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THE FORMATION OF AFFECTIVITY

A Christian Approach



The Formation of Affectivity

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The Formation of Affectivity
A Christian Approach
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*To all those who,
by sharing with me their eagerness to improve,
have shown me
the greatness of the human heart*

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INTRODUCTION

1. Teacher, What Should I Do to Achieve Eternal Life?

“You shall love the Lord your God with all your heart, and with all your soul, and with all your strength, and with all your mind; and your neighbor as yourself” (Lk 10:27). Jesus refers to two texts of the Pentateuch in his dialogue with a doctor of the Law (cf. Deut 6:5; Lev 19:18). The two commandments summarize what we should do to gain eternal life: love God and love our neighbor. Matthew and Mark narrate the story in a way that differs slightly from Luke (cf. Mt 22:37–39; Mk 12:30–31). In their versions, the answer is in response to the question, “What is the first commandment?” In all three gospels, we see Jesus challenging us to live a radical, complete love, because that sort of love not only fulfills all that God asks of us, but opens the door for us to live a happy life and enjoy him for all eternity.

This kind of relationship with God contrasted with some proposals offered by Judaism and especially with those offered by pagan religions, which tended to emphasize adoration, submission, and obedience, attitudes born from consideration of God’s absolute transcendence. Before God, man could only prostrate himself and recognize his nothingness.

Jesus Christ opens a new perspective that touches the most intimate aspects of man—but without excluding the previous idea. God calls man to enter a loving relationship that includes several dimensions: heart, soul, strength and mind. Jesus stresses that dealing with God involves all aspects of man: his intellect, his will, his sentiments and his passions. The same should happen in his dealings with his fellow men. Indeed,

we do not have one heart to love God with and another with which to love men. This poor heart of ours, made of flesh, loves

with an affection which is human and which, if it is united to Christ's love, is also supernatural.¹

The twofold precept (loving God and neighbor) is based on a basic tenet: God is a loving Father who cares for us. "He first loved us" (1 Jn 4:19), he *firsted* us, to use the words of Pope Francis. We respond only partially to the love of God, who created us, gave us a family, abilities, talents ... and prepared a dwelling in heaven that is waiting for us (cf. Jn 14:2–3). It is the same thought behind the lines we sing at Christmas, "*sic nos amantem, quis non redamaret*" from the hymn *Adeste fideles*: who would not love back one who loves us thus?

The love that all human beings give and receive from God fully satisfies our deepest longings. The first commandment is not forced upon us. It is the proclamation of what makes man happy: "You have made us for yourself, and our hearts are restless until they rest in you."² God is not a tyrant who is unhappy with our submission, who *forces* us to love him, but a Father who loves us, cares for us and watches over us, and only he can fulfill an unavoidable need: "What can make us feel happy if not the experience of giving and receiving love?"³

2. The Formation of Affectivity

The past few decades have increasingly made clear the need to form others in affectivity. This is especially true for young people. The idea would be to enable them to develop their own interiority in a healthy and serene manner, and so achieve a cheerful, comprehensive, meaningful and apostolically fruitful Christian life. However, those in charge of their formation often state that they have few tools to carry out their task, presumably because the intellectual and spiritual dimensions of formation have been over-emphasized for many centuries. Many excellent works have been written that deal with those areas, but little attention has been given to the formation of affectivity.

- 1 St. Josemaría Escrivá, *Friends of God*, Scepter, New York (NY) 2002², n. 229.
- 2 St. Augustine, *Confessions*, I, 1, 1.
- 3 Francis, *General Audience*, July 14, 2017.

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Some dimensions have been stressed to excess at times, to the exclusion of others. The resulting imbalance has created distortions like intellectualism, voluntarism, or sentimentalism. All these dimensions need to be combined within the unity of the person.

Affectivity could initially be defined as the set of emotions, affections, feelings and passions within man that make him feel comfortable or unhappy in his various real-life situations. The result is pleasure or discomfort, which points to what should be sought or avoided. Pleasure or discomfort could be in the sensitive sphere (enjoying a meal) or in the intellectual sphere (a pleasant conversation or a good read).

Having said that, the goods or the evils identified by affectivity are only partial and may contradict each other. For example, short term discomfort (tiredness) pitted against a long-term greater joy (winning a race). We all have a hierarchy of values with which we figure out which goods are worth sacrificing for the sake of greater goods. This hierarchy of values is usually not overt. That is not to say that some affects are bad or mistaken, but that they sometimes claim undeserved priority, and other goods, more important for the whole person, could be jeopardized.

The formation of affectivity seeks to help the intellect and the will achieve a right order: finding out what is good, wanting to reach it, and using the appropriate means to get there. It is not just about controlling or repressing particular human trends, nor rationalizing instincts, but to reach such a deep rapport with the good—in the head and in the heart—as to give all the things that call for our attention the right level of importance almost instinctively (rather, by *connaturality*). This allows us to enjoy both the good achieved and forego those others which need to be sacrificed for the sake of greater ones. The latter point is important because it is less evident. St. Augustine summarized it as follows: “in the case of what is loved, either there is no labor, or the labor also is loved” (*in eo quod amatur, aut non laboratur aut labor amatur*).⁴ Thus we return to the gospel quotation from the beginning of this introduction: everything begins with what we genuinely love. Everything else falls into place.

Aspiring to achieve a perfect balance would be wishful thinking. Formation is a process and there is always room for improvement. It will lead

4 St. Augustine, *On the goodness of widowhood*, XXI, 26.

to delving deeper into the meaning of one's vocation, to achieve self-dominion and make it a serene and cheerful reality on a day-to-day basis.

3. Psychology and Formation

St. Paul shows a Hebrew approach in his exhortation to the Thessalonians: "May your spirit (*pneuma*) and soul (*psyche*) and body (*soma*) be kept sound and blameless at the coming of our Lord Jesus Christ" (1 Thess 5:23).⁵ This triple distinction is unique in St. Paul's letters. Many early Fathers of the Church, especially in the East, used the same approach.

We are probably more familiar with the twofold distinction of body and soul that arises from Aristotle's hylomorphic theory (matter and form), which became generally accepted in medieval scholasticism. St. Paul also used this distinction several times (cf. 1 Cor 5:3; 7:34; 2 Cor 7:1). Both approaches have their advantages and limitations in explaining human nature, that always remains unfathomable. In any case, both approaches uphold the unity of the person at all times: the unity of the person is not simply about adding two principles that ultimately remain distinct, like water and oil.

In my opinion, however, the three-fold division makes it easier to understand the person's affective dimension. Indeed, the split between body and soul makes it difficult to fit in feelings, passions and emotions. They have a physical foundation (in the brain's activity), but they are also part of the non-material, transcendent reality of man, made in the image of God. Clinical depression would be a good example of this: it is not an illness of the body, but we cannot say that it is a spiritual illness either. The three-fold division better defines the domain of affectivity: it belongs in the *psyche* (soul, mind), and is the subject matter of psychology. When deranged, it is the domain of psychiatry.

If we are to help others as formators, we need to take into account all three dimensions: everybody has a spirit called to enjoy God for all eternity. It is nourished by prayer, sacraments and relationships, especially when charity is their foundation. Everyone has a body that needs sleep, food

5 Cf. P. Iovino, *La prima lettera ai Tessalonicesi*, Edizioni Dehoniane Bologna, Bologna 1992, pp. 284–287.

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and exercise. And everyone has a psyche subject to mood swings, defined by thinking and feeling in a particular way, conditioned by life experiences, etc. The three dimensions are in constant interplay: no matter how good one's dispositions may be, poor sleep will make it harder to pray, and will make one short tempered, irritable, etc. Likewise, low moods are often associated with physical discomfort (headaches, loss of appetite, tiredness), and it makes it harder to "connect" with God in prayer.

Some knowledge of psychology is very helpful in the task of formation. For example, knowing the main features of the various life stages will help to address matters in the best way for each age range, and to set goals in accordance with the individual's abilities. Similarly, knowing the different types of personalities will help to provide specific advice to each individual person on what traits to improve, or how they can use their strong points in the task of formation.

On the other hand, psychological problems may be confused with a lack of virtue or with sins. For example, narcissism and pride are two different concepts, just as egocentrism and selfishness, shyness and lack of interest in other people, obsession and thinking about oneself, poorly integrated sexuality and impurity, conflict with the authority figure and disobedience, impulsiveness and anger, perfectionism and lack of abandonment, attention deficit and lack of disorganization, inactivity secondary to depression and laziness.⁶ The first term of each pair mentioned above may contain a pathological element, a personality disorder, previous traumatic experiences, cognitive errors, poor social skills, etc., and not just poor interior life.

In these cases it would not be enough to provide advice of an ascetical nature (to grow in fortitude, toughness, temperance) or to foster the interior life (prayer, mortification, a sense of divine filiation), because it would not hit the target. It could even be harmful, because it would be a distraction from the real problem, foster guilt or a sense of worthlessness, or encourage an overextension of the will. In the end it would probably be ineffective and exhausting.

Yet, it is not a matter of pretending to be a psychologist in the task of formation. It is rather a matter of realizing that a crucial aspect of this task

6 Cf. C. Chiclana Actis, "Formación y evaluación psicológica del candidato a sacerdocio," *Scripta Theologica* 51 (2019) 467–504.

is the human dimension, which remains within the boundaries of psychology and has its own dynamics and laws. We should be familiar with these dynamics and laws to be able to help adequately. Similarly, it is not necessary to be a physician to recommend paracetamol to someone with a headache, some extra rest to someone who is not sleeping well, or to suggest an urgent medical consultation to someone with chest pain. St. Josemaría Escrivá would explain this responsiveness by saying that a formator should have the *psychology of a mother*, who can sense the state of mind of her son, recognize that he had problems at school when he comes home, notice that he had a fight with his girlfriend, etc.

To a certain extent this knowledge comes from intuition, and some people may have it more developed than others. But it also requires specific training, because it is part of the professional skills expected of a formator. This book aims to assist the *formation of formators* in the psychological aspects of the person and how to apply that knowledge in their task.

4. About This Book

Over the past few years I have had the opportunity to teach formators, parents, teachers, priests, seminarians, etc., about the development of affectivity. I was struck by the fact that there was almost no need to adapt the contents to the needs of the different cohorts. They all had the same basic concerns and the feeling that knowledge of psychological dynamics was useful for their task. Many acknowledged that it helped them to know themselves better, and this enhanced the task of formation.

In preparing these classes I have drawn upon my professional background as a psychiatrist, a theologian, and a priest. I have also drawn from my experiences in giving Christian formation to people of all ages, especially the young, which is something I have done both as a layman and as a priest.

The contents of this book are courses I have taught, expanded upon and committed to writing. Therefore, the style is didactic, interrogatory, direct and practical, with many anecdotes drawn from real life to illustrate various points. I refer to several psychological schools without offering systematic descriptions, because they can be found elsewhere.⁷ Each chapter

7 Cf. among others, M.A. Monge Sánchez (ed). *Medicina pastoral. Cuestiones*

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of the book corresponds to a one-hour lecture. For this reason I had to make a selection of the various arguments: I have picked those I consider to be important for a formator and cannot be found elsewhere. On the other hand I have not emphasized other basic and more important topics—though neither have I neglected them—because the reader will probably be familiar with them: the priority of grace, some doctrinal points, the dynamic between human and supernatural virtues, etc. There is an ample bibliography at the end of the book for those interested in further reading on these and other topics.

