

The Making of a Sex Addict

by Patrick J. Carnes, PhD
Adapted from "*The Obsessive Shadow*," 1998

Many readers may have also read "*The Obsessive Shadow*" by the author. This article is a revised and updated version of that one.

In the period from 1985 to 2003, a series of studies were performed, which gives us a profile of sex addicts. Six hundred fifty patients attended an addiction interaction workshop, which was designed to understand the patterns in the interaction of their compulsive behaviors. In order to conduct an appropriate assessment of these patients, professional helpers needed to be aware of how sex addicts come to be sex addicts, as well as of the objective criteria by which to evaluate them. Here, then, is how the data breaks down:

The Role of the Family

In studying these recovering patients and their partners, it was determined that sex addicts tended to come from families where there were addicts of all kinds. For example, mothers (25%), fathers (38%), and siblings (46%) had significant alcohol problems. Mothers (18%), fathers (38%), and siblings (50%) had similar problems with sexual acting out. Parallel patterns existed with eating disorders, pathological gambling, and compulsive work. Only 13% of sex addicts reported coming from families with no addictions. So we know that growing up in a family with existing addictions is a factor.

Family type was also a factor. Sex addicts in the study experienced their families as rigid (77%), dogmatic, and inflexible. They also found their families to be disengaged (87%), i.e. detached, uninvolved, and emotionally absent. Thus, they came from environments in which failure to bond was the norm.

Another major area of impact was the role of child abuse. Addicts reported physical abuse (72%), sexual abuse (81%), and emotional abuse (97%). Furthermore, the more sexually and physically abused the respondents were as children, the more addictions they had as adults. Emotional abuse was a significant factor in addicts who abused children themselves.

Trauma and Sex Addiction

It is clear that for sex addicts, trauma or high stress and addiction are inextricably connected. Addiction in its various forms becomes a solution to the anxiety and stress of the trauma. In reviewing the literature and the reports of the research population, it was determined that eight different trauma responses are typically manifested by victims; and instrumentation called the Post Traumatic Stress Index was developed. Following is a brief summary of each dimension of trauma. Percentages are those sex addicts who scored high in the category.

1. *Trauma Reactions*: Physiological/psychological alarm from unresolved trauma experiences (64%)

2. *Trauma Pleasure*: Seeking or finding pleasure in the presence of extreme danger, violence, risk, or shame (64%)
3. *Trauma Blocking*: Efforts to numb, block out, or overwhelm residual feelings due to trauma (69%)
4. *Trauma Splitting*: Blocking traumatic realities by splitting or dissociating from painful experiences and not integrating into personality or daily life (76%)
5. *Trauma Abstinence*: Compulsive deprivation that occurs especially around moments of success, high stress, shame, or anxiety (45%).
6. *Trauma Shame*: Profound sense of unworthiness and self-hatred rooted in traumatic experience (72%)
7. *Trauma Repetition*: Repeating behaviors and/or seeking situations or persons that re-create the trauma experience (69%)
8. *Trauma Bonding*: Dysfunctional attachments that occur in the presence of danger, shame, or exploitation (69%)

These early data point to a day when we will be able to correlate trauma profiles with patterns of dependent, compulsive and obsessive behaviors. Therapists will predictably see traumatic experiences as a factor in compulsive sexual behavior.

Sex Addiction Criteria

In keeping with the guidelines used to assess pathological gambling, alcoholism, and substance abuse, the following criteria for diagnosing sex addiction have been established:

1. Recurrent failure to resist sexual impulses to engage in specific sexual behavior;
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. Frequent 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. Need to increase the intensity, frequency, number, or risk level of behaviors 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.

In a research study that David Wines conducted on recovering sex addicts, 85% of his subjects met at least five of the criteria and 52% met seven or more. In the American Psychiatric Association's *Diagnostic and Statistical Manual*, only three criteria must be met in order to qualify for compulsive gambling or substance abuse. Thus, we are beginning to see an emerging profile of diagnosis in the field of sex addiction.

Sexual Behaviors

While the process of addiction is common for all those with sexual compulsion, the focus of the behaviors will vary. Through a series of studies using hundreds of specific behaviors, we found that certain behaviors emerged that were commonly found together. These are:

1. *Fantasy Sex*: Becoming lost in sexual obsession and intrigue, including behaviors that support preoccupation, such as stalking, compulsive masturbation, or being a "romance junkie"
2. *Voyeurism*: Visually-oriented behaviors, including pornography, strip shows, and peeping
3. *Exhibitionism*: Exposing oneself in inappropriate or in self-destructive ways
4. *Seductive Role Sex*: Serial or concurrent exploitation of relationships, usually in pursuit of power and conquest
5. *Intrusive Sex*: Violating boundaries as a high arousal experience, such as obscene phone calls or frotteurism
6. *Anonymous Sex*: Compulsive sex, often in high-risk circumstances, with people one does not know
7. *Trading Sex*: Using sex as part of a business transaction. This is addictive because of the risk, cost, or repetition of early trauma.
8. *Paying for Sex*: Purchasing sex as in compulsive prostitution or phone sex services
9. *Pain Exchange*: Sex that is most pleasurable when one is hurt physically and diminished personally
10. *Exploitive Sex*: Serious sexual misconduct at the expense of vulnerable persons.

Addiction Interaction Disorder

In studies conducted by the author, many facts have been discovered:

- Less than 13% of addicts have only one addiction
- Sustained recovery is more successful when all addictions present are addressed
- Addictions do not merely coexist, but actually interact with each other

Furthermore, there are ten dimensions in which addictions impacted or in some way related to one another. They are:

1. *Cross tolerance*: a simultaneous increase in addictive behavior in two or more addictions
2. *Withdrawal mediation*: one addiction serves to moderate, relieve, or avoid physical withdrawal from another.
3. *Replacement*: one addiction replaces another with a majority of the emotional and behavioral features of the first.
4. *Alternating Addiction Cycles*: addictions cycle back and forth in a patterned systemic way.
5. *Masking*: An addict uses one addiction to cover up for another, perhaps more substantive addiction.
6. *Ritualizing*: Addictive rituals of behavior of one addiction serves as a ritual pattern to engage another addiction
7. *Intensification*: One addiction is used to accelerate, augment or refine the other addiction through simultaneous use
8. *Numbing*: An addiction is used to medicate shame or pain caused by other addiction or addictive binging.
9. *Disinhibiting*: One addiction is used frequently to chronically lower inhibitions for other forms of acting out.
10. *Combining*: Addictive behaviors are used to achieve certain effects that can only be achieved in combination.

