

***Have I Been ASPHALTED?***  
**What May Unwanted Habits (UH's) Mean and What Can I Do About Them?**  
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I think that the answers vary depending on the person and his or her prior life experience. Also, as is commonly found in psychological studies, motivations and behaviors may be “multi-determined”. There often are several reasons behind a motivation to act in a certain way or the actual behavior. Keeping in mind that each person’s life experience is unique, I comment briefly on what many persons who experience unwanted habits, including obsessive-compulsive behaviors (e.g., *promiscuous, pornographic and/or masturbatory sexual gratification; scrupulosity; perfectionism and workaholism; substance abuse or dependency (alcohol, tobacco, other drugs); eating disorders; gambling; etc.*) may have experienced *before* their habit developed. Then, I review a number of factors that often are involved in keeping a habit going.

A crucial distinction is to clarify what motivated the UH’s initially and what motivates them now. The reason(s) behind the initial desires of needs underlying UH’s may also be operative after a person has begun to gratify them- *but* the body and mind remember what relieves pain, comforts and “feels good”. Once a habit- let alone compulsion or addiction- of gratification or comfort becomes established, the habit takes on a “life of its own”. It is not uncommon for some persons with UH’s to develop other habits or dependencies.

**I. What desires may mean *before* they become obsessive or compulsive:**

Physical desires typically have a significant, hormonal origin, and in our present culture, media stimulation of those desires may be difficult to avoid. Mature psychological development involves learning to self-discipline all of the human desires (appetites) in service of the individual good of the person and the common good of his family and larger social group(s). (Cf. handout: *PRINCIPLES OF EMOTIONAL HEALING & MATURITY in Applied Thomistic Psychology.*)

Those who have difficulty with UH’s may have experienced one or more of the following while growing up: A. *Unmet needs or an excess* of for same or opposite gender attention, affection and affirmation (“the 3 A’s”), especially parental. B. *Unresolved neglect and/or abuse* (emotional, physical, or sexual; actual or perceived), of oneself or having witnessed such happening to another. C. *Unfortunate experiences with same or opposite sex peers* which may lead to the conscious or unconscious avoidance of vulnerable encounters with others of the same or opposite sex. D. *An inherited biological temperament which is predisposed to anxiety or depression*, which may leave a person more vulnerable to the development of UH’s. And E. *Learned or conditioned behavior*, which regularly comforts or eases discomfort. What may begin as simple curiosity or expediency- if gratified often enough- may become an unwanted, even oppressive habit.

**II. What UH’s may mean *after* they have been habitually gratified.**

Once sexual desires have been gratified- often initially through some combination of sexual fantasy, pornography and masturbation- the body remembers what happened. If the behavior is repeated often enough, a habit develops. Any behavior, if engaged in often enough, becomes neurologically “hard-wired”- think about learning to ride a bike! Over time, a given person may come to experience this habit as an obsessive compulsion, even a true addiction, with the subsequent psychological and relational consequences. I think that unless a person has healed or otherwise resolved the original hurts or met the satisfied the unmet needs of UH’s, his or her

psychobiology and the emotional consequences of the habit, and other present external and internal factors - as well as the root needs leftover from the past- serve to maintain and strengthen the UH's existence.

### **Have I been ASPHALTED?**

To express what I want to here, I recall the Disney movie: *Song of the South*, which includes Uncle Remus' story about "Br'er Rabbit and the Tar Baby." In an effort to catch the rabbit, Br'er Fox and Br'er Bear shaped tar into the likeness of a baby and put it on a fence next to a path where Br'er Rabbit was likely to see it. When Br'er Rabbit did see the Tar Baby, his "How d'ya dooh?" was met with silence. This annoys Br'er Rabbit so much that he punches the Tar Baby. After the first punch, he's stuck, and unfortunately, Br'er Rabbit keeps punching. Eventually, Br'er Rabbit is so stuck he can't get away. Eventually, Br'er Fox and Br'er Bear come by and prepare to eat him. Fortunately for Br'er Rabbit, he tricks Br'er Fox and Br'er Bear into letting him go- but that is another story! Part of the moral to this story is to mind your own business, not let your anger get the best of you, and so avoid being "tarred" (or "asphalted").

Persons who participate in Twelve Step support groups commonly advised not to become too Hungry, Angry, Lonely or Tired (HALT). While considering this, I thought of a broader term that includes the HALT advice. My advice is not to let oneself become too **ASPHALTED: Anxious** (or fearful), **Sad, Pained, Hungry, Angry, Lonely, Tired, Elated** or **Discouraged/Depressed**. Any one of these can stimulate OSA/CSB's, the gratification of which may leave a person stuck- or "asphalted"- like Br'er Rabbit. In addition to feeling- and being- trapped, the lack of freedom and perceived powerlessness can worsen the situation. Like the "tar and feathering" ritual of vigilante justice, a person who has been asphalted may feel personally- if not publicly- but also publicly rejected, (a-)shamed and humiliated- by being "stuck" with the compulsive behavior. Often enough, anyone else who learns of a person's struggles with OSA/CSB's understands no better than the struggler what is happening to him or her.

Post-gratification, the experience of a desire for an UH may mean that one has become too **Anxious, Sad, Pained, Hungry, Angry, Lonely, Tired, Elated** and/or **Discouraged**. Like smoking a cigarette or taking an alcoholic drink, people who gratify sexual desires compulsively not only may have leftover needs and wounds from the past to deal with, but also may have made a habit of using sexual gratification to meet more immediate needs or deal with other present feelings. I have phrased a few thoughts about them as a checklist of questions:

#### **Am I too Anxious?**

How well am I managing the stress in my life right now?

How often am I exercising, praying/meditating, etc.?

\*\*\* Cf. **Herbert Benson, M.D.** *Beyond the Relaxation Response: How to Harness the Healing Power of Your Personal Beliefs* (NY: Berkley, 1984).

\_\_\_\_\_. *Timeless Healing: The Power and Biology of Belief* (NY: Scribner, 1996).

To what extent do I engage in the self-defeating use of drugs or other substances or compulsive, self-defeating behaviors to manage my anxieties or fears?

## **Sad?**

How well have I grieved the neglects or abuses from the past?

How well have I grieved more recent losses (e.g., the death or unwelcome ending of relationships, etc.)?

To what extent does more recent sadness “piggy-back” on leftover, unresolved grief?

## **Pained?**

How well have I dealt with, healed or otherwise resolved pain leftover from the neglects or abuses of my past- including sexual abuse?

To what extent do I remain in relationships which leave me pained in the present?

To what extent do I experience false guilt or excessive shame? (True guilt or authentic shame signals us that we have a genuine need to change and moves us to do so.)

To what extent is the intensity of my present pain from present life situations the effect of preexisting, leftover pain from the past (an “emotional sunburn slap”)?

If I have been unsuccessful in healing and resolving past pain and present self-defeating behaviors to deal with it, what stops me from seeking professional help and what do I need in order to begin or resume such help or take it more seriously?

## **Hungry?**

Too what extent do I eat regular, nutritious food: consume healthy beverages; avoid nutritiously deficient or psychologically/physically unhealthy substances, etc.?

To what extent do I nourish my spirit through private and public prayer, spiritual reading, etc?

To what extent do I have relationships (with varied depths of “closeness”) with both men and women (cf. “Lonely?” below)?

## **Angry?**

How well am I aware of my present anger?

To what extent does present anger “piggy-back” on leftover, unresolved anger from neglects, abuses or other offenses of the past?

How well have I forgiven or otherwise resolved resentments based on experiences from my recent or distant past?

To what extent have I tried to reconcile with those I sincerely have tried to forgive.?

Note: Psychological forgiveness is a process, often difficult and lengthy, that may and sometimes should not result in “reconciliation”, which requires that all parties be trustworthy and have the capacity to trust those whom they have forgiven or asked for forgiveness.

\*\*\* Cf., **Robert Enright**, *Forgiveness is a Choice* (Washington: APA, 2001).

To what extent am I “assertive” in expressing my anger and making my wishes, feelings

and opinions known?

\*\*\* Cf. **John Gottman & Joan de Claire**, *The Relationship Cure: A 5 Step Guide To Strengthening Your Marriage, Family, And Friendships* (2002).

### **Lonely?**

To what extent do I satisfy my need for relationships with a variety of depths with both men and women?

To what extent do I restrict myself to seeking and relating only to “Mr.” or “Ms. Right” (see “Elated?” below)?

To what extent am I jealous or envious of other’s real or imagined qualities?

To what extent do I participate in a *support group* which provides companionship and accountability as I deal with any unwanted “habit(s)”?

To what extent do I *journal* the feelings and thoughts that I lack opportunities, comfort or am not yet able to share with others?

To what extent do I serve others in formal or informal ways?

### **Tired?**

To what extent do I get enough sleep?

To what extent do I decline less important time priorities and “take it easy” after predictable or unexpected times of extra busy-ness, stress or life change?

To what extent do I get help for “chronic fatigue” from a health care professional?

### **Elated?**

To what extent do I react with excessive optimism and future expectation to a personal accomplishment or success- especially related to overcoming OSA/CSB?

To what extent do I let myself get too elated with having found the “perfect” person, relationship, group, church, job, whatever?

To what extent do I overlook the unavoidable- and particular- human weaknesses or imperfections present in myself or the other(s) with whom I hope to or do relate?

To what extent am I searching for “Mr./Ms. Right”? (Some add “Mr./Ms. Right Now”) because of the common tendency to seek instant, immediate intimacy in a relationship which feels- and undoubtedly is- “too good to be true.” Often these are co-dependent relationships.

### **Discouraged/Depressed?**

To what extent do I react with excessive pessimism or discouragement to a personal mistake or weakness- especially related to overcoming OSA/CSB?

To what extent am I *envious* or *jealous* of others real or imagined attributes, and to what extent do I attempt to be mindful and thankful for my own goodness and gifts, past and present?

To what extent do I *demonize* someone I previously have idolized (over-idealized) who either proves less than perfect or even leaves me- before I leave him?

To what extent do I feel that I or my life is “helpless, hopeless, useless, worthless”?

To what extent do I engage in self-pity, “What ifs”, “If onlys”, and other kinds of overly negative, unrealistic or catastrophic thinking?

\*\*\* Cf. **David Burns**, *The Feeling Good Handbook* (NY: Plume, 1999).

To what extent do I engage in the self-defeating use of drugs or other substances or other compulsive, self-defeating behaviors to manage my depression (sadness, anger, etc.)?

Those who once found themselves trapped or tormented by UH’s but now experience a measure of peace of mind, joy of heart, and freedom from compulsive behavior, may and typically do *re-experience* strong desires for UH’s from time to time. Those who have done so often are helped by asking asking: “How have I let myself become too ‘**ASPHALTED**’? What internal needs do I need to meet, feelings to express or resolve, or external stressors to manage better?” For example, if a person becomes too lonely, too stuck in self-pity or passive-aggressive anger, or too anxious, otherwise managed UH’s likely will *re-emerge*.

### **P.(M.)S. ?**

In addition to being my initials (my middle name is **Mark**), **PMS** is a shorthand way of remembering three other categories (**Physical**, **Mental** and **Spiritual**) that affect and interact with (*re-*) experiencing UH’s and the various **ASPHALTED** issues. Human beings are “psycho-somatic” (soul-body) creatures. The ways that a person’s soul, mind, emotional “heart” and body work influences the way the others work.

#### **Physical?**

To what extent am I managing my health (see **Anxious**, **Hungry**, & **Tired** above)?

