

Step One Questions for SAA Fellow Travelers

*Adapted from the Narcotics Anonymous First Step Publication and
Life Story Assignment by Patrick Carnes*

"We admitted we were powerless over our addiction, that our lives had become unmanageable."

A "first" of anything is a beginning, and so it is with the steps: The First Step is the beginning of the recovery process. The healing starts here; we can't go any further until we've taken this step.

Some fellowship members "feel" their way through the First Step by intuition; others choose to work Step One in a more systematic fashion. Our reasons for formally working Step One will vary from member to member. It may be that we're new to recovery, and we've just fought and lost an exhausting battle with compulsive sexual behavior. It may be that we've been around awhile, abstinent from our inner circle. Still, we've discovered that our disease has become active in some other area of our lives, forcing us to face our powerlessness and unmanageability again. Not every act of growth is motivated by pain; it may just be time to cycle through the steps again, thus beginning the next stage of our never-ending recovery journey.

Some of us find a measure of comfort in realizing that a disease, not a moral failing, has caused us to reach this bottom. Others don't really care what the cause has been -- we want out!

Whatever the case, it's time to do some step work: to engage in some concrete activity that will help us find more freedom from our addiction, whatever shape it is currently taking. Our hope is to internalize the principles of Step One, to deepen our surrender, to make the principles of acceptance, humility, willingness, honesty, and open-mindedness a fundamental part of who we are.

First, we must arrive at a point of surrender. There are many different ways to do this. For some of us, the road we traveled getting to the First Step was more than enough to convince us that unconditional surrender was our only option. Others start this process even though we're not entirely convinced that we're addicts or that we've really hit bottom. Only in working the First Step do we truly come to realize that we are addicts, that we have hit bottom, and that we must surrender.

Before we begin working the First Step, we must become abstinent-whatever it takes. If we're new in SAA and our First Step is primarily about looking at the effects of addiction in our lives, we need to "get clean." If we've been clean a while and our First Step is about our powerlessness over some other behavior that's made our lives unmanageable, we need to find a way to stop the behavior so that our surrender isn't clouded by continued acting out.

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1. The disease of addiction

What makes us addicts is the disease of addiction-not the sex, not our behavior, but our disease. Something within us makes us unable to control our use of sex. This same "something" also makes us prone to obsession and compulsion in other areas of our lives.

How can we tell when our disease is active? When we become trapped in obsessive, compulsive, self-centered routines, endless loops that lead nowhere but to physical, mental, spiritual, and emotional decay.

What does "the disease of addiction" mean to me?

Has my disease been active recently? In what way?

- **What is it like when I'm obsessed with something? Does my thinking follow a pattern? Describe.**
- **When a thought occurs to me, do I immediately act on it without considering the consequences? In what other ways do I behave compulsively?**
- **How does the self-centered part of my disease affect my life and the lives of those around me?**
- **How has my disease affected me physically? Mentally? Spiritually? Emotionally?**

Our addiction can manifest itself in a variety of ways. When we first come to Sex Addicts Anonymous, our problem will, of course, be sex. Later on, we may find out that addiction is wreaking havoc in our lives in any number of ways.

- **What is the specific way in which my addiction has been manifesting itself most recently?**
- **Have I been obsessed with a person, place, or thing? If so, how has that gotten in the way of my relationships with others? How else have I been affected mentally, physically, spiritually, and emotionally by this obsession?**

2. Denial

Denial is the part of our disease that tells us we don't have a disease. When we are in denial, we are unable to see the reality of our addiction. We minimize its effect. We blame others, citing the too-high expectations of families, friends, and employers. We compare ourselves with other addicts whose addiction seems "worse" than our own.

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We may blame one particular activity. If we have been abstinent from our inner circle for some time, we might compare the current manifestation of our addiction with our use of sex, rationalizing that nothing we do today could possibly be as bad as that was! One of the easiest ways to tell that we are in denial is when we find ourselves giving plausible but untrue reasons for our behavior.

- **Have I given plausible but untrue reasons for my behavior? What have they been?**
- **Have I compulsively acted on an obsession, and then acted as if I had actually planned to act that way? When were those times? How have I blamed other people for my behavior?**
- **How have I compared my addiction with others' addiction? Is my addiction "bad enough" if I don't compare it to anyone else's?**
- **Am I comparing a current manifestation of my addiction to the way my life was before I got clean? Am I plagued by the idea that I should know better?**
- **Have I been thinking that I have enough information about addiction and recovery to get my behavior under control before it gets out of hand?**
- **Am I avoiding action because I'm afraid I will be ashamed when I face the results of my addiction? Am I avoiding action because I'm worried about what others will think?**

3. Hitting bottom: despair and isolation

Our addiction finally brings us to a place where we can no longer deny the nature of our problem. All the lies, all the rationalizations, all the illusions fall away as we stand face-to-face with what our lives have become. We realize we've been living without hope. We find we've become friendless or so completely disconnected that our relationships are a sham, a parody of love and intimacy. Though it may seem that all is lost when we find ourselves in this state, the truth is that we must pass through this place before we can embark upon our journey of recovery.

- **What crisis brought me to recovery?**
- **What situation led me to formally work Step One?**
- **When did I first recognize my addiction as a problem? Did I try to correct it? If so, how? If not, why not?**

4. Powerlessness

As addicts, we react to the word "powerless" in a variety of ways. Some of us recognize that a more accurate description of our situation simply could not exist, and admit our

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powerlessness with a sense of relief. Others recoil at the word, connecting it with weakness or believing it to indicate some kind of character deficiency. Understanding powerlessness - and how admitting our own powerlessness is essential to our recovery - will help us get over any negative feelings we may have about the concept.

We are powerless when the driving force in our life is beyond our control. Our addiction certainly qualifies as such an uncontrollable, driving force. We cannot moderate or control our drug use or other compulsive behaviors, even when they are causing us to lose the things that matter most to us. We cannot stop, even when to continue will surely result in irreparable damage. We find ourselves doing things that we would never do if it weren't for our addiction; things that make us shudder with shame when we think of them. We may even decide that we don't want to use, that we aren't going to use, and realize we are simply unable to stop when the opportunity presents itself.

We may have tried to abstain from compulsive behaviors - perhaps with some success - for a period of time without a program, only to find that our untreated addiction eventually takes us right back to where we were before. In order to work the First Step, we need to prove our own individual powerlessness to ourselves on a deep level.

- **Over what, exactly, am I powerless?**
- **I've done things while acting out on my addiction that I would never do when focusing on recovery. What were they?**
- **What things have I done to maintain my addiction that went completely against all my beliefs and values?**
- **How does my personality change when I'm acting out on my addiction? (For example: Do I become arrogant? Self-centered? Mean-tempered? Passive to the point where I can't protect myself? Manipulative? Whiny?)**
- **Do I manipulate other people to maintain my addiction? How?**
- **Have I tried to quit using and found that I couldn't? Have I quit using on my own and found that my life was so painful without sex that my abstinence didn't last very long? What were these times like?**
- **How has my addiction caused me to hurt myself or others?**

5. Unmanageability

The First Step asks us to admit two things: one, that we are powerless over our addiction; and two, that our lives have become unmanageable. Actually, we would be hard pressed to admit one and not the other. Our unmanageability is the outward evidence of our powerlessness. There are two general types of unmanageability: outward unmanageability, the kind that can be seen by others; and inner, or personal, unmanageability.

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Outward unmanageability is often identified by such things as arrests, job losses, and family problems. Some of our members have been incarcerated. Some have never been able to sustain any kind of relationship for more than a few months. Some of us have been cut off from our families, asked never again to contact them.

Inner or personal unmanageability is often identified by unhealthy or untrue belief Systems about ourselves, the world we live in, and the people in our lives. We may believe we're worthless. We may believe that the world revolves around us -not just that it should, but that it does. We may believe that it isn't really our job to take care of ourselves; someone else should do that. We may believe that the responsibilities the average person takes on as a matter of course are just too large a burden for us to bear. We may over or under react to events in our lives. Emotional volatility is often one of the most obvious ways in which we can identify personal unmanageability.