Since I am a priest, my starting point will be Christian anthropology, which acknowledges man's supernatural end, his tendency towards the good, and the difficulty of recognizing it and putting it into practice, due to man's wounded nature. Man must correspond to God's grace to reach sanctity, and the interaction between these two realities is expressed by St. Thomas Aquinas in two phrases: "grace presupposes nature,"⁸ and "grace does not destroy nature but perfects it."⁹

This book offers suggestions to help develop a healthy and focused personality. We can think of plants that need rain to grow strong. In the same way, God's ordinary grace may act as "rain" upon the soul. But if a plant is crooked, a different kind of technique is required to straighten it up. God can certainly do that spontaneously, just as he can cure a physical illness. But it would be something out of the ordinary, even a miracle, and we cannot demand it of God; usually he counts on the person to go to the doctor to return to health.

The book is divided into four sections. The first contains a general description of personality and affectivity, a definition of both concepts and some ideas to foster a mature development. The second describes the various stages of the life cycle, from the cradle to old age. An attempt is made to illustrate how the acquisitions and defects of each stage have an impact

de biología, antropología, medicina, sexología, psicología y psiquiatría, Eunsa, Pamplona 2004; J. Cabanyes, M.A. Monge (eds.), *La salud mental y sus cuidados*, Eunsa, Pamplona 2011; W. Vial, *Madurez humana y espiritual*, Palabra, Madrid 2019.

8 St. Thomas Aquinas, *Summa Theologica*, I, q. 2, art. 2, ad. 1.

9 *Ibidem*, I, q. 1, a. 8, ad. 2.

on future development. The third focuses on a specific aspect of affectivity, the sexual dimension. It will propose some strategies to contribute effectively to the holistic good of the person. It will highlight the difficulties of living chastely in 21st century life. The section ends with some thoughts on the vocation to apostolic celibacy and its consequences from a psychological point of view. The fourth and final section covers several psychiatric conditions, and suggests various prevention strategies and ways to support those who have these conditions. A final chapter—in fact an epilogue—has been included in response to the requests of a number of people who attended my courses. It describes the psychological capabilities required for someone involved in formation.

At this stage I would like to thank the many people who have helped me in the writing of this book. First, Juan Ignacio Peláez, who was in the very first course I gave. His patient insistence encouraged me to sit down and write this book. Fr. Alfredo Ruiz de Gámiz has reviewed every single chapter and provided excellent suggestions based on his ample priestly experience. I am twice in debt to Dr. Marisol Salcedo, clinical psychologist, who was involved in my initial training in psychiatry many years ago, and who later reminded me of many forgotten concepts, and corrected some inaccuracies that had made their way into the book. Finally, the contributors to the book *Loving and Teaching Others to Love*¹⁰ will find many of their own ideas somewhere in this book: Bishop Jose Maria Yanguas (theological aspects of affectivity), Fr. Paul O’Callaghan (the dynamics of delayed gratification), Fr. Wenceslao Vial (psychopathology), Dr. Carlos Chiclana (comprehensive approach to out-of-control sexual behavior), Fr. Maurizio Faggioni (friendship) and Bishop Massimo Camisasca (the spiritual paternity of celibate people). I strongly recommend reading their work to understand their respective topics better.

Holy Mary, Mother of Fair Love, pray for us!

10 F. Insa, D. Parker (eds.), *Loving and Teaching Others to Love. The formation of affectivity in priestly life*, Independently published 2021.

THE ADDICTION OF THE TWENTY-FIRST CENTURY

1. The Virtual World

The twenty-first-century world would not be the same without the internet. Communications, information, shopping, study, work, entertainment and leisure are all linked to it. Few inventions have been of more service. Yet, there is a dark side to it.

Everything is on the internet, what we are looking for and what we would rather not see. There are websites that help us unwind and others that ensnare us, resources that can bring us closer to God and others that separate us from him. There are sites that we know we should avoid, and others that we seek in moments of frailty. The problem is that they are all jumbled together. We have all experienced what the internet has given us, but also what it has taken away from us: time, relationships, work performance, reading, hobbies, etc.

In this chapter we will look at one of the most negative elements that the internet has brought into our homes and our wallets: pornography. We will define it as the display of explicit sexual images (drawings, photos, or videos) with the sole purpose of sexually arousing the viewer.

2. Is It a Vice or an Addiction?

For many years I have helped prepare candidates for the priesthood. The following experience is relatively common. Many new priests come across young—and not so young—penitents who confess that they have looked at pornographic images on the internet, after which they masturbated. These new priests had been aware that such situations were common, but they were surprised by how frequently it now happens. Often the penitents are people who want to lead a Christian life, they pray every day and attend

holy Mass at least every Sunday. In addition, they try to live out the traditional methods to live chastely, and this is the reason they go to confession. The newly ordained priests ask themselves—and have asked me—is God’s grace not enough, contrary to St. Paul’s experience? Or are people no longer able to control themselves? In other words, are we facing an old vice, now more difficult to get rid of, or are we seeing a new type of addiction?

In this chapter I will look at the answer to the last question in some detail, and I will suggest a few strategies for those who hold a position of formation, whether they are priests or other.

The first point that we should consider is that the choice between a vice or an addiction is not the right way to look at the problem. What is a vice? Philosophical ethics provides a starting point—it is the opposite of a virtue, a habit of bad behavior. In the *broad* sense they do not necessarily imply a moral failing. We saw this in the case of a child’s confused confession: “I pulled my sister’s hair, I poked my nose, and I bit my fingernails.” All of the above actions are low on the malice scale, and the last two are not sins at all, yet they could be classed as a vice, which is a bad habit or a lack of manners.

In the *strict* sense a vice does have an ethical component. That is obvious if we want to make vice the opposite of virtue. Vices are actions that make a person worse. They are not just a tendency to act inappropriately, because they have more serious effects. They change the person from within (someone who steals becomes a thief, telling a lie makes someone a liar, etc.). This implies that the subject will be less attracted to behaving properly, and it will be harder to act uprightly even when he wants to (because the will has weakened), and doing good will not produce the same level of satisfaction. A deep-rooted vice can obscure the intellect, and the subject ends up confusing good and evil: “we either live as we think, or we end up thinking the way we live.”

On the other hand, *addiction* is a medical or psychological term.

Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual patho-

logically pursuing reward and/or relief by substance use and other behaviors.¹

There is no mention of ethical issues or about following human or divine guidelines. We have moved to the domain of human health, mental health to be precise. And the same thing we said about vices can be applied to addictions. Some addictions are not sins as such, like smoking (historically the traditional position, although some authors think otherwise). But in most cases—including smoking—letting oneself fall into an addiction has negative moral implications because it amounts to consenting willingly to a behavior that leads to a loss of freedom and involves personal physical or psychological harm.

3. Addiction and the Internet

If we go back to our subject, whether the consumption of sexual images on the net is followed by masturbation or not, it could be a “once only” episode—which needs to be subject to moral assessment, but which does not appear to result in psychological harm; but it could also lead to a vice or an addiction. Where should the boundary be? First, we should look at the idea of addiction.

What can trigger addiction? The first category we can think about is *substance abuse*, among which there are drugs and alcohol. However, some *behaviors* can also be addicting, like gambling and betting. In short, any circumstance (broadly speaking) that produces pleasure (physical or psychological) or helps relieve stress can give rise to addiction. Indeed, addiction cases have been reported that were triggered by a variety of causes, like coffee, sports, video games, chatrooms, high risk activities, and of course pornography. It is worth noting that all these activate the same neuron circuits in the brain, and all of them involve dopamine,² a well-known neurotransmitter (it transmits information from one neuron to another).

- 1 Cf. American Society of Addiction Medicine, *Public Policy Statement: Definition of Addiction*, 12 April 2011, in: https://www.asam.org/docs/default-source/public-policy-statements/1definition_of_addiction_long_4-11.pdf?sfvrsn=a8f64512_4 (accessed: January 1, 2020).
- 2 The neurobiological aspects of pornography are mainly related to reward me-

Obviously, not all these activities have the same capacity to trigger addiction (*addictive capacity* is the technical term). It depends mainly on two parameters: the *proximity* to the consumption of the substance (or to the execution of the behavior) to the pleasure it produces, and the *intensity of the pleasure* or stress relief. Many behaviors even allow us to play with the *range of pleasure*: increasing the stress will result in greater pleasure, so that when engaging in that particular behavior the release (of dopamine) is greater and the sensation of well-being and relaxation is enhanced. This is the aim of putting oneself in extreme or risky situations.

Sex meets both conditions: it produces the most intense physical pleasure that can be achieved by natural means (meaning without drugs), and the pleasure takes place immediately (stimulation with images, masturbation, physical acts with another person, etc.).

If we take one further step further along this line of thought, we see that the mix of internet and sex becomes explosive, because the internet brings in three key factors that Dr. Al Cooper of Stanford University highlighted already back in 1998. They are known as the *Triple A Engine*³:

Access: Cooper based his observations on the phenomenon of personal computers, which can be connected from home, school, or work at any time of the day. Nowadays it is even easier, because the internet can be accessed through smart phones, which are almost always in our pockets.

Affordability: it is easy to find free content online, and it represents no extra charge on a plan.

Anonymity: the belief that one is unknown, and can “look without being seen” makes it easier to engage in behaviors that would never be undertaken in the presence of others. It also reduces the subjective consciousness of responsibility.

chanisms and have been researched at length. Among others, J.D. Stoehr, *The Neurobiology of Addiction*, Chelsea House, Philadelphia (PA) 2006; W. Struthers, *Wired for Intimacy: How Pornography Hijacks the Male Brain*, InterVarsity Press, Downers Grove (IL) 2009; C.M. Kuhn, G.F. Koob, *Advances in the Neuroscience of Addiction*, CRC Press, Boca Raton (FL) 2010; G. Wilson, *Your Brain on Porn: Internet Pornography and the Emerging Science of Addiction*, Commonwealth Publishing, London 2014.

- 3 A. Cooper, “Sexuality and the Internet: Surfing into the New Millennium,” *Cyberpsychology & Behavior* 1 (1998) 187–193.

How do we know that the threshold of addiction has been reached? There are two typical symptoms. This first is *dependence*. It ordinarily presents as *abstinence syndrome*, otherwise known as *craving*, that appears after a period of no consumption. It is an intense desire, associated with anxiety, restlessness, and autonomic symptoms (sweating, palpitations, tremors, etc.). You can see it in smokers when they do not have a cigarette handy: they fret about looking for one, ask around, trying to do other activities, but they only settle down when they get a cigarette.