How (well) do I wisely (i.e., in moderation) eat, exercise, use mood altering substances (e.g., caffeine, alcohol) etc.?

If applicable, how well do I follow doctor’s orders about taking medicine or getting treatments for acute or chronic difficulties, including emotional ones that have physical causes or consequences (e.g., anxiety or depression)?

How high are my testosterone or other hormone levels (the higher they are, the more predisposed I to sexual arousal I will be).

#### **Mental?**

To what extent am I realistic in my expectations for myself, others and God?

To what extent do I engage in self-defeating thoughts? (Cf. **Burns**, *Feeling Good Handbook*).

To what extent do I engage in pornography or audio-visual, print or other media representations of sexual behaviors or attitudes?

To what extent do I engage in sexual fantasy, with or without genital gratification?

To what extent do I devote time to true/good/beautiful thoughts and images, such as are present in Nature; wholesome literature, art and media; the Bible and spiritual reading and art?

## Spiritual?

How regularly do I pray privately, “from my heart”, telling the Lord what I *really* feel, think or want? (Praying the Psalms is a good way to start or persevere in personal prayer.)

\*\*\* Cf. **Peter Kreeft**, *Prayer for Beginners* (San Francisco: Ignatius, 2000.)

If Catholic, how often do I participate in the sacraments of the Eucharist and Reconciliation, Eucharistic adoration, or devotion to the Holy Family?

*How often* and *how* do I pray with others, formally and informally?

*How often* and *how* do I read the Bible and other reading to grow in my spiritual life?

*How often* and *how* do I share my faith journey with others, including a spiritual director, support group, and/or retreat/conference gatherings?

How well do I accept that I *can't* do this without God and that He *won't* do this without me, that He needs my cooperation, however inconsistent or ambivalent it may be?

The title of this reflection begins by asking what UH's do or may *mean* and ends by asking what someone can or may *do* about it. The checklist of questions is like an “examination of conscience”, or a helpful guide for how to reduce, stop, avoid and learn the meaning of UH's. The personal and particular answers to these questions guide an individual to answer: “What can or may I do about them?” I encourage anyone asking these questions to realize that the short-term answer to overcoming a sexual or other self-defeating habit is two-fold.

*First*, a daily commitment to work toward abstinence/continence/sobriety is necessary. A person who is trapped by a habit/compulsion/addiction to one or more behaviors undoubtedly will experience *ambivalence*, mixed feelings, about stopping. Someone may need to pray for “*the willingness to become willing*” to continue trying to abstain or become “sober”. **Group support** from like-minded, intended overcomers, may be indispensable.

*Second*, a timely effort to build virtuous behaviors to discover, resolve and gratify the legitimate ASPHALTED and PMS needs is crucial. Our bodies and emotional hearts remember what past behaviors have been comforting, pleasure giving or pain relieving. Sincere efforts at abstinence or sobriety enable underlying “core” issues to be felt, honored and resolved. Developing alternative, constructive ways of meeting these needs is crucial. For the goal is not “white-knuckled abstinence” (in Twelve Step terms: “sobriety”) but “interior chastity” (i.e., “serenity”): peace of mind and joy of heart in living out our sexuality with mature love, with the help of the Lord and our “neighbors” who share our goal.

Get **REAL**\*:

- 1) **Realize**- be(come) aware of- what you are experiencing.
- 2) **Evaluate**- (re-)label and (re-) attribute: “It’s not me- (or just lust, etc.), I’m ASPHALTED!”
- 3) **Alternative Action**- Do *anything* else, ideally something that eases being ASPHALTED!
- 4) **Learn**- what the UH *means*- what (else) does this compulsive behavior get me? What are better ways for satisfying this need?
- 5) **4 Question Challenge**: 1) *What* am I feeling? 2) *Why*? 3) What *can* I do? 4) What *will* I do?

\*(Based on: Jeffrey Schwartz, **Brain Lock: Free Yourself from Obsessive-Compulsive Behavior**. NY: Regan Books/Harper, 1997).