A compulsion is an irresistible and irrational repeated impulse to perform some act. Compulsive sex interferes with daily life activities and can threaten lives.

Compulsive sexual patterns are often characterized by: 1) inability to feel a choice about engaging in sex or a specific sexual activity; 2) inability to manage sexual expression in the context of one’s life; and 3) inability to avoid self-destructive feelings that arise based on sexual thoughts or behaviors.

Case studies have found that sexual compulsion affects people of various socioeconomic and cultural backgrounds, without regard to gender or sexual orientation. People who are sexually compulsive do not fit a stereotyped image, nor can a person’s behavior be defined as compulsive based on the number of sex partners or the frequency of sex. For instance, a person may have sex daily with a different partner each time and not necessarily have a pattern of sexually compulsive behavior, while another person may have sex relatively infrequently, yet have a compulsive behavior pattern. A person may be compulsive about behaviors such as masturbation and sexual fantasy that are considered normal and healthy, as well as harmful behaviors such as unsafe sex.

Studies have found that sexually compulsive people do not necessarily have higher sex drives or cravings for sex than those who are not compulsive. Rather, the sexually compulsive person focuses on sexual behavior to such an extent that it becomes a priority, and the sexual high, or relief that occurs as a result of sexual expression, can become this person’s primary reason for living. Sexually compulsive people may engage in compulsive behaviors without understanding, or giving thought to, this process.

Studies have reported that people who engage in compulsive sex report feeling out of control not only in their sexual expression but...
also in their daily lives. Their compulsion perpetuates feelings of shame, despair, and guilt, all of which relate to their core feeling of low self-worth. Many feelings experienced by sexually compulsive people are similar to feelings experienced by those addicted to alcohol or other drugs. Some mental health providers and others use the terms “sexual addiction” and “sex addict” to describe someone who is sexually compulsive.

**Prevalence**

Compulsive sex is a relatively new area of study, and it is difficult to accurately assess its prevalence. Additionally, studies of the topic require subjects to disclose details about their sexual lives — which is generally considered a private matter. Sexually compulsive people typically feel shame discussing this area of their lives.

Societal standards related to what is considered “appropriate” sexual behavior have historically complicated researchers’ efforts to classify behaviors as compulsive. Compulsive sexual behavior has been considered socially and morally offensive, characterized by judgment-charged labels such as “deviant.” This has begun to change only as an increasing number of people have begun to understand sexual compulsion in terms of psychological, and perhaps physiological, phenomena.

The emergence of HIV infection as a life-threatening, sexually transmitted disease in the 1980s has brought urgency to understanding sexual compulsion. Much of the research has focused on gay and bisexual men because this population has been so thoroughly affected by the HIV epidemic, and has perhaps been more willing to be studied.

**Multiple Addictions**

The study of sexually compulsive behavior has revealed correlations to other compulsive and addictive behaviors. In a study of 75 self-identified “sex addicts” in recovery, only 17% reported no other addictions. Thirty-nine percent of those studied were recovering from chemical dependency, 38% identified as workaholics, 32% had an eating disorder and 18% identified as compulsive gamblers or compulsive spenders.4

Sexually compulsive behavior becomes more dangerous when it is combined with other addictive patterns, especially substance abuse. A study of gay and bisexual men found a direct relationship between substance abuse and the frequency of unsafe sex.5 Of particular interest in this study was the relationship between perceived risk, actual risk and sexual behavior. Men who consistently engaged in safer sex perceived themselves to be at higher risk than they actually were, while men engaging in unsafe sex perceived themselves to be at less risk than they actually were. Those who were at high-risk often rationalized their behavior, using denial, which is characteristic of sexually compulsive people.5

Men who engaged in high-risk behavior reported feeling less in control of their lives.

Development of an addiction is determined by a combination of biological, social and psychological elements. One leading researcher has suggested that the addictive cycle is a self-perpetuating one that begins with painful and obsessive thoughts.1 Obsessive thoughts are defined as haunting or troubling ideas, desires or emotions that occupy a person. In an attempt to relieve the pain of these thoughts and the anxiety and negative self-images they can produce, a person finds and engages in behaviors that become routine and habitual. Compulsive sex temporarily suppresses pain; a person may experience a “sexual high” and, for a moment, a positive self-image. However, a person then feels regret, remorse, and a loss of control over life, thus reinforcing a negative self-image and restarting the cycle.

