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# Strung Out on Sex

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*If you're wounded, unloved or unsure, sex can be as addictive as cocaine. But when it's a sexual addiction that's destroying someone's life, we're too busy sniggering to believe it.*

By Jeanette Batz, *The Riverfront Times*, St. Louis, MO  
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**Mention sex addiction**, and the jokes start: This is a *problem*?" "So...how do you know whether you're addicted?" "Where can I meet these people?"

Listen patiently, let 'em run out of steam. Then tell a few stories from the case files. Did you hear the one about the woman whose husband went to the office on a Sunday to do some catching up? She and their 8-year-old daughter found him in the rest room, dead as a result of autoerotic asphyxiation. Then there was the 38-year-old dentist who, furious about his wife's sexual unavailability, secretly drugged her so that he could have sex with her. The woman who wound up in the emergency room after using a vibrator so intensely that she burned herself. The man who had sex with a stranger in a gas-station rest room while his wife and kids waited in the car.

It's not funny. It's not even erotic. Sexual addiction is an obsessive preoccupation and compulsive acting-out that spirals out of control. It happens not in quest of pleasure but because, somewhere along the line, the psyche confused sex with love and the body interpreted a rush of adrenaline as a triumph over fear, loneliness and inadequacy.

Sex addicts aren't over-sexed, and they're not people making excuses for deliciously bad behavior. They're people without any *real* intimacy in their lives. The sex is a powerfully addictive substitute because, for a few seconds, it fills the emptiness. And that fleeting comfort keeps them coming back for more.

The cases mentioned above come from the research of Dr. Patrick Carnes, the psychologist whose book *Out of the Shadows* (now published by Hazelden Educational Materials) gave the general public the first thorough understanding of sex

addiction in 1983. Carnes had written the book a decade earlier, but the world wasn't ready; it was only in 1978 that *clinicians* began recognizing this addiction as a disease, and the rest of us *still* think of it as decadence. "This country's about 13, sexually," he sighs.

*Foul lust of lechery, behold thy due.*

**Geoffrey Chaucer**

"I can take you to two or three shopping centers where anonymous sex happens every day," promises Dr. Mark Schwartz, clinical co-director of the Masters & Johnson Clinic. "You're talking about a surgeon getting a blow job in a public rest room while his wife's shopping. That's how compulsive these activities get." Famous for rehabilitative therapy, the clinic gets at least three or four calls a week from sex addicts seeking help. "Most are men, which can be misleading. With women it's a lot more in the closet," explains Schwartz, "but there's *lot* of it."

"The cycle begins when a sexual experience temporarily but very effectively relieves painful anxiety, distracts your mind from its problems, releases your body's lonely tensions. Suddenly you feel supremely powerful, in control of anything that might hurt you, desired and satisfied and loved. The next time you start to feel anxious, lonely, hurt or inadequate, you repeat the process. And it escalates."

Usually there's a predisposition to addiction; a history of emotional pain and sexual confusion; a life land-mined with violations of trust; an utter inability to create intimacy. "But most of all," Schwartz finishes bluntly, "people discover that they can get high from it." The sex is doubly intoxicating because of the hit of adrenaline that comes with the illicit excitement, the Russian roulette you're playing with your job, your relationship or your life. Plus, if you're having sex with a new partner, it's "fantasy sex"--anything you want it to be. Except committed, meaningful and intimate.

Schwartz defines intimacy as "having a deep relation with another person, and then you sexually punctuate it." Addictive sex isn't just a comma; it's the entire vocabulary and syntax. It preoccupies, driving happily married accountants to park benches for nervous, furtive, anonymous sex; sending lawyers

into tawdry back rooms, their floors sticky with semen, because a few locker-room jokes by unsuspecting buddies triggered desperate need.

What's the appeal of sex without mutual tenderness, fidelity and all the values we're told to cherish? "Partly the circumstances, and the newness," Schwartz suggests, "and partly the fact that you are conquering somebody and somebody wants you. Or at least you have the illusion that somebody wants you. The sex addict will say, 'I'm only as good as my last hit,' meaning-- 'For a moment I felt like I was OK, because that person wanted me, but as soon as what I did sank in, I hated myself so bad the only way I could feel better was to go back out and do it again.'"

