AN OPALITE ESSAY

"SEX/PORN ADDICTION"

or

"PROBLEM SEXUAL BEHAVIOR"?

Why the label matters - and what we may miss when we make the behavior the whole story.

LAURA KUTYS, LPC-S, CST-S

Evidence-informed thoughts on sex, intimacy, and relationships

As a Certified Sex Therapist through the American Association of Sexuality Educators, Counselors, and Therapists, you will not hear me use the terminology of sex addiction or porn addiction.

Let's talk about why not...

AASECT'S POSITION

AASECT recognizes that people may experience significant physical, psychological, spiritual, and sexual-health consequences related to their sexual urges, thoughts, or behaviors. It recommends models that do not unnecessarily pathologize consensual sexual behavior.

AASECT does not find sufficient evidence to classify sex addiction or porn addiction as mental-health disorders. It also does not consider addiction-based training and treatment methods to be adequately informed by accurate human-sexuality knowledge. For those reasons, AASECT does not endorse the porn/sex-addiction model as a standard of practice in sexuality education, counseling, or therapy.

> *Sexual behavior can become distressing, harmful, or difficult to control - but that does not automatically mean the person is addicted.*

Read the full position statement at aasect.org/position-sex-addiction.

So, in a nutshell: there has not been enough evidence to support placing sex or porn addiction in the diagnostic "bible," the Diagnostic and Statistical Manual of Mental Disorders. Addiction-based treatment programs also often fail to reflect current, medically accurate knowledge about human sexuality. And, honestly, we are already at a deficit in the sex-ed department around here.

But never fear: AASECT is not saying that sexual behaviors cannot become problematic. Absolutely they can. We can overdo almost anything good to the point that it is no longer so good. But looking only at the behavior as the problem does not go deep enough.

Sometimes the behavior began as the solution.

Addiction models tend to identify the problematic behavior as the problem. I have worked in enough drug-and-alcohol treatment facilities to understand how that happens. Alcohol can certainly become problematic, and you do not need to be a rocket scientist to know that meth and heroin are problems.

But my work in those facilities - and later within the Alabama Department of Corrections with maximum-security male offenders - taught me that removing the behavior did not automatically make anyone happier. Maybe some family members were relieved, but the person underneath the behavior was still there.

Getting to know those clients and digging into their motivations, their relapses, and their continued behavior despite 'hitting bottom' illuminated something important: drugs and alcohol - and sometimes sex and pornography - often began as the solution to a problem.

> *Okay, Laura. Get to the damn point:*
> *What was the problem, then?*

Hold your water, folks. I'm wordy.
And it is not that simple.

There is a question I ask most people who come to me because they keep doing something that feels good in the moment but creates enough trouble - with their partner, their family, or even the law - that the temporary payoff hardly seems worth the consequences:

"You are doing a thing because it feels good.
What is wrong with how you feel without it?"

The answer rarely comes quickly, and it will vary from person to person.

What if the behavior is doing a job?

I am enrolled in a PhD program in Advanced Clinical Sexology - shout-out to Westmont Graduate University, what?! Between that program and my education through the Sexual Health Alliance, I have had the pleasure of learning from some of the greatest minds in the field.

One of the more profound sound bites came from Dr. Chris Donaghue, who talks about the enormous amount of over-pathologizing within medical models of mental-health treatment. The coping mechanisms human beings develop are often quite adaptive.

> *I'm going to say that louder for the people in the back:*
> *ADAPTIVE.*

In psychological terms, an adaptive behavior is a skill a person has developed to function within the demands of their environment - perhaps to manage stress, trauma, or difficult emotions.

Could you argue that some of these coping skills are maladaptive? Sure. But what if the person's environment, family, system, or community never provided the resources for the 'mostly healthy, probably not going to send me to jail or ruin my relationship' skills?

That does not mean they were overtly taught to do the problematic thing or violate their own values to meet a need. Though that do be happening. Yikes.

What if it was simply never discussed?

It probably will not come as a shock that, generationally speaking, therapy was pretty taboo. Unless it came packaged as a '90s-ish self-help book promising to teach us How to Find Happiness - oof, I could write an entirely separate essay about that phenomenon - we did not hear much about the value of modeling healthy coping and communication, navigating conflict successfully, or developing emotional intelligence.

And Lord knows - shhh - we certainly were not allowed to talk about sex.

That brings us back to the idea of sex addiction. How we arrived at this terminology is not difficult to understand. If we have no meaningful sex education to help us determine what is typical and what is not, and someone's sexual behavior creates problems, feels terrible, and seems impossible to stop, addiction can sound like a reasonable place to land. Check. Thanks, Patrick Carnes.

But let's circle back to the question: What is wrong with how you feel without it? Pathologizing the sexual behavior without understanding what it is doing for the person does that client a disservice.

Slapping a 'Hi, my name is Laura, and I'm an addict' label onto someone can pathologize the whole person instead of recognizing that the behavior may be:

1	Adaptive It developed in response to something.
2	Providing a service It changes, relieves, avoids, or creates a feeling.
3	Connected to a failed system The person may never have received adequate education, support, or healthier resources.

If we understand problematic sexual behavior as a symptom of something deeper - rather than proof that the entire person is disordered - we create more room for accountability, understanding, and meaningful change.

The goal is not to excuse harmful behavior.
It is to understand it well enough to change it.

Thanks for coming to my TED Talk.

If you would like to learn more - as a sexual-wellness professional, therapist, counselor, educator, or client - I would love to hear from you.

Laura@bigspring-cc.com
www.opaliteintimacytherapy.com

Love may happen naturally. Intimacy is intentional.