For many gay and bisexual men, issues related to compulsive and addictive behaviors are complicated by society’s negative attitudes toward homosexuality. The psychological issues involved with being a member of a group that is generally oppressed by society have predisposed many gay and bisexual men to feelings of worthlessness.6 These feelings may lead to substance abuse, and, because of the stigma attached to sexual...
expression between men, a pattern of compulsive sex may develop. Substance abuse and compulsive sex further erode a sense of self-worth and may leave a person with little power or reason to avoid unsafe sex.

Origins of Compulsive Behavior

The origins of compulsive sex patterns have been closely linked to childhood trauma characterized by abuse, environments of repressed sexuality, and dysfunctional family attitudes about sex and intimacy." A child who has been abused often learns at an early age that sex and affection are the same and, in adulthood, may seek to satisfy previously unmet or ignored emotional needs through sex.

Some research proposes that negative self-images intertwine with emotional needs and lead some people to compulsively engage in sex. This research suggests that, despite an attempt to eliminate negative self-images through sex, these images may instead persist and intensify, and accelerate the progression of the addiction.8

Reports have indicated that people who were sexually abused as children or who were raised in sexually restrictive environments develop negative self-images related to sexuality. One survey of men, both heterosexual and homosexual, found one of every six had been sexually abused before age 18.9 Female incest survivors are less likely than male survivors to recreate abusive feelings through compulsive sex and often resort to compulsive eating behaviors instead. However, sexual compulsion can and does occur in women.10

For male and female survivors of abuse, a major issue that emerges is the dynamic of power in negotiating sex. For people who have not been abused, sexual negotiation allows them to define boundaries of sexual experiences and express sexual desires. Sexually abused children, however, have been forced against their will to engage in sex and have felt powerless over the situation. As adults, they often reinforce feelings of powerlessness by assuming passive and non-dictating roles in sexual encounters. This dynamic can have an important role in increasing one’s risk of HIV infection.7

Incest survivors, as well as survivors of rape, may seek to reenact abusive experiences through compulsive sex. In the compulsive environment, they recreate the dynamic of being forced against their will to engage in sex. Uncovering childhood experiences that may include sexual abuse can be an important part of therapy for the sexually compulsive person.

Treatment

The key concern in treating sexual compulsion is not necessarily abstaining from sex, rather, it is interrupting the compulsive behavior pattern that is part of the addictive cycle. It may be necessary to refrain from certain types of sexual activity or avoid certain environments so the compulsion can be inhibited or blocked altogether. Breaking this pattern and resetting priorities will help to reestablish sexual boundaries.

The sexually compulsive person must find a balance by which he or she can regain control over sexual behavior. This process is often difficult and takes a prolonged period. To aid in this process, many sexually compulsive people in treatment or recovery programs do choose celibacy for a certain period or indefinitely.

It is extremely unlikely that a person will eradicate compulsive sex patterns without intervention. Researchers have found group therapy and 12-step recovery pro-

Related Issue: Issues Affecting Partners

Similar to other compulsive and addictive behaviors, compulsive sex can affect one’s family and others. Partners of people who are sexually compulsive often come from dysfunctional families themselves and may suffer low self-esteem before entering the relationship. As the relationship grows, these feelings may intensify, and a partner may become increasingly dependent on the sexually compulsive person for his or her well-being. This can perpetuate the compulsive behavior of the sexual “addict.”14

In one study, partners feared abandonment and were willing to accept abusive behavior. They typically blamed themselves for the behavior of the sexually compulsive partner.14 A study of bisexual men and their wives, in which the men self-identified as “sexual addicts,” shows the level of feelings sometimes experienced by partners. The spouse of a man who compulsively visited adult bookstores where he had sex with strangers reported fears of rejection and felt “ugly, worthless and inadequate.”15

Partners’ unsuccessful efforts to find an answer to relationship problems often foster development of their own harmful behaviors. Some female partners, who have been taught that being valued as a person is tied to sexual attraction, believe they must be sexual to receive love, regardless of whether they desire sex. There is little research regarding male partners of sexually compulsive people.
Recognizing a pattern of sexually compulsive behavior is difficult for counselors. Helping a client see that his or her pattern of sexual behavior might be compulsive can be an even greater challenge.