The second symptom is *tolerance*. It is a need to increase the dose (either more often or in larger amounts) to achieve the same effect, or just to settle the restlessness: more alcohol, stronger drinks, or in the case of pornography, hard core images. In the *Divine Comedy*, Dante uses the example of the she-wolf as the symbol of concupiscence, and describes it as an insatiable beast, who “never sates her greedy appetite, and after food is hungrier than before.”⁴ Consumption is not a pleasurable experience anymore. It becomes a chain, a toll that has to be paid for the body to be able to function and the body always asks for more of it, because “one never has enough of that which he does not really want.”⁵

Tolerance is the reason why many people cross the *red lines* that they never intended to cross: expenditure, moving from virtual relationships to real ones, watching increasingly violent images, or images involving children, etc. In short, it opens the gate to behaviors that are both pathological and often illegal. They are now much more accessible (the first A of the *Triple A Engine*).

The problem here is surely on a different level than what we saw in the previous chapter. It is not a matter of having temptations (evil thoughts or evil desires that are difficult to stem), or that curiosity has been aroused by imprudent use of internet. Here *the body is unwell*, restless, and it needs a *dose* (a fix) to settle the anxiety. It is not easy to be certain of where a particular subject is at because there is a *grey area* that complicates matters.

New lifestyles can give rise to new pathologies, or new symptoms of previously known illnesses. The internet is one of these lifestyles (as are, in a

4 Dante, *The Divine Comedy*, Inferno, Canto I, 99.

5 M. Shea, “Catholics and the Cult of Fun,” in: <http://www.mark-shea.com/fun.html>. (Accessed: January 28, 2001)

broaderer sense, all the new “information and communication technologies”) that have created new addictions. It is not just that they are more prevalent than they were in the past; the environment itself facilitates their emergence.

4. A Medical Issue

We have already spoken of the widespread view in society that the body—and therefore sex—exists to be enjoyed. Those who think this way only object to restrictions in sexual behavior when they harm the other person (sex with minors, blackmail, humiliation, lack of consent, etc.) or because of religious and moral principles. Any behavior that does not harm the other person is therefore acceptable and healthy. What does medical science have to say about this? Can we say from an impartial, objective perspective that some sexual behaviors are normal and healthy, whereas others are pathological?

The answer to the last question is a definite YES. Psychiatry textbooks have traditionally held that some sexual behaviors are abnormal. Like in other fields of medicine, the word *disorder* is preferred to the word disease (for reasons that are not relevant here). Paraphilia would be an example. In the past they were called sexual perversions, but the obvious moral connotations of the word have rendered it virtually obsolete. Exhibitionism, fetishism, pedophilia, etc., are all considered to be unhealthy ways to achieve arousal. Could the same be said of internet pornography?

There are two main disease classifications. The WHO *International Classification of Diseases* (ICD-11), now on its eleventh edition, is one, and the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) of the American Psychiatric Association, now on its fifth edition, is the other. Clinicians and researchers have made submissions to both organizations to include the situation described in the previous paragraph as a specific category. By way of example, the *Journal of Sexual Addiction & Compulsivity* was first published back in 1994 (the internet was in its infancy): four quarterly issues a year, with 8 to 10 papers per issue. The authors were psychiatrists, psychologists, sexologists, social workers, family therapists, pastoral counsellors and members of the legal field. Thousands of articles, books, and websites have appeared before and after that date. They approach the problem from various angles, and not necessarily from a moral or religious perspective.

All these publications have a common trait: they seek evidence of individuals who lose control of their sexual activity and become dysfunctional or distressed in their family, social, legal, professional, and financial lives. These individuals want to change but they are unable to resist the urge. Many names have been proposed to categorize this state of affairs: internet addiction disorder, hypersexual disorder, pornography or sex addiction, etc. However, the medical community has not reached an agreement to accept any of these clinical presentations. Various arguments have been raised, which range from the lack of clinical evidence to the accusation that religious or moral considerations were an attempt to *pathologize* sexual behaviors. In other words, anyone wanting to live according to his faith or value system should visit a spiritual director or a coach, not a medical doctor.

Finally, the ICD-11 version was approved in the Seventy-Second General Assembly of the World Health Organization and came into effect on 1 January 2022. The petitions made in this respect were accepted and included in the term *compulsive sexual behavior disorder*. Its prevalence has been calculated to run between 1% and 6% of adults.⁶ Table 13 below lists the symptoms of the disorder, which is classified as 6C72 in ICD-11.

<p>Persistent pattern of failure to control intense, repetitive sexual impulses</p> <p>Repetitive sexual activities becoming a central focus of the person's life</p> <p>Neglect of health and personal care or other interests, activities and responsibilities</p> <p>Numerous unsuccessful efforts to significantly reduce repetitive sexual behavior</p> <p>Continued repetitive sexual behavior despite adverse consequences or deriving little or no satisfaction from it</p> <p>Manifested over an extended period of time (e.g., 6 months or more)</p> <p>Marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning</p> <p>Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges or behaviors is not sufficient to meet this requirement</p>
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Table 13. Features of Compulsive Sexual Behavior Disorder⁷

6 Cf. S.W. Kraus, R.B. Krueger, P. Briken, M.B. First, D.J. Stein, M.S. Kaplan, V. Voon, C.H.N. Abdo, J.E. Grant, E. Atalla, G.M. Reed, "Compulsive Sexual Behaviour Disorder in the ICD-11," *World Psychiatry* 17 (2018) 109–110.

7 Cf. <https://icd.who.int/browse11/l-m/es#/http://id.who.int/icd/entity/1630268048>. (Accessed: May 10, 2021)

The WHO's description of the clinical picture is not that of addiction, as we have described in the previous section, although there were proposals to that effect. It has not been excluded, but there is hope that further evidence from clinical experience and research studies will facilitate it. On the other hand, it considers that the key symptom is the inability to restrain an *impulse*, like kleptomania (impulse to steal), pyromania (light fires), trichotillomania (pulling one's hair), or onychophagia (biting one's fingernails). Technically an impulse is the repetition of an action acknowledged to be absurd, even harmful, that the subject would like to avoid, but cannot.

I think that many people who would like to quit the consumption of pornography will acknowledge their Compulsive Sexual Behavior Disorder. The last feature in the above table reflects the concerns of those who claim that sexual behaviors are *pathologized* because of religious or moral motives.

5. A Social Problem

Internet pornography is not just a moral or a health problem; it is a far more serious challenge for the whole of society. In this section we will outline some of its negative effects in different areas (Table 14).⁸

First, pornography *alters the perspective of sexuality*. The images offered are filmed by professionals. The purpose is to trigger arousal. This means that sex acts are unnatural: behaviors are extreme, they are performed to give the spectator a clearer view, what the actors experience is not shown, etc. They can be compared to films that seek to move, to thrill, or to arouse other passions, but real life is not intense in that way. Consider the following example. A fan of action films may come to believe that driving a car is like a car chase in a James Bond movie. When he takes the wheel of a car he will either be disappointed, or will crash at the first turn if he tries to imitate the movie. Both possibilities reflect what happens with pornogra-

8 Cf. G. Dines, *Pornland: How Porn Has Hijacked Our Sexuality*, Beacon Press, Boston (MA) 2010; J.R. Stoner, D.M. Hughes (eds.), *The social costs of pornography: A collection of papers*, Witherspoon Institute, Princeton (NJ) 2010; G. Wilson, *Your Brain on Porn: Internet Pornography and the Emerging Science of Addiction*. Commonwealth Publishing, 2014.

phy; it is not about showing images to be viewed and enjoyed as a simple spectator, but about enticing the viewer to become a participant and to try it for himself. And when an amateur tries to copy a professional, the results are likely to be disastrous.

Altered perspective of sexuality
High expectations of sex that in the end become disappointing
Spouse reduced to an object of pleasure
Problems in the life of a couple
Marital infidelity
Prostitution
Divorce
Premature sexualization or hyper sexualization of children
Ability to struggle, to wait, and to seek arduous goods is restricted
Tendency to isolation
Rise of the excitability threshold (seeking violent, illegal images, etc.)
Sexual identity disorders
Violence in real life
Legal problems
Financial problems
Sexually transmitted diseases (STD)
Emotional wounds
Depression
Future problems

Table 14. Social consequences of pornography

Pornography *generates high expectations from sex that in the end become disappointing*. A spouse cannot match a professional actor. Neither can oneself. There are repercussions in the life of a couple. It does not satisfy, or there is background stress because the individual cannot fulfill the expectations of the other spouse. In other words, men feel that they are not manly enough, and women feel that they are not feminine enough. Unsurprisingly, there is evidence of the link between pornography and several sexual dysfunctions, and with lower levels of satisfaction in marital sexual relations. The attempts to imitate what is seen in pornographic material fare

even worse. The spouse—particularly the wife—can feel that she is being *reduced to a sex object* to provide pleasure because she is asked to act in ways that are neither natural nor spontaneous. On the contrary, tenderness, cuddles, dialogue, waiting, respecting vital rhythms, leaving it until tomorrow, etc., rarely figure in the images we are talking about. Furthermore, such behaviors are not always suggested, but physically or psychologically demanded. It constitutes an authentic abuse, even within a marriage relationship. Pornography promotes the great danger that was pointed out in the previous chapter: the *reification of the spouse*, especially the woman.

The combination of the two factors is a source of major *problems in the life as a couple*. Some people who have a deeply ingrained habit admit that spousal sex does not satisfy them anymore: what really turns them on is pornography, and they therefore prefer to watch it on their own, and leave the other out of it. On the other hand, when they realize that it does not fulfill them, they open the door to looking for arousal with someone else, whether an acquaintance or a sex worker. Thus, pornography encourages *marital infidelity* and *prostitution*. There is also published evidence that links pornography use by one of the spouses to *divorce*.

Children and teenagers are more sensitive than adults. Recent studies in Spain and the USA found that boys began to watch pornography at the age of fourteen on average, and girls at the age of sixteen. However, there is evidence that one in four boys has accessed pornography before the age of thirteen, and the youngest age recorded is before the eighth birthday. What can a teenager understand—let alone a child—of the wealth of sexuality as a gift of self that includes the spiritual dimension, when they only see the encounter of two bodies? The result is *premature sexualization*, or *hyper sexualization*, that has been compared to child abuse.

Regardless of age (though the younger the age of first contact, the greater the impact), the ease and immediacy of the pleasure provided by pornography restricts the development of the *capacity to struggle, to wait, to seek arduous goods*. It also impacts negatively on their self-confidence and social integration. It is easier to remain in front of the screen than to contact real people who might reject you. This in turn leads to a *tendency to isolation*.

The *excitability threshold rises* with the consumption of pornographic images, through neurological and psychological pathways similar to those produced by addiction. The brain becomes accustomed to the images, and

needs stronger, cruder, *harder* images to produce the same intensity of arousal. The effects on the life of a couple have already been mentioned. There are also repercussions on how the web is used: searches for increasingly violent or illegal images (non-consensual or involving children), or homosexual ones, etc. I make a point of the latter because I have encountered some individuals who followed a heterosexual trajectory well into their late teens, who went down a different path when heterosexual pornography no longer aroused them and when they lost the attraction to persons of the opposite sex in real life. No doubt there were other factors involved, but the fact is that problems of sexual identity arose several years later than usual, and were clearly related to these images.

