



Sex Addiction Moral Excuse or Clinical Reality?

Published November 2013

When I started working in sex addiction 12 years ago I had no idea what I was getting myself into. It's not the clients that have surprised me, or made it a difficult field to work in - on the contrary, it is undoubtedly the most rewarding work I've ever done. The biggest challenge has come from people who don't understand the condition or even challenge its existence. People ranging from professional colleagues - counsellors, psychologists and academics to media commentators such as journalists and bloggers. Differing opinions on psychological and physical problems are of course nothing new, and professionals must be prepared to accept and respect differences, but what concerns me is the potential impact this has on clients.

A woman recently sobbed in my room that she was too scared to tell anyone that she had just discovered her husband had been visiting prostitutes for all of their 30 year marriage and felt he was addicted. She felt confused, isolated and alone and terrified that both she and her husband who she loved very much, would be judged. And a man who had lost his job due to his pornography addiction spent a session venting his fury at a recent newspaper article he'd read that stated there was now conclusive proof that sex addiction did not exist and he just had a high sex drive. If a problem is not a reality, how can it create so much pain and chaos in people's lives?

This article has buzzed around my head for many months, but I was finally prompted to submit it following a conversation with a respected colleague who suggested that helping clients overcome sex addiction was akin to reparative therapy. I was shocked - not so much by my colleagues confusion, as much abounds in this field, but shocked that what had in the past felt like professional differences in nomenclature, definition and therapeutic approaches, could now be perceived as an ethical attack.

In this article I hope to address some of the common myths of sex addiction and provide a framework within which the difficulties of compulsive pornography use and sexual behaviours can be seen. A framework that can improve understanding, expand therapeutic thinking and hopefully increase client interventions. If the therapeutic community are to work together, and perhaps most importantly, serve the needs of clients, we need to hear the mixed messages that clients hear and be able to make informed decisions for ourselves.

The issue of morality?

Some would say that sex addiction has always been about morality. Little more than a thinly veiled excuse to pass moral judgement on others' sexual behaviour. Particularly on those who enjoy a rich and varied sex life unfettered by socially imposed ideas of normality and balanced living. Marty Klein, writing in the US says "sex addiction is a special weapon now used by the religious right to combat

perceived liberalism, to ignore science and to ignite fear. It also helps legitimize anti-sex moralism and bigotry” (Klein 2012). In the excellent book *The Myth of Sex Addiction*, Dr David Ley agrees with this view saying that the problem is one created by ‘addictionologists’ who have no understanding of normative human sexual behaviour. As a sex therapist myself who did sex addiction training in the States, I have sympathy with these views and can understand how they came about. But the opinions are based on a selected number of American authors and largely out-dated views of sex addiction and do not reflect the attitudes and training of most sex addiction therapists in the UK, or at least, none of the ones I’ve met.

Conversely, the question of morality is also used by those who oppose sexual freedom, claiming that the term ‘addiction’ legitimatises immoral behaviour. Some see the term addiction as the opposite of choice and therefore believe that an ‘addict’ no longer has to take responsibility for their behaviour. These views on addiction are compounded by a lack of understanding of the 12 Step groups where step one encourages accepting powerlessness over your addiction. On the surface this may sound like a cop out, but the spirit of the steps is to help people reach out to others and get help and support in overcoming their addiction rather than trying to do it alone. In essence, the steps can be seen as empowering as they provide a strategy and community within which to reclaim control of ones life, rather than focussing on trying to control addiction. Perhaps more importantly, the 12 steps are just one of many different approaches to treating addiction, and while some will emphasise that no-one ‘chooses’ to have an addiction, you can choose what you do with it.

The paradox of the moral debate around sex addiction is how they come from opposing views of what ‘should’ be construed as normal in human sexual behaviour. And it is from this viewpoint that the accusation that treating sex addiction is similar to reparative therapy comes. The focus is on sexual behaviours and what should and should not be changed, rather than on the person as a whole and the societal context within which they live. Homosexuality is about romantic and sexual orientation, an orientation that most now agree is fixed and innate. It is not defined by what you do with your genitals nor is it a ‘problem’ to be solved by changing behaviours or a symptom of an underlying disorder. Similarly overcoming sex addiction is not about changing behaviour from something that some individuals or social groups perceive to be wrong, abnormal or immoral. The focus of treating any addiction is not on the object of the addiction, but on the cause and function of it. Treating alcoholism is not about pathologising alcohol or moralising about whether whiskey is more socially acceptable than cider, but rather about helping individuals manage their lives and emotions without feeling compelled to resort to self destructive strategies.

