



SEX
ADDICTION
A Critical History

Barry Reay
Nina Attwood
Claire Gooder

Sex Addiction

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polity

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Mental health professionals often take the symptoms of structured disorders at face value. They create treatment centers and techniques that cater to particular disorders. Psychiatric researchers devote their careers to studying particular disorders and journals arise to publish their results. Support groups emerge to reinforce the reality of the symptoms. Disorders become aspects of social movements that invest in, create, and reinforce the reality of the conditions. Sociologists, however, need to study how these disorders come to be socially defined as real, rather than accept the taken-for-granted notion that diagnostic measures reflect natural entities.

Allan V. Horwitz, 2002

Chapter 1

Introduction

In America, if your addiction isn't always new and improved, you're a failure.

Chuck Palahniuk, 2002¹

Daddy's Secret Cedar Chest (2013) is for the 'children of sex addicts'. An unnamed boy discovers a huge box in Daddy's bedroom (the cedar chest of the book's title) full of magazines and DVDs with 'pictures of women with no clothes on!' The dad (we are not told why he has his own bedroom unless Mummy's bedroom is called Daddy's bedroom too) also spends too much time with his computer in his home office. 'Everything Daddy did was a secret.' The boy tells his mother, and his parents argue about his father's 'habit'. The boy becomes unsettled – 'I was feeling scared.' He has bad dreams: 'A big hairy lady monster was crawling out of the humongous cedar chest. She stood up on her big hairy legs and opened up her big empty black hole of a mouth.' In the dream this rather clumsy metaphor swallows his father. The boy's concerned mother takes him to a therapist. Daddy moves out to seek help for his 'habit' and then returns home to an improved family environment. The big hairy lady monster and the chest have gone.²

Why have we come to a stage in our history and culture where it is even conceivable that 'children ages 6 to 12' might

have to be told ‘that they are not alone in their suffering, that help is available to them, and...that they did not cause their parent’s sex addiction’?³

The aim of the book that follows is to trace the history of a new sexual concept, a modern sexual invention called sex addiction, and its sufferer the sex addict. Though we will discuss definitional complexities in due course, the sex addict has usefully been described as ‘a person who is obsessed with some type of sexual behavior, and whose behavior is compulsive and is continued despite significant adverse consequences’.⁴ Aviel Goodman characterized it to the readers of the *Journal of Sex & Marital Therapy* as ‘simply the addictive process being expressed through sex, the compulsive dependence on some form of sexual behavior as a means of regulating one’s feelings and sense of self’.⁵

The idea’s beginnings are somewhat imprecise. One possible origin at a practical level was in the self-help or recovery culture of the 1970s (we will discuss the link between sex and alcohol addiction later). Sex and Love Addicts Anonymous grew out of a local Alcoholics Anonymous support group in Boston in 1976 and other national sexual-addiction recovery fellowships were utilizing the Twelve-Step programme by the late 1970s and early 1980s. Sex Addicts Anonymous (1977) had its headquarters in Minneapolis; Sexaholics Anonymous (1978) was centred in Simi Valley, California; while the New York and Los Angeles Sexual Compulsives Anonymous was operational by 1982 as were gay and bisexual sexually compulsive support groups in New York.⁶

We know that a linkage between sex and addiction was informally entertained in popular culture in the late 1950s and 1960s. Pulp fiction during that period included Don Elliott’s *Love Addict* (1959) and Curt Aldrich’s *Love Addict* (1966) (see Figure 1). The latter was about a promiscuous man so the term ‘addict’ referred to lust rather than affection.⁷ But it was William Donner’s *The Sex Addicts* (1964) that can actually claim first usage of the precise words ‘sex addict’ in the correct context (see Figure 2). It was about a couple of womanizers on a cruise ship: ‘It’s the way he is...Compulsive. He can’t stay with a woman more than a single night, he says. At least, not if others are available... He’s slept with almost nine hundred women.’⁸ One friend observed



Figure 1 Curt Aldrich, *Love Addict* (1966). Author's collection.