We have already mentioned that the consumer tends to imitate in real life what he sees on the screen. The consumption of violent images, coupled with the loss of the ability to wait leads directly to *increased violence* (of any kind, but particularly sexual) and abuse. There is good evidence that pornography use is greater among abusers, rapists, individuals with behavioral problems (theft, violence, crime), etc., than in the average population. As a result, these pornography users have more *legal problems* than the general population.

These behaviors can lead to serious *financial problems*. Have we not said that the web is *accessible* and virtually free? Not quite. Many web sites that offer these *services* take advantage of the tendency to surf for more exciting sites, and highlight links to pay-per-view sites, often through the *dark web*, that is made up of sites not accessible through ordinary search engines, and are therefore harder for the authorities to track down. They are the ideal method to upload illegal content. The expenses involved in online material are not the only ones. Often there is associated expenditure to satisfy the need for arousal in the real world, notably through prostitution.

We should not forget that in the opinion of many, pornography is one of the net's more lucrative domains. It is difficult to find reliable data because many ventures are illegal, but online pornography moves around one hundred billion dollars a year.⁹ Someone must be paying. Such amounts are not surprising if we consider that in 2017, 25% of Google searches,

9 Cf. J. Stringer, *Unwanted: How Sexual Brokenness Reveals Our Way to Healing*, NavPress, Colorado Springs (CO) 2018.

35% of downloads, and 12% of websites (close to 25 million) are related to pornography. There is no need to be a conspiracy theorist to suspect that there are unscrupulous individuals who will try to get as many users as possible—whether by direct payment or indirectly from advertising—regardless of people’s ages, or the fact that they promote addictions, or unhealthy or illegal behaviors.

We have spoken of addiction as a medical condition, but there are so many problems caused by pornography that we can talk about a social and public health problem. First of all, the increased prevalence of *sexually transmitted diseases*, as a result of the sexual promiscuity caused by these sites. That’s not all—it causes a deep *emotional wound* in the individual, because the unity of body-psyche-soul is broken; it produces a loss of self-esteem, insecurity, difficulty in establishing emotional bonds with other people, clinical *depression* (including suicide attempts), and a long list of other issues.

We should also mention the area of *future problems*, if Cooper’s third A, Anonymity, comes under scrutiny. The web leaves a trace, both in the search history of cell phone, laptop, family home, or work computer, and in the register of search engines. It is a well-known fact that requests by individuals to remove a search history result in removal from public access, but the company keeps the record for a period of time. A purpose-directed search, or casual findings, can make many honest citizens blush. In addition, links or messages sent, with or without knowledge of the individual, can fall into unscrupulous hands, and compromise anyone years after an episode that was intended to be a dirty joke for a trusted friend.

I want to end this unpleasant section. It is not a matter of overstating the problem, or of scaremongering. However, the data is available to anyone who wants to find it. It is an unpleasant reality, and simply looking away is not an option. Formators—parents to begin with—should be familiar with it, so that they can help prevent their dependents from falling prey to the darker areas of the internet, and help them come out should they fall into it.

Having said that, the problem is even greater, and it requires a more comprehensive approach. If pornography is a social problem, it is up to the whole of society to find the right safeguarding measures and act on them, and for authorities to establish the appropriate means to protect their citi-

zens. What about restricting the possibilities of offering and viewing sexual content on the net? Would it amount to curtailing freedom? The answer is no, and indeed it is already happening and readily accepted, although the measures are not always obeyed. All governments have enacted legislation to regulate the internet in general (illegal sales, cyberattacks, hacking, *fake news*, etc.), and pornography in particular. Usually, explicit images cannot be shown publicly, even in the shop windows of establishments that sell this material because it is deemed to be a crime against public morality. Yet, there is still a legal vacuum in the interaction between the internet and pornography. It is taken for granted that a pornographic image on a shop front is damaging to a minor, but there is no consideration of the fact that the same minor has access to the same material on his cell phone or on any gadget with an internet connection.

Those who object to restrictive measures say that the internet should regulate itself. We cannot be naïve: in most fields, self-regulation is impossible. Interest groups (journalists, doctors, lawyers) are intent on retaining as much independence as possible. Similarly, there are many vested interests in the internet, both of a financial and/or of an ideological nature: communication and information technologies are looked upon as *key areas* where freedom of expression and access to information cannot be challenged. But the state has the obligation to defend its citizens here just as it does with regard to other potentially dangerous behaviors: informing its citizens of the risks involved, and limiting or forbidding access to potentially harmful items. This is what happens with tobacco, alcohol (drunk driving), and gambling, which represent other instances of great dependency.

6. The More Vulnerable Individuals

Let's think about the "net" in *internet*. It can be compared to a spider's net, which catches anyone who falls into it. But are there people who are more easily caught? Can we outline specific risk factors, identifying which groups in society need greater protection? We should begin by saying that *anyone* can fall into it, young and old, men and women, married and single, practicing Catholics and avowed atheists. Anyone can access this material, whether intentionally or by chance, and be dazzled by how easy it is to ob-

tain pleasure; it is only when they try to get out of it that they find out that it is not so easy to say no as it was the first time. Table 15 outlines some risk factors, which are discussed below.¹⁰

Any psychiatric disorder
Affective disorders: depression and anxiety
Excessive stress, chronic tiredness
Impulse control disorders
Addictive personality
Disordered or ill-trained affectivity
Personal factors (insecure attachment, marginalization, social rejection, abuse)
Early exposure to pornography
Certain educational styles
Lack of affective-sexual formation
Voluntarism within Christian asceticism
Difficulties in social interactions

Table 15. Pornography addiction predisposing factors

Broadly speaking, *any psychiatric disorder* predisposes one to these behaviors to a greater or lesser extent. These will be covered in the last two chapters of this book. For the moment we only need to mention that it has a direct relationship with the present topic.

Let us begin with *affective disorders*. *Depression* is a predisposing factor of the highest order. It is marked by low mood (sadness, lack of motivation to do anything, even activities that had been enjoyable). A depressed individual feels weak-willed, and may think that the only way to feel better and forget his suffering is to engage in a particular behavior or abuse certain substances. However, in the medium and long term, these only make things worse, because the two evils reinforce each other, thus creating a vicious circle, like the episode of the little prince with the tippler:

10 Cf. C. Chiclana, "A Comprehensive Approach to Out-Of-Control Sexual Behavior," in F. Insa, D. Parker (eds.), *Loving and Teaching Others to Love. The Formation of Affectivity in Priestly Life*, Independently Published, 2021, pp. 109–139.

“What are you doing there?” he said to the tippler, whom he found settled down in silence before a collection of empty bottles and also a collection of full bottles.

“I am drinking,” replied the tippler, with a lugubrious air.

“Why are you drinking?” demanded the little prince.

“So that I may forget,” replied the tippler.

“Forget what?” inquired the little prince, who already was sorry for him.

“Forget that I am ashamed,” the tippler confessed, hanging his head.

“Ashamed of what?” insisted the little prince, who wanted to help him.

“Ashamed of drinking!” The tippler brought his speech to an end, and shut himself up in an impregnable silence.¹¹

Anxiety can trigger addictions of any kind. A nervous person needs periods of peace and may reach a certain calm by a substance or a behavior that eventually creates dependence. The problem here lies in the fact that an “easy” solution leads to forgetting about other ways to settle down. These alternatives may not work as quickly, but they certainly are healthier and longer lasting.

Excessive stress or *chronic tiredness* in daily life are not diseases, but they are predisposing factors, because they can activate the same mechanisms that anxiety and depression do.

Compulsive sexual behavior disorder is one of several *impulse control disorders* listed in ICD-11. It is also a predisposing factor. It makes sense because the will is a single entity. If the individual is not able to restrain

11 A. de Saint-Exupéry, *The Little Prince*, XII.

himself in one area (outbursts of anger, pulling one's hair, biting fingernails, etc.), he will find it difficult to control himself in other areas. For this reason, we have included *attention deficit hyperactivity disorder (ADHD)*, both in children and in adults, because impulsiveness is one of its typical features.

Moving on to personality disorders (they will be addressed later on), some researchers speak of an *addictive personality* pattern, which borrows features of several recognized kinds. We are speaking of individuals who are anxious, insecure, who have unstable moods, low self-esteem, poor social skills, poor handling of their impulsiveness, inability to delay reward, etc.

There are other psychological factors outside the field of pathological behavior that may predispose someone to the development of addictions. Broadly speaking we could talk of *disordered or ill-trained affectivity*. It is a lack of balance between passions, feelings and affections. While it may not be an illness as such, it makes individuals dependent on their moods, with little wherewithal to control them and to control themselves.

In this cases immaturity is usually related to *biographical factors* from one's personal history which have interfered with the development of the individual's personality. Sometimes the parents have not been around, or they have not been able to help the child develop *secure attachments*, or the family suffered *marginalization, social rejection*, etc. Of course, having experienced abuse of any kind is factor of the highest order because the individual's living experience of his own corporeality and that of others has been dramatically altered. In cases of sexual abuse the internalization of one's sexuality is severely warped. How can you make a child understand that sex is good, a complete, free self-giving to another with one's body and emotions, when his first experience was *being used* for the sake of someone else's pleasure? We have already seen how *early exposure to pornography* can lead to a similar deformity, albeit to a lesser extent.

Some *educational styles*—at home, at school or wherever the child receives Christian formation—can contribute to the advent of these disorders. We are mainly talking about rigid approaches to education based on rules, with little regard for the reasons behind them, with scarce attention paid to the subjective dimension generally, and to emotional dimension specifically. Within the area of sexuality, education based on taboos and evasive responses to questions raised by childlike inquisitiveness, or severe reprimands,

mands for behaviors that the child is not able to gauge from a moral point of view, are particularly harmful. Absence of appropriate *affective-sexual formation* (not simply *information*) can lead them to pornography so as to find out for themselves the answers that they have not been given, or have not dared to ask. We should not ignore the natural fascination people have with evil and forbidden things, and the excitement that the feeling of rebelliousness can produce in a teenager when he breaks external limits that he has not been able to internalize. On the other hand, the view that sex is something bad or should not be mentioned will lead to stress when confronting it, both before and after getting married. All these attitudes make *integration* (a key concept) of the sexual dimension within the whole of the person difficult.

The process of Christian upbringing is not immune to all this. A *voluntarist approach to the ascetical life* would encapsulate the same problems outlined above. Such an approach would focus on actions forbidden by the commandments, the seriousness of indulging in these actions (mortal or venial sins) and the punishment they attract. The harm done to a child who begins to form his conscience is huge when the emphasis is placed on the possibility of eternal damnation, instead of highlighting God's merciful goodness, his love for men and his desire that men love and respect each other. It would be like trying to build a house from the rooftop, with the obvious risk of collapse because there was no foundation.

Such an approach to formation can hardly produce Christians who calmly try to practice virtues. If the child has an obsessive bent, he can easily develop scruples that will torment him for the rest of his life. If, on the contrary, he has reduced everything to a dry balance between the fulfillment of a norm and divine forgiveness, he will discount any falls in this area. He'll see going to confession as a sort of routine process, like getting a car wash, and while it is great for him to confess his sins and return to the state of grace, he may ignore how his behavior impacts other areas of his life. We have already stated it: it's not just about sin. Finally, anyone raised along these lines may find difficult the gift of self, whether in marriage or in celibacy.

