

## When Too Much Sex Is A Problem...

### Understanding and Treating Sexual Addiction

By Robert Weiss, LCSW, CAS

Once considered a controversial diagnosis, cases involving Sexual Addiction are showing up in the offices of mainstream clinicians with increasing frequency. Driven by the ready availability of Internet based sexual content and interaction, sexually addicted clients are presenting for treatment with emergent consequences related to their obsessive sexual activities, problems which range from interpersonal and marital to professional and legal. While most healthy adults experience sex as an integrated life affirming experience, for the sexual addict, sexuality is better described by words such as driven, compulsive, shameful and secretive. Unlike the volitional and pleasurable acts most of us engage with self, partner or as a part of relationship exploration, sex addicts repetitively use sexual arousal in an attempt to control affect or meet dependency needs -without having to risk the challenges of genuine intimacy. For the sex addict, sexual objectification, fantasy, ritual and the sex act itself are not integrated into the personality; causing them to choose hidden, double lives. While the disorder is not defined by any specific sexual act or orientation; sexual addiction, as in gambling addiction or eating disorders, is organized around the feelings, activities and consequences surrounding sex. While not specifically defined in the current DSM (Sexual Disorder NOS with impulsive and compulsive features - is currently the most relevant way to code it), sexual addiction should be considered a stand-alone diagnosis that, while often contributing to depression, anxiety and relational disorders is often separate from them. Like all addictions, sexual addiction is defined in multiple areas:

**Loss of control and escalation** in frequency of the sexual activity and/or content

**Inability to stop** the behavior despite previous agreements with self or others

**Consequences** directly related to the sexual behavior in areas such as social functioning, relationships, parenting, financial, career, emotional / physical health and legal

Significant **loss of time** and focus to the pursuit of or engagement in sexual activity to the detriment of other life goals or priorities.

**Irritability, extreme defensiveness or anger** when having to address, change or stop a particular sexual behavior

### WHY THEY ACT OUT

Sex addicts describe having feelings of overwhelming intensity when simply fantasizing about their specific sexual activity and describe this emotional state as like "being in the bubble" or "being in a trance." This intensity/arousal experience is a psychologically stimulated neuro-chemical state, induced by the release of adrenaline, dopamine, endorphins and serotonin that occurs when the sex addict engages in intense sexual fantasy, rituals and behaviors. Like the substance addict on his way to score drugs or the gambler walking into the casino, sex addicts are high on their own neurochemistry long before actually having sex. Sex addicts can lose hours or even days to scanning pornography online or cruising for potential sexual encounters without ever getting genitally aroused or actually having sex. In fact it could be argued that, for the sex addict, maintaining the 'high' of intense sexual cruising and fantasy is more sought than the sexual act itself. Some sexual addicts present as more **compulsive** – and engage in specific acts repeatedly, like compulsive masturbation to images, while others sexually act out in more of a **binge pattern**, based on opportunity and sexual triggers. Although the majority of sexual addicts presenting for treatment are men, some women also suffer from compulsive sexual activity, those who do commonly mistake sexual and romantic intensity for relational intimacy or “ending up having a lot of sex” in a dysfunctional pursuit of emotional connection. Men, whether straight, gay or bisexual, who tend to be more visual and have a greater ability to detach sex from relatedness, are more often caught up in pornography addiction or the search for casual sex, than women.

Typical sexual addict behaviors can include:

- Compulsive masturbation with or without pornography
- Collecting large amounts of pornography – print, video or digital
- Frequent use of escorts and prostitutes
- Frequent visits to strip clubs, “sensual” massage parlors and adult book stores
- Anonymous and/or public sexual contacts
- Intense multiple affairs
- Crossing personal or work related sexual boundaries

Some sexual addicts may engage in non-consensual sexual offending behaviors such as exhibitionism or voyeurism, live or online, as a part of their escalating behavior patterns; however, most sex addicts are not sexual offenders.