The science of sex addiction

For many people, knowing whether or not the label ‘addiction’ is scientifically accurate is essential. Dr David Ley says “language is important. If we don’t believe that something is an addiction, then let’s not call it an addiction”. Dominic Davies in the Pink Therapy blog, like others, points to the lack of official recognition in the latest DSM V as evidence that the condition does not exist. And a recent research paper where the brain activity of 52 men and women who self reported as having problems controlling their viewing of pornography concluded that the more likely cause was a high sex drive than brain changes caused by addiction (Prause et al 2013). Like most professionals opposed to sex addiction, none of these people deny that addictions exists, nor that some people suffer damaging consequences as a result of their sexual behaviours, but rather question whether or not the term ‘addiction’ is accurate when talking about sex.

Unlike these authors, I choose to reserve judgement on whether or not the label is scientifically accurate as the field of addiction is changing so fast as our ability to research and understand the human brain expands. In the field of addiction, the impact of attachment and trauma on the brain, as well as the psychological impacts, are increasingly recognised as significant contributing factors (Fisher 2007, Flores 2004) and our understanding of craving, satiation, tolerance and escalation are also

changing as we learn more about the neurochemistry of the brain. These findings are also affecting our understanding of compulsive over eating as are emerging theories of supranormal stimuli. Supranormal stimuli is the term used when we find our biological drives and instincts override our common sense, such as when we gorge ourselves on beautiful cupcakes or lose hours looking at porn. Our brains naturally seek novelty and the drive for both food and sex are essential survival strategies. Internet pornography provides endless opportunities for novelty and reward and it's suggested that it's the perfect laboratory for witnessing neuroplastic changes (Hilton 2013). Changes that can result in the hallmarks of addiction – tolerance and escalation.

The American Association for Addiction Medicine (ASAM) have adopted a new definition of addiction in line with latest brain studies stating “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.” DSM have also changed their listing of addiction in the latest edition to a single category heading of ‘Addictive Disorders’ under which are the sub heads of ‘alcohol use disorder’, ‘substance use disorder’ and ‘gambling disorder’, with ‘Internet Use Disorder’ being listed as warranting further research. What's common to both is that the emphasis has shifted from the substance or process to the physical and psychological symptoms of addiction.

While research continues to determine whether or not sex and pornography can become ‘addictive’ in the same way as other substances and behaviours, it's important to remember that changes in the brain are not always the same as disease. Our brain changes every time we learn something new and the ‘addictive’ chemical dopamine is triggered by many pleasurable activities. So even if the term sex addiction is proven to be accurate, that does not automatically assume a medical model should be used for treatment. In the same way, although the clinical reality of depression is widely accepted, that does not assume there is only one way to treat it and approaches commonly depend on the needs of the client and the modality of the clinician.

An integrative model of sex addiction

There are many different models of addiction - moral, social, medical, Minnesota, biopsychosocial and psychological to name but a few - so perhaps we really don't need another one! But as society changes along with our understanding of body/mind/emotional interaction, perhaps our models need to change too.

I prefer to approach sex addiction (or whatever you and my clients prefer to call it) through the BERSC model (Hall 2013) which is an expansion of the biopsychosocial model. This model looks at 5 different areas that may cause, influence and be impacted by sex addiction. Namely biology, emotion, relationship, society and culture.

Biology: In addition to brain changes in dopamine functioning there's also evidence that there are changes in areas linked with impulse control, decision making and memory. Twin studies also suggest a hereditary link, though this has only been researched in substance and alcohol use disorders. While research on sex addiction is still in its infancy, questions about other current or historic addictions are essential for identifying potential underlying biological pre-dispositions towards addiction. Whether sex addiction is a biological reality or not, it's wise to know when working with a client if there's a risk of triggering another dormant addiction.

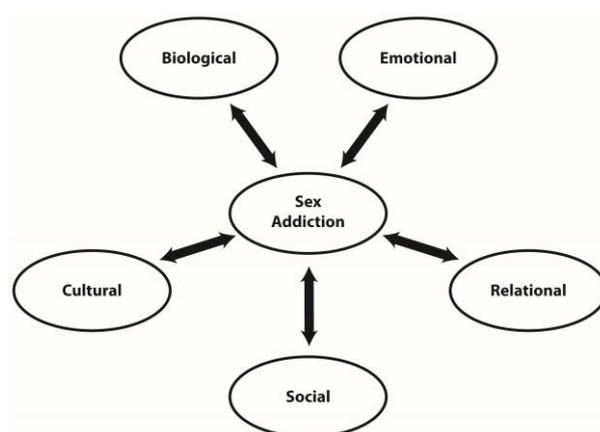
Emotion: For me, the key differentiator of compulsive sexual behaviour as opposed to non-compulsive is that it is used primarily for emotional regulation. Now that's not to say there is anything wrong with sometimes using sex to change our mood, in the same way as some of us may at times use alcohol. But when it becomes a *primary* coping mechanism that feels out of control and can not be stopped in spite of significant harmful consequences, then I begin to suspect addiction.