That, in a nutshell, is the addictive cycle. "It's like crack--you go way up and way down very fast," he continues. "Somebody wants you, they fuck you and, about three seconds after they ejaculate, you go low." Conventional lovemaking becomes undesirable, insufficiently stimulating. "For some people, the addiction's so severe that they have sex with people with active sarcoma lesions (a sign of AIDS)," adds Schwartz. "It gives you some idea of the deep craziness. There is nothing in our rational minds that would allow us to understand that."

William, a gentle, thoughtful professional who holds a graduate degree, never understood it, either. "Anonymous sexual encounters in public areas with other men," he blurts. "You want to stop, but then you rationalize, Just one more time. And every time, it's insanity: You do the same old thing and think, 'This time, the result will be different.'" When sex took over, he says, his emotional life died. "You don't really feel depression, or sadness, or joy. All those feelings become sexualized, until all you feel is a kind of numb anxiety."

William's addiction started young, worsened in college, continued through his 20's and lasted until he was arrested for anonymous sex in a park and his employer found out. He's been in recovery for 13 years. If he could go back in time, he'd tell his young self, "You don't have to live this life anymore; there are other people just like you; there is help; there is a chance of a rich, fall life." And the response? "I probably wouldn't have believed it."

"Sex addiction is kind of a steamroller to hell. The double life, the inconsistencies, it all takes great energy," he sighs, remembering how sure he was that he could somehow evade any consequences. "Nobody can juggle it in the long run; they burn out," he adds. "People can do it for years, though."

The hallmark of addiction is that sex becomes the organizing principle of daily life, with every spare moment devoted to fantasizing, planning the next experience, ritualizing it, enacting it, agonizing over the guilt and shame it leaves behind. From there, the addiction can manifest itself in an infinite variety of forms, settings, moods and degrees.

In Carnes study of 1,000 sex addicts, 89 percent reported regularly bingeing to the point of emotional exhaustion. A counselor locked himself in the bathroom every two hours to masturbate. A wife found three volumes carefully annotating her husband's sexual encounters with 1,500 women. But Jason, a soft-spoken, serious young man you'd expect to work in a bookstore, simply engaged in a series of committed relationships ignited by consuming infatuation. "Most lasted a year," he says. "We'd become joined at the hip; that would last two or three months. Then I'd spend the next seven or eight months trying to get out of the relationship."

What marks an addiction isn't the activity itself; it's how you feel about it and how it dominates and damages your life. Addicts might obsessively fantasize or play roles; seduce coworkers; have anonymous and/or public sex; masturbate compulsively; rub themselves against unsuspecting strangers (frotteurism); exhibit themselves; pay or barter for sex; watch others undressing or having sex; exchange pain with sexual partners; invade boundaries in ways ranging from unwelcome flirting to rape; molest animals or children; sexualize bodily wastes, clothing or objects; have phone sex or, now, computer sex.

"People are using the Internet as a way of feeding their sex addictions," notes Schwartz, "because it's anonymous and impersonal. Sometimes they ejaculate while playing on the computer, five or six times in an evening. Other times they arrange to meet someone, or they go somewhere to have anonymous sex afterward, which is very dangerous."

***I don't think anyone is free. One creates one's own prison.***

**Graham Sutherland**

**Our puritanical**, adolescent, sex-soaked culture holds more addicts than you'd ever guess: One national study found that the number attending recovery groups virtually doubled between 1988 and 1992, and "we've crossed another threshold this year," remarks Carnes. "I've been astounded by the number of sudden experts in the field since Clinton."

Sexual Compulsives Anonymous (SCA), one of three nationwide sex-addiction groups with chapters in St. Louis, draws between six and 30 people to each of 10 weekly meetings. Such counts are one of the best ways to estimate the extent of the problem, but they're limited to people who already acknowledge what's wrong and usually to people with enough education, money or health insurance to be receiving individual as well as group therapy. It's a skewed picture, and it fragments quickly: mostly male but an increasing number of females; all races, classes, religions and sexual orientations. Often people have been trapped in other addictions first alcohol and drugs, or eating disorders. "Sexual addiction tends to come later, in the 30's," notes Schwartz. Is it foreshadowed when people are teenagers? "Yeah, they're depressed as hell," he rejoins. "Sad all the time, disconnected, treated cruelly by their peers, and with parents who are not very compassionate."