Be aware that sexual compulsion is accompanied by denial. Similar to people who have other addictive or compulsive behaviors, many sexually compulsive people defend their sexual behavior, even if sexual thoughts or behaviors preoccupy them and interfere with other areas of their lives. These people may attribute the negative effects of their sexual compulsion to other causes, such as stress or the absence of other activities in their lives. This may be true even if they are aware that they are putting themselves at risk for HIV infection by engaging in unsafe sex.

As part of the denial process, those who view their history of compulsive sex to be harmful are likely to believe that while it has been an uncontrollable part of their lives in the past, they currently have control and do not see a potential for future difficulty. Rarely are people willing to acknowledge that they feel little or no control over their sexual expression and are in need of help.

When dealing with sexually compulsive clients, counselors are encouraged to do the following: 1) broach the topic that life or sexual expression may be difficult to manage and offer appropriate referrals for support, and 2) tailor HIV prevention messages to take into account the role compulsive sex can have in a person’s life.

Addressing the Topic

While society has become increasingly willing to address substance use as a public concern, sexual expression has not evolved to that point. Counselors may believe they need special training to discuss compulsive sex. Counselors who have wished to address the topic may fear they will alienate clients. These counselors may fear the client will perceive them as moralistic, or as having negative views toward sex. Counselors also fear they will offend a client’s integrity or sexual identity by proposing that he or she might have difficulty controlling sexual expression.

**Related Issue: Assessing Compulsive Sex**

The following questions may help a client in making a self-assessment. Typically, those who are sexually compulsive will answer yes to several questions; answering yes to a single question does not indicate that a person is sexually compulsive.

- Do you or others who know you find you to be overly preoccupied or obsessed with sex?
- Do you ever find yourself compelled to engage in sex in response to stress, anxiety, or depression?
- Have serious problems developed as a result of your sexual behavior (for example, loss of a job or relationship, sexually transmitted diseases, injuries or illnesses, sexual offenses)?
- Do you feel guilty and shameful about some of your sexual behavior?
- Do you find yourself constantly searching the environment for a potential sex partner?
- Do you ever find yourself sexually obsessed with someone who is not interested in you or doesn’t even know you?
- Do you think your pattern of masturbation is excessive, driven, or dangerous?
- Have you had numerous love relationships that are short-lived, intense, and unfulfilling?
- Do you feel a constant need for sex or expressions of love in your sexual relationship?
A counselor does not need to be an expert to discuss issues of compulsive sex, and such an exchange can occur in a non-judgmental, supportive context.

Assessment

Allow the client to assess for him or herself whether life has felt difficult to manage or out of control as a result of sexual expression and sexual needs. For guidance in this assessment, refer to the questions in “Assessing Compulsive Sex,” above. Even if clients are not willing to acknowledge patterns as compulsive, further discussion of the questions can still be useful.

People who are sexually compulsive often fear others will view them harshly if they acknowledge having a compulsion or feeling out of control. Sometimes I might get rid of the urge, but it would come right back, and keep me from whatever else I was doing.

Ultimately, I’d go have sex, and sometimes I’d be unsafe. I had known what was unsafe, and I wanted to be safe. But in the moment of sex, these convictions were gone. It was only when I entered a 12-step program around sex and relationship issues that I saw I didn’t have to be this way. I had thought my reasons for being unsafe were that my partners were hot and I wanted to make them happy.

I have had unsafe sex in recovery, but it happens far less than if I wasn’t in recovery, and when I am unsafe I can see why. It’s not because I’m a horrible person, it’s because it’s tough for me to like myself and assert myself. I also now see that alcohol leads me to be unsafe, so I’ve stopped drinking.

I’m angry that health providers don’t take sex addiction more seriously. I think they incorrectly assume they’ll be shaming people if they view sex as a potential problem. But, in my case, I broke through denial and made changes only after I saw sex as a problem.

Lots of people are able to express themselves sexually without harm, but I have a compulsive personality. I need to set specific boundaries and limits to take care of myself, and I need help doing so.

