his body, lying dormant like flowers in the desert. Given the right conditions, all his old addictions would burst into full and luxuriant bloom."*

If we want to achieve freedom from our addiction to these core beliefs, we must stop allowing culture to be our cult. We should no longer allow our pre-programmed minds to determine our view of life and of those who are different from us. Ask questions and wait long enough, quietly, to hear the answers. Bring intentionality to everything. We can set ourselves free from a lot of baggage, judgement and intolerance when we realise that even our most profoundly held belief is only our opinion, our viewpoint. We are certainly entitled to our opinions, but we don't need to be imprisoned within them or carry them like shackles which rob us of the blessing of learning more about life, love, peril, grace, and about ourselves. None of us has arrived yet. We are all unfinished songs and without the wisdom to truly see another person's bigger picture. No one is above the grace of God or below redemption. Let's pray for one another.

FROM VICTIM TO VICTOR

By Pastor Lovemore Mabena, Pastoral Councillor at Elim Clinic

I recently had the pleasure of being invited to the ordination of one of Elim Clinic's ex-students, Wele Kalawute who was ordained to ministry after making a decision to serve God after his treatment for addiction to alcohol. I was so happy to see him being a useful instrument to the church, the family and the community at large. Many things came to my mind. I thought, yes, this is what God can do with our lives if we give Him a chance. He can turn us from a victim to a victor!

Pictured: Pastor Morwa L Mabena (left) and Wele Kalawute (right) at Wele's ordination to ministry.



DRUGSIGN SMARTPHONE APPLICATION

By: Sorika de Swardt

One cold winter's morning in June I met with Chris Porter, an entrepreneur who has a passion to make a difference in the community. How do we speak to the masses these days? Through smartphone apps of course. And that's just what he decided to do. He developed the DrugSign app.

Chris approached Elim Clinic with the request that our team of addiction experts would ensure the information is accurate. What I saw so far really impressed me, so I was curious to find out more. This is what Chris had to say:

Why did you decide to develop an app about substances and addiction?

The socio-economic impact of drug abuse in SA alone is R130 billion annually. It doesn't just drain our economy, but also destroy lives and whole families. Based on our

market research we found that employers and parents go online or to their GP for advice, but only after it's almost too late. We wanted to make something to assist in early detection of drug use, with a tool that's modern and interactive.

Who would benefit from this app?

DrugSign is an application made for teachers, employers, parents, police/security officials, healthcare and emergency staff and anyone who would like to learn more about drugs and their signs and symptoms.

Is it child friendly?

Yes, DrugSign is very easy to understand and use. Currently there are no explicit images or information on the app like: drug names, signs and symptoms, short-term and long-term effects, reporting crimes and finding help.

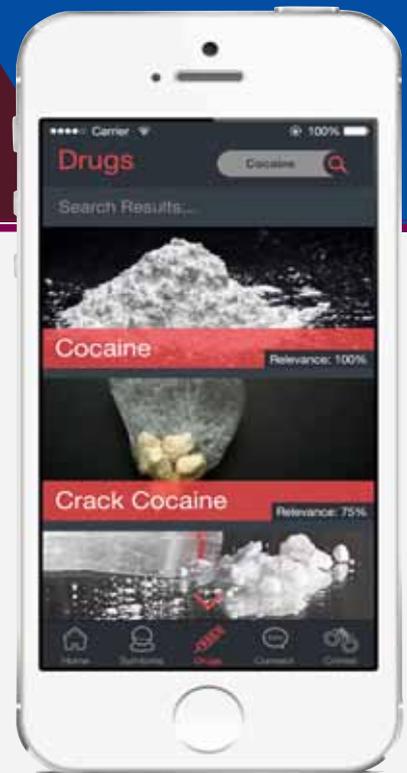
What can people expect when they download this app to their smartphones and other devices?

