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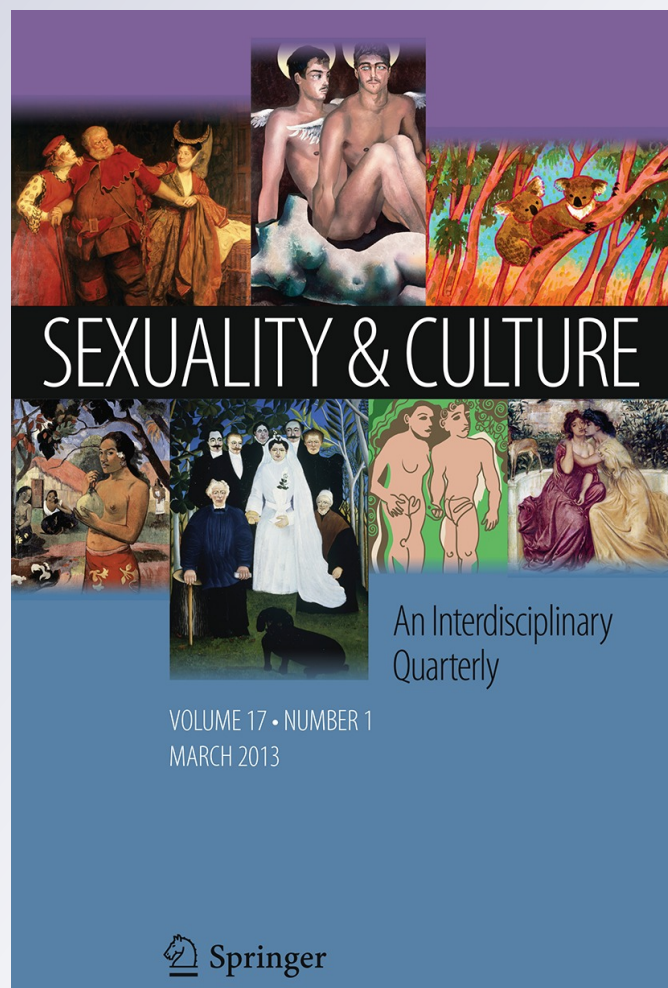
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Inventing Sex: The Short History of Sex Addiction

Barry Reay · Nina Attwood · Claire Gooder

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Abstract This article takes a critical look at the recent history of the concept of sex addiction, an archetypal modern sexual invention. Sex addiction began as a 1980s product of late twentieth-century cultural anxieties and has remained responsive to those tensions, including its most recent iteration, “hypersexual disorder.” Its success as a concept lay with its medicalization, both as a self-help movement in terms of self-diagnosis, and as a rapidly growing industry of therapists on hand to deal with the new disease. The media has always played a role in its history, first with TV, the tabloids, and the case histories of claimed celebrity victims all helping to popularize the concept, and then with the impact of the internet. Though it is essentially mythical, creating a problem that need not exist, sex addiction has to be taken seriously as a phenomenon. Rarely has a socio-psychological discourse taken such a hold on the public imagination—and proven an influential concept in academic circles too. We argue that this strange, short history of social opportunism, diagnostic amorphism, therapeutic self-interest, and popular cultural endorsement is marked by an essential social conservatism—sex addiction has become a convenient term to describe disapproved sex. Sex addiction is a label without explanatory force.

Keywords Sex addiction · Internet · Hypersexual disorder · Sexual conservatism · Cybersex

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In America, if your addiction isn't always new and improved, you're a failure (Palahniuk 2002, p. 203).

Tiger Woods claims to be addicted to sex. Bullshit! These are hot women he was having sex with. If he was having sex with a dead chicken, I'd say, wow, that guy is addicted to sex (Rogell 2011).

Patrick Carnes is the acknowledged expert in a field that until recently didn't exist (Promotional quote for Carnes 2001).

Introduction

Peter Cryle and Thomas Laqueur have discussed the role of the “thing” and the “word” in the history of sex (Cryle 2009a, b; Laqueur 2009). We know, for example, that there was same-sex sexual behavior before homosexuality was named in the nineteenth century, but that the thing was never the same after it had been written as a category. In Michel Foucault's ever-quoted words, “The nineteenth-century homosexual became a personage, a past, a case history, and a childhood, in addition to being a type of life, a life form, and a morphology... The sodomite had been a temporary aberration; the homosexual was now a species” (Foucault 1979, p. 43).

The relationship between words and things, however, is by no means as unproblematic as this paradigm implies. Masturbation (the act) was practiced and recognized before it became onanism and then was actually called masturbation; the meanings attached to that practice changed—dramatically—but, apart from the refinements of technological facilitation, the bodily act remained much the same (Laqueur 2003). On the other hand (so to speak), some practices were both new and newly named. Fisting (fist-fucking) is the example normally given, claimed as “*the* sexual invention of the twentieth century” (Zizek 2004, p. 293). Annamarie Jagose has added the fake orgasm as another modern sexual construct. Orgasm has been refashioned over the centuries, but the *fake* orgasm is peculiarly modern (Laqueur 2009; Jagose 2010). Or we could consider the example of the internet-aided creation, asexuality, the rather contradictory sexual identity of those who... well... lack sexuality. Presumably people who “do not experience sexual attraction” have always existed but the “Asexuality Visibility and Education Network” is a phenomenon of the twenty-first century (Scherrer 2008).

The aim of this article is to trace the history of another new sexual concept, one that is the antithesis of the aforementioned asexuality (although we will see that they share an affinity to the internet) but which, like fisting and the fake orgasm, is an archetypal, modern, sexual *invention*: sex addiction.