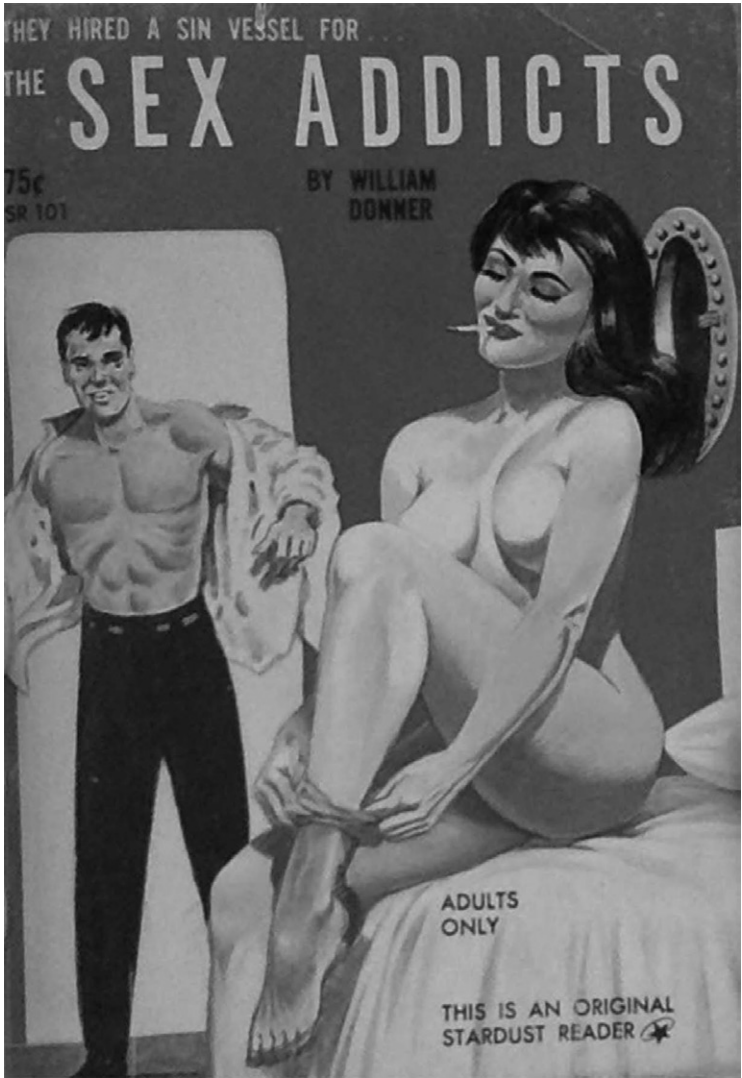


Figure 2 William Donner, *The Sex Addicts* (1964). Author's collection.

of the other, 'You're compulsive. You've got a monkey on your back', and suggested analysis. Later the man, who was close to his nine hundred, admitted 'Monkey on my back is right. Only I'm a sex addict, not a drug fiend.'⁹

Pulp fiction aside, we also know that homosexual psychotherapy patients were referring to 'sex heads' – in the sense of addicts – in the 1960s: 'I'm not only a pot head...I'm a sex head...it's completely eaten into everything.' In short, the term may have arisen independently at a more grassroots level.¹⁰ When we later discuss the intellectual origins and viability of the concept, it is worth recalling this evidence for its humble origins.

Conceptually, as we will see, Lawrence Hatterer and Stanton Peele in the US and Jim Orford in Britain played roles in the malady's history. The New York sex therapist Avodah Offit mentioned 'sex addicts' in 1981 (immediately after a discussion of nymphomania and hypersexuality), citing a link between sex and the release of endorphins: 'Thus sex, in addition to whatever else it does, may actually reduce pain and promote euphoria in much the same fashion as small doses of the morphinelike drugs. The sex addict, then, may literally be a junkie, in one sense.'¹¹ However, the actual term 'sex addiction' is most clearly associated with the work of the US psychologist Patrick Carnes and his book *The Sexual Addiction* (1983), republished as *Out of the Shadows: Understanding Sexual Addiction* (1983). Carnes's centrality, for better or for worse, will become clear in the pages that follow.

