In conversation

By Colin Feltham & Paula Hall

CF: Can we begin by outlining the scope of this topic: does sex addiction refer to compulsive and risky use of prostitutes, pornography, multiple sex partners, unprotected sex, dogging, unusual sex practices etc? In other words, what are the parameters of its definition?

PH: No – sex addiction is not defined by the type of behaviour in the same way as alcoholism is not defined by the type of drink. It is the dependency on the behaviour to regulate emotion in spite of actual and potential damaging consequences that defines it. And the inability to stop and stay stopped in spite of those consequences.

CF: Presumably it's possible that some people who might attract the label of sex addict enjoy their unusual sexual activities and manage any problems associated with it without needing therapy?

PH: If someone is enjoying their behaviours and not having any problems, then they probably don't have sexual addiction, unless they're deeply stuck in denial. As before, the behaviour does not define something as an addiction. Many people drink alcohol, take recreational drugs, gamble and/or watch porn without any problem. And, indeed, some people occasionally drink too much alcohol, lose more money than they intended gambling and waste time they couldn't afford watching porn –but that doesn't mean they need therapy. What defines something as an addiction is when a substance or an activity that was once enjoyed for recreation becomes an overwhelming need and a primary coping strategy.

CF: Although it isn't a prominent feature in your article, it seems that sex addiction is primarily a problem among men. Is this true, how prevalent is it, or is it possible that women are more ashamed of it and hide it? Do we know?

PH: There are very few statistics on sex addiction in the UK and even fewer that are broken down by gender. In the survey of 350 people with addiction that I undertook for my book, *Understanding and Treating Sex Addiction*, 25 per cent were women and 60 per cent had never sought help. In an ongoing survey that I'm running as part of my free online self-help resource www.sexaddictionhelp.co.uk, out of 2,397 respondents only 11.1 per cent are women. Research in the US suggests that it's harder for women to come forward for help with sex addiction because of the additional stigma associated with 'liberal' female sexuality. While men with sex addiction are often scorned and harshly labelled, it still seems to be more socially acceptable to be a sexually driven man than woman. Therefore my experience has been predominantly with men, though I am beginning to get more female clients. I hope this is a situation that will change and more women will feel able to reach out for help.

CF: Many also wonder why sex addiction seems to come to our attention via celebrity gossip channels – someone (usually a man) being caught out, threatened with divorce and going for therapy. Is sex addiction prevalent among so-called alpha males?

PH: There's no evidence to suggest that 'alpha males' are more prone to sex addiction than any other person. We are all sexual beings and while once upon a time if you had money and power it may have been easier to get caught up in sexually addictive behaviours, the internet has now provided a level playing field for all. But the press generally aren't interested in 'normal' people with 'normal' lives.

CF: In relation to the previous two questions, can you say something about the predominance of female counsellors and psychotherapists (some of whom perhaps have an unconsciously negative, feminism-informed view of sex addiction) and the probability that sex addiction involves mainly male clients?

PH: I'm not at all sure this is true in the field of addiction counselling, where there seems to be a far more equal gender split, and I would hope that, in the field of sex therapy, where much of this work is currently done, the training will have whittled out any 'unconsciously negative feminism informed views'. I suspect this says more about you, Colin, and your assumptions about how women view male sexuality. Or perhaps how much we're influenced by societal discourses on male/female sexuality. But I also think it's reflective of the lack of training in sexuality and sexual diversity currently available in standard counselling and psychotherapy courses. We need to understand sexuality from a range of perspectives and, as in all areas of counselling, be able to look objectively. When working with sex addiction, it seems that so many still focus on the word 'sex' rather than on the word 'addiction'. There's also an assumption that the behaviours are all passionate and promiscuous and different in some way from other people's sex lives. Back to question one: it's not about the behaviour, it's about the dependency on it.

CF: It's very interesting that criticism of sex addiction as a concept and diagnostic label divides into these two camps. It's a form of moral judgement versus a morality in its own right or, roughly, 'sexual promiscuity is a sin' vs 'we all have different sexual preferences'. There seems to be no way through this impasse of views. Is that what you find?

PH: I think when people start seeing the people behind the addiction then hopefully the 'moral' debates will at least quieten down. Few people focus on the morality of alcohol when working with alcohol dependent clients and I hope that professionals at least will soon see clients with sex addiction in the same way.

