

- AQA (A) Unit 2 — Defining psychological abnormality
- AQA (B) Module 4 (Options — Health psychology) and Contemporary topics in psychology
- Edexcel A2 Unit 5c — The psychology of health

Stories of tragedy abound concerning gambling, substance abuse and other widely known forms of addiction. In this thought-provoking article Mark Griffiths explores the possibility that there can be addiction to sex.

Addicted to love?

The psychology of sex addiction

*You can't sleep, you can't eat
There's no doubt, you're in deep
Your throat is tight, you can't breathe
Another kiss is all you need*

Lyrics from 'Addicted to Love'
by Robert Palmer

It is probably a fair assumption to make that most academics — particularly those working in the addiction field — do not view excessive sex as an addiction. There have been many attacks on the concept of sex addiction from many different standpoints. These have been summarised by Goodman (1992) as including the sociological (e.g. 'addiction' is no more than a label for behaviour that deviates from social norms) the conventional (e.g. addiction is a physiological condition and must therefore be defined physiologically), the scientific (e.g. free use of the word 'addiction' has rendered the term meaningless) and the moral (e.g. sexual behaviour as an addiction undermines individuals' responsibility for their behaviour).

Despite a somewhat negative academic stance towards the concept of sex addiction, it has not stopped a growth in this area of research. The concept of excessive sex being pathologised is not new. Excessive sex has been described in many different

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ways throughout the centuries and such conditions have included the Casanova type, compulsive promiscuity, compulsive sexuality, Don Juan(ita)ism, Don Juan syndrome, Don Juan complex, erotomania, hyperaesthesia, hypereroticism, hyperlibido, hypersensuality, idiopathic sexual precocity, libertinism, the Messalina complex, nymphomania, oversexuality, pansexual promiscuity, pathological multi-partnerism, pathologic promiscuity, satyriasis, sexual hyperversion and urethromania.

The preceding list includes terms for male only, female only and non-specific gender. However, it does not include terms for non-intercourse sexual addictions (e.g. masturbation, voyeurism, exhibitionism etc.) more commonly referred to as **paraphilias**. Paraphilias tend to be viewed as impulse disorders and non-paraphilias as addictions. When examining the whole area of sexual behaviour and excessive sex, various factors need to be taken account of as these could have a distinct bearing on both amount of sexual activity and the way it is viewed. The most important factors here are probably: the age of the person; the novelty of the sexual behaviour in question; the influence of hormonal factors; and the ever-changing continuum of what is considered normal and abnormal (e.g. masturbation, fellatio, cunnilingus and homosexuality were viewed differently 50 years ago than they are today).

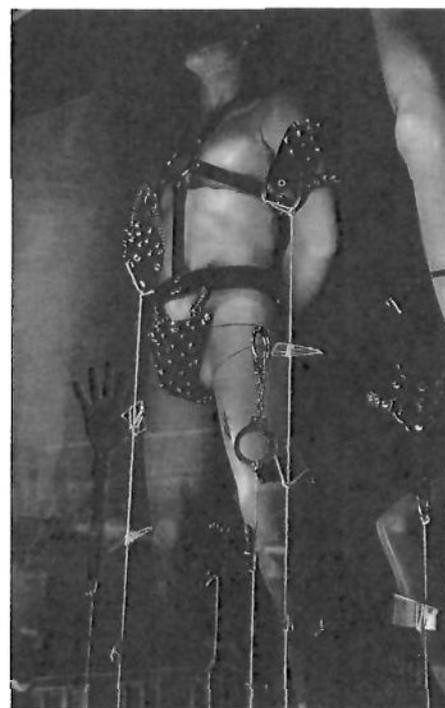
Until very recently, far more was written about female forms of excessive sex (e.g. nymphomania) in negative terms than male forms (e.g. satyriasis). This is most probably due to the sexual double standard that exists within society. In fact, an evaluation of the pre-1980s sexuality literature would have us believe there are far more female 'sex addicts' than male ones. In reality, female sex addiction is quite rare and males are far more likely to be addicted to sex. Hypersexuality in males and females appears to be clinically different. In females this is normally frequent sexual encounters with strangers. However, with males the spectrum is a lot wider and includes such behaviours as uncontrollable promiscuity, autoeroticism, transvestism, homosexuality, exhibitionism, voyeurism, fetishism, paedophilia and rape.

