Impaired Self-soothing, Sexualisation and Avoidant Attachment: Are These Significant Precursors to Male Sexual Addiction?

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Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signature ____ Date _______________

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Abstract

Sexually addictive behaviour has become a major issue around the world with over 8% of the world's population meeting the criteria for sexual addiction. What's more, two thirds of those meeting this criteria are males. This modified systematic literature review discusses several perspectives of defining sexual addiction. Included within this discussion are sexual compulsivity, sexual impulsivity, sexual addiction and an integrated approach to defining sexual addiction. Three precursors relating to the development of sexual addiction in males are discussed incorporating separation-individuation theory and attachment theory. This dissertation first explores the effects impaired internalisation during the rapprochement subphase might have on the development of self-soothing strategies, and the role the transitional object could have in the development of addictive behaviour. Secondly, discussion focuses on how sexualisation may develop in young males, contending that certain family dynamics might contribute to the sexualised behaviour of this addiction. The third precursor maintains that certain attachment styles are more susceptible to sexually addictive behaviour; particularly those who are avoidantly attached. Evidence will be given demonstrating that non-intimate sexual behaviour of avoidant males is a defense against narcissistic vulnerability and intimacy. Frustration and deprivation of this early attachment failure is acted out sexually whenever feelings of intrusion or shame become overwhelming. The dissertation concludes with an integrated approach to treatment incorporating individual psychodynamic psychotherapy, group therapy and relapse prevention followed by a discussion that offers several reasons why abstinence may not be the most suitable method of treating sexual addiction.

Chapter 1: Introduction

Every second somewhere around the world, nearly 30,000 internet users are entering sites to view pornography (TopTenReviews, 2009). Carnes (2001) estimated that over 8% of the world's population could fit the criteria of sexual addiction. This would translate into nearly 350,000 people within New Zealand who are suffering from this addiction, with two thirds being adult males (Carnes, 1991).

Carnes (2001) presents a typical scenario when entering the world of a sex addict:

> Herb, 34, is a travelling salesman who maintains an apartment in Minneapolis for his regular visits to the city. He is married and has two children. He earns about $35,000 a year. Herb says he has a good relationship with his wife of seven years, but that spending nearly half of his life on the road drives him to prostitutes.
>
> At the same time, he admits that he probably would continue to visit prostitutes – although not as frequently – even if his work did not keep him away from home so much.
>
> Herb said he has been patronizing prostitutes for nine years and seeks encounters on an average of two or three times a week when he is not at home.
>
> "I think of them as therapy," Herb said, "and I'm serious now. I usually go during the middle of the day, and it's often when something's bugging me. I've had a bad morning or a sale has gone sour.
>
> "Instead of going out to lunch and downing two or three martinis, I like to have a woman." (p. 33)
>
> *Minneapolis Star*, October 7, 1976

Herb's addictive sexual behaviour begins this dissertation because the scenario not only highlights the secrecy and denial that is often associated with this addiction, but Herb's story is similar to the majority of sexually addicted clients I worked with throughout my training to be a psychotherapist. As well as patronizing prostitutes, other behaviours some of my male clients used included internet adult sites, pornography and various risk-taking behaviours such as anonymous sex and 'cruising' public restrooms or parks (the latter being particularly problematic for gay male clients).

During my years of training, several issues relating to sexually addicted clients intrigued me. First, as the therapeutic relationship deepened, many of these clients became distant, extremely independent and keen to 'fix' their addictive behaviour on their own without the need to involve or rely on anyone else. Another issue that intrigued me was why this addiction was predominantly sexual in nature instead of manifesting itself as another form of addiction such as gambling or substance abuse. Finally, after working with several sexually addicted clients, I noticed when stressors in the client's life increased such as bill payment deadlines or a break in our therapy, there was a notable increase in the client's sexual activity. This was very evident with a couple of the clients who were addicted to adult pornography sites. The less they were able to cope with internal conflict, the more they would isolate themselves from those around them and resort to the virtual world of online pornography. Once online, they would spend many hours trying to appease, what one client described as, "the internal ghost that haunted them."

In order to understand this addictive behaviour more fully, I questioned what might cause this impaired ability to tolerate anxiety and why did the addiction become sexualised; particularly in males. Furthermore, because many of my clients who suffered from sexual addiction appeared distant and aloof, were there certain attachment styles more likely to be associated with male sexual addiction than other styles?

This dissertation will review articles and studies that discuss a relationship between; anxiety intolerance, sexualisation and male sexual addiction and whether certain attachment styles contribute to the development of male sexual addiction.

Dissertation Structure

As a result, this dissertation uses a modified systematic literature review to explore the issues and origins of male sexual addiction from the perspectives of an impaired negotiation of the separation-individuation process, sexualisation and avoidant attachment styles. The second chapter begins by stating the research question for the dissertation and the methodology used to gather and synthesise the available material, followed by a section where I present a personal statement regarding my worldview or paradigm. This chapter concludes with a discussion on the inclusion and exclusion criteria used for this dissertation and a listing of search results.

Chapter three clarifies the dissertation's definition of sexual addiction by first reviewing three of the most common definitions, and then offering reasons for supporting the integrated theoretical model suggested by Goodman (1998). This is followed by an introduction into how male sexualisation might develop during infancy, and concludes with a discussion centred around some of the ways clinicians can assess sexually addictive behaviour.

Chapter four explores the relationship between an impaired ability to regulate affect through self-soothing because of a poorly negotiated separation-individuation process, the function of the transitional object/phenomenon and male sexual addiction. Included within this chapter is a discussion that explains why this addictive behaviour is sexual in nature.

Chapter five, focuses on the second piece of the research question by looking at the effect certain attachment styles may have in the development of sexual addiction, and the narcissistic vulnerability of the avoidantly attached male sex addict.

Finally, chapter six provides a brief overview of treatment implications that are relevant to the research subject and discusses an integrated approach to treatment when working with sexually addicted clients. This chapter concludes with a discussion of the themes, the findings that came out of this research and the limitations of the study followed by several suggestions for future research on this topic.

Chapter 2:
Methodology

This chapter documents the methodology used for the dissertation and consists of three parts. The first discusses the formation of the research question followed by a definition of a modified systematic review of the literature, and a personal statement regarding my worldview or paradigm. The second part deals with the gathering of data, a discussion about the differing paradigms of inquiry, such as qualitative and quantitative research and the inclusion and exclusion criteria used. The final section records search results and the application of the inclusion and exclusion criteria.

Research Question

Dickson (1999) comments on the importance of presenting a well-built question stating, "if you begin to read a systematic review and it is not based on a clearly defined question, you are unlikely to get a clear answer. You may therefore, wish to spend your valuable time in a more productive way (p. 45)". Having given some explanation in the previous chapter of my endeavour to understand the inner world of my male clients who suffered from sexual addiction, my specific research question asks:

"Do the precursors of an inability to self-soothe and sexualisation resulting from impaired separation-individuation and certain attachment styles contribute to the development of male sexual addiction?"

Offering a well-constructed question gives clarity to a systematic review and creates interest, but what is a systematic literature review?

Defining Systematic Literature Reviews

Glasziou, Irwig, Bain and Colditz (2001) define the systematic review as "the careful and systematic collection, measurement and synthesis of data (the 'data' in this instance being research papers)" (p. 2). Supporting this definition, Dickson (1999) also describes the systematic literature review as a rigorous process used to gather and appraise all available research literature relevant to a particular topic in order to provide the best treatment for our clients. Furthermore, Chalmers and Altman (1995) contend the method used in a systematic review "allows assessment of what was done and this increases the ability to replicate results or understanding of why results and conclusions of some reviews differ" (p. 6).