- **What does unmanageability mean to me?**
- **Have I ever been arrested or had legal trouble as a result of my addiction? Have I ever done anything I could have been arrested for if only I was caught? What have those things been?**
- **What trouble have I had at work or school because of my addiction? What trouble have I had with my family as a result of my addiction?**
- **What trouble have I had with my friends as a result of my addiction?**
- **Do I insist on having my own way? What effect has my insistence had on my relationships?**
- **Do I consider the needs of others? What effect has my lack of consideration had on my relationships?**
- **Do I accept responsibility for my life and my actions? Am I able to carry out my daily responsibilities without becoming overwhelmed? How has this affected my life?**
- **Do I fall apart the minute things don't go according to plan? How has this affected my life?**
- **Do I treat every challenge as a personal insult? How has this affected my life?**
- **Do I maintain a crisis mentality, responding to every situation with panic? How has this affected my life?**
- **Do I ignore signs that something may be seriously wrong with my health or with my children, thinking things will work out somehow? Describe.**
- **When in real danger, have I ever been either indifferent to that danger or somehow unable to protect myself as a result of my addiction? Describe.**
- **Have I ever harmed someone as a result of my addiction? Describe.**
- **Do I have temper tantrums or react to my feelings in other ways that lower my self-respect or sense of dignity? Describe.**

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- **Did I take sex or act out on my addiction to change or suppress my feelings?
What was I trying to change or suppress?**

6. Reservations

Reservations are places in our program that we have reserved for relapse. They may be built around the idea that we can retain a small measure of control, something like, "Okay, I accept that I can't control my using, but I can still sell sex, can't I?" Or we may think we can remain friends with the people we used with or bought sex from. We may think that certain parts of the program don't apply to us. We may think there's something we just can't face clean-a serious illness, for instance, or the death of a loved one - and plan to use if it ever happens. We may think that after we've accomplished some goal, made a certain amount of money, or been clean for a certain number of years, then we'll be able to control our using. Reservations are usually tucked away in the back of our minds; we are not fully conscious of them. It is essential that we expose any reservations we may have and cancel them, right here, right now.

Have I accepted the full measure of my disease?

- **Do I think I can still associate with the people connected with my addiction? Can I still go to the places where I acted out? Do I think it's wise to keep potentially triggering materials around, just to "remind myself" or test my recovery? If so, why?**
- **Is there something I think I can't get through without acting out? some event that might happen that will be so painful that I'll have to act out to survive the hurt?**
- **Do I think that with some amount of clean time, or with different life circumstances, I'd be able to control my actions?**
- **What reservations am I still holding on to?**

7. Surrender

There's a huge difference between resignation and surrender. Resignation is what we feel when we've realized we're addicts but haven't yet accepted recovery as the solution to our problem. Many of us found ourselves at this point long before coming to Sex Addicts Anonymous. We may have thought that it was our destiny to be addicts, to live and die in our addiction. Surrender, on the other hand, is what happens after we've accepted the First Step as something that is true for us and have accepted that recovery is the solution. We don't want our lives to be the way they have been. We don't want to keep feeling the way we've been feeling.

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- **What am I afraid of about the concept of surrender, if anything? What convinces me that I can't use successfully anymore?**
- **Do I accept that I'll never regain control, even after a long period of abstinence?**
- **Can I begin my recovery without a complete surrender?**
- **What would my life be like if I surrendered completely?**
- **Can I continue my recovery without complete surrender?**

8. Spiritual principles

In the First Step, we will focus on honesty, open-mindedness, willingness, humility, and acceptance.

The practice of the principle of honesty from the First Step starts with admitting the truth about our addiction, and continues with the practice of honesty on a daily basis. When we say "I'm an addict" in a meeting, it may be the first truly honest thing we've said in a long time. We begin to be able to be honest with ourselves and, consequently, with other people.

If I've been thinking about using or acting out on my addiction in some other way, have I shared it with my sponsor or told anyone else?

- **Have I stayed in touch with the reality of my disease, no matter how long I've had freedom from active addiction?**
- **Have I noticed that, now that I don't have to cover up my addiction, I no longer need to lie like I did? Do I appreciate the freedom that goes along with that? In what ways have I begun to be honest in my recovery?**

Practicing the principle of open-mindedness found in Step One mostly involves being ready to believe that there might be another way to live and being willing to try that way. It doesn't matter that we can't see every detail of what that way might be, or that it may be totally unlike anything we've heard about before; what matters is that we don't limit ourselves or our thinking. Sometimes we may hear SAA members saying things that sound totally crazy to us, things like "surrender to win" or suggestions to pray for someone we resent. We demonstrate open-mindedness when we don't reject these things without having tried them.

- **What have I heard in recovery that I have trouble believing? Have I asked my sponsor or the person I heard say it, to explain it to me?**
- **In what ways am I practicing open-mindedness?**

The principle of willingness contained in the First Step can be practiced in a variety of ways. When we first begin to think about recovery, many of us either don't really believe it's possible

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for us or just don't understand how it will work, but we go ahead with the First Step anyway- and that's our first experience with willingness. Taking any action that will help our recovery shows willingness: going to meetings early and staying late, helping set up meetings, getting other SAA members' phone numbers and calling them.

- **Am I willing to follow my sponsor's direction?**
- **Am I willing to go to meetings regularly?**
- **Am I willing to give recovery my best effort? In what ways?**

The principle of humility, so central to the First Step, is expressed most purely in our surrender. Humility is most easily identified as an acceptance of who we truly are - neither worse nor better than we believed we were when we were using, just human.

- **Do I believe that I'm a monster who has poisoned the whole world with my addiction? Do I believe that my addiction is utterly inconsequential to the larger society around me? Or something in between?**
- **Do I have a sense of my relative importance within my circle of family and friends? In society as whole? What is that sense?**
- **How am I practicing the principle of humility in connection with this work on the First Step?**

To practice the principle of acceptance, we must do more than merely admit that we're addicts. When we accept our addiction, we feel a profound inner change that is underscored by a rising sense of hope. We also begin to feel a sense of peace. We come to terms with our addiction, with our recovery, and with the meaning those two realities will come to have in our lives. We don't dread a future of meeting attendance, sponsor contact, and step work; instead, we begin to see recovery as a precious gift, and the work connected with it as no more trouble than other routines of life.

- **Have I made peace with the fact that I'm an addict?**
- **Have I made peace with the things I'll have to do to stay clean?**
- **How is acceptance of my disease necessary for my continued recovery?**

9. Moving on

As we get ready to go on to Step Two, we'll probably find ourselves wondering if we've worked Step One well enough. Are we sure it's time to move on? Have we spent as much time as others may have spent on this step? Have we truly gained an understanding of this step?

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Many of us have found it helpful to write about our understanding of each step as we prepare to move on.

- **How do I know it's time to move on?**
- **What is my understanding of Step One?**
- **How has my prior knowledge and experience affected my work on this step?**

We've come to a place where we see the results of our old way of life and accept that a new way is called for, but we probably don't yet see how rich with possibilities the life of recovery is. It may be enough just to have freedom from active addiction right now, but we will soon find that the void we have been filling with sex or other obsessive and compulsive behaviors begs to be filled.

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10. Writing your Life Story

Write a narrative of your life history starting with childhood and moving towards adulthood with a conscious effort to include:

- Valuable information about your family of origin experience
- Critical incident (trauma, sexual abuse, divorce, relocation, substance use in home, bullied at school, etc.) that influenced how you feel about yourself and how you perceive others and the world
- Sexual developmental experiences
- People, places, and things that had a positive or negative impact of your development
- How you ended up in treatment
- Current family, social, work, and legal issues
- **Should not contain any written references to illegal or potentially illegal behaviors you have engaged in that have not been disclosed to law enforcement.**

The narrative should be between 10 and 15 pages. It should take 20-30 minutes to read. If it does not take this long to read, you are leaving information out. This is important because people in early recovery have difficulty being concise. In addition, they also have difficulty staying present. Your story is important, and it is essential that you share it and have people hear it.

Topics to Consider – Intro

The following pages describe five areas your story should consider/include. early childhood, school activities, sexual development, adulthood, and present.

You should try and write your story based on these periods: Early Childhood (up to age 6), Elementary School (ages 6-12), Junior/Senior High School (13-18), Young Adulthood (18-20) and Adulthood (21+).

You should include the sexual development questions during each phase that any of the questions apply.

The "Present" section of your story should be two pages maximum and should begin at the last major stage of your life, such as when you first started to consider yourself "in recovery," etc. Other milestones could be when you:

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- Entered Treatment
- Was released from incarceration
- Was “discovered” by your spouse, partner, or family member
- When you hit “Rock Bottom”
- When you first realized you had a problem with sex and emotional dependency

It is important that you write this story out on lined paper by hand. Do not use a computer.

Topics to consider when writing your life history

Note: your life history is yours and this is only meant as a guide, not to hinder your history.

