

PULLING THE COVERS ON SEX, LOVE & ADDICTION: Couples in Collusion *

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Sex and love addiction can be an underlying or hidden component of more obvious difficulties. If not diagnosed and addressed they can sabotage the best efforts of treatment centers and therapists. While particularly true in the treatment of alcohol and drugs, individual and couples work can also be undermined by these secret addictions or compulsions. Individuals may consciously or unconsciously conceal these problems. Couples may collude in covering these problems up.

Sex addiction is rarely an isolated problem. More than 83% of addicts report multiple addictions such as chemical dependency, eating disorders, compulsive working, compulsive spending and compulsive gambling. When entering recovery for one addiction, clients generally move into another form of addiction- often sex and love addiction. This article will attempt to illuminate the many forms that sex and love addiction can take, identify the clinical criteria used to assess these addictions and reference a client assessment tool.

Sex addicts use sex in the same way that alcoholics use alcohol- to numb feelings and escape internal and external pain. Their sexual activities can destroy their lives and even take them. Dr. Patrick Carnes has identified ten “types” or “constellations” of sexually compulsive behaviors: Fantasy Sex, Voyeurism, Exhibitionism, Seductive Sex Role, Trading Sex, Intrusive Sex, Paying for Sex, Anonymous Sex, Pain Exchange Sex, and Exploitive Sex.

If someone is addicted to **Fantasy Sex** they do not move beyond initial attraction. They often become lost in sexual obsession and intrigue. Compulsive masturbation can be a part of this problem. Fantasy Sex is about fear of rejection, fear of reality- as in relationships, and reduction of anxiety. It is a form of self-soothing and disassociation.

Voyeurs move beyond fantasy to searching out sexual objects but are still non-participants in the sex game. Compulsive pornography can be a part of voyeurism. In childhood terms, the voyeur is saying, “you show me yours and I’ll watch.”

Exhibitionists on the other hand are saying, “I’ll show you mine, I don’t care about yours.” They have become fixated on just being noticed. For some it’s about the power of capturing someone’s attention or of breaking the rules. For others it’s about anger and aggression- the forcing of their sexuality on someone else.

Seductive Role Sex- seldom recognized as a sex and love addiction behavior, the person is hooked on the courtship process. Flirtation or seduction, performance, and romance are the erotic keys for sex addicts in this category. Relationships are about power and conquest. Once a conquest is made a new “fix” is needed and the sex addict is on the hunt again.

Trading Sex is closely aligned with Seductive Role Sex. Trading sex often occurs with cocaine use and prostitution is the epitome of this behavior. A prostitute is considered a sex addict if she finds sex more satisfying with clients than in personal relationships. Often with prostitute’s the process is often a reenactment of childhood sexual abuse.

Intrusive Sex- examples include touching people in crowds or obscene phone calls. Typically, these sex addicts do not see themselves as predatory. An implicit anger underlies this “stealing” of sexual contact.

Paying for Sex is simulated intimacy. It typically reflects poor relationship skill and fears of intimacy. Frequently they will blame their partner for their behavior. This category can also involve “sexual anorexia” in that the person has difficulty becoming aroused with someone they care about.

Anonymous Sex is compulsive and often occurs in high-risk circumstances. Sexual anorexia may also be present in this problem. For some there may have been an early pairing of sex and fear.

Pain Exchange Sex involves the compulsive use of painful, degrading, or dangerous sexual activities. “Blood sport” and asphyxiation are examples. Normal foreplay and sexual activity become subordinated to some dramatic story line that is usually a reenactment of childhood sexual abuse.

Exploitive Sex occurs when there is a differential in power between the people involved. Incest, rape and professional misconduct all fall within this category. This behavior obviously reflects deep and disturbing issues around intimacy and anger.

There are ten signs that indicate the presence of sexual addiction. A minimum of three must be met, however most addicts have at least five.

1. Recurrent failure to resist sexual impulses in order to engage in specific sexual behaviors.
2. Frequently engaging in those behaviors to a greater extent, or over a longer period of time than intended.
3. Persistent desire or unsuccessful efforts to stop, reduce, or control those behaviors.
4. Inordinate amounts of time spent in obtaining sex, being sexual or recovering from sexual experiences.
5. Preoccupation with sexual behavior or preparatory activities.

6. Frequently engaging in the behavior when expected to fulfill occupational, academic, domestic or social obligations.
7. Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior.
8. The need to increase the intensity, frequency, number, or risk level of behaviors in order to achieve the desired effect; or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk.
9. Giving up or limiting social, occupational, or recreational activities because of the behavior.
10. Distress, anxiety, restlessness, or irritability if unable to engage in the behavior.

There are also 20 collateral indicators which assist in the assessment of sexual addiction. A minimum of 10 of these criteria must be met:

1. Patient has severe consequences because of sexual behavior.
2. Patient meets criteria for depression and it appears related to sexual acting out.
3. Patient meets criteria for depression and it appears related to sexual aversion.
4. Patient reports history of sexual abuse.
5. Patient reports history of physical abuse.
6. Patient reports history of emotional abuse.
7. Patient describes sexual life in self-medication terms- intoxicating, tension-relief, pain-reliever, or sleep aid.
8. Patient reports persistent pursuit of high risk or self-destructive behavior.
9. Patient reports sexual arousal for high risk or self-destructive behavior is extremely high compared to safe sexual behavior.
10. Patient meets criteria for other addictive disorders.
11. Patient simultaneously uses sexual behavior in concert with other addictions (gambling, eating disorders, substance abuse, alcoholism, compulsive spending) to the extent that desired effect is not achieved without sexual activity and other addiction present.
12. Patient has a history of deception around sexual behavior.
13. Patient reports other members of the family are addicts.
14. Patient expresses extreme self-loathing because of sexual behavior.
15. Patient has few intimate relationships that are not sexual.
16. Patient is in crisis because of sexual matters.

17. Patient has a history of crisis around sexual matters.
18. Patient experiences anhedonia in the form of diminished pleasure for same experiences.
19. Patient comes from a “rigid” family.
20. Patient comes from a “disengaged” family.

Self and partner assessment is available on Dr. Patrick Carnes’ website located at www.sexhelp.com.

Links to nation-wide treatment centers are available on my website, www.elainebrady.com. Certified Sex Addiction Therapists can be located through the *International Institute for Trauma and Addiction Professionals*, www.iitap.com.

Twelve-Step, self-help programs are available through Sexaholics Anonymous (S.A.), www.sa.org, Sex and Love Addiction Anonymous (S.L.A.A.), www.slaafws.org and Sex Addicts Anonymous (S.A.A.), www.saa-recovery.org.

To conclude, sex addiction occurs in many forms and is usually accompanied by other, often more visible, addictions. It impacts the client’s psychological and physical well being, economic functioning and social and family relationships. Individuals may consciously or unconsciously conceal sex addiction. Couples may collude in covering it up. Therapists must be willing and able to assess for possible sex addiction in their clients in order to provide the most effective treatment.

*This article has primarily drawn from the works of Dr. Patrick Carnes: “Out of the Shadows,” 1983, Minneapolis, NM: CompCare; “Don’t Call it Love: Recovery from sexual addiction,” 1991, Minneapolis, NM: The Gentle Press; and his training articles for the Certified Sex Addiction Therapist training program, CompassPoint Addiction Foundation, Scottsdale, AZ.