CF: You've looked at a variety of possible causes and functions in your BERSC model. Presumably this is reflected in your clinical work, that each client reveals his or her own unique set of drives and outcomes?

PH: Yes absolutely. Understanding what happens in the brain and biology is important for helping a client to understand what they're facing and recognise the importance of some of the relapse prevention strategies they need to undertake. Similarly, recognising the social and cultural influences can help them to make lifestyle changes that may help them in recovery. But ultimately, to stop addiction, any kind of addiction, you need to be able to work with the client to identify what's going on under the surface. The conscious and unconscious needs and motivations that drive the behaviour. I work individually with clients and in small groups to help them to go further than simply stopping their behaviour, and to understand its function and replace it with positive choices.

CF: The question must arise here, as elsewhere, whether specific training and assessment is really required. Cannot each client be related to in a purely person-centred way, without diagnosis or special techniques?

PH: I certainly would not see working in a person-centred way as meaning that training is not required in any area of therapy. If a therapist is already confident working in addiction and working with sexuality issues and has done some reading on the topic, then further training may not be required. With regard to 'diagnosis', sex addiction is a label like any other; it will be helpful for some clients and not for others. As with any other label, be it self-prescribed or given by a professional, what it means to the client is what matters most and is what needs to be worked with. I would say that if a client presents with behaviours that they describe as feeling obsessive, compulsive or addictive, and the client wants help to understand the behaviours and to stop and stay stopped, then a therapist has the responsibility to ensure they're as trained as possible to do the work or to refer them to someone who is. That's no different from any other client. The problem with sex addiction at the moment is that some therapists are still working from a place of unconscious incompetence. There's a strange notion that working with addiction means treating symptoms, rather than working with the whole person underneath. That's madness. Any addiction counsellor will tell you that addiction is a symptom of a mismanaged life and unregulated emotional states – that's where the work needs to happen. Some therapists and organisations have been working in, and specialising in, the field of sex addiction for years – why would you not want to tap into that knowledge and experience?

CF: Although we've come a long way since the repressive Victorians in our attitudes to sexual matters, it seems there are many things that still can't be discussed openly without shame, condemnation or vicarious titillation. Is this your experience?

PH: I'm sure that's true generally, but not my experience as a sex therapist. I do firmly believe that if you want to work in sex addiction you have to be comfortable talking about sex and able to understand, accept and embrace diversity. One of the goals of treating sex addiction is to help clients enjoy sex more – not less. And to do that you need to be ready to discuss sex in an open, non-shaming and non-pathologising way. Defining 'positive' sexuality is something that each client must do for themselves, unencumbered by societal repression.

CF: Related to that question, I wonder how you see sex addiction alongside other addictions like compulsive eating or dieting, internet or video game use, sports addictions, some obsessive-compulsive behaviours, and also 'excessive religiosity'. It seems that some of these we can sympathise with, laugh about, or even elevate to superior moral status, but sex remains a somewhat secret topic, perhaps perceived as sordid?

PH: Yes, yes, yes – absolutely. It's about addiction, not sex. But what I would say is that some addictions and compulsions are more benign than others and hence it's appropriate that we view them differently. As far as I'm aware, the consequences of chocoholicism are generally not as serious as alcoholism! One of the reasons sex addiction is so often still misunderstood is that many people are not aware of the extent of the damage and devastation it can cause in people's lives. Approximately one in five of my clients have contemplated suicide as a result of their behaviours. And mostly that's not because they are ashamed of the morality of their sexual acting out but because of the impact it has had on their careers, their loved ones and their sense of self-governance and autonomy. It is not fun to feel like your life is dictated and controlled by an activity that everyone else seems to just enjoy for pleasure.

CF: Sex addiction refers to problematic sexual behaviours but to what extent do clients come your way who are tortured by hidden sexual desires and shame that they do not act upon because they may be too religious, shy, lacking in opportunities or whatever?

PH: I'm not sure how this question is relevant. As a sex therapist, I work with couples and individuals with a range of sexual difficulties, including some who are 'tortured'. I think this links right back to question one – the behaviours are irrelevant. I would love someone to do some research on this but, from my professional experience, I would say that the percentage of people with sex addiction who have a high sex drive, watch porn, have multiple partners, enjoy kink, are members of LGBTQ communities, believe in God, are religious, ride bikes etc etc etc are about the same as in the average population. These are 'normal' people with 'normal' sexual tastes and desires. They seek help because what used to give them pleasure now causes them pain – and they want help to take the pain away.