

# The Twelve Steps of SAA and Intimacy Avoidance

## A Sponsorship Guide

### 1. Introduction

2. Experience has shown us that working the Twelve Steps of SAA with a sponsor is an effective way to recover from addictive behaviors related to sex, including the compulsive avoidance of intimacy and/or sex. However, working the Steps with the focus of recovering from intimacy avoidance is unfamiliar to many SAA members. This guide contains observations, experiences, and suggestions from avoidant members of SAA and the sponsors who have worked with them, and is intended to support both sponsors and sponsees. It is recommended that this guide be used in conjunction with the SAA pamphlets *Intimacy Avoidance – Another Aspect of Sex Addiction* (hereafter referred to as *IA*) and *First Step to Intimacy: A Guide to Working the First Step on Intimacy and Sexual Avoidance or Sexual Anorexia* (hereafter referred to as *FSI*).

### 3. Intimacy Avoidance: Acting out and Acting in

4. The work of recovery from sex addiction often starts with one primary and crucial objective: stopping acting-out behavior. However, as our recovery progresses, our focus becomes much broader. We are not just trying to stop doing something; we want to live more fully by applying spiritual principles.
5. For both sponsor and sponsee, gaining a deeper understanding of intimacy was a good place to start. “Intimacy means a close, familiar, and usually affectionate personal relationship with self, others, or a Higher Power.” (*FSI*) Avoiding intimacy is what all sex addicts do, because all “acting-out” behaviors are devoid of emotional connection. We used sexual behaviors and fantasies like a drug to numb unpleasant emotions or to give us the illusion of “love” instead of genuinely connecting with someone. Many of us developed unhealthy emotional dependencies on others, or pressed forward too quickly in dating relationships.
6. However, avoiding connection with others isn't merely a sexual issue. Both the *IA* and *FSI* pamphlets describe eighteen common symptoms of intimacy avoidance. This list includes behaviors such as obsessive sexual thoughts (about having sex and/or avoiding it), compulsive masturbation, and starting fights to avoid sexual relations. But it also includes symptoms which are less overtly sexual, such as avoiding social situations or the inability to accept nurturing or to trust and rely on others. SAA literature describes intimacy avoidance as “behavior that serves to avoid or block sexual, emotional, or spiritual intimacy with others, ourselves, or a Higher Power.” (*IA*)

7. Intimacy avoidance is sneaky. Besides the often “subtle but overt behaviors that enabled us to avoid authentic closeness or intimacy,” (IA) most of us also avoided connecting with ourselves and others by “not doing” things. We found ourselves not showing up, not participating, not engaging. We would not speak up, not be present, and not attempt things that felt risky. In addition to this kind of generalized intimacy avoidance which showed up in several different areas of our lives, many of us also found ourselves avoiding sexual closeness.
8. Some of us have “found ourselves ‘shut down’ sexually in recovery, afraid of sex because of its association in our minds with our addiction or with past sexual trauma, or because of a fear of intimacy and vulnerability.” (Sex Addicts Anonymous, page 72) Letting someone nurture us sexually and emotionally requires vulnerability, which means risking pain. So, in an attempt to feel powerful and protected against emotional pain, some of us instinctively avoided physical and emotional closeness and connection. The phrase “sexual anorexia” aptly describes the obsessive and uncontrollable avoidance of anything related to sex. It represents the starving oneself of loving sex and intimacy, just as *anorexia nervosa* means starving oneself of food.
9. **Why Work the Steps on Intimacy Avoidance?**
10. With a better understanding of intimacy came clarity regarding our avoidance issues. For example, after we stopped acting out, a number of us began to avoid getting close to others for fear of acting out again. Or, we discovered that avoidant behaviors had been there all along, hidden beneath the distraction of acting out. We worked the 12 Steps, focusing on discovering and removing things that hindered us from cultivating non-sexual closeness with people who were important to us. Some of us learned to take time to move through various stages of intimacy when getting to know people better. In the process, we also learned how to socialize with people we were attracted to in healthier, more sober ways.
11. Acting out wasn't the main problem for some of us. We were anorexic socially, emotionally, and sexually. We had difficulty leaving the house or doing anything besides working. Deprivation was apparent in many areas of our lives. When the shame and isolation of our avoidant lifestyle became painful enough, we sought help through the Steps. In recovery, we focused on getting to know and love ourselves and cultivating a closer relationship with our Higher Power. With this healing came the courage to venture out and begin connecting with others.
12. A number of us had previously assumed that staying sexually sober meant abstaining from sex for the rest of our lives. After a time, however, we lacked a sense of joy or fulfillment.