Lastly, *difficulties in social interactions*. A lack of personal skills in relating to others can lead one to settle for online contacts. These are not bad as such, but overusing them is dangerous on two counts. Spending a lot of

time before the screen increases the chances of coming across inappropriate sites and entering them. Secondly, the proportion of individuals who access pornographic sites and encourage others to do the same is higher among the frequent internet surfers. At the risk of repeating myself, I insist on the need to promote face to face interaction with others.

In summary, out-of-control sexual behaviors often hide a cry for help about deeper problems. The existence of risk factors should help people decide whether these problems should be addressed in a professional setting, in order to reach a true and long-lasting recovery.

A holistic approach is necessary, even within a medical context. I recall a clinical session during the years I worked as a psychiatrist that involved a patient in his thirties who was being treated for addiction to soft drugs. After a long time in therapy he managed to stop abusing them, but soon after he started taking tranquilizers, followed by a coffee addiction. He drank up to thirty cups a day. Everything we have said in this chapter became obvious. He needed to be looked at in a holistic way. Only then did he overcome all his addictions.

HELPING OTHERS TO LIVE CHASTITY

1. New Problems, New Strategies

No one is born addicted to the internet, or to anything else for that matter. People usually become addicted gradually. They just do what helps them feeling good—without even realizing that it is becoming a trap—while they neglect other ways of improving their mood. Once they have fallen into the vice, their recovery will require long and steady struggle on several fronts.

Some illnesses are not cured by pills alone. We can just think of someone with high cholesterol. People often need a *change in lifestyle* to overcome the problem, by adopting healthier habits. That means physical exercise, keeping one's weight down, improving one's diet, finding a better balance between work and play, etc. It may be hard, but in the long run it is healthier and more effective than just taking drugs. In my opinion, problems in chastity call for a similar approach.

In the following pages we will look at resources for formators to help people trying to lead a clean life. We will go back to some ideas from the previous chapter, as we will focus in on the area of pornography. In fact, in most cases problems with unchastity are related—either preceded or followed—to the consumption of pornographic images. Anyway, many of the strategies we will talk about are applicable to other difficulties in living chastely.

I will not repeat the suggestions made in earlier chapters, except to insist that they are crucial for growing in this particular virtue. In fact, whoever regularly uses the *traditional means* is well ahead of the curve. The ideas mentioned in the chapter *Developing affectivity from the theological virtues* are particularly important here. Fostering interests beyond the purely material is key, as are the dynamics of delayed gratification and loving and feeling loved.

Yet, some people who use these traditional means—no doubt they could practice them better and more regularly—continue to have serious difficulties and frequent falls in the area of chastity. Many formators feel that they have few instruments to help people who want to lead a Christian life but are *stuck* in impurity.¹ They are even more confused when they meet with severe cases that are clearly pathological.

2. Using the Internet Wisely

“Treat the internet the way you would treat an unpleasant neighbor.” Such was the advice that one catechism instructor gave to his students. The idea is to spend as little time as possible on the internet, to get in, do what you have to do, and get out. I personally think that this is excessive. The advice may result in some undue stress, and is not entirely applicable to the internet, which is a necessary tool for work and useful for leisure. We need to learn to live with it.

Ultimately it is a matter of common sense. When we buy a cell phone, household appliances, or a car, we are given an instruction manual. Maybe we won't read it—most people don't—because there's a certain pleasure in figuring it out for oneself. Yet delicate appliances can break down if the instructions are not followed, or we can come to grief if we do not use the purchased item in the right way. The manufacturer cannot be blamed because we didn't follow the instructions. The fact is that most people begin to use the internet before they learn how to use it, and we ourselves may even have fallen into this trap.

1 There is extensive bibliography on this subject, that covers various aspects.: R.J. Molenkamp, L.M. Saffiotti, “Dipendenza da cybersesso,” *Tredimensioni* 3 (2006) 188-195; M.A. Fuentes, *La trampa rota*, Ediciones Verbo Encarnado, San Rafael (Mendoza, Argentina) 2008; C. Chiclana Actis, *Atrapados en el sexo. Cómo liberarte del amargo placer de la hipersexualidad*, Almuzara, Córdoba 2013; G. Wilson, *Your Brain on Porn: Internet Pornography and the Emerging Science of Addiction*, Commonwealth Publishing, London 2014. In addition, there are many web pages in many different languages that provide information and assistance, such as: saa-recovery.org, fightthenewdrug.org, covenanteyes.com, purityispossible.com, yourbrainonporn.com, chastity.com, and countless others.

I will now offer several ideas that can help us avoid certain problems with the internet (Table 16). Parents should be the first to become familiar with them so that they can put them into practice in the family setting in a natural way. This is the best way for the children to do the same from an early age.

<p>Have a clear purpose.</p> <p>Set a time limit.</p> <p>Use apps rather than browsers.</p> <p>Don't go online when we are bored, or in a bad mood, etc.</p> <p>Don't surf the web before going to bed.</p> <p>Use the <i>safe mode</i> option.</p> <p>Use filters.</p> <p>Set offline times during the day.</p> <p>Organize long lasting activities that don't require a cell phone.</p> <p>Foster offline activities and rest.</p> <p>Get rid of social media, leave unnecessary text groups, etc.</p> <p>Beware of virtual relationships.</p> <p>Carefully read our emails and texts before we send them.</p> <p>Prioritize in-person relationships over virtual ones.</p> <p>Leave the cell phone outside one's room at night.</p> <p>Install app blockers.</p> <p>Look into accountability programs or strategies.</p>

Table 16. Healthy habits for internet use

Have a clear purpose. The expression “surf the web” is very appropriate. No one would think of going surfing without any knowledge of the local conditions: the currents, when the tides are, what the weather will be like, etc. Otherwise, there is a risk of getting swept away, getting stuck in a current, or even drowning. Similarly, the internet is a sea of information and images. If you do not want to get swept away you need to be clear about what you're there for: to catch up on the news, check the highlights of your favorite team, or watch a movie trailer, etc.

Set a time limit. Of course, one needs to be flexible, but when the time limit is reached, it is time to disconnect. This is also a good way not to waste time—

it is so easy to jump from link to link. What's more, time limits are a good way to develop self-mastery. Whoever learns to stop when the time has come to disconnect will find it easier to do so when faced with inappropriate content.

Use *apps rather than browsers*. Email, news, and social media apps are more convenient than their browser equivalents, and exactly correspond to what we are looking for. There may still be links to other content, but leaving the app will already be a warning that we are past the reason we connected to the internet in the first place.

Don't go online when we are bored, or in a bad mood, etc., because then you are at your most vulnerable. There are more effective ways to improve our mood, rest, or lighten the atmosphere, both in the short and long term. How often have we ended a long session on the internet, maybe for hours, certainly much longer than we originally planned, all with the unpleasant feeling of having wasted an afternoon or lost precious hours of sleep! Lost sleep is certainly not the way to overcome a period of feeling down.

Don't surf the web before going to bed. We are usually tired at the end of the day, and our defenses are low. There is no reason to play with fire. It is much better to spend the last hours of the day chatting, playing a game or watching a clean series with the rest of the family. What happens if we cannot come to an agreement on what to watch? That's the risk of modern technology, and the ability to plan our entertainment on our own is a temptation to isolate ourselves from other people. It is better to give up our personal preferences to spend more time with the rest of the family than lock ourselves up in our room to watch our favorite show on the computer. Furthermore, computer screens can keep us awake. The light directly stimulates the retina and tricks the brain into going into "day mode."

Use the safe mode option. Most search engines, including Google and YouTube, provide options to block inappropriate material (violence, nudity, sexual images, etc.). They are easy to set up (and also to remove). They are not 100% reliable, but certainly help.

Use filters. Their role is similar to *safe mode* options but are more reliable. Subscription-based filters are the best, and the expense is a worthwhile investment for the family computer, in schools, etc.²

2 The *premium* version of *qustodio.com* appears to be among the best in the field of education.

Set offline times during the day. It is sad to enter a room or a restaurant, where friends and family members are all looking at their phones, *disconnected* from each other. Certain moments like meals, classes, study/work, or times of prayer are best lived in airplane mode, or at least disconnected from data or wi-fi. If any urgent matter comes up, people can always call us. And finding no important notifications when we reconnect is a pleasant disappointment. It also reinforces the idea that it *is* possible to disconnect at times, and check news and emails only at certain moments during the day. I also recommend going offline at night when going to bed. Going on the internet at night should already be a warning. Some friends have told me that they find it useful to leave the computer in a different room and switch it off rather than leaving it on “sleep” mode, or leave the laptop in a closet rather than on the desk. In this way they manage to isolate work, leisure, and rest.

Organize long lasting phone-free activities. This is a simple extension of the previous piece of advice. We can do this on many occasions: family trips, camps, excursions, workshops or study weekends—it’s surprising how much study can be fit in! If curiosity comes up the device would not be so easy to reach. And at the end everyone rushes to reconnect—you see this when a plane lands and everyone’s allowed to reconnect. Usually nothing important has happened, and this reinforces the idea that it is possible to be offline for prolonged periods and the world does not come to a standstill. If the practice is to be really helpful (and help us grow in virtue), everyone in the group has to agree to do it. These things cannot be imposed from the outside.

Foster offline activities and rest, especially creative activities and those that involve close contact with nature. Most people use any free moment they have to check for notifications on their phone. Sometimes we do the same to fill in longer periods of time. We forget that in ten or twenty minutes it is possible to do many pleasant and useful activities: going for a walk, playing a musical instrument, listening to music, reading, etc.

Get rid of social media, leave unnecessary text groups, etc. Have no fear here. If something takes more than it gives, there is no reason to keep it. If people ask, give a simple explanation: “It was taking too much of my time.” For many people this is the litmus test of their convictions.

Beware of virtual relationships. We all know, or have even experienced, how easy it is to create a false profile and how difficult it is to know who

the person on the other screen is. *Sexting* is a dangerous world to enter. For some it is exciting, but for many it is the sad domain of those who do not dare to get out for fear of rejection. (They may have been rejected for good reason.) There are people with evil intentions out there. Beware, because they may be looking for something more than a simple chat.

Carefully read our emails and texts before we send them. If you do not want something to become public, don't send it. That's even truer when it comes to photos or videos that we do not want to make available to everyone. An angry comment, a bad joke, or the simple mistake of sending something to the wrong person can go viral and reach anyone: friends, relatives, colleagues, bosses, clients, the media, or anyone who happens to see it.

Prioritize in-person relationships over virtual ones. People are better face to face. Besides, they can help you improve, because they give you the chance to get out of yourself, serve others, develop friendships, and have conversations. Pope Francis has said that human relationships need “physical gestures, facial expressions, moments of silence, body language and even the smells, the trembling of hands, the blushes and perspiration that speak to us and are a part of human communication.”³

So far, we have covered general advice on being more detached from the internet. Next we will look at more specific strategies. People with problems related to the internet need a trustworthy person—a mentor—who is prepared to help them. Going to a mentor (even to a “virtual mentor”) may sound extreme or difficult to keep up in the long term, but mentors are useful for short term abstinence. The only problem is that the “brake” comes from the outside, so it will only work if the person is really committed and open to new strategies. Otherwise it will be easy to cheat and make excuses (which will be more or less credible), and the individual will either drop out as soon as possible or access the sites with another gadget.

