



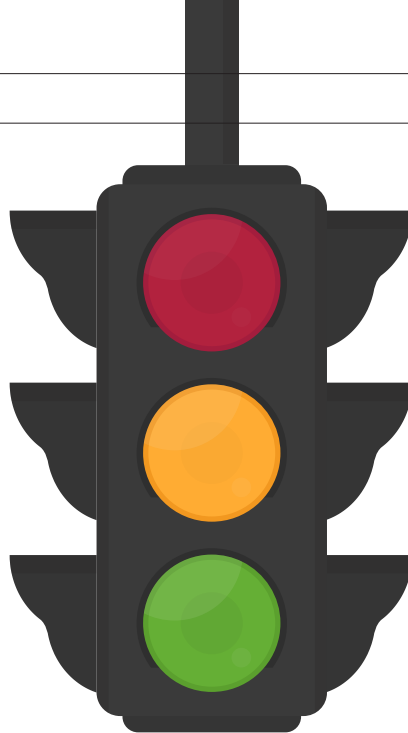
Beyond Sex Addiction

In response to a recent anonymous article about a gay man's struggles with healthy sexuality, two therapists respond with a new research-based approach that may be the future of sexual health—without the label of addiction.

WE WERE TOUCHED WHEN, in the last issue, we read how an anonymous contributor shared the challenges he faced as he developed his sexual life as a gay man. The article highlighted the many factors that impacted the choices he made as he started his journey. His examples of shaming by friends and family about both sex and being gay, internalized homophobia, lack of self acceptance, and the excitement of finding new partners are all too common.

These factors led to the author engaging in behaviors of which he was confused and not proud. Fortunately he was able to find help from counselors and support groups to change his relationship with sex. As has often been the case over the almost 40 years since the concept of sex addiction was first developed, he was diagnosed as being a sex addict and treated with the classic sex addiction model.

While the addiction model approach has been popularized by the media, celebrities, and certain portions of the therapeutic community, you may be surprised to find out that there is no actual diagnosis of sex or porn addiction in the DSM-5, the definitive manual used by mental health practitioners in the United States. Sex and porn addiction were intentionally not included due to lack of research supporting them as a diagnosis. The American Association of Sexuality Educators, Counsel-



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ors and Therapists (AASECT), the preeminent professional organization focused on sex and sexuality issued a position statement in 2016 which stated that they “do not find sufficient empirical evidence” to support sex addiction as a diagnosis and that sex addiction treatment models are not “adequately informed by accurate human sexuality knowledge.”

When using the term addiction we, as therapists, believe it shuts down the process of understanding sexuality through a non-judgemental perspective. By using the unscientific pejorative language of “sex addict” we force the connotations that are tied to substance related dependence onto them as an identity. We prefer to help a client understand how shame shuts them down and prevents them from being honest. We help clients understand how anxiety, depression, values conflicts, and other issues subtly mingle with sexuality and play out in their relationships so they can have a clearer understanding of themselves which allows them to keep relationship agreements and have sexual integrity.

We would like to help clients and clinicians to stop using act-centered morality to guide them and instead use principle-based sexologically informed models and knowledge to be able to be authentic in relationships. We believe

that utilizing an addiction model actually prematurely shuts down the evaluation process by which someone fully explores their sexuality.

We, along with many colleagues, use a newer approach that is more informed by sexual health research and qualitatively more effective when dealing with sexual health and sexual expression. The sexual health model is based on the World Health Organization's (WHO) definition of sexual health. WHO defines sexual health as, “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

The sex addiction model and the sexual health model have important differences:

- **The sex addiction model is an act-centered model and the sexual health model is a principle-based model. We use principles that help increase communication and understanding rather than judgement.**
- **An act-centered model decides that certain behaviors are good or bad for everyone based on a morality determined by someone other than client. A principal-based model helps the client have a better understanding of their values and how they see being honest or keeping relationship agreements.**
- **In an act-centered addiction model, if the client is engaging in behaviors judged to be bad, the therapist will exploit the use of shame to attempt to change behaviors or beliefs. A principle-centered sexual health model helps the client understand their thoughts, urges, and behavior based in the principles of sexual health. The guiding principles of sexual health are:**
 - 1 **Consent**
 - 2 **Honesty**
 - 3 **Non-exploitative**
 - 4 **Protected against STI, HIV, unwanted pregnancy**
 - 5 **Shared values**
 - 6 **Mutual pleasure**

We know that shame is not a useful approach to sustainable change. Shame is highly correlated with substance abuse/addiction, depression, violence, aggression, bullying, suicide, and eating disorders. Those are not the outcomes we want when attempting to help individuals.

The sexual health model is principle-centered. Rather than being based on someone else's expertise and judgment of an individual's choices, it is driven by the individual's internal values. It doesn't define anything as inherently good or bad. Instead it is based on what is individually pleasurable or not, and how those choices play out in relationship agreements with self and others. It shifts the focus from what not to do, to what you want to create in your life and relationships.

The sexual health model invites diversity and uniqueness of individual value systems and principles. Now that our field has a better model from which to work, we can do better work. The shift to helping individuals clarify and embrace their unique value system as they develop their own sexual expression allows the individuals to have better skills around other principles of sexual health, like honesty and agreement keeping. This type of change is more sustainable.

Valuing someone's honesty is hard when it challenges our understanding of them, their life, and our own belief system. But we have to strive to understand. It's our duty to be open to diversity and to not assume that everyone should be a mirror image of us or be judged. The values and agency of individuals must be respected even as society seeks to create a common set of rules and judgments as a means of controlling sexual expression. It's in this space where the values of others intersect with the values of the individual that therapists need to be very careful not to collude with society, but instead should help the individual clarify their own authenticity in relation to sexual health. The role of the therapist is not to impose the will and morals of society but rather to help the individual become the person they wish to be.

If you are concerned with issues related to sexual thoughts, urges, or behaviors there are mental health professionals that can help. Be a smart consumer. Ask questions before choosing a therapist. Talk to more than one. Find out if their approach, and personality, are a good fit for you. We encourage you to find a therapist that doesn't attempt to use shame around a subject that already has significant shame created by our society. You deserve to develop your own sexual expression in a way that is consistent with your own principles and values. ■

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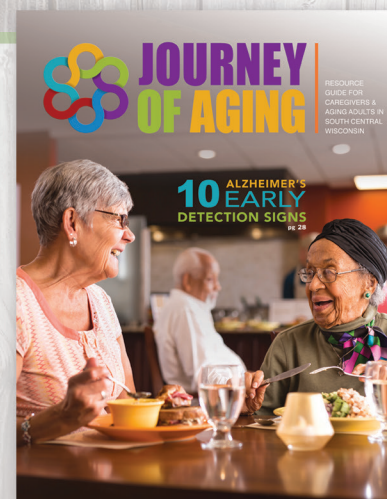
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