



## think about it

### “Sexual Addiction”: Repressive Morality in a New Guise?

**A**re you a sex addict? As you read descriptions of sexual addiction, you may begin to think that you are. But don't believe everything you read. Consider the following: “The moment comes for every addict,” writes psychologist Patrick Carnes (1983, 1991), who developed and marketed the idea of sexual addiction, “when the consequences are so great or the pain so bad that the addict admits life is out of control because of his or her sexual behavior.” Money is spent on pornography, affairs threaten a marriage, masturbation replaces jogging, and fantasies interrupt studying. Sex, sex, sex is on the addict's mind. And he or she has no choice but to engage in these activities.

According to Carnes, sex addicts cannot make a commitment; instead, they move from one hookup to another. Their addiction is rooted in deep-seated feelings of worthlessness, despair, anxiety, and loneliness. These feelings are temporarily allayed by the “high” obtained from sexual arousal and orgasm. According to Carnes, sexual addiction is viewed in the same light as alcoholism and drug addiction; it is an activity over which the addict has no control. And, as for alcoholism, a 12-step treatment program for sex addiction has been established by the National Council on Sexual Addiction/Compulsivity.

Are you wondering “Am I a sex addict?” Don't worry; you're probably not. The reason you might think you're suffering from sexual addiction is that its definition taps into many of the underlying anxieties and uncertainties we feel about sexuality in our culture. The problem lies not in you but in the concept of sexual addiction.

Although the idea of sexual addiction has found some adherents among clinical psychologists, they are clearly a minority. The influence of the sexual addiction concept is not the result of its impact on therapy, psychology, and social work. Its influence is due mainly to its popularity with the media, where talk-show hosts interview so-called sex addicts and advice columnists caution their readers about the signs of sexual addiction. The popularity of an idea is no guarantee of its validity, however. The sexual addiction concept lacks a scientific foundation and has been rejected by a number of sex researchers as nothing more than pop psychology. Sex addiction was not included in *DSM-5*, and it was noted that “at this time there is insufficient peer-reviewed evidence to establish the diagnostic criteria and course descriptions needed to identify these behaviors [e.g., sex addictions, exercise

addictions] as mental disorders” (APA, 2013). Some mental health professionals and sex researchers suggest that the idea of sexual addiction is really repressive morality in a new guise.

One problematic issue with the term “sex addiction” is that it does not fit the definition of addiction that alludes to physical and psychological dependence. Many behaviors associated with sex addiction are considered within the realm of sexual variation, although some may be extreme (Coleman, 1986; Levine & Troiden, 1988). A study of brain responses to visual images, including sexual ones, suggests that self-professed addicts may simply have a high sexual drive. The researchers analyzed brain responses of both men and women whose sexual behaviors were similar to people who typically sought treatment for sex addiction. The study participants were shown photographs chosen to evoke pleasant and unpleasant feelings. If a person were truly addicted to sex, images of sexual activity would result in a spike of brain activity similar to the way that images of cocaine have been shown to alter the brain activity of people addicted to the drug. However, the brain's responses to the sexual photographs were not predicted by measures of hypersexuality (e.g., difficulties resisting sexual behaviors despite exposure to risk), but related to the measure of sexual desire (e.g., desire for masturbation and sex with a partner) (Steele, Staley, Fong, & Prause, 2013; Preidt, 2013). Nicole Prause, study co-author and a researcher at UCLA, stated that the results show that hypersexuality does not appear to explain responses to sexual images more than just having a high libido.

Attempts to describe certain sexual behaviors by labeling them as sexual addictions continue to be problematic for the professional sexuality community. Different terms have been used in attempts to describe certain behavioral patterns. For example, Eli Coleman (1991, 1996; cited in Tepper & Owens, 2007), director of the human sexuality program at the University of Minnesota Medical School, favors “sexual compulsivity” over “sexual addiction” and goes further by distinguishing between compulsive and problematic sexual behavior:

There has been a long tradition of pathologizing behavior which is not mainstream and which some might find distasteful. Behaviors which are in conflict with someone's value system may be problematic

but not obsessive-compulsive. Having sexual problems is common. Problems are caused by a number of nonpathological factors. . . . Some people will use sex as a coping mechanism similar to the use of alcohol, drugs, or eating. This pattern of sexual behavior is problematic. Problematic sexual behavior is often remedied by time, experience, education, or brief counseling (Coleman, 1991, p. 1).

Coleman and colleagues (1987; Coleman, Raymond, & McBean, 2003; Miner, Coleman, Center, Ross, & Simon Rosser, 2007) consider compulsive sexual behavior as a clinical syndrome in which the person experiences sexual urges, fantasies, and behaviors that are recurrent and intense and interfere with daily functioning.

The term “hypersexuality” has sometimes been used as a less pejorative term for sexual addiction, but it has not been accepted by the APA (Walters, Knight, & Langstrom, 2011). John Bancroft, senior research fellow and former director of The Kinsey Institute for Research in Sex, Gender, and Reproduction, and colleague Zoran Vukadinovic (2004) add even another perspective. After reviewing the concepts and theoretical bases of sexual addiction, sexual compulsivity, and sexual impulsivity (another labeling term), they concluded that it is premature to attempt an overriding definition. They continue by noting that until there is better understanding of this type

of sexual expression, they prefer the general descriptive term “out-of-control sexual behavior” (Bancroft, 2009).

All of this discussion has challenged us to consider what is “excessive sexual behavior” and how culture shapes norms and our reactions and thoughts surrounding it. Certainly, it has caused mental health professionals to consider ways to address highly sexual persons.

If your sexual fantasies and activities are distressing to you, or your behaviors are emotionally or physically harmful to yourself or others, you should consult a therapist. The chances are, however, that your sexuality and your unique expression of it are healthy.

### Think Critically

1. What are your thoughts about the term “sexual addiction”? Do you prefer the term “sexual compulsivity” or “out-of-control sexual behavior”?
2. Do you agree or disagree that the idea of sexual addiction is really repressive morality in a new guise?
3. Have you ever wondered if you are a sex addict or that your sexual behavior is out-of-control? On what did you base this label?

photograph, and sometimes talk to it or kiss it, ask for a keepsake if we part, and become nostalgic for a former love when we hear a particular song. All these behaviors are common, but they point to the symbolic power of objects, or fetishes.

**Fetishism** is sexual attraction to objects that become, for the person with the fetish, sexual symbols. The fetish is usually required or strongly preferred for sexual arousal because the person enjoys the way the object looks, tastes, smells, and/or feels (Kafka, 2010). Instead of relating to another individual, a person with fetishism gains sexual gratification from kissing a shoe, caressing a glove, drawing a lock of hair against his or her cheek, or masturbating with a piece of underwear. But the focus of a person with fetishism is not necessarily an inanimate object; he may be attracted to a woman’s feet, ears, breasts, or legs, or he may have fetishes for both a body part and an inanimate object (Kafka, 2010). Commonly used fetish objects include rubber articles, leather clothing, and other wearing apparel. Exclusive attraction to body parts is known as **partialism**. However, using objects for sexual stimulation, such as vibrators, or using articles of female clothing for cross-dressing is not a sign of fetishism (APA, 2013). A study of the prevalence of fetishes involving Internet discussion groups representing at least 5,000 individuals found that the most common fetishes were for body parts or features (33%) and objects associated with the body (30%), such as panties and diapers. Feet and objects associated with feet, such as rubber, were the most frequently listed fetish targets (Scorolli, Ghirlanda, Enquist, Zattoni, & Jannini, 2007).

Some people sexualize inanimate objects or parts of the body, such as the foot.

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