Leave the cell phone outside one's room. Many consumers of pornography have established patterns. They use their cell phones in their rooms at the end of the day, when they have done everything they had to do. If the phone is left in a different room, the mere fact of walking to it is already a warning signal. Another strategy is to leave the phone with another member of the family, and ask for it if needed.

3 Francis, Encyclical letter *Fratelli tutti*, October 3, 2020, n. 43.

Install app blockers. They are apps that prevent other apps from working (usually the browser and the app store). In other words, they restrict the phone to a limited number of “safe” apps. The mentor (or the people chosen) creates the password and is the only one who knows it. If the owner needs to use the blocked app, he asks for the password, uses the app, and then the password is changed.

Install website blockers. This consists of an app that blocks access to certain web addresses that it judges to fall within this category.⁴ The user can add other sites, so that if he discovered a website in a “bad moment” he can block it for the future.

Look into accountability programs or strategies. There are applications that will warn someone (like a mentor, spouse, friend, self-help group, spiritual director, etc.) when a suspicious site is accessed. *Covenanteyes.com* is the best I know of. The idea is to eliminate anonymity, and this is a strong incentive “not to go there,” because the person will think “I’ll be ashamed if they find out,” “he will really have something to say,” etc. But when he is calm he will think to himself, “I’m not alone in this struggle; people who love me are helping me.” In some families it is a precondition for buying a cell phone for their children. Others go so far as to install it into the phone of everyone who lives in the household—parents included.⁵

3. Finding a Personal Solution for Each Individual

“Know thyself” were the words written on the front of Apollo’s temple in Delphi. Knowing one’s strengths and weaknesses will help us to find a practical solution for each particular person and problem (Table 17).

Identify triggers.
Prepare behavior inhibitors.
Have an escape plan ready.
Use self-instructions.
Establish the cost of response.
Set positive reinforcement.

Table 17. Finding a personal solution

4 I have heard very good things about *Blocker* (by *Blocking sites*), which is a pay app.
 5 Other useful Apps for accountability are *AntiFappi* and *Fortify*.

Identify triggers. It is necessary to understand the patterns that lead to problems, if there are any: days of the week, times of the day, moods, activities, circumstances, etc. It is not the same thing to have problems after dinner or on Sunday afternoon, or during final exams or on vacation, in a state of boredom or stress, after spending time with a fiancée or with friends, or after a slow afternoon at home. Examining the situation can point out whether there was something that sticks out in the behavior we want to avoid, and will give an idea of what needs to be done in other areas, so that the sexual dimension may return to normal.

A short examination of this sort will help us discover the circumstances that stir one's curiosity or produce sexual arousal. They could be apparently benign, such as certain types of music, particular films, specific environments or friends, the way we interact with a significant other, heavy meals, excessive drinking, lack of sleep, etc.

Prepare behavior inhibitors. We are talking about things that will be in the field of vision when looking at the screen. They could be a reminder of why these particular sites should not be visited, such as a family photo, a crucifix or an image of our Lady, the bill from the last "mistake," etc.

Have an escape plan ready. The wrong time to strategize is when arousal begins to cloud the mind. Plans must be made in advance, preferably in writing, with different strategies for different situations (alone in the bedroom, at work, in the middle of the night, etc.). They could be things like calling someone (a mentor, relative, friend, or spiritual director), or reading a book (a hard copy), listening to calming music, praying the rosary, etc. The alternative activity must be pleasant. It is not enough to say, "If a temptation comes I will start working," unless the particular job is very gratifying.

Use self-instructions. Talking to oneself, out loud if possible and when alone, and reminding oneself of the reasons for avoiding these behaviors, and the strategies to follow in each case.

Establish the cost of response. Set a price on every fall. It could be reducing the time spent on something enjoyable, an act of self-denial (we talked about those in a previous chapter) such as walking to work instead of driving, skipping a snack, or having no dessert or a favorite drink, or a financial hit (not buying something, making a charitable donation larger than what we had planned on), etc. They are most effective when directly related to

personal behavior, such as not using the phone or computer for a specific period of time.

Set positive reinforcement: positive reinforcement is usually more effective than the negative, and contributes to one's self-esteem. The greatest delight is being free from these behaviors for a while. It is worthwhile to go over what we said in the first chapter about the *internal locus of control*: the first person to be congratulated is oneself. It is also helpful to establish special rewards to celebrate that "nothing has happened" throughout a pre-established period. That may mean going to the movies, dinner at a restaurant, indulging in a purchase, etc.

4. Catechesis, Spiritual Accompaniment and Confession

The relevance of *affective-sexual formation* has been highlighted several times. I will now raise other aspects of the problem that have not been mentioned previously. They are related to catechesis (it is important to point out that it begins within the family), spiritual accompaniment and the sacrament of penance. They all require patience and refinement and should be age appropriate, bearing in mind the formation that the individual has received and the personal circumstances of the individual, which may make it advisable to emphasize specific areas.

First of all, it is crucial to *explain why sexuality is so important* for the human person as a whole, and clarify the reasons why everyone, married and unmarried, should live the virtue of chastity. The explanation should consider human nature and Christian revelation. In the Apostolic Exhortation *Amoris Laetitia*, Pope Francis dedicates a whole chapter to formation in this area, entitled *The Need for Sex Education*. He proposes beginning in early childhood, with a positive and gradual approach that uses age-appropriate terms. He mentions many of the ideas that have been raised throughout this book, such as love, decency, interiority, respect for the other that leads to not using him/her as an object, the procreative purpose of sexuality, commitment, tenderness, communication, gift of self, the language of the body, self-mastery, respect, the different roles of men and women across times and cultures, etc.⁶ Often children and teenagers unconsciously learn

6 Cf. Francis, Post-Synodal Apostolic Exhortation *Amoris laetitia*, March 19, 2016, nn. 280–286.

about these matters in the family environment and then they become second nature.

Those who remain celibate need to understand the reasons behind celibacy from the beginning of their vocational path (whether they find it difficult or not), and the fact that renouncing the use of their generative power does not mean forgetting about their sexuality, because sexuality cannot be renounced. Of course, if there are issues in this area they should be considered when one discerns a vocational call. The next chapter will deal with apostolic celibacy more in depth.

Sins in this area *should be given due relevance*. We have already seen that focusing too much on them is counterproductive because they can cause distress and scruples. It is better to insist on the dignity of the human body—both one's own and everyone else's—patiently and in a positive manner, and on the love and self-giving that sexuality entails, and on the merciful love of God, who gives his grace to overcome temptations and who forgives as often as necessary.

Having said that, a struggle focused mainly on this problem rarely works out well. It is often preferable to solve it in an indirect way. Leo Tolstoy, the Russian novelist, recounts the test he had to pass in order to hang out with his older brother's friends. On the surface it was simple enough. He had to sit on an armchair until he stopped thinking of a polar bear. He tried for hours to no avail. The harder he tried to remove images of polar bears from his mind the more they returned with greater force. When he shouted, "I finally stopped thinking of the damn animal," the very fact that he mentioned the animal made it come back to his mind. This is how he finished the account of his experience: "Try to set yourself the task of not thinking of a polar bear and you will see the bloody beast every passing minute."

The best way to stop thinking of something is to think of something else. It could be a supernatural thought, time spent in mental or vocal prayer (for instance, the holy rosary can be said walking down the street or laying in bed), or meeting with someone, reading a book, watching an entertaining video, or starting any activity that involves the mind. Everyone knows what activity can capture the imagination.

At the other end of the spectrum formators will reject a misplaced worldview that ignores how important these problems may be, or fall into

anthropological pessimism such as “it is normal for teenagers to fail in this area,” “the digital world is hard to handle,” or fall into a mistaken idea of the individual’s psychosexual development.

It is important to realize that *numbers matter*. We find in pastoral work that for some people who make a definite effort to live the virtue, when they happen to stumble, they only go to confession after several episodes. This is partly due to discouragement, shame, difficulty in accessing the sacrament or for other reasons. Without being really conscious of it, people might think “in for a penny, in for a pound.” Once they have made a mistake they don’t care how many more they make, because absolution and probably the penance that will be given to them will be the same. It is just as easy to forgive one sin as five. This is often the tell-tale sign of a lukewarm attitude that only thinks of fulfilling duties, but with little love of God. We can all offend someone we love in a moment of weakness, but there is no reason to do it three times.

Anyone with this kind of attitude needs help in thinking seriously about the meaning of sin: the offense against God and the harm caused by each action on the person who commits them. Often the origin of addictions and compulsive behavior in people who appeared to be able to lead a chaste life lies in allowing a fall to become several. This leads to the development of a bad habit or vice, and finally an addiction.

Teaching these people *to make a good confession* will help them a great deal. The Church’s teaching is that a good confession must specify the number (that is, the number of times that the person remembers having committed the sin, or the approximate number if he is not sure), and the species (that is, the specific type of sin committed). Regarding the second aspect, confessors can help the penitent be more sincere by teaching him to be more refined in the use of words; for instance, “I accuse myself of having seen pornography” is the same as “I accuse myself of having seen impure images,” “masturbation” can be referred to as “sins against the sixth commandment in reference to my own self,” etc.

The confessor will try to foster trust and encourage the penitents to use their own words, and he will strive to answer any questions they may have. He must be understanding and welcoming, like the Good Shepherd who goes out in search of the lost sheep and carries them on his shoulders, or the father who welcomes the prodigal son without reproaches. A harsh or punitive

approach—even when it is more an attitude than words—could result in distress or discouragement, possibly the same discouragement that the confessor himself may feel when he sees that the penitent does not progress as he thinks he should. It is therefore crucial that the confessor himself—or anyone involved in Christian formation—should be a prayerful person of faith.

The priest might make confession easier by asking a few questions if he thinks it is called for. The questions should be phrased in positive terms, in a refined manner that does not give the impression of curiosity but, on the contrary, shows trust in the penitent. It is better to remain silent than to give the impression that there is only one topic that matters. Specific questions about chastity make more sense if they are part of an encompassing view of the whole of Christian life. An example here would be helping the penitent to examine his conscience by looking at each of the commandments. It is even more useful to give the penitents a card or a booklet with age-appropriate questions that they can use to make a more meaningful examination of conscience before receiving the sacrament.⁷

If the priest feels that the penitent has omitted something because of a lack of formation it is best to invite him to return to confession at a later date, rather than wait until there are further falls, so that little by little he develops a more refined conscience.

I will end this section with a topic that is particularly delicate in today's environment: hearing the confession of minors or providing them with spiritual direction. The heinous abuses by certain clerics compel us to be particularly sensitive when dealing with children and teenagers.⁸ Among the many precautions that should be taken, I would highlight two. First, one should never be alone with a minor, whether in the parish office—let alone in the home of the priest—or in excursions, camps, etc. The place to be with them is in church, making use of a grated confessional or a glass “reconciliation room,” or in an open or busy area. The saying, “Caesar’s wife must be above suspicion,” remains true today.