The historiographical starting point for what follows is Janice Irvine's 1995 argument that sex addiction, a name for perceived, out-of-control sexual behavior, was a socially constructed, 1970s/1980s reinvention of what the nineteenth-century sexologists called perversion, and very much a product of late twentieth-century cultural anxieties (Irvine 1995). As two other early critics put it, “The concepts of sexual addiction and compulsion constitute an attempt to repathologize forms of

erotic behavior that became acceptable in the 1960s and 1970s” (Levine and Troiden 1988, p. 349). The principal facilitators in this making, Irvine argued, were an addiction discourse (gambling, alcohol) that leant itself, almost seamlessly, to sexual matters; a strange, and momentary, combination of conservative Christian and radical feminist social purity; and the initial impact of AIDS in the 1980s that so dramatically intensified such sexual apprehensions (Irvine 1995). She also stressed the rapid spread of the concept, aided by its imprecision: “Claims about what constitutes sex addiction are so vague... that they can potentially include large numbers of the population” (Irvine 1995, p. 438). Its success as a concept lay with its medicalization, both as a self-help movement in terms of self-diagnosis, and as a rapidly growing industry of therapists on hand to deal with the new disease (Irvine 1995). And the media played a vital role: TV, the tabloids, and the case histories of claimed celebrity victims all helped to popularize this newly invented term (Irvine 1995).

However, Irvine was writing and researching in the early 1990s. By the time her article appeared, the sexual addiction specialists had their own journal, *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention* (founded in 1994). Irvine’s “sexualized society” was on the eve of what Linda Williams has described as “on/scenity,” capturing pornography’s everyday visibility and presence—in huge volume—in the early twenty-first century (Williams 2004; see also McNair 2002; Attwood 2006). Irvine’s media was a media without the power of the internet and the ubiquity of internet sex (see, for example, Wysocki and Childers 2011; Brickell 2012). Indeed when the contributors to the *Handbook of clinical sexuality for mental health professionals* (2003) wrote their section on sexual compulsivity (sexual addiction) a decade later, they immediately focused on “online sexual compulsivity” (Cooper and Marcus 2003, p. 313).

If sex addiction was a response to cultural anxiety—a historical construction—what of its more recent history? What happened to its early-hinted social opportunism and diagnostic amorphism? Did the combination of therapeutic self-interest and popular cultural endorsement persevere? We know that by 2010 sex addiction had a more recent variant, “hypersexual disorder,” but what of the history in-between?

Let us be clear about our approach. We are cultural historians, not clinicians, but we have read the clinically related literature—as contemporary history—and remain unpersuaded of the existence of this supposed malady. (Why we are so skeptical will become clear by the end of the article.) Though it is essentially mythical, creating a problem that need not exist, sex addiction has to be taken seriously as a phenomenon. Rarely has a socio-psychological discourse taken such a hold on the public imagination—and proven an influential concept in academic circles too. What follows is an examination of the power of the idea and its cultural and (short) historical context.

Popular Impact

It seems an axiom of sexual addiction that the problem is both widespread and ever increasing. “Sexual compulsivity seems more prevalent now than ever,” warns the

Handbook of clinical sexuality for mental health professionals (2003). Even these rather restrained advisors are somewhat unrestrained in their estimates: up to 22 million Americans were addicted to sex in 1998 and perhaps 40 million had “online sexual problems” by the year 2000 (Cooper and Marcus 2003, pp. 311, 316). *The sex addiction workbook* (2003) says “Although we have no good data on the prevalence of such problems, they appear to be escalating at an alarming rate, possibly because of the impact of modern technology, in particular the Internet” (Sbraga and O’Donohue 2003: foreword). One believer is blunter still: “Like it or not, sexual addiction is a rapidly growing problem, and predicted to be the next tsunami of mental health” (McCall 2011).

The link with an expanding addiction industry was clear from the early days, as outlined in an interview with a rare creature, a lesbian sex addict:

I didn’t realize that I was a sex addict until I stopped drinking and doing drugs. I was in Alcoholics Anonymous (AA) at the time. I realized that I had to stop having sex or I would start drinking again. I was using sex with men to avoid dealing with my sexual feelings about women. I decided to go to Sexual Compulsives Anonymous (SCA).

The poor woman was obviously addicted to addiction:

Yes, I’ve spent my whole life juggling my addictions to stay alive. I went to Overeaters Anonymous (OA) first for bulimia... Then I was sent to AA by OA. For years I substituted one addiction for another. I’ve been addicted to alcohol, drugs, sex, food, caffeine, cigarettes, shopping, and gambling (Edwards 1986, p. 2).

This was an extreme case but does capture a logic of addiction discourse that still continues. Susan Cheever’s muddled memoir of sex addiction, *Desire* (2008), draws constantly on alcohol addiction (she is an alcoholic too) but also refers to “the way different addictions pair with and nestle inside each other,” citing money, eating, and shopping disorders, as well as addiction to sex, drugs, and alcohol (Cheever 2008, pp. 122–124). One sex addiction guidebook claims “38 % of sex addicts also struggle with an eating disorder” (Carnes 2001, p. 29). *Cybersex unplugged* (2011), a new workbook for cybersex addicts, moves from sexual compulsivity to other dependencies—chemical, eating, gambling, spending, and working (Edwards et al. 2011, pp. 65–71).

And the designation has become even more inclusive. Sexual compulsivity, *Cybersex unplugged* explains, can occur “in the absence of sexual behavior”; it can include “sexual anorexia” or avoidance of sex (Edwards et al. 2011, p. 4). One London psychotherapist has reputedly claimed that it was possible to be a monogamous sex addict: “I’ve had a case of a man who was sex addicted to his wife. It was a problem because it was depersonalising—he turned her into an object rather than treating her as his wife” (Laurance 2008).

If the *New York Times* can be used as a rough guide to educated popular usage, there has been an increasing familiarization with the concept of the sex addict since the early 1990s.

References to “sex addict” in New York Times

1961–1970	0
1971–1980	1
1981–1990	15
1991–2000	51
2001–2007	61

There is little doubt that much of the hype around sex addiction—either in endorsement or denial—is media-driven, even in quality publications like the *New York Times* and *The Guardian*: “Duchovny in rehab for sex addiction,” “The truth about sex addiction. Are people becoming addicted to sex because of the financial crisis?” “Are you addicted to sex?” are just some of the titles in the latter in the 2000s.