Drugs are usually a topic people do not want to talk about. DrugSign is completely safe, secure, anonymous and can be used in any location. With our unique symptom sorter it is quick and easy to identify the possible drugs a person may be using.

Where can people download it should they want to make use of it?

We will be launching the iOS app later this year. Android and Windows will closely follow.

With the internet there is great potential for abuse and harm, but applications like DrugSign shows that technology can also be used to educate, make aware and point



concerned people in the direction of professional treatment. Elim Clinic is excited about our partnership with DrugSign and will inform our readers as soon as the DrugSign application launches.

FROM COMPULSION TO INTUITIVE EATING

By Xenia Ayiotis—Certified Life Coach and Intuitive Eating Counsellor

South Africa, USA and the UK are the 3 most overweight nations in the world with the highest obesity rates. There is plenty of evidence that diets and dieting as such, is not the answer. If one looks at recent statistics in the above mentioned countries only 6–10% of people who go on a diet and lose weight, keep the weight off for longer than 5 years. This suggests that diets in all their forms don't work. So the question is—what does work?

It's very simple actually. It's the principle of **intuitive or instinctive eating**. This is something we learn to do at birth and as very young children, but our parents, friends, the media and society disturb and distort this natural ability, and consequently our relationship with food.

Instinctive eating suggests that we eat when hungry and stop when satisfied. As a result of years of dieting **we disconnect from our body's quiet voice** and ignore the signals it sends us. The aim is to **reconnect and practice awareness**.

An interesting study conducted in France and the USA revealed that Americans stop eating when the food on their plate is finished whilst most of the French stop when the food no longer tastes good or they are no longer hungry. Portions in South Africa are so large that if we are to follow the **"clean plate" mentality**—weight gain is inevitable. We feel we need to get "our money's worth" at restaurants but if you consider how much we spend on diets, weight loss products etc, if we ate according to our hunger at restaurants we would probably save money because we would likely order only a main course and perhaps share a starter or a dessert.

All or nothing thinking created by dieting doesn't serve us: we believe that if we can't get to the gym to work out for an hour—what's the point of exercise? Well, if you exercise for a result on the scale, you would have to be in the gym all day. The aim is to exercise for our physical and mental health. Every little bit of exercise counts. Everyone

can fit in a 15–20 minute walk 3–5 times a week. Build in activity to our day like parking far away from the mall entrance, taking the stairs etc.

Unless you are diabetic, gluten intolerant, or have food allergies, **cutting out food groups** doesn't work. It **creates a scarcity in our minds** and exactly what the diet says we shouldn't eat is what we want to eat! As human beings, we need to have **autonomy and choice** around foods.

The main reasons we eat are to nourish our body (**fuel eating**) and for enjoyment (**joy eating**). Most diets take the pleasure part out of it and that causes **binge eating** which is a pattern of **disordered eating** which consists of episodes of uncontrollable eating. The intuitive eating principles allow for 10–20% of your daily intake to be for pure pleasure and enjoyment whilst we should eat fuel foods, that nurtures and cares for the body, 80% of the time.

The other big cause of weight gain



Xenia Ayiotis

is eating without paying attention to what we eat, how much we eat and how it tastes. We tend to eat mindlessly—in the car, in front of the television, at our desks, in front of our computers, and always in a hurry. **Eating without awareness** will certainly contribute to overeating.

People are increasingly turning to food for **emotional reasons**; the most common being stress at work or at home, boredom, loneliness, frustration and tiredness. The only problem food solves is hunger, it cannot solve loneliness or anger or frustration. **"If hunger isn't the problem, food is not the solution."**

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10 WAYS TO EAT MORE MINDFULLY:

1. Eat when you are hungry. Get to know your body's hunger signals
2. Stop eating when you are no longer hungry, not when you are full
3. Eating sitting down with your food on a plate
4. Pay attention to your food, eat without distractions
5. Eat slowly and chew your food
6. Delight your palate. Eat foods that you enjoy for pure pleasure (not more than 20% of the day)
7. Nourish your body with fuel foods. 80 -90% of the time eat food for health and nourishment (think vegetables, fruit, complex carbohydrates, protein and good fats)
8. Move your body in a way that you find enjoyable—every little bit counts
9. Order less at restaurants— you can always order more if you feel hungry but if you have lots on your plate you will want to eat it all!
10. Find ways to deal with stress, boredom, loneliness—food and eating are not going to take these problems away—it will just add another problem to your list—weight gain.