For the most part it is not the above sexual behaviors themselves that define sexual addiction, as many non-sex addicts also engage in many of them. It is the sex addicts’ relationship to the given sexual behavior that defines the problem. Patrick Carnes, Ph.D. in his groundbreaking 1978 book on sexual addiction, *Out of the Shadows*, defined sexually addictive behavior as often falling into one or more of four categories: Shameful, Secret, Abusive and Void of Relatedness.

**Shameful** - Sexual acts which, when carried out, reinforce inner feelings of worthlessness or despair about the self. Sex addicts spend precious time, money and energy seeing prostitutes for sexual massage, maintaining multiple affairs, spending thousands of dollars on escorts and masturbating night after night to online pornography. The secrecy and shame regarding these acts reinforces an already negative or fragmented sense of self, which sabotages relationships, careers and self-esteem.

John is a 35-year-old married man with two young children. Unknown to his wife, he has a pornography collection of thousands of images stored in his computer used for nightly masturbation. John has been making sexual contacts with women through the Internet for years and lately has begun to meet some of them for sexual affairs and liaisons when traveling on business. John justifies his behaviors by saying that it "doesn't hurt anybody" and "I don't love these women, so what difference does it make." However, each time he lies to his wife, puts his kids to bed without spending time with them in order to get back to online porn, or comes into work exhausted from having been up for hours masturbating the night before, he feels a little bit worse about himself and more detached and emotionally distant from everyone around him. He also risks transmitting sexual diseases to his wife, who is completely in the dark about his activity.

**Secretive** - Secrecy is a hallmark of most addictions. Compartmentalizing a life of hidden sexual behavior, sex addicts find themselves caught up in webs of lies and manipulations, consistently hiding from those close to them, while using justifications, rationalizations and outright denial to lie to themselves.

Jeff, a 45 year old gay man in a long term "monogamous" relationship continues to seek anonymous sex in the same public restroom where he was arrested for lewd conduct just 2 years before. Though promising himself he would never return there, that he was “done with having sex with strangers,” he continues to engage in sexual behaviors that place him in danger of arrest and disease. Each time he goes out it is "the last time," and upon leaving each sexual encounter he says to himself, "never again." In inclement weather, Jeff frequents adult bookstores and porn shops to meet others for sex. Jeff consistently lies to his partner about where he goes after work and has a never-ending stream of excuses about his invariable lateness in coming home. When questioned about these issues he quickly becomes irritable, angry and defensive, pushing his partner away time and time again.

**Abusive** - Abusive sex can run the gamut from manipulation and outright lying in order to be sexual, to unethically using a power inequity for sexual advantage (Examples: clergy being sexual with parishioner, therapist or physician being sexual with patient), to sexual harassment. Potential sexual partners are being

abused when invited into situations they do not fully understand, when there is a clear inequity of power in a relationship or when the right of sexual choice is taken away.

Al was a supervisor in a large corporation. Because he was known as "always being on the make" the female workers and staff learned to be careful how they engaged with him. Al didn't see anything wrong with simple pats on the butt, commenting on a co-workers legs or breast size or trying to make out with secretaries in the elevator at the company holiday party (though he was always careful that they didn't work directly for him). Married for 11 years, Al maintained several sexual affairs both at work and with various baby-sitters and housekeepers hired to work in his home.

**Void of Relatedness** - Solo sexual patterns involving compulsive masturbation and pornography, endless hunts for multiple anonymous or brief, casual sexual encounters offer hints of the serious intimacy disorder lying just beneath the surface of sexual addiction. In recovery, sex addicts are discouraged from arousal patterns that do not involve some kind of emotional relatedness. Some may have to take an abstinence period from masturbation, often any further use of pornography is strongly discouraged as it is a trigger to acting out.