By the second decade of the twenty-first century, the term has become firmly entrenched in popular culture. Steve McQueen’s film *Shame* (2011), about sex and the internet in contemporary New York, is based on “discussions with sex addicts.” *Thanks for sharing*, another film, in production as we write this piece and starring Gwyneth Paltrow, Tim Robbins, and Mark Ruffalo, is a film about “sex addicts.”

Sex addiction has certainly featured in some memorable and forgettable cinema.¹ But even when the references are humorous or mocking they are still invoking the concept. Victor Mancini, the main character in Chuck Palahniuk’s novel *Choke* (2001), is a sex addict who has sex with the female addicts whom he sponsors—in toilets, in a janitor’s closet—while meetings are in progress. He never progresses beyond the fourth of the twelve steps, the listing of his sexual contacts, and he treats sexaholics’ meetings as “a terrific how-to seminar. Tips. Techniques. Strategies for getting laid you never dreamed of. Personal contacts.” “Plus the sexaholic recovery books they sell here, it’s every way you always wanted to get laid but didn’t know how.” He hangs about in the recovery section of bookshops to pick up female sex addicts. It is a hilarious novel about casual sex (“her name’s Amanda or Allison or Amy. Some name with a vowel in it”) that positively revels in its subject matter, but with serious things to say about the addiction industry and American culture as this article’s first epigraph suggests. Its message is the antithesis of everything that believers in the concept of sex addiction hold dear: “The magic of sexual addiction is you don’t ever feel hungry or tired or bored or lonely” (Palahniuk 2002, pp. 16–17, 182, 213). When the film from the novel appeared in 2008, its distributors promoted it with gifts of anal beads (Salkin 2008). Yet as Patrick Carnes, one of the earliest proponents and popularizers of the concept of sex addiction, reportedly observed, “The fact that pop culture is making jokes about sex addicts is a sign that awareness of the condition is percolating in mass consciousness” (quoted in Salkin 2008).

¹ For the former, see Zahedi (2006). For the latter, see Brutsman (2001).

Celebrity has played a role in this familiarization. A recent addiction workbook suggests that clients familiarize themselves with a case of a celebrity sex addict as a way of broaching the subject with those they envisage as a support person (Edwards et al. 2011, p. 26). Michael Douglas, David Duchovny, Russell Brand, Rob Lowe, and of course Tiger Woods are the usual suspects, though it is interesting that the evidential base for most reporting is very slender and that some seem to have been in rehabilitation for alcohol rather than sex.²

Russell Brand was indeed treated for sex addiction in the KeyStone Center in Philadelphia in 2005 but it is unclear whether this treatment was a bid for career publicity or part of his comedy act. One diary entry, written during his stay there, stated that he had to write “a victim’s list—a litany of the women I’ve wronged as a result of my sexual addiction. I feel like Saddam Hussein trying to pick out individual Kurds” (Brand 2009, p. 344). In fact Brand makes the career value of the rehab experience very clear by claiming that he wrote his daily diary “in the sort of style which suggests I knew that a couple of years later I’d be reading it out in front of a live audience (which I did when I did a stand-up show called ‘Better Now’) and a couple of years after that transcribing it into my autobiography” (Brand 2009, p. 313). The outcome was that when Brand embarked on the book-signing tour for the memoir that contained details of his sex addiction, he seized on it as an opportunity for further sexual excess:

I am not proud of the morality employed during this indulgent time but one has to marvel at the efficiency. This operation travelled all over the world and effortlessly assimilated into any culture it encountered, New York, Sydney, Hull—it was all the same: wristbands issued, rooms filled with women in their dozens, day after day... it was a one-man, multi-woman sex epidemic (Brand 2011, p. 274).

Nonetheless, the linkage between celebrity and sex addiction (however spurious) has been an important means of publicizing the latter. So too have the memoirs of non-celebrity sex addicts, though the non-celebrity chronicle is harnessed to another machine—the therapy industry. Clearly written after experiencing twelve-step programmes for sex addiction, these books adopt the language of addictionology, associating sex with the pursuit of the next “high” or “fix,” “that love-heroin sex-saturated hit” (Ryan 1995; Silverman 2001, p. 42; Cohen 2008; Resnick 2008, p. 117). “The amazing thing is how any addict ever stops using before he dies. The substance I used was human beings”. Michael Ryan’s memoir begins unambiguously, his framework is clear: “I took out a yellow pad and wrote down what they call in twelve-step programs for sex addiction ‘bottom-line behavior’—behavior driven by shame and producing shame” (Ryan 1995, pp. 5, 7). “Thanks to a twelve-step program for love junkies, I have stayed clear of obsessive harmful relationships for more than two years,” writes Rachel Resnick at the start of an account of those very relationships (Resnick 2008, p. 22). Sue William Silverman’s memoir morphs

² This was the case for Michael Douglas and Rob Lowe, constantly touted as two of the earliest cases of celebrity sex addiction. Douglas and Lowe went to rehab for alcohol issues, and the press reported it as sex addiction.

continuously with the addiction workbooks she is given in therapy; we (the reader) attend Sex Addicts Anonymous meetings with her, and she includes a copy of a questionnaire aimed to determine whether the “user” is a sex addict (Silverman 2001, pp. 33–34, 36–37, 136–143, 159–161, 247–254). The referential mode continues with *The sex addiction workbook* (2003) promoting Silverman’s work (Sbraga and O’Donohue 2003, p. 140). Cheever’s *Desire* (2008) draws constantly on the work of Patrick Carnes (Cheever 2008, pp. 19, 57–58, 66, 72, 111, 129, 135). She also embraces the addictionologist’s tendency to detect addicts everywhere: “Every day there are stories about sex and love addiction in the newspaper, but they are rarely reported that way” (Cheever 2008, p. 153). Her famous father, the writer John Cheever, is, of course, retrospectively (and posthumously) classified as a sex addict (Cheever 2008, p. 156).