Relationship: Attachment difficulties have been associated with addiction for many years as people with attachment wounds may find it easier to turn to some thing in times of need rather than some one. Healthy attachments are widely recognised as a source of positive mental health but it's important for therapists not to assume that a monogamous couple relationship is the only route. And some people with sex addiction may find their feelings of compulsivity reduce when they change the parameters of their lifestyle.

Society: We currently live in a society where there is easier access to sexual stimuli and multiple sexual partners than at any other time in history. Coupled with that is greater sexual freedom and gender equality meaning we have more sexual choices than ever before. That's not necessarily a bad thing of course but with all choices and decisions in life comes responsibility. And whilst sexual pleasure may be free and widely available, it may come at a cost. A cost that must be measured next to other desires and goals in life.

Culture: It's not sufficient to look at client issues purely through a societal lens, especially in the area of sexuality that holds so many different value systems depending on our cultural background. Cultural influences may include gender identity, sexual orientation, race and faith as well as peer influences from family, friends and the workplace.

BERSC model (Hall 2013)



A paradigm shift

It is my belief that we are in the middle of a paradigm shift in terms of how we view not only sex addiction, but addiction generally and mental health as a whole. The schism between science and psychology continues to grow with professionals on each side claiming they understand what does and does not constitute positive mental health. And each are capable of throwing moral hand grenades claiming client and patient needs are not being addressed. Change can be hard to fathom when you're in the middle of it, but I hope that once on the other side we'll see a profession that acknowledges and accepts multiple viewpoints and works together to focus on client needs, rather than moralising and labelling symptoms.

So to conclude, is sex addiction a moral excuse or a clinical reality? The answer is both, and neither. As explored, most professionals agree there is a problem, it is the name that it contested. Does it matter what we call it? Personally I don't think it does as long as you're willing to be open minded to what the problem means to the client. Like many alcoholics, some people with sex addiction present saying if I could just stop my behaviour, then everything would be fine. But as with all addictions focussing on behavioural change is only a fraction of the solution. Recognising and acknowledging the power of craving is important for building empathy as is identifying triggers and establishing relapse prevention strategies. But most addictions mask a deeper need, one that if not addressed will continue to trigger compulsive behaviours.

My request for now is that we don't get so lost in labels that we lose the clients or lose our capacity to continue to learn as professionals. If you want to know if sex addiction is really an addiction, then you need first to decide what addiction is. The author of *The Politics of Addiction* puts it succinctly "*One of the big questions in the world of addiction treatment is "what is addiction? Is it a disease or a behavioral condition? Is it a social construct or the result of environmental influences? Perhaps it's self-medication or a learned condition? I think I have the answer: The answer is 'yes'."*

Paula Hall is BACP and COSRT Accredited and also a UKCP Registered Sexual & Relationship Psychotherapist. She is author of *Understanding & Treating Sex Addiction* (Routledge 2013) and current chair of ATSAC (Association for the Treatment of Sex Addiction and Compulsivity) who provide training to professionals and information to the public. Paula works in private practice providing individual and group work for people with sex addiction and is founder of the nationwide Hall Recovery Course www.paulahall.co.uk

References

- Davies, D., (July 2013), *My Curious Paradox about Sexual Addiction*, www.pinktherapyblog.com
- Fisher, J., (2007) *Addictions and Trauma Recovery*. New York: Basic Books
- Flores, J.P. (2004) *Addiction as an Attachment Disorder*. New York: Jason Aronson
- Hall, P.A., (2013) *Understanding & Treating Sex Addiction*. London: Routledge
- Hilton, D.L., (2013), *Pornography addiction – a supranormal stimulus considered in the context of neuroplasticity*, *Socioaffective Neuroscience and Psychology*
- Klein, M., (July/August 2012) *You're Addicted to What?* *The Humanist*
- Ley, D.L. (2012) *The Myth of Sex Addiction*. Roman & Littlefield
- Prause et al (2013), *Sexual desire, not hypersexuality, is related to neurophysiological responses elicited by sexual images*, *Socioaffective Neuroscience and Psychology*
- Unnamed (2013), *The Politics of Addiction – Disease or Behaviour*, www.everythingaddiction.com