

I'M TOO SEXY: RECONSIDERING SEXUAL ADDICTION AS A VALID CONCEPT FOR GAY AND BI MEN WHO FEEL OUT OF CONTROL

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Worked as a therapist specialising in sex and relationship issues with a broad range of gender and sexual minorities for 30 years.

Co-edited three books on therapy with LGBT people – including the 1st British textbook published in 1996.

Been involved in training therapists in sexuality issues since 1981.

Founded Pink Therapy (the organisation in 1999), now the largest independent therapy and training organisation to specialise in working with a wide range of gender and sexual minorities.

Never yet met anyone I thought was a 'Sex Addict', although I've worked with many people who felt sex had become compulsive or out of control.

When I meet people who DO insist on defining themselves as addicts I'll refer them to therapists who support that paradigm as I believe it can be helpful for some.

Sexologists have not reached any consensus regarding whether sexual addiction exists or, if it does, how to describe the phenomenon.^{[1][2]} Some experts believe that sexual addiction is literally an addiction, directly analogous to alcohol and drug addictions. Other experts believe that sexual addiction is actually a form of obsessive compulsive disorder and refer to it as sexual compulsivity.^[3] Still other experts believe that sex addiction is itself a myth, a by-product of cultural and other influences.^{[4][5]}

- 1 ^ [a](#) [b](#) Francoeur, R. T. (1994). *Taking sides: Clashing views on controversial issues in human sexuality*, p. 25. Dushkin Pub. Group.
- 2 ^ Kingston, D. A.; Firestone, P. (2008). "Problematic hypersexuality: A review of conceptualization and diagnosis". *Sexual Addiction and Compulsivity* **15**: 284–310.[doi:10.1080/10720160802289249](#).
- 3 ^ [Mayo Clinic Website](#)
- 4 ^ Levine, M. P.; Troiden, R. R. (1988). "The myth of sexual compulsivity". *Journal of Sex Research* **25**: 347–363.[doi:10.1080/00224498809551467](#).
- 5 ^ Giles, J. (2006). "No such thing as excessive levels of sexual behavior". *Archives of Sexual Behavior* **35** (6): 641–642.

http://en.wikipedia.org/wiki/Sexual_addiction

Sexual Addiction is a Christian based approach to managing sexual distress and compulsivity through the use of 12 Step programmes. The concept was coined by Patrick Carnes, a practicing Christian who extended the AA model towards managing sexual behaviour. Whilst most people within the 12 Step movement will state the belief in the Higher Power is not necessarily a belief in god, this belief in a higher power is a cornerstone for 12 step recovery programmes and most people within the model have some kind of spiritual belief.

It is not doubted that 12 step programmes work for many people and have saved many lives for people addicted to alcohol and some other drugs, but as a model especially when applied to sex, it doesn't work for a significant number of people.

I have a concern about its prominence as being virtually the only model available for people who feel out of control with their sexuality and treating sexual compulsivity. In particular it is likely to alienate or exclude many gay men who feel abused and alienated by Judeo-Christian ideas. Gay men might have been abused (quite literally) by their ministers or less literally by the ideas promulgated by the Churches teaching and told their homosexuality is wrong and 'broken.'

Sexual Addiction is not in the DSM and not recognised as a sexual disorder by the APA but that doesn't stop many therapists and Doctors treating it within addiction clinics or in private practice.

I've been interested in finding non-shaming and non-pathologising ways to help people understand their sexuality and manage it, if it is out of control. I find Sexual Addiction as a concept to be very unhelpful.

SEXUAL ADDICTION & DOMINANT DISCOURSE

- ◉ Sex takes place in a social context, this context is culture specific and dynamic
- ◉ Sex is 'best' enjoyed by two people (ideally a man and a woman) in a committed relationship who love each other and commit to a monogamous relationship who have sex (make love) not too frequently.
- ◉ Sex is dangerous and people are helpless to control their desires and passions.

But sex is very culturally bound. Many cultures have different values and norms about what is acceptable, different ages of consent, different norms around monogamy, fidelity, etc.

The Dominant Discourse is that Sex is 'best' enjoyed by two people (etc.)

There is an idea that we have no control over sex – we can't help ourselves, we're powerless before our libido.

Sexual energy **IS** powerful, partly because much of our desire and fantasy lies in the unconscious and out of awareness. Individual therapy can help to make sense of these drives and desires which is unlikely within 12 Step groups which focus on abstinence and stopping problematic behaviour and making amends for wrong doing within a spiritual based context.

Joe Kort Internet Addiction – Decoding Arousal Template – Trained by Carnes Rx Internet porn can help monogamous couples stay faithful!