Unlike most claimed medical disorders, self-diagnosis is an important strand of sex addiction. Many sex addicts are either self-defined or labeled as such by offended partners or loved ones. “Does your partner spend an inordinate amount of time thinking about sex? Has your relationship been damaged by his sexual activities? Are there times when his sexual urges, thoughts or images seem to control him? If so, he—or she—may not be merely an untrustworthy cad but an addict in need of psychiatric help.” This was the opening of an article in Britain’s newspaper *The Guardian* in 2003, which ended with links to sex addiction treatment organizations and therapists (Atkins 2003).

It is important to grasp that the notion of sex addiction includes partners as well as actual addicts and thus generates another literature of guides for partners so afflicted, some of which are published by Patrick Carnes’s Gentle Path Press (Wilson 2007; Carnes 2011; Steffens and Means 2010; Corcoran 2011). The commercial potential of sex addiction has increased with its therapeutic extension to include the partners (and families) of sex addicts. There are no innocent bystanders in the sex addiction business, rather co-dependents, enablers, or victims of post-traumatic stress. The logic is that “two sick people” find each other—the sex addict and the co-addict—and that they need separate therapy for their own diseases. Then, because there is no cure for their disease, “the best he or she can hope for is remission. Remission, as with cancer, is achieved when there are no longer any relapses.”³ Hence sex addiction becomes co-sex addiction and the sex addict has a co-sex addict (Carnes 2011, pp. 11–12; see also Carnes 2001, pp. 117–145). Although Barbara Steffens and Marsha Means critique the notion of the co-addict and call for a “paradigm shift” in the labeling of the addict’s partner, they do not question the seriousness of sex addiction and endorse both the efficacy of the twelve-step programme and the usual therapy options. For them, the suffering of the spouses of addicts is best treated as a form of post-traumatic-stress disorder (Steffens and Means 2010, pp. 41–42). What these approaches (or “models” as the authors refer to them) have in common is their insistence on the reality of the disorder being experienced—physically and psychologically. Whether suffering from co-addiction or stress, partners find themselves requiring psychological and

³ For the co-sex addict idea, see Carnes 2011. The quotes are taken from a book more critical of this notion of co-dependency: Steffens and Means 2010, pp. 24–25.

physical help. And whatever the model, the sex addiction therapy industry is there to administer that help.

Historians may be skeptical, but a perceived condition, once located by those who believe in its etiology and the possibility of its cure, can then be treated by experts who also believe in its existence. As Stephen B. Levine has expressed it, “What ever the concerns about the validity of the concept of sexual addiction, the diagnosis is well rooted in the public’s mind and has seeming clarity for individuals and institutions that provide treatment.” The concept, therefore, was “useful” (Levine 2010, p. 263). A more critical response to the phenomenon is to think in terms of what Robert Aronowitz has termed “feedback loops between consumers and producers.” Once a type of behavior is assessed as a medical problem in a consumer society, it can unleash highly profitable “consumer-oriented health restoring responses.” “These responses,” writes Aronowitz, “have their own economy shaped by the perceived needs of the addicted as well as the actions of the promoters of different programs, health care professionals, and third party payers” (Aronowitz 2008, p. 6). Aronowitz was referring to the more general framing of addiction as a health problem, and had in mind video poker addiction, but sex addiction draws on sexual consumerism as well as medical consumerism—a potent combination.

Sex addiction is the sexual co-dependent of the sexualized society that its supposed sufferers so vociferously denounce. It is no coincidence that in the early days of the Sexual Addiction Self Test potential testees had to run a web-page gauntlet between links to pornography sites. Sex and shame have such an enduring relationship that it was easy to popularize the concept of sex addiction. As a concept characterized by certain moral definitions of “normal” sexual behavior, there are the emotional concomitants of guilt and shame for those who transgress those confines. And we want to hear and read about sex, especially its excesses and “disorders”: redemption for some and titillation for others. Like the paradox of pornography—where condemnation is to repeatedly represent the subject of denunciation—treating these “problems” is to participate in the vilified “pornographication” of society, referred to earlier, of which sexual addiction is an integral part (McNair 2002, p. 12). The financial incentives of both the therapy industry and the wider sexualization of our culture have fed into and continue to feed the growth of sex addiction as a construct. Billions of dollars are spent on the representation of sex and emphasis on sex as pleasurable to human experience, and this is refracted in the millions spent on creating and treating the disorders allegedly wrought by this experience. The psychotherapist Marty Klein, a long-term critic of the concept of sex addiction, has referred to the voyeurism surrounding the lives of alleged celebrity sex addicts and the confessions of “recovering sex addicts” as “Our addiction to Tiger Woods’ ‘sex addiction’” (Klein 2010).

It is fascinating that the earlier-mentioned, non-celebrity memoirs also offer something quite at odds with their central premise of eliciting sympathy and offering hope and redemption for those suffering the disorder of sex addiction: pornographic prose almost as explicit as anything on the market. These sexual stories dwell on the sexual exploits that led their authors to seek therapy in the first place. Michael Ryan’s elegant *Secret life* contains descriptions of what he wanted to do to a friend’s fifteen-year-old daughter, disturbing details of his molestation at the

age of five, his longing for his sister's friend Sharon, his secret touching of a class mate Sheila, menstruating toilet sex with Sally, and persistent paperboy fantasies (Ryan 1995, pp. 8, 16–18, 203, 218–219, 265, 323). Rachel Resnick's less than elegant *Love junkie*—"when the second Magnum condom breaks"—recounts numerous sexual fantasies ("Then I kiss her very slowly, seeking the pulse of her carotid artery"), rough menstruating sex, urolagnia, and group sex (Resnick 2008, pp. 42, 83, 87, 89–90, 94–5, 102–3, 107, 113, 117). Even her first sex addiction meeting is sexualized; she becomes fixated on one of the men in the program and has sex with a woman whom she meets in a "support group for love junkies"—which occasions further descriptions of lesbian sex (Resnick 2008, Chap. 8). [Susan Cheever said such behavior was known as "thirteenth-stepping," experienced addicts taking advantage of newcomers to take them beyond the twelve steps (Cheever 2008, p. 22).] Sue William Silverman's *Love sick* lures the reader through adulterous hotel-room encounters, sex with the unnamed driver of a red Corvette, and her continuing sexual obsession with an ancillary staff member at the addiction clinic (Silverman 2001, pp. 15, 67–68, 171–174, 182–183, 214–215, 219–220). The sex addict's memoir relives the sexual history that led them to the very therapy and redemption that the memoir itself is supposed to serve.

