Understanding ‘sexual addiction’ in clinical practice

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Abstract

Understanding of ‘sexually addictive’ behavior is investigated though focus-groups, questionnaires and interviews with 30 self identified ‘sexual addicts’ and 30 treatment providers who work with this issue in clinical practice. Data are being analyzed using Interpretative Phenomenological Analysis, (IPA). Initial results indicate that while ‘sexual addiction’ is similar in many respects to other addictions, it is also distinctively different too. Frequently connected to childhood trauma and a fear of intimacy, it requires specialist treatment which remains limited. Participants identify additional issues requiring specific attention including: clinical definitions, treatment, professional training and ethical boundaries.

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1. Introduction

The purpose of this paper is to obtain a clear description and understanding of ‘sexually addictive’ behavior from those who experience it, and from those who work with this phenomenon within clinical practice. Traditionally, the term ‘addiction’ referred to substance abuse in the form of alcohol and illicit drugs. Recently there are proposals recommending that the term addiction be no longer confined to chemical substances but should include excessive behaviors. The concept of addiction without chemicals is known as behavioral addiction (Juhnke & Hagedorn, 2006). These include behaviors like gambling, eating, exercise and sexual activity. It is within this category of behavioral addictions that the concept of ‘sexual addiction’ has emerged.

Professional recognition of the term ‘sexual addiction’ began with the work of psychologist Patrick Carnes in the early 1980’s. Carnes’s writing on ‘sexual addiction’ was embraced by thousands of individuals who identified with this concept (Levine & Troiden, 1988). However, the lack of research and scientific data has inhibited the professional and academic communities from accepting ‘sexual addiction’ as a legitimate concern (Griffiths, 2001).
1.1. A Working Definition of ‘Sexual Addiction’

Initially (Carnes, 2001) defined ‘sexual addiction’ in terms of the individual having a pathological relationship with sex. Adding to this (Goodman, 1998) states that the concept of ‘sexual addiction’ is based on the proposition that out of control sexual activity shares the same traits associated with traditional forms of addiction. These traits are:

1. Recurrent failure to control the behavior
2. Continuation of the behavior despite harmful consequences.

1.2. Characteristics of ‘Sexual Addiction’

Although the concept of ‘sexual addiction’ is not unanimously accepted, the following characteristics are used as the behavioral typology of a ‘sexual addict’;

1. A pattern of out of control sexual behavior despite adverse consequences.
2. Persistent pursuit of self destructive or high-risk behavior.
3. Ongoing desire to limit sexual behavior.
4. Sexual obsessions become a primary coping mechanism.
5. Increasing amounts of sexual experience required.
6. Severe mood changes around sexual activity.
7. Neglectful of other aspects of life. (Carnes, 1992)

1.3. A Critical Appraisal of the Concept of ‘Sexual Addiction’

(Levine & Troiden, 1988) argue that ‘sexual addiction’ is merely a stigmatising label that is associated with sexual behavior that differs from the prevailing standard, and that ‘sexual addiction’ represents pseudoscientific codifications of prevailing erotic values rather than bona fide clinical entities’. (Klein, 2006) maintains that a combination of right wing groups and the psychotherapy profession are the primary creators of a sex negative culture, where the concept of ‘sexual addiction’ is flourishing within a very lucrative addiction treatment industry.

2. Methodology

Adopting a qualitative approach, the data collection began with a pilot study which was followed by separate focus groups for the ‘sexual addicts’ and the treatment providers. Questionnaires and individual interviews are being undertaken to complete data collection. Each interview is recorded and later transcribed. 60 adult participants are being interviewed. Interpretative Phenomenological Analysis (IPA) method is used for data analysis. The ethical criteria require that only adults over the age of 18 years of age are interviewed. It also requires that treatment providers are registered professionals working in the area of addiction and that the ‘addicts’ have experience of counselling or recovery. Data protection and child protection policies are strictly observed. Recruitment is achieved through contact with treatment providers and snowball sampling, which has created an almost 50:50 ratio of addicts: counsellors and males: females. Full analysis of the interview transcripts is in progress and this paper reports on the emerging findings. The term ‘participant’ is used to indicate the treatment provider and the addict unless otherwise stated.