He's generalizing, but the description leads right into the addicted adult's "core beliefs" listed by Carnes: "I am not attractive, personally or physically. A woman would not choose me. I will have to convince a woman to be with me. My needs can only be met by luck or chance, careful strategizing or the accumulation of money or power. I need sex all the time, cannot get enough and must not pass up any opportunities. I am the only one who needs sex this much."

The most startlingly consistent characteristic is the sense of having not only a double life but a false self. "You feel like an impostor," explains Schwartz. "And keeping that mask on takes tremendous energy. That's the pathognomonic feature of it." The *what*? The central characteristic of the symptom.

Determined to test that clinical label, I try out the word on a group of recovering addicts. One, a Catholic priest, interrupts my stammered pronunciation to sound it out phonetically and breaks what he hears into Latin. "Damaging of the spirit," he announces triumphantly. I fold the "central characteristic" notes and put them away.

"My work involves a little bit of confrontation sometimes," begins another man (I'll call him Andy). "There was a time I had to take several Valium just to walk in. I always felt I was about 8 years old, surrounded by all these adults who knew what they were doing. That's how I felt generally about life. I don't know how to *do life*."

People nod in agreement. "I'm in a job situation that is really great for me, and they think I'm terrific," says Jason, "but this voice in my head keeps saying, 'This isn't real. Wait until they find out what a loser you are.'"

Another consistent theme is a history of sexual abuse, which Carnes found in 81 percent of sex addicts. This seems counterintuitive, until you remember that an abused child's unfolding sexuality is wrinkled by terror and shame, all subsequent relationships colored by insecurity and ambivalence. By adulthood, he may have repressed or minimized what happened, convincing himself that it did no harm. Or that, because he consented, he has no right to complain. Or he must be bad, because he felt physical pleasure. Or because he loved the person who abused him, it had no impact.

Any abuse has impact. In an article titled "Sexual Compulsivity as Post-Traumatic Stress Disorder," Schwartz explains the tendency to "repeat" a severe trauma in disguised form until you've mastered your reaction to it. Along the way, the repetitions may even become associated with release and pleasure, thus meeting the need for intimacy that was injured by the early violations. "Moreover, these reenactments may become part of addictive cycles," writes Schwartz, "because the individual experiences a 'high' from endorphin release triggered by the flashback of the original trauma." Forget changing dross into gold: This is "the ultimate alchemy, turning pain into pleasure, orgasm into victory."

Carnes notes that not only do most sex offenders have a history of abuse, “55 percent are sex addicts, which nobody likes to admit, because it sounds like you’re giving an ‘excuse’ to the victimizer.” At the other end of the continuum, though, an addict need not have *any* dramatic history of abuse. The trauma may have been as mild as hearing negative or mixed messages about sex or sensing the neediness and rage of adults around you. “It’s all pretty inchoate,” admits Schwartz. “Two things set people up for sex addiction: authoritarianism and rigidity.”

People forge rigid, dogmatic, absolutist (right/wrong, good/bad, nothing gray in the middle) world views to control a messy world and, most important, to avoid being hurt again. If an addiction erupts, there’s a vicious cycle of shame, repressive over control, explosion, shame. “My story had a lot to do with prostitution and money,” offers Al, who, after apologizing for being so quiet, answers four previous questions in a single rush. “Just hearing the cash machine going that was the beginning of the sexual experience. It was a control thing somehow: OK, my sexual needs are going to be met now.” When, in backlash, his wife *stopped* being sexual, his need for control intensified, along with the shame.

In another scenario, the addict craves a rush of power and attention instead of control. The competitive, driven, charming and successful politician; the charismatic pastor of a flush, fast-growing fundamentalist church....”With the power of that pedestal, you are almost setting someone up to be a sex addict,” remarks Schwartz. “It’s intoxicating. And when you have done it once, why not do it again? How many times do you have to sin to go to hell? “

*And the wild regrets, and the bloody  
sweats,*

*None knew so well as I:  
For he who lives more lives than one,  
More deaths than one must die.*

**Oscar Wilde**

Schwartz is currently treating victims of sexually abusive priests in the Belleville, Ill., diocese. He says many are happily married heterosexuals, yet they’re acting out with anonymous males, compulsively repeating what was done to them because they

feel guilty that they didn’t stop it. “Bisexuals are the highest proportion of sex addicts: One, they’re often molested. Two, people believe that, if they have same-sex arousal, they didn’t choose it and therefore can’t control it. Three, some people don’t believe bisexuality exists; they figure they are really gay and keep it a secret, and secrets tend to get bigger than the person and propel them.”