The idea of sexual addiction enjoyed varied reception in these early years, and there was already an indication that endorsements might vary. It appeared in the 'Current Trends' section of the journal *Medical Aspects of Human Sexuality* in 1985.¹² A comment in the *British Journal of Sexual Medicine* in 1986 by a Chicago psychiatrist indicated both that the concept had arrived and a certain amount of scepticism about its usefulness:

the theory of sexual addiction as an illness is so wide a net that it has the danger of being used on the one hand as an excuse to cover or continue a whole range of inappropriate or law-breaking sexual behaviours, and on the other it is a catch-all that has scooped up normal sexual behaviours as well.¹³

It was included momentarily in the American Psychiatric Association's *Diagnostic and Statistical Manual* DSM-III-R in 1987, but was absent from all subsequent editions, a struggle that we will return to later in this book.¹⁴ Psychologists discussed in the same year whether the complaint was best termed sexual addiction, hypersexuality, compulsive sexual behaviour or (their preference) sexual impulsivity.¹⁵ It was mentioned in a 1988 text on disorders of sexual desire, but without elaboration and minus its own chapter, in a book that devoted more attention to *lack* of sexual desire than to its excesses.¹⁶ It came to the attention too of the famous John Money, emeritus professor of medical psychology and professor of pediatrics at the Johns Hopkins University and Hospital, though not with the notice that addictionologists might have sought:

Sexual addiction...is a newly coined term for a disorder as fictitious as thirst addiction, hunger addiction, or reading addiction...Sexual addictionology does not address the specificity of addiction. Instead it decrees that the only non-addictive form of sexual expression is lifelong heterosexual fidelity and commitment in monogamous marriage. Everything else is the gateway of sin through which exits the broad road to sexual depravity, degeneracy and addiction. Within addictionology, the wheel of degeneracy has made a full turn!¹⁷

Certainly the notion of perceived, out-of-control sexual behaviour moved from a situation in 1972 where hypersexuality was proclaimed 'a rare phenomenon' to the moment in the late 1980s when a relatively early publication in the addictionology genre, Charlotte Davis Kasl's *Women, Sex, and Addiction* (1989), began with reference to the 'epidemic proportion of addictive behavior in this country'.¹⁸ The best-selling therapist Anne Wilson Schaef echoed Kasl dramatically: 'Sexual addiction is a progressive disease and...results in destruction and early death for addicts and often those with whom they are involved. Sexual addiction is of epidemic proportions in this society and is integrated into the addictiveness of the society as a whole.'¹⁹ However, this may merely have indicated a split between professional psychiatry and the enthusiasm of popular medicine. The New Jersey

psychiatrists who edited the state-of-the-art statement on desire disorders in 1988 said of sexual addiction that they had not ‘encountered clinically more than a handful of such cases in the past decade’.²⁰ Yet they also noted the ‘popular appeal’ of the concept and hinted at a potential clientele:

There are, however, numerous individuals who are on the high end of the desire continuum – who are sexually enthusiastic with little provocation, who never seem to become satiated, and who engage in high frequencies of both self- and partner stimulation. These individuals tend to be admired or envied rather than diagnosed!²¹

Sexual addiction played a part in the issues-based, sexuality studies reader *Taking Sides* (1989) but as part of a debate – a ‘controversial issue’ rather than an established problem – in the clashing-views format, with Carnes’s uncritical acceptance of the disorder pitted against a highly critical counter-argument, ‘The Myth of Sexual Addiction’, by two sociologists, Martin Levine and Richard Troiden.²² Janice Irvine (another sociologist) summarized this early history in 1995: ‘Claims-makers for the sex addiction diagnosis have...achieved a reasonable level of success thus far.’²³ Its consolidation thereafter would prove more impressive.