Our intimacy Step work helped us uncover more truths about our past, which brought more healing and a deeper connection with our Higher Power. Practicing mindfulness and surrender helped us gain confidence in our ability to trust our “inner guidance.” We learned how to live in the present, experience our emotions without changing or suppressing them, use our voice, and set appropriate boundaries. Our capacity to connect platonically with others grew in recovery. Before long, with the help of our Higher Power, some of us were able to combine emotional, spiritual, and sexual intimacy with a partner in a way we’d never experienced before.

**13.** Regardless of what prompted us to recover from intimacy avoidance, our compulsive intimacy avoidance was driven by fear. Our isolation caused misery to ourselves and those who cared about us. As we became conscious of the widespread avoidance in our lives – both sexual and otherwise, many of us felt overwhelmed and dismayed.

#### **14. Recognizing and Dealing with Shame**

**15.** The feelings of guilt or remorse we experience when we've caused harm can be healthy, leading to making amends and improving our behavior. However, many of us interpreted our avoidant behavior to mean we were defective or horrible people, which caused debilitating shame. The thought of cataloguing our issues in writing and talking about them in our First Step was horrifying, and many of us felt extremely fearful of delving into and sharing the details of our disgrace. Subconsciously, many of us even believed attempting to recover was pointless because we had no value. This toxic shame had the ability to keep us stuck in our self-destructive patterns.

**16.** Sex addicts and sexual anorexics share the same shame-based core beliefs that we are basically unworthy, unlovable people, but it can emerge as different behaviors. Shame can be extremely painful emotionally, mentally, spiritually, and even physically. For some of us, when we stopped acting out, a whole pile of past shame rose to the surface of our emotions. Those feelings tend to trigger cravings for behaviors we’d grown accustomed to using to escape, avoid, or numb out emotional pain, which include acting out, compulsively avoiding intimacy and/or sex (often through shutting down into inactivity), or a combination. So, it is especially crucial for recovering intimacy avoidants to learn to recognize and disarm shame in order to stay away from both sides of sex addiction. The SAA motto tells us that as we work the Twelve Steps of SAA, we can move “from shame to grace.”

**17.** Many of us did an in-depth examination of our shame in our intimacy-focused Fourth Step. However, the First Step is where a number of us began the process of dislodging our shame. This was no easy feat since, for most of us, our shame dated back to early

childhood. Living in difficult circumstances, many of us learned coping skills like blaming ourselves for the dysfunctional behavior of the adults in our lives. We thought if only we were good enough, they would be different, and everything would change. The belief that we were defective helped our undeveloped minds make sense of stressful or abusive situations. It made sense why we were mistreated if we believed we were bad and deserved it. If it was our fault, there was the possibility we could change ourselves enough to make them stop. Even though it was extremely painful to believe that we were not worthy of love and respect, shame was useful: it gave us the illusion of potential power or control.

**18.**In recovery, we realized that shame no longer served us. We needed to re-program our negative self-talk by practicing seeing ourselves with compassion and understanding. Our group members showed us how to accept each other even when we were at our worst. At first, it did not feel easy or “natural” for us to give ourselves that kind of grace, and changing our thinking required many reminders and support. Nevertheless, as our sponsors and fellow travelers helped us see things we’ve done (or not done) as factual information instead of assuming those facts mean something about us, we began separating our behavior from our sense of self-worth. A new, loving perspective of ourselves began to emerge. We began to feel empathy and gratitude for the younger version of ourselves who went through so much and found ways to cope and survive.

### **19. Setting an Intention**

**20.**Before beginning to write about our avoidant behaviors, many of us created a vision statement of what changes we would like to see in our lives as a result of deeper healing and recovery. For inspiration, we used the promises of recovery scattered throughout the SAA “green book” and the experience, strength, and hope shared in meetings. Many of us found it helpful to write these goals or dreams for ourselves and put it in a place where we could refer to them often. That way, when our Step work felt heavy, difficult, or overwhelming, we could read our “personal promises” and imagine the possibilities, which gave us an incentive to keep moving forward.

