



Review article

Shame and Sex Addiction: Through A Cinematic Lens

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Abstract

Sex addiction has been a topic of debate. With the new DSM-V (2013) category of Substance-Related and Addictive Disorders that now includes gambling disorder, other excessive behaviors including sex are poised to capture increasing attention. Depiction and clinical case studies of the progression and features of sex addiction are limited in the research literature due to ethics of confidentiality and the taboo nature of the topic. This article puts a human face to the question of sex addiction through the use of cinema as a 'cultural text' with the film *Shame* (2011). A framework for addiction comprising of the 3C's: (1) craving; (2) loss of control; and (3) negative consequences, is used to analyze the protagonist's behavior. Parallels to alcohol and gambling disorders are drawn. Momentous shifts in society's sexual environment and norms that currently re-shape sexual behaviors are highlighted. The article points to avenues of research and its urgency to society and its individuals. Clear neurobiological and behavioral markers to define sex addiction can reduce shame and alleviate the suffering of those afflicted through appropriate treatment. A fortified understanding of sex addiction has significant individual, family and social implications.

Introduction

The question of whether sex addiction exists has stirred continuing debates. Critics on one side attribute the sex addiction concept to a medicalization of sexual appetites to serve an industry of counselling professionals [1]. Sex addiction is regarded as a myth promulgated by cultural and religious conservatism and its anxieties, edged with a negativism towards sexual exploration and its pleasures [2]. It has been suggested that the historical debate on sex addiction has been waged more on moral predilections than grounded in medical and scientific evidence [3]. On the other hand, biographies and memoirs [4-6], evidence in verbatims, vignettes and anecdotes from clinical cases [7-9] speak to the veracity of sexual addiction and its devastating effects on the individuals and their partners.

The debate over sex addiction is a sensitive one because of the private and idiosyncratic nature of one's sexual practices and preferences. Privacy also renders sex a difficult topic for examination. Furthermore, sex as a primary human drive is wired for human survival. How a natural human function migrates into problematic territory is perplexing. Moral overlays and individual rights in choice of pornography and sexual behaviors further confound the discussion.

Film as a form of "cultural text" [10] can be an effective way to broach a discussion of what is taboo. It is the purpose of this article

to use the movie *Shame* [11] to delineate the features of compulsive sexual behaviour that fit with the criteria used to determine substance use disorder and gambling disorder according to DSM-V (APA, 2013) [12]. Film engages a large audience in a visceral way and acts as a form of social commentary on contemporary phenomena. It mirrors and constructs a representation of our social worlds with sounds, images and narratives that stimulate intellectual and emotional engagement with what is on the screen [10]. As such, cinema can bring a phenomenon to life the pathos of which is otherwise obscured by abstractions. Interpretations generated by a film could fuel further exploration and raise our private, public and professional consciousness of complex issues such as whether sex addiction exists.

The fact that Gambling Disorder is now placed under the section Substance-Related and Addictive Disorders in the DSM-V (APA 2013) [12] is a portent of other excessive behaviors being examined as addictive disorders. Indeed, the interest in behavioral addiction is on the rise [13-16]. The DSM-V cites activation of the brain reward system and behavioral symptoms of Gambling Disorder as comparable to Substance Use Disorder. However, insufficient current peer-reviewed evidence to establish diagnostic criteria and course of development of 'sex addiction' precludes its inclusion the latest DSM [12,17].

Written and directed by Steve McQueen from the UK, the film *Shame* (2011) is the product of McQueen's investigation into how contemporary lives, such as that of the protagonist Brandon, are impacted by a rapidly changing sexual environment. As an experimental film-maker who is intentional about his art, McQueen believes that cinema is an important platform to call attention to social phenomena that are under-investigated. His work functions as a form of artistic documentary. Themes of oppression, repression, and the intensity of psychological conflict in specific socio-political and cultural contexts characterized his first production, *Hunger*, a film about the 1980s Irish *Hunger* strike. In making *Shame*, McQueen disclosed that he researched his subject matter of "sex addiction" by interviewing "experts" and "tens of people with sexual addiction" in New York city, after failing to find any informants who would come forward in London [18]. This is not entirely surprising as when stigma is attached to a phenomenon, people go underground. In an interview, McQueen stated that he would view his movie a "success" if it should provoke conversations about its subject matter [19].

