A Sexual Health Toolkit

WHEN SEXUAL BEHAVIORS FEEL OUT OF CONTROL

When your own sexual thoughts, urges, or behavior, including your pornography use, start to feel out of your control, the problem is rarely sex itself. It is the gap that has opened between what you are doing and what you value. This toolkit works that gap, without shame.

A DIFFERENT STARTING POINT

Out of control sexual behavior is a sexual health problem, not a disease and not an addiction. Doug Braun-Harvey and Michael Vigorito define it as "a sexual health problem in which an individual's consensual sexual urges, thoughts, or behaviors feel out of control." The key word is feel: the behavior comes into conflict with your own values and commitments, which points at that conflict rather than at sex as the enemy. Major sexuality organizations do not recognize sex addiction as a clinical diagnosis, and this sexual health approach is one well-established alternative.

WHAT THIS COVERS

This is about the pattern, not one particular act. For many people the behavior that feels out of control is pornography use or cybersex; for others it is masturbation, casual or anonymous encounters, hookup apps and messaging, affairs, or paying for sex. Any of these can be part of a healthy sexual life or can start to feel out of control, and which one it is depends on your own values rather than on the act itself. Pornography is one of the most common places this shows up, and every principle and tool in this toolkit applies to it just as directly as it does to sex with a partner.

WHY IT HAPPENS

Often, sex or porn becomes a way to manage a feeling. Stress, loneliness, boredom, anxiety, and shame all press for relief, and both can deliver a fast, reliable dose of it. The behavior makes sense as a way of coping, which is exactly why willpower alone rarely holds it for long. Shame usually makes it worse rather than better: the behavior brings a short drop in tension, then shame floods in behind it, and that shame becomes one more painful feeling looking for relief, which sets the whole loop up to run again. An approach built on self-judgment tends to feed that loop, while understanding and self-regulation are what interrupt it. The way through is learning to meet the feeling underneath directly, so sex and porn no longer have to carry that job.

> **The reframe**
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> The work here is simple to name, if not always easy: close the gap between what you do and what you value. Struggling with that gap does not make you broken, and it is the kind of thing therapy is built to help with.

YOUR YARDSTICK: THE SIX PRINCIPLES OF SEXUAL HEALTH

Instead of measuring yourself against shame or a rule someone else set, this model gives you six principles to hold any sexual choice against. They are yours to apply. When a behavior feels out of control, it is usually because it is crossing one or more of these for you, and that, not shame, is the signal worth listening to. Adapted from the World Health Organization definition of sexual health.

01 Consent

A clear, freely given yes from everyone involved. With a partner that means both of you, and with pornography it means everyone in it is a consenting adult. It always means a genuine yes from you.

ASK YOURSELF Was this fully consensual, my own yes and everyone in it included?

02 Nonexploitation

No using pressure, power, or deception to gain sexual access, and no relying on sexual media made through someone else's exploitation.

ASK YOURSELF Did anyone get taken advantage of, including me or anyone on the screen?

03 Protection

Informed, shared care around STIs and pregnancy when a partner is involved. With solo porn use this one may simply not be in play.

ASK YOURSELF If a partner is involved, did I protect my health and theirs?

04 Honesty

Honesty is a choice, and it turns on secrecy rather than detail. What counts as private and what counts as a secret is negotiated and agreed between you and your partner, not set by one of you alone. Once you have that agreement, honesty means keeping to it rather than reporting every instance.

ASK YOURSELF Given the agreements we made together, is this private, or is it a secret?

05 Shared values

Sexual choices that line up with your own values. Much of the distress around porn tracks the clash with what you believe more than the amount you use, so for many people this is the principle that carries the most weight.

ASK YOURSELF Is the problem the behavior itself, or that it clashes with my values?

06 Mutual pleasure

With a partner, pleasure is welcome and goes both ways. On your own, the honest question is whether this is pleasure or a way to numb out.

ASK YOURSELF Is this genuine pleasure, or numbing something?

WHEN AN URGE HITS: TOOLS FROM THE OCSB MODEL

An urge is not a command. The OCSB model is designed to be done with a therapist, and it leans on self-awareness rather than white-knuckling. These are its core self-directed practices, the parts you can use on your own when an urge hits. Pick two or three that fit you and keep them somewhere you will see them.

Tell the urge from the choice

The model's core self-monitoring skill is separating a sexual urge, which is a sensation or a pull, from a thought, and from a behavior, which is a choice. An urge is not a decision. Naming it plainly, this is an urge, not something I have to act on, reopens the gap where choice lives, and the more you practice noticing the difference the wider that gap gets.

Name the two systems pulling at you

The model describes feeling out of control as your deliberate, planning mind and your emotional, in-the-moment system competing, like a rider on an elephant. Name both out loud: the part of me that wants this, and the part that wants something else. Naming the competition puts the deliberate part back in the conversation instead of leaving the elephant to wander off on its own.

Stay with the feeling a beat longer

Rather than discharging an uncomfortable feeling through sex or porn, the model builds your capacity to stay with it a little longer than your usual pattern. Notice what is actually here, loneliness, anxiety, shame, boredom, or emptiness, and let it be present for a few minutes without acting. The feeling is usually more tolerable than it looks, and letting it move through is what loosens the automatic reach.