### **Cybersex: Sex Addiction Reformatted**

Never before has sexual information, content and dialogue been so readily available to so many. Some see the Internet as an engaging access point toward sex and romance while others are quickly bored by its repetitive and two-dimensional characteristics. A smaller population, perhaps 6-8 percent of those seeking sexual stimulation online, become hooked on the immediate neuro-chemical arousal and distraction that cybersex produces, causing them to develop a compulsive relationship with this form of sexual activity. For those hooked on the intensity of the cybersex experience, the consequences can be serious. Due to the Anonymity, Affordability and Accessibility of Internet sexual content, a phenomenon called "the triple A engine" (Cooper et al 1998), Internet based sex, whether accessed through the computer, cellular phone or other handheld device can both initiate and accelerate the progression of sexual addiction. For those with a prior history of addictions and compulsive sexual behaviors in particular, Internet involvement can escalate their addiction and the unmanageability of their lives. Some find themselves drawn to illegal or abusive sexual practices that they would likely have had little exposure to prior to the Internet.

### **Diagnosis and Etiology**

The typical sex addict presenting in an outpatient environment can be fairly high functioning and rarely presents as psychotic or delusional. Despite their hypersexual behavior, most do not have Bi-Polar Disorder or OCD. Their emotional deficits lie in the areas of attachment, boundaries, empathy and intimacy. On assessment, most sexually addicted men describe long-standing relationships and attachment problems, which is a part of how they can emotionally dissociate sexual behavior from feelings about existing partners and spouses. Most demonstrate strong Axis II traits of reactive narcissism and dependency, full-blown narcissistic personality are less frequent. While their sexual behavior choices and attempts to hide them can appear sociopathic, their 'sociopathy' is usually confined to their sexual pursuits and entanglements and they often do not exhibit significant sociopathy in other areas. Female sex addicts tend to present with more fragmented and borderline personality concerns and unfortunately by the time most female sexual addicts seek treatment, they tend to demonstrate impairment in multiple areas of functioning. Many female sex addicts become or have been sex workers. Sexual addicts tend to share certain patterns of emotional childhood injury, but surprisingly, most do not report histories of overt sexual abuse. Nearly all have experienced profound emotional neglect, often by narcissistic parents whose own needs consistently superseded their own. Emotionally neglected, sometimes physically abused or covertly incested, and likely born with their own innate narcissistic vulnerabilities, these children learned to avoid painful unresponsive dependencies and consequently often reach adulthood unaware of their own feelings and needs. Emotional self-care is a burden to be avoided for most sex addicts and asserting relational need, an event to steer clear of. Over time, intense sexual and romanticized experiences replace any possibility of intimacy as they are experienced as more reliable, offering greater control over emotional vulnerability. Affect management is obtained through psychobiological arousal rather than

through learned self-soothing or the use of human relatedness for support.

## **Treating the Sex Addict**

As clinicians often better trained for psychotherapy and case work than as addiction specialists, social workers may find themselves at a loss when presented with clients who tell us stories like those above. Most often these clients come to therapy following some severe consequence, such as a job loss or marital separation, and it can be difficult to understand why someone would put their livelihood or family life at risk for the sake of a two-dimensional online sexual experience or momentary, casual sexual interaction. While eager to put their consequences behind them, many clients are reticent to consider that their entire life approach to sexuality and relational intimacy may be faulty. Many do not wish to identify as problematic any ongoing sexual activity that has yet to cause overt consequences. Understandably, strong counter-transference reactions are common when listening to a client describe sexual activity that may have put their children at risk by exposure to a prostitute in their home, or harm caused to a spouse through potential exposure to a sexually transmitted disease. Sex addicts are often very seductive in the face of any potential dependency and therefore can sometimes be so in therapy, which also requires a carefully considered response on the clinician's part. Unfortunately and directly related to the Internet, it is more common today for a sex addict to veer off the path of acceptable sexual practice into bizarre or offending behavior; clinicians may be dismayed, confused or angry when hearing about these activities. Some clinicians, familiar with substance addiction treatment, have little difficulty confronting and providing clear interventions when presented with an alcoholic or substance-addicted client, yet find themselves at a loss when a client's apparently volitional sexual activity is out of control. We may question our right to challenge a client's choice of sexual activity, feeling out of our element in trying to contain what is essentially a healthy, life-affirming gift, human sexuality.