1. Early Childhood (0-6 years of age)

- a. Where did you live? What kind of work did your mother and father do? How did they feel about their work?
- b. What was the religious and ethnic background of your family?
- c. Who named you? Why was that name chosen?
- d. What is your earliest memory? What are the feelings connected to it?
- e. What was it like being a small child in your home? Who was special to you? Who cared the most about you?
- f. Give the names and birthdates of other children in the family in which you grew up in
 - i. How did you get along with them?
 - ii. What was your place in the family?
 - iii. How did the parents treat each of the children?
- g. Who disciplined you?
 - i. How did they do it?
 - ii. Why did they do it?
 - iii. How did you feel about the discipline you received?
- h. Were there any health problems in your family? Any deaths?
- i. Did your family attend church or Sunday school? How often? Did your parents attend? What church? How important was religion in your family?
- j. How did your family show feelings towards one another?
 - i. Anger?
 - ii. Love?
 - iii. Closeness?
 - iv. Fear?

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- k. How did your parents get along with one another? What did they enjoy together? What did they fight about? What effects did their relationship have on you?

2. School activities (6-19 years of age)

- a. How did you feel when you started school? What was good about school? What was bad about the school days?
- b. Who were your friends at school? What did you do with them? What games or other hobbies did you enjoy with other children during your grade-school years?
- c. How did your teachers treat you?
- d. Did you enjoy the school work? Which subjects were hard for you?
- e. What did your parents expect from you in school? Did they want you to do well?
- f. Were there changes in your living arrangements or family during the high school years? Were there any deaths of significant persons?
- g. Did your feelings about school or achievements in school change during the high school years?
- h. What kind of friends and activities were you involved with in high school?
- i. What were your dreams, goals, and plans during the high school years?

3. Sexual Development

- a. When you were very young what did your parents teach you about sex?
- b. When did you start to masturbate? What did your parents tell you about it? What were your feelings about it?
- c. Did you have sexual contact with family members? Who? When?
- d. What was the first sexual experience you remember as a child?
- e. If you identify as straight, did you have sexual experiences with someone of the same sex? What was the experience and how did you feel about it?
- f. If you identify as gay, did you have sexual experiences with someone of the opposite sex? What was the experience and how did you feel about it?
- g. How did you feel about the changes in your body as you became a teenager?
- h. How often did you have thoughts and feelings about sex as a teenager?
- i. When did you start to date?
- j. When did you start to have sexual contact with others (male or female)?
- k. What did you think was the expected sexual behavior of women during your teenage years?

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- l. Who scared or humiliated you about sex? How? When?
- m. What was your father's sexual behavior? How did you feel about this aspect of his life?
- l. What was your mother's sexual behavior? How did you feel about it?
- m. What has been your sexual behavior as an adult? Why do you become involved in sex with others?
- n. How often do you masturbate? To what thoughts or fantasies do you usually masturbate?

4. Adulthood (20+ years of age)

- a. What schooling or training did you receive beyond high school?
- b. How do you feel about this training?
- c. What kinds of jobs have you held? For how long? How did you like them?
- d. When did you first become romantically involved with another?
 - i. How did you meet?
 - ii. What was attractive about the person?
 - iii. How long did this relationship last?
 - iv. When and how did it end?
- e. What is (was) the nature of other serious relationships before your marriage? How did they develop and end?
- f. What first attracted you to your spouse (husband or wife)? How did you decide to marry? How did the relationship change after you were married?
- g. What were (are) the good and bad points of your marriage?
- h. When did you decide to have children? What are the names and ages of the children? How did the birth of a child affect you and your spouse?
- i. Did you and your spouse have sexual relations outside of the marriage? Why? When?
- j. How did the marriage end (if you are divorced or separated)?
- k. If there have been other marriages, complete questions 5-9 for each relationship.

Present

- l. What is the nature of your current employment? How many hours do you typically work in a week?
- m. What is the nature of your current family life? How many hours do you usually devote to your family in a typical week? How did you feel about your family and home life?

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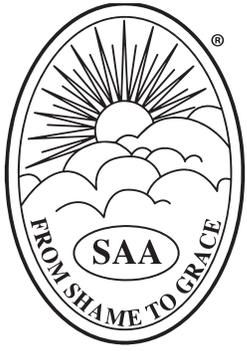
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- n. What is the nature of your current social life? How many hours do you spend with friends in a typical week? How do you feel about your friendships and social life?
- o. What is the nature of your current leisure? How many hours do you invest in leisure, sport, or hobbies? How do you feel about leisure opportunities?
- p. What is the nature of your current health? How many hours a week do you usually spend in health promotion? How do you feel about your physical and mental health?
- q. What is the nature of your current spiritual life? How many hours do you devote to spiritual and religious activities in a typical week? How do you feel about your spiritual development?
- r. What are your goals for personal development? What are your strengths and needs? How can you accomplish meaningful behavior change?

11. Converting your Life Story to a First Step Presentation

The key differences between a life story and first step presentation are that, unlike a life story, a first step removes all identifying information such as acting out places, people, things, websites, applications, etc. The first step for **Fellow Traveler's Recovery should be about 20-25 minutes**. Finally, the First Step presentation should end with how you have begun your journey coming to recovery/the SAA Fellowship, which may not be included in a life story. Your first step presentation should also be reviewed by your sponsor to ensure content does not contain portions that are unnecessarily triggering.

First Step to Recovery



Literature Committee Approved

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First Step Experiences

“We admitted we were powerless over addictive sexual behavior—that our lives had become unmanageable.”

(page 22, *Sex Addicts Anonymous*)

For most of us, the First Step was diametrically opposed to one of our core beliefs: that we were in control, and that if we tried one more time or maybe just a little bit harder, we would “get it.”

We found Step One was the first of many paradoxes we would confront in our program. We eventually recognized that the only way we could stop our destructive acting-out behavior was to admit that we could not stop.

This step became important to us because we found we could not progress in the steps until we had accepted Step One to some degree. We learned that our First Step was both an event and an ongoing process. There was a specific time when we took that First Step. For some of us it was in the circle when we choked out the words, “Hello, my name is _____; I’m a sex addict.” It might have been an encounter with a struggling brother or sister in the fellowship. Or it might have been when we decided to attend our first meeting or heard someone else’s story and found it to be our own. For most of us, those moments of acceptance were followed by periods of doubt and denial.

We find now that if we take the First Step daily, it helps us to keep current and centered. While it is not a requirement that we introduce ourselves as sex addicts at meetings, it may be a helpful reminder to ourselves. This helps reduce the likelihood that we will deceive ourselves again into believing we can control the powerlessness on our own. When we finally admitted our state of denial, we became aware of the nature and pervasiveness of our unmanageability.

By working the First Step and sharing our story with others in the fellowship, our denial broke down and we came to a greater understanding of the extent of our powerlessness and unmanageability. Some of us wondered, “Why didn’t someone tell us?” Someone probably had told us, but we were not ready to face the truth and had no support to deal with the raw pain. To protect ourselves, we went into denial. In the fellowship of Sex Addicts Anonymous we find support and acceptance to face our behaviors.

Some of us were rigorous in identifying our behavior and its far-reaching consequences, and shared that in a meeting. We found this a cleansing and healing event. Some of us took this step within the first few weeks of entering the fellowship. Others came to meetings for years before we were finally ready to present our story. Some of us who rushed into the First Step later discovered this might be another expression of our need to control things and work the “perfect” program. We also found that whatever efforts we did make were affirmed by our fellows. We found that other members who heard our shameful secrets offered acceptance, love, and support. Our fear of rejection was unfounded.

It is important to note that the First Step is neither a solitary nor private activity. “No step is done well in isolation. We work the steps with someone who understands our problem and cares about our recovery, preferably a sponsor. A sponsor will help us prepare each step, give us guidance and suggestions, and listen to us as we share the experiences and insights we gain” (page 22, *Sex Addicts Anonymous*).

The First Step begins with the words “We admitted...” It needs the light of the love of our group members. It is not safe to attempt it alone because we delude ourselves too easily. The First Step is a matter of honesty and openness, as we can bury ourselves in the shame that lives in the shadows of isolation.

Step One, like all the others, has a basic simplicity. It is not about making any changes. Nor is it about our family, spouses, or any others. It is simply about telling the truth about ourselves, our behavior, and its consequences.