However, Dickson (1999) cautions, although a clinician may have access to the vast amount of literature pertaining to the research topic, the clinician needs to consider the magnitude and quality of this literature. Many researchers have written articles comparing the methodology of qualitative research to the preferred 'gold standard' methodology of quantitative systematic reviews (Booth, 2001; Freshwater, 2005; Jones, 2004). However, Jones (2004) suggests that when qualitative methods are implemented in research, "the richness of human experience and the voice of the 'other' is finally given a full hearing" (p. 97). Furthermore, Jones questions the neutrality of using only quantitative studies maintaining we need to acknowledge "that even the most quantitative of us still approach work with the 'hidden agenda', if you will, of our background, culture, experience, preferences and prejudices" (p. 105). This dissertation will be a modified systematic literature review that uses both quantitative and qualitative literature to find evidence of a connection between the inability to self-soothe and sexualisation, certain attachment styles and male sexual addiction.

Acknowledging that the dissertation is a modified systematic review, the following section discusses my worldview or paradigm that has informed the methodology and the technique employed for appraising and synthesising the searched literature.

Part of the journey throughout my training to become a psychotherapist has been to challenge my existing worldview. I feel I have achieved this by reading research and theories, which originate from subjective experiences rather than just an objective perspective, such as research based entirely on quantitative evidence. Coming from an engineering background of over twenty-five years and the quantitative nature of this profession, it was little wonder that I might want to take an objectivist positivist approach when assessing data. However, when I reflect over the years of my training, I have found myself agreeing with authors such as Borkovec and Castonguay (1998), Goldfried and Wolfe (1998), and Vanheule (2008). They contend that as a way of understanding our clients better, psychotherapists should not just rely on research attempting to be objective, but that it needs to be subjective too. According to Grant and Giddings (2002), this integration of quantitative and qualitative methods is defined as a post-positivism approach. Applying this approach has enabled me to incorporate the subject's experiences when researching my dissertation topic.

Selection and Synthesis of Material

The selection of research material used for this literature review combines qualitative meta-synthesis and quantitative meta-analysis. Qualitative meta-synthesis allowed me to initially exclude or include research material using a 'Signal and Noise' technique as suggested by Jones (2004). This helped find themes relating to the dissertation topic, for example, some articles when critiqued, raised concerns because the criteria used for selection of participants appeared biased. Figuratively, this created high 'noise' or 'static', however, the findings were still significant because underneath the 'noise' was a strong 'signal' or finding. The benefit of using this technique allowed for the initial synthesising of some research articles even though there were apparent methodological weaknesses. These weaknesses included a small participant sample size, and questionable criteria used by some studies to define sexually addicted participants.

Inclusion and exclusion criteria

Conducting a thematic analysis of the data gathered for this dissertation provided a method for categorizing the content of articles and identifying relationships among the categories (Berg, 1995). This enabled me to find emerging themes that helped to explain the origins of male sexual addiction from the perspectives of separation-individuation and attachment theory. Consequently, the main inclusion criteria for this part of the dissertation was searching literature that incorporated attachment styles, the developmental process of separation-individuation and supporting evidence that these might be precursors to male sexual addiction. Where possible, I have used randomised controlled testing and other quantitative studies to support these various approaches of understanding the origins of male sexual addiction.

Selection criteria also included reviews and studies that incorporated adult males of differing sexual orientation as the participants such as heterosexual males, gay males and men who identify as being heterosexual but have sex with men. Additionally, research was reviewed that used both male and female subjects as the focus of the study, because some findings were pertinent to this dissertation. Furthermore, I have included any sexual behaviour used addictively such as the addictive use of pornographic literature, internet adult sites and promiscuous sexual behaviour.

Excluded from this literature review were articles that only discussed the relationship between the anxious-ambivalent attachment style and love addiction because I considered this client group to be separate, and not the focus of this dissertation. The rationale behind this was that most of my clients suffered from sexual addiction and intimacy avoidance issues rather than displaying traits of 'clinginess' often associated with love addiction and the anxious-ambivalent attachment style (Simpson & Gangestad, 1991; Stephan & Bachman, 1999). Material from several of these articles was used however to highlight the relationship between certain attachment styles and male sexual addiction. I have taken an integrated approach in defining sexual addiction and therefore have included articles that refer to sexual compulsion, sexual impulsivity, hypersexuality and sexual addiction as part of this review. Additional discussion regarding my reasoning for

selecting this approach is located in the following chapter. Trauma caused by sexual, physical or emotional abuse, and their relationship to male sexual addiction has not been included. This subject would be beyond the scope of this review, and trauma did not appear to be a noticeable precursor to sexual addiction for the male clients I have worked with. Finally, the reviewed section of the dissertation does not include treatment of sexual addiction because the aim of the literature review was to understand the factors that may contribute to this addiction. However, prior to the conclusion of the dissertation I discuss treatment implications relating to avoidant attachment styles, psychotherapy and sexual addiction.

Search history

The database used for searching articles was OvidSP via the Wolters Kluwer site. Using this database allowed my search to include a number of other databases such as PsycINFO, ProQuest5000, EbscoHost and Psychoanalytic Electronic Publishing (PEP). My initial search using the keywords, 'male' and 'sexual' and 'addiction' returned zero results however when I broadened the search topic I obtained the following results.

Keywords	Number of hits
sex$ and addict$	2858
sex$ addict$	571
sex$ compulsi$	227
sex$ impulsi$	57
hypersexuality	348

Note: The character $ (dollar sign) retrieves all suffix variations of the root keyword when using OvidSP

Using keywords such as 'sex$ and addict$' and 'sex$ addict$' not only returned an unmanageable quantity of literature but many articles only referred to the treatment of sexual addiction.

Refining the search further, I entered keywords that related to the second part of the research question: attachment theory, separation individuation, affect regulation and anxiety. This produced the following results:

keywords	Number of hits
Attachment theory	3306
Attachment theory or attachment behaviour or attachment disorder	11791
Separation individuation	2425
Mahler	398
Anxiety disorder$ or separation anxiety or anxiety management	133064
Affect	89201
Affect regulation or emotional regulation	1769

Through various combinations of the previous keywords, I narrowed the search to the following:

Keywords	Number of hits
Anxiety disorder$ or separation anxiety or anxiety management and sex$ addict$	56
Attachment theory or attachment behaviour or attachment disorder and	15

sex$ addict$	
Affect regul$	1078
Sexuali#ation or Sexuali#ed and ‘m#n’ and ‘boy’ and ‘male’	25

Note: the character # (pound sign) retrieves all variations of the root keyword when using OvidSP For example, the search wom#n retrieves results that contain both *woman* and *women*.

When I searched the above articles, I became aware that many articles used different terminology to define sexual addiction such as sexual compulsivity, hypersexuality and sexual impulsivity. In order to capture articles that used these terms I expanded my search with the following results:

Keyword	Number of hits
Sex$ compulsi$ or sex$ impulsi$ or hypersexuality or sex$ addict$	1024

Using these four keywords for sexual addiction as my base and combining this with the previous search topics of anxiety, attachment and affect regulation, the results relating to anxiety increased from 56 to 87. Articles relating to attachment increased from 15 to 17 and articles relating to affect regulation and sexual addiction increased from 23 to 32. However, a combination of the above definitions for sexual addiction and separation-individuation produced zero returns. What remained once I applied the exclusion criteria were 33 articles associated with sex addiction and anxiety, 12 articles that were relevant to sex addiction and attachment and 11 articles that referred to sexual addiction and affect regulation.