## **Individual Therapy**

Working with sexual addicts, and most process addictions, requires a new skill set that combines the empathy, insight and relational abilities of a psychodynamic psychotherapist with the limit setting, confrontation, 12-step orientation and cognitive-behavioral strategies of an addiction specialist. For the individual clinician this means that the tools of diagnostic assessment, boundary setting, client accountability and accurate referral are key. The therapist must first ensure that the client is indeed a sex addict by ruling out other mental health diagnoses that might include hyperactive sexual behavior. For example, bipolar patients often exhibit hypersexual behavior, but usually only during their periods of mania. ADD or ADHD clients might also engage in impulsive sexual acting out, but their patterns do not have the same addictive or compulsive patterns and features that a sex addict exhibits. OCD patients do not usually experience direct pleasure from their compulsions, but more simple relief of tension. These diagnoses must be ruled out. Extensive sexual history and bio-psycho-social assessment helps to clarify these concerns, while also helping examine the exact nature of the sexual problem.

Medication provided through referral to a psychiatrist knowledgeable in process addictions can often help alleviate some client's compulsivity, anxiety and situational depression. Often active sex addicts and their spouses are neglectful of their own physical health, requiring us to encourage a necessary medical evaluation. Some sex addicts have multiple substance and behavioral addictions, requiring evaluation and additional treatment planning. In working with sexual addicts, the individual therapist has to balance an essential ongoing primary focus on sexual behavior management, through written contracts and boundaries, while also encouraging affect recognition and management. The therapist must be willing to confront client patterns of minimization, seduction and avoidance. Sexually addicted clients often need immediate help in negotiating and prioritizing pressing problems such as relationship chaos or career consequences. It is most helpful to incorporate group therapy and twelve-step self-help programs (see resources) to help aid clients to gain social support and the peer relationships essential for shame reduction and ongoing sexual health. If challenged by our countertransference or limited knowledge of this specialty treatment area, consultation or supervision with a peer trained in sexual addiction treatment can help work through difficult feelings and develop increased empathy for these clients. There is national training and certification available for those interested in furthering their clinical skills in this area (see resources). Clients can also be referred out for specialty sexual addiction treatment, both inpatient and

outpatient programs exist, in the same way as we may refer out substance addicted clients. When the client is stable, they can re-engage their primary therapy, yet maintain sexual recovery through attending group treatment elsewhere.

## **Client Concerns About Treatment**

In a recent survey of patients who had been treated for their online sexual behavior problems many respondents were pleased with the professional help they obtained for their sexual addiction problems. Those who saw knowledgeable clinicians were given an appropriate diagnosis, guidance about how to stop their problem behaviors, direction and support for their spouses and referral to 12-step sexual recovery programs. However, several respondents reported having had less positive experiences.

- The biggest reported problem was seeing a therapist who seemed to lack understanding about the power of the sexual acting out experience for the sex addict and the intensity of impulse/compulsion to act out. Therapists who were described as less than helpful seemed to lack information about types of online and other sexual activities, and tended to underestimate their tremendous effect on the user. This led to diversion of the therapy into attempts by the well intentioned, but under-informed therapist to make the addict more accepting of the activity, or to get the client to decrease the behavior by willpower and simple decision-making.
- A second problem was a failure by the therapist to insist that the elimination of self-destructive sexual behavior is the primary treatment priority. In many cases sessions ended up focusing in an insight-oriented fashion about the underlying causes of the behavior, while clients continued sexual activities which harmed self, family members, co-workers or kept the client at risk.
- A third problem was the failure to consider the type and degree of painful issues that may affect the spouse of a sex addict. Therapists not grasping this essential piece tended to blame the spouse in some way for the couples' sexual problems or kept secrets from spouses that they had been told by the sex addict. Therapists unfamiliar with this work would sometimes pathologize the intense feelings of betrayal, hurt and lost trust exhibited by the spouses, labeling them as 'borderline' or 'difficult' because of the degree of strong mistrust and anger they often exhibited for long periods of time. Some made the mistake of leaving significant others out of the treatment process altogether, while others initiated a move toward deep couples intimacy work or promoted forgiveness, before the sexual addict had fully stopped their acting out. Spouses of sexual addicts have been directly violated, often sexually, and require education, understanding and their own roadmap toward healing.

