



IN SIGHT *for Oregon Lawyers*

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

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WHAT EVERYONE NEEDS TO KNOW ABOUT SEXUAL ADDICTION

“Getting involved sexually with a man at work was like picking up a drink for me. I descended into a fog. When I was sexually acting out, I was oblivious to how my behavior was affecting other people and me. It made me susceptible to all the negativity in the office. I threw away my self-esteem. I discarded any hope for positive self-talk.”

– An alcoholic sex addict in recovery

The line between an active and healthy sex life and “compulsive sexuality,” “sexual acting-out,” or “sexual addiction” seems like it should be quite wide and clear. Unfortunately, as many lawyers have discovered, it is not. Why? In part, the answer lies in the nature of addiction itself.

THE NATURE OF ADDICTION

Addiction is a progressive disease in which the main features are preoccupation, continued use or involvement as the consequences rise, and loss of control. Over time, the frequency of use, amount, cost (in terms of money, time, and other consequences), and the sense of being owned by the addiction, rather than owning it, all increase. The addictive substance or process becomes the giver of all good things – stress reduction, escape, reward, excitement, comfort. It changes the mood. It must be present to make an activity worthwhile. At times, an individual may question this dependence as suspect, alarming, or – as the addiction

gets worse – downright scary. The addict takes risks that no lawyer, thinking clearly, would take, risks that could endanger one’s reputation, family, friendships, and even the right to practice.

The two brain centers involved in addiction are the more primitive midbrain (or limbic system) and the more evolved frontal cortex. The midbrain is home to the pleasure/reward center and is in charge of survival; its only concerns are those that ensure the organism will live and produce offspring. The frontal cortex is home to reason, judgment, morality, and other higher-level functions. In the brains of addicts, the midbrain mutes, shuts down, or otherwise impairs the frontal cortex. Without the frontal cortex to restrain it, the midbrain takes over.

Addictive substances and processes work in the midbrain by causing a biochemical surge (specifically, dopamine). The midbrain equates the addictive substance/process with survival. To the midbrain, it’s the best thing ever, the surest way to produce the desired biochemical surge; as the addiction progresses, it’s the only way.

WHAT IS SEXUAL ADDICTION?

How does something as innate as sex become an addiction? A sexual addiction is a compulsive dependence on any sexual behavior that preoccupies the addict. The addict continues to behave compulsively as the consequences mount. The addict experiences the compulsion as beyond his or her ability to resist, control, or stop. As the addiction develops, the addict needs to engage in more frequent or riskier behaviors to produce the same biochemical rush. The actual act may differ from addict to addict; the pre-

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occupation, persistence, and compulsive need to continue do not.

Lawyers of all sexual orientations and from all stages of life report sexual addiction. A sex addict could be heterosexual, bisexual, gay, or lesbian; single or married; young or old. A sexual addiction often coexists with another addiction and, left unattended, can seriously undermine the efforts to recover from that other addiction. Sometimes a person's sexual addiction emerges after the fog of an alcohol or drug problem has lifted. Sometimes people switch addictions, such as from drugs to sex or from drugs to food and then to sex. In all cases, the addiction becomes worse over time.

Some seemingly innocent behaviors have serious complications for the addict. The intense biochemical reaction to an experience may make that behavior addictive to a susceptible person. Women may first find themselves addicted to "attracting" others or being "in love." They may get a high from the thought of a new romance or feel especially good when starting a new sexual relationship. Women may begin a quest for intimacy, go from relationship to relationship, and progress to sexual addiction, which actually blocks intimacy. Men may follow this path to sexual addiction as well, but they are more likely to visit porn sites on the Internet, use prostitutes, or go to strip clubs, all of which can produce the addictive biochemical reaction. Both genders are likely to have inappropriate liaisons with inappropriate partners, have affairs when in relationships defined as monogamous, have multiple partners, and engage in unsafe practices. Both genders may engage in compulsive masturbation or obsess about attracting others. Both genders may buy sex or be paid for sex. Both may be deeply engaged in fantasy. Both usually suffer fear, guilt, and shame about their behaviors, yet they feel unable to stop.

The literature about sexual addiction makes a strong connection between prior sexual abuse and future sexual compulsion. However, every person abused as a child does not become an abuser or a sexual addict, nor has every sexual addict been abused. Likewise, having been abused as a child does not preclude recovery from sexual addiction.

In an effort to gain control over their behavior,

people for whom romance or sex has become addictive often develop rules for how they will act about sex. Like their chemically addicted counterparts, sexual addicts often, to their shame, break those rules, make new rules a bit further out on their own continuum of acceptable behavior, and then break those. This is the nature of progression in addiction. As the old behavior (or frequency of use) no longer produces the same biochemical surge, the behavior (or frequency) increases or changes to something more powerful. When an addiction is running the show, the addict may do very dangerous things, such as adding another substance or process or having unprotected sex with unknown partners, risking AIDS and hepatitis C.

As the addiction progresses, the sexual addict becomes isolated by secrecy, shame, and the need to act out. Sexual addicts cannot talk about their obsessions with their friends or families. Mostly, they strive to keep people who matter to them in the dark about the behaviors.

SEEKING RECOVERY

The sexually addicted person usually does not "just stop." Rather, a near miss of exposure, a partner finding out, or an arrest caused by risky behavior might present the addict with an opportunity to seek recovery. The intervention of concerned colleagues or friends might also serve as a catalyst for seeking help. Occasionally, and fortunately more frequently now that sexual addiction is better understood, sexually addicted persons may themselves come to the conclusion that they need to find a way out. Maybe they identified with a magazine article about sexual addiction, or perhaps their efforts to recover from another addiction produced a window of clarity about their sexual compulsions.

Luckily, today there are many roads away from sexual addiction. A number of excellent residential treatment programs exist, some individual therapists have specialized training in sexual addiction, and a number of 12-step programs are available. The road is not easy. The sexual addict may experience withdrawal when first abstaining from the behaviors associated with the addiction. (Here's the midbrain again, demanding its proven method of "survival.") Most successful recovery is a mix of finding other ways to soothe the midbrain and reactivating the fron-

tal cortex, reengaging it in the business of living.

If you have a concern about your own sexual behavior or that of a colleague, call one of the attorney counselors at the Oregon Attorney Assistance Program for assistance at 503-226-1057.

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The author is the director of the District of Columbia Bar Lawyer Counseling Program. This article originally appeared in GPSolo, Volume 21, Number 7, October/November 2004, © 2004 by the American Bar Association. Reprinted with permission.