In addition to the database search, reference lists from many of the articles obtained during the initial search provided another source. This proved useful when searching through journals for quantitative studies not located within the OvidSP database such as the *Journal of Social and Personal Relationships* and the *Journal of Sex and Marital Therapy*. Another source of literature came from a manual search carried out at Auckland University of Technology and the Auckland City Library but the results were disappointing. Most of these findings were either edited books that contained articles I had already located in the database search or were self-help books written primarily for the general public. Once my search became saturated and the same articles kept reappearing, I then appraised and synthesised the data by reading and summarising each article or chapter. What follows are the documented findings of this search in the form of a modified systematic literature review.

Chapter 3:
Sexual Addiction: Towards an Integrated Theoretical Model

Throughout this literature search, the definition of sexual addiction appeared to differ between articles; some authors such as Kalichman and Rompa (2001), and Quadland (1985) even changed the definition several times throughout their articles. This chapter aims to clarify several perspectives of understanding and defining sexual addiction; such as sexual compulsivity, sexual impulsivity and sexual addiction. Based on their clinical definitions, I will discuss each perspective followed by a critique explaining why each model fails to offer a complete definition that encompasses all those who suffer from sexual addiction. From this, I will first provide an integrated model suggested by Goodman (1998). I will put forward my reasoning for supporting this model, and offer an explanation that explores why this addictive behaviour has become sexual in nature. The chapter concludes with a critique of the various methods used to assess sexual addicts because similar to the different perspectives of defining sexual addiction, there are also several methods used to assess this addiction.

Since the early 1980s, sexually addictive behaviour has received an increased amount of attention in the media. With the publication of Carnes book *Out of the Shadows: Understanding Sexual Addiction* in 1983, multitudes of books and articles have followed, especially in newspapers and press releases (Gold & Hefner, 1998). There has been a great deal of controversy regarding how we define 'sexual addiction', with some arguing that this disorder should either be classified as an addiction, a compulsion or an impulse (Giugliano, 2006; Gold & Hefner, 1998; Goodman, 1998). Amongst clinicians, there appeared to be a lack of consensus when writing about this topic, with clinicians often using the terms addiction, impulsivity and compulsion interchangeably. The lack of empirical evidence supporting any one particular theory or concept has helped explain why some clinicians have expressed their apprehension (Giugliano, 2006; Gold & Hefner, 1998; Hook, Hook & Hines, 2008; Lloyd, Raymond, Miner & Coleman, 2007).

Bancroft and Vukadinovic (2004) believe the literature “has been preoccupied with issues of definition, particularly pertaining to the DSM-IV, and has paid very little attention to possible causal explanations for why, in such cases, sexual behaviour becomes problematic” (p. 225).

Referring to the current text revision of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR), the closest a clinician gets to defining out of control sexual behaviour is the classification: *302.9: Sexual disorder, not otherwise specified* (American Psychiatric Association, 2000). Reference to categories such as impulse, compulsive or affective disorders within the 2006 Psychodynamic Diagnostic Manual (PDM Task Force, 2006) also gives minimal insight into the diagnosis of sexual addiction. Throughout my literature search, there appeared to be three current perspectives of defining and assessing the phenomenon of ‘addictive’ sexual behaviour. These being, sexual compulsion, sexual impulsivity and sexual addiction, and will be discussed next.

Sexual Compulsion

Some argue that the compulsivity of sexual addiction could fit the criteria for anxiety related disorders, because of the disorder’s obsessive-compulsive qualities (Kingston & Firestone, 2008). Leedes (2001) strongly contends that the criteria used by clinicians to diagnose individuals with sexual addiction should focus on the obsessional components, as laid out in the DSM-IV. Coleman (1990) supports this and described uncontrolled sexual behaviour as “a symptom of an underlying obsessive compulsive disorder in which anxiety-driven behaviour happens to be sexual in nature” (p. 12). The DSM-IV definition supports this argument suggesting the behaviours can cause considerable anxiety, except for one important statement; pleasurable behaviour cannot be designated compulsive (American Psychiatric Association, 1994). Schwartz and Abramowitz (2003) provide evidence in their research that individuals suffering from sexual addiction could perceive sexual urges and thoughts as exciting and pleasurable. Additionally, in a study carried out by Black, Kehrberg, Flumerfelt and Schlosser (1997), twenty-one of the thirty-six subjects who were identified with having compulsive sexual behaviour said

they enjoyed the repetitive sexual behaviour because it distracted them from other concerns.

In my experience when working with sexually addicted clients, most did find their sexual activity pleasurable at the time. However, not one of my clients told me in the following session, after they had spent 4 hours searching through pornographic websites late at night or cruising public toilets, that on reflection they still thought it to be pleasurable. Often what did accompany their actions when they spoke afterwards were feelings of shame, remorse and frustration. With evidence to support the concept that this behaviour could be pleasurable, *compulsion* as it is defined in the DSM-IV may not be an appropriate diagnosis for out of control sexual behaviour.

Sexual Impulsivity

One definition for an impulse-control disorder is a "failure to resist an impulse, drive or temptation to perform an act that is harmful to the person or others" (American Psychiatric Association, 1994, p. 609). The DSM IV continues by stating the person needs to experience "an increasing sense of tension or arousal before committing the act and then experiences pleasure, gratification or relief at the time of committing the act" (p. 609). Supporting this, several studies show that some individuals experience feelings of increased tension prior to engaging in risk-taking behaviour such as; unprotected sex, cruising public restrooms or extramarital sexual relationships despite knowing that their sexual behaviour could be harmful to themselves and others (Barth & Kinder, 1987; Coleman, 1990; Zapf, Greiner & Carroll, 2008). Tice, Bratslavsky and Baumeister (2001) also agree that although short term, yielding to temptation may provide some escape from emotional distress, but the immediate gains may be outweighed by the potentially harmful outcome of addiction, marital breakup or even criminal arrest. Goodman (1998) comments, that the DSM-IV description of impulse-control appears to describe this out of control sexual behaviour satisfactorily, but questions whether this sexual behaviour is an impulse or is it in fact planned or ruminated through fantasy prior to the impulsive behaviour? Pithers (as cited in Goodman, 1998) argues in his research on sex offenders, that even though the offender may chose their victims impulsively, the behaviour has

often been fantasised about for some time prior, and describes these fantasies as planning sessions for future behaviour.

Sexual Addiction

Johnson (1993) combines the previous two perspectives of sexual compulsivity and sexual impulsivity and describes his model of addiction as "an ostensibly pleasurable activity which causes repeated harm because a person involuntarily and unintentionally acquires an inability to regulate the activity" (p. 25). Similar to Johnson, Kingston and Firestone (2008) also view addiction as "a maladaptive pattern of substance use and an impaired control over such behaviour with associated adverse consequences" (p. 289). The DSM-IV supports this view but refers to substance use and not behaviours such as addictive sexual behaviour when diagnosing addiction. This omission presents the biggest challenge to the development of a comprehensive understanding of addiction because forms of addiction (that are not drugs) become marginalised (Orford, 2001).

If we substitute the term *sexual behaviour* for the word *substance*, as suggested by Goodman (1998), the various combinations of all seven criteria in the DSM-IV might provide the criteria for individuals considered sexually addicted (Gold & Hefner, 1998). Kingston and Firestone (2008) support this and note that "there has been a recent shift away from regarding addictive disorders as purely substance-based, toward a broader category of potentially addictive disorders" (p. 290).