Yet the irony seems lost on the purveyors of the various sex addiction programmes. "Spending your money on sex supports the sex industry... The sex industry may be the largest money empire in the world. Your contributions are making it even richer and more powerful," opine the authors of *The sex addiction workbook* (2003), "You are making prostitutes and strippers out of people who could and would do something else for a living if they had a reasonable choice. You are paying people to risk their health so you can get some sexual kicks" (Sbraga and O'Donohue 2003, p. 132). They do not mention their role in the empire. Tiger Woods is said to have spent £40,000 on his six-week sex addiction treatment, and it can cost several thousand dollars just to be assessed and "evaluated" at Pine Grove in Mississippi, where he was treated (Henley 2010; <http://www.pinegrovetreatment.com/evaluation-program.html>).

Academic Impact

There is certainly no perceptible gap between popular perceptions of sex addiction and academic discourse, for the concept has proven influential in academic circles too. A 2010 survey in the *Journal of Sex & Marital Therapy* located over 700 research and clinical articles on sex addiction and its variants compared to just over 300 in a literature search a decade earlier (Hook et al. 2010). Indeed it is fascinating how reluctant investigators are to question the veracity of the actual syndrome when their own investigations beg such a challenge, and it surely indicates the concept's diffusion among therapists as well as patients. When two clinical psychologists applied a widely used mental health test to a group of patients seeking help for hypersexual behavior they found no evidence of "addictive tendencies" or that they were particularly obsessive or compulsive. Yet their conclusions were that "hypersexual patients are a diverse group of individuals" (Reid and Carpenter

2009). Hypersexuality survived its lack of addictiveness, obsession, or compulsiveness! As we will see, a New Zealand survey questioned the frequency of compulsive sexual behavior but never considered its status as a concept: the article's keywords include sexual addiction and hypersexuality (Skegg et al. 2010).

There is certainly no shortage of tools of assessment of sexual compulsivity. The *Journal of Sex & Marital Therapy* study reviewed nearly twenty such measurements, both self-reporting and clinical assessing: the Sexual Addiction Scale; Compulsive Sexual Behavior Inventory; Sexual Dependency Inventory; Perceived Sexual Control Scale; Garos Sexual Behavior Index; Sexual Compulsivity Scale; Sex Addicts Anonymous Questionnaire; Sexual Symptom Assessment Scale; Sexual Addiction Screening Test (including versions for women and gay men respectively); Internet Screening Test; Sexual Outlet Inventory; Diagnostic Interview for Sexual Compulsivity; Yale-Brown Obsessive Compulsive Scale—Compulsive Sexual Behavior; Cognitive and Behavioral Outcomes of Sexual Behavior Scale; Compulsive Sexual Behavior Consequences Scale (Hook et al. 2010). The impression that the reviewers give is of a field where a great deal of time has been devoted to measuring an assumed problem without bothering to interrogate the nature, or even the existence, of that perceived disorder.

One of the more recent developments in sexual addiction's short history is the way in which its various forms—sexual addiction, sexual desire dysregulation, sexual impulsivity, and sexual compulsivity—have morphed into the new sexual malady, “Hypersexual Disorder,” currently seeking recognition in the American Psychiatric Association's influential *Diagnostic and Statistical Manual of Psychiatric Disorders* (DSM) (Kafka 2010a). Hypersexual disorder's proposed diagnostic criteria are merely those of sexual addiction with a more refined gloss. The arbitrary designation of a period of at least 6 months of “recurrent and intense sexual fantasies, sexual urges, or sexual behavior” and the associated (and equally arbitrary) meeting of three or more of the five criteria involving time lost in pursuit of sexual gratification, repetitive sexual engagement, loss of sexual control, disregard for others, and use of sex for relief from the stresses and anxieties of everyday life, would all have been in keeping with the earliest discourses of sexual addiction. So too would the diagnostic specification of a wide range of perfectly normal activities rendered abnormal by their intensity and frequency: masturbation, use of pornography, casual sex (“Sexual behavior with consenting adults”), cybersex, telephone sex, resort to strip clubs, and (that catch-all) “Other” (Kafka 2010a, Table 1, p. 379). As for quantification, the hypersexual disorder literature resorts to a rather quaint, Kinsey-like, counting of orgasms: “From these clinically defined data, hypersexual desire in adult males was defined as a persistent TSO [total sexual outlet] of 7 or more orgasms/week for at least 6 consecutive months after the age of 15 years” (Kafka 2010a, p. 381).⁴

Thus the search for acceptance continues but it has to be said that some of the studies published in the journal *Sexual Addiction & Compulsivity* seem unlikely to advance this quest for professional endorsement. The participants in two recent studies of the roles of shame and guilt in hypersexuality were users of Candeo, an

⁴ Once-a-day does not seem especially hypersexual.

online treatment program for pornography use and masturbation, and 40–50 % of these users were Mormons, hardly a representative cross-section of society (Hardy et al. 2010; Gilliland et al. 2011). The research conclusion of one of these studies that there is a “significant” relationship between “shame-proneness and hypersexuality” and that “shame reduction and resolution is essential in remediating patterns of hypersexuality” does not indicate a very high level of analytical sophistication (Gilliland et al. 2011, pp. 12, 15).