3. Results

The concept of ‘sexual addiction’ is found to be clinically useful and yet in the absence of sufficient empirical studies it remains controversial. Among participants the aetiology of ‘sexual addiction’ is consistent with the existent literature which states that the early development of ‘sexual addiction’ is usually rooted within the family of origin (Carnes, 1992). It often associated with painful childhood experiences; frequently child sexual abuse may manifest itself as excessive sexual behavior in adult life. Participants also report that ‘sexual addictive’ behaviors are used regularly as a means of emotional regulation. Participants catalogue a variety of negative consequences resulting from ‘sexual addiction’. The prevalence of co-existing multiple addictions among ‘sexual addicts’ is high.
Treatment providers identify the similarities and differences between ‘sexual addiction’ and drug addiction in their presentation and with regard to the therapeutic approaches required. Participants appear knowledgeable about the therapeutic approaches that have proven helpful including individual counselling and group therapy. However, treatment providers report a low level of knowledge among the caring professionals in general. Data suggests that ‘sexual addiction’ needs to be understood as a distinct behavioral addiction requiring specific treatment to address explicit issues like stigma and shame which have a particular resonance regarding ‘sexual addiction’.

4. Discussion

Clinical Definition: There is an ongoing disagreement regarding the existence, classification and definition of ‘sexual addiction’ (Gold & Heffner, 1998). Participants state that this lack of clarity leads to confusion among professionals and can be harmful for the addicts and undoubtedly will lessen the support available for the sexual addict.

Aetiology: There is agreement that the aetiology of ‘sexual addiction’ may have its origins in childhood experiences. These results suggest a possible connection between early childhood trauma which was frequently but not always sexual abuse and sexual addictive behaviors in adult life. While this corresponds with the work of (Blanchard, 1990) and (Carnes, 1992) further research is necessary to determine the exact nature of the relationship between child sexual abuse and ‘sexual addiction’.

Emotional Regulation: A majority of participants reported that ‘sexual addiction’ is associated with emotional regulation. Pain, anger and fear are diluted either by fantasy, cybersex or physical engagement. Sex becomes an escape route, a stress reliever and a source of medication that will temporarily soothe the addict's emotional life. Acknowledging that the negative emotional states have been consistently associated with risky sexual behavior, it is recommended that treatment of ‘sexual addiction’ should include cognitive and behavioral interventions to equip the addict with methods of coping with emotional insecurities (Torres & Gore-Felton, 2007).

Consequences: The data reveal that the consequences of this addiction are consistent with the literature. There are detrimental effects for the addict including financial, health, relational, social and emotional. While the data primarily confined its attention to the immediate consequences for the individual addict, (Carnes, 2001) believes that it is important to realise the far reaching consequences that exist for the addict’s partner, family and others within the addict's relationship circle. This highlights the necessity to include the addict’s family in the treatment process in whatever way is appropriate or feasible. The consequences of this addiction on society in terms of financial cost, expenditure because of sexual crime and other related issues like sickness, loss of productivity in the workplace and legal and medical bills can be a considerable public burden (Juhnke & Hagedorn, 2006).

Multiple Addictions: There is a high prevalence of multiple addictions among the participants. If the individual is dual addicted the immediate challenge is to determine which addiction should be treated first. It is generally agreed that the drug addiction needs to be treated first regardless of which addiction is the primary one. It is therapeutically important to identify the core addiction so that the specific addiction related issues can be addressed (Griffin-Shelley, 1993). A good treatment plan dealing with one area of addiction usually supports progress with all other addictions. Addicts recovering from multiple addictions often remark that recovery from their chemical addiction was easier than from ‘sexual addiction’. This may be explained by the fact that the sexual behaviors often began early in life, even in childhood. Secondly, unlike the alcoholic who can learn to avoid alcohol, a ‘sexual addict’ carries the source of supply with them (Carnes, 1994).