Xenia Aiyotis is a Certified Life Coach and Intuitive Eating Counsellor

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FROM BANGED UP ABROAD TO A MINISTRY OF HOPE

By Lillian Ramphele

The 27th of March 2000 was a turning point in my life. I received a call from my then 15 year old daughter who very frantically said: "Mommy, mommy where are you?" Before I could even answer, she said: "You need to come home now I think daddy is dead." I went numb with shock.

A friend drove me home where my worst fear was confirmed; my husband of 15 years lay lifeless in our bedroom. Grief stricken, I made arrangements for the burial. I'd not even absorbed the shock of his death when I was called to the office of deceased estates at the bank where my husband had lodged his will. I was informed that the estate had more liabilities than assets and was declared insolvent. Everything my husband had worked so hard for was sold by public auction.

Life as I knew it had ceased. My two children were kicked out of private schools and I had to get employment after years of being a stay-at-home mom. I tried looking for a job but a degree without work experience does not help much at age 40. My husband was my rock and protector and suddenly I was lost. I didn't know how to take care of myself and my children whilst the debt was mounting. I became terrified and helpless when I couldn't see light at the end of the tunnel. I turned to alcohol to numb the pain and find some comfort, which only gave me a few hours of relief and years of additional pain and destruction. I had lost control over my drinking and my life deteriorated further.

It was at this stage that I connected with one of my teenage friends

who seemed to be doing well despite the fact that she was also unemployed. I became curious and was introduced to the world of drug trafficking. It was to become a very short lived career. On the 30th of June 2005 when I stepped out into Bermuda airport, I was arrested whilst "muling" some drugs across the border. Bermuda has a zero tolerance for drug trafficking and that is demonstrated by the severity of their sentences. The purity of the drugs I was carrying and the value thereof constituted a life sentence. By the grace of God and through divine intervention I was sentenced to 12 years instead. By the time of the actual sentence I had experienced an encounter with God.

Seated in my cell after receiving a call from my daughter who was crying bitterly, I listened to a CD with a message from JOB 5:17. As a very heavy smoker I was smoking while listening to the message. The verse that said "six times I will deliver thee, seven, no evil shall touch thee" became my defining moment. I opened my heart to the Lord and haven't looked back. That was on the 11th November 2005.

For good behaviour, and by the grace of God, I was pardoned by the Governor of Bermuda, Sir Richard Gozney in 2012, after serving seven years of my twelve year sentence. I have lost so much, but I have gained so much. I am currently studying a Bachelor of Theology at Auckland Park Theological seminary and also do prison ministry giving a message of hope and sowing a seed of love to inmates. God can really make a way where there seems to be no way.



Forthcoming attractions

Golf Day

Please diarise our Golf day on the 23rd of October 2014.

Contact Elim Clinic on 011 975 2951 for more information.

The sponsor and registration forms are attached to this newsletter.

Please come and support us whilst having loads of fun.

Enquiries: Irma Benson or Marinda Stegmann Tel: 011 975 2951 Irma@elimclin.co.za

Support group for supporters

On the first Wednesday of each month at 17:00 we run a support group at Elim Clinic for those who support others.

This is an open invitation to any family member or friend of someone who struggles with addiction. It is free of charge and aims to give information about addiction and teach supporters how to take care of themselves.

For more information please contact Cheryl Easterbrook, Therapist at Elim Clinic on 011 975 2951.



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