Framework and Analysis

A cinematic rendition of the progression of compulsive sexual behaviour can serve as a case study to illuminate features of a phenomenon. We analyze *Shame* to show how Brandon, the film's protagonist, exemplifies a person with features of sex addiction that parallel criteria for substance use disorder. As a framework for analysis, we use three thematic clusters based on the criteria of the DSM-V for alcohol use disorder and gambling disorder, which we call the 3 C's, namely, (1) *craving and preoccupation* with obtaining, engaging in or recovering from the use of the substance or behavior; (2) *loss of control* in using the substance or engaging in the behavior with increasing frequency or duration, larger amounts or intensity, or in increasing the risk in use and behavior to obtain the desired effect; and (3) *negative consequences* in physical, social, occupational,

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Table 1: Diagnostic Criteria from the DSM-V (2013).

Alcohol Use Disorder	Gambling Disorder
<p>A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:</p> <ol style="list-style-type: none"> 1. Alcohol is often taken in larger amounts or over a longer period than was intended. 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use. 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects. 4. Craving, or a strong desire or urge to use alcohol. 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home. 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol. 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use. 8. Recurrent alcohol use in situations in which it is physically hazardous. 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. 10. Tolerance, as defined by either of the following: <ul style="list-style-type: none"> • A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. • A markedly diminished effect with continued use of the same amount of alcohol. 11. Withdrawal, as manifested by either of the following: <ul style="list-style-type: none"> • The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal). • Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms. 	<p>Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:</p> <ol style="list-style-type: none"> 1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement. 2. Is restless or irritable when attempting to cut down or stop gambling. 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling. 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble). 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed). 6. After losing money gambling, often returns another day to get even ("chasing" one's losses). 7. Lies to conceal the extent of involvement with gambling. 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling. 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

Table 2: Three C's of Addiction and Corresponding Diagnostic Criteria.

	Alcohol Use Disorder	Gambling Disorder
1. Craving and Preoccupation	3, 4	2, 4, 5
2. Compulsion & Loss of Control	1, 2, 10, 11	1, 3, 6
3. Negative Consequences	5, 6, 7, 8, 9	7, 8, 9

financial and psychological domains [20,21]. Tables 1 and 2 illustrate how the criteria in alcohol and gambling disorders correspond to the three C's of addiction. Current research findings on sexual compulsion will be interwoven with the analysis of the film.

Setting

The setting is 21st century contemporary New York City where Brandon is a young professional in a high technology firm. His bachelor pad is sterile white and immaculately tidy, like his well calculated routine. Sounds and images convey the internal and external atmosphere of Brandon's life. Dialogue is kept to a minimum throughout the film compared to the amplification of other sounds. The repetitive noise of drapes drawn begins the cycle in Brandon's day that alternates between his private life in his darkened room and his public persona in broad daylight. An early frontal shot of Brandon's complete nudity reveals his unguarded manhood in a state of naked vulnerability. His perfectly expressionless face and prolonged motionless pose in bed, draped only with a sheet over his groin, evoked an icon of the suffering Christ figure placed horizontally. McQueen communicates through prolonged, suggestive, still photographic images. These images allow the viewers to build and process their own associations without the use of commentary.

Cluster 1: craving and pre-occupation

Craving is manifested by an intense desire and urge for the behavior to the extent that either the fantasy or attempts in engaging in the behavior become a reigning preoccupation that dominates a person's

life. Brandon travels daily on the subway train that is relentlessly in motion underground like his unconscious impulses. The train is full of people each encapsulated in their own isolated world in a city of millions. Throughout the day, Brandon is preoccupied with sexual fantasies and behaviors. On the train Brandon locks eyes with a young attractive woman. The woman smiles coyly at him. Her engagement ring does not deter Brandon from getting off at her stop and chasing after her, frantically searching for her in the crowds. Sometimes, the rush is in the chase and the possibility of conquest. This could serve to elevate a dysphoric mood and supply a momentary high.