DOMINANT DISCOURSE OF SEX

- ◉ Devalues and excludes those who are:
 - ◉ single
 - ◉ religious/moral beliefs are outside the Judeo/Christian tradition
 - ◉ polyamorous or in any other way non-monogamous
 - ◉ enjoy sex just for pleasure/recreation (without commitment)
 - ◉ attracted to their own sex (in particular gay men)

- People without a regular partner are often left feeling inadequate and unentitled to sexual expression. Either on their own (even frequent masturbation is pathologised) or with others. Our Society is geared towards the dyad in so many ways, even in the supermarket, most ready meals come in double portions. (Trivial example).
- Not all religions favour monogamy :)
- Mormons, Muslims, and many others adopt non-monogamous or poly lifestyles (swingers, many gay men in LTR's between 50-80% gay men in LTR's are non-monogamous)
- Sex is fun and highly pleasurable. Those who participate just for pleasure can be made to feel ashamed or bad. People who lack relationship skills or haven't learned how to have relationships can feel inadequate or wrong simply for enjoying sex.

SAUK The official site of Sexu...

www.sauk.org

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Sexaholics Anonymous
The official site for SA United Kingdom & Ireland

What is SA?

The Problem

The Solution

The 12 Steps

The 12 Traditions

Test Yourself

Literature

Find a Meeting

Getting Started

Related Sites

Press enquiries

Introduction

The Questions

In SA you are a member when you say you are. The only requirement for membership is a desire to stay sober. These 20 questions are not a definitive test for sexual addiction, they are simply an aid to help you determine whether or not you need SA. Sometimes members have come to SA early in their addictions and may have achieved quite a low score. However, as their addictions have progressed so new boundaries have been broken and, when answering these questions at a later date, they have achieved a much higher score. Keep your score handy as you go along, there is an analysis at the bottom of the page.

1. Have you ever thought you needed help for your sexual thinking or behaviour?
2. That you'd be better off if you didn't keep "giving in"?
3. That sex or stimuli are controlling you?
4. Have you ever tried to stop or limit doing what you felt was wrong in your sexual behaviour?
5. Do you resort to sex to escape, relieve anxiety, or because you can't cope?
6. Do you feel guilt, remorse or depression afterward?
7. Has your pursuit of sex become more compulsive?
8. Does it interfere with relations with your spouse?
9. Do you have to resort to images or memories during sex?
10. Does an irresistible impulse arise when the other party makes the overtures or sex is offered?
11. Do you keep going from one "relationship" or lover to another?
12. Do you feel the "right relationship" would help you stop lusting, masturbating, or being so promiscuous?
13. Do you have a destructive need - a desperate sexual or emotional need for someone?
14. Does pursuit of sex make you careless for yourself or the welfare of your family or others?
15. Has your effectiveness or concentration decreased as sex has become more compulsive?
16. Do you lose time from work for it?
17. Do you turn to a lower environment when pursuing sex?
18. Do you want to get away from the sex partner as soon as possible after the act?
19. Although your spouse is sexually compatible, do you still masturbate or have sex with others?
20. Have you ever been arrested for a sex-related offence?

PINK THERAPY

Sunday, 3 February 13

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1. Have you ever thought you needed help for your sexual thinking or behaviour?

We live in a sex negative society and so perhaps we could ask who hasn’t had anxiety or guilt about their sexual thoughts, feelings or behaviour? People often feel ashamed of their sexual fantasies or interests.

2. That you'd be better off if you didn't keep "giving in"?

The implication here seems to be that sobriety = celibacy and giving into sexual desire/lust is a bad thing

3. That sex or stimuli are controlling you?

This denial of personal agency, autonomy and responsibility is worrying. We’re all responsible for our own behaviours and the implication that sex or external influences control us negates Agency/Autonomy

4. Have you ever tried to stop or limit doing what you felt was wrong in your sexual behaviour?

Many people respond to shame or guilt by attempting to restrict their sexual desires, when for the most part their fantasies and behaviour are normative.

5. Do you resort to sex to escape, relieve anxiety, or because you can't cope?

Using sex to relieve anxiety or to help us feel better is not abnormal

6. Do you feel guilt, remorse or depression afterward?

Neurochemically Prolactin surges after orgasm and this very often leave people feeling low, depressed, uninterested in contact, and due to a sex negative culture they’re like to associate this physical low with the emotion of guilt or remorse

7. Has your pursuit of sex become more compulsive?

Define compulsive! “If it feels good do it” Is sex three times a week with a partner ‘better’ than a single person going to a sauna or internet date 3 x pw?

8. Does it interfere with relations with your spouse?

What does this actually mean - it’s vague and open to subjective interpretation.

The Analysis

1 to 5.

Lust may be causing you a few problems in your life and you probably have more of it than most people.

You may or may not be a sexaholic.