7 As an example among many, refer to <https://www.usccb.org/prayer-and-worship/sacraments-and-sacramentals/penance/examinations-of-conscience>. (Accessed September 9, 2021)

8 Cf. F.J. Insa Gómez, “El escándalo de los abusos en la Iglesia: causas y líneas de prevención,” *Toletana* 41 (2019) 311–347.

Secondly, it is better for a priest to explain these topics in large groups of boys or girls of the same age (and separately), and not one-on-one. It is better to give them age-appropriate material to read, and even better that they read it with their parents. This will spare the priest unnecessary conversations and will pre-empt questions that will no doubt surface at some stage. It will make the priest available to solve other questions: “Read this and we can talk about whatever you want.”⁹

5. Professional Help

Moral problems should not be “psychologized.” There have always been people who engage in inappropriate behavior, bad habits, deep-seated vices, etc., who managed to overcome them thanks to a resolute will and the grace of God that comes through the *traditional means*. St. Augustine offers a good example here:

even these inferior things were placed above me, and pressed upon me, and nowhere was there alleviation or breathing space. They encountered my sight on every side in crowds and troops, and in thought the images of bodies obtruded themselves as I was returning to You.¹⁰

This passage and others like it remind us of the pathologies we looked at in the previous chapter. Yet, the future bishop of Hippo managed to get over his dissolute life, without any help from psychologists.

If we suspect someone has an addiction or a problem with compulsive behavior that does not mean we should immediately refer him to a psychologist. Tobacco is an addiction, and many people manage to quit on their own, although others are not able to. The problem is that out-of-control sexual behavior keeps on damaging the mind and the spirit, and possibly the body as well.

9 I suggest a short piece I wrote for 13– to 18–year-old boys on this very topic: F. Insa, D. Parker, *Why Purity? Navigating the Confusing Culture Messages*, Scepter, New York 2020.

10 St. Augustine, *Confessions*, VII, 11.

In the presentation of this book, we recalled the words of St. Thomas Aquinas, “grace does not destroy nature but perfects it.”¹¹ However, what happens when the body is sick? Of course, God can always perform a miracle. But when someone is diagnosed with cancer no one thinks that prayer is the only remedy. They go to a doctor and look for the best treatment.

When is the best time to seek professional help? Even with the best of intentions and the use of *traditional means*, there are several tell-tale signs that can tip us off (Table 18). (From this point onward, we will assume that traditional means are lived and that they are not neglected in case professional help is sought.) The need for assistance could be summarized by the opposite of the words of St. Paul cited above (cf. 2 Cor 2:19): “Grace is not enough.” It can be the sign that other factors—not ascetical ones—are at play and that they are pressing for a solution.

Time goes by and the person cannot get out of it.
Vulnerable people (psychiatric disorders and biographical wounds).
Behaviors are producing harm in some dimension of the life.
Presence of abstinence and tolerance.
Clearly abnormal behaviors.

Table 18. Warning signs to seek professional help

The first sign is that *time goes by and the person does not get out of it*. A long time ago I heard the testimony of a man who had struggled with pornography for over thirty years without success. He had started as a teenager, and before getting married he alerted his future wife about the problem. Both felt that life as a married couple would help remove the vice. Once married they tried to lead a Christian life, although they became increasingly frustrated. He sought the assistance of many confessors, but the advice was always the same and was obviously not good enough. In the end, one of the confessors asked: “Don’t you think that your problem is more complex than you thought? Have you seen a psychologist?” It took several years of treatment, of effort, of tears, of delving into his past life and his fears, but in the end he managed to get over the addiction. Now he uses

11 St. Thomas Aquinas, *Summa Theologica*, I, q. 1, art. 8, ad 2.

his experience to help others so that they don't have to go through the hardships he had to endure.

I would not venture to give a specific time frame in which to seek this kind of help, because I do not think that there is one. It depends on the effort the individual has made to try out all the remedies that have already been mentioned. Obviously, thirty years, like the case described above, is far too long. One's life of faith, relationships (especially within the family), and other values can be damaged—even unconsciously—and all this would suggest that the time for action should be rather early.

An important factor to consider is whether it involves *vulnerable persons*. We have already covered this in the previous chapter, and we can summarize these cases as psychiatric disorders and biographical wounds. People in this category need extra help, sometimes urgently so.

Thirdly, we need to consider the *harm that these behaviors cause*, whether it is in the area of family (marriage breakups, scandal for the children), work (loss of productivity, use of the work computer to access content that can lead to being fired, diminished academic performance), social life (falling away from one's social commitments or significant hobbies, isolation, the stigma that results from facts becoming public knowledge), vocation (temptations not to go forward along the path of following God more closely), health (sexually transmitted diseases, a possible gender identity crisis), financial, etc.

Let's now consider the *presence of the two key symptoms of addiction* already mentioned: *dependence* (sex is used not so much for pleasure but for the need to relieve the craving caused by abstinence) and *tolerance* (increased consumption, whether in frequency or intensity, to obtain the same result, or whether he engages in extreme behavior which he had promised he would not do).

It is urgent to act quickly when *behaviors are clearly abnormal*, either because they are very frequent, because of the length of time spent on them, because of their nature (paraphilias), or because they are illegal (violence, involving children, etc.).

In all these cases the individual more or less realizes that he is unable to change without assistance. However, agreeing to see a professional is another matter. It takes a lot of time, and often consists of significant expenses. More importantly it means acknowledging the serious nature of the prob-

lem. It is not only a vice to be excised, but pathological behavior. Thus, the individual often resists the idea of seeing a psychologist or a psychiatrist. He may even have to go through the five stages described by Kübler-Ross, which are applicable to accepting bad news in general. People trying to help him need to understand this, and give the person time to adjust. On the other hand, the individual might be relieved when the idea of a health professional is mentioned, because it helps him realize that he is ill, not deprived.

One way to introduce the idea of this kind of professional help is to talk about psychologists as specialists in behavior modification (or “mental skills coaches”). Anyone who has a neck spasm usually tries to fix it by himself, with rest, posture adjustment, or pain killers. If that’s not enough, he may adopt various stretches, perhaps recommended by a friend or YouTube video. But if this is not enough or the pain gets worse—which happens often with unsupervised methods—he should go to a physiotherapist, the appropriate health professional who will give an appropriate exercise regime and treatment. The psychotherapist, then, is the specialist that helps people change their behavior. The change will be the result of a comprehensive process that includes delving into one’s beliefs, character, past history, etc.

Once the decision to seek a health professional is made, the question is: who? There are two questions that follow from this.

First: *what kind* of health professional? A psychologist, a psychiatrist, or a general physician? The latter is usually easier to agree to because it is easier for most people to *medicalize* his problem rather than to *psychologize* it. However, it is not easy to find a general practitioner who is familiar with the complex psychological issues that are involved in problems related to sexuality.

I admit to my professional bias, but I think that a psychiatrist is best suited for an initial consultation. “I don’t need a psychiatrist, I’m not crazy” is often the first line of resistance. But the truth is that most psychiatric patients are normal people, the same ones we see and spend time with on a regular basis, but who realize that they need assistance to overcome their anxiety, depression, or difficulties with particular behavioral habits. The medical training of psychiatrists allows them to assess physical or mental pathological processes that may have contributed to the problem. In addition, they are able to prescribe medication. If the psychiatrist feels that he

is not proficient in psychotherapeutic techniques he will refer the patient to a trustworthy psychologist. The reverse might also work: initial assessment by a psychologist, followed by a referral to a psychiatrist (or another doctor with expertise in this area) to assess organic involvement and possible medication. But whatever clinician acts as the “case manager,” it is usually a matter of teamwork.

The second question is: who is the best person to go to? Many Christian parents and spiritual directors say, “Look for a Christian doctor or a Christian psychologist.” I partially disagree. We are not talking about just a moral problem. If it were only that, going to the psychologist would make no sense. Gary Wilson is one of the most vocal speakers on the harmful effects of pornography, and he is also an avowed atheist.¹² The approach should be to “look for a competent doctor or a competent psychologist.” A health professional who shares the same anthropological underpinning, values, etc. as the patient can enhance the therapeutic relationship, but it is not essential. What matters is that he respects them. A competent professional will not pass judgment on the Christian lifestyle that a given patient has chosen for him or herself, or on that patient’s understanding of sexuality (unless, of course, it is clearly mistaken or harmful), but will try to help the patient live according to his or her values.

Now, if the psychiatrist were to encourage the patient to give up Christian values, he would be a bad professional. He would not be showing respect for the patient and would display a poor understanding of the sexuality-related pathologies we looked at in the previous chapter. It would be time to move on to another health professional. The same would apply to other issues. For instance, if symptoms of anxiety or depression are having an impact on one’s marriage or problems within a vocational calling, it would be inappropriate to advise the person to abandon the spouse or his vocational commitments without further reflection. The psychotherapist should be very careful about what advice he should give. Initially he should begin with strategies to face up to the problem, and so bring to focus the life project that the patient has in mind. The only reason to suggest, how-

12 Gary Wilson is the author of the book *Your Brain on Porn*, and runs the website www.yourbrainonporn.com. He is mentioned in the first footnote of this chapter.

ever gently, the possibility of a change would be evidence that the lifestyle is harmful to the patient's health, and that there is no possible solution (i.e., recurrent failure of other alternatives, alienating or abusive relationships, etc.).

Confessors and spiritual directors must be cautious before they raise the possibility of referral to a health professional. It should not be done in a hurry, and only when it becomes obvious that the usual means are not working. By and large, this should not be recommended in the initial conversation unless the situation is dire (suicidal ideation or psychosis). It is better to wait until a trusting relationship is established. However, if it looks like there will not be another chance to meet with the penitent, a general statement can be made, such as: "It looks like you are going through a really tough time, and there may be a degree of anxiety worth tackling. Have you thought about talking to a good doctor?" The confessor should have a couple of names handy (better than just one) in case the penitent asks for a referral.

When dealing with minors any decision must be made together with the parents, not only because they will have to pay for the consultations, but mainly because they have the legal responsibility, and they are entitled to know that their child has a serious health problem. The best option is for the child to talk directly with the parents about the problems, and overcome any predictable embarrassment. It will help the parents realize the seriousness of the problem and take the initiative in the recovery process. The child will know who he should talk to first: father, mother, or both together. Often the parents will already be aware of the problem, or suspect it when they see that the boy switches off the phone when they are around, hides the screen, or spends hours on the computer locked in his room, and gives vague answers when questioned about it. Sometimes there are other clues, like his attitude, behavior, or facial expression, or clear proofs, like forgetting to shut the screen, or not clearing the browsing data. It is similar to teenagers who smoke (whatever it may be) and think that their moms are not aware of it, when in fact the smell of their clothes and hands, breath mints, and material found in their pockets or desk drawers gave the game away a long time ago. In fact, it is a relief when the parents find out. It means that they take note of his behavior, love him, and are taking care of him.