**21.**Our vision statements were most effective when they were uniquely ours. Some people included pursuing healthier sexual experiences, and some people simply wanted to be more comfortable in social situations, be more in touch with their emotions, or cultivate a closer relationship with friends, family, or their Higher Power. No matter what our vision statement contained, it was a guiding light and a source of motivation throughout our recovery.

### **22. Begin Writing Step One**

23. Once we had our “why” firmly in mind, we began to examine our lives through the lens of “intimacy avoidance detection.” A first task that many SAA sponsors typically assign a new sponsee is beginning to fill out their three circles (see *Sex Addicts Anonymous*, pages 16-19). However, many of us couldn't even imagine where to put avoidant behaviors in the three circles until after working our intimacy-focused First Step. Some of us left pre-existing circles as they were, and focused on Step One. Some wrote our more obvious behaviors in circles as a starting point, adding more as they were revealed. A number of us began counting our time in recovery instead of days of abstaining from certain behaviors. It was important to do whatever met our needs as individuals.
24. Many of us chose to write our Step One, using the questions at the end of the Avoidance First Step (FSI) pamphlet. Although there is no “right” way to work the first Step, preparing a First Step presentation and sharing it during an SAA meeting was healing for quite a few of us. It was also a means of carrying the SAA message in a whole new way. Meeting attendees who were unfamiliar with avoidance issues were given the opportunity to learn more – and often, they identified with what they heard. However, preparing a First Step presentation took time and effort.
25. In a way, looking for avoidance in our lives was like a photo negative: things felt inverted and sometimes it wasn't clear what we were looking at. It was necessary to work at an unhurried, but steady pace. For some of us, this meant moving on to Step Two and Three work while we were still in the process of gathering examples for our first Step. Step One is about admitting powerlessness, and is both the initial step of recovery as well as a principle we practice regularly. If we did a formal First Step presentation, it was best to do so when the timing felt right to both sponsor and sponsee.
26. We began by listing any avoidant behavior patterns we had already identified. In addition, we gained more insights through pondering the eighteen examples of avoidant behaviors (found at the beginning of the *FSI* pamphlet) and discussing them with others. Since avoidant behaviors can be difficult to recognize as such, we found it helpful to list what we knew and then move on, keeping it open-ended so more could be added to our list over time.
27. Next, we wrote about any sexual acting-out behaviors that were part of our history. Some of us didn't think we acted out sexually. But as our sponsors asked us questions and gave us things to think about, many of us realized that there were, indeed, sexual behaviors that we used to cope with or numb unpleasant emotions or circumstances.

28. If we listed both kinds of behaviors, in the third question we were asked to consider any connections between our avoidance (or acting in) and acting out. There are no “correct” answers to this question; it was merely included in the pamphlet to evoke contemplation. If no connections were apparent to us at the time, we skipped that question and come back to it later on. Sometimes looking at it after a little break brought a fresh perspective.
29. While some of our unmanageability was rather obvious, some of it was challenging to spot. By examining our actions alone, it may have appeared – to ourselves and to others – that we were managing just fine. Still, through listening to others’ experiences in meetings and outreach calls, and paying closer attention to our thoughts and intentions, many of us slowly became aware of deprivation-oriented and shame-based thought patterns that caused inner unmanageability.
30. As we began to see how pain, fear and shame had permeated our lives and driven our avoidance, we needed our sponsors and support people to teach us how to be gentle with ourselves. We needed our admitting powerlessness and unmanageability to become a declaration that *released* shame instead of increasing it. This was possible when we viewed our past with self-compassion. When we understood that intimacy avoidance was a way to protect ourselves from pain, and that, once established, it is impossible for anyone to stop the compulsive avoidance of intimacy by themselves, we could let go of shaming ourselves for something nobody is capable of. Instead, we began to see ourselves as part of a wonderful community of recovering individuals dedicated to seeking connection with themselves and others through a Power greater than themselves.