At work, Brandon lacks focus, preoccupied with his sexual fantasies and then worries as his computer is taken away suddenly. Management has found an excessive amount of explicit pornographic content on its hard-drive. Research found that the most common time pornography was viewed was between the hours of 9 AM and 5 PM [22]. In addition, Brandon has to take breaks from his work in order to masturbate in the washroom following a ritual of cleaning the toilet seat and flushing, a suggestion of possible obsessive-compulsive tendencies.

Brandon's sexual preoccupations continue after work. By the end of the night, Brandon has usually been involved in some sort of sexual activity, be it with someone from an escort service, interactive cybersex, or a random 'hookup' for that night. One scene depicts Brandon with a woman he met at a bar who later picks him up as he walks home and the two engage in sex at a street corner against a graffiti wall with the "f" word spray-painted.

'Hookups' or casual sex without any interest or intent of a relationship usually performed under the influence of alcohol is now normative, especially among emerging adults in North American society [23,24]. This form of non-relational sex without emotional intimacy has replaced traditional dating in the college environment [25-27].

That Brandon is a loner who isolates himself emotionally despite

his palette of sexual activities becomes clear. He ignores repeated phone messages by an un-revealed female voice desperate to connect. He is not shown to have friends other than co-workers with whom he goes to bars where they betting on conquest of women.

Cluster 2: loss of control

One sign of dependence on substances and behaviors is the development of tolerance. Tolerance means the need to engage with increased frequency or dosage and intensity in use of a substance or behavior to achieve the desired effect over time. As the film progresses, Brandon begins to take extreme and desperate measures in escalating his level and intensity of sexual behavior to beat his tolerance. Attempts to control his sexual behaviors are unsuccessful. One night in a moment of resolve, Brandon forcefully trashes everything of a sexual nature, including his stash of pornographic videos, sex toys, magazines and his laptop, as if to purge himself of the shame he feels towards himself. Unfortunately his resolve is short-lived. Though he discards everything from his apartment so that it looks like he has cleaned himself up, he cannot not rid himself of the nagging need for sex after an altercation with his sister which plunges him into a dysphoric mood. At that point, he no longer cares about consequences. He goes to a run-down bar, makes a bold sexual advance with a woman publicly and taunts her intimidating boyfriend and ends up being battered by him.

Later in a dimly lit open cement stall at the back of a gay bar, he engages in anonymous homosexual sex in which he has never before shown interest. Brandon cannot escape or detour from his own sexual compulsion, leaving him with apparently no choice but to step up his sexual behavior. The shrill music background accompanies Brandon's escalating desperation to find relief and exit from his own turmoil. We then see Brandon, full of anguish and intensity, engaging in a three-some with two unknown women in an apartment. Lines of sweaty exhaustion shows visibly on his tortuous face with the efforts he expends to reach climax in the blurring mesh of bodies and body parts. Sex, like substances, could lose its pleasure. Tolerance, a feature of dependence, requires an increase in dosage and intensity to achieve the same psychological and physiological effect through substances or behaviors.

Cluster 3: negative consequences

Continuation of a behavior despite its adverse consequences is another sign of an addictive disorder (Table 2). Negative consequences associated with addiction entail occupational, financial, psychological, relational, moral, physical and legal ramifications.

Occupational, legal and financial: In Brandon's case, after his hard-drive with pornography is apprehended, which his boss describes as "dirty, very dirty", Brandon is only mildly reprimanded by his superior. Brandon's boss is a married man with children who seeks out extra-marital affairs and one-night stands, in this instance with Brandon's sister. Shifting sexual morals could change work cultures and social norms in terms of what is acceptable sexual behaviors, while consequences to problematic practices could be mitigated through the collusion of associates in the work and social environment.