First Step Questions

We encourage you to keep in close contact with your sponsor and experienced fellows as you work your Step One. You will gain the experience, strength, and hope of other members and you will take steps to move out of the shame of your secrets and compulsive behaviors. Remember, the First Step is not a solitary activity. No one else can do it for you, but you can't do it alone. The following questions may be used to guide you:

1. What specific activities have been a part of your addictive sexual behaviors and rituals?
2. In what ways have you been preoccupied with sex or a relationship (e.g. obsessing, fantasizing, sneaking, or taking time that should have been spent with family, work, etc.)?
3. How have you not been able to control these behaviors, despite promises and attempts to stop? Where and when have you found yourself engaging in repeated, unplanned instances of sexual behavior and compulsive activity (e.g. planning to go to the store but finding yourself in a porn shop, cruising, or taking an out-of-the-way route to scope out activity)? How has using the internet or mobile apps for sexual purposes affected your life?
4. In what ways were you lured into sexual activities when confronted with an object, person, or image that “set off” addictive behavior?
5. In what ways have you tried to deny, rationalize, explain, or justify your sexual behavior to yourself, your family, or others?
6. What other lies have you told to conceal your compulsive sexual behavior?
7. In what ways have you been abusive or disrespectful while engaging in your compulsive behaviors?
8. Can you give examples of how you have used euphoric recall (thoughts or feelings of exhilaration, a “high”) of previous experiences or fantasies of compulsive sexual behavior?
9. Have you risked, or had an arrest for, illegal behavior? Have you lost or jeopardized your job, position, or reputation because of your compulsive sexual behavior?
10. In what ways have you put yourself in danger of disease, physical abuse, assault, or death while acting out your sexual addiction?
11. How has your compulsive sexual activity affected the following areas of your life? Identify one or two specific examples for each area that applies to your experience.

Consider:

- education—lost degrees, failing grades
 - career/employment—lost opportunities, reprimands
 - relationships with family, marriage, other primary relationships, children—influence on others and their goals, feelings, connections
 - relationships with friends—impact on your social life, ignoring or isolating from others.
 - financial—money spent on pornography, prostitution, sexual paraphernalia, fetishes, fines, bail, legal fees, medical expenses, transportation expenses
 - spirituality—relationship with your higher power
 - physical health—accidents, abuse, sexually transmitted disease, stress-related symptoms, e.g. allergies, psoriasis, headaches, back pains, ulcers, etc.
 - mental health—self-esteem, wholeness, integrity, depression, suicidal thoughts, counseling, therapy
 - morals and values—avoiding and ignoring your moral compass, the effect it had on your self-esteem and feelings
 - personal goals and objectives—enumerate lost opportunities and dead dreams
12. What was your most recent episode of acting out behavior? What precipitated it? Identify your specific feelings and thought patterns before, during, and after the incident. What attempts did you make to stop or control the behavior? What could you have done instead?

“Many of us have found it helpful to examine our sexual behavior in detail when working this step. Some of us write a history of our sex addiction, from as far back as we can remember up to the present, trying to leave nothing out. Looking at our own story helps us see how we were powerless over our addiction” (page 23, *Sex Addicts Anonymous*).

Some Types of First Steps

First Steps are taken in many ways—and we encourage you to consider these options.

1. Identification: We take the First Step in the weekly meeting as we greet one another and say who we are. Few of us forget our first meeting when we faintly introduced ourselves as a sex addict and a room full of members boomed back “Hi,_____.” It was a clear case of “We admitted we were powerless over addictive sexual behavior.”
2. With a Sponsor: We take the First Step in private by sharing it with our sponsor or other friends from the fellowship.
3. Mini-First Step: We take a Mini-First Step in a brief (usually 2–5 minute) presentation highlighting some aspects of our story. Groups often do these at the beginning of the steps cycle, at the first meeting attended by a newcomer, or at special events such as retreats. They have the effect of bonding the group together by sharing mutual experiences.
4. Formal First Steps: We share with a group the details of our behavior and its consequences, to illustrate the powerlessness and unmanageability of our lives as active addicts. Below is an example of an introduction that could be read to the group prior to a member presenting their First Step. There are many ways to prepare and present a First Step. For example, in some meetings, a member may get most of the meeting time to present. In other meetings, presentations may be more limited. Other group members may use the last 10–15 minutes to share how the presentation impacted them.

Recovering from a relapse: Many find that taking a formal First Step detailing the events that led to a relapse is a good way to recover sobriety and momentum in their program. Ask your group for time to do this. Focus on the powerlessness and unmanageability that led to the loss of sobriety. Identify better options that you might have exercised.

An Example of an Introduction to a First Step Presentation

This would be read aloud by the trusted servant or the member’s sponsor just prior to a member presenting his or her First Step.

“_____ ,you are about to share your First Step with us. We acknowledge and affirm your courage in taking this step. We would like to clarify some things about this experience for each of us. The primary purpose of your formal First Step presentation is to aid you in your program of recovery. It need not be done to please the group or to gain status. There is no right or wrong way to present a First Step. Any effort you make is legitimate.

Here are some suggestions which others have found helpful. We encourage you to be specific about your behaviors and to speak from your heart. This will help you get in touch with the pain and reality of your addiction. Try not to bury yourself in shame or victimhood. Let us hear you, not your addict speaking.

The group has a responsibility to love, care for, and accept you. The members will avoid judging, giving advice, or taking care of you. Some members may become triggered and may leave the room. Please do not take this personally nor as a reflection of the quality of your share.

I will let you know when ____ minutes remain. This will give you time to complete your presentation and allow time for members to share their impressions of your First Step. Remember, we are here for you! May God grant you serenity.”

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Step One

Powerlessness

What we did that we couldn't control.

"...we list examples of our powerlessness, including the progression of our acting-out behaviors, actions that violated our own values, efforts we made to stop, and occasions where we knew that these behaviors would lead to serious consequences yet did them anyway." Sex addicts anonymous, P23p4

Circle what you identify with doing: (pg4 p2)

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Chose sex over family, friends, or career <input type="checkbox"/> Sex, fantasies, or planning filled my mind <input type="checkbox"/> Sex is an escape from feelings or responsibilities <input type="checkbox"/> Repeated behaviors despite consequences <input type="checkbox"/> Spent too much time being sexual or managing crisis <input type="checkbox"/> Sex was the measure of what was important <input type="checkbox"/> Other _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Sexual choices created fear or despair <input type="checkbox"/> Life filled with deceit to hide sexual behavior <input type="checkbox"/> Felt isolated and alone because of sexual behavior <input type="checkbox"/> Felt Spiritually empty <input type="checkbox"/> Tried to establish boundaries, eventually violated them <input type="checkbox"/> Swore to loved ones to stop but couldn't <input type="checkbox"/> Lived a double life <input type="checkbox"/> Other _____ |
|--|--|

"...including the progression of our acting-out behaviors" P23p4
Ask: What did your addiction start with.....What did your addiction progress to next....What did your addiction progress to at the end.....

Started with: _____
 Progressed to: _____
 Progressed to: _____
 Is/Was now: _____

Lies told, either to self or others, to enable acting out. Frequently the lies we told to ourselves are more powerful because we Don't even know I am Lying. Denial.

Lie to others _____
 Lie to others _____
 Lie to self _____
 Lie to self _____
 Lie to self _____

"...actions that violated our own values" P23p4, circle what behaviors below you engaged in that violated your values

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Having sex with strangers <input type="checkbox"/> Having sex on the first date <input type="checkbox"/> Sexual acts involving pain or humiliation <input type="checkbox"/> Sexual acts that bring about shame the next day | <ul style="list-style-type: none"> <input type="checkbox"/> Inability to say no to having sex <input type="checkbox"/> Engaging in seduction or seductive behavior <input type="checkbox"/> Trading sex for favors, objects, or to be liked <input type="checkbox"/> Having your identity/worth attached to sexual behavior |
|---|---|

"...our disease left us with little time, energy, or money for anything else" P24p1,

Ask: What things in your life were left behind or lost to your addiction? (ex: relationships, jobs, personal possessions, emotions, self-esteem)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

"...efforts we made to stop..." P23p4,

Ask: What did you do to try and stop your behavior.....did it work?

Effort #1: _____	Did it work? Yes / No
Effort #2: _____	Did it work? Yes / No
Effort #3: _____	Did it work? Yes / No

"Addictive sexual behavior increased our loneliness and insecurity, damaged our self-worth, estranged us from our spiritual nature and often resulted in emotional trauma" P24p1

Ask: How did your addiction affect your internal life?