Similarities with Other Addictions: There are similar antecedents, characteristics and consequents associated with all addictions which include exposure, access, interaction with the addiction and a combination of biological and social factors that create a propensity for an individual towards an addiction. The typical characteristics associated with chemical dependency as outlined in the DSM-IV (American Psychiatric Association, 2000) correspond to the characteristics of ‘sexual addiction’ as originally devised by (Carnes, 1992).
Differences with Other Addictions: ‘Sexual addiction’ is distinctively different to alcohol or drug addiction because it does not involve a physical substance. The ‘sexual addict’ carries their ‘drug’ of choice with them internally. Sex is a natural dimension of the human species whereas drug addiction involves the consumption of substances that are external to the individual’s body. The fact that we are sexual beings creates unique therapeutic challenges, differentiating ‘sexual addiction’ from drug addiction in terms of recognition, definition, assessment and diagnosis.

Treatment Provision: ‘Sexual addiction’ is not normally treated by the general addiction services. Individuals who present with ‘sexual addiction’ are often a cause of confusion for the therapist (Schneider & Irons, 1996). There is a recurring suggestion that there are high levels of fear and discomfort among some therapists regarding ‘sexual addiction’ which translates into a resistance to working in this area. While some therapists have received specialist training in this area, many have not. Insufficient training may lead a therapist to minimise or misdiagnose ‘sexually addictive’ behavior (Earle & Crow, 1989).

There is also an absence of dedicated residential treatment programmes, a lack of professional training and minimal Twelve Step group support available. This general deficiency in treatment provision inhibits the acceptability of ‘sexual addiction’ as a clinical issue.

Professional Knowledge: Referring to the levels of knowledge among other professionals regarding ‘sexual addictions’, the participants were in agreement that there was a severe lack of awareness and knowledge among the caring professionals. The difficulty with the lack of knowledge among professionals in any discipline that may encounter the ‘sexual addict’ is that they may unintentionally allow the addiction to develop. Specialist training and development are required to increase awareness and improve competency to deal with this issue.

Treatment: Addicts and treatment providers use a range of therapies, including behavioral therapy, group work, psycho-education and medication. They identify a number of issues that need distinctive therapeutic attention when dealing with the treatment of ‘sexual addiction’. These include: Sobriety, Abstinence, Shame, and Sexual Abuse.

Sobriety: Sexual sobriety has different definitions including the official definition of sobriety as set out by a Twelve Step fellowship or a definition of sobriety created by the individual addict pertaining to their individual situation. Sexual sobriety has also been described as a process where the ‘sexual addict’ learns how to avoid the addictive behaviors that were harmful and choose to engage in sexual behaviors that would lead towards healthy sexuality (Anonymous, 1994).

Abstinence: Unlike the drug addict who must abstain physically from their substance, the ‘sexual addict’ must integrate their ‘drug’ constructively into their lives.

Shame: The association between shame and sex remains a distinctive issue in ‘sexual addiction’ treatment which requires attention.

Sexual Abuse: It is advisable that the treatment provider is knowledgeable and competent to deal with the issue of sexual abuse because it may be a significant therapeutic issue in understanding the ‘sexual addiction’ and be equally significant to the recovery of the individual.

Therapeutic / Ethical Boundaries: The ‘sexual addict’ may have difficulties recognising and maintaining sexual and emotional boundaries. These can be a concern for the individual in a residential treatment setting, group therapy setting or in individual counselling. Issues that are of specific interest may include touch, sexual attraction, fantasy, interpersonal dynamics, seduction, disclosure and love or romantic intrigue (Herring, 2001).

5. Conclusion

This study documents the lived experience of the ‘sexual addict’ and the experience of treatment providers who work in this area’. Participants identify the aetiology and consequences of this addiction. Attention is drawn to the similarities and differences between sex and other addictions. Treatment issues concerning the professionals and the addicts are raised. Participants emphasised that ‘sexual addiction’ is a distinctive behavioral addiction in need of specific assessment and treatment. While excessive sexual behavior is sometimes referred to as a ‘sexual addiction’,
a debate continues regarding the existence and designation of such a concept. These data are likely to benefit individuals working in related areas of addiction, psychotherapy, sexual health, and education. In presenting empirical data, this study will raise awareness and provide new information on the subject.

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References