Is excessive sex really an addiction?

As implied in the opening sentence, in comparison with other forms of addictive behaviour, sex addiction has not traditionally been viewed as a bona fide form of addiction. However, depending upon the

definition of addiction used it is clear that excessive forms of sexual behaviour share close links and similarities with other forms of more well-known addictions. Like an alcoholic or a pathological gambler, sexual addicts are unable to stop their self-destructive sexual behaviour. In fact, sex addicts will often ignore severe emotional, interpersonal, and physical consequences of their behaviour. The consequences of excessive sexual behaviour are far-reaching and can result in losing relationships, family break-ups, difficulties with work, arrests, financial troubles, a loss of interest in things not sexual, low self-esteem and despair. Other commonalities that excessive sexual behaviour shares with other addictions include subjective experiences of uncontrollable desire, behaviour that is felt to be inappropriately excessive by the individual, the use of the behaviour to control unpleasant effects, guilt about the behaviour, relapse behaviour, the behaviour can prove troublesome and/or damaging to the individual, the behaviour has been restricted by formal and informal social control varying on time and context, treatments based on other addictive treatment packages, and the existence of similar self-help groups (Sexaholics Anonymous, Sex Addicts Anonymous, Sex and Love Addicts Anonymous).

According to Carnes (1999) most sex addicts grow up in dysfunctional families in which addiction already flourishes, whether it be alcoholism, eating disorders, or pathological gambling. Typically at least one other member of these families has another addiction (87%). Dual addictions include sexual addiction and chemical dependency (42%), eating disorders (38%), compulsive working (28%), compulsive spending (26%) and compulsive gambling (5%). A large number of sex addicts say their unhealthy use of sex has been a progressive process. It may have started with an addiction to masturbation, pornography (either printed or electronic), or a relationship, but over the years has progressed to increasingly dangerous behaviours (Sexual Addiction Recovery Service 2000). Usually there is a predisposition to addiction, a history of emotional pain and sexual confusion, violations of trust, and an inability to create intimacy. However, a multitude of factors may relate to the cause of a person's addiction. There are psychological, social, and even biological factors that result in the initiation and maintenance of an addiction. For example, the compulsive sexual behaviour may relate to relationship problems, past sexual abuse, mixing up sex and love, the



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Whatever turns you on...sex addicts often need to increase their stimulation to gain the same level of arousal previously obtained.

use of sex as a way to escape negative emotions, and many other factors. It is important to note that the causes of an addiction include factors unique to each individual and there appears to be no one factor that is true for everyone.

Carnes (1999) defines sex addiction as any sexually related, compulsive behaviour which interferes with normal living and eventually becomes unmanageable, although he has also described it as a pathological relationship with a mood-altering experience. The addict is out of control and experiences tremendous shame, pain and self-loathing. The addict may wish to stop — yet repeatedly fails to do so. As we have seen, sex addiction has also been termed under many guises and can involve a wide variety of practices. Irrespective of what it is called, it is a behaviour that completely dominates the person's life. To sex addicts, sex is more important than anything and anyone else and they will engage in the behaviour to the neglect of almost everything else.

Sex addiction appears to follow the progressive nature of other addictions. For instance, Carnes (1999) asserts that sex addicts struggle to control their behaviour, and experience despair over their constant failure to do so. This leads to a loss of self-esteem which fuels the need to escape and leads to a sense of powerlessness that pervades the addict's life. The cycle begins when a sexual experience temporarily

relieves painful anxiety, distracts the mind from its problems, and releases the body's tensions. The person can feel supremely powerful, desired, satisfied and loved, and in control of anything that might hurt them. The next time they start to feel anxious, lonely, hurt or inadequate, they repeat the process. The hallmark of addiction is that sex becomes the organising principle of daily life, with every spare moment devoted to fantasising, planning the next experience, ritualising it, enacting it, and agonising over the guilt and shame it leaves behind. From there, the addiction can manifest itself in an infinite variety of forms, settings, moods and degrees.

