



Sexual Addiction

by Joe Kort

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Addiction may be defined as any activity that interferes in the addict's life in some way, but which he or she continues, despite the negative consequences. In the case of sexual addiction, it is the obsession with and pursuit of (often high-risk and unsafe) sex that interferes in the addict's life but which he or she is unable to stop despite the negative consequences. Primarily an intimacy disorder, sexual addiction often prevents the development of deep personal relationships.

A compulsive behavior that completely dominates the addict's life, sexual addiction frequently causes severe stress on the addict and his or her friends and family. Just as drug addicts find that they need drugs to feel "normal," so sex addicts become dependent on sexual highs in order to feel normal. Sexual addicts struggle to control their behaviors, and their failure to do so causes despair and the loss of self-esteem.

Sexual addicts may act out because they have internalized at a deep psychological level some erroneous beliefs, including especially a sense of unworthiness, a feeling that they are unlovable as they are, a belief that they cannot rely on others to meet their needs, and an exaggerated idea of the importance of sex to their happiness. Many of them were abused as children or grew up in families where addictions of various kinds flourished.

Sexual addicts come from all socioeconomic backgrounds and include both men and women of all sexual orientations and gender identities. In the gay community, sexual addiction is a touchy subject that is rarely discussed. While far more heterosexual men suffer from this disorder than gay men or lesbians, gay men and lesbians are often reluctant to acknowledge their problem with sexual addiction. They sometimes see any criticism of their sexual behavior as yet another attempt to pathologize their sexuality as a whole and to judge it by heterosexual standards.

One factor that contributes to sexual addiction is the homophobic claim that being gay is just a matter of sex and nothing more. Over time, many gay men and lesbians begin to believe this lie and thus create a life built around sexual promiscuity. Because they see few cultural indicators that relational closeness should be valued over sexual conquests, they become prime candidates for sexual addiction.

Signs of Sexual Addiction

The term "sexual addiction" was coined by Patrick Carnes in the subtitle of his landmark 1983 book, *Out of the Shadows: Understanding Sexual Addiction*, which helped a great many men identify behaviors that caused them distress. Carnes's book did not address gay men or lesbians in particular, but his more recent book, *Don't Call It Love: Recovery from Sexual Addiction*, includes examples of gay men and their sexual behaviors.

Carnes lists a number of signs of sexual addiction. Among these are the following: 1) a pattern of out-of-control sexual behavior, often occurring over several years; 2) the suffering of severe consequences as a result of sexual behavior, including legal, medical, relational, and familial problems; 3) the inability to stop

out-of-control sexual behavior despite these negative consequences; 4) the persistent pursuit of self-destructive or high risk sexual behavior; 5) the desire or effort to limit sexual behavior; 6) the use of sexual obsession and fantasy as a primary coping strategy; 7) the need for ever increased amounts of sexual activity in order to attain satisfaction; 8) severe mood changes around sexual activity; 9) the spending of inordinate amounts of time obtaining sex, being sexual, or recovering from sexual experience; and 10) the neglect of social, occupational, or recreational activities because of sexual behavior.

These signs, especially when an individual recognizes several of them in his or her experience, may point to the need for professional help in overcoming sexual addiction.

Chemical Basis for Sex Addiction

The physical withdrawal symptoms for addictions to alcohol and drugs are fairly well known. But most people do not realize that during any addictive behavior natural chemicals, such as endorphins and adrenaline, are released within the body, making these actions even more compelling. The sex addict's behavior causes chemical changes in the brain that promote a mood- and mind-altering experience.

Another natural drug called phenylethylamine, PEA for short, is an essential chemical for those addicted to inherently risky behaviors such as gambling, shoplifting, bungee jumping, and sex. PEA's molecular structure parallels amphetamine's, and like amphetamine, it is strongest when first released. (Many addicts say they are always seeking the feeling they had during their first high.)

Both PEA levels and sexual arousal are dramatically enhanced by the presence of danger. The higher the fear and risk involved, the more PEA is released. This helps explain the experience of exhibitionists, who like having sex outdoors or in a motel room with the curtains open. Part of the thrill is the danger of being caught. Unfortunately, undercover police officers, disguised as fellow cruisers, arrest men who loiter in rest areas and public bathrooms. The result? Handcuffs, humiliation, and a night in jail. Fines and attorneys' fees in the thousands of dollars often follow.

Withdrawal Symptoms

One treatment suggestion for the sex addict in early recovery is to refrain from all sexual behaviors, even masturbation. The idea is to let him or her create some distance from sexual behavior and obtain a more objective perspective. Many therapists, including Patrick Carnes, advise a three- to six-month period of celibacy.

But as with any other addiction, someone who stops excessive sexual behaviors can experience withdrawal symptoms, because his or her body is used to relying on the natural neurochemicals released during the acting-out behavior. Some of the physical symptoms that clients in the early stages of recovery frequently report include headaches, nausea, chills, sweats, and itchy skin, possibly because the body is no longer numbed by high doses of neurochemicals.

During celibacy, psychological changes may include fatigue (because the addict no longer raids his or her internal pharmacy for "hits" to get going, he or she may feel more tired than usual), as well as anxiety and depression. If sexual addiction has been a way to manage anxiety, it may surface once the activity stops. Addicts practicing celibacy sometimes complain of tension, nervousness, even rapid heartbeat. Since many addicts use sexual behavior as a way to cope with stress, they may also suffer periods of insomnia, irritability, "the blues," feelings of hopelessness and helplessness, and changes in appetite.

