

SHAME IS 'KING' IN SEXUAL COMPULSIVITY

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Picture the 40-year-old man whose wife sends him out on an errand to pick up pizza, but who cannot resist turning into a mall to cruise in the parking lot and expose himself. He returns home to his wife and their guests 4 hours later!

Or the individual who masturbates to the point of permanent genital injury, despite having been forewarned by the physician that the next time repair would be impossible.

Think of the character played by Diane Keaton in "Looking for Mr. GoodBar."

Approximately 3-6% of Americans are sexually compulsive. Of all the compulsive behaviors, it can be the most embarrassing, so people often don't seek help. Sexually compulsive individuals frequently express the feeling that it would be more acceptable to be alcoholic than sexually compulsive. While shame fuels all compulsive behavior, it is especially in the area of sexuality that shame is king. In our culture, most of our secrets are sexual in nature. It is something we still don't talk about much.

To the uninitiated, sexual compulsivity is hard to comprehend. Most people confuse it with a high sex drive. The two are very different. Sexual compulsivity isn't about enjoyment of sex as a way to be intimate with self or another. Instead, it is about disconnecting from inner sensibilities and anesthetizing emotional pain.

There are three criteria to tell if sexual compulsivity is present. The first is preoccupation with sex to the exclusion or neglect of work, health, family, and/or social relationships. Second, there is a loss of control. The individual vows, "I will never do this again," but does. Third, there are negative consequences, such as loss of marriage, job, health, financial stability, and standing in the community but the individual engages in the sexual behavior anyway.

Sexual compulsivity can take many forms. It can range from repetitive masturbation, marital sex in which the partner is objectified (a commodity), multiple affairs, pornography, and prostitution; to voyeurism, exhibitionism, obscene phone calls, and indecent liberties; to rape and child sexual abuse.

One of the newest forms is engaging in cybersex for extended periods of time. Cybersex includes online viewing and exchange of pornography, watching or engaging in live sexual behavior via video camera, sexual chat room encounters, obscene phone calls over the Internet where there is no caller ID, and arranging online for sexual services or meetings offline. Cybersex is affordable, seemingly anonymous, and easily accessible. It is considered to be the crack cocaine of sexual compulsivity, because it can quickly escalate the progression of the disorder.

What causes sexual compulsivity? The answer is complex. Put simply, one doesn't develop sexual compulsivity without emotional pain. The purpose of any compulsive behavior is to relieve or anesthetize emotional pain, to induce a trance state, where the individual disconnects from painful realities and mood is altered. Individuals who become sexually compulsive typically have childhood histories of lack of nurturing and other forms of emotional, physical, or sexual trauma. The child finds sexual behavior to be a source of comfort, but also shame. Shame fuels compulsive behavior. That is, it results in negative feelings, and all the more need for the "fix." Ultimately this process becomes a cycle of despair, as the individual feels more and more out of control. Severe depression, even suicide, may result.

Sexual compulsivity can be viewed as an intimacy disorder. It is difficult to be intimate when there is a secret to keep. Furthermore, the preoccupation with sex results in isolation and emotional distance from others. Sexual compulsivity thrives on isolation. There is also lack of intimacy with the self, since sexual behavior is used to disconnect from painful inner awareness. To compound the problem, within the primary relationship the individual may be “sexually anorexic,” actively withholding sexual intimacy, while secretly acting out alone or with others.

Treatment

As with any behavior, it is important to understand it in order to treat it. If sexual compulsivity is used to disconnect from inner sensibilities and painful realities, then healing involves the reverse process: connection to inner experience and awareness of and working through emotional pain. Goals of treatment include learning new coping skills; learning to self-soothe in healthy ways; resolving shame and guilt; improving self-esteem; and integrating sexuality as a healthy part of self and as a way of expressing care, so that it promotes intimacy. Therapy with a professional knowledgeable about sexual compulsivity is essential.

Twelve-step recovery groups geared toward sexual compulsivity can be invaluable in breaking isolation, reducing shame, promoting new coping skills, and providing ongoing support. Family members’ involvement in treatment is important, to face the full reality of the disorder and to learn to create genuine intimacy, nurturing, and honesty in the family system. Throughout the United States, there are also specialized inpatient treatment programs that provide intensive treatment for both the sexually compulsive individual and the family.

A broad array of treatment tools is helpful to treat this recalcitrant disorder. Experiential therapies, such as gestalt and psychodrama, help the individual connect with the self at a deeper level. Cognitive therapy addresses denial and distorted thinking, including rationalizing, minimizing, and justifying to continue the sexually compulsive behavior. Behavioral techniques are useful to identify triggers and to prevent relapse. A family systems approach helps the individual to step back and look, in a non-blaming way, at the family-of-origin, in order to gain an understanding of family legacies.

Treatment is not a short-term process; healing does not proceed in a straight line. Slips are not uncommon, especially during the first year of recovery. It is not called “compulsive” for nothing! However, with a commitment to change and the right help, recovery is possible.

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Dr. Helen Friedman is a clinical psychologist in full-time private practice in St. Louis, Missouri, with 38 years of experience working with sexual trauma and sexual compulsivity. She has presented on these topics at national and international scientific conferences and has made numerous appearances on television, radio, and in print (New York Times, Washington Post, Jerusalem Post, USA Today, Los Angeles Times, New York Post, Psychology Today, Cosmopolitan, New Woman, Mademoiselle, SELF, Redbook, YM, CosmoGIRL!, Time.com, Huffington Post, Salon, etc.). Dr. Friedman is past president of the St. Louis Psychological Association; an associate clinical professor in the Department of Community and Family Medicine, St. Louis University School of Medicine; and an advisor to the board of the Society for the Advancement of Sexual Health (SASH—formerly the National Council on Sexual Addiction and Compulsivity). She is the recipient of the 2005 SASH Merit Award “for exceptional commitment to the organization” and is featured in the book, The Successful Therapist (Wiley, 2005).