Talk to someone in SA or attend a meeting to see if you identify with the problem at all.

5 to 10.

Reasonably strong likelihood that you are a sexaholic.

Talk to someone in SA, go to a couple of meetings to see if you identify.

10 to 20.

There is a very high probability that you are a sexaholic.

If you wish to give up your addiction contact SA and start attending meetings.

<http://www.sauk.org/>



Sex Addicts Anonymous[®]
A fellowship of men and women who share their experience, strength and hope with each other so they may overcome their sexual addiction and help others recover from sexual addiction or dependency.

- Home
- SAA For You?
- Our Program
- Meetings
- Women
- ISO
- Literature
- Store
- 7th Tradition
- Are You a Sex Addict?
- Self Assessment
- Understanding Anonymity
- Other S-Fellowships
- Site Map

Self Assessment

1. Do you keep secrets about your sexual behavior or romantic fantasies from those important to you? Do you lead a double life?
Yes_____ No_____
2. Have your desires driven you to have sex in places or with people you would not normally choose?
Yes_____ No_____
3. Do you need greater variety, increased frequency, or more extreme sexual activities to achieve the same level of excitement or relief?
Yes_____ No_____
4. Does your use of pornography occupy large amounts of time and/or jeopardize your significant relationships or employment?
Yes_____ No_____
5. Do your relationships become distorted with sexual preoccupation? Does each new relationship have the same destructive pattern which prompted you to leave the last one?
Yes_____ No_____
6. Do you frequently want to get away from a partner after having sex? Do you feel remorse, shame, or guilt after a sexual encounter?
Yes_____ No_____
7. Have your sexual practices caused you legal problems? Could your sexual practices cause you legal problems?
Yes_____ No_____
8. Does your pursuit of sex or sexual fantasy conflict with your moral standards or interfere with your personal spiritual journey?
Yes_____ No_____
9. Do your sexual activities involve coercion, violence, or the threat of disease?
Yes_____ No_____
10. Has your sexual behavior or pursuit of sexual relationships ever left you feeling hopeless, alienated from others, or suicidal?
Yes_____ No_____
11. Does your preoccupation with sexual fantasies cause problems in any area of your life - even when you do not act out your fantasies?
Yes_____ No_____
12. Do you compulsively avoid sexual activity due to fear of sex or intimacy? Does your sexual avoidance consume you mentally?
Yes_____ No_____

If you answered "Yes" to more than one of these questions, we encourage you to seek help:



There is a significant clinical need, even a “demand” from mental health consumers, for mental health providers to recognize and diagnose a distinct group of men and women who have been seeking and are already receiving mental health care such as individual psychotherapy, 12-step group support, pharmacotherapy, and specialized residential treatments.

DSMV Proposal on Hypersexual Disorder: *Clinical Need*

DSM V is **considering** adding a new sexual disorder. This is in the Appendix.

This is the very weak rationalisation for it. Basically a market exists and so therefore we should treat it!

Hypersexual Disorder

- A. Over a period of at least six months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more of the following five criteria:
- (1) Excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior.
 - (2) Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).
 - (3) Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events.
 - (4) Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior.
 - (5) Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others.
- B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior.
- C. These sexual fantasies, urges, and behavior are not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications) or to Manic Episodes.
- D. The person is at least 18 years of age.

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Hypersexual Disorder

Proposed Two-Week Dimensional Severity Measure

First, this scale assumes that a diagnosis of Hypersexual Disorder has already been established.

Second, this scale assesses only problematic Hypersexual Disorder behaviors during the past two weeks.

0 (None):The person has reported no problematic sexual fantasies, urges, or behaviors associated with Hypersexual Disorder.

1 (Slight):The person has reported infrequent (e.g., less than 15 minutes in the average day) fantasies and urges but no enacted sexual behaviors (masturbation and/or partner-related) specifically associated with Hypersexual Disorder.

2 (Mild):The person has reported that time consumed by Hypersexual Disorder fantasies and urges was between 15 to 30 minutes/day during an average day and/or there has been enactment of sexual behavior (masturbation and/or partner-related) associated with Hypersexual Disorder once/week or about once/week during the average week.

3 (Moderate):The person has reported that time consumed by Hypersexual Disorder fantasies and urges was between 30 minutes to 2 hours/day on the average day and/or there was been enactment of sexual behavior (masturbation and/or partner-related) associated with Hypersexual Disorder 2-5/week during the average week.

4 (Severe):The person has reported that time consumed by Hypersexual Disorder fantasies and urges was more than 2 hours during the average day and/or there has been enactment of sexual behavior (masturbation and/or partner-related) associated with Hypersexual Disorder 6 or more times during the average week.



This is how it would be classified in intensity.