The historiographical starting point for what follows in this book is indeed Irvine’s 1995 argument that sex addiction was a social construction, a product of late twentieth-century cultural anxieties.²⁴ She was not the first critic to put this case. Levine and Troiden had similarly argued that ‘The concepts of sexual addiction and compulsion constitute an attempt to repathologize forms of erotic behavior that became acceptable in the 1960s and 1970s.’²⁵ The principal facilitators in this making, these early critics argued, were an addiction discourse (gambling, alcohol) that leant itself almost seamlessly to sexual matters; a strange and momentary combination of conservative Christian and radical feminist social purity; and the initial impact of AIDS in the 1980s that so dramatically intensified such sexual apprehensions. The rapid spread of the concept was aided by its imprecision: ‘Claims about what constitutes sex addiction are so vague... that they can potentially include large numbers of the population.’²⁶

Sex addiction's success as a concept lay with its medicalization, both as part of a self-help movement in terms of self-diagnosis, and as a rapidly growing industry of therapists on hand to deal with the new disease. And the media also played a vital role: TV, the tabloids, and the case histories of claimed celebrity victims all helped to popularize this newly invented term. As Irvine wrote, 'The power of sex addiction lay not in the number of sufferers but in the expansion of this particular narrative of sexual disease.'²⁷

Irvine and her fellow sociologists were writing and researching in the 1980s and early 1990s. By the time her article appeared, the sexual addiction specialists had their own journal, *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention* (founded in 1994), and Carnes and his team were treating health professionals, primarily doctors, accused of sexual misconduct and referred by regulatory boards and health programmes (half the group were adjudged to be sex addicts).²⁸ Carnes's Golden Valley Health Center in the Twin Cities (Minneapolis–Saint Paul) in Minnesota had treated over 1,500 alleged addicts from 1985 to 1990, around 10 per cent of whom were ministers of the church.²⁹ As a claimed disorder, sexual addiction achieved endorsement with its own section (by Goodman) in the third edition of *Substance Abuse: A Comprehensive Textbook* (1997) and mention in the seventh edition of the influential psychiatric text, *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (2000), used by generations of medical students and practitioners. 'In the author's view sex addiction is a useful concept heuristically because it can alert the clinician to seek an underlying cause for the manifest behavior.'³⁰ The next edition of *Kaplan & Sadock* in 2005 had a chapter on sex addiction by none other than Patrick Carnes.³¹

Moreover, Irvine's 'sexualized society' was on the eve of what Linda Williams has described as 'on/scenity', capturing pornography's everyday visibility and presence – in huge volume – in the early twenty-first century, where sex became central to everyday discourse and representation, termed variously pornographication or pornification, 'striptease culture', a hypersexual society, mainstreaming sex or the 'sexualization of culture'.³² Feona Attwood has nicely captured this cultural turn as 'the proliferation of sexual texts' and we will see that sexual addiction was very much one of those texts.³³

Irvine's media was also a media without the power of the Internet and the ubiquity of Internet sex.³⁴ In 1997, as a joke on an Internet bulletin board, a New York psychiatrist invented IAD or 'Internet Addiction Disorder' and found that it was immediately taken seriously as a syndrome.³⁵ He was tapping into a zeitgeist. Kimberly Young, a psychologist from the University of Pittsburgh, had already raised the possibility in 1996, and announced 'Internet Addiction: The Emergence of a New Clinical Disorder' in the pages of the new journal *CyberPsychology & Behavior* in 1998, which would go on to be cited in 342 different publications.³⁶ When the contributors to the *Handbook of Clinical Sexuality for Mental Health Professionals* (2003) wrote their section on sexual compulsivity, they focused on 'online sexual compulsivity'.³⁷ Both Jennifer Schneider and Robert Weiss featured cybersex in their chapters in the 2004 *Handbook of Addictive Disorders*.³⁸ Carnes's entry on sexual addiction for *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (2005) referred to cybersex as the 'Crack Cocaine of Sex Addiction'.³⁹ The entry on sex addiction in the sexuality studies textbook *Our Sexuality* (2008) was paired with a think-piece 'Cybersex Addiction and Compulsivity: Harmless Sexual Outlet or Problematic Sexual Behaviour?'⁴⁰

A critic of the diagnostic value of sexual addiction, the Denver family therapist Tracy Todd, wrote that 'More and more people are showing up at my door with it branded on their foreheads. "I learned it from a talk show", one man told me...Clients arrive with a wealth of information obtained from the Internet.' He was clearly impressed, though concerned, at the speed with which the label was 'gaining popular attention and acceptance'.⁴¹ And this was only 2004.

