

Male Sexual Addiction

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Abstract

For years the question of whether sexual addiction can be considered an actual “addiction” has been the focus of many discussions among psychological practitioners. Licensed Marriage & Family Therapist, Sharon O’Hara states that in order for a behavior to be considered an addiction it must be certain elements present such as: unable to stop the behavior despite negative consequences, presence of a mood-altered state, strong element of denial, behavior is chronic and escalating because of tolerance, and occurrence of withdrawal symptoms (2004). Despite many people claiming to be addicted to sex, an actual diagnosis has been slow to come. However, the American Psychiatric Association (APA) is currently working on including sexual addiction as an actual disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM).

More frequently related to men than to women, sexual addiction exhibits some of the same signs and symptoms as other addictions, such as those with drug and alcohol. And just as with drug and alcohol addiction, treatment is available. Sexual addiction is the term used to describe a person’s overwhelming desire to have sex. Other names used for sexual addiction include: hypersexuality, erotomania, perversion, and sexual obsession. It is important to make clear the difference between simply enjoying sex and having an unusual intense sex drive or obsession with sex. A person addicted to sex spends long periods of time in sexual related activities. Like drug and alcohol addicts, sex addicts often use their vice as a means to escape other problems such as stress, anxiety and depression (Kennard, 2006).

Nevertheless, this means of escape sometimes leads an individual to more serious problems involving illegal activities. With sexual addiction being most common in males, the majority of criminal cases involving sex, such as exhibitionism (exposing oneself in public), sexual assault, or obscene phone calls, are committed by men. Most sex addicts, like other people dealing with addiction, deny they have a problem and make excuses for their behavior (Bridges, 2010).

Despite the many who claim they are addicted to sex, there is no definite answer as to why or how sexual addiction occurs. There are several theories as to why an individual becomes addicted to sex. Some experts state that sexual addiction is related to a biochemical abnormality in the brain. Other theories claim sexual addiction may be caused due to “psychological and

emotional difficulties, personality disorders, as a form of coping mechanism, a result of childhood trauma” (Kennard, 2006, p. 1). Researchers have found that individuals who are addicted to sex often come from dysfunctional families and are more likely to have been abused by a family member or someone known to the family. A considerable number of sex addicts going through treatment report some form of addiction among members of their family.

Like with drugs and alcohol, sex addiction does not discriminate. Studies have found that sexual addiction happens more often in men than in women, but it does not differentiate between the rich or the poor, race or religion. We may not hear about sex addiction in our local communities, but if you turn on the television or turn to the entertainment section of the newspaper, you may hear or read about celebrities, male celebrities, going into treatment for sexual addiction. It may not be reported on as often as drugs or alcohol, but it does get reported.

Mara Betsch of *Health Magazine* describes sexual addiction as “compulsive sexual thoughts and acts” (n.d., para. 1). She goes on to explain that people with sexual addiction have an “inability to control sexual behavior, even when it’s risky or harmful” (para. 1). Betsch’s article focuses on celebrities who have either admitted to having a sex addiction or whose newsworthy actions have been the result of sexually related activity. All of Betsch’s subjects are male celebrities. In 2008, actor David Duchovny admitted to having a sex addiction and entered rehabilitation for treatment as did R&B singer Eric Benet. However, Benet never admitted that the treatment was for sex addiction. Other male celebrities who have admitted to having a sex addiction include actor and comedian Russell Brand and rapper/singer/producer Kanye West. One of the most recent cases of possible sex addiction is that of Tiger Woods. Although Woods did not admit he was addicted to sex, he did reportedly check into a clinic for sex addiction treatment (Betsch, n.d.).

Recognizing the difference between a simply over active sex drive and an addiction to sex is important. Sex addicts frequently engage in various forms of risky sexual activity and often with multiple partners. Stephanie Brunner of *Medical News Today* makes clear some of the behavior exhibited by those with sex addiction:

- Compulsive self-stimulation (masturbation)
- Multiple affairs, including extramarital affairs
- Multiple one-night stands
- Multiple sexual partners
- Persistent use of pornography
- Practicing unsafe sex
- Cybersex
- Using prostitutes
- Prostitution
- Exhibitionism
- Dating through personal ads in an obsessive way
- Watching others in a sexual way
- Sexual harassment
- Molestation
- Rape
- Detachment – the sexual activity does not satisfy the individual sexually or emotionally

- Feelings of guilt and shame
- Giving up on social, work-related or recreational activities because of sexual addiction
- Sexual rage – the individual may become distressed, anxious, restless and even violent if unable to engage in their addiction. (2010, p. 2)

Sexual addiction, if left untreated can cause a person to feel an extreme sense of guilt and shame. It can also cause low self-esteem, anxiety and depression. Jerry Kennard of *Mens Health Magazine* explains that even though excessive sex can bring short term relief, the harm to the psychological well-being of the addict and to their relationships means treatment is required in order to bring the problem back into their control (2006).

Most addicts live in denial of their addiction and treatment and recovery depends on the person admitting to having a problem and wanting to get help. A person with sexual addiction may not see themselves as having a problem until they experience a significant life changing event such as loss of employment, breakup of a marriage or relationship, health crisis, or arrest. Kennard suggest the first point of contact with seeking treatment for sex addiction is with a family doctor or local psychiatric services who offer specialists in sexual behavior disorder. Unlike a few years ago, today there is much more help in dealing with sex addiction. The focus of treating sexual addiction must be on controlling the addictive behavior and helping the individual develop a healthy sexual lifestyle. Organizations such as Sex Addicts Anonymous, Sexaholics Anonymous, Sexual Compulsive Anonymous and Sex and Love Addicts Anonymous are all available for those seeking help (Brunner, 2010).

Some sexual addiction cases may require medication as part of the treatment. The medication most frequently administered is that which is used to treat obsessive-compulsive disorders such as Prozac and Anafranil. One particular medication used to treat male sexual addiction is medroxyprogesterone with is an anti-androgen medication used to reduce the biological effects of sex hormones (androgens) in men. Experts have found that a combination of medication, education about healthy sexuality, and individual counseling is the most effective way to treat sexual addiction.

Conclusion

While the number of people claiming to be addicted to sex continues to grow, the American Psychiatric Association (APA) continues its research on determining whether sexual addiction can be considered a true medical condition for an actual diagnosis. Currently the DSM-IV has a separate chapter on Sexual Dysfunctions and Gender Dysphoria Disorders but nothing to include sex addiction as an actual diagnosis. However, work groups for APA are currently working on proposing Hypersexual Disorder and Paraphilic Coercive Disorder for inclusion in Section III of the DSM-5 text in which conditions that require further research will be included. It is clear that sexual addiction does exist and more so in men than in women. And until an actual diagnosis for sexual addiction can be determined, sexual addicts will continue to be diagnosed and treated for obsessive-compulsive disorders.

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