There are also the trademark problems of measurement. Why is the indicator of compulsivity set at 11 h (or more) per week of reported online sexual activity? (Cooper et al. 2000, p. 8). Then there is the issue of the actual available data—findings at variance with the significance accorded to the perceived problem. A survey made available on the MSNBC web site in 1998 actually showed how uncommon the problem of compulsivity was, even using the sexual addiction scales of measurement. Only 5 % of the nearly 10,000 people surveyed were defined as sexually compulsive; a mere 1 % were cybersex compulsive (that is scoring high on the sexual compulsivity scale and spending more than 11 h per week on internet sex). And yet the overall import of the study was to stress the problem of online sexual compulsivity (Cooper et al. 2000).

Sexual Conservatism

Although she did not elaborate, Irvine detected the main themes of 1980s sex addiction. It was, as she put it, a “discourse of excess and control.” Whatever the differences of approach, the variation in nomenclature of the myriad support networks or order of the steps to recovery in the many manuals of advice, the focus was on “the danger of uncontrolled sexuality” (Irvine 1995, pp. 430, 432). If anything, the claims have intensified since sex addiction’s early days. One of the early features of sex addiction was its adaptability; the way in which it responded to contemporary cultural anxieties, indeed reflected those concerns. Nowhere is this more evident than with the role of the internet in the history of sex addiction.

In the preface for his 2001 edition of *Out of the shadows* Carnes reflected on societal shifts since the book was first published in 1983: the “sexual landscape has changed dramatically. First, there was the AIDS epidemic... Then there was former President Clinton and the intern Monica Lewinsky... Almost simultaneously came the cybersex revolution” (Carnes 2001, p. xiii). And while AIDS and the Clinton affair may have indicated a cultural shift in sexual attitudes, it was the “cyber sex revolution” that seems to have had the most impact from Carnes’s point of view: the new edition of *Out of the shadows* included a new chapter on cybersex addiction, as well as promotion of the significantly named *In the shadows of the Net* (2001), his book entirely devoted to cybersex addiction (Carnes et al. 2001). In contrast, Carnes’s 1993 book addressing addiction, *A gentle path through the twelve steps*, made no mention of the internet (Carnes 1993).

On-line sex has achieved a privileged place in the checklist of sexual addiction. The internet, advises the chapter on compulsive sex in a current handbook for psychiatrists and psychologists, “has introduced millions of people to a venue where

the most explicit and varied sexual fantasies can be accessed all too easily, leading some men down the slippery slope of compulsivity” (Cooper and Marcus 2003, p. 311). The internet, a sex addict reportedly told fellow sufferer Susan Cheever, is “like crack cocaine” (Cheever 2008, p. 14).⁵ Internet sex addiction is a kind of double addiction: to sex and to the internet. But the checklist of “warning signs for cybersexual addiction”—using the internet to find on-line and real-life sexual partners, “masturbating online while engaged in erotic chat,” switching gender roles, viewing pornography, sharing sexual fantasies—could, in a more sex-positive context, be read as a list of the main attractions of cybersex (Griffiths 2001, p. 336). The interpretation lies with the analyzer. For the therapist of sex addiction, cybersex’s “endless variety of partners,” idealized sexual encounters, “intense orgasms from the minimal investment of a few keystrokes,” and “illusions of power and love” are indicative of sexual dysfunction: “courtship disorder” (Schwartz and Southern 2000, pp. 128, 139). But for others this is its precise appeal and this “world of illusions” is not at all incompatible with “courtship” or longer-term commitment.

It is ironic that so much of the popular success of sexual addiction as a concept—the impact of the self-diagnostic sex addiction tests, the web presence of the various treatment centers—is due to the influence of the internet, and yet so much time and effort goes into combating the perceived evils of what has proven to be such a useful servant. The KeyStone Center’s website (the treatment center in Philadelphia where Russell Brand stayed) includes audio links, multimedia presentations, and links to twenty-five other internet sites where “users” (in both senses of the term) can read about Patrick Carnes, the 12-Step philosophy, Sex Addicts Anonymous, as well as other treatment facilities and support groups for people suffering from sex addiction (<http://www.keystonecenterecu.net>). Carnes created the website, SexHelp.com, which functions as a one-stop shop for information and links for assessment, diagnosis and therapy for the sex addict and their significant others (<http://www.sexhelp.com>). The internet is now the first port of call for any form of self-diagnosis.

Therapists who employ the idea of sexual compulsivity or sexual addiction often deny that they are anti-sex and argue that it is the issue of lack of control that is the problem. The authors of *Cybersex unplugged* distinguish between acceptable recreational cybersex and more problematic compulsive users (Edwards et al. 2011, pp. 37–39). Eli Coleman has warned professionals away from “overpathologizing... normal sexual behavior” (Coleman 2003, p. 13). Yet there is no denying a strong strand of sex-negativity in the discourse. An indication of what is considered non-normative heterosexual behavior is provided in the examples of loss of sexual control given in *The sex addiction workbook* (2003): “frequenting prostitutes, using pornography obsessively, engaging in Internet or telephone sex, having serial affairs, frequenting massage parlors, going to strip clubs obsessively, going to bathhouses for sex, frequenting topless bars obsessively, feeling driven to have sex many times a day” (Sbraga and O’Donohue 2003, pp. 12–13). The participants in the earlier-cited Candeo/Mormon study “want to reduce, and in most cases

⁵ The link between cybersex and crack cocaine was originally made by Cooper et al. (2000).

completely eliminate pornography use. Many, but not all, would also like to reduce or eliminate masturbation” (Hardy et al. 2010, p. 253).

Coleman’s warning is clearly not always observed. Indeed when Levine reviewed the cases of thirty men who had either been referred to him or self-presented for sex addiction, he found that despite the readiness of spouses (and family doctors) to attribute sexual lapses to sexual addiction, most were engaging in extramarital sex or not particularly unusual, masculine behavior: “Many men masturbate to pornography, go to strip clubs and buy a lap dance, procure a prostitute’s service, or have affairs... partner distress must be discounted as a sufficient criterion for the label.” Levine concluded that though they presented as such, 75 % of his patients were not sex addicts (Levine 2010, p. 272).