Check your vulnerability factors

The model screens four areas that make urges louder: your physical safety, your physical health, your mental health, and your relationship with alcohol and drugs. When one of these is off, the pull is stronger and harder to sit with. Scan them, and tend the real one directly rather than treating the urge as the whole story.

Notice your accelerator and your brakes

The model draws on the dual control model of sexual response: an accelerator that certain cues and states rev up, and brakes that other things apply. Learn what reliably hits your accelerator when you are vulnerable, being alone and bored, the phone in bed, a drink, a particular app, and choose your contexts with that in mind instead of relying on willpower once the accelerator is already down.

Measure it against your vision of sexual health

Instead of a rule someone hands you, the model asks you to hold a behavior up against your own values and the sexuality you actually want. If it moves you toward that vision, it fits; if it moves you away, that gap is the signal, not a reason for shame. This is the same question the sexual health plan at the end of this toolkit is built to answer.

Keep a weekly self-check

The model uses a short weekly self-report where you rate your sexual urges, thoughts, behaviors, and their consequences over the past seven days. Repeated every week, it slowly builds a more nuanced read on your own patterns, and the act of separating urges from thoughts from behaviors is itself the skill being trained.

Notice the attachment pull

The model treats attachment as one of the systems underneath an urge. When the pull shows up right after you feel rejected, alone, or anxious about a relationship, name it as an attachment feeling looking for relief. Naming the relational driver often does more than fighting the urge head-on.

Get curious about the turn-on, not just the behavior

The model separates a reliably pleasurable turn-on from the shame attached to it. Rather than judging what turns you on, get curious about it, where it comes from and what it means to you. Shame narrows your options; curiosity is what lets you make a values-based choice.

MORE COPING SKILLS (NOT SPECIFIC TO THIS MODEL)

These are broadly used self-regulation skills from other approaches, not part of the OCSB model. They will not resolve the underlying pattern on their own, but they can help you get through an urge in the moment, and they sit comfortably alongside the model's work on the pages before.

Ride the wave (urge surfing)

A skill from relapse-prevention work (G. Alan Marlatt): an urge rises, peaks, and passes on its own if you do not feed it. Watch it like a wave instead of fighting or obeying it, notice where it sits in your body and rate it from 0 to 10, and give it time to crest and ease. Waiting a wave out is a way to get through a hard moment.

Settle the body

From stress-response and somatic work (Emily Nagoski, Peter Levine): the urge rides a keyed-up nervous system, so bring the body down. Breathe with your exhale longer than your inhale for a couple of minutes, splash cold water on your face or wrists, or move, a brisk walk, the stairs, anything physical. A calmer body makes the pull easier to sit with.

Reduce the cue, add a step

From behavioral stimulus control: put a few steps between the urge and the behavior. Keep the phone out of the bedroom, log out, use a blocker, be around other people. This is a practical aid for a hard stretch, and it works best alongside the values work rather than as a rule you white-knuckle.

Reach for a person

If loneliness or disconnection is driving the urge, and it often is, text or call someone you have chosen in advance. Connection is frequently the real need, and plain human contact can settle the part of you the behavior was trying to reach.

Make an if-then plan

Decide your response before the urge arrives. Research on implementation intentions (Peter Gollwitzer) finds that a specific if-then plan, such as if I feel the pull after work, then I put my shoes on and walk, outperforms a vague intention to resist. Write two or three for your most predictable moments.

Meet a slip with self-compassion

Shame is fuel for the cycle, so when you slip, talk to yourself the way you would to a friend. Research on self-compassion (Kristin Neff) links it to less shame and better follow-through, while self-punishment tends to set up the next episode. A slip is information, not a verdict.

Build the pause with regular practice

The gap between an urge and a choice is trainable outside the moment. A few minutes of daily mindfulness practice, the kind used in mindfulness-based relapse prevention, strengthens your capacity to notice an urge without acting, well before the next hard moment arrives.

BUILD YOUR SEXUAL HEALTH PLAN

This is the core tool of the model, and it is yours to write. Rather than a rule handed to you, you define the line between what is in step with your values and what feels out of control, using the six principles as your guide, whether the behavior is porn use, hookups, or anything else. Come back and revise it as you learn.

My vision of sexual health, what I want my sexuality to look and feel like:

In step with my values, behaviors I feel good about (green):

Out of step, behaviors I want to change (red):

My most common triggers and vulnerable moments:

My accelerator cues, the situations and apps that reliably rev up the urge:

When an urge hits, what I will do instead (from page 3):

One person I can reach out to:

Drawn from

Drawn from Doug Braun-Harvey and Michael Vigorito's Out of Control Sexual Behavior (OCSB) model (***Treating Out of Control Sexual Behavior: Rethinking Sex Addiction***, 2016), a therapist-delivered sexual health approach. The six principles of sexual health are adapted from the World Health Organization and Pan American Health Organization definition of sexual health (2000); the accelerator-and-brakes idea is the dual control model of sexual response (Bancroft and Janssen). This is an educational summary of the model drawn from its authors' published clinical materials, not a reproduction of the book and not the treatment itself, which is delivered with a therapist. My Mental Climb is an independent practice and is not affiliated with or endorsed by Doug Braun-Harvey or The Harvey Institute.

Out of control sexual behavior is common, and it is workable. You are not broken for struggling with it, and you do not have to sort it out alone. If you want help building and holding a plan like this, a free consult is a confidential place to start.

Educational only, not therapy.