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Opinion: Challenging The Myth of Sex Addiction

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The concept of "sex addiction" is intuitively attractive, and is popular with the media, legislators, and lay people. But it is *not* helpful in accurately diagnosing or effectively treating the people we see. That's because most people who describe themselves as being out of control simply aren't. They *feel* out of control, which of course is not the same thing.

Every month, several new patients tell me how they can't keep from using sex self-destructively. I see people regretting the sexual choices they make, often denying that these are decisions. I see people wanting to change, but not wanting to give up what makes them feel alive or young or loved or adequate. I see people wanting the advantages of changing, but not wanting to give up what makes them feel sexier, naughtier, or better than other people. Most importantly, I see people wanting to stop doing what makes them feel powerful, attractive, or loved, but since they don't want to stop feeling powerful, attractive or loved, and they don't have alternate strategies, they can't stop the repetitive sex unconsciously designed to create those feelings.

When people refer to themselves or others as "sex addicts," they're typically talking about simple narcissistic character features: the familiar "I guess I thought I could get away with it;" "Deep down, I don't really believe the rules apply to me;" "I refuse to accept that my life turned out the way it did;" or "When I hurt, I want relief, and I don't care so much about breaking promises or hurting others."

That sounds like ordinary people, doesn't it? Narcissism is a common human coping strategy. Your basic "sex addict" is someone who's unhappy with the consequences of their sexual choices, but who finds it too emotionally painful to make different choices. You know, the way some people are with cookies, some with new sweaters, and some with watching the Kardashians. Which is to say, it's not very much about the sex. It's about the immature decision-making. The rest of the people who are in pain about their sexual decision-making are generally struggling with (choose one or more): impulsivity, obsessive-compulsive disorder, bipolar disorder, borderline personality disorder, autism spectrum disorder, or post-traumatic stress disorder. I even see the occasional idiosyncratic responses to medication.

When someone says "sexually, I'm out of control," that doesn't tell us very much. When we know someone has affair after affair; or that someone regularly masturbates until they're sore; or that someone constantly pressures his wife for sex regardless of how unrealistic it is (she's post-partum, she has the flu, etc.); or that someone pursues anonymous sex in public parks in a way that jeopardizes their career, we don't know very much about the person. Feeling out of control doesn't mean a person really is out of control.

The SAST

The key evaluation tool for "sex addiction" is the Sexual Addiction Screening Test (SAST). It's easy to find, at www.sexhelp.com/am-i-a-sex-addict/sex-addiction-test. I encourage everyone to take the SAST. Most "non-sex addicts" are surprised at how high they rate on this instrument. An enormous percentage of this test asks about non-normative behavior--feelings like guilt, shame, and remorse. Sample questions inquire if:

- you regularly purchase porn videos or romance novels;
- you use sex or romantic fantasies for escape;
- you're a regular participant in S/M;
- you're worried that your sexual behavior will be discovered;
- you feel preoccupied with sexual or romantic thoughts you're concerned that your sexual behavior isn't normal

For most Americans, the answer to most of these questions is "…sure; isn't almost everyone?" That's part of the problem with diagnosing "sex addiction"—too much common sexual behavior and experience gets pathologized.

So what the SAST really measures is:

- Did you grow up in a sex-negative culture?
- Does your sexuality have any dark side to it?
- Do you have questions about sex or your sexuality?
- Do you ever feel uncomfortable with your sexuality?

Obviously, the answer to all four is "of course." But when someone is anxious about questions regarding "am I normal?" or has an angry spouse, or has an interest in non-normative stuff, and has the sex-negativity of religion or family whispering in their ear, it's easy to interpret their SAST answers ("yes, I've sometimes wondered if my sexuality is stronger than I am"; "yes, I've hidden aspects of my sexuality from others," etc.) as reflecting mental illness.

So, the diagnosis of sex addiction is in many ways a diagnosis of "discomfort with one's own sexuality," or "at odds with cultural definitions of normal sex, and struggling with that contrast." A sex-negative culture like America breeds that contrast and discomfort. Calling these symptoms of "sex addiction" entirely omits the role that sex-negative culture plays in

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shaping people's distress with their sexuality, which they often channel into repetitive behavior (whether satisfying or not) that can be hard to fathom.

The 12-Step Approach

This brings us to the Twelve Steps. Support, self-disclosure, and a focus on sex, sex, sex. Of course people love going to SA or SLA meetings. They're welcomed no matter what. Imagine that you're struggling, you have secrets, or your spouse is angry or you feel bad about yourself, and you wonder if you're normal. Suddenly, you find a group that says "Welcome! We're *so* glad to see you! We've been waiting just for *you*!" It undoubtedly feels like a great relief. One almost feels like Scrooge when critiquing it.

Without question, there are many wonderful things about 12-step groups. Those advantages are amplified in the case of sex, where there's so much shame, cultural judgment, and self-imposed isolation. However, the charm of the 12-step experience doesn't mean that these groups actually cure or even treat an actual problem.

New junk science

"Sex addiction" is excluded from the DSM-V because: 1) There is no consensus on what this "disease" is; and 2) There have been no rigorous scientific studies that determine the features or trajectory of this "disease." Nevertheless, various clinicians and researchers are trying to establish the scientific basis of "sex addiction"—by referring to neurology and hormones, as measured by brain scans. Such researchers have discovered that when "sex addicts" are involved in sex (e.g., by watching pornography), the part of their brain that lights up (mesolimbic system) is the same part that lights up when a heroin addict is using heroin. Compelling proof of "sex addiction?" Not even close. That's the same part of the brain that lights up when we see a sunset, the Golden Gate Bridge, the perfect donut, a gorgeous touchdown pass, or our grandchild's smile. Our brain and our blood/hormones always react to pleasure—including sexual pleasure. 150,000 years of evolution has accomplished at least that much with humans.

Why it matters what you call it

Many therapists ask me "What does it matter what we call it? The goal is to help these poor people." However, when homosexuality was called a mental illness, it mattered. When women were called frigid or nymphomaniacs or hysterics, it mattered. When a patient was diagnosed as possessed by the devil instead of schizophrenic, it mattered. What a disorder is called determines which treatment will be used, and who is qualified to administer the treatment. It also matters what you call it because the model of sexuality is built into the model of disease. In obsessive-compulsive disorder, we don't say the problem is hand-washing, and we don't send these patients to hand-washing clinics. But in "sex addiction," the problem is sex, and people are sent to sex addiction clinics.

Treatment? Therapy!

So how do I treat these people? With psychotherapy, sometimes in conjunction with medication, and occasionally with sex therapy. For the most part, this works pretty well. For more about effective treatment approaches, go to www.SexEd.org and search on "sex addiction."

Whereas the addiction model starts with "we admitted we were powerless," the therapy model starts with "you're responsible for your choices; I wonder why you keep doing what predictably gives you what you say you don't want?" As a result, we ask a lot of questions, most of which are *not* about sex. Likewise, regardless of whether the topic is sex or not, I generally don't assume that people are out of control even when they insist they are. Additionally, I don't believe that people who are unhappy with the consequences of their choices—and who keep making those choices—are damaged. I think they're Exhibit A of the Human Condition. They need help understanding what emotional needs are driving their decision-making, and finding new ways to meet those needs—so they can then make different decisions.

As Dr. Charles Samenow, long-time editor of the journal of Sexual Addiction & Compulsivity says, "Not all bad choices in life merit labeling as a mental disorder." ▲

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Dr. Klein will be giving two CE presentations to LACPA this Fall, stay up to date at https://lacpa.memberclicks.net/upcoming-ce-cpd-programs

References are available on the LACPA Website www.lacpa.org.