As critics of the concept of sexual addiction have always maintained, it is sexually conservative, defining breaches in an entirely normative moral code. The sexual lapses of the alleged male sex addicts of Meg Wilson’s church-going community seem relatively minor: viewing pornography and a “nonphysical encounter with a woman” were sufficient to invoke charges of sexual compulsivity (Wilson 2007, p. 15). Although Maurita Corcoran’s husband had at least admitted to a hundred extramarital affairs, the threshold of defined sexual addiction was lower for some of the members of her support group. One woman had never recovered from the one affair that her husband had had; “getting over his death to cancer had been easier than getting over his single affair that had happened more than twenty years earlier” (Corcoran 2011, p. 89). Marty Klein has summarized the differences between the sex-positive, sexologist clinician and therapists of the “sex-negative,” sex addiction movement. Twice-daily masturbation, extramarital affairs, sadomasochism, use of internet pornography, resort to commercial sex, non monogamy, and fetishism—all were the mark of a sex addict in the sexual addiction model, whereas a clinical sexologist might diagnose such behavior either as not necessarily a problem (the masturbation) or as sexual adventurousness (the non-monogamy) (Klein 2003).

It must be shame that distinguishes the “celebrity sex addict,” when he or she actually exists, from the celebrity who just has lots of shameless sex. Where there is no shame there are no diagnoses. Hence the guiltless Bill Wyman, Motley Crue, and Steven Tyler, whose memoirs, apart from a fleeting reference by Tyler, contain no talk of sexual addiction at all despite sexual behavior that in other life stories would be constructed and interpreted differently (Wyman 1990; Lee et al. 2002; Tyler 2011). Their sexual interactions, though excessive by most standards, are rarely medicalized in the manner encountered in the pages above. Tyler, no stranger to rehab, resisted the urge to pathologize: “I had six or seven isms hung around my neck: drug addict, alcoholic, sex addict, codependent, family concerns, anger management.... Oh yeah, I had a full range of life issues.” He recalled that counselors “were constantly trying to label me and figure me out... to make me recognize shame—feel *bad* about my bad self” (Tyler 2011, p. 267).

Sexual addiction is what Klein has termed “pathology oriented” (Klein 2003, p. 8). Its key words are shame, inadequacy, anxiety, pain, superficiality, solitariness, damage, malaise, and disorder (Cooper and Marcus 2003, pp. 311–312). Meg Wilson’s account of her husband’s supposed addiction refers continually to

darkness: “dark land,” “dark feelings,” and “the dark of hopelessness” are all on the one page (Wilson 2007, p. 12). Sexual compulsivity is “a relationship disorder,” a “disorder of intimacy” (Cooper and Marcus 2003, p. 312). Internet sex addicts “are those who use the Internet as a forum for their sexual activities because of their propensity for *pathological* sexual expression” (Griffiths 2001, p. 336). Cybersex is a “courtship disorder” (Schwartz and Southern 2000, p. 139). It encourages “virtual adultery,” “online infidelity.” “Reports are suggesting that electronic communication can lead to marital discord, separation, and possible divorce” (Young et al. 2000, p. 59). AIDS is used as a threat or consequence of non-normative sex and therefore one of the “risks” of sexually addictive behavior. Workbook readers are told they can have a “safe fantasy” with the thought of group sex but “In reality, you don’t want to have sex with more than one partner because you are worried about AIDS.” As part of their admonishment for their complicity in pornography readers are told that the porn industry is not glamorous and porn stars “do not love sex. They do not get rich. They do not become legitimate Hollywood actors. Instead, they get AIDS” (Sbraga and O’Donohue 2003, pp. 109, 132). In his attempt to gain acceptance for his new sexual disorder, Martin Kafka has stressed the public health consequences of the claimed condition: hypersexual disorder can result in “severe pair-bond dysfunction, marital discord, divorce, sexually transmitted diseases including HIV infection, substantial financial expenditures, job loss, and unplanned pregnancies” (Kafka 2010b, p. 277). Sexual disorder indeed.

Conclusions

A New York sex therapist and psychologist and consultant to the Gay Men’s Health Crisis reported that as early as 1982 gay men were approaching him “extremely concerned about their own behavior as a risk for AIDS.”

After interviewing several men with this complaint, certain common characteristics emerged. In general, these men were highly anxious about AIDS and the risk that their sexual behavior seemed to hold. They reported not feeling in control of their sexual behavior, reported having more sex than they wanted, and reported feeling victimized by their frequent sexual activity, sometimes in a variety of ways beside the risk of AIDS. Many reported spending far too much time, by their own definition, in the pursuit of sex (Quadland and Shattis 1987, p. 287).

This could have come straight from the pages of a sexual addiction self-help manual, and it was only a matter of time until the measures of sexual compulsivity were applied to gay men and such tests were used to predict “a potential association between sexual compulsivity and HIV transmission risks” (Kalichman and Rompa 2001; Parsons and Bimbi 2007; Grov et al. 2010, p. 941).

Yet AIDS and the homosexuality with which it was so firmly linked in the early 1980s have not proven as central to the sex addiction project as one might have predicted when the initial phase of the impact of AIDS was seen as an opportunity to rethink issues of sexual control. Perhaps this is because a double standard is

operating with respect to homosexual sex in matters of sex addiction. With heterosexual sex, as we have seen, almost any casual encounter can come into the territory of troublesome and addictive behavior. This contrasts with the advice given to gay male sex addicts in *Cruise control* (2005) which reassures the reader that

Not everyone who engages in anonymous sex, sees prostitutes, has multiple partners, is involved in the B/D-S/M or fetish scene, or participates in public sex is a sex addict. Not everyone who has affairs, unsafe sex, or keeps sexual secrets is a sex addict: indeed most people who fit these descriptions are likely not.