A counselor does not need to be an expert to discuss issues of compulsive sex, and such an exchange can occur in a non-judgmental, supportive context.

Intervention

Eliminating destructive patterns of sex requires ongoing support. HIV counseling at test sites is not designed for this purpose. Rather, the counselor may be most valuable in allowing the client to voice concerns about behavior patterns, perhaps for the first time, and then in supporting the client and providing referrals for in-depth assistance.

To achieve these aims, learn about the client’s sexual history, and behaviors or thoughts he or she considers harmful. Remember, a person may feel that only parts of his or her sexual expression are out of control. For instance, a married person may find that sex within the marriage is not compulsive, but that extramarital sex is compulsive.

Many people feel destined to a life of compulsive sex, including unsafe sex, and criticize themselves for not being able to change. Counselors can point out that by acknowledging that sex or other behaviors can feel uncontrollable, a client has taken a step toward making life more manageable.

People who are sexually compulsive often feel unique and isolated. It is, therefore, important for
them to know that many others are sexually compulsive, have similar feelings, and can be supportive. Emphasize the complexity of the issue and the value that can come from receiving support from others who will understand them.

As the first referral, provide telephone contacts and meeting information for Sex and Love Addicts Anonymous (SLAA), Sexual Compulsives Anonymous (SCA), and Sex Addicts Anonymous (SAA). All groups follow the 12-step recovery model, and differences among the groups are often subtle. In some areas, only one group may be available. Telephone numbers may be found in local telephone directories or by contacting crisis hotlines. Encourage clients to listen in meetings for similarities, rather than differences, they hear from others.

Offer names of therapists who specialize in working on issues of sexual compulsion. Learn who these people are by talking to other counselors or by contacting AIDS hotlines or crisis hotlines. Some counselors, including sex therapists who deal with sexual compulsion issues, advertise in the classified sections of community newspapers. Because of the shame often attached to compulsive sex, emphasize the importance of finding a therapist with whom the client feels safe.

Empathize with the challenges faced by someone who is sexually compulsive. For instance, acknowledge that a client may find it difficult to trust others and may feel a significant loss in abstaining from compulsive sex. Help clients seek ways to respond to this loss. And, help them understand that they may replace old rituals with stress reduction courses, relaxation techniques, biofeedback or hypnosis, physical exercise, hobbies, and positive habits such as meditation or regular periods of quiet time.

Be aware that some people may feel that disclosing compulsive behavior to the test counselor is sufficient and will not seek help beyond the counseling session.

**HIV Prevention**

For people who are sexually compulsive, HIV prevention messages that focus solely on risk awareness and protecting oneself with barrier contraceptives, are, in themselves, unlikely to bring about change. These clients probably know this information already. Without regard to risk awareness, the self-destructive nature of compulsive behavior often leads a person to feel little ability or desire to avoid unsafe sex.

It is always necessary to discuss HIV infection risks, the importance of safer sex, and how to ensure use of condoms or other protection. For sexually compulsive clients, however, it may be most valuable to focus on the context in their lives in which unsafe sex has occurred.

Encourage clients to examine specific events or feelings that provoke a compulsion for sex or that lead to unsafe sex. These may include feelings of depression, loneliness, worthlessness, stress, or anxiety. Consider whether there are responses in addition to having unsafe sex that occur when these feelings arise. A client is far more likely to change behavior if he or she is aware that certain events and feelings lead to the unsafe behav-

**A Counselor’s Perspective**

“I have clients who feel their sexual expression is out of control, but they’ve never thought of getting help, and they have great shame. I move slowly with these clients, I empathize with their feelings, and I explain they’re not alone and help is available.”

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**A Counselor’s Perspective**

“People often defend sexual patterns that clearly sound compulsive. It’s important for me to realize this might be part of their denial, and I need to explore this.”
Case Study

Jack, who is 45, was married six months ago. He states that after three months of having his sexual needs met in his marriage, in recent months he and his wife have been arguing with increasing frequency, and he has been having unsafe sex outside the relationship with a number of women.