Connection to others: _____
 Feeling secure in life: _____
 Feeling valued: _____
 Spirituality (when acting out): _____

"...occasions where we knew that these behaviors would lead to serious consequences yet did them anyway" P23p4, **Ask: what consequences did you experience that didn't stop your acting out and did you know the consequences would happen if you were caught or proceeded to act out?**

Did you know the consequence would happen if you were caught?

First behavior: _____	Consequence: _____	Yes / No
Second behavior: _____	Consequence: _____	Yes / No
Third behavior: _____	Consequence: _____	Yes / No

Unmanageability

What happened because of what we did.

"...we also list the ways that sex addiction made our lives unmanageable. If we spent money on our addiction, we can try to estimate how much money we spent. If we spent time, we can consider how many hours we spent, including the time we spent in fantasy or obsession. If we took the risk of arrest, violence, or disease, we can examine each specific risk we took. We also write about the specific ways our behavior affected our physical and mental health, our work, the lives of those we love, and any other consequences, internal or external, that we experienced." *Sex Addicts Anonymous, p23-24*

"If we spent money on our addiction, we can try to estimate how much money we spent" P23p5 Estimate how much money you spent or earned in each of these areas over the entire time that you were active in your sex addiction:

Buying / making /finding Pornography \$ _____	Visiting Prostitutes or Strip Clubs \$ _____	Hotel/Motel rooms \$ _____	Prostituting – Money earned selling sex \$ _____	Legal Fees \$ _____
Medical treatment for sex related issues. \$ _____	Money taken for support/gifts \$ _____	Online dating or porn site memberships \$ _____	Clothing to attract sexual partners or for acting out \$ _____	Materials purchased to use while acting out (sex toys, costumes, etc...) \$ _____
Dates or get-to-know you meetings \$ _____	Therapy/Treatment \$ _____	Gas/Travel expenses \$ _____	Robbed/Lost/Unexplained money losses \$ _____	Under Earning (interference with career or lost jobs) \$ _____

Other \$ _____ Other \$ _____ **Total \$** _____

"If we spent time, we can consider how many hours we spent, including the time we spent in fantasy or obsession" P23p5

Count how many hours you spent each week in each area. Enter that on the lines below:

Looking at Porn _____	In bars/clubs looking for sex _____	Fantasy/obsession about others _____	Surfing internet sites for partners _____	Internet chatting/ web cam's _____
Massage parlors/strip clubs _____	Missed family events/time with family _____	Searching on mobile apps _____	Obsessing about others/stalking _____	Looking for prostitutes or prostituting self _____
Engaging in Affairs _____	Cybersex/telephone sex _____	Planning Acting out _____	Fearing or avoiding sex _____	Masturbating _____
Voyeurism/Exhibitionism _____	Treatment/Therapy _____	Staying in unhealthy/abusive relationships for sex/acceptance _____	Promiscuous/Time being sexual when not interested _____	Living lies/dual lives _____

1. Chose the behavior you have done for the longest time, circle it, how many years have you been acting out in this behavior? _____
2. Multiply the total years by the 52 (the number of weeks in a year): **x52 =** _____
3. Enter the amount of hours in the behaviors circled above: **Total hours from the behavior circled above** _____ x
4. Multiply the total hours from above by the number of weeks (#2 times #3) **Average Total hours acting out =** _____

Risks, what did you risk when you were acting out? Ask: Did you risk _____ while acting out?

Arrest Disease Divorce Pregnancy Physical Harm Your job Exposure as a liar Physical Violence Being Raped

Emotional Damage to self Emotional Damage to others Damage to family Death Loss of children Your mental health

Your physical health Loss of the respect of others Loss of self- respect Financial consequences Suicide/Homicide

Affected my, what/who was ACTUALLY affected by your acting out? Ask: Did your acting out affect _____?

Physical Health Mental Health Work/Job Spouse/Partner Children Mother Father Strangers

Siblings Pocketbook Neighbors Friends Pets Spirituality Self Esteem Self Worth Security

Is there anything else you want to try to stop your acting out before doing the 12 steps?

CHAPTER THREE

OUR PROGRAM

The Twelve Steps of SAA

Attending SAA meetings starts us on a new way of life. But while the SAA fellowship supports our recovery, the actual work of recovery is described in the Twelve Steps. Meetings are forums for learning how to integrate the steps into our lives. Working the Twelve Steps leads to a spiritual transformation that results in sustainable relief from our addiction.

When we start attending meetings of Sex Addicts Anonymous, many of us are surprised to meet people who are enjoying life and experiencing freedom from the painful, compulsive behaviors that had brought them to SAA. Listening to other members share about their recovery, we gradually realize that in order to make the same kind of progress, we need to be willing to do whatever

it takes to get sexually abstinent, and to stay abstinent. We have learned from hard experience that we cannot achieve and maintain abstinence if we aren't willing to change our way of life. But if we can honestly face our problems, and are willing to change, the Twelve Steps of SAA will lead to an awakening that allows us to live a new way of life according to spiritual principles. Taking these steps allows fundamental change to occur in our lives. They are the foundation of our recovery.

The Twelve Steps of Sex Addicts Anonymous

1. *We admitted we were powerless over addictive sexual behavior—that our lives had become unmanageable.*
2. *Came to believe that a Power greater than ourselves could restore us to sanity.*
3. *Made a decision to turn our will and our lives over to the care of God as we understood God.*

12. *Having had a spiritual awakening as the result of these steps, we tried to carry this message to other sex addicts and to practice these principles in our lives.*

These steps are the heart of our program. They contain a depth that we could hardly have guessed when we started. Over time, we establish a relationship with a Power greater than ourselves, each of us coming to an understanding of a Higher Power that is personal for us. Although the steps use the word “God” to indicate this Power, SAA is not affiliated with any religion, creed, or dogma. The program offers a spiritual solution to our addiction, without requiring adherence to any specific set of beliefs or practices. The path is wide enough for everyone who wishes to walk it.

There is no one correct or SAA-sanctioned way to complete the Twelve Steps. Most of us learned how to work the steps from our sponsors. Many of us have also gained insight from books or adapted methods from other twelve-step programs. In this book we suggest ideas for how to work each step, based on approaches that have worked for many of us.

Each step presents a significant action, with each action linked to the other steps, in a process that establishes our new life of recovery on

4. *Made a searching and fearless moral inventory of ourselves.*
5. *Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.*
6. *Were entirely ready to have God remove all these defects of character.*
7. *Humbly asked God to remove our shortcomings.*
8. *Made a list of all persons we had harmed and became willing to make amends to them all.*
9. *Made direct amends to such people wherever possible, except when to do so would injure them or others.*
10. *Continued to take personal inventory and when we were wrong promptly admitted it.*
11. *Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.*

spiritual principles. The steps are numbered because they are meant to chart the course of our spiritual progress. We work the steps in order, as each step creates a foundation for the steps that follow. The actions of the steps often involve the completion of specific tasks, such as writing lists, that require an honest examination of ourselves and our way of life. Each action also takes place within us, as we gradually let go of old ways of thinking and establish conscious contact with our Higher Power.

No step is done well in isolation. We work the steps with someone who understands our problem and cares about our recovery, preferably a sponsor. A sponsor will help us prepare for each step, give us guidance and suggestions, and listen to us as we share the experiences and insights we gain.

But the steps are more than a series of exercises. They provide basic principles for living. Most of us find opportunities on a daily basis to apply one or more of the steps to some challenge in our life. Over time, the spiritual principles in the steps become integrated into our thoughts, feelings, and behavior. We find that we are not only working the steps—we are living them.

Step One

We admitted we were powerless over addictive sexual behavior—that our lives had become unmanageable.

In our addiction we held on to the belief that we were in control of our sexual behavior and could successfully manage our lives. This kept many of us from seeing that we even had a problem. We told ourselves that if we had tried harder, we could have stopped. But our experience has shown otherwise. No matter how many promises or resolutions we made, no matter how strong our efforts and our determination, the behaviors eventually returned, along with their painful consequences. Only when we admit our powerlessness over these behaviors, and our inability to manage our own lives, are we able to begin walking a path of recovery.

In taking the First Step, we admit that our addiction is destroying us, and that we are unable to stop it. We surrender, raise the white flag, and accept that the battle is over. The principle behind this admission is honesty. For many of us, the first crack in our denial comes with hitting bottom, and the despair of facing an unbearable situation. The next breakthrough occurs when we are honest enough to take the First Step, acknowledging that we are powerless over the behavior that brought us

to admit this to others, but our experience has shown that we have no choice but to surrender, or else return to acting out, and all that follows from it.