Sexual addiction is thought to exist—hence the book—but the moral parameters are vastly different, the definitional criteria more restrictive. Robert Weiss, the author of *Cruise control* and founder of the Sexual Recovery Institute in Los Angeles, sees sexual addiction in gay men as hidden in a culture generally supportive of (safe) casual sex: “a counterculture of unfettered sexual expression can also serve to enable the denial of men who are locked into destructive addictive sexual patterns.” (Weiss defines the line being crossed as the point at which “you lose the ability to choose whether or not you are going to be sexual.”) Of course this invisibility only serves to reinforce the claims to the ubiquity of the malady claimed by industry practitioners and noted earlier in this article. Without any verification, Weiss asserts “Approximately 10 % of gay men are sex addicts” (Weiss 2005, pp. 20–21).

The significant point, however, is that the preoccupation has been with heterosexual rather than homosexual loss of control. As befitting a normative discourse in a heteronormative culture, sexual addiction has been remarkably heterosexual in its predilections.

The connection between sex addiction and the other addictions noted in Irvine's early work shows little evidence of fading and will doubtless add to the growth of new “addicts”. It is 10 years since American psychiatric nurses were advised to assess substance abusers for sex addiction when presenting for treatment because “sexual addiction often coexists with substance addiction” (Coleman-Kennedy and Pendley 2002, p. 143). But a recent article in the journal *Evaluation & the Health Professions* explicitly linked sex addiction with tobacco, alcohol, illicit drugs, eating, gambling, internet, love, exercise, work, and shopping addictions. Unsurprisingly, the authors reported that nearly half of the US adult population was likely to suffer from “maladaptive signs of an addictive disorder over a 12-month period” (Sussman et al. 2011, p. 3). A skeptic might ask whether such widespread behavior should be defined as normal rather than “a problem,” though it certainly holds out the promise of many, many clients.

To achieve a sense of perspective on the issue of sex addiction, it is instructive to consider a study of the general population carried out in New Zealand and published in 2010. It forms part of a unique longitudinal study of a cohort of more than a thousand people born in the city of Dunedin in 1972/3 and studied and surveyed (on matters other than sex mainly) at various stages in their development. The investigation of their reported sexual behavior and attitudes targeted 940 people, the bulk of the surviving cohort interviewed at the age of 32 and willing to discuss their sexual experiences and attitudes. The advantage of this study is that it surveys a

sample of the general population rather than an unrepresentative, targeted one (Candéo's Mormons, for example). The participants were asked if, in the last 12 months, they had had "sexual fantasies, urges or behavior" that they had felt were "out of control." These were called "out of control sexual experiences"—that, it should be noted, are different to out of control sexual *behavior*. They were asked whether both their out of control sexual experiences and their actual sexual behavior had interfered with their lives.

What is interesting about the study is that while 13 % of men and 7 % of women reported out of control sexual experiences in the preceding year, very few of the total group—4 % of men and 2 % of women—thought that it actually interfered with their lives. Most of the reported anxiety involved fantasies and urges rather than actions. Few reported that their actual behavior affected their lives adversely (a huge part of the sexual addiction rationale): less than 1 % of all men and even fewer women were so affected. As the researchers conclude, "This suggests that the clinical syndrome of out of control sexual behavior may be unlikely to occur as frequently as has been previously surmised" (Skegg et al. 2010, p. 977). Though they do not state it, the disparity between the levels of reported out of control sexual experiences as fantasy or impulse (on the one hand) and actual sexual behavior (on the other) may suggest the anxiety-producing effects of sexual addiction discourse.

While there is little doubting the impact of the discourse, the strange situation of sex addiction's clinical and popular impact without the imprimatur of the American Psychiatric Association has meant a continuing search for legitimacy, an uncertainty in psychological classification. The concept of sex addiction, as Lennard Davis has put it, "resides in some interstitial space between science and culture" (Davis 2008, p. 171).

For all the vast literature referred to earlier, there seems little evidence either of theoretical refinement or advancement in the collection of empirical research data—what one scholarly article termed "many conceptions, minimal data" (Gold and Heffner 1998). A UK academic who surveyed the work on cybersex in 2001, though sympathetic to the concept of internet sex addiction, conceded both that the empirical evidence for its existence was weak and that the "field is still in conceptual crisis" (Griffiths 2001, p. 339). Another academic survey, similarly unquestioning of the actual existence of its subject, also noted conceptual flaws: "the field is hampered by weak theory that identifies precisely what sexual addiction is, what its worst symptoms and consequences are, and how to make accurate diagnoses and prognoses" (Hook et al. 2010, p. 256). Davis, clearly a skeptic, refers to "weak theories" and "impressionistic and confused" diagnoses (Davis 2008, p. 185).

It should be noted that this imprecision has its dangers. A 2007 update on the syndrome in the journal *Directions in Psychiatry*—by psychiatrists for psychiatrists—drifts into pedophilia, incest, exhibitionism, and studies of sex offenders in its discussion of the definitions and epidemiology of sexual addiction, yet with a conceptual indistinctness that by no means inhibits treatment. For the same psychiatric refresher-piece outlines the employment of a range of psychopharmacological solutions with sometimes terrifying side effects (Vesga-Lopez et al. 2007).

We have argued that sexual addiction's strange, short history of social opportunism, diagnostic amorphism, therapeutic self-interest, and popular cultural endorsement is marked by an essential social conservatism—sex addiction has become a convenient term to describe disapproved sex. For all the discussion, the central issue remains: sex addiction is a label without explanatory force. As a study of “sexual compulsivity” among students at (appropriately) Alfred Kinsey's University of Indiana concluded, “What may appear to be pathological compulsive sexual behavior to researchers and health professionals may actually be experienced as normal sexual exploration by college students” (Dodge et al. 2004, p. 349). And this, though somewhat more crudely, was Greg Rogell's point in the epigraph about Tiger Woods and the dead chicken.

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