Sex Addiction and Sexually Compulsive Behaviors

Managing Stigma and Misconceptions in Clinical Practice

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Objectives

- Examine common misconceptions around sex addiction.
- Discuss social and cultural components to stigmas around sexually compulsive behaviors.
- Explore professional implications for managing misconceptions and stigmas in treating sex addiction and sexually compulsive behaviors.

Sex Addiction

What comes to mind?

Common Misconceptions

- Sexual addiction is just an excuse for promiscuity/infidelity/sexually offensive behaviors
- All sex addicts must be sex offenders
  - More specifically, sex addicts will harm children
- It's all just a matter of willpower; those struggling with SCBs are just weak-willed/minded
- Sex addiction as a moral failing
- Sex addicts are dirty
- Any kind of kink is related to sexually compulsive behaviors

Untangling Misconceptions

Terminology Defined

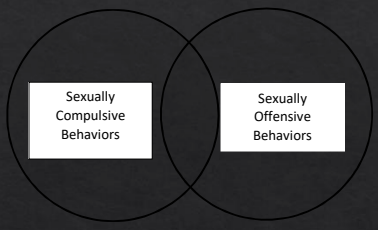
- **Sex addiction** can be defined as a pathological relationship with mood altering sexual behaviors (Carnes, 1983)
  - Includes impaired thinking that drives preoccupation, ritualization, compulsive behavior, and despair
- **Sexually compulsive behaviors** are sexual behaviors that an individual cannot stop themselves from obsessing about and acting out in, regardless of consequences to their lives
- **Sex addicts** struggle with **sexually compulsive behaviors**
- Indecision/debate within the clinical community regarding terminology (Hall, 2011)
  - Sex addiction, sexually compulsive behaviors, hypersexuality, problematic sexual behaviors, etc
  - Sex addiction is likely the most known and therefore has the most misconceptions

Sex Addiction Criteria (Carnes, 2001, p. 60)

- An individual must meet at least 3 of the following criteria:
  - Recurrent failure to resist impulses to engage in specific sexual behavior
  - Frequent engaging in those behaviors to a greater extent or over a longer period of time than intended
  - Persistent desire or unsuccessful efforts to stop, reduce, or control those behaviors
  - Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience
  - Preoccupation with the behavior or preparatory activities
  - Frequent engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligations
  - 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
  - Need to increase the intensity, frequency, number, or risk of behaviors to achieve the desire effect, or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk
  - Giving up or limiting social, occupational, or recreational activities because of the behavior
  - Distress, anxiety, restlessness, or irritability if unable to engage in the behavior
- Note that this is not a DSM diagnosis (although it mirrors substance use disorder criteria)
  - Largely, but not entirely, due to political debates around the implication of adding it to the DSM (Hall, 2011, p. 219)
    - Which is also why there is not one single agreed-upon terminology

Sex Addicts vs 'Sex Offenders'

- Being a sex addict who engages in sexually compulsive behaviors does not mean one is a sex offender
- Sex addiction CAN, but does not necessarily, lead to sexually offensive behaviors
  - Level 1-3 of sexually compulsive behaviors



Professional Implications of Managing Misconceptions

- May impact an individual's desire to be open and vulnerable about their struggles
  - Explore the client's own misconceptions
- The importance of building rapport
- Provide respectful and compassionate psychoeducation
  - Seek your own continuing education
- Caution about language being used (Hall, 2011, p.219)
  - Some terminology is rather interchangeable
  - Use what is more comfortable for each client
  - Use what best fits their specific symptomology
  - Skip the label altogether
    - Many feel more stigmatized by labels

Multicultural Influences on Sexual Stigma and Misconceptions

Gender

- Women tend to be less likely to come forward and/or receive appropriate treatment
  - Greater judgement and societal stigma against women's sexual behaviors
    - "slut shaming"
    - Victim blaming in cases of sex crimes
  - Fear that they will be alone in their struggle due to the wrongful assumption that women are more likely to struggle with being uninterested in sexual behavior (Ferree, 2001)
    - Creates a positive feedback loop of secrecy and shame
  - Differing symptom presentations lead to underdiagnosis (Ferree, 2001)
    - "Love addiction" vs "sex addiction"
    - Glorification of love addiction behaviors in the media (Hall, 2011)
      - Movies ('Silver Linings Playbook', 'Jennifer's Body', 'Casanova', 'Sleeping with Other People'); Music/Love Songs ('Your Love is my Drug' by Kesha, 'The A Team' by Ed Sheeran, 'Can't Feel my Face' by The Weekend, 'Just like a Pill' by Pink)
- Conversely, men's SCB is often normalized by society's "boys will be boys" sentiments
  - Normalization of the unhealthy objectification of women
    - E.g. Advertising; Movies (e.g. 'Jennifer's Body', 'Easy A'); Restaurants ('Bone Daddy's', 'Hooters', 'Twin Peaks')
- Female offenders are not taken as seriously as male offenders
  - Female teacher vs male teacher offending on a student
  - Older females having relationships with male teenagers vs older males having relationships with female teenagers.
  - Male victims are often invalidated and dismissed (by self and others)

Sexual Orientation (Weiss, 2013)

- Over-pathologization of the gay male lifestyle
- Alternatively, using the gay male lifestyle as an excuse to act out
- The importance of holding space without enabling the continuation of dangerous behaviors
  - Managing internalized homophobia
- The significant overlap between substances, often methamphetamine, and sexual acting out
  - AKA Chem-sex
- LGBTQ+ accepting is NOT LGBTQ+ affirming
  - Know your audience, know your terminology, know the culture

Religion

- The intersection of religion and attitudes toward sex (Karaga et al, 2016)
  - Lower threshold for distress in relation to sexual behaviors due to greater negative attitudes toward pornography/sexual behaviors
  - Lack of sexual education outside of abstinence only education and purity culture, leading to beliefs of normative sexual development as shameful (Kwee, Dominguez, and Ferrell, 2007)
  - May lead to greater pathologization at lower levels of overall severity (Hall, 2011)
- The role of religious shame
  - Studies show a negative correlation between religiosity and hypersexuality but a positive correlation between religiosity and *perceived* hypersexuality (Karaga et al, 2016)
    - High standards for sexual behavior that are hard to maintain, which contributes to sexual shame
  - Creates additional barriers to seeking help and sharing openly and honestly with professionals and social supports
    - The role of shame in secrecy
    - The role of shame in feeding the addictive cycle

Race and Ethnicity

- The role of racism
  - Systemic trauma can contribute to the presentation of sex addiction similarly to the presence of individual trauma (Robinson, 1999)
    - May see SCBs as an adaptive way to gain control in life; therefore, it may not be personally seen as problematic despite consequences
  - Personal racism/racial biases among clinicians
- Some racial and ethnic cultures experience bias against utilizing therapy
- Additional difficulty in trusting authority figures, especially those perceived as more privileged in society (Robinson, 1999)

Professional Implications of Cultural Diversity

- The importance of multicultural diversity training:
  - You can't know what you don't know.
  - It is our responsibility to educate ourselves.
    - Research different cultures
  - Practice respect for culturally-based differences in perspective and opinion
  - Awareness of intersectionality
  - Awareness of systemic discrimination and how it impacts individuals (Robinson, 1999)
- Become aware of your own biases.
  - Regarding race, religion, and gender.
  - Wariness toward and reduction of ethnocentrism
  - Any biases of your own toward SCB?
    - We all have biases; to ignore them or deny them is unethical/irresponsible
- Talk about the elephant in the room.
  - Bring up these sociocultural issues as appropriate.
  - This will build rapport and increase trust in the clinician
- Consult with other professionals in your field

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