Preoccupation with sexual fantasies, compulsive sex rituals and pornography and cybersex internet use during work hours reduces productivity and increases costs to employers and exert a negative effect on the organization and other employees [28]. Increasingly, organizations are advised to develop internet abuse policies, similar

to drug and alcohol policy in the workplace [29]. Internet sexual offending is expected to increase with internet use [30], and employers may be implicated if employees use internet at work involving sexual offense. In Canada, provincial human rights tribunals recognize the display or use of pornography in the workplace as a form of sexual harassment on the grounds that it creates an unequal work environment for women [31]. Loss of a career or a job, potential law suits are financial costs to sex addiction in addition to subscriptions to pornography and cybersex sites, escorts services, and purchase of sexual paraphernalia.

Relational/Psychological: Brandon's sexual partners are anonymous or impersonal until he dates a female co-worker, revealing his difficulty with relationships and intimacy. The dinner date is awkward, the conversation choppy and interrupted every few minutes by an overly attentive waiter. While familiar with the cues of pickups, hookups, anonymous and paid sex, Brandon is painfully uncomfortable with the traditional rituals of dating and courtship. He is used to a solitary life with take-out dinners in front of his laptop screen. Over dinner with his date he discloses that he does not believe in getting married because "it's not realistic" and that his longest relationship was four months. Real relationships entail communication, risk of vulnerability, disclosure of self, and exposure to rejection [32, 33]. Intimacy is especially difficult if one doubts one's worth, cannot self-validate, has difficulty with communication, and features a childhood history of attachment difficulties, commonly found in the background of those with addictions [14,33-36].

Just before sex with his co-worker, Brandon snorts a line of cocaine in the bathroom and has a stiff drink to both arouse himself and calm his nerves. Co-occurrence of substance abuse and sex addiction is common and follows complex interactions [37-39]. Unable to have an erection, Brandon leaves the bed and sits in a corner looking out the window in a stupor of shame. The camera lingers a long time on his despondent pose.

In contrast, the immediately following scene in the same hotel room after the co-worker leaves shows Brandon having sex with an anonymous escort upright against the open window in the high rise, one might say a sign of escalation through exhibitionism. An earlier scene shows Brandon viewing another pair copulating against a similar window. Exhibitionism, voyeurism, masochistic and sadistic sex and other paraphilias are emphatically not considered a disorder by DSM-V unless a paraphilia is accompanied by distress to self or harm to others and is non-consensual [12] (APA 2013), a liberalization from DSM-IV diagnosis. After the sex act, the escort casually stretches herself in a feline nonchalant manner and leaves, ignoring Brandon's feeble solicitous gestures. While Brandon may be able to perform in sex, his ability to form attachment and intimate relationship is woefully inadequate. Some clinicians view sex addiction as fundamentally an intimacy and relationship disorder [34, 35, 40].

Moral: As sexual compulsion escalates and gets out of control, Brandon finds himself compromising his values and integrity. He engages in acts that even he himself finds it hard to sanction, but nonetheless still seeks out. Brandon is portrayed as a person with moral scruples when he questions his sister about her affair with his boss, whom he knows to have a wife and child. In fact, the viewer has come to empathize with Brandon and his painful predicament and inner struggles. Brandon is portrayed as likeable with human sensitivity, yet he finds himself descending into increasingly risky

sexual acting out. Sexual acts that deviate from his core values create internal dissonance and a sense of shame, which can only be dealt with by compartmentalization and splitting in order to be tolerable. The Dr. Jekyll and Mr. Hyde syndrome is commonly reported concerning individuals with sex addiction, as are deception and betrayal based on reports from clinical samples [7].

Physical: Brandon's frenetic engagement in increasingly high-risk sexual behaviors signals his loss of control. Sexual compulsivity increases sexually transmitted infections [41] and risks of HIV in unprotected sex with partners of unknown HIV status [42]. There is also less likelihood of disclosure of one's HIV status to the partner in sexual compulsivity [43]. Physical assault as a direct consequence of sexual compulsivity was also borne out in the film.