Jack explains that he does not wish to have sex outside marriage, but he gets overwhelmed and consumed with thoughts of having sex with women other than his wife and cannot clear his mind until he has sex. He then gets angry at himself for what he has done. A similar pattern occurred in two previous marriages. He loves his wife and does not want to lose her. He is also afraid that he either has HIV infection or may become infected, and that he will transmit the virus to his wife.

Counseling Intervention

Acknowledge Jack for his willingness and ability to recognize and disclose his behavior patterns. By discussing this and seeking an HIV test, he is showing concern for himself, his wife, and their relationship.

Acknowledge that his struggle sounds overwhelming, and that he may feel his life is out of control. State that his pattern of unsafe sex is dangerous, but that many people with similar experiences have changed their behaviors after seeking support to do so. Acknowledge that his presence at the test site is a first step in that process.

Further explore his history of extramarital sex, including the context of events that have led to this behavior. Jack may not relate his sexual encounters to any other events or feelings, so help him in trying to do so. For example, if Jack associates his sexual encounters with marital disputes, learn how he and his wife handle conflicts in their marriage, and the feelings that arise for him when he argues.

Assess Jack's level of willingness to seek help. State that because it appears he wants to change his behavior pattern for himself, his wife, and their relationship, he may benefit greatly from a 12-step sexual recovery program. Learn whether Jack has knowledge of 12-step programs. Explain the role of programs in providing a person a chance to be with others who have similar patterns and who desire to change them. Provide referrals to sexual recovery programs and to a therapist who works with issues of sexual compulsion. Include times and locations of 12-step meetings. Explain that while 12-step programs use words such as “addict” and “compulsive,” and that these may be uncomfortable labels, Jack may still benefit from these programs. Explore fears Jack may have about seeking help.

Let Jack know that by accepting help, he is demonstrating the importance he places on his relationship. Make him aware that based on case experience, unless he seeks help, he is likely to engage in unsafe sex again. Help him develop a specific plan for action, for instance by making a commitment to himself to attend a specific meeting, or to see a counselor or sex therapist.

Remember to state the importance of using condoms during sex, and explore strategies Jack might use to avoid unsafe sex.

References

Test Yourself on Compulsive Sex & HIV

Review Questions
1. True or False: A person will best manage sexual compulsion by dealing with the issue individually, without the support of others.

2. True or False: Most research on sexually compulsive behavior has focused on gay and bisexual men because other groups of people are not sexually compulsive.

3. True or False: A correlation exists between unsafe sex and substance abuse.

4. True or False: Over 80% of people recovering from sexual compulsive behavior report having had other addictions.

5. True or False: In order to deal with his or her sexual compulsion, a person must stop all sexual expression.

6. The origins of a person’s sexually compulsive behavior may be linked to a) substance abuse, b) incest during childhood, c) dysfunctional family attitudes about sex, d) all of the above.

7. True or False: Sexually compulsive people feel a loss of control over their lives.

8. True or False: Many sexually compulsive people don’t seek help because they don’t believe that their actions are compulsive or because they are too ashamed to acknowledge their own despair and need for help.

Discussion Questions
1. What can counselors offer to clients who do not identify as sexually compulsive, even though their patterns of behavior clearly seem to be compulsive? How can counselors recognize and accept their limitations in working with these clients?

2. How can counselors respond to clients who acknowledge that their sexual behaviors have been compulsive in the past, but believe they now have them under control?

3. When making referrals to 12-step programs designed for “sex addicts,” how can counselors present this information without labeling clients as addicts?

4. For their own purposes in determining appropriate prevention techniques, how can counselors distinguish between compulsive sex and non-compulsive sex?

5. How can counselors cope with their own discomfort of discussing compulsive sex, especially if they have no expertise on the subject?

6. How can counselors respond to their fears of alienating clients when they raise the subject of sexual compulsion?

Answers to Test Yourself
1. False. Group support is of great importance in dealing with sexual compulsion.

2. False. People may be sexually compulsive regardless of gender or sexual orientation. Gay and bisexual men have been the focus of study because they have been considered a “high-risk group” for HIV infection and have been willing to be studied.

3. True.

4. True. People who are sexually compulsive generally report having other compulsive and addictive patterns.

5. False. The key in responding to sexual compulsion is interrupting the compulsive behavior pattern, not necessarily stopping all sexual activity.

6. D.

7. True.

8. True.
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