### 31. The Three Circles

32. Once we had a better understanding of how our avoidant behavior manifests, it was time to consider our three circles. This tool is optional in SAA. Some of us found the circles to be helpful in defining our abstinence from compulsive intimacy avoidance, while others were baffled. Our sponsors helped us decide what would be most beneficial for us.
33. At first glance, some SAA literature (including *Three Circles: Defining Sexual Sobriety in SAA*) may appear as though it doesn’t apply to anorexia or intimacy avoidant people. However, if read with an open mind (and perhaps a little creative adaptation), the basic concepts of the inner, middle, and outer circles still apply to anorexia. Considering the questions from *Sex Addicts Anonymous* pages 15-16 with intimacy avoidance in mind was helpful for some of us in determining which avoidant behaviors belong in the inner or middle circles.
34. We put any behavior we desired to stop, that was devoid of intimacy or self-respect, that led to demoralization, that was abusive, painful, or caused suffering, that was used to numb discomfort or to avoid responsibility, or that created a drug-like state that altered

our thinking in the inner circle. We also listed any specific behaviors that prevented us from connecting with those we loved, or pushed them away – especially if any of those behaviors were harmful or abusive to ourselves or others. Specific behaviors that kept us from meeting potential partners might belong in the inner or middle circle. Behaviors that prevent or sabotage any possibility of a healthy sexual experience were likely appropriate to add to the inner circle, too.

**35.** Nonetheless, listing acting-in behaviors in the three circles can be very challenging.

Because we reset our sobriety day count every time we engage in inner-circle behavior, we needed clearly defined boundaries to avoid ambiguity about whether or not if what we did qualified as “inner circle.” We learned that avoidant behaviors that are specific and more easily definable, such as viewing porn or mentally escaping into fantasy during sex, are appropriate for the inner circle, whereas feelings or vague behaviors such as having a “victim” attitude, not speaking up, or avoiding feelings were best placed in the middle circle. For example, “Having sex when I don’t want to” or “Having sex while not being mentally present” are clearer and more definite than “not wanting to have sex.”

**36.** It is also difficult to quantify avoidant behavior. For instance, a common symptom of sexual anorexia is “practicing avoidance of sexual thoughts, feelings, and behaviors.” (IA) If a person is purposely diverting their attention from *all* of their sexual thoughts and feelings, or choosing not to be sexual with a safe and loving partner, that is likely compulsive sexual avoidance. However, if a person doesn’t naturally have many sexual thoughts or feelings, it may be difficult to determine if the person is avoiding them or if that’s simply normal for them. Furthermore, the other extreme – “obsessive sexual thoughts (about having sex and/or avoiding it)” is a symptom of intimacy avoidance as well. (IA) It is difficult to measure sexual thoughts and feelings in the first place, let alone determine what a “suitable amount” of them would be.

**37.** Many intimacy-related inner circle or middle circle behaviors may not be overtly sexual. Some examples of ways to avoid connecting with self and others are: remaining in bed all day or not leaving the house for days, neglecting household chores due to being lost in the fantasy of novels or TV, and failure to adequately care for or groom oneself or wearing baggy, unattractive clothing to decrease the chances of attraction. We needed the help of a sponsor to determine what boundaries to set and in which of the circles to place behaviors that were contributing to the unmanageability of our lives.

**38.** Another thing we had to keep in mind is that not all intimacy avoidance is undesirable. Several different factors may determine whether a particular avoidant behavior is actually part of our addiction, versus being acceptable -- or even healthy. For example, leaving a social event early could be considered intimacy avoidance if the decision was based on fear of taking a healthy risk and getting to know someone better. However, leaving early could be an act of healthy self-care if one is feeling physically ill or emotionally unsafe, or if the

atmosphere isn't conducive to one's recovery. Often, our inner-circle behaviors were more about the motivation for certain actions rather than the actions themselves, so we needed to be very specific.