SEXUAL SHAME DISORDER (PROPOSED)

- A. A persistent feeling of guilt and shame arising from normative sexual behaviours and interests (masturbation, partner related sex or via fetishes involving a highly specific focus on non-genital body part(s), as manifested by fantasies, urges, or behaviours or the use of non-living objects
- B. The activity/behaviours are non-coercive and cause no lasting physical harm to the person or anyone else and are based research from specific population studies and are not deemed 'excessive'.
- C. The person has clinically significant distress or impairment in important areas of functioning.

A

B Well conducted specific population studies are more helpful basis for deciding normative behaviour than clinical presentations of concern. i.e. asking a large sample of BDsM practitioners about fetishes and kinky activities will yield better normative data than asking Daily Mail readers or psychiatrists.

C. standard criterion for DSM V – if it causes YOU concern, it's diagnosable

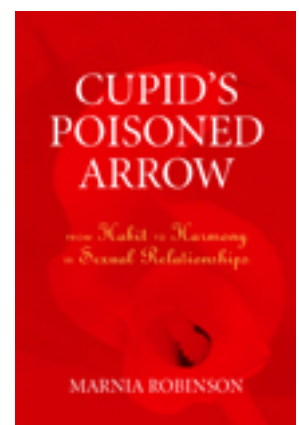
NEUROCHEMISTRY OF SEX

- **Oxytocin** (cuddle hormone, ↑ Sexual receptivity, attachment, ↓depression)
- **Vasopressin** also linked to attachment & monogamy/love
- **Dopamine** (endorphin, highly addictive rises during sex, peaks at Orgasm > Calming, drowsy,)
- **Serotonin** (happiness, euphoria, joy, connection)
- **Prolactin** (switches off feeling sexual. ↑ anxiety, depression, headaches, mood changes esp. hostility) 400% ↑ after sex than w/ masturbation

some helpful info at:

<http://www.reuniting.info/>

http://www.mcmanweb.com/love_lust.html



COOLIDGE EFFECT

In biology and psychology, the Coolidge effect is a phenomenon—seen in nearly every mammalian species in which it has been tested - whereby males (and to a lesser extent, females) exhibit continuous high sexual performance given the introduction of new receptive partners.

Human males experience a post-ejaculatory refractory period after sex. They are temporarily incapable of engaging in sex with the same female after ejaculation and require time to recover full sexual function. In popular reference, the Coolidge effect is the well-documented phenomenon that the post-ejaculatory refractory period is reduced or eliminated if a separate female becomes available.

http://en.wikipedia.org/wiki/Coolidge_effect



[Ethologist Frank A. Beach](#) is credited with naming the "Coolidge effect" in 1955, after one of his students suggested the term at a psychology conference.^[5] He attributed the neologism to:^[5] ... an old joke about [Calvin Coolidge](#) when he was [President](#) ... The President and Mrs. Coolidge were being shown [separately] around an experimental government farm. When [Mrs. Coolidge] came to the chicken yard she noticed that a rooster was mating very frequently. She asked the attendant how often that happened and was told, "Dozens of times each day." Mrs. Coolidge said, "Tell that to the President when he comes by." Upon being told, President asked, "Same hen every time?" The reply was, "Oh, no, Mr. President, a different hen every time." President: "Tell that to Mrs. Coolidge."

SOME NON-PATHOLISING FRAMEWORKS

- ◉ Bio-psychosocial sex education
 - ◉ Understanding *their* Neurochemistry
- ◉ Lingiardi's Sacred Precincts of Sodom
- ◉ Working on shame, intimacy, and relationship skills
- ◉ Gestalt Cycle of Compulsion
- ◉ Berne's Six Hungers

- Many people lack basic sex education awareness and sexual information (regarding sexual performance and difficulties etc)
- Their own individual neurochemistry might be different from others – they may be more sensitive to any of the neurotransmitters or hormones involved in sex
- Vittorio Lingiardi – Jungian Analyst – Men in Love, We don't consider people prayer addicts when they pray 5x per day and are pre-occupied with prayer and their spiritual deities.

SIX HUMAN HUNGERS (BERNE)

- ◉ Sexual
- ◉ Contact (physical contact, touch)
- ◉ Recognition (to be noticed, affirmed, acknowledged)
- ◉ Stimulus (sensation, arousal, input from 5 senses)
- ◉ Structure (management of one's time, boredom, routines etc)
- ◉ Incident (challenging, excitement, novel, different)

Cruising behaviours can easily fit into more than one of these hungers.

People may be trying to fill one hunger (contact) through cottaging and not getting fed/satisfied.

Recognition: Leaving Gaydar on all day – hoping to be messaged/cruised

Structure hunger – cruising online when bored and ‘nothing better to do.’

Incident hunger may explain long internet porn hunting sessions (rather than using porn for a quick wank).