What about homosexuality does society’s shaming heighten the chance of sexual addiction? “Maybe, in the sense that it heightens the chance of repression,” replies William. “We are so afraid of being gay that our sexuality becomes compartmentalized, so we always work out of two areas of our lives.”

Andy grew up hearing gay people mocked and knowing he had those same feelings. “I learned to hide that part of myself,” he says grimly. “I remember telling myself, after confessing sins involving sexuality to the priest when I was a kid, that next week or next month, or next year I’d be different. This went on into my 30s, and to some extent even today I doubt my sexuality. So I don’t know how society could *not* have had an impact. It just enhanced the sense of self-loathing and isolation and shame, and that feeds sexual compulsion. Soon it was just a big thick black ball of shame.”

Robert, a priest who suffered the double torment of alcoholism and sex addiction, grew up in an Irish-Catholic household in the 1950s. “Sometimes I wonder how my parents conceived six children,” he says wryly. “It was closed doors, closed minds. To acknowledge that one would be gay, or that things are not perfect you just didn’t do that.”

“I, too, had feelings toward other guys,” he continues, drawing a deep breath, “and the (seminary) faculty noticed, so they sent me to a psychologist in order to find out if I would be compatible with community living. I couldn’t think of anything worse than to be thrown out of the seminary, so I had to keep all that deeply buried. For 30 years.”

*Every animal is sad after intercourse.*

**Latin proverb**

“My stuff felt more like a search for love and power,” notes Johanna, a bubbly, honest, thoughtfully

outraged feminist who's often the only woman at her support-group meetings. "Codependency is in there, too. How can I feel attractive, how can this person pay attention to me? Sometimes it's chemical, sometimes it's all in my head and sometimes it's both. In my recent experience, when I was doing things that were really dangerous and in public, that was like a chemical. But it had started with something in my head."

William looks up. "For me, there was definitely a rush, almost a euphoria that would come over me. You have heard of epileptics having an aura before a seizure? It's weird, but I've always been able to identify a certain vibration where I knew it was going to end up in a sexual fix."

The word's apt. People dismiss the effects of sex addiction because they're not "chemical," but "drugs, in fact, *are* involved," writes Carnes, "in the form of naturally occurring peptides such as endorphins." In *Don't Call It Love* (Bantam Books), he notes that "these peptides parallel the molecular construction of opiates like morphine, but they are many times more powerful."

Then there's phenylethylamine (PEA), dubbed the "molecule of love." Structurally it parallels amphetamine, creating a high-arousal state whose intensity soon tapers off. Both PEA and arousal spike in the presence of fear, risk and danger (common elements of addictive sexual experiences).

The biochemicals of sex stimulate what's sometimes called the pleasure center of the brain, an area that, when electrically stimulated, causes rats to ignore the need for food and sleep in a frenzy of pleasure. For those who've wondered about certain perversities, this area also hooks up to the control area for bathroom functions, according to Dr. Candace B. Pert. In *Molecules o Emotion* (Scribner), she reports studies of hamsters, which ejaculate predictably and frequently. Blood endorphin levels increased by about 200 percent from the beginning to the end of the sex act, she notes.

Is it any wonder sex deadens pain ironically, even the pain of that classic excuse, a migraine headache? Not to mention emotional pain, which Pert insists can be stored in various parts of our body, if the trauma's so overwhelming that our conscious mind represses

it. "There are almost infinite pathways for the conscious mind to access and modify the unconscious mind and the body," she concludes.

Sex is powerful because it moves so fluidly between conscious and unconscious, emotional and chemical, physical and spiritual realms. The downside is that its biochemistry can be as addictive as that of a synthetic drug. If we keep repeating an experience that affects our brain's chemistry, we start depending on that experience to feel balanced.