The spiritual director can support the boy in these conversations—in the initial one, or better yet as time goes on—and of course keep the content of their conversations confidential. The only information to be shared with the parents is what the kid has put on the table. Many times it will be necessary to explain to the parents how serious these behaviors are, as they might regard them as a minor issue or—even if they have a good Christian formation—because they may think that “boys will be boys.”

How the treatment program is conducted depends a lot on the therapist, although there is a general pattern. Initially they will talk with the individual—sometimes also with the parents—to take stock of the situation and the extent of the problem. Discerning the history follows the initial step. It includes a “psycho-biographical history” to identify the most important events in the life of the patient and their impact on his affectivity. The next step would be psychotherapeutic techniques to improve anxiety management, promote healthier personality traits, teach behavioral strategies to cope with more difficult moments, etc. Sometimes it is necessary to delve into deeper issues: relationships, past psychological wounds, etc. A superficial understanding of psychology may give the false impression that the therapist is only giving common sense advice, much of which is already in place. It may seem like “a waste of time.” Yet some common-sense suggestions could be useless or even counterproductive, and the good therapist will omit them. I will refer again to the example of the physiotherapist. Human psychology is a science, and treatment regimens are based on a combination of professional experience and knowledge of how the human mind operates.

Group therapy is known to be very effective, like in the case of other addictions. Many countries have set up associations of *sexaholics anonymous*. These treatment techniques help patients put their emotions into words, feel understood and encouraged, and see themselves accompanied and learning from others who have similar problems. The involvement of a trained moderator is paramount.

Sometimes medication to lower anxiety levels or raise low mood states is useful for a limited period of time. The usual drugs for these situations are selective serotonin reuptake inhibitors antidepressants—SSRIs—(which are also indicated for anxiety and obsessive compulsive disorders), or tranquilizers (benzodiazepines or a mild neuroleptic, like Sulpiride).

Medication is not given for moral problems, but to bring anxiety down to reasonable levels—daily stresses as well as *cravings*, that only end when the addictive behavior occurs. This allows the patient to become the master of his own actions once again because his out-of-control impulses are no longer compelling him to do things he does not want to do.

It takes a long time to overcome an addiction. According to some experts, the average length of time is around three years. Such a long time is required to dishabituate the brain (to “clean” oneself physiologically) and develop alternative strategies, heal past wounds, develop a mature personality, strengthen the will, improve relationships, etc. All these areas will benefit in the end. It is not about removing a symptom but about making the person better.

6. Moral Responsibility

The reader who agrees with everything that has been said may have a valid question: How responsible is a person who has fallen into an addiction or a compulsion of this sort? Whatever avoidable mistakes he has made to get to this point, it appears that the will is pathologically compromised, and resisting the impulses has become extremely difficult. Confessors and spiritual directors may ask themselves the following question: should this person go to confession after every fall? Could he go to holy Communion even if there has been a fall?

Several points of the *Catechism of the Catholic Church* deal with this situation. It is well known that mortal sin implies that the matter is serious, and that there is “full knowledge and complete consent. It also implies a consent sufficiently deliberate to be a personal choice.”¹³ If the latter is missing, we are talking about a venial sin because of the subjective circumstances of the sinner.¹⁴

The *Catechism* deals with insufficient consent in two other points that relate to this topic. The first is in the section that deals with morals: “The promptings of feelings and passions can also diminish the voluntary and free character of the offense, as can external pressures or pathological dis-

13 *Catechism of the Catholic Church*, n. 1589.

14 Cf. *ibidem*, n. 1862.

orders.”¹⁵ The second develops the idea further. It refers specifically to masturbation, but is also applicable to pornography:

To form an equitable judgment about the subjects’ moral responsibility and to guide pastoral action, one must take into account the affective immaturity, force of acquired habit, conditions of anxiety or other psychological or social factors that lessen, if not even reduce to a minimum, moral culpability.¹⁶

Therefore, the answer to the two questions raised above is Yes and Yes. There may be individuals who objectively have committed serious acts against the virtue of chastity (masturbation, pornography, etc.) but who have lost control of their will to the point that their consent is not “sufficiently deliberate.” In these cases, we would not be looking at a free human act, and therefore it would be a venial sin.

The problem here is to work out whether the requirements are fulfilled in specific cases. General rules are not valid. A case-by-case assessment is necessary, which may even vary within the same person. There may be occasions where there was full consent because it was “avoidable,” and others when the passion was so strong that it overcame their (pathologically reduced) capacity to resist. The following ideas can help to make a judgment call.¹⁷

To begin with, if there is a habit, a vice, or an addiction, liability is always reduced, as we saw in the *Catechism*, but *addiction is not incompatible with mortal sin*. There is also a grading of responsibility, and we can talk of greater or lesser malice. If someone assaults another person, we have a serious fault in principle, but it would be different whether it took place at the end of a conversation that had become heated, or the attack had been carried out after meticulously planning cold-blooded revenge.

15 Cf. *ibidem*, n. 1860.

16 *Ibidem*, n. 2352.

17 The basis of my opinion can be found in the conference by A. Rodríguez Luño at the Apostolic Penitentiary (Rome) titled “Valutazione della responsabilità morale in condizioni di dipendenza radicate,” December 6, 2011, available at: <http://www.eticaepolitica.net/eticafondamentale/Dipendenze.pdf>. Accessed April 10, 2021.

This provides a practical way to assess the case: *check how elaborate the behavior is*. Having impure thoughts when a person is trying to get to sleep will be different from the person who is surfing the net, finds an inappropriate image, and is not able to get past it; or who lets curiosity take over, switches on the computer, removes the safe mode from the settings and looks for images on purpose; or who drives for half an hour to visit a house of ill repute. In this last case he had to jump over several obstacles and probably had time to backtrack, which makes it more difficult for him not to have had a moment of mental clarity to rectify.

Predisposing factors have already been mentioned and should be considered. Two examples taken from real life can help us understand it. A boy on his way to class notices two young women sitting on the bus, his sensuality is awakened, and he has impure thoughts. He tries to resist, but the images remain with him all day. The distress continues as he gets home in the evening and in the end he gives up, goes to pornographic websites, and masturbates.

The second case is a young man who could not fall asleep unless he looked at pornography and masturbated. He was aware that this was not a normal habit, and tried to resist, leaving his cell phone outside his bedroom, trying to fall asleep without going through the nightly ritual, but to no avail. In the early hours of the morning he finally got up, did it and then managed to fall asleep, ashamed and remorseful.

Both cases have a point in common. The promptings lasted an unusually long time, certainly longer than normal temptations, and there was a degree of obsession, along with other facts of personal history that would take too long for us to consider here. They tried long and hard to overcome the problem by themselves, but in the end they sought specialists' help and managed to overcome the problem, with patience and personal effort. They both wanted to lead a truly Christian life, and ultimately found that persevering in prayer, sacraments and spiritual direction was beneficial.

One final criterion would be a diagnosis from a reliable psychologist or psychiatrist. That would be a compelling argument in favor of the idea that the individual's freedom is seriously compromised. But it would not be a *definitive* argument, because it should be looked at together with other dimensions having to do with the person. In my opinion, a clinical diagnosis is necessary but insufficient to form the opinion that a person does

not need to go to confession in a specific case. It should be noted as well that the very fact of seeking treatment indicates a willingness to change.

With all these factors in mind and after due consideration, if a confessor thinks that a person does not need to go to confession after falling, he should not hesitate to say so, and should not think that he is running contrary to the teachings of the Church. On the contrary, not saying so would run the risk of overloading the conscience of someone who could be suffering from a pathological condition.

Even then, spiritual directors and confessors may find it difficult to reach moral certitude on how to proceed. This is not surprising because we are facing complex mental disorders and scientist are still learning about them. In a case such as this they would benefit from asking someone with more experience and good formation, while always respecting confidentiality. They should also see whether the specific individual has a well-formed conscience. The penitent should examine himself in the presence of God and consider how much he has struggled and what means he has applied—both human and supernatural—in each specific circumstance. It is important not to fall into scruples or casuistry at the time of this examination.

Throughout the healing process, the spiritual director should provide support: by offering spiritual accompaniment, helping the individual to keep up a life of piety, guiding his struggle, and providing hope in God's goodness and mercy. The Lord will not forsake anyone who rectifies, who keeps on trying—although the person could always try harder—and especially anyone who is committed to growing in love for him regardless of personal frailties. “The saying is sure: If we have died with him, we will also live with him; [...] if we are faithless, he remains faithful—for he cannot deny himself” (2 Tim 2:11–13). His very struggles and every defeat are the crosses he has to sanctify, precisely where the Lord awaits him.

The sacrament of penance has features of its own. There is no need to receive the sacrament if the conditions outlined above are fulfilled. But it is a good thing to receive it frequently, even more often than before they became addicted. Going to confession after every fall can also help. In addition to receiving the grace to help them in their struggle it will be a reminder of how evil these actions are. But they also should be encouraged not to focus on them too much, lest they overload their consciences or develop scruples. The combination of acts of sinful behavior and scruples is

highly explosive. They should also be reminded that confession is not a remedy for staying calm or only for mortal sin—rather, it is an encounter with God’s mercy to beg forgiveness for the evil that has been committed willingly. How the will was committed is a different question that sometimes cannot be answered. God, who knows us better than we know ourselves—he is “more inward to me than my most inward part”—knows it too, and this should be enough for a person who has faith.¹⁸

Those who have a deep-seated habit usually only need to confess external acts (completed actions or images looked at with evil intent). On the other hand, internal acts (imagination, slow reaction to withdraw from something found by chance) will only rarely constitute a serious matter for them, but rather the opposite: if they didn’t go any further it could even mean that these internal acts that were not completed could in fact be occasional, partial successes.

It is also helpful to confess the occasions where they had not been prudent in preventing situations that often lead to falls. That may include watching TV or going on the internet late at night, spending more time on the internet than scheduled, neglecting one’s schedule, etc. This will help them to remember that even in these situations they could be in control, and if they are more careful in these moments they will be in a better position to break the habit.

Above all they need help to look beyond this limited horizon. Their examination of conscience should not be limited to the virtue of chastity, but should be centered on the virtue of charity. Love of God and concern for others will be the guide that leads them out of themselves.

The best help a spiritual director can give these individuals is to remind them that God loves them in spite of their problems. He loves them always and at all times, even when they act badly. God does not like it, but he continues to accept them as persons and as children, and yearns for them to come home just like the prodigal son, as often as necessary, provided he continues to try.

I offer one final thought that has helped many restless souls to find rest. Anyone who sees himself in the situations that have been described over the past two chapters should not blame himself excessively or unduly. True

18 St. Augustine, *Confessions* III, 6, 11.

enough, things would be different if he had been quicker to withdraw, been more prudent, and asked for help earlier. But this is a much broader issue. We are facing a social problem in which unscrupulous individuals are damaging a whole generation of young people, often by exploiting impoverished and unfortunate young women. God will call those who perpetuate this industry from above to account for the harm they are causing and for the souls that are lost because of them. It is worthwhile that those who have fallen into these scenarios pray for them, the men and the women. It will be a way of atoning for the sins of others, and for one's own. Prayer is a way of seeing someone else as a person, not as a body. Therefore, prayer is a way to come out of oneself, one of the steps required for healing. It can be done, and it is worthwhile.