39. We also needed to leave room for circumstances that would cause us to reset our days unfairly. For example, although going to bed earlier or later than a partner is a way to avoid opportunities to connect sexually, putting that in the inner circle doesn't allow for illness, travel, or other circumstances which might make sense for partners to go to bed at different times. So, for some, it made sense to put that behavior in the middle circle.
40. Rather than focusing on not doing the inner circle behaviors, many of us found it more productive to focus on the positive things in our lives by putting **as many things as possible** in our list of outer circle behaviors. It was far easier to try to do several "yes" activities daily than to not do the "no" activities, especially when that often meant "avoiding **avoiding** doing" something! Some of us put expressions of the opposite of intimacy avoidant behaviors in the outer circle.
41. It was useful to have a written list of outer circle (target) behaviors and refer to it often. Many of us went through withdrawal from compulsive intimacy avoidance, often with similar symptoms to withdrawing from acting out. It was very helpful to have several copies of our outer circles, and keep them in different places, to serve as reminders and resources.
42. Some "anti-anorexic" outer circle activities needed to be regularly occurring, while others were occasional. It was imperative to have self-care items on the list for most of us, and our sponsors learned to ask questions about our grooming, food and water intake, and hours of sleep. Activities that connected us with our inner selves and our Higher Power, such as music, practicing yoga, journaling, creative outlets, and things to do outdoors were also helpful in building the foundation for greater intimacy with others. Of course, recovery-related activities such as meetings, step work, and outreach calls needed to be included. We were also encouraged by our sponsors to list potential intimacy-building activities that we weren't quite ready for but could work towards, such as interacting with others in a faith community, sharing a meal with a friend or family member, or doing community service. Outer circle behaviors that helped many of us develop elements of healthy sexuality in our lives were regular self-nurturing exercises, relaxation, and/or mindfulness exercises.
43. When creating our three circles, we reminded ourselves that they aren't carved in stone. "As our recovery progresses, and we gain new understanding about ourselves and our addiction, we are free to add or delete behaviors, or move them from one circle to another, in order to reflect new growth and insights. We have found, however, that

changing our Three Circles should not be done on a whim, but only after careful consideration and prayer, and with guidance from our sponsor and our groups." (Sex Addicts Anonymous, page 16)

**44.** People have wondered what to do with their sobriety day count if they've been abstinent from acting-out behaviors for a time, but now they're adding avoidant behaviors to their circles. Of course, this is something each person needs to work out with their sponsor; there are no "clear-cut" answers. Some of us felt we didn't necessarily have to change our sobriety day count just because we adjusted our circles. Many of those who have attempted to count days for two different things (acting out and acting-in/intimacy avoidance separately) found it to be extra work and rather confusing. Whatever we decided, we realized that counting days is only a tool to help us maintain abstinence and spiritual growth -- it is not a requirement.

#### **45. Emotional Awareness and Being Present**

**46.** Feeling disconnected from ourselves was a problem for most of us. Our compulsively avoidant behaviors often kept us from experiencing our internal environment. Many of us avoided being connected to our feelings, wants and needs by getting lost in a fantasy world or by scheduling so many things that we were "too busy" to give anything or anyone our full attention – including ourselves.

**47.** Some of us labored over simple decisions like what to wear, or consistently deferred to another person when it came to choosing things like what food we were going to eat, because we were so out of touch with our emotions, preferences, desires, or needs that we weren't even aware we had an opinion. Some of us let our physical needs go unmet for long periods of time. A number of us struggled with episodes of dissociation, when we felt disconnected from our sensory experiences. Some of us had a fear or loathing of body functions that contributed to this. It was important that our sponsors were aware of what our struggles were, and were patient, encouraging, and supportive as they walked beside us on our path to self-discovery. Being numb meant we didn't have to feel emotional (and sometimes physical) pain. However, in order to connect with others -- including our Higher Power -- we needed to reconnect with ourselves. We began the process of becoming aware of what our bodies were feeling and sensing.

**48.** Although good place to begin connecting with ourselves was to practice naming how we felt, many of us felt baffled when it came to identifying and expressing our emotions. Listening to others share how they're feeling during meetings slowly opened our hearts and educated our minds regarding more fully experiencing and sharing our own emotions. A number of us found that visual aids such as "feelings charts" with words and/or faces were helpful in putting our emotions into words.