If we look at the psychological motivation for addiction as well as its pathway through the brain, we find three basic categories: arousal addictions that stimulate and thrill; satiation addictions that ease tension and discomfort; fantasy addictions that escape mundane reality. Drugs are stimulants, or opiates, or hallucinogens, but sex spans all three neuro-pathways. In other words, it can fill any addictive need a human being can muster.

***The one thing we can never get enough of is love. And the one thing we never give enough of is love.***

### **Henry Miller**

Schwartz differentiates between sexual addiction, "the cycle where sex produces such disturbance that the only way to cope with it is to have more sex," and sexual compulsion, "which is more related to the hole in the middle of the stomach, the way people in this society have an emptiness inside them they can't fill." He reserves semantic quibbles for clinical Scrabble games with his colleagues, though; with patients, he says, what matters is getting it under control. In fact, the label he prefers doesn't even mention sex; it's "intimacy disorder. You can't get your primary needs for closeness and affection met by another human being."

Does the label ring true? Robert sighs heavily. "I used to think, 'Even if they only want a small part of me, at least it's something,' because the need to be with someone else was so overwhelming. Growing up, I never knew how to be intimate with a person, developing friendships, developing honesty. The only way I knew how to relate to people was through sex." Would his classmates have known this, would they agree he was a loner? He smiles ruefully. "No,

they probably would have said, ‘Oh, he’s a great guy, he has *lots* of friends.’”

Andy likes the term “intimacy disorder,” too: “I always seen my addiction as isolating me. It’s been very difficult, if not impossible, to feel comfortable really letting my hair down with others, for fear that they would find out more about the real me, which is by definition defective. With all the shame, my everyday relationships were also...I was very, very shy, timid, *fleeting*. The brokenness in intimate relationships affected my everyday relationships, too.”

Johanna’s is the only voice of dissent. “I can get intimacy in an addictive relationship,” she observes. “I just make it a point to develop more of a whole relationship either before, during or after the sex. And I have a *lot* of relationships in my life that are intimate.” Days later, she’ll call, still bothered, to say, “I think I sounded a smidge defensive. I *would* say intimacy is harder for me in sexual relationships.”

What about the oft-cited, seldom-experienced panacea, unconditional love? Does it ease the throes of addiction? “I think I would recoil from somebody that’s able to love that well,” Andy admits. “I would have thought they were trying to get something from me.”

Joe’s been in a steady, intimate, loving relationship for nine years, “probably the healthiest relationship I’ve ever been in, but the addiction is something outside of that. Why I didn’t recoil from the love all I can say is that was just a grace I was given. But even in the midst of that, there is still this ‘cunning, baffling and powerful urge’ that has a grip on me.”

Many of Schwartz’s clients tell him their addiction is more about power and control than sexual release. “I had a man in here today talking about sex with his wife vs. sex for his addiction,” he offers, “and the addiction feels to him like it’s much more about aggression. This guy was molested himself, so when he’s acting out, he’s repeating that.”

Andy thinks “that makes a great deal of sense. There have always been power imbalances for me, particularly in anonymous relationships. It didn’t make any difference whether I was more powerful or less, as long as there was no parity.” Jason leans forward, eager to speak, and says he’s only recently

realized how much his addiction was about power. “Living with someone, I had this real drive to control anytime we were sexual. My story is not so much having acted out physically as dealing with fantasy and objectification. And a lot of it is about anger, dominance, power. All I want is the physicalness of their body; I just want to be able to use them for control, for dominance. I think a lot of that is rooted in anger I still have repressed.”

Carnes recent book *Sexual Anorexia: Overcoming Sexual Self-Hatred* (Hazelden) complicates the issue still further by making the case for including deliberate sexual starvation with sexual addiction. “They’re two sides of the same coin,” agrees Schwartz. “They’re both intimacy disorders. If I’m afraid to love you or he loved by you, I can either fuck you, which is a way of creating distance, or I can have no desire for you at all.”

Like addiction, anorexia often follows an abusive childhood, but this time people draw power from self-deprivation. Emptied of desire, they are uncomfortable in their bodies, at odds with our sex-crazed culture. Dreading sexual pleasure, they’re obsessed by the need to avoid it.

And repression can be as painful an aberration as indulgence.

