SEX ADDICTION: IT’S NOT ABOUT SEX
How might sex and pornography addiction affect someone’s life?

The first issue is time – the amount of time it takes away from other things in people’s lives, such as work, studying, education, seeing friends or spending time with family. There could also be financial implications, depending on what you’re into. For some there could be significant relationship problems. Another increasing problem is that addiction to pornography impacts sexual functioning – a lot of men experience erectile dysfunction. However, the common denominator – the effect it has on everybody – is the detrimental impact this addiction has on self-esteem.

Could you sketch out a typical profile of a person who is addicted to sex and pornography?

They are nearly all men but, other than that, could basically be anybody: an average Joe Bloggs on the street – 35, happily married for a couple of years, planning a family, works as an accountant, has a good group of friends and leads a fairly active lifestyle. He probably used to use pornography recreationally, then got a smartphone and perhaps went through a particularly stressful time at work, leading him to look at a bit more porn. He then started seeing the pop-up sites for sex workers and, out of curiosity did a cyber chat with a sex worker – and it continued to spiral.

Is sex addiction triggered by stressful or traumatic events then?

For many people, sex addiction is entirely opportunity induced – it’s there, it’s easy to access and it becomes addictive. Yes, stress might be pushing it or there may be a stressful event that causes it to escalate, but it can just creep up on you – unlike alcohol, there are few visible symptoms. In other instances, it could be attachment-induced addiction. This includes people who had difficult relationships in childhood – and as adults they don’t feel able to trust others, so they end up turning to things rather than people. And then there is trauma-induced addiction. These people may have experienced a trauma in childhood or even in adulthood. A typical example is someone who is signed off work for post-traumatic stress disorder (PTSD) – he’s on his own all day and gets bored rigid, then goes on the computer and finds that pornography suppresses the PTSD symptoms.

Your book Sex Addiction: The Partner’s Perspective has recently been published. Briefly, what does it tell us about how the partners of those with pornography addictions are affected?

For someone who discovers their partner is addicted to pornography, the shock and betrayal is huge – and there is often disbelief it has been going on. If you’re drinking, taking drugs, chronically overeating or gambling, the chances are people will notice. But with sex addiction there are very...
few visible side-effects. Some signs include withdrawal from sex and erection problems – so in this context, it can come as even more of a shock. A lot of divorce and separation happens as a result of this – and kids are affected as well, whether they know it or not.

There is controversy as to whether people can become addicted to sexual behaviours, including watching porn. What are your thoughts on this?

Very few professionals would doubt that a problem exists with sexual behaviours that are out of control and cannot be stopped. Whether or not you call that addiction, however, is more contentious. We don’t yet have sufficient research – that said, there is certainly research coming out that demonstrates the arousal people get from sex and pornography works in a similar way to drugs.

So there is disagreement among researchers as to whether sex addiction exists as a legitimate medical diagnosis?

Yes. Researchers doing studies from an addiction perspective would tend to argue that addiction is the right term. But other researchers would say that we should call it ‘hypersexuality’ – and that out-of-control sexual behaviours are more to do with having a high sex drive. The problem is that many researchers have a pet hypothesis and then undertake research to prove that hypothesis. As a clinician, I use the term addiction because that’s the terminology my clients use and that’s how it feels to them.

Research indicates that compulsive behaviours, such as watching porn to excess, are becoming increasingly common. Is this something you have witnessed in your career to date?

Yes, absolutely.

What do you think are the reasons behind this?

Availability. Smartphones. I couldn’t do without mine – I’m not against them! I’m not against porn either, for that matter – I’m not anti-porn in the same way that I’m not anti-alcohol. And then there’s money: the pornography business is growing considerably.

Why do you think people find it so difficult to talk about their sex addiction?

There is a massive stigma connected to sex addiction, which causes a huge amount of shame. And the shame is twofold: there’s shame around the behaviour and shame around the addiction. And that is why addiction is so damaging. People are genuinely struggling, but sex addiction is treated as a bit of a joke sometimes. This is why it’s so damaging to self-esteem – it’s misunderstood and there’s no accurate clinical diagnosis.

What eventually pushes people to reach out for help?

Common triggers for seeking help are feelings of hopelessness, desperation, self-hatred and fear that their marriages will be ruined.

How do you treat people for sex addiction?

I take a biopsychosocial approach. This involves looking at the biology of addiction and understanding the impact it has on the brain. It’s also about understanding the psychological components, such as how addiction might relate to previous attachment issues or a trauma issue, and why it is being used as a coping strategy. The social perspective is also really important. You need to understand the individual client’s cultural perspectives, taking into account things like gender, faith, race and sexual orientation.

You need to understand what is going on behind the addiction – why can’t this person stop? What is the role and the function this addiction is playing? It’s never about sex, in the same way that overeating isn’t about hunger. What is going on here psychologically that is making it so difficult to stop? Alongside this, practical relapse prevention strategies are vital. I help my clients realise what their triggers are – and avoid them if they can and develop strategies if they can’t.

Facing the Facts

Hall has a free self-help recovery resource for people struggling with sex or pornography addiction: sexaddictionhelp.co.uk. The following statistics reveal the types of people who have used or are using this resource:

- 90% of users are men
- 73% say they have never spoken to anyone about it
- 64% say that they had no idea it could become addictive
- 45% describe their childhood as stable and supportive
- >40% say the problem started under the age of 16
- 31% of users are between the ages of 26 and 35
- 28% say work is very stressful
Paula Hall is a sexual and relationship psychotherapist (UKCP Reg, BACP Acc, COSRT Acc, ATSAC). Widely recognised as the UK’s leading expert in the field of sex and porn addiction, she is the founder of The Institute for Sex Addiction Training, which provides Diploma training to other therapists. She is also a founder trustee of the Association for the Treatment of Sex Addiction and Compulsivity (ATSAC), the Head of Recovery at the Naked Truth Project in the UK and a board member of the Society for the Advancement of Sexual Health (SASH).

When International Innovation asked Hall how she ended up working in the field of sex and pornography addiction, she replied: “It was about 15 years ago that I first started hearing about sex addiction. Initially, it was an academic interest because it combined the two fields I was working in – drug addiction and sex therapy. Now, what motivates me is an absolute passion for my clients. I am committed to working with people whose lives have been absolutely devastated by sex addiction, as well as their partners. This is an issue that wrecks people’s lives, and I am passionate about helping my clients get access to the services they need”.

So you are not suggesting that sex addicts give up sex – but that they aim to understand their addiction and then avoid the triggers?

Yes, we’re not talking about abstinence – we’re talking about developing healthy sexual behaviours. In many ways it’s similar to working with chronic over-eaters, because it’s a natural appetite that’s gone awry.

As a clinician, I use the term addiction because that’s the terminology my clients use and that is how it feels to them.

In what ways can we better prevent sex and pornography addiction?

Education about the potential risks is absolutely key, particularly for young guys. Most porn addictions start under the age of 16. Adolescent brains are much more plastic and malleable than adult brains – that’s why it’s so important to get the education out there. We also need to do what we can to make access to adult content as difficult as possible – we’ll never prevent it completely but we could do a better job. We try to make alcohol available to only those aged 18 and over – yes, plenty of under-18s manage to get hold of it, but at least we’re sending out the right message.

What would you like to see change in the future about the way sex addiction is handled?

First of all, we need more prevention strategies. Education about the potential risks is absolutely key, particularly for young guys. Secondly, I’d ideally like to see more NHS services. We need more GPs and health professionals to recognise the problem and take it seriously. Finally, more research on this issue is vital – preferably by independent researchers, not by academics who are simply trying to prove their point.

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