Episode 7
Interview with Dr. Omar Minwalla

Marnie Breecker 0:02

Hello, everyone. Before we begin today's podcast episode, we want to make an exciting announcement. We know that when couples are recovering from the impact of betrayal on their relationship, there can be a time where they feel stuck in terms of how to move forward with the sexual peace. How do we reintegrate sexuality after there's been betrayal, and that can be a really difficult conversation to have and a difficult process to go through. And so we've gotten a lot of feedback from our listeners who would like more help in this area. And so we're starting a group specifically for couples who'd like to start the conversation about sexual reintegration, and we have a fantastic coach. She's a sex and relationship and intimacy expert. Her name is Zoe Kors. You can learn more about her and the group at our website helpingcouplesheal.com. If this is a fit for you, please don't hesitate to reach out, we'd love to hear from you. Please remember that there's limited space so if you are interested, please reach out sooner than later so you can reserve a spot. Thanks and we hope you enjoy this episode.

HCH Narrator 1:17

Welcome to the Helping Couples Heal Podcast, a place for healing and hope for couples impacted by betrayal resulting from infidelity and or sex addiction. Your hosts are Marnie Breecker and Duane Osterlind, licensed Marriage and Family Therapists, certified sex addiction therapists and founders of respected treatment centers in Long Beach and Los Angeles. Marnie and Duane co-created Helping Couples Heal, the most comprehensive in person and online resource for couples recovering from betrayal, and this podcast series is the first component of the program. Thank you for listening. Marnie and Duane are committed to helping you recover from the devastating impact of betrayal trauma, and are excited to support you wherever you may be in your healing. If you've lost hope, you've come to the right place. Now, take a slow deep breath, and let's begin with the Helping Couples Heal Podcast.

Duane Osterlind 2:13

All right, hello, everyone. Welcome back to the Helping Couples Heal Podcast.

Marnie Breecker 2:17

We are so glad you're joining us today as we have a very special guest. I am honored to introduce Dr. Omar Minwalla, a licensed psychologist and clinical sexologist and the founder of the Institute of Sexual Health in Los Angeles. Omar was also the first person to hire me to work with partners when I first started out in this field back in 2008. He is the person who first introduced me to the partner trauma model. Over the years we have worked closely with each other and collaborated on cases and co-facilitated couples workshops. In fact, the Helping Couples Heal Workshop that inspired this podcast series was born out of a trauma Model Workshop that Dr. Minwalla and I co facilitated together in 2010.

Duane Osterlind 2:56

And we've been really looking forward to talking with you today about your sexual and relational health model of treatment, and the compulsive, abusive sexual relational disorders and sex addiction induced trauma model. Dr. Minwalla, thank you for joining us today.

Dr. Omar Minwalla 3:12

Thank you for inviting me.

Marnie Breecker 3:13

So the first thing we want to do is get to know you and have you introduce yourself to our listeners. So can you just tell us a little bit about yourself and your passion for working with partners and how this model essentially was born?

Dr. Omar Minwalla 3:25

Sure. So first of all, I'm a licensed psychologist by training, and I did my postdoc in clinical sexology at the University of Minnesota Medical School, in their program in human sexuality. And so that's where I really specialized in sexual issues. One of those issues that I was trained in originally was compulsive sexual behavior. That model has a little bit of a different approach in terms of what it calls the problem. They don't use the word sex addiction, they use the word compulsivity, but it's basically the same types of issues that clients are dealing with. After my postdoc, I moved to Los Angeles, and after a year of working with sex offenders on parole, I got a job at a traditional sex addiction clinic here in LA, that very much used the Karns model, a recovery model, a 12 step approach and addiction model, a very classical sex addiction model. And so that's really where I got exposed and learned a lot. Being the director at that clinic.

Marnie Breecker 4:31

Is that where you and I met, you hired me?

Dr. Omar Minwalla 4:34

Yes, yes.

Dr. Omar Minwalla 4:35

I also got supervision from you there as well. So that was really awesome. That's where I got to meet you.