Family-of- origin relationships: Emphasis of the DSM is placed on operational criteria that determine individual psychopathology and less discussion is given to the predisposing factors to the condition. What are the distal and proximal antecedents to the development of sex addiction? What individuals have an underlying vulnerability? On these the movie only insinuates.

Brandon's relationship with his sister Sissy is central throughout the film. Many scenes of Brandon and Sissy are shot from the back, creating a sense of frustration for the viewer in not seeing the true faces of these characters. In the end, much of their past is opaque, but a past that nonetheless plays out in the dynamics of their present volatile relationship.

Sexual innuendos and blurred boundaries between the siblings abound in the film, creating unease for the viewer. Sissy is seductive towards Brandon. She leaves suggestive phone messages, snuggles naked in bed with him, and intrusively breaks into his apartment. At the same time, she is dependent on Brandon, mocks him, and reveals a history of self-harm and suicide attempts. Brandon is torn between trying to set proper boundaries with her and feeling overly responsible for her. He harbours guilt about her self-harm and suicide attempt.

One could surmise that the family history for Brandon and Sissy and their relationship with each other is complex and problematic. "We are not bad people; we just come from a bad place," utters Sissy to her brother. Research and clinical observations support that "sex addicts" often come not only with a history of childhood abuse and neglect [44], but also enmeshment and poor boundaries with parents, sexually and non-sexually [35, 45]. These problematic early relationship patterns negatively affect a person's ability to form healthy, secure adult relationships with a clear differentiation of self and other. There is a dark side to sex. Sex is used as a channel for unresolved inner conflicts, to meet the need for soothing, comfort, and power as well as expression of anger and rage towards self and other [45-47].

Upon rushing home to discover Sissy having cut herself in a suicide attempt, the steady tempo of a Bach fugue heard in Brandon's earphones contrasts with his muted frenetic gestures, the tremor of his hands, his desperate holding of his sister, and the time it takes him to sufficiently register what has happened to call the ambulance on his cell phone. The muted sounds of desperation and the call for help is likely reminiscent of events that Brandon and Sissy suffered in their early lives, perceived only through silent motions and gestures, but unheard and unspoken in their pain.

Discussion

The film puts a human face to sex addiction. Since Brandon is not

an actual clinical case, the progression and features of his sex addiction invite the corroboration of clinical case studies that depict the trajectory of sex addiction. Shame keeps individuals struggling with their compulsive sexual behaviour hidden and isolated, but clear diagnostic criteria for sex addiction will enable those afflicted to obtain the help they need. The parallels of sex addiction with alcohol and gambling disorders are striking in three symptomatic clusters of craving and preoccupation, compulsivity and loss of control, and the continuation and escalation of the behavior despite negative consequences. Critics of sex addiction fail to recognize that with certain individuals, sex does not lead to pleasure. With addiction, what begins as a pleasurable activity degenerates into a compulsion with diminishing returns. Sex addiction is not a derogatory term to pathologize sexual behavior. Rather, clear diagnostic criteria for an addictive disorder would allow someone in Brandon's position to appreciate the seriousness of their condition and to receive the necessary professional support and treatment to reclaim a life of health and fulfilling relationships. Hope exists.

Addiction is not a short story. It is a tale that often extends back to a history of problematic childhood relationships, followed by misguided attempts to deal with the psychological pain with substances or behaviors to find relief, progressing to a descent into chronic relapses and self-destruction. The course of development of various behaviors that could potentially become addictive is insufficiently studied [48]. In-depth case studies of a series of similar cases can help map the thematic history and course of problem development, its proximal and distal factors, symptoms and relationship manifestations over time [32]. A painful childhood and dysfunctional family dynamics are often found in the background of substance use problems, gambling disorders and sex addiction [49,50]. Because of the progressive and recursively escalating nature of addictive disorders [32,48], a long-term perspective through clinical case studies and longitudinal studies is needed. Understanding the developmental course of sex addiction will illuminate if current subclinical behaviors place the person at risk for exacerbation of addictive behavior or in developing new addictive behaviors. These clinical considerations include paraphilias and their course of development.