The technological sexual temptations faced by the sex addict in 1990 were the VCR and phone sex. By the 2010s the addictionology timeline of sexual access had expanded to include chat rooms, porn sites, Craigslist, Facebook, Twitter, Sexting, GRINDR and many other sites and applications. Smartphones had replaced laptops.⁴² The afflicted have their own aids to counter temptation: the iRecovery app for iPhone or iPad, a kind of digital workbook with links to networks of support and charts to monitor progress, and the rather alluringly illustrated Android app on Google Play called 'Overcoming Sex Addiction' (see Figure 3).⁴³

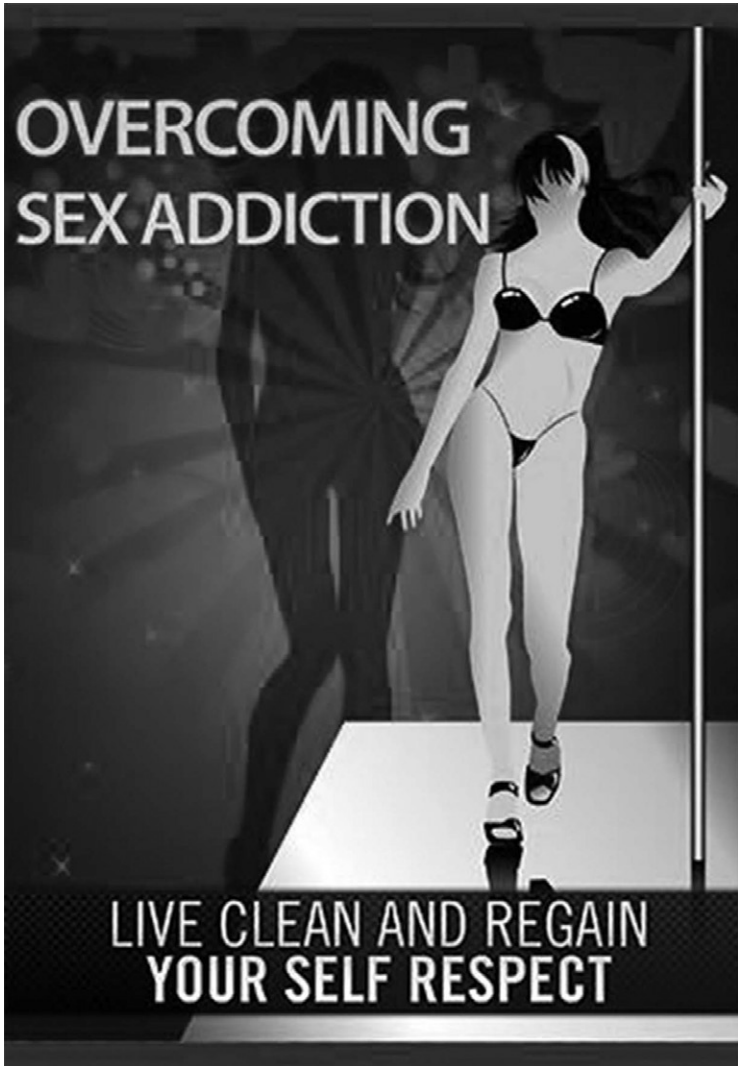


Figure 3 'Overcoming Sex Addiction': Android app on Google Play. Reproduced by permission of KoolAppz.