As this increases, a pattern of behaviours and/or rituals follows, which usually leads to 'acting out' (e.g. flirting, searching the internet for pornography etc.) When the

acting out happens, there is a denial of feelings usually followed by despair and shame or a feeling of hopelessness and confusion. It is clear that no single behaviour pattern defines sexual addiction although there are many common and similar features. Such behaviours include: compulsive masturbation, compulsive heterosexual and homosexual relationships, pornography, prostitution, exhibitionism, voyeurism, indecent phone calls, child molesting, incest, rape and violence (Carnes 1999).

Sexual dependency and other addictions

In extreme forms, sex addiction appears to be just like any other addiction. Sex (like alcohol or gambling) takes precedence over all other aspects of addicts' lives. Sex addicts will need sex just to feel 'normal'. Sex provides a reliable and consistent way of mood modification using the behaviour either to experience an intense 'high' or paradoxically engaging in the behaviour as a way of escaping. By examining the psychological motivation for addiction, there appear to be three basic categories: **arousal addictions** that stimulate and thrill; **satiation addictions** that ease tension and discomfort; and **fantasy addictions** that escape mundane reality. Sexual behaviour spans all three of these types of addiction.

It is hard to establish the extent of sex addiction although estimates range from 3% to 6% of the population (Carnes 1999). Further to this, research indicates a high correlation between childhood abuse and sexual addiction in adulthood and it is very common for sex addicts to have experienced high levels of emotional, physical and/or sexual abuse. Sociodemographic characteristics are skewed by those who turn up for treatment in specialist clinics or self-help groups such as those mentioned earlier. They appear to be mostly male with an increasing number of females. However, sex addicts appear to come from all races, classes, religions and sexual orientations.

Diagnosing sexual addiction

Sex addictions have recognisable behaviour patterns. The following behaviour patterns can indicate the presence of sexual addiction (Carnes 1999).

(1) Acting out a pattern of out-of-control

sexual behaviour. Examples can include: compulsive masturbation, indulging in pornography, having affairs, exhibitionism, dangerous sexual practices, prostitution, anonymous sex, compulsive sexual episodes, voyeurism.

- (2) Experiencing severe consequences due to sexual behaviour, and an inability to stop despite these adverse consequences. These can include: loss of partner or spouse; severe marital or relationship problems; loss of career opportunities; unwanted pregnancies; abortions; suicidal obsession; suicide attempts; exposure to sexually transmitted diseases; legal risks from nuisance offences to rape.
- (3) Persistent pursuit of self-destructive behaviour.
- (4) Ongoing desire or effort to limit sexual behaviour.
- (5) Sexual obsession and fantasy as a primary coping strategy.
- (6) Regularly increasing the amount of sexual experience because the current level of activity is no longer sufficiently satisfying (tolerance). In sex addiction, a person can develop a tolerance (i.e. needing more stimulation or novelty to gain the same level of arousal previously obtained with less stimulation or novelty). As tolerance develops individuals may find themselves seeking out more unusual sexual experiences, more frequent sexual experiences, and more graphic pornography.
- (7) Severe mood changes related to sexual activity.
- (8) Inordinate amounts of time spent obtaining sex, being sexual, and recovering from sexual experiences.
- (9) Neglect of important social, occupational, or recreational activities because of sexual behaviour.

These behaviour patterns are only indicative and do not preclude other signs which may indicate sex addiction. For instance other signs can include:

- keeping secrets about sexual or romantic activities and/or leading a double life;
- having sex in places or situations or with people that the person would not normally choose;
- having urges to look at sexually arousing articles or scenes in newspapers, magazines, and other media;
- having romantic or sexual fantasies which interfere with relationships and prevent the facing of problems;
- wanting to get away as quickly as possible from a sexual partner after having sex;
- feeling remorse, shame, or guilt after a sexual encounter;

The internet has increasingly become an outlet for sex addicts.