Dr. Omar Minwalla 4:40

Yeah. So I spent quite a number of years in the sex addiction field. And that was a different again, a different model than compulsive sexual behavior. So I had training and both different approaches on how to look at the same problem. One thing I noticed when I was at this sex addiction clinic was there were very few resources for partners. I started doing a support group on Saturdays for partners. Eventually, I started to realize that at that time, the only real treatment model was either no real model, or codependency or co-sex addiction. In the group that I started, I started noticing trauma symptoms. And so I started doing some research, qualitative research on what partners go through. And I started to really be overwhelmed with the amount of trauma symptoms, the amount of pain, the amount of psychological injury and emotional overwhelm. So that really caught my curiosity. And I presented that research at a sex addiction conference. And my curiosity was piqued because of the response, there was an overwhelming reaction, both pushback and support. And so-

Marnie Breecker 6:01

Are you talking about in the mental health community, like in the field?

Dr. Omar Minwalla 6:03

The sex addiction field, specifically, yeah. And so that caught my curiosity more. And then I started working with a therapist named Sylvia Jason, who had also been looking at trauma, and we started collaborating and doing workshops. And through those workshops, we both found that every time we presented the idea that partners go through trauma, and that we need to slow down around just immediately looking at the partner as a co sex addict or codependency. There was always a confirmation in the participants that it seems to really resonate with them. And first, we started doing it with partners, then we started doing the same workshop with men who were diagnosed with sex addiction. And then we started doing them for couples. And I think I ended up forming the Institute for Sexual Health where I could really apply the model with freedom. That's where eventually you and I started doing the workshops. And so it's been a journey of really early on being very open to listening to partners, I think being in the room with them, actually sitting with human beings with these experiences over time, without a filter or a lens of already a presumed diagnosis, and just really being open to hearing what they had to say. And I think that was the real thing that allowed me to see more than codependency and start to view the partner as someone who's been traumatized. And so over the years, there's been more of my own research, really practicing and applying the model clinically for many years. So there's actually been quite a number of years now of actually applying the model to couples, to people struggling with these issues and seeing the benefit of it.

Marnie Breecker 6:03

In which model now, are you specifically talking about?

Dr. Omar Minwalla 6:38

The compulsive, abusive sexual relational disorder model. And I know that's a mouthful and model has actually changed before; I was calling it the sex addiction induced trauma model. I think as I've moved along, I've been really - it's been important to me to try to spell out everything very clearly and clinically.

Marnie Breecker 8:24

Yeah.

Dr. Omar Minwalla 8:24

So I've ended up with a lot of, like, very long labels.

Duane Osterlind 8:30

Right, that can, that could definitely happen. Sometimes it's hard to be clear, sometimes to try and conceptualize this in a way that people can easily understand it. We end up with those long labels sometimes.

Dr. Omar Minwalla 8:41

Yeah, mine seem particularly long, because I think I'm trying to spell out everything so carefully, so that people really understand what the model is trying to say. And it's not confusing. So...

Marnie Breecker 8:53

Yeah, and I love this model. For a long time I wasn't, I wasn't really aware of it. And then I started sending some clients to your workshops, some of the men who were struggling with compulsive sexual behavior. And I was really interested because they kept referring to this iceberg diagram. And so I, that's when I invited you to come and talk to my staff. And really, when you were here that day, it was so eye opening, it was so incredibly eye opening for all of us, everyone really related because of what they see with their own clients. I mean, it really made sense. So why don't you maybe explain a little bit about that model? And how you, you know why you created it, and what, how does it change the treatment?

Dr. Omar Minwalla 9:33

Yeah, so probably the biggest thing because the models actually, like you brought up the iceberg diagram. That's just a simple diagram, a way to organize the model. And it can get pretty complex in terms of if there's underlying factors. And then there's the actual problem and so there's maybe we can go into that more in a different podcast or or context. But probably, I think the main thing that I would want people to start to understand about the model is, and I'll try to simplify it because I think it's so important, is that you have a problem with two parts, usually. Not always, but usually, okay. So let's just say it was a more medical, physical medical type issue. And someone said, you have a toxin in your blood, and you also have a brain tumor. That's your diagnosis. Okay, there's two pretty serious problems going on, we would think medically or clinically, that both things need some form of treatment assessment treatment, we would want to monitor both things and see how they're doing and give feedback appropriately. And we would measure how well treatments are doing or not, or what's the status of treatment based on those two issues, you know, so fundamentally, that's kind of a metaphor.

Marnie Breecker 10:47

And you're saying they're both equally as important?

Dr. Omar Minwalla 11:02

Yes, yes. And maybe they're related. Maybe they're not. Sometimes maybe they're more related, let's just say those two things, the brain tumor and the blood disorder. But so in these when I'm looking at these issues, and how they typically present clinically, it is true that often the client will present with some kind of sexual problem, sexual acting out, something's problematic about that behavior. It's not that the behavior in itself is always problematic. So masturbation is not problematic, compulsive masturbation, or someone who can't control masturbation and is experiencing significant distress and negative impairment functioning and things like that, then that's when it becomes a clinical issue. So there's some kind of sexual issue, sexual problem often related to a lack of control. So we call that compulsivity or sex addiction, or whether we just call it problematic sexual behavior. So that's one part, part one, and maybe that's the brain tumor. You know, in our analogy, yeah. Then you have the other part of the problem, which is there's this serious integrity disorder. Now, and we all have challenges with integrity, society has challenges with integrity. So I just want to bring light to integrity as an issue and how there can be varying degrees, and varying ways that people struggle with integrity. And integrity is a fundamental concept of health, of relational health, of psychological stability. So when someone has such a significant level, or type of integrity disorder that's causing so much harm, and that harm can actually be clinically diagnosed as forms of psychological abuse, emotional abuse, relational abuse. And there's all these patterns. So for example, having a secret sexual life while pretending not to while you're engaged with people who really depend on you psychologically, and emotionally and relationally. So being in a family system, and then having a secret sexual life and acting out, and then showering and coming home for dinner, and sitting down at dinner and pretending like that doesn't exist, like there's all sorts of abuse, and just the creation and the maintenance of a secret sexual life. And then there's all sorts of other patterns that go along with maintaining that such as lying, or gaslighting, or lying by omission, or psychological manipulation, or blaming the partner or blaming the relationship, or once discovered, not accepting responsibility or deflecting or minimizing or rationalizing or still gaslighting and still lying, like there's so many patterns of abuse, that are legitimate patterns of abuse that are diagnosable psychological abuse, and that should be named. And we should be very clear about that. That's the part that's been missing. And that would be you know, in our analogy, like the blood, the toxin in the blood, right. And so, in the traditional model, what's happened is all the energy's gone to the sexual part.

Marnie Breecker 14:39

Right.

Dr. Omar Minwalla 14:40

All the focus now the preoccupation happens on what do we call the sexual part? Is it really an addiction and no, it's compulsivity and no, it's just judgemental sexual attitudes. And there's all this debate which is really important because all that needs to be sorted out. There's all this debate about about the sexual part and all of our energy goes into the sexual behavior part. And so the diagnosis has really come up sex addiction has really come to mean, out of control sexual behavior, compulsive sexual behavior, sexual behavior that's causing negative consequences. That's the whole concept of sex addiction is, is a single concept. It's not a two part problem traditionally.

Duane Osterlind 15:29

And, you know, I was gonna add, I think when you say that, it's it, you can tell like it was there the whole time. But by you being able to give it a name, I can see how partners can really feel validated because it's there. But it's, it's sometimes hard to name it, if you don't know what you're looking at, if that makes sense. And giving it that structure seems to really help partners, and I can see why they have such a strong reaction to it, if that makes sense.

Marnie Breecker 15:59

Yeah. And I was actually going to say one thing, too, which is what you just said, really puts into context why so many addicts, when they get sober, and they have a period of sobriety from the sexual acting out, they have a very hard time understanding why their partner is still traumatized and isn't moving on. And if they're in treatment, and not getting information about the partner trauma, then they're not able to understand what those incredible patterns of abuse were doing to their partner, because it's not named. Right? And it's, it's, it's underneath. So I think that's why this is so important to talk about.

Dr. Omar Minwalla 16:35

I mean, I think you both are bringing up really important points, which is that it is very much like a gigantic elephant in the room, and a completely unseen, unnamed, unrecognized elephant in the room, like, absolutely hands down. That's how my experience has been. And yes, naming it is going to immediately validate the victim because the victims experience these patterns of lies, deception, gaslighting, blaming, sometimes for years and years and years and years, right? So to have a name, and to have somebody, especially a clinician, say, these are all patterns of abuse, and you've been a victim of abuse in this way, potentially for this many years, is finally a huge step forward in addressing the problem, because now there's light on it, you have a name for it, there's awareness, there's a consciousness; light bulb has been turned on.

Marnie Breecker 17:53

And it also, it also puts into context and makes it understandable why some partners end up being able to get past the sexual behavior and the sexual acting out. And in the end, it really is that chronic pattern of abuse that they struggle the most with and sometimes can't get past.

Dr. Omar Minwalla 18:12

Yeah, I think it would be fair to say, in my experience, which is substantial with partners, I think it would be accurate to say that there's probably more partners over the years that have said, "If I had to pick the one part or the other, the patterns of abuse have been much more damaging, and have hurt me more and hurt my life and hurt my family and hurt my kids more than the sexual behavior itself."

Marnie Breecker 18:43

That's my experience as well.

Duane Osterlind 18:45

Same here, I have the same experience. And sometimes the behavior itself, they don't always focus on that much. But these abusive patterns, gaslighting, all of that, it's devastating.

Marnie Breecker 18:59

Well, that's the part that's also so personal, you know, it's an attack on the person. And often I mean, you and I've talked about this, I've talked with both of you about this on different occasions. But when a partner has been gaslighted and lied and deceived for so many years, they doubt their own intuition. So if they thought that their husband was cheating on them, and they, you know, confronted them on numerous occasions, and he said, "How could you even suggest something like that? I'm working so hard. That's why I'm not around. And, you know, you must be crazy, and how could you accuse me?" And then later they find out that it was, in fact, true. Their intuition was right on. That's incredible abuse, because for all those years, they didn't trust themselves. Right? They learned to think that something was wrong with them.

Dr. Omar Minwalla 19:42

Yes. And that's just one of the many symptoms of abuse. You know, there's more I could say on that because, you know, in some of - what I've come to understand is our gut system, our enteric system, is actually in neuro psychological terms called the second brain. It's responsible for detecting threats in the environment, it's really important to have a healthy second brain. And so the second brain is exactly what's damaged with gaslighting. You're literally eroding and compromising and taking away from somebody their ability to properly use their second brain to function and make decisions and survive.

Marnie Breecker 20:29

And I was just gonna say you're describing - the second brain sounds exactly like a survival system.

Dr. Omar Minwalla 20:34

Yes. And so even long before discovery, you can have huge amounts of damage to a partner's second brain, and her, her second brain can already be pretty much destroyed by the time discovery comes. So that's just one example of hundreds of types of forms of harm and trauma and abuse. And not only does it validate the victim, as that's a very important part of the victim's healing is to at least have that light bulb turn on and be like, "This is what potentially may have happened to me." And to start to understand, even like, we were just talking, "oh, this happened to my second brain, because of years of being gaslit. Like, that's helpful to know."

Duane Osterlind 21:20

Can you give some, you know, when we talk about the second brain, for someone out there who maybe doesn't have a lot of the training that we have, what might that look like, in a practical way of this damage of the second brain?

Dr. Omar Minwalla 21:36

Um, so, you know, a real easy example might be a partner, gets up to get some water and notices her husband's not in bed and comes around the corner and says, What are you doing? And he's like, Oh, nothing, I'm just doing some research. And really, he's looking at porn. And maybe she's not even aware. But somewhere in her second brain, the question came out of the second brain already being suspicious or detecting something was off. And maybe her second brain registers, "there was some incongruence, between what my second brain was feeling and the answer I just got."

Duane Osterlind 22:19

So this would be where it's slowly eroded. That ability to have that discernment, from the constant abuse, to be able to have that discernment about that situation.

Dr. Omar Minwalla 22:32

Yeah, so being gaslit puts the victim immediately in a position, a forced to position to either trust their gut, or trust the perpetrator's definition of reality, you know, and there needs to be a, the victims being forced to either say, "I trust my gut on this," and then that actually starts to erode the trust in the relationship and with their partner, or if they choose to trust their partner and what he's saying, or she's saying, then they're, by default, choosing to ignore or somewhat discount what their gut's saying. So every single time there needs to be - you're putting the partner in a choice of, "do I erode my gut? Or do I erode my trust in the relationship, something's going to have to erode here," because you are being put in a position of to incongruent realities, you know, the reality that's being expressed to you through your partner, and you have the reality that your second brain is trying to express.

Marnie Breecker 23:44

And this, this is a perfect example of why partners can't walk away from this without being wounded. Right? I mean, because like you said, their relationships either gonna get wounded, with their partner or their relationship with themselves and often it's with both, you know, and, you know, I was just sitting with a client the other night, who chose to leave her husband, but it's been probably about four years, and she hasn't gotten a divorce. And when we talked about the divorce and sort of what's holding her back, she became incredibly emotional. And the topic of what happened to her is still so incredibly intense. And the greatest thing that came out of that conversation or the most, I guess, enlightening thing for me in terms of what was going on for her is that she still doesn't trust herself. Because when I, she went back to talking about what he had done to her, and when I talked to her about this having nothing to do with her, which we've spoken about, you know, countless times over the year, she got tears in her eyes, and she said, "But I picked him. I picked him." So that disconnect from herself, from being able to trust herself, and being afraid that in the future, she's going to still have that same problem. Right, which just goes to show also how much partners need support and help and healing not just in the context of their relationship, but if they choose to leave, they're going to still have those wounds.

Dr. Omar Minwalla 25:04

Yes, absolutely.

Duane Osterlind 25:05

This is just - it's awful they hear that.

Dr. Omar Minwalla 25:08

So to sum up, to answer your question, there's two parts of the problem. And that's really what the model is saying, you know, there's the sexual part. There's the patterns of abuse and integrity issues. Both parts are really important. Both parts need a formal, proper clinical diagnosis. Both parts need proper treatment, and monitoring of how these two things are going. Are they getting better? Are they improving? Are they not, what's getting in the way, let's help this person identify what's getting in the way so that they can maybe make more improvements on both tracks. Obviously, if somebody is not in a relationship, they might not have that abuse track, it might still be helpful to know about, and the potential for when they get in a relationship that these are things you want to really be aware of. There's also people with abuse integrity disorders, where that's the primary disorder and the sexual acting out is one offshoot of a more primary psychology that is abusive and lacks integrity across the board in many different areas.

Marnie Breecker 26:21

And I think a lot of professionals unfortunately fail to see what you just said.

Dr. Omar Minwalla 26:27

Yes, it's the assumption that all of this lying and abuse comes from the sexual problem, and that's not always the case. So we have to also nuance our thinking, which one's primary? Are they equal? And it is true that for some people, the compulsivity or sexual addiction problem is primary and the patterns of abuse and integrity issues are secondary that stem from hiding and covering up this secret sexual life. But there are also people whose lack of integrity and the integrity disorder and the patterns of abuse and manipulation in relationships can be all over the place. And in some cases, that could be considered primary with the sexual acting out being one piece of this primary integrity and abuse psychology. The other really important piece is it's not just for the partner, that it's helpful, it's really helpful for the person with the problem. You know, we do no favor in ignoring the abuse in the abuser.

Marnie Breecker 27:43

Is that the reason you created the workshop or the intensives that you do, specifically with the, you know, the abusers? Is that why, is that the reason that those people call you for help? Because, I'm curious -

Dr. Omar Minwalla 27:55

Usually, they call because they appreciate both aspects of the model, because they feel like, "Yes, I really want to deal with this sexual acting out. But I also really need to deal with how I got myself in a place where I literally have been lying and gaslighting and manipulating and pretending and even with kids and a family and, um, I have this whole secret life and um, you know, interacting with my wife and hiding it and like, what is all of that?" You know, so people really appreciate, like, this treatment model helps you with both of those things. Yeah.

Duane Osterlind 28:38

I've seen it really help clients. I mean, if they embrace this model, the addict really does some deep, empathetic healing for himself, but also for his partner. And when they do this, seeing them come out on the other side is really amazing. They do a lot of repairs, but they have an incredibly healthy relationship that's meaningful.

Dr. Omar Minwalla 29:07

Yeah, I mean, we all have shadow aspects to ourselves. We know that in psychological terms, we all have things we need to own that are painful. And the job of, I think, treatment is to facilitate that delicate, painful process of integrating our shadow into our sense of self. And there's so much healing and reconciliation and strength and integrity and wholeness. That comes from that process within an individual and within a relationship. And so to push that down, and ignore that, and to then turn around and say, "We're ignoring this, because we think that's the most therapeutic thing to do."

Marnie Breecker 29:59

Have you seen -

Dr. Omar Minwalla 30:00

It's really bizarre to me like, I think you're doing a disservice by just treating the sexual part, especially if you're aware of, there's this other piece of the work potentially, and you're choosing to just completely ignore that and prevent your client or patient from even the exposure to a huge part of what's residing in them as a painful reality.

Marnie Breecker 30:17

So, why do you think that a professional therapist would do that?

Dr. Omar Minwalla 30:34

I think that's a very good question. And something I think about a lot. I would say, first of all, we're not trained as clinicians very well in abuse. I'm really thankful that I have really solid training in Sex Offender Work. Part of working with perpetrators of any kind is using appropriate language, not mincing words, being clear with definitions. In a sex offender group, for example, it might not be uncommon to have each person check in about their sex offense, and even saying, like, my name is so and so and I'm a sex offender, and really learning to take ownership over time, and destigmatize and integrate. So this training is lacking. So any clinician outside of really specific work and training around perpetration and abuse, like most clinicians are, they have some, you know, touching base and some general education, but actual really clinically working with abusers and even just the idea of using the word abuse appropriately as an important clinical method is not very well known. So a lot of clinicians have said, "You're demonizing the sex addicts, you're shaming them, they can't handle shame, you're going to make them act out by using the word abuse." And that just seems so foreign to me as a clinician trained and working with any type of perpetration or abuse, that's like, clinical work 101, what does the word abuse mean? And what does the word victim mean? And if it's appropriate, what would be the advantages or disadvantages of using that and like, there's a whole training there, that's not really part of the sex addiction world, because, by definition, sex addiction hasn't been identified as an abuse problem, which is why there isn't training on abuse. So it starts -

Marnie Breecker 30:42

Well it has been identified. That's exactly the work that you're doing.

Dr. Omar Minwalla 32:43

Right, right. But in traditional model, everyone's looking at it as a sexual problem where there's a lack of control, there's negative consequences. And we need to help the person gain control or somehow stop. And that's as far as it's really been developed.

Duane Osterlind 33:00

And I also, I mean, I would add that I think that some of these, these types of abuse are very, very subtle, and you have to have a trained eye, to be able to spot them, they can go unseen pretty easy. And in some ways, sometimes the addict doesn't even realize, doesn't even know that what they just did in that moment is abusive. And so I think a lot of therapists can miss it, that just doesn't get seen, because it's subtle.

Duane Osterlind 33:29

And that's why I think our workshops are so powerful, because within the context of learning about the abuse, oftentimes, the person who has done the abuse is able to see it whereas they didn't see it before. And it wasn't pointed out before. And then they have that aha moment, and then they're really desperate for more information. "Oh my God, how do I help her heal from this? Right? How do I do this differently?"

Dr. Omar Minwalla 33:53

Yes, I think my patients, who are the abusers, very much value the model and value the work and if presented in the right way, are very capable of recognizing the abuse, taking appropriate and legitimate ownership and using that to their benefit. So I think it's patronizing to assume that these people are incapable of that for some reason.

Marnie Breecker 34:26

They can't handle it.

Dr. Omar Minwalla 34:26

Right.

Marnie Breecker 34:27

I remember -

Dr. Omar Minwalla 34:28

I think it's diminishing for men. I think not believing that men can be non abusive is part of it. I think this type of abuse is a very common type of abuse that men have perpetrated towards their wives for so long, that it's become normalized that the idea of cheating or having a secret sexual life as domestic abuse is a head scratcher. Still, for most people.

Duane Osterlind 35:00

I really appreciate you saying that Omar, I think that is so true. And what I found when I, when I work with men and they get this information, is actually, there might be some kind of shame at first, but it does become empowering to them. And they actually go, "wow, I, yeah. And I don't want to do that." And they actually want to change.

Marnie Breecker 35:24

How could they fix that?

Duane Osterlind 35:25

Yeah, because in some ways, they very much value the people they're hurting, they love the people they're hurting in some ways, and they don't know what they're doing is abuse. So I like that you said that.

Dr. Omar Minwalla 35:38

Yeah, in fact, they've been taught that cheating is what makes you more of a man, and it makes you a stud. And it's cool. And it's what guys do. And people say it's normal and biological. And so the idea that cheating is domestic abuse is not clear, is not something they grow up with. In fact, they grow up with the opposite, of normalizing it, and having been given props for doing it. So it's a very serious masculinity issue as much as anything else, which is part of my model, which is one of those underlying factors in that iceberg model.

Marnie Breecker 36:14

That's one of the most powerful parts of that model. I do hope that we can talk about that again at another point, because it's really eye opening. I want to go back to something you said a little while ago, which is: you were talking about how sometimes the clients have seen other treatment professionals, and that second component that the abusive part has been ignored, right? And so I imagine what you've seen as a relationship that's continued to be traumatized. So I'm wondering what happens when you get those clients in your office? How do they feel about the experience that they've had, and how do you help them? And I'm specifically referring to treatment induced trauma.

Marnie Breecker 36:56

Yeah. So I mean, one of the main things, the first thing I guess that happens is, when clients or patients are introduced to the model, there is a huge validation and a light bulb thing like, "oh, there's two parts to this. And that makes sense. And that's logical." But then it can also bring up certain wounds around having not seen it, and what are the implications for not having it named not having it recognized, for how long has that been endured? In what context has that been injured, has that even happened in treatment, when they were crying out for help, and there was so much hemorrhaging. And still, nobody turned the light bulb on the abuse part. And none of that was being named and in fact, was the partner being blamed, was the relationship being blamed, was the abuser trying his best and having success with sexual sobriety, and still, both these people in the relationship hemorrhaging away, you know, so I think that a lot of emotions come up, when that light bulb goes on, just around the implications of what it has meant to that person, to have the light bulb, to have their pain so in the dark, and so disenfranchised, and so not even legitimized enough to have light on it yet. And I think, unfortunately, there's still a lot of therapies and people who are experiencing this where they're sitting with this type of trauma, it's not being named, the huge elephant is there.

Marnie Breecker 38:48

Omar, I wanted to actually ask you, to that point. How do other professionals respond to this model? Other than me and Duane, obviously, obviously big proponents.

Dr. Omar Minwalla 38:59

You know, there's, I think, the same range of reactions, huge amounts of support, and applause and a huge amount of pushback. And demonization. I think there's a lengthy conversation about the ins and outs of why. However, I will say that if you're trying to address something as deep as a type of abuse that's been so normalized for so long, and you're pushing up against that, and trying to get people to see this type of abuse clearly and like if we're saying, having a secret sexual life and cheating on your family, or in a relationship is a form of domestic abuse, then there's a lot of domestic abuse. And so to turn that light bulb on in society is to have all these people confront something that's so painful, both victims and perpetrators. And so it would be - it's a very uphill battle, you know -

Marnie Breecker 40:12

It would be like an epidemic.

Dr. Omar Minwalla 40:14

It is an epidemic that's being unseen. And so the forces are really great at trying to keep it in the dark, you know, because ultimately, even if we're just talking about, like we were earlier, masculinity, if men are really forced to own cheating as domestic abuse, like, that's like a whole societal shift, you know, and often, we're still in the psychology of well, it takes two to tango, it must be the relationship, it must have had some part of that. The word abuse is never used. And we're still far away from really having that, you know, clear.

Marnie Breecker 40:56

I do want to say that I think we've made some progress. Because I remember when you and I were facilitating the workshop together at ISH eight years ago, I do remember that there were therapists, other therapists that were hesitant to refer their clients because of the languaging. And then they'd heard about that from other clients that might have really been having a major shame spiral as a result of that, and they didn't want to send the clients. And I do think it's shifting a little bit. I think that people now are seeing more how important it is to acknowledge and name and look at the languaging and all of that.

Dr. Omar Minwalla 41:32

Yeah.

Duane Osterlind 41:32

I think so as well. I think it is changing slowly.

Dr. Omar Minwalla 41:38

Yeah, I think it also, thankfully, it makes scientific and clinical sense. Because if you're starting to look at the trauma, and what the victim goes through, and the more you study that, the more you're going to have to acknowledge the abuse and the patterns of abuse, because that's where - that's the source, that's one, that's the thing that's causing the trauma, right? So you can't have one without the other. So eventually, as the field progresses, and more and more people really study partner trauma, then it'll just naturally, organically go into understanding these patterns of abuse. So, because they go hand in hand, you can't have one without the other. Right now, it's a little disjointed, because the field is... There's some people who are getting the partner trauma piece, they don't have the abuse piece yet. And that's just I think, a matter of evolution. After they spend some time in that trauma place, they'll start to appreciate like, oh, yeah, the abuse is part of what's causing this. And so I have to understand that as a function of understanding the trauma. Yeah.

Duane Osterlind 43:00

You know Omar, I want to thank you so much for coming on and talking about all of this. I mean, I think it's so important, the work that we're doing, that you're doing to get that word out there. And I just really appreciate you coming on to the Helping Couples Heal Podcast and talking about your experience and wisdom. I think it's great.

Marnie Breecker 43:20

I really could talk to you all day about this. I have so many more questions but I know that we don't have more time. So yeah, like Duane said, thank you for coming. And maybe we can have you come back again.

Dr. Omar Minwalla 43:31

Thank you.

Duane Osterlind 43:31

Yeah, I think that would be great. I think we could definitely find a way to make that happen.

Marnie Breecker 43:35

Duane, we're going to be able to have Omar's iceberg diagram on the website? Is that right?

Duane Osterlind 43:42

Yes. Thank you so much, Omar, for letting us do that. Yeah, you'll be able to download that at helpingcouplesheal.com. It'll be probably on the resources page or the show notes page, but it'll be there.

Marnie Breecker 43:53

Okay, great. Well, thank you again for being here.

Dr. Omar Minwalla 43:55

You're welcome.

Marnie Breecker 43:56

Oh, and if people want to find you, how do they do that?

Dr. Omar Minwalla 43:59

They can go to theinstituteforsexualhealth.com. Yeah.

Marnie Breecker 44:05

Okay.

Duane Osterlind 44:06

All right. Thank you, Omar.

Dr. Omar Minwalla 44:07

All right. Take care.

Marnie Breecker 44:08

See you next time.

HCH Narrator 44:11

Thank you for listening to the Helping Couples Heal Podcast, where your healing is the number one priority. If you'd like additional resources about betrayal trauma or to learn more about the Workshop, please visit helpingcouplesheal.com If you are finding the podcast helpful, please support Marnie and Dwayne in continuing to reach others impacted by betrayal trauma by leaving a review on iTunes and sharing this podcast with someone you care about. Once again, thank you for listening. We're grateful for your trust and look forward to continuing to support you on your journey of healing.