If sex addiction was a response to cultural anxiety, then, a historical construction, what of its history since Irvine's 1995 intervention? What happened to its early-hinted social opportunism and diagnostic amorphism? Did the combination of therapeutic self-interest and popular cultural endorsement persevere? We know that by 2010 sex addiction had another variant, 'hypersexual disorder', but what of the histories in between and thereafter?

Sexual addiction was part of a wider addiction discourse. 'In common parlance we now extend addiction to relate to almost any substance, activity or interaction', Hatterer wrote in 1982: 'People now refer to themselves as being addicted to food, smoking, gambling, buying, forms of work, play and sex.'⁴⁴ As early as the end of the 1980s, Stanton Peele, a specialist in the area of alcohol and drug abuse, was warning against what he termed the addiction treatment industry. Although his work in the 1970s had contributed to the expansion of the concept of addiction, he was critical of the misappropriation of his ideas in the decade that followed. He was concerned about the move from alcoholism counselling to therapy for sexual addiction and the sheer expansion of the variety of such newly defined diseases – his book was called *Diseasing of America* (1989). It seemed as if 'each American must have at least one such disease and, in addition, must know of many other people who altogether have a score of other diseases. It is hard to escape the conclusion that ownership of an emotional-behavioral-appetitive disease is the norm in America.'⁴⁵ Sex addiction's link to other dependencies was clear from the start, as outlined in an interview with a rare creature, a lesbian sex addict:

I didn't realize that I was a sex addict until I stopped drinking and doing drugs. I was in Alcoholics Anonymous (AA) at the time. I realized that I had to stop having sex or I would start drinking again. I was using sex with men to avoid dealing with my sexual feelings about women. I decided to go to Sexual Compulsives Anonymous (SCA).

The poor woman was obviously addicted to addiction:

Yes, I've spent my whole life juggling my addictions to stay alive. I went to Overeaters Anonymous (OA) first for bulimia

... Then I was sent to AA by OA. For years I substituted one addiction for another. I've been addicted to alcohol, drugs, sex, food, caffeine, cigarettes, shopping, and gambling.⁴⁶

By the start of the new millennium, Eva Moskowitz was noting America's obsession with the psychological: 'Today Americans turn to psychological cures as reflexively as they once turned to God.'⁴⁷ Addiction had become identity. She listed the choice of support groups meeting during the course of a week at one Colorado church in 1990: Cocaine Anonymous, Survivors of Incest, Alcoholics Anonymous, Debtors Anonymous, Codependents of Sex Addicts Anonymous, Adult Children of Alcoholics, Sex and Love Addicts Anonymous, Adult Overeaters Anonymous, Codependents Anonymous, Self-Abusers Anonymous.⁴⁸ The numbers she gave were impressive. Forty per cent of adult Americans were attending recovery meetings, around 75 million people. There were more than 3 million such groups in the USA, including 6,000 for sex addicts, and 260 different Twelve-Step programmes.⁴⁹ These numbers are dwarfed by the estimates of those who actually suffered from such disorders, which Moskowitz took from the websites of the organizations involved in trying to treat them: 20 million alcoholics, 20 million gamblers, 30 million overeaters, 25 million sex addicts, 15 million compulsive shoppers, and the 80 million codependents of all of the preceding. If those estimates were accurate (a huge if), these addicts would have comprised nearly 70 per cent of the entire 2001 US population!⁵⁰ From a transatlantic perspective Frank Furedi called it therapy culture, where addiction became a fetish, with all the powerlessness, vulnerability and passivity associated with that state.⁵¹

The other crucial setting for the early history of sex addiction was the rise of madness in America, and the roles both of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the pharmaceutical companies in this turn to mental disorder. The DSM, the 'Psychiatric Bible' that has been criticized for creating mental disorder where it does not exist, can, as one commentator has expressed it, 'in effect usher diseases in and out of existence with the stroke of a pen'.⁵² Homosexuality

famously was excised from DSM-II in 1974.⁵³ Disinhibited Social Engagement Disorder (a child's over-familiarity with unfamiliar adults) and Restless Legs Syndrome (an urge to move the legs) are but two interesting examples of newer inventions.⁵⁴ (One enterprising neurological unit in Italy has discovered a case of pathological gambling, hypersexuality, impotence and restless legs syndrome, all in the one patient.⁵⁵) It is noticeable that the move has been to include rather than exclude (sex addiction's experience notwithstanding): the DSMs have increased their tally of mental illnesses from 180 in 1968 to over 350 in 1994, and DSM-5 (2013) has maintained that upper level.⁵⁶