Many of us have found it helpful to examine our sexual behavior in detail when working this step. Some of us write a history of our sex addiction, from as far back as we can remember up to the present, trying to leave nothing out. Looking at our own story helps us see how we were powerless over our addiction. In writing a First Step, we list examples of our powerlessness, including the progression of our acting-out behaviors, actions that violated our own values, efforts we made to stop, and occasions where we knew that these behaviors would lead to serious consequences yet did them anyway.

In a written First Step we also list the ways that sex addiction made our lives unmanageable. If we spent money on our addiction, we can try to estimate how much money we spent. If we spent time, we can consider how many hours we spent, including the time we spent in fantasy or obsession. If we took the risk of arrest, violence, or disease, we can examine each specific risk we took. We also write about the specific ways our behaviors affected our physical and mental health, our work, the lives of those we love, and any other consequences, internal or

to this point and that our lives are in shambles. We make this admission without excuses or rationalizations. With the First Step, we stop lying to ourselves.

As long as we can be honest, even a little bit, we can move forward in our recovery. Honesty is the foundation on which all further progress is based. We start by admitting that we are completely powerless to stop our addictive behaviors on our own. We admit that our lives are out of our control. This is enough for our recovery to begin.

Admitting that our willpower is insufficient allows us to be open to new ways of thinking and living. As long as we retain a belief in self-control as a remedy for our addiction, we will continue to fail. With this step, we recognize that we have a disease, not a mere weakness or character flaw, and that we are powerless to change this fact. We honestly admit that we don't have all the answers and that we need help. When we admit our powerlessness, we start letting go of control and become more open to receiving the help we so desperately need.

Admitting that our lives had become unmanageable allows us to honestly examine the painful consequences of our sexual behavior, consequences that affected every aspect of our existence. It is difficult to accept that we are unable to manage our lives, and even more difficult

external, that we experienced.

Our disease left us with little time, energy, or money for anything else. Our fantasies and obsessions distracted us from the things we needed to do. We often neglected our responsibilities and put off doing things that we didn't want to face. Many of us had a number of simultaneous problems. We had relationships that needed mending, we had financial crises, and we sometimes faced legal problems. The consequences to our inner life were just as serious. Addictive sexual behavior increased our loneliness and insecurity, damaged our self-worth, estranged us from our spiritual nature, and often resulted in emotional trauma. All of these consequences add up to an unmanageable life.

In listing examples of powerlessness and unmanageability, we include specific details, which helps us to recall the thoughts and feelings we had at the time, and makes the reality of our sexual addiction more and more evident to us. Although we work this step the best we can, more may be revealed later in our recovery. The important thing is to work the First Step now, to the best of our ability, in the knowledge that we can always work it again when we need to.

We get help from someone in the program, usually our sponsor, to work the First Step. We need support while

facing our addiction. A sponsor can also help us face those parts of our disease about which we are in denial. We may think, for example, that the risks we took were not that dangerous, or that the consequences were not that severe. Our sponsor can help us see more honestly and clearly what our situation was really like. If we choose to do a written First Step, we usually share what we have written with our sponsor. For many of us, this is the first time we've told the whole truth about our addiction to another person.

In some SAA groups, members share their First Step at a meeting. With help from our sponsor and others in the group, we select the most important parts of our story to tell. These include the most significant examples of our powerlessness, and the worst moments of unmanageability, no matter how much shame we may feel about them. We also share critical points in our addiction story, illustrating the progression of our disease. We tell how we finally sought help, and what it has been like to recognize our powerlessness and unmanageability. Our sponsor can also help us decide beforehand whether certain details of our story are too intense to be shared with the group.

The group needs to make sure that we are supported before and after a step presentation. Sharing our story in a group can bring up intense feelings. We feel very vulnerable. But it can also help break the bonds of shame and

we fully admit our dilemma, and our inability to find a way out, we find that we are now ready to hear the solution. We are ready for Step Two.

Step Two

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

When we accept that our way doesn't work, Step Two opens the door to a new way that does. In the First Step, we admitted that our addiction was going to destroy us if we did not stop and that we could not stop on our own. We discovered that our addiction was a problem too big for us to solve by ourselves. Without some Power greater than ourselves to assist us, our situation is hopeless. In the Second Step we are presented with the possibility that this Power can restore us to a basic sanity and well-being.

Step Two offers hope that sanity is possible, and at the same time it implies that, in our addiction, we were insane. Our insanity manifested in many ways. We would often put our addiction first and everything else second. We may have placed ourselves in dangerous situations or taken terrible risks. And the more we denied our addiction and its

isolation, deepen the process of healing, and increase our commitment to recovery. Sharing a First Step in a group creates an opportunity to connect with other members. We allow ourselves to be known when we take this risk. And when we hear others share their First Steps with us, we are reminded of similar aspects of our own addiction. Experiencing the common bond of our powerlessness promotes the healing of every member.

Each of us chooses to work this step in the way that is most effective and meaningful for us. Not everyone works Step One in written form. What is important is that we get honest about our addiction, and let go of the idea of controlling our behavior with our willpower or managing our lives without help. We cannot change the fact that we have an illness. By practicing rigorous honesty and giving up the dream of overcoming our addiction by ourselves, we become open to the spiritual solution offered by the Twelve Steps.

We also begin to learn how to ask for and receive help from other recovering sex addicts. Asking for help releases us from the toxic isolation that drives our addiction. As we receive help, we learn to let the walls down and to accept nurturing and care from others. Learning to be vulnerable, admitting that we don't have all the answers, and asking for and receiving help are all essential to our recovery. As

consequences, the less we were in touch with reality. To be restored to sanity is to rediscover the spiritual nature we have always had but which was hidden by the insanity of our disease.

Belief in a Higher Power can be difficult for many of us in SAA who come to the program with a faith that was damaged in one way or another, or those of us who never had any spiritual beliefs at all. Some of us came from strict, judgmental religious backgrounds that reinforced our fear and shame. Some of us attempted to find refuge from our addiction in religion. Yet after making great commitments and efforts in our religious practice, we found little lasting relief from our disease. Others never took up a religion, or tried a few and found them unsatisfactory. Many of us didn't believe in God, or were uncertain as to what spiritual beliefs we were willing to accept, if any. Whether we are atheists, agnostics, or those with strong religious convictions, we may find ourselves having reservations about the spirituality needed to work Step Two.

We may be so used to self-reliance as the only way of functioning in the world, that we resist the notion of any Power greater than ourselves. We can start to open ourselves to this idea by considering the forces that are clearly more powerful than we are, such as nature,

society, or even our addiction. When we recognize that our own power is limited, we can more readily acknowledge the possibility of a Higher Power.

For some of us, almost everything seemed more powerful than we were, but in a negative way—oppressing us, and preventing us from being happy or free. In contrast to this negative belief, working the Second Step allows us to accept the possibility of a Power that can free us from the bondage of our disease and restore us to a life of sanity and fulfillment.

To work this step, we only need to be open-minded enough to try something new. For most of us, *coming to believe* is a gradual process. We don't need to believe in any particular concept of a Higher Power in order to begin. We learn from others what works and doesn't work for them. We listen, and we try out new approaches. If we are teachable, we can discover the stirrings of hope within us and come to a belief in the possibility of recovery from our sexual addiction.

For many of us, this starts with simply coming to meetings. We experience the group as a Power greater than ourselves that cares. The example of those who are living in recovery, free of their sexually addictive behaviors, shows us the power of the program. We can rely on the love and support of our friends in the group. We develop a

we will discover an understanding of a Higher Power that is unique to us, and that we are comfortable with. Ultimately, the specifics of our belief are not as important as faith. We can build our spirituality on the faith that our Higher Power can relieve us of our addiction.

Some of us have found it helpful to explore our past beliefs concerning God or religion, in order to gain clarity about old ideas and assumptions that may be blocking us now. Sharing these thoughts with our sponsor or others in recovery may help us to understand our past spiritual beliefs and to be open to new ones that are healthier for us.

Our concepts of a Higher Power may change and evolve over time. As we grow in recovery, our spiritual awareness grows. And in time we discover that our faith grows not so much from a set of abstract beliefs, but from daily practical experiences of recovery and healing, as observed in others and in ourselves. We can cultivate this awareness by drawing near to those members who demonstrate significant recovery from those behaviors we've struggled with the most, and whose practical faith attracts us.

The key to Step Two is not just believing in a Higher Power, but believing that this Power can and will restore us to sanity. Many of us thought that recovery might work for others, but not for us. We thought

willingness to try some of the group's suggestions, even those outside of our usual comfort zone, when we observe the practical effects of these ideas in action. From this simple beginning, belief in a Higher Power can grow.