Comorbidity is a common feature of addiction, both in terms of the high rates of co-occurrence of addictions [37], and the presence of mental health problems, ostensibly depression, post-traumatic stress disorder, and anxiety [51,52]. Sexual compulsivity could be primary or secondary to substance abuse and other behavior addictions, e.g. gambling. Routine screening of sexual behaviors concurrent with substance use and other behavior addictions is advisable to determine how these addictions interact.

Similar to substances, behaviors, such as gambling [53,54], food [55] and pornography [56], have the capacity to stimulate and alter neurobiological systems, especially the dopamine reward system of the brain and diminished fronto-striatal activity. Further, it has been suggested that pornography has the potential to alter brain structures permanently, with the developing brain being the most vulnerable [57,58]. Because of current inconsistent neurobiological findings linking sexual images and behaviors with brain activity, more research in this area is needed [17,59].

Addiction is more than an individual phenomenon but should be framed ecologically within a social and political context [60]. It is financially supported by corporations as in the tobacco, alcohol, pharmaceutical and gambling markets, as well as by underground industries. It is perpetuated by cultural consensus and political

constituencies, and proliferated by modern technologies. Sex has become a hot commodity and one of the most affordable addictions. It is a commodity capitalized on by industry and private entrepreneurs. The cybersex industry is one of the most lucrative industries dominating the internet today [61].

Increased availability and accessibility of a commodity often carries the potential of precipitating its problematic consumption. For example, research showed that when casinos became available and accessible, there was a significant increase of negative effects with gambling in their vicinity [62]. Similar findings of associated negative effects are reported with alcohol and tobacco outlets and their convenient accessibility [63,64]. Pornography on the internet with its easy access, availability and anonymity has raised concerns about its effects on sexual behaviors and brain development [58], its positive correlation with aggressive behavior, particular among high-risk males [65], and marital infidelity [66]. The potential of pornography to amplify the brain's addiction-related neuroplasticity by an accelerated novelty 'supranormal stimulus' effect has been put forth [57].

How new sexual allures and practices in our global society modify patterns of sexual appetite, behavior, and risks for addiction is still largely unknown. We are in the throes of a massive sexual shift, and what was once considered problematic is becoming the new normal [67]. The film depicted the sexual shift with cybersex, pornography, casual anonymous sex, escort services and paid sex, exhibitionism, voyeurism, extramarital sex, and a combination of sex with gambling and substance use. Its impact on families, children and adolescents, and society has not even yet been calculated.

Similar to substance use, compulsive behaviors leading to users' preoccupation, loss of control, and continuation of use despite adverse consequences share the core features that characterize what is commonly called addiction [20]. As our analysis shows, addiction to substances and behaviors may be multiple expressions of a single 'syndrome' of addiction with a common psycho-social etiology, progression and consequences as well as shared neurobiological mechanisms [48]. Our focus needs to be as much on the understanding of addiction's psycho-social etiology as it is on its treatment and rehabilitation.

Studies have identified social support as a key protective factor in addiction [68-70]. Fuelling the 'globalization of addiction' [60] is the breakdown of family and community in a world of rampant consumerism and individualistic interests. A conspiracy of forces in our world today has created the perfect storm for behavior addiction to become a formidable social phenomenon.

Public health experts have identified pornography as an urgent public health and social problem calling for local, national and international regulation [71]. Health education and prevention, assessment and treatment will depend on timely quantitative and qualitative empirical studies to determine definitive neurobiological and behavioral markers that define sex addiction. These empirical advances will require the joint effort of researchers with the aid of clinicians to access a population largely hidden because of shame. A fortified understanding of sex addiction will have significant individual, family and social implications.

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