Hence the histories of other psychiatric complaints are crucial when we consider sex addiction, especially given the relationship between the DSM and the pharmaceutical companies. 'Once upon a time, drug companies promoted drugs to treat their diseases', a former editor in chief of the *New England Journal of Medicine* has observed: 'Now it is often the opposite. They promote diseases to fit their drugs.'⁵⁷ There is an impressive list of ailments whose diagnoses and treatment have increased exponentially in recent decades in what has been termed the medicalization of society (or, less elegantly, 'disease mongering'): Bipolar Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Autism, Posttraumatic Stress Disorder (PTSD) (added to DSM in 1980 as a diagnosis for the complaints of war veterans but then extended to describe victims of sexual abuse and domestic violence), Social Phobia and Major Depressive Disorder (MDD).⁵⁸

Sociologists and cultural historians of medicine and psychiatry have outlined the ingredients for the expansion of a syndrome – whereby, say, what was considered mere shyness could, in less than a decade, become the widespread mental disorder 'Social Anxiety Disorder'.⁵⁹ First, the illness was named: for example, DSM-III's 300.23 Social Phobia, later DSM-5's 300.23 Social Anxiety Disorder (Social Phobia).⁶⁰ Then it needed a drug (or the drug needed it), in this case the SSRIs (selective serotonin reuptake inhibitors) and the pharmaceutical companies to market both the ailment and its supposed cure. In the US the naming in the symptom-based DSM provided the medical legitimacy for insurance claims, and coverage, where appropriate, through Medicaid and

Medicare; in short, the funding for treatment. Herb Kutchins and Stuart Kirk have dubbed DSM endorsement ‘the psycho-therapist’s password for insurance coverage’.⁶¹ Then there was the role of patient advocacy (consumers who already thought they knew what their ailment was) and self-help groups, therapists of various sorts, including the primary care physicians with prescribing powers (far more numerous than psychiatrists), other agents with access to possible sufferers (teachers have played a role in brokering ADHD), open-ended tests to locate the complaint, celebrity confessions, sufferers’ memoirs, self-help guides, research institutes and projects, new specialist journals, and constant promotion by a less-than-critical media.⁶² (It will all become very familiar.) Christopher Lane’s careful psychiatric history *Shyness: How Normal Behavior Became a Sickness* (2007) analysed this process.⁶³ Similarly Allan Horwitz and Jerome Wakefield’s *Loss of Sadness* (2007) has demonstrated the transformation of sadness (an everyday social response) into an epidemic of depressive disorder.⁶⁴ The facilitators and processes – the ‘diagnostic inflation’ – are almost identical.⁶⁵ And this was in an environment accepting of the ubiquity of untreated mental maladies, where such disorders were taken as a cultural commonplace, what Horwitz has called ‘a shared culture of medicalized mental disorders’.⁶⁶ If health policy researchers were to claim in 2005 that in the course of their lives nearly half of all Americans would meet the criteria for a DSM-IV disorder, it is scarcely surprising that sex might become part of this national inclusion.⁶⁷

In her history of Alcoholics Anonymous and what she has termed the ‘recovery movement’ Trysh Travis outlined the various layers, levels or components of this culture: the addicts themselves or those in recovery, their organizations (Alcoholics Anonymous and similar groups), a ‘vast network’ of clinics, treatment centres, what she described as ‘professional therapeutic entities’, and finally a ‘subculture’ of memoirs, novels, handbooks, and TV and Internet discussion dealing with addiction and recovery.⁶⁸ Unsurprisingly, for sex addiction is part of Travis’s recovery movement (though not integral to her account), our book will be traversing similar territory.