

Sexual addiction a threat to the church, therapist asserts

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Given the secrecy and shame surrounding pornography usage, [researchers](#) offer widely [divergent statistics](#) about its prevalence in the church. But few question the reality of the problem—both in the pews and in the pulpits.

“I don’t know of a bigger threat to the church today,” said Jimmy Myers, a licensed professional counselor and Christian certified sex addiction therapist. “And we are too pious to talk about it.”

In particular, clergy who struggle with pornography or other compulsive sexual behavior are reluctant to discuss it because they fear losing their jobs if they acknowledge a problem in their own lives, Myers said in an interview.

Adina Silvestri, a licensed professional counselor and researcher, agrees. In an [online article](#) published by the American Counseling Association, she wrote: “Within the Church, clergy who are sex addicts live with the shame, fear, and guilt involved with their compulsive sexual behaviors, while acting as a moral compass for their congregations. It is a lonely journey.”

The fifth edition of the [Diagnostic and Statistical Manual of Mental Disorders](#)—the standard reference source produced by the American Psychiatric Association—does not include sexual addiction.

However, Myers noted, the World Health Organization includes [compulsive sexual behavior](#) as a mental health disorder in the latest edition of its International Statistical Classification of Diseases.

Failure to address the problem



Jimmy Myers

Ministers who dare to talk about compulsive sexual behavior as an addiction from which people can recover with the proper therapy—not just a bad habit they can overcome with will power—risk being perceived as “soft on sin” by some church members, Myers said.

“We have to change the way we address this,” he said.

Myers served 20 years in church staff positions at Baptist churches before he founded [The Timothy Center](#), an Austin-based Christian counseling center. He sees the use of pornography as destructive in itself and as a first step that can lead to other compulsive sexual behavior.

“Pornography is the marijuana of sexual addiction,” Myers said. “It is the gateway drug to other behaviors.”

Like drug users who crave increasingly stronger drugs, the arousal template for pornography users continues to escalate, requiring more frequent viewing, more hardcore content and other sexual behaviors to get the same results, he explained.

In an [article](#) produced for the Utah State University’s couple and family

relationships extension service, Naomi Brower wrote: “Some of the common damaging effects of pornography for users can include addiction, isolation, increased aggression, distorted beliefs and perceptions about relationships about sexuality, negative feelings about themselves, and neglecting other areas of their lives.”

Mark Legg, a former associate editor at the Denison Forum, agrees about the devastating impact of pornography.

“Pornography carves canals of addiction in our brains, sends a torrent of shame into our hearts, digs up sedentary sin, and wreaks havoc on our relationships,” Legg wrote in an [online article](#).

The “canals of addiction” Legg describes are neural pathways created by “consistent frequent exposure over long duration,” Myers explained.

Compulsive sexual behavior may be rooted in childhood abuse or severe family dysfunction, and patients often also are diagnosed with anxiety and depression.

“The brain of a person with sexual addiction is physically different,” he said, adding it explains the condition but is “not an excuse for behavior.”

Create new pathways in the brain

Fortunately, the brain continues to change and adapt, retaining a certain degree of plasticity. Through proper therapy and treatment, neural networks in the brain can be restructured, creating new neural pathways, he explained.

“Rewiring” the brain’s neural pathways requires time and intensive therapy, he acknowledged.

Previously, The Timothy Center treated compulsive sexual behavior

through an intensive outpatient program that demanded three hours of therapy three times a week for six weeks.

Recently, the center introduced a 15-hour weekend intensive program—the only one of its kind in Central Texas. During two days of rigorous therapy, participants learn about the root causes of sexual addiction, and they explore emotional regulation and relapse reduction.

The two-day format not only is less time-consuming than the previous intensive outpatient program, but also allows individuals from outside the Austin area an opportunity to “jump-start” therapy, which can be continued with a licensed counselor closer to their home.

Churches should encourage members and ministers to seek professional help if they are struggling with compulsive sexual behavior, Myers said.

That may mean offering a sabbatical to staff members who need therapy rather than immediately dismissing them if their sexual addiction is discovered or confessed.

Churches benefit from learning about the causes and treatment of compulsive sexual behavior, because it helps them differentiate between the person and the person’s behavior, he said.

“Everyone is broken. How can we judge somebody just because they are sinning in a different way than we are?” Myers asked.

“We need to respond with compassion. We need to hit that sweet spot that Jesus demonstrated—not condemning the person and not ignoring the sinful behavior.”