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EDITORIAL

The Nether Reaches of the Addictive/Compulsive Paradigm

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I recently had a conversation with one of my colleagues just after the Justice Department announced that it had arrested over 70 members of “Dream-board,” a particularly heinous online child pornography ring. In the midst of this discussion my colleague asked, “I know that most sex addicts aren’t pedophiles, but are most pedophiles sex addicts?”

I was initially tempted to point out that not all pedophiles molest children (even therapists have a tendency to use the terms interchangeably) but instead I simply admitted that I didn’t have a ready response. One reason for my quandary was that this question represents one of the more difficult conceptual challenges within our field: how to negotiate the interface between diminished control and absence of moral constraints.

I’ve previously offered the perspective that people repeatedly engage in sexual behavior that violates commitments and leads to negative consequences for a variety of reasons, which can often overlap (Herring, 2011). Some simply don’t fully appreciate the problematic nature of their behavior, perhaps due to some combination of ignorance and denial. Others are acting upon a comorbid psychiatric condition, since poorly restrained hypersexual behavior can be a manifestation of a bipolar spectrum disorder, a way to manage a depressive or anxiety disorder, a form of obsessive-compulsive disorder, or a type of post-traumatic reaction.

The remaining two groups are the focus of this analysis: those who are truly sexually addicted and those who are consciously doing exactly what they want. The primary distinction between these two classifications is that one has lost control while the other simply doesn’t care. Any attempt to reduce these categories into an essentially singular diagnostic and treatment formulation is both pragmatically and philosophically questionable.

One conventional way to demarcate the boundary between “can’t control” and “don’t care” is to assess the degree of remorse a person demonstrates when a pattern of problematic sexual behavior is brought to light. It’s tempting to conceive the distinction pretty simplistically: we tend to label a person who lacks a sufficient level of empathy and remorse as either narcissistic or sociopathic, while someone simmering in shame and professing

a profound sense of powerlessness more accurately fits the profile of what we typically call a sex addict.

But remorse can't always be taken at face value. Some people who express despair over their lack of sexual self-control *need* to feel this way in order to obscure a darker potential truth from themselves: that they did it because it felt good on a purely carnal level. They are not consciously lying as much as engaging in a more pernicious form of self-deception.

It's important to consider that a person who demonstrates self-loathing for chronic lapses into unhealthy sexual behavior may be subtly minting a currency of emotional pain that in effect pays for the option of doing whatever his or her basest instincts desire for a prescribed period of time. In other words, an individual capable of repeatedly violating sexually healthy boundaries at least has the cold comfort of feeling really bad about it. "I hate that I can't control myself" is an effective way to cloak willful abandon under the rubric of addiction.

What does it mean if a person repeatedly engages in sexual behavior that involves secrecy and deception, outright violation of professed commitments, immense personal costs, and all the other typical hallmarks we use to assess for compulsivity/addiction, with the exception of remorse? I don't mean remorse for being caught and no longer being able to practice sexually nefarious activities, but the profound ego deflation some people experience when they fully realize the vast expanse between their intentions and their actions. I would have to think carefully over the course of my career to come up with many clients who stated that they only regretted they got caught or who totally blamed their behavior on another person or extenuating circumstance. Some may think it, but few have the courage to admit it.

Viewed through the lens of the proposed DSM-V diagnosis of hypersexuality, two people engaging in the same behavior can be viewed very differently. It's possible for a person to have recurrent and intense sexual fantasies, urges, or behaviors that don't interfere with any goals, activities, or obligations and are not a response to dysphoric mood states, stressful life events, or substances. Additionally a person could have little to no regard for any physical or emotional harm caused to others, and have no desire or attempt to control, reduce or stop what he or she is doing.

Compare this to the current DSM-IV classification in which a person meets the criteria for an antisocial personality disorder by repeatedly performing acts that are grounds for arrest; lying, using aliases, or conning others for personal pleasure; demonstrating impulsive behavior; disregarding the safety of others; and demonstrating consistent irresponsibility. How many people meeting such criteria occupy a sex addiction therapist's caseload?