***Sex lies at the root of life, and we can never learn to reverence life until we know how to understand sex.***

### **Havelock Ellis**

**What breaks a spiral** this elemental, this tightly twisted? “You eventually get caught and have to pay the consequences,” Schwartz shrugs. Do people want to get caught? “It’s partly deliberate, partly a numbers game, because you need more and more to get high, so the odds increase.” His tone’s matter-of-fact, but when he looks up, the compassion in his eyes is almost jolting. “I don’t think people realize you can get help for this.”

Carnes draws the parallel between cocaine and sex withdrawal: dizziness, body aches, headaches, sleeplessness, extreme restlessness. People who’ve also recovered from drug addiction have told him, repeatedly, that recovering from sex addiction was

worse less severe initially, but more prolonged and more painful. Remember the emotional numbing that set in when the sex drive transmuted other feelings? It wears off. Often people cry uncontrollably, grieving everything they've suppressed.

"On the bright side," says Schwartz, it's really treatable. Our success rate is 90 percent-plus." Masters & Johnson uses a three-part approach: medication if necessary, individual therapy and 12-step work. Individual therapy's necessary because "people can literally sit in a crowded group for years without doing any work." On the flip side, there are patients Schwartz won't see unless they're also attending a group, telling their secrets to people who will accept them. "It is a sort of medicine," Johanna says firmly, "to say something and see this wry smile across the room, reminding you that you're not alone." Robert looks into the distance. "Three years ago today, I almost killed myself. This group keeps me safe. Because of this group, I'm somebody who can be trusted, loved, accepted."

Some therapists focus on relationships, on developing a capacity for intimacy. Some simply work on controlling the behavior and thought patterns. And some go deeper, trying to reach the "affect regulation" that's formed in the first few years of life and is now seen as the basis of all addiction. "That is lower-brain stuff; it happens in the limbic system," explains Schwartz. "Structurally, these are young deficits. So we are finding cognitive therapies are necessary but not sufficient. You have to really go deep, use things like psychodrama to reach the emotional system."

Do you have to practice abstinence, too? Sex, after all, is a natural function; you don't abstain from food if you have an eating disorder. "Abstaining doesn't make sense to you or me," concedes Schwartz, "but they are not using sex for release; they're using it for love, or anger. Abstinence is cold turkey; they get angry, sad, scared, and they have to get those emotional needs met some other way." On the other hand, he adds quickly, "some people treat this almost religiously, say, 'I'm not going to masturbate for three years.' That's another addiction; it's called 'over-control.' And it nearly always leads to 'out-of-control.'"

Some recovery groups started by emphasizing old-fashioned fidelity and abstinence, then segued into more complex understandings. SCA, one of the four largest nationwide recovery groups, deliberately refuses to define abstinence for its members, suggesting that each member develop a recovery plan, with a sponsor's guidance. "If someone's married and his problem is prostitutes, abstinence might mean no prostitutes, but the plan might allow pornography," explains William. "Then, as the plan evolves, porn might be leading him back to problems, so the abstinence would increase. But the group would never say, 'This is wrong,' or, 'This is what you should do.' Shame's the *last* thing someone needs."

Recovery's ultimate goal is integration a nice concept, but how can you tell someone's reached it? "He shows up to be the same person with the people in his life, at home and at work," replies William instantly. "It's about bringing your spiritual values into your sexual behavior; it's about honesty; it's about accepting who we are, including our past."

Johanna feels almost lucky to have spun out of control, ending up so "crazed and obsessed" that she left her job and took dangerous risks. Recovery's forced her to look deeply at one of life's most powerful, least-understood elements and make it sacred again, working never to objectify another person, not even one glimpsed for a few seconds on TV.

If recovery is so obviously possible, what about prevention? "The healthy family is prevention," Schwartz says tersely, and ends the interview there. He already knows far too much about the private cruelties, distortions and repressions of American home life; he's spent the past 25 years treating the consequences.

*Members of Sexual Compulsives Anonymous agreed to be interviewed for this story as long as their real names were not used. For more information, call SCA International at 800-977-HEAL or the local chapter at 253-4085; visit the Web site at [www.sca-recovery.org](http://www.sca-recovery.org) or e-mail [info@sca-recovery.org](mailto:info@sca-recovery.org).*