In time, most of us also come to believe in a spiritual Power that transcends our human willpower and thinking, and that this Power can return us to a condition of serenity and sanity. The Steps use the word "God" to indicate this Power. Nevertheless, the program is not aligned with any religion, nor do we adhere to any particular beliefs concerning the word "God," leaving this matter up to the understanding of each member. We are free to use a different word in our spiritual practice, if that's what works for us. What is important is that we rely on a spiritual reality, or Higher Power, rather than on words. In essence, our shared experience of this Power is one of loving and caring. We don't have to be religious to accept this idea, or to ask this loving Power to help us in our recovery.

One of the aspects of coming to believe in a Higher Power is finding out what spiritual concepts make sense to us. We need to be willing to set aside old ideas and prejudices, try new solutions to old problems, and listen to the spiritual experiences and ideas of others in the fellowship. What works for others may not be an exact fit for us. But if we are patient and open-minded,

that our problems were different, that our situation was unique. We had become so used to defeat and despair that we lost touch with hope. In early recovery, many of us had our first experience of hope through the group. In the words of other members, and in their eyes, we saw that recovery was possible. All we needed to do was concede that if it was possible for others, it was possible for us too.

If we find it difficult to believe, we can act "as if" we believe. The willingness to act "as if" helps us to make a commitment to recovery, despite any doubts we may have. By committing to recovery, we give ourselves time to let the program work in our lives, with our understanding growing gradually along with us. We find that "acting as if" is more than just wishful thinking. In the process, we discover that a willingness to accept new ways of behavior leads to a clearer understanding of who we are and how spiritual principles work.

When we have come to believe that we can be restored to sanity, we have stepped out of the problem and become aware of the solution. Without needing to completely understand our Higher Power, we can accept and use this Power in order to find freedom from our addiction. Our belief that recovery is possible gives us the strength to take action. We are ready for Step Three.

Step Three

Made a decision to turn our will and our lives over to the care of God as we understood God.

The Third Step is a turning point. In taking this step, we find the willingness to allow a God of our understanding to work in our lives. Having accepted both the reality of our disease and the possibility that a Higher Power can help us where our own efforts have failed, we make a leap of faith, turning to that Power for assistance. Our understanding of this Power does not need to be perfect or complete in order for us to take this step. We need only an open mind and a willingness to try something new.

Taking the Third Step means acting on our belief that a Higher Power can relieve our addiction and restore us to sanity. We loosen the grip on our old destructive patterns, perhaps not knowing yet what will replace them, but in the faith that something better will be revealed. When we surrender our old way of living to a Power greater than ourselves, we don't always know where we're going, but we can be sure that it will be better than where we were.

spiritual growth. For most of us, the actual turning over of our will and lives to the care of God will take place gradually, through working the remaining nine steps.

The Third Step invites us to turn our will and lives over to the care of God, not the control of God. We are not abandoning ourselves to the direction of some powerful taskmaster forcing us to do things that are not of our own choosing. Instead, we become open to making new choices for ourselves in the light of a Higher Power's transforming love and care. Turning our lives over to the care of the God of our understanding offers a way of gentleness and compassion. We do not have to obsess about the past or worry about the future. We can turn our attention to the present, where we really live, and become open to new solutions. We are free to make different choices, gradually learning to care for ourselves as our Higher Power cares for us.

Taking this step, we become willing to walk through all experiences and emotions, including painful and difficult ones. We discover that turning our lives over is not the end of our problems, but a way of seeing our difficulties in a new light—with a developing sense of trust that solutions are possible.

In this step, we turn our will and lives over to God *as we understand*

When we first encounter this step, we may have many questions and doubts. What does it mean to turn over our will and our lives? We can think of "our will" as our plans and intentions—what we want to do with our lives. We can think of "our lives" as the carrying out of our intentions—the full scope of everything we actually do, think, and say. We turn our will and our lives over to the care of God because our self-directed thoughts and actions have so often led us to acting out, negative consequences, and despair. In Step Three, we let a Power greater than ourselves help guide our daily decisions, opening ourselves to the possibility that we may not know what is best for us, and letting go of the belief in our own power to manage our lives. In so doing, we find that God's care applies not only to becoming abstinent from addictive sexual behaviors, but to the entire course of our daily lives and to every aspect of our existence.

How can we accomplish this turning over? We may be afraid of taking this step. It may even seem impossible to surrender control and allow a caring Higher Power to direct our lives. But it is helpful to remember that all we are doing is *making a decision* to turn our will and lives over. At this point in our program, we are simply willing to move forward. We decide to make a commitment to recovery, and to our

God. This means that we each have the opportunity to develop our own understanding of God, and the right to grow and recover in ways that match this understanding. No member or group can impose a belief about our Higher Power on us. We are free to develop our relationship with this Power in whatever ways work best for us, and at our own pace. Our concepts of God and spirituality may also change over time, as our life in recovery progresses. This freedom of understanding has opened the door to spirituality for many of us who thought we would not, or could not, be spiritual.

With small but significant actions, we can work Step Three by establishing a commitment to the program. For example, many of us decide to make going to meetings a priority, and schedule them into our lives regardless of circumstances. We commit to attending, whether or not we feel like going. We come to believe that it is God's will that we not act out. In this way, we give up debating about how to handle our addiction and simply do what is right according to our program. We work the Third Step whenever we choose recovery over addiction.

At this point, we may also begin to practice opening ourselves up to the guidance of a Higher Power. For many of us, these are our first rudimentary attempts at prayer. We may ask for our Higher Power's help in

staying abstinent today and working our program of recovery. We may ask for insight into how we can be of use to others and carry out God's will. Our specific words are less important than our willingness to make contact with a Power greater than ourselves and to let God's care into our lives.

To make the Third Step decision is to surrender. We give up the belief that our intellect, our knowledge, our judgment, and our will could successfully guide our lives. We accept that the control we thought we had over our lives was an illusion. This profound surrender of old beliefs, habits, and behaviors is something we learn to renew every day. We reaffirm our decision to turn our will and lives over to the care of the God of our understanding, not seeking an unattainable perfection, but acknowledging and affirming the progress we make in recovery.

With surrender, we say goodbye to our old way of life and prepare to make a transition to the new. Letting go of our addiction can be like losing a familiar friend. For most of our lives, our addiction was there to comfort us and distract us from our problems. Facing life without acting out involves feelings of grief and loss. But it can be done, through faith in a Power greater than ourselves, and in the company of others who walk the same path.

within the SAA fellowship, and a newfound ability to live in the moment under God's care, gives us the courage to go forward in recovery. With the help of our sponsor, we are ready to take stock of ourselves, to reflect profoundly on our past and on the defects of character that keep us from fully turning our will and our lives over to the care of God. The decision has been made, and the work of fearless self-exploration can begin. We move on to Step Four.

Step Four

Made a searching and fearless moral inventory of ourselves.

In taking the Fourth Step, we begin to know ourselves for who we really are. Building on the foundation of the first three steps, we take stock of the feelings and patterns that have shaped our lives. We come to realize that our addiction is more than just unmanageable sexual activities; it includes an entire system of underlying thoughts, feelings, and behaviors. If we neglect this inventory, we risk being stuck in our old habits and mistaken beliefs, and our unexamined defects of character will eventually lead us to relapse. By looking honestly at our

From time to time we may find ourselves "taking back" our will—attempting to control things again by only surrendering in certain areas of our lives and not in others. We need not be discouraged by these experiences. As long as we believe in the process of recovery, and have the willingness to learn and grow, we can return to Step Three and recommit to our spiritual program.

When we make a decision to turn our will and our lives over to the care of the God of our understanding, we begin to notice signs of growth and transition, evidence that the program is working. We find ourselves being more honest, more willing to share the truth about ourselves with others. We attend meetings consistently, making room in our lives for the fellowship. We ask for and accept help, reaching out to other recovering sex addicts on a regular basis, instead of living in secrecy. We may experience abstinence from our inner-circle sexual behaviors as a gift from our Higher Power rather than as the result of our own white-knuckled efforts. We start to value and enjoy a new sense of spirituality. We feel grateful for our recovery and for the gifts we are starting to receive from our Higher Power.

Reflecting on our progress thus far, we may begin to feel both relief and a new faith that the program can work for us. A growing sense of community

moral nature—the failings that kept us trapped in our addiction, as well as our virtues and aspirations—we start to move away from being self-centered and toward being God-centered.