## **Summary**

Therapists treating sexual addiction and compulsive online pornography problems should consider that special training and awareness are often required to adequately assess and manage the challenging dynamics likely to appear. Due to the compulsive nature of the behaviors and their shameful content, clients tend to minimize and avoid being truthful or responsible about their histories and actions, even though volunteering for therapy. Detailed sexual history taking, boundary clarification and maintenance, accountability and behavioral task work are given considerably more emphasis when working with these clients, than with most other populations. Special care needs to be given to keep the client accountable to some contracted form of abstinence from their problem sexual behaviors. The therapist is encouraged to refer the client to outside resources such as twelve step support groups and sexual addiction group therapy, which is the preferred long-term treatment modality. Spouses of sexual addicts have immediate concerns to be addressed in the areas of emotional and physical health and should be invited into the treatment setting for assessment, support, education and counseling. Short term, educational, support-group work is especially useful for often traumatized partners.

## **SUGGESTED READING**

*Out of the Shadows: Understanding Sexual Addiction*  
Patrick Carnes PhD  
Hazelden Books, Minneapolis 3<sup>rd</sup> ed. 2001

*Cruise Control: Understanding Sexual Addiction in Gay Men* , Robert Weiss MSW, CAS  
Alyson Books, New York 2005.

*Cybersex Exposed: Simple Fantasy or Obsession?*  
Jennifer Schneider MD, Ph.D., Robert Weiss MSW, CAS  
Hazelden Books, Minnesota 2001

*Clinical Management of Sex Addiction*  
Edited By Patrick Carnes and Kenneth Adams  
Brunner-Routledge, NYC 2002

*Women, Sex and Addiction*  
Charlotte Kasl PhD.  
Harper & Row, 1989

#### **RECOMMENDED WEBSITES – ALL CONTAIN LINKS TO 12-STEP PROGRAMS**

**The Society for the Advancement of Sexual Health** - [www.sash.net](http://www.sash.net) - A national non-profit organization for sexual addiction professionals. They providing training, referral and an annual national conference.

**The Sexual Recovery Institute**- [www.sexualrecovery.com](http://www.sexualrecovery.com) - The author's Los Angeles based treatment program with information about sexual addiction treatment, training, articles, books and links.

**Dr. Patrick Carnes' website**- [www.sexhelp.com](http://www.sexhelp.com) - for therapists and individuals seeking training, books and information about sexual addiction.

#### **BIOGRAPHY**

Robert Weiss LCSW, CAS, a UCLA School of Social Welfare graduate, is founder and Clinical Director of **The Sexual Recovery Institute** in Los Angeles, an outpatient sexual addiction and sexual offending treatment center. A national lecturer and writer, he is author of *Cybersex Exposed: Simple Fantasy to Obsession* (Hazelden 2001), *Cruise Control: Understanding Sexual Addiction in Gay Men* (Alyson books 2005) and *Untangling the Web* (Alyson Books 2006 – in press). In recent months he has appeared on The Oprah Winfrey Show, The Today Show and Dateline NBC discussing sex and pornography addictions. Mr. Weiss can be reached through The Sexual Recovery Institute at 310-360-0130 or at [www.sexualrecovery.com](http://www.sexualrecovery.com).