- (1) **Fantasy sex** — neglecting commitments because of fantasy life, masturbation.
- (2) **Seductive role sex** — extramarital affairs (heterosexual or homosexual), flirting and seductive sex.
- (3) **Anonymous sex** — engaging in sex with anonymous partners, having one-night stands.
- (4) **Paying for sex** — paying prostitutes for sex, paying for sexually explicit phone calls.
- (5) **Trading sex** — receiving money or drugs for sex.
- (6) **Voyeuristic sex** — patronising adult bookstores or stripshows, looking through windows of houses, having a collection of pornography at home or at work.
- (7) **Exhibitionist sex** — exposing oneself in public places or from the home or car, wearing clothes designed to expose.
- (8) **Intrusive sex** — touching others without permission, using position of power (e.g. professional, religious) to sexually exploit another person, rape.
- (9) **Pain exchange** — causing or receiving pain to enhance sexual pleasure.
- (10) **Object sex** — masturbating with objects, cross-dressing to add sexual pleasure, using fetishes as part of sexual rituals, having sex with animals.
- (11) **Sex with children** — forcing sexual activity on a child, watching child pornography.

Table 1 Patterns and examples of sexual addiction (Schneider 1994 adapted from Carnes 1991).

- feeling shame about bodily appearance or sexuality, leading to avoidance of bodily touching or engaging in sexual relationships;
- fearing asexuality or lack of sexual feelings;
- forming relationships with the same destructive patterns which prompted leaving previous relationships;
- having more variety and frequency of sexual and romantic activities than previously to bring the same levels of excitement and relief;
- being arrested or in danger of being arrested because of practices of voyeurism, exhibitionism, prostitution, sex with minors, indecent phone calls, etc.;
- pursuing sex or romantic relationships to the point where they interfere with spiritual beliefs or development;
- engaging in sexual activities that include the risk, threat, or reality of disease, pregnancy, coercion, or violence and engaging in sexual or romantic behaviour which leaves feelings of hopelessness, alienation from others, or suicidal feelings.

Conclusions

One of the most interesting developments over the last few years is the increasing use of the internet as a sexual outlet (see *PSYCHOLOGY REVIEW*, Vol. 7, No. 1, pp. 28–31). This fairly new medium of communication has not been outlined in previous typologies of sex addiction (see Table 1 which overviews potential sex addictions of one description or another). The internet as a sexual outlet may in fact have many implications for how we view sex addiction and may in itself raise questions over the nature of sex addiction itself. There are also questions as to whether

internet sex addiction exists and if it does exist, is it any different from 'traditional' sex addiction. Research in this new area is only just beginning and there appear to be far more questions than there are answers. But this does not mean the area should be neglected just because of the paucity of empirical data.

Treatment programmes for sexual addiction include patient, outpatient, and aftercare support, and self-help groups. Treatment programmes also offer family counselling programmes, support groups, and educational workshops for addicts and their families to help them understand the facets of belief and family life that are part of the addiction. Unlike recovering alcoholics who must abstain from drinking for life, sexual addicts are led back into a normal, healthy sex life much in the way that those suffering from eating disorders must relearn healthy eating patterns. However, at present there are very few outlets for the treatment of internet sex addiction and like sex itself, total abstinence from computer use is probably not the best approach in the long term, given the prevalence of computers and internet use in everyday life.

Future research

Perhaps the most urgent area for research is in identifying risk factors for those who might be susceptible to sex addictions. Such research could include:

- longitudinal research that explores the changing nature of risk factors from adolescence and into adulthood;
- research that controls for important sociodemographic variables in the study of the acquisition, development and maintenance of risk factors;

family and twin studies to determine familial risk factors for sex addiction; studies that use adequate and diverse samples (racial or ethnic minorities, females, rural/urban etc.) rather than the self-selected samples that the current literature is based upon; studies on co-morbid sex addictions (substance abuse disorders, mood disorders, antisocial personality disorders etc.); studies that identify both the similarities and differences between traditional forms of sex addiction and other newer forms (e.g. internet sex addiction); research on risk-taking and other dimensions of impulse control among sex addicts — using adequate controls; studies to determine whether factors are risk factors or consequences of sex addiction; studies which examine people's perceptions of different sex addictions (as these may affect acquisition, development and/or maintenance of the behaviour); research that encompasses multiple techniques obtaining data from the same participant (e.g. face-to-face interviews, genetic/neurobiological testing, ethnographic methods etc.) ■

References and further reading

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Key concepts

- Addiction
- Sex addiction
- Paraphillias
- Internet sex addiction