The Fourth Step takes courage, because we are gradually giving up our old rationalizations, dishonesty, and self-pity, in order to discover the truth about who we are. In the process, most of us find ourselves peeling away many layers of denial. Our distorted view of ourselves led us to avoid responsibility for our actions. Our denial about our addictive behaviors prevented us from seeing our faults. At the same time, our belief that we were horrible people kept us from believing we could ever change, or be deserving of a better life. In taking the Fourth Step, we become willing to challenge these old ways of thinking and examine ourselves with a new clarity.

A searching and fearless moral inventory is one of the means by which we open ourselves to the care and healing of our Higher Power. It is one of the first and most profound ways we put our Third Step decision into action. As we work Step Four, we practice honesty, courage, and faith, keeping in mind that others have walked this path before us and have found their recovery strengthened through this work.

A moral inventory can be described as a systematic examination of all the beliefs, feelings, attitudes, and

Three Circles: Defining Sexual Sobriety in SAA



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Three Circles

Our primary purpose is to stay sexually sober, to abstain from sexually compulsive behavior, and to carry the message to the sex addict who still suffers. Recovery begins with abstinence from one or more specific sexual compulsions. Having said that, the question arises: How do we define “abstinence” or “sexual sobriety”?

The idea of abstinence is based upon analogy with Overeaters Anonymous. Just as the compulsive overeater does not have to totally give up food, but needs to learn a new approach to food which is non-destructive and non-compulsive, so the sex addict needs to learn a new approach to sex which is non-destructive and non-compulsive.

The idea of sexual sobriety is rooted in the heritage of Alcoholics Anonymous which continually reinforces the idea to alcoholics that it is the “first drink” which gets them “drunk.” That first drink begins the “phenomenon of craving” which inevitably activates further self-destruction. Similarly our “inner circle” in SAA consists of that behavior which we deem equivalent to the first “drink.”

Unlike the alcoholic who, however, must simply “put the plug in the jug,” and practice total abstinence from alcohol, most of us have no desire to plug up our sexuality and become totally celibate. For it is not sex in and of itself that causes us problems. It is the various ways we misuse certain kinds of sex that causes us to get “drunk.”

Each of us needs to carefully consider which sexual behaviors we are powerless over, which sexual acts lead to feelings of demoralization. These are the addictive behaviors from which we will want to abstain. Each addict has his or her own specific set of compulsions and “triggers” from which it is necessary to abstain. There are sexual behaviors which are acceptable or even experienced with a sense of gratitude and enjoyment. Therefore our program acknowledges each individual’s dignity to choose his or her own concept of healthy sexuality.

The Inner Circle

We have found it simplest to draw a circle. Inside this circle, we write down each one of the compulsive sexual behaviors from which we feel it necessary to abstain. That will become our “inner circle” and everything inside is totally off limits for us. These behaviors are the “drugs” we must stop using, the “alcohol” that gets us drunk and destroys our lives.



One day at a time, we abstain from all behaviors which we have placed in the inner circle and we award chips or medallions for consecutive abstinence from these inner-circle behaviors. Many of us may list behaviors such as: anonymous sex, voyeurism, masturbation with pornography, prostitution, sadomasochistic behavior, manipulative or angry sex within a relationship, phone sex, cross-dressing with masturbation, exhibitionism, child sexual abuse, or incest.

The Outer Circle

Just as there was no question that the behaviors listed in our inner circle were compulsive, addictive, and therefore dangerous and destructive, so there is no question that the behaviors we list in our “outer circle” bring recovery and are to be encouraged, praised and practiced.

That is to say that healthy sexual behaviors are behaviors we choose because they enhance our life, our recovery, and our spiritual connection. Examples of behaviors that some people place in their outer circle are: working the twelve steps, being sexual within a committed relationship-honoring the bond of love that you and your partner have built, masturbation with or without fantasy, enjoying affectionate touch, taking a dance class, playing a sport, wearing beautiful clothing, taking a bath, developing non-sexual friendships with people, developing new healthy interests, dating, and sharing our recovery with other recovering sex addicts.

In short we want to be gentle with ourselves - to practice behaviors that are self-nurturing. These outer-circle behaviors are clearly the antithesis of our old way of life, and it is the practice of these actions which will lift our obsessions and compulsions and bring us serenity and joy. Once again, it is important to actually write these down on paper, listing them in an outer circle which is drawn around the inner circle.

The Middle Circle

We have found that much of our shame is rooted in a kind of merciless perfectionism. Because we are human, we invariably fall short of our lofty ideals, and then sink into a destructive cycle of self-condemnation, shame and eventually, acting out in our inner circle.

Such all or nothing thinking permeates our lives and is the source of much pain and confusion. Many in our program have found recovery only by freeing our minds from the shackles of moralistic perfectionism, learning to embrace our common humanity and avoiding extremes. After all, we are neither gods nor devils, but perpetually imperfect human beings.

The middle circle is where we place behavior of which we are uncertain. Recognizing that we come into this program resentful, afraid, and confused about our sexuality, we know it is not easy to go from inner to outer circle overnight. While the inner circle relates to behaviors which keep us in permanent isolation and fantasy, the outer circle refers to behaviors which help us move out into the real world.

We are all human and ours is a program of progress not perfection. We are trying to move towards a sane sexual ideal, but we have found that one does not rise from the gutter to the heavens in one amazing leap. We do not always know what is good for us and what isn't, nor are we always willing to do the absolute best thing - thus the need for a “middle circle” in which we place those sexual behaviors which fall neither in the category of demoralizing addictions from which we absolutely must abstain, nor in the category of ideal behavior. The point is that we are willing to grow along spiritual lines, and to abstain from some behavior(s). Herein lies the grey areas in which, in our black and white thinking, we have refused to live with all of our lives.

Within the middle circle, however, there are some behaviors which if not addressed will eventually lead us back to our inner circle. We call these boundary behaviors. Some examples of actions which may be defined as boundary behaviors are: cruising for prostitutes or for a place to practice voyeurism, acting seductively in an inappropriate situation, or contacting an old acting-out partner in order to renew an addictive sexual relationship. Crossing a boundary is engaging in a ritual or slippery behavior that may result in acting out. Engaging in boundary behaviors does not change our sobriety date, but because we recognize that our sobriety is jeopardized, we take action to re-connect with the program. If we find that we are engaging in boundary behaviors, we need to respond in a healthy way to take care of ourselves, lest we cross into inner circle behaviors. There are several things we can do: tell an SAA member, tell our sponsor, read SAA literature, or attend an SAA meeting and talk about our behaviors. Being accountable and reaching out takes away the shame and the feelings of helplessness. It may be hard for us to admit that we have crossed a boundary, but it is just this type of honesty that heals us and allows us not to drift towards destruction.

As we gain sobriety by having clear boundaries and working our program, it becomes much easier to stay sober and to truly enjoy recovery. As time goes on, and as we work the twelve steps of recovery and grow in our participation in meetings and service, our compulsions and obsessions are progressively lifted. We may then find that behaviors which were acceptable for us when we were new must now be put in the inner circle.

Conclusion

Sexual addiction is a cunning and baffling disease. For too long most of us found it familiar, almost comfortable, to remain in the cycle of acting out, feeling demoralized, swearing off, and then acting out again. We know from painful experience that it is

easy to fool ourselves if that is what we really want to do. How then do we know if we have drawn a functional middle circle or if we are simply deluding ourselves? After all, our "best thinking" got us here in the first place.

Our experience is that if we are rigorously honest with ourselves about our middle circle behavior, we will not choose to deceive ourselves into practicing inner circle behavior. In order to stay honest about this, it is necessary to share our program with others. We do not keep our behaviors hidden.

Ultimately, our definition of sobriety is our own, but if we define our own program of recovery in isolation, our self-made programs may deceive us, becoming too loose or too restrictive.

We write down our recovery program using the three circles as a way to gain clarity. We share our program so that we can gain a balanced recovery and we do this by directly showing our three circles to our sponsor and to people in our group. Without this clarity we can continue to act out, because we are confused about what sobriety is for us.

In SAA it is each member's prerogative and privilege to experience his or her own mistakes and joyful successes. From these we discover what we can and cannot do sexually and progress along the road to a sane and non-addictive sex life. We believe such a sex life can, "by the grace of God," be enjoyed by all of us, married or single, straight, or gay. Obtaining and maintaining abstinence from inner-circle compulsions are the bedrock foundation of all the personal growth which will surely follow.

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