

EDITORIAL

A “Sex Addict” by Any Other Name Hurts the Same

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Much like alcoholism decades ago, acceptance and understanding of sex addiction is gradually increasing. This happens whenever ...

- ... a politician or celebrity admits to a history of multiple affairs;
- ... a successful career is suddenly terminated amid whispers of astoundingly inappropriate sexual behavior;
- ... a respected marriage ends in divorce because one spouse was leading a sexual double life.

It's becoming almost universally accepted that compulsive sexual behavior can literally devastate the lives of people who are fundamentally moral, thoughtful, and committed. For example, easy and anonymous access to hardcore pornography, cybersex, and other forms of secretive sexual gratification can carry some caring and competent people into a downward spiral of lust that is capable of eroding their deepest principle, clouding their best judgment, and destroying their most cherished relationships.

The old jokes (“That’s the addiction I want to have!”) are slowly being replaced by sincere discussions about what makes so many people fall off the sexual cliff. Because of this gradually improving public awareness, it's becoming more likely than ever that a person caught in an ultimately unsatisfying cycle of sexual behavior may utter a simple but profound sentence: “I think I may be a sex addict.” This humbling admission can be one of the most important moments in a person's life and mark the start of a journey to healing and happiness.

But many other people in similar situations can't or won't say that simple sentence even in the face of potentially devastating and lasting consequences to their personal reputation, professional career, emotional well-being, and family lives. Their reluctance often stems from their belief that the word “addict” is too shameful, too harsh, or just doesn't fit.

- The lingering stigma of the word “addiction” causes some people to think of the worst extremes of sexual behavior, despite the fact that an extremely wide variety of behaviors can be subject to compulsive loss of control.

- Some skeptics may suspect that the word “addict” is simply an excuse for bad behavior, even though in reality it requires a person to accept full responsibility for the need to engage in the extended rehabilitation.
- There can be a mistaken belief that a “sex addict” has to cease having sex, which is not the definition of sexual sobriety. Although some behaviors have to stop, the ultimate result is to achieve a healthy and balanced approach to sexual desire.

For all of these reasons and more, a person first facing possible identification as a sex addict is likely to negotiate for an alternative explanation that seems easier to swallow and requires less effort to change. But isn't the impassioned protest that “I may have some problems but I'm not a sex addict!” just another example of addictive denial?

The answer, of course, is not always so simple. The concept of addictive or compulsive sexual behavior is subject to so many myths and misconceptions that its reality may sometimes be difficult for the general public (and even some treatment professionals) to discern. It's therefore quite reasonable to expect a person to initially exhibit reluctance accepting a label that requires an almost total reconstruction of self-image as well as a lifelong commitment to engage in the myriad actions that constitute “recovery.”

Rather than attempting to convince a person to accept the “addiction” label, it's important to consider all possible categories for explaining why someone would engage in inappropriate sexual behavior over and over again. Such an approach is likely to disappoint a person looking to find a convenient explanation for the mess he or she has created, for honest appraisal reveals that no answer is very comfortable to face or easy to redress.

One characteristic of truly addictive sexual behavior is its capability to operate without regard for ethical, legal, logical, or moral constraints. Addiction erases such limits and boundaries, which is why a sexually addicted individual can engage in thoughts, words, or actions that can be profoundly disturbing to others (and even to the addict once the fever has broken).

But sex addiction isn't the only reason a person repeatedly has affairs, keeps blowing the mortgage on prostitutes, or chronically masturbates to porn for hours on end. All of these behaviors can certainly cause shattering negative consequences, but they do not necessarily mean that compulsion is the core problem. Sex addicts are not the only ones with the capacity to engage in sexual behaviors that are misguided, immoral, destructive, callous, and deceptive. Many people seem content, capable, and even dedicated to operating with a selfish disregard for anything other than personal pleasure.

What else would cause a person to continually engage in sexual behavior that is so fundamentally flawed and inherently unhealthy? Four choices are available, all of which have the ability to seriously impair the quality of life a person can ever expect to experience unless they are openly addressed

in an honest and sustained manner. It may be surprising which answer offers the most hope.

The first two alternatives are that a person who repetitively seeks intense sexual gratification in the face of enormous personal risk either lacks a steady moral compass or has developed some degree of sexual addiction, compulsion, or obsession. Another category to consider is that some people are simply ignorant about how to manage their lives with appropriate sexual boundaries in the first place, generally because they grew up without sufficiently healthy caretakers to model this behavior. The final possibility is the presence of a serious mental illness or other significant impairment that inhibits restrained sexual behavior.

Therefore, a person who repeatedly engages in a pattern of sexual behavior that violates commitments and has the potential for profoundly negative consequences either:

- doesn't know any better,
- is ethically challenged,
- has a psychiatric illness, or
- lacks sufficient self-control.

To be blunt, such a person is either ignorant, unethical, impaired, or addicted (and these categories are not mutually exclusive).

All of a sudden, "addict" doesn't sound so bad.

While these words may seem offensive, so is the behavior that leads to their use. Too often a person adamantly refuses to accept a conclusion without carefully considering the alternative explanations that may be equally painful to acknowledge. While it's understandable to seek an answer that avoids intense discomfort, it's not helpful to enable any possibility of emotional evasion at such a pivotal time in a person's life.

The bottom line is that a person who engages in ongoing destructive or deceptive sexual actions has a significant problem that must be acknowledged no matter what the reason is or what other issues are present. Regardless of whether the label "addiction" seems warranted, issues such as recurrent anonymous sexual encounters, chronic masturbation, extensive on-line pornography use, frequent affairs, repeatedly paying for sex, and other unhealthy patterns of sexual activity are extremely serious behaviors that need to be addressed in a forthright manner.

The goals associated with any problem are at least partially determined by the way that problem is assessed. In other words, what you do about something is influenced by what you call it. Each of the four explanations listed above has specific implications for the type of approach that will likely bring about the best outcome for everyone involved.

A professional who is guiding an individual or couple through difficult, unfamiliar areas that will potentially bring about lifelong changes should be

able to provide an accurate assessment and competent counseling without preconceived notions about what will emerge. This is not as simple as it may seem. People have a natural tendency to interpret situations from their particular theoretical, philosophical, or ideological perspective. It's easy to think you are being objective about a situation when you don't perceive or fully appreciate the limitations of your own framework. To be able to transcend rather than be limited by these preconceptions is the mark of a truly balanced, fair, and objective approach.

A treatment professional should be very comfortable reaching the conclusion that a client does not have a problem with sexual addiction while effectively motivating the client to consider that this definition may in fact be the underlying source of the problem. Whichever category emerges as the primary focus, such understanding and acceptance often emerge in stages, not always because a person is trying to be deceptive but because of an inherent degree of self-delusion that stems from shame, fear, and the inherent fragmentation of awareness that comes from a long pattern of leading a sexual double life. Because of the above, an extended evaluation process may be required to come to a conclusion on the matter.

One challenge of our profession is to not only tolerate but also embrace increasingly nuanced conceptions of chronically ill-advised or hypersexual behavior that are not limited to any one paradigm. This applies not only on an overarching conceptual level, but also in the specific context of each unique individual situation that seeks the benefit of our expertise. To cite only a few examples, it is crucial to continually develop greatly enhanced appreciation of cultural variations of normative sexuality; public health and harm reduction intervention models must be taken into greater account, and innovative research protocols must continually be designed and implemented.

It's important for this journal and our profession to continually consider ways to carry this conversation forward. No one is exempt from this challenge.