Some clients also report both high and low sexual arousal. While some are flooded with sexual thoughts and urges, more in fact than they experienced while they were sexually acting out, others say that their libido

shuts down entirely and they worry about becoming asexual.

These symptoms usually last 14 to 15 days. In some cases, however, they can last as long as 10 weeks.

Not everyone can achieve celibacy and, indeed, not everyone needs to observe a period of celibacy to achieve a quality recovery from sexual addiction. Most important is to at least *work* to stop sexual practices that put one at risk, and many addicts experience some withdrawal symptoms just from halting their most dangerous behaviors.

Treatment Options

Perhaps the best treatment option is for the addict to work on his or her strengths rather than to emphasize weakness and failure. Recovery from sexual addiction is a process unlike recovery from chemical addiction where one stops using immediately. For sex addicts, stopping certain sexual acting-out behaviors while continuing others is still progress. Success should be emphasized even if it is only partial.

This flexible approach is particularly important for gay men and lesbians. So many of us have been forced into "canned" heterosexual models that we resist the idea that there is only one route to any solution. In response to the ultimatum, "My way or the highway," we often choose the open road.

For some, the goal is to quit logging on to porn websites. By refraining from pornography, the sex addict may be able to date and explore being sexual in safe ways with flesh-and-blood partners.

Attending Sex Addict Anonymous meetings that are primarily attended by heterosexuals may be counterproductive for gay men and lesbians because it offers a kind of escape hatch. They are able to hide among heterosexuals who can not really help them and who will not recognize when they are on the way to relapse because they do not know the intricacies of being gay or lesbian. The opposite can be equally true. Heterosexuals may inappropriately warn gay men or lesbians that they are in slippery territory because they are doing something that, for gay men and lesbians, is perfectly legitimate.

Twelve-Step Programs

Various 12-step programs are available to sexual addicts, but it is vital to recognize the fundamental differences between such groups as Sex Addicts Anonymous, Sex and Love Addicts Anonymous, Sexual Compulsives Anonymous, and Sexaholics Anonymous.

Sex Addicts Anonymous (SAA) is most liberal in letting clients define their own sexual boundaries. SAA welcomes everybody: men, women, gay, straight, bisexual, and others. They tend to focus on paraphilias, in which arousal and gratification depend on fantasizing about--and engaging in--sexual behavior that is atypical and extreme.

Paraphiliacs fixate on a particular act, like inflicting or receiving pain and/or humiliation, or on fetishes like shoes, feet, and underwear. Enjoying a fetish is not the problem. Compulsivity and a preference for fetishism over a full sexual relationship with another human being *are* problematic, however, and SAA may be helpful in such cases.

Sex and Love Addicts Anonymous (SLAA) focuses on love addiction, an insatiable craving for the "in love with love," PEA-infatuation high. Love addicts seek the lightning-bolt, blown-away, "love at first sight" kick. Again, men and women, gay, straight, and bisexual people are all welcome. Unlike SAA meetings, where the majority of participants are men, SLAA meetings attract more women who, in our society, tend to focus on the relational, loving side of their relationships.

The SLAA program is especially useful for men and women who tend to move from one honeymoon to another. As soon as troubles arise in a relationship, they move on, hoping that a new relationship will provide what the last one failed to deliver.

Sexaholics Anonymous (SA) offers a rigid, orthodox, cookie-cutter approach that requires participants to believe that no sexual relations should occur outside heterosexual marriage. Leaders tell participants what their recovery and sobriety should look like: "Any form of sex with one's self or with partners other than the spouse is progressively addictive and destructive." Not surprisingly, many gay clients feel excluded and alienated by this particular group.

Sexual Compulsives Anonymous (SCA) split from Sexaholics Anonymous (SA) because some gay men felt uncomfortable with SA's fundamentalist, heterosexist overtones. Members of SCA design their recovery program along the lines of SAA. In these groups, gay men can discuss their special needs and talk openly and honestly. Lesbians and heterosexuals are welcome, but most members are gay males.

Sexual addiction frequently prevents its sufferers from forming deep relationships. That is why it is so important to have another person to relate to on a nonsexual level. Time and again, studies show that for best results, the sexual addict should engage in individual, group, and 12-step programs simultaneously. In the company of others, he or she is forced to develop intimacy and relationship skills.

Given that sexual addiction is an intimacy disorder, it makes sense that the best, most healing "therapy" of all is an adult love relationship that demands a level of emotional commitment that casual hook-ups can never duplicate.

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Joe Kort is an author, psychotherapist, and teacher in the Detroit area. His books include *10 Smart Things Gay Men Can Do To Improve Their Lives* (2003) and *10 Smart Things Gay Men Can Do To Find Real Love* (2006). His *Gay Affirmative Therapy for the Straight Clinician: The Essential Guide* is forthcoming in 2007. He not only conducts workshops and retreats for singles and couples, but also provides training to straight clinicians about Gay Affirmative Therapy. He teaches Gay and Lesbian Identity Development and Treatment in Wayne State University's School of Social Work.