Our profession grapples daily with the nature of conscience and choice. We hope that a person who doesn't feel bad about repeated acts of sexual duplicity and betrayal is so dissociative or otherwise disconnected from his or her feelings that a requisite sense of conscience is in effect anesthetized.

But it is also possible that this may be an individual who is essentially untouched by moral constraints. The first category is the realm of addiction, while the second is that of evil. I almost cringe writing that word, because it seems like such an archaic and moralistic concept. I typically substitute the word “unethical” when distinguishing these two fundamental categories, but sometimes the gloves have to come off.

The explanatory ability of the word “addictive” starts to break down at the point of non-consensual sexual behavior. When dealing with people who have committed certain sexual offenses, however, some therapists within our profession attempt a sort of diagnostic alchemy to transform behavior that is essentially sociopathic into a more tolerable addictive construct. This can be a crucial mistake for our profession, for these individuals, and for their past and potential victims.

In my clinical practice I am more likely to defer treatment of a client to a colleague from the sexual offender field based on the degree that the legal rights of another person have been criminally violated. While I work with an increasing number of clients who have criminal charges stemming from Internet child pornography, I don't have serial rapists in my caseload. Am I saying that there aren't people who commit these behaviors who meet every criteria typically used when assessing for sexual addiction/compulsivity? Not at all: it's just that a functional definition of sexual addiction is insufficient to adequately account for the immensity of such egregious behavior.

This brings the conversation full circle to the Dreamboard child pornography ring. This vile organization offered membership incentives based on ever-increasing degrees of child sexual exploitation, all the way up to a “Super Hardcore” category reserved for those who submitted videos of themselves violently assaulting very young children, including infants. The amount of video imagery that was created in response to this offer is staggering: the equivalent of over 16,000 DVDs.

So, back to my colleague's question: are any/some/most/all of these people sex addicts? The answer depends in large measure on who is doing the labeling.

Consider this: since by the very nature of this ring a person had to continually upload child pornography, every one of them repeatedly engaged in behavior that violated societal norms. It's reasonable to assume that all of them knew that what they were doing was wrong and that the consequences of their behavior could be devastating to themselves if they were discovered.

It's also highly likely that some of these men (no females were arrested) had periods in which they felt truly terrible about what they were doing and sincerely but unsuccessfully tried to stop their behavior, perhaps many times. This leaves others who had few if any moral scruples and consequently never made any effort to cease what they were doing. Terms like addictive and compulsive have little purchase in such company.

This leads to the consideration that there may be a fairly circumscribed bandwidth for the concept of sex addiction. On one extreme it is an inappropriate term when used to pathologize nothing more than passionately embraced perversity, such as a person who carries a socially marginalized fetish underground due to an acculturated sense of shame and a consequent fear of relational rejection. (This is a good place to note that the SASH annual conference consistently uses the phrase “Building a Culture of Healthy Sexuality,” which in effect charges our profession with a mandate to continually address culturally-constrained definitions of normative sexuality).

On the other extreme “sex addiction” seems to be a woefully inadequate term to describe some of the nether reaches of sexual behavior where distinctions between ill and evil begin to cloud. It would be the equivalent of claiming that a car plowing through a crowd of children at 100 miles an hour simply needed better brakes. Even if it’s true, the explanation hardly seems relevant.

So can a person be both sexually addicted *and* sociopathic? They seem to be mutually exclusive contexts for describing behavior that may appear to be exactly the same, down to the very last whimper of an innocent victim. So what’s a self-reflective, continually evolving, diverse, responsible field of study to do in the face of this and other deeply philosophical but fiercely pragmatic conceptual struggles? One answer is that we must not leave the challenges of our paradigm to the purview of our detractors. The questions that are most difficult to answer are the ones that we must continually keep before us.

REFERENCE

- Herring, B. (2011). A “Sex addict” by any other name hurts the same. *Sexual Addiction & Compulsivity*, 18(2), 57–60.