49. We needed to be encouraged to spend a few minutes each day in quiet stillness, so we could practice being mindful of our internal state. However, that was extremely challenging for some, because being still allowed the unpleasant emotions we were denying or holding back (consciously or subconsciously) to rise to the surface. Though considered an “outside issue” in SAA, it’s worth mentioning here that it was beneficial for some of us (both sponsors and sponsees) to learn a little about trauma in order to better understand each other and ourselves. As we discovered and practiced ways to cope with and heal from the effects of trauma, we could then make progress with being in touch with our bodies and our emotions.
50. Because we were disconnected from ourselves, it was also difficult to connect with others. Multitasking or mentally “checking out” during interactions with people felt safer than giving our full attention. For some of us, fear, shame, and perfectionism intensified the inability to be present. This evolved and healed over time, but during our first few Steps on avoidance, it was useful to keep a written record of the interactions when we caught ourselves not being present so we could put these examples in our Fourth Step inventory later on.
51. SAA meetings were a great place to begin practicing being present and “holding space” for others as they expressed their emotions. Any healthy SAA meetings were beneficial for this purpose because of their atmosphere of emotional openness, safety, and support. Many of us were also intentional about attending intimacy-focused SAA meetings to hear experience, strength, and hope specifically on topics relating to recovery from intimacy avoidance.
52. There are many more intimacy-related phone meetings than face-to-face meetings in SAA. Electronic meetings felt safer for many of us, anyway (probably because we could multitask while on telemeeting and not be fully present!) However, practices such as limiting mobility by connecting a phone to the wall helped decrease multitasking during electronic meetings. Attending video Intimacy and Sexual Avoidance meetings helped us practice being fully present in meetings, too. Prior to attending a meeting, some of us began taking a moment to set an intention or to pray. This helped prepare our minds to be present and engaged. During the meeting, several of us began taking notes on what resonated with us, which also helped us remember which people inspired us. Writing down phone numbers shared after meetings prepared us to reach out to during the week.
53. One of the reasons we became accustomed to pushing people away and keeping everyone at a distance is because we hadn’t yet learned how to keep ourselves safe in healthier ways, such as becoming clear what we would and wouldn’t tolerate in the behavior of others and setting boundaries for ourselves. We also tended to share really personal

information with people who hadn't earned our trust, and when we got hurt, we scurried back into our protective shells. We needed help in discerning what information was appropriate to share with whom. This help often came in the form of our sponsors' guidance as well as our carefully listening to the shares of others during meetings. Program slogans such as "Easy Does It," "One Day at a Time," and "Progress, Not Perfection" were useful reminders for many of us during early recovery from intimacy avoidance, because we frequently failed in our attempts to be emotionally present at first. We also needed help in learning to be gentle with ourselves when we fell back into old avoidant patterns.

**54.** Giving service in meetings was a way to practice being emotionally and mentally engaged with others. Some examples of service we could do even as newcomers included helping set up or clean up (or being a greeter for telemeetings), helping with readings at the start of the meeting, being the Trusted Servant who leads the meeting, and participating in the meeting by introducing ourselves and sharing.

**55.** However, most of us were extremely hesitant to volunteer to do service in meetings – for a number of reasons! We didn't want to be seen. We were afraid of making a mistake. We knew we hadn't been very reliable in the past, and didn't want to let people down. Or, we recognized that our tendency towards codependence could drive us to over-commit ourselves. In time, we began to see our fears were largely unfounded. In healthy SAA groups, when someone failed to show up after offering to do something, we noticed how the group members who really wanted a meeting found a way to make it happen. The group adapted: either someone else stepped up or adjustments were made, and the meeting occurred. As we witnessed how people who failed to do what they had volunteered to do were treated with understanding and acceptance, we felt inclined to keep coming back, gathering courage to push through our insecurities and offer service, bit by tiny bit. Over time, many of us learned how to gauge the limitations we had in our available time or resources, and only offered what we could feasibly do. We learned to follow through with our commitments to serve, or take responsibility to communicate with others when we could not carry out our intentions.

## **56. Building a Support Network**

**57.** Many of us suffered abuse and/or sexual trauma in the past, and as a result, trusting others (for example, a sponsor) didn't come easily. We wanted to be able to trust others so that we could have true connection and intimacy in our lives, but at the same time, we found the idea of counting on another person terrifying and repulsive. We were truly convinced that "people will always let us down and it is safer if we just do things on our own," which rendered us unable to trust and rely on others. (Symptoms, IA)

- 58.**Of course, this is not unique to intimacy avoidant people. Many sex addicts find it hard to trust and connect with others when they first enter the program. However, intimacy avoidant or anorexic people often have an *especially* difficult time reaching out. Those of us with attachment disorders and trauma in our histories were compulsive about self-reliance in adulthood because in the past, it actually *was* necessary to take care of ourselves in order to survive. For this reason, becoming a full participant in meetings or making outreach calls was extremely challenging for many of us. It took time for us to adjust to a “we” mindset in recovery.
- 59.**Some of us needed to begin building our support network by taking “baby steps,” starting with one small thing and then adding in another thing after a period of adjustment. Each of us has experienced different circumstances and thus have different needs. We found that the most effective sponsors were empathetic, realistic, and fair as well as forward-thinking and inspired regarding the number of meetings and outreach calls they asked of us. Being too lenient allowed us to isolate, but being too strict often set us up for failure. Most of us found that starting off a little above our “comfort zone” encouraged us to progress without paralyzing us in fear.
- 60.**Most of us couldn’t really fathom what an “outreach call” was or why it was important. Our sponsors had to explain (and often, re-emphasize more than once) why it was necessary to become accustomed to talking one-on-one with others in the fellowship. The main reason is because when we felt triggered or were struggling with something, we had several people we could reach out to for support, instead of trying to handle our problems on our own. Our sponsors were not always available, nor should they become our “higher power.” But we certainly weren’t going to call strangers for support when we were struggling! So, we needed to build relationships of trust with people who we respected and who felt safe to us.
- 61.**It wasn’t easy to determine who fit that category at first, but most of us discovered who we could more easily talk with by having frequent short conversations with several people. As a general rule, we reached out to people we weren’t sexually attracted to. We practiced becoming aware of how we felt before, during, and after a conversation with different people, and that informed our decisions regarding whether to continue talking with them, or whether we needed to set boundaries with them, such as time-limits or keeping the conversation to certain topics.
- 62.**To help us get started, our sponsors may have recommended a few people that *they* know and call for support. We also collected phone numbers of meeting attendees whose shares we appreciated. Having a suggested format for what to say during outreach calls was helpful, too. Following the pattern of a “typical SAA check-in call” gave us something to say

which was short and simple. We stated our name and where we're from, shared how we were feeling, and named something we did (or committed to do) for our program that day.

- 63.** Calling the same few people regularly – even if we just left a message and they didn't call back – gave us practice reaching out. When someone answered our call and we shared our check-in, sometimes we thanked them for listening and ended the call, or sometimes we would ask them if they'd like to check in, too. Sometimes we would chat for a few minutes, asking and answering questions about the program or our lives, as seemed appropriate. Over time, we began building relationships with our fellow travelers. They started calling us for support when they needed to be listened to or wanted our perspective on something. Practicing listening to and supporting others in their recovery journey helped us as much as it helped them.
- 64.** Sometimes, however, outreach calls brought up things that caused us uncomfortable feelings. For example, a person might have talked for a long time about themselves and we felt "stuck" on the phone with them out of a sense of duty or politeness, which turned into a resentment later on. Or maybe we felt really awkward and didn't say much, which was humiliating. Or perhaps someone asked us a bunch of questions we didn't feel comfortable answering, or they were even inappropriate or rude. Our sponsors reminded us that our fellowship is made up of recovering sex addicts, and we all have our character defects. We're likely to run into our own as well as other people's issues as we make outreach calls – and that's okay. We learn from these experiences and working through them with our sponsors and supportive friends in recovery.
- 65.** Intimacy avoidant people tend to want to quit, hide, or run after the first time something feels less-than-comfortable in an outreach call. However, we knew that if we didn't learn how to deal with those situations, we would not recover from intimacy avoidance. When our sponsors and fellow travelers helped us see our triggers and understand ourselves better, and we began to see things from the other person's possible perspective, it helped us determine what boundaries we needed to put in place to keep our outreach calls worthwhile and productive. For instance, some of us learned to tell the person at the beginning of the call that we only had about ten minutes to talk, or prepared a couple of Step work or recovery-related questions to ask the people we were calling just in case we ran out of things to talk about right away. We may have practiced words or phrases with our sponsors that we could use in setting boundaries if we felt uneasy or unsafe. After a while we became more intuitive about how to handle situations that arose during outreach calls and learned to navigate that with more confidence.
- 66.** We discovered we can't develop healthier ways of interacting with others without practice, which sometimes includes unpleasant experiences. It also includes rich, beautiful, satisfying experiences – which makes it a healthy risk worth taking.

**67.**

**68.**