Goodman's proposal of substituting the term *sexual behaviour* for *substance* provides further clarification within, what appears to be, a somewhat controversial diagnosis. However, Weiderman (2004) identifies one area of contention among professionals regarding the term 'sexual addiction', questioning whether this behaviour actually involves biochemical processes similar to substance abuse. Gold and Hefner (1998) contend there are similarities between addictive behaviour and substance abuse suggesting from a neurobehavioural model that psychological experiences are indeed biochemical processes of the brain. They argue that "a 'runner's high' is a direct result of behaviour that causes a change in neurochemicals" (p. 370).

An Integrated Model of Sexual Addiction

While there is controversy around each definition, each one appears to encapsulate the term 'sexual addiction' in some form. Kingston and Firestone (2008) found that although there are several differences, there are also characteristics that overlap. They suggest that each perspective includes criteria that emphasises "the role of personal distress and/or impairment in functioning" (p. 298).

Zapf, Greiner and Carroll (2008) comment that with all the controversy surrounding this topic, "there is no one agreed upon diagnostic category for sexual addictions in the *Diagnostic and Statistical Manual of Mental Disorders,* fourth edition" (p. 159). For the purpose of this dissertation, Goodman's model of defining and understanding sexual addiction appears to be the most constructive, for several reasons:

Goodman stresses that understanding sexual addiction should focus on the addiction process and not on the actual behaviour the addict uses. To say that someone is *addicted to* cocaine or sex is not as accurate as saying that the person *uses* these behaviours addictively to escape from painful affect (Goodman, 1998). This difference is important because it helps us focus on the self-soothing function or purpose the addictive process serves rather than the behaviour or substance. For example, does the behaviour of an eighteen-year-old male who has numerous sexual liaisons in a week render him a sex addict? The answer is in the role that his behaviour is serving: does he simply have a healthy sex drive or is he using sex addictively to get away from painful affect?

Goodman's model describes the addictive process as a compulsive dependence on an external action, which serves to regulate one's internal states and feelings. Goodman (1998) defined this process as "an enduring, inordinately strong tendency to engage in some form of pleasure-producing behaviour as a means of relieving painful affects and/or regulating one's sense of self" (p. 159). This definition may prove to be the key to understanding this disorder and provides further support for the argument regarding the possible link between a failure to self-soothe and male sexual addiction.

Sceptics argue that the integrated model proposed by Goodman is still too general and untested (Cantor, 2000). For example, Cantor finds that "Goodman presents no outcome data of his own and does not review the existing outcome literature on relapse prevention with sex offenders" (p. 108). Goodman offers various theories to explain sexual addiction from several theoretical perspectives such as biological, cognitive-behavioural and psychoanalytic. However, critics argue that he fails to discuss attachment theory and the effect different attachment styles may have in the development of addiction. I find this to be a serious omission. Unfortunately, an in-depth discussion about Goodman's theoretical model is beyond the scope of this dissertation but there are two key points regarding this model that are relevant to the dissertation topic, and will be discussed next.

First, Goodman (1998) suggests that a disrupted negotiation of the separation-individuation process resulting in an impaired internalisation of self-soothing functions could promote the development of addiction. Why however, does addictive behaviour become sexual in nature, rather than manifesting itself as another form of addiction such as gambling or alcoholism?

The answer could lie in the second point Goodman makes. This explores the role sexualisation has in making a particular addictive behaviour sexual in nature.

Sexualisation

Early psychoanalysts such as Freud assumed that basic sexual energy or libido was what lay beneath nearly all human activity. Clinical experience and research findings over recent years have led many psychoanalysts to speculate that sexual activity and fantasy could also be used as a defense to master anxiety or restore self-esteem (McWilliams, 1994). Coen (1981) introduced in his paper titled *Sexualization as a Predominant Mode of Defense* the concept of sexualisation, and argued that the use of sexuality became a learned defense against painful affect when the mother used sexualisation extensively during the early mother-child relationship. Coen illustrates this by describing a family dynamic comprising of a mother who used the child as a narcissistic extension of herself, and a father who has colluded in the secret of the mother's narcissistic pathology. Coen

contends that this dynamic leaves little room for the infant to develop separateness and individuality because the mother and child end up mutually sharing the most intimate and intense way of relating, in order to sustain their relationship. Similarly, Kohut (1977) proposed that sexualisation was an attempt to reconstitute a crumbling sense of self caused by insufficient empathic selfobject responses from others. The result being that sexual seductiveness will eventually become the child's predominant mode of relating to others and for expressing intense object hunger (Coen, 1981).

Both Coen (1981) and Kohut (1977), suggest that this could be what differentiates someone suffering from sexual addiction and other addictive behaviours. The sex addict, when threatened by intense feelings of affect from an external source, returns to the defense of sexualisation in an attempt to manipulate others through seduction, thereby validating his own grandiose self. Coen states, "seduction, in fantasy or act, also represents the active repetition for mastery and pleasure of passively experienced infantile trauma, including childhood seduction and maternal deprivation" (p. 910). Rosen (1979) also contends that sexualisation serves to protect the emerging self from the traumas of being mastered, overwhelmed and devalued. The suggestions made by Coen and Rosen that sexualisation may serve to master experiences of infantile trauma such as feelings of intrusion and overstimulation will be further discussed in the next two chapters. In those chapters, two points of view regarding the defensive use of sexualisation are put forward. One view suggests that sexualisation is used defensively to master the trauma associated with a mother whose own narcissistic pathology prevented healthy separation. The second point of view suggests that sexualised behaviour is a result of narcissistic rage incurred from feelings of intrusion, frustration and overstimulation.

Although the DSM-IV or PDM fails to provide a suitable diagnosis for all out-of-control sexual behaviour, there are several other methods used to assess sexually addictive behaviour. The Sexual Addiction Screening Test (SAST) was a screening tool developed by Carnes (1991). This test (refer "Appendix: The Sexual Addiction Screening Test" on page 68) asks 45 'yes' or 'no' questions relating to sexual behaviour so that clinicians

treating sexual addiction can assess sexually ‘compulsive’ or ‘addictive behaviour’. This test is useful when assessing sexually addicted clients because it is easy to administer and evaluate the results. Because there are no right or wrong answers or criteria to meet, many clients feel more at ease when disclosing personal information. Matheny (2002) found that not only does the SAST provide a way to assess the severity of a client’s sexually addictive behaviour but individuals often receive their first reality check of how severe their addiction is. Other surveys and questionnaires have also proven to be useful when assessing participants who suffer from sexual addiction. For example, the Kalichman Sexual Compulsivity Scale developed by Kalichman and Rompa (2001). This study, which sampled HIV-positive men and women, demonstrated that their Sexual Compulsivity Scale was reliable in measuring sexual addiction in both men and women.

Written questionnaires and surveys such as the Kalichman Sexual Compulsivity Scale and the Sexual Addiction Screening Test (SAST) can have the advantage of being less intrusive than face-to-face (FTF) interviewing. This is supported by a study carried out by Catania, McDermott and Pollack (1986) involving 193 participants. They concluded that written questionnaires or self-administered questionnaires (SAQs) were “less threatening than (FTF) interviews” (p. 66). Nevertheless, written surveys or questionnaires do have several disadvantages when applied to data gathering, especially when assessing human sexuality. Bogaert and Sadava (2002) argue that social desirability and intentional misrepresentation can play a role in biasing the results of written questionnaires, because disclosure of such personal information can be potentially embarrassing. However, I am uncertain why Bogaert and Sadava limit their discussion of intentional distortion to only written questionnaires and not face-to-face interviews because personal disclosure during the interview process could be equally embarrassing.

Discussion throughout this chapter has centred around several common definitions of sexual addiction, sexualisation and several other methods used to assess or define those suffering from sexual addiction. The next chapter reviews literature that discusses how sexually addictive behaviour might originate in males from the perspective of the

separation-individuation process and how certain family dynamics might lead to the sexualisation of this addictive behaviour.

Chapter 4:
Separation-Individuation Disruption and Sexual Addiction

Over the years, a number of clinicians and theorists have suggested that an impaired capacity to self-soothe could be associated with addictive sexual behaviour (Goodman, 1998; Young, 1991). This chapter explores this by first presenting three studies that aim to demonstrate how negative affect such as shame could be a precursor to sexually addictive behaviour; the effect anxiety might have in escalating sexual arousal; and the connection between anxiety and the development of addictive behaviour. These studies provide the starting point for this portion of the dissertation, leading me to wonder if there is a relationship between an impaired capacity to self-soothe and addictive behaviour, and what might be one of the precursors that lead to this behaviour being sexual. The theoretical model of Margaret Mahler is used to consider how internalised self-soothing strategies develop during certain stages of the separation-individuation process, and how an absence or failure to internalise self-soothing strategies could be a precursor to addictive behaviour. Following this, I will discuss the role of the transitional object, and speculate if an infant's failure to decathect from the transitional object could be another precursor of addictive behaviour. To conclude this chapter, I will discuss how certain family dynamics could provide one explanation as to why this addiction has become sexual in nature.

Baumeister (2003) emphasises the importance of self-regulation, contending that even though self-regulation might be regarded as one of the qualities for healthy living, a failure to self-regulate appears to be central to many, if not the majority, of the problems and difficulties that people encounter. Goodman (1998) provides one view to understanding self-regulation, describing the internalised process of self-regulation as, "a dialectical process whereby regulatory functions that had been provided for the child by the caregiver gradually become integrated into the child's autonomous functional system through interactions between the maturing child and the responsive caregiver" (p. 197). Conversely, Parker and Guest (2003) suggest that when there is a failure to internalise

soothing functions provided by the responsive caregiver during childhood, addictive behaviour might become the primary method of affect regulation.

Additionally, research suggests that, similar to patients with eating or substance-related addictive disorders who self-soothe using food or drugs, a sex addict employs sex in much the same way to cope with negative affect (Dearing, Stuewig & Tangney, 2005; Reid, Harper & Anderson, 2009; Young, 1991). For example, Reid et al. (2009) contend that the maladaptive behaviour of using sex to cope with negative mood states, functions as a pleasure-reward response for the sex addict. However, I challenge the word 'reward' used by Reid et al. because in my experience, many of the sex addicts I treated did not liken their activities to that of a reward. Often, those clients who sexually acted out when overwhelmed by situations of rejection or abandonment acknowledged they were not rewarding themselves because of the rejection, but instead they were soothing themselves through sexual behaviour to escape the painful feelings.

Although Young (1991) finds there is limited empirical data to support this suggestion, Reid et al. (2009) do provide evidence of a connection between shaming incidents in childhood and an addictive lifestyle. The results of their study highlighted the fact that individuals who identified themselves as sex addicts used sexual behaviour to "minimize the painful and negative experience induced by shame" (p. 133). While these findings may suggest that sex addicts might regulate negative affect by using sexual behaviour, I have one concern regarding this study, which is over and above the constraints associated with the written self-report styled surveys used for this study. In both samples, the majority of participants (95%) were Caucasian, and whilst the findings are still pertinent to clinical practice, we need to remember that individuals suffering from sexual addiction are not one homogenous group.

Reid et al. (2009) suggest that one of the behaviours used to minimise negative affect could be sex, but is there a relationship between anxiety and sexual arousal that might help explain why this addiction is sexual? Wolchik et al. (1980) examined the connection between anxiety and sexual arousal by measuring changes in penile erection after pre-

exposing subjects to anxiety-provoking video and then erotic video. Although the sample of men numbered only fourteen, pre-exposure to the anxiety-provoking videotapes did subsequently raise sexual arousal. From their study, Wolchik et al. concluded that emotional reactions had a significant impact on sexual arousal. Mild anxiety facilitated sexual arousal, whilst depression decreased sexual responding. Again, because of the small sample, the authors caution that it would be hasty to make firm conclusions between the relationship of anxiety and sexual arousal.

Barlow, Sakheim and Beck (1983) also demonstrated in their study that anxiety increased sexual arousal. Using a similar methodology to the previous study, all twelve male participants displayed increased sexual arousal when faced with the threat of electric shock whilst viewing a 3-minute sex film. The results according to Barlow et al. demonstrated that anxiety can facilitate sexual arousal and their study was in agreement with other clinical studies that have investigated this subject. However, while these studies provide evidence that anxiety increases sexual arousal I feel they demonstrate a link between anxiety and what appears to be an involuntary biological not psychological function. They do not explain why some individuals use sexual behaviour as a means to regulate or soothe their internal state when faced with anxiety and I feel that what is relevant to this dissertation is the addictive use of certain behaviours to perform this function.

In a further study, Hoge et al. (2004) provide some evidence that the use of addictive behaviours could be linked to anxiety in their survey involving 3671 Marines and Soldiers who served in Iraq or Afghanistan. Their study revealed that on returning from duty, the rate of generalised anxiety disorders rose from a baseline of 9% to 19% and problematic alcohol behaviour rose from 12% before deployment to a high of 29% on return. Whilst these findings relate to alcohol and substance use and not addictive behaviours, Howard (2007) cautions that we should not assume the fact that the method used by returning soldiers to escape from painful affect is always substance related. He states, “typically this is alcohol, drugs or food, but if clinical observations are correct, growing numbers of these returning veterans are turning to compulsive sex for relief” (p.

91). This again raises the question, why do some individuals use behaviours such as sex or alcohol to regulate painful affect instead of an internal self-soothing model and how could this lead to addictive behaviour, especially sexual behaviour?

The next part of this chapter, although speculative, attempts to question this by drawing on the theoretical model of Mahler, Pine and Bergman (1975) and their understanding of the child's endeavour towards object constancy, which they termed *the psychological birth of the infant*. Mahler's interest was in the negotiation of separateness in the presence of the mother, which she referred to as the *separation-individuation process*. Mahler et al. (1975) recognised this process as a way of developing "separateness from, and relation to, a world of reality, particularly with regard to the experiences of *one's own body* and to the principal representative of the world as the infant experiences it, the *primary love object*" (p. 3). Building on this concept, Mahler constructed a model that divided a child's development between birth and six years into 4 stages: autistic, symbiotic, separation-individuation and oedipal with the separation-individuation stage broken down into four sub-phases: differentiation, practicing, rapprochement and finally, consolidation.

Because my interest for this dissertation stemmed from the many articles I found pertaining to the separation-individuation stage and its relationship to male sexual addiction, I will not discuss further the first two stages of the *separation-individuation process* or the oedipal stage. As Mahler comments, "the principal psychological achievements of this process take place in the period from about the fourth month to the thirtieth or thirty-sixth month, a period we refer to as the *separation-individuation phase*" (p. 3). Kramer and Akhtar (1988) also support the significance of this stage of development. They view this stage as being two interrelated tracks whereby separation and individuation proceed hand in hand, and at the same pace. However, when this does not occur, problems can occur in both separation and individuation. Adding further support to the significance of the separation-individuation stage is the clinical experience of Parker and Guest (2003) who argue, "all sexually addicted clients have developmental deficits in stages prior to consolidation" (p. 14).

The theoretical and clinical importance of the relationship between the *rapprochement sub-phase* and our ability to cope with a variety of stressors throughout life is emphasised by several authors. Blum (2004) highlights the development of affective skills at this sub-phase suggesting that because affect is better communicated through language; both parent and toddler are now able to convey more fully how each makes the other feel. Blum describes this relationship between toddler and mother as a mutual experience "and is a bridge to the more complex relations, affects, and regulatory systems of childhood" (p. 543). In addition to Blum's suggestion that affect regulation begins to develop during the *rapprochement subphase*, Kramer and Akhtar (1988) advise that the separation-individuation stage is a time of immense conflict because the anal stage, early genital phase, and early oedipal conflicts sequentially begin to come into play during rapprochement and its subsequent sub-phases.

During the rapprochement subphase, Mahler et al. (1975) cannot emphasise enough how important it is for the mother to accept her child's desire to separate, stating "it is the mother's love of the toddler and the acceptance of his ambivalence that enable the toddler to cathect his self-representation with neutralised energy" (p. 77). Mahler also noted that those children who had a positive internal representation of their primary caregiver or *love object* coped more favourably with separation anxiety than those whose representations were impaired or distorted. This led Mahler to suggest that predictable emotional involvement provided by the mother appears to facilitate the development of the toddler's ability to self-soothe by the end of the second or beginning of the third year. However, while a healthy internalisation of the *love object* might help to explain the capacity to self-soothe, I wonder about the function of the transitional object and if a failure to decathect from the transitional object during childhood could result in other ways of self-soothing such as addictive behaviours.

Winnicott (1953) described the *transitional object* or *phenomena* as being vitally important to the infant at sleep time and as a defense against anxiety. Additionally, Winnicott writes "that after a few months infants of either sex become fond of playing with dolls, and that most mothers allow their infants some special object and expect them

to become, as it were, addicted to such objects" (p. 89). Mahler et al. (1975) also perceived this transitional phenomenon as a healthy reaction to separation when she observed how some children between 18 and 21 months used external objects to provide comfort and soothing during their mother's absence. Goodman (1998) comments, that the function of the transitional object provides a way of coping with separation anxiety. He suggests the transitional object not only facilitates the child's efforts to separate from the mother; but that it also functions as an important step towards internalizing self-regulatory functions that the mother had formerly provided for the child. Horner (1984) also discusses the importance of the transitional object and its relevance to the separation-individuation process, describing its function as a means of gradually transferring maternal regulatory functions into the self.

Importantly, Winnicott contends that a failure of the infant to decathect gradually from the transitional object may lead to addictive behaviour later in life by suggesting that this behaviour is a regression back to a stage where the transitional phenomena was unchallenged (Winnicott, 1953). Furthermore, when the transitional process is impaired, Graham and Glickauf-Hughes (1992) offer these words of caution stating, "if, however, there is a fixation at the transitional object level of coping with anxiety, the individual still needs something from outside the self. The dependency can be on food, or an idealized other" (p. 27). Johnson (1993) agrees, suggesting a merger with the addictive behaviour renders other objects redundant and yet provides the same function of regressing "to the comforting and all-encompassing symbiotic mother" (p. 27). Nonetheless, some argue the transitional object is more for comfort than belonging to the realm of intermediate experience as Winnicott suggests, contending it may serve more as a substitute for a missing or distant mother, and therefore function more like a comforter (Jacobs, 1995).

I agree with Winnicott (1953) and Goodman (1998), that an impaired ability to decathect from using external objects as transitional objects during childhood could result in the use of addictive behaviours in adulthood to modulate undesirable affect. This also supports my previous comments that some of my clients used sexual behaviour not as a reward but

as an external object that functioned to internally regulate affect. Graham and Glickauf-Hughes (1992) also emphasise how important a parent's response to the child's use of the transitional object can be. They add that if parents deny or restrict the role of the transitional object, because they perceive it as a competitive threat, internalization of the transitional object's function may be inhibited. Graham and Glickauf-Hughes conclude by stating rather poignantly that, "transmuting internalizations of the soothing capacity of the object are precisely what the addict needs but is missing. Lacking the ability to self-soothe, the addict thus relies upon what might be termed "transmuting externalizations" (p. 26). This leads me to suggest that sexual behaviour might be one of those external experiences used to perform the function of self-soothing.

How does this failure to internalise self-soothing functions lead to addictive behaviour and more importantly sexually addictive behaviour?

Perhaps we need to begin by exploring how this addiction became sexualised. Rosen (1979) argued that the use of sexualisation was a defense to master seductive or humiliating infant trauma. This trauma, Rosen contends, was often the result of overstimulation through touch or sound, and originated from a mother whose own narcissistic pathology prevented healthy separation between mother and infant. Goodman (1998) adds that because the sexual seduction is beyond the infant's capacity to endure it, "the groundwork has thus been laid for a pattern of compulsively repeating traumatic aspects of pleasure and frustration as a means of gaining ego mastery" (p. 94). Even though the individual does not necessarily recreate a gratifying situation through the sexualised experience, Shapiro (1985) stresses that what he does recreate is a situation, through touch and sound, which is familiar and reminiscent of being with the parent.

Of importance here is the view suggested by Goodman (1998), Rosen (1979), and Shapiro (1985) that sexualisation might be the combined result of a mother who prevented the infant's separation and the humiliating trauma caused by her seductive overstimulation. Goldberg (1975) also attributed sexualisation as a specific activity used to regulate affective states associated with helplessness that originated from an impaired

mother-child relationship, especially when the mother failed to respond sufficiently to the needs of the child at critical periods of early development. Similar to Goldberg but perhaps closer to Mahler (1975), Glasser (1978) agrees that a failure in the separation-individuation process caused by a mother's neglect and emotional self-absorption may predispose the child to sexualise conflicts between merger and individuation.

These feelings of frustration, helplessness and neglect mentioned previously were very evident in my clinical work. Often, clients would display an uncontrollable rage or share fantasies of wanting to lash out at co-workers who irritated them in some minor way and I would wonder where this pent up rage had originated. One client, after being stopped for a minor traffic infringement, went on a high-speed ride around town, endangering himself, his passengers and those going about their daily business. As our work progressed, we were able to appreciate that the shame and the intrusion of authority by the female police officer was reminiscent of his early infant relationship with his mother, whom he also described as intrusive and seductively controlling.

I have discussed two points of the mother-infant dyad that may be precursors to the development of sexual addiction. First, a failure by the mother to allow the infant to negotiate his way through the separation-individuation process thereby impeding the development of healthy self-soothing strategies and second, the role the mother plays in the infant's development of sexualisation, which could later lead to the self-soothing strategies being sexual in nature. However, I would be making a huge assumption if these two points were the only prerequisites for male sexual addiction, because many infants who fit into the above template do not necessarily become sex addicts. This leads me to another area that may contribute to the sexualisation of this addiction: the role of the father.

Winnicott (1965) argued strongly about the specific role of the father, stating the father needed to offer a secure space so that the mother could provide a facilitating environment for the infant. However, relevant to this dissertation is the suggestion by Winnicott that another important role of the father was to help separation take place between mother and

child. Jacobs (1995) elaborates on this suggestion, stating that the father not only protects the mother and child from the external world, but he protects the child from the mother and the mother from the child. I agree with this suggestion because the mother-infant dyad should not be a relationship that occurs in isolation. According to Mancia (1993), the relationship between mother and father can heavily affect the mother-infant relationship early on in a child's development, particularly during the pre-oedipal phase. One way in which Mancia understood the pathology of sexual deviation was how significant the father's role was during the pre-oedipal stages and how it defined the maternal role between mother and infant. Exploring this triangulation between father, mother and infant further, Mancia suggests the triadic relationship of the father serves as an important buffer against the incestuous wishes of the male child. Osherson and Krugman (1990) also emphasise this relationship, contending that throughout childhood, boys draw "on maternal and paternal identifications, and the balance between his autonomous and regressive strivings, in the struggle to synthesize an adequate male identity" (p. 327). From the conclusions drawn by these authors, I believe the role of the father is certainly more than just providing 'a secure space' for the mother and infant, as suggested by Winnicott.

Could there be a relationship between a father's collusion with the mother/child relationship and a boy using sexualisation as a defense against painful affect?

Although I have already gone into some detail regarding the origins of sexualisation, it is important to further discuss the role the father could have in the sexualisation of addictive behaviour. McDougall (1972) hypothesises that part of the mother's seductiveness is to give the child a sense that there is little need or reason to admire or emulate the father, and that the child has become the perfect partner. Coen (1981) supports this by adding "the child's illusion of his adequacy as mother's lover may be encouraged, discouraging him from growing up, from identifying with father in his adult masculine role, and from further differentiation from the mother" (p. 900). Rosen (1979) also agrees that a failure by the father to protect the child against the mother's influences of seduction can lead to sexualisation.

Rosen (1979) argues that the father's presence is essential for a boy to disentangle himself from preoedipal enmeshment with the mother. Ovesey and Person (1976) suggest one of the factors that can lead to sexualisation in the child is a combination of the father's collusion or inactivity to acknowledge the mother's own narcissistic pathology, and the father's failure to provide a masculine role model for the child to identify with. This could explain why Carnes and Wilson (2002) found male sexual addiction to be three times higher than female addiction.

Unfortunately, authors such as Blum (2004) argue that other theoretical models have marginalised Mahler's concepts of separation-individuation. Flores (2001) offers one reason, suggesting that these days, cultural norms tend to dictate the need for us to be independent and the emphasis on parental emotional involvement has been sacrificed. Furthermore, some authors such as Stern and Bowlby believe her findings were not only subjectively biased but research now suggests that the infant perceives a differentiated self and other at birth which differs significantly to Mahler's suggestion of the self and other being undifferentiated at birth (Bowlby, 1988; Tyson & Tyson, 1990).

From the literature presented, I believe the role of the father does influence the development of male sexual addiction. The father not only provides a suitable role model for the boy to identify with but also helps in the separation-individuation process described previously in this chapter. As we look through the lens of the separation-individuation process described by Mahler, I hope to have shown that male sexual addiction may require a cluster of deficits, not just one. These include the role of the father and his collusion with the mother, the role of the mother and her inability to allow the child to separate and become an individual and finally, the mother's own pathology of narcissistic seduction. Additionally, I have discussed the self-soothing function of the *transitional object* or *the transitional phenomenon* and the consequences if taken away either too early or negated completely. I believe this transitional process could also be key to the addiction process as the child/adult attempts to look externally for ways of soothing or as discussed earlier through 'transmuting externalisation'.

I agree with Blum (2004), the process of separation-individuation appears to be complementary to the developmental theory of attachment because in order to master separation anxiety and attain separation, the infant needs a continuing healthy attachment to the mother. This complementary dyad leads me to wonder if an impaired attachment between mother and infant could be another precursor to male sexual addiction. To answer this, the next chapter reviews literature from the perspective of attachment theory and discusses whether certain attachment styles are more susceptible to sexually addictive behaviour than others.

Chapter 5:
Avoidant Attachment and Sexual Addiction

> "Whenever I see a teacher who looks as if she wants to pick a kid up by the shoulders and stuff him in the trash barrel, I know that kid had an avoidant attachment history"
>
> Stroufe (1989)

This chapter looks through the lens of attachment theory and discusses the relationship between certain attachment styles and male sexual addiction. This will include an overview of attachment theory followed by a discussion that questions whether an avoidant attachment style in men could be another precursor to sexual addiction. I will argue that because of their early attachment experiences, avoidantly-attached individuals are more susceptible to narcissistic vulnerability when faced with situations of intimacy. The avoidant individual also uses non-intimate sexually addictive behaviour as a way of minimising this emotional vulnerability. The chapter concludes with a discussion based on the suggestion by Leedes (2001) that "sexual addicts compensate for their inability to form close attachments by fantasising and yearning about metaphoric surrogates" (p. 218).

It has been argued that the one feature vital for human survival and well-being is our capacity to bond with others (Schwartz & Southern, 1999). Supporting this, Simpson, Rholes and Nelligan (1992) state that "by maintaining close proximity with their caregivers, infants would be more likely to survive, to reproduce, and ultimately to pass attachment and proximity-seeking propensities on to subsequent generations" (p. 434). From a neurobiological perspective, Schore (2001) suggests the bond between mother-infant is nearly always the child's first relationship, and provides a template that will influence an individual's capacity when entering into all emotional relationships. Schore contends that what is actually negotiated between the mother-infant is a well-organized system of nonverbal communication or affect.

By understanding the implications of early attachment between mother and infant, combined with the suggestion of an internal template created from the transaction of affect between them, we may get closer to the origins of sexual addiction (Brennan & Shaver, 1995). For example, Katehakis (2009) noted how an avoidant attachment style often accompanied sexual addiction, concluding that "the most common source of such disruption appears to be the chronic emotional disconnection characterizing sexual addicts' family of origin" (p. 2). This suggestion by Katehakis certainly supports a study carried out by Carnes (1991) who found 78% of the 204 sex addicts surveyed came from disengaged or avoidant families. Furthermore, Katehakis contends that sexually addicted clients generally seek external sources of regulation such as sex to obscure the emotional disconnection they endured as an infant.

Research in the field of neuroscience has shown that impaired attachment patterns caused by neglect or stress, can impede not just self-regulation functions but cognitive abilities such as decision-making and empathy (Katehakis, 2009). Deficits in such crucial areas, according to Katehakis, can "in turn impact behaviour, and may manifest as hypersexuality and sexual addiction as well as depression, inattention, hyperactivity, difficulty with abstract reasoning, poor executive functioning and poor judgement" (p. 3). Some of these impairments described by Katehakis such as poor judgement and reasoning, combined with hypersexuality or sexual addiction might help to explain why some sex addicts appear to engage in potentially risky behaviour such as sex in public areas and anonymous sex.

Before I discuss further the relationship between adult attachment patterns and sexual addiction, I shall introduce several key points of attachment theory. The first being a discussion of the main attachment styles relevant to this dissertation and second, the concept of the internal working model suggested by John Bowlby.

Research carried out in the field of attachment behaviour supports the earlier suggestion in Chapter 4 that different types of emotional or affectional bonds developed during infancy are dependant on the relationship with the primary caregiver and affect the way

we relate to others throughout life (Ainsworth, Blehar, Waters & Wall, 1978; Holmes, 1993; Stephan & Bachman, 1999). One of the main contributions to understanding these different patterns of bonding was the work carried out by Mary Ainsworth and the observations she made between mother, infant and stranger in the late 1960's. Ainsworth called this the 'Strange Situation' and this would become in itself, an indispensable tool in understanding human development (Holmes, 1993). As Karen (1994) emphasises, this tool became "a laboratory assessment that would come to be more widely used than any other in the history of developmental psychology" (p. 151).

Using the Strange Situation, Ainsworth et al. (1978) identified three main patterns of attachment behaviour in infants when their mothers returned after leaving them in a playroom with a stranger. The first pattern, *securely attached,* identified children who appeared confident of their mother's availability, using her as a base to regulate affect such as distress and separation anxiety. Cassidy (2001) noted that the mothers of securely attached infants were "more accepting, co-operative, available, comforting and tender than other mothers" (p. 123).

The second pattern was the *anxious resistant* child who appeared to display the most anxiety when left in the room with the stranger. These children made inconsistent and conflicting attempts to obtain emotional support from their caregivers, which suggested to Ainsworth, that these children were uncertain and ambivalent about the caregiver's emotional availability.

The final pattern, which is of particular interest to this dissertation, was the *anxious avoidant* child who depended far less on the mother as a secure base. Cassidy (2001) suggests that the mothers of these infants not only felt uncomfortable with being in close proximity to their infant but they also rejected the infants need for comfort. According to Simpson, Rholes and Nelligan (1992), these children did not "actively seek support from the caregiver nor use the caregiver to regulate and dissipate negative affect" (p. 434). Cassidy (2001) when writing of the *anxious avoidant* child speculated that infants in an environment where the caregiver was not emotionally available to soothe or provide

comfort, "might develop a strategy in which their attachment system was activated as little as possible" (p. 125). Stroufe (as cited in Karen, 1994) observed this template of self-sufficiency in avoidant children noting that they were least inclined to seek help when they were injured or disappointed. One avoidant child, according to Stroufe, after having banged her head, crawled off into a corner by herself whilst another folded his arms and withdrew from the other children when disappointed. Studies also show that this template continues throughout life, suggesting avoidant adults are prone to denying their attachment needs, anxieties, and feelings of vulnerability (Brennan & Shaver, 1995).

The attachment styles described previously provided John Bowlby with a rich source of information about understanding the impact biographical events could have on the affectional system (Schwartz & Southern, 1999). Bowlby suggested one precursor for healthy attachment was the strong bond between the primary caregiver and the child, which in turn gave the child a sense of security, the ability to regulate affect and a template for future attachment behaviour (Giugliano, 2003).

In the previous chapter, I argued that one of the essential building blocks for developing self-soothing strategies was the internalisation process, which Goodman described as the 'taking in whole' of caregiver functions (Goodman, 1998). However, Bowlby believed the intersubjective experience *between* the infant and parent was more important to understanding human development, and likened it to an encoded template or internal working model (Holmes, 1993). Stern (1995) supports Bowlby's theory and suggests it is the nature of the relationship that is internalised, not just the object or self-representation, and as a result, the developing child begins to construct templates about the self and others. Karen (1994) agrees, saying these templates reflect the child's relationship history thereby defining how he will feel about himself when he is closely involved with another person. Additionally, Simpson et al. (1992) also contend "the relationships an individual has during infancy, childhood and adolescence give rise to "mental models" of both self and others that influence patterns of support-proximity seeking *and* support giving in adult relationships" (p. 434). As Flores (2001) suggests, "addiction treatment specialists familiar with attachment theory (Bowlby, 1979) and self psychology (Kohut, 1976)

recognize an inverse relationship between addiction and healthy interpersonal attachment” (p. 64).

However, there are several limitations associated with attachment theory. Whereas Bowlby (1958) proposed the drive for attachment was an instinctual response mechanism, some argue that these mechanical and biological response patterns alone are not enough. Tyson and Tyson (1990) contend it is through ego development and learning through environmental responses that progressively take on psychological meaning for the infant. Whilst Blum (2004) agrees that attachment theory certainly emphasises the infant’s relationship with the primary attachment figure, he finds the concept lacking in areas of developmental determination. For example, he maintains attachment theory does not take into account the influence other interactions have such as those with the father, grandparents and especially siblings. I agree with Tyson and Tyson that human development is not just one factor but a combination of inherent and environmental responses, which gradually take on psychological meaning for the infant.

Although many researchers have debated the concepts of attachment theory since Bowlby’s original model, the relationship between sexually addictive behaviour in men and an impaired internal working model appears to be somewhat neglected (Stephan & Bachman, 1999). According to Zapf et al. (2008), “the present research design is unable to determine whether insecure attachments lead a person to become sexually addicted, or whether sexually addicted individuals tend to develop insecure attachments” (p. 170). Personally, I wonder if an insecure attachment style is only part of the equation for individuals who are sexually addicted. I will now discuss in more detail avoidant attachment and its relationship to male sexual addiction.

As previously discussed, Ainsworth et al. (1978) identified three main attachment patterns in infants. Bartholomew (1990) expanded on this further by splitting the anxious avoidant attachment style into two subcategories that she called *dismissing avoidant* and *fearful avoidant*. Although the two subcategories were different in some respects, Bartholomew and Horowitz (1991) observed one commonality between the two types;

they both reflected the avoidance of intimacy and I wonder if these findings of intimacy avoidance suggest there is a link between those who are avoidantly attached and sexually addictive behaviour?

To consider this, Zapf et al. (2008) suggest that because of their destructive patterns within a relationship, *dismissing-avoidant* individuals were prone to using fantasy as a substitute for intimacy and *fearfully attached* individuals engaged in emotionless sex as a way of escaping intimacy. Although this does not explain sexually addictive behaviour, it does indicate a link between avoidant attachment styles and the use of emotionless sex to substitute or avoid intimacy. Their study measured adult attachment styles in 71 sexually addicted men, 64% of those surveyed had high avoidance behaviours in their romantic relationships. Zapf et al. concluded by saying, "sexually addicted men are nearly 50% less likely to relate to their partners in a secure manner than nonaddicted men while sexually addicted men are nearly 30% more likely to relate in fearful and avoidant manners" (p. 169). Stephan and Bachman's (1999) research further support the suggestion that because of intimacy issues, avoidantly attached men are more likely to be sexually addicted. Their findings indicated avoidantly attached men lacked commitment when in relationships, mistrusted their partner and engaged in game playing and deception. It is also contended that adults whose relationships appear to be characterised by less investment, commitment and love are more prone to sexual behaviour that is casual, uncommitted or non-intimate (Simpson & Gangestad, 1991).

From the suggestions offered by Zapf et al. (2008), and Simpson and Gangestad (1991), it was hypothesised by Brennan and Shaver (1995) that "one way for avoidant individuals to get physically close to partners, without incurring the psychological vulnerability of prolonged intimacy and dependency, is to have casual sex on a short-term basis" (p. 268). They examined the relationship between attachment styles and affect regulation strategies such as non-intimate sexual behaviour, alcohol use and eating disorders in 242 students. In their findings, the avoidant style drank more frequently, consumed larger quantities of alcohol, and engaged in numerous one-night stands and affairs. Although these findings are not specific to sexually addictive behaviour, I question whether there is a relationship

between the addictive use of these behaviours to escape intimacy and an avoidant attachment style?

Although evidence does indicate a possible link between the emotional distancing of avoidantly-attached individuals suggested by Zapf et al. (2008) and sexual addiction, not all insecurely attached males are sex addicts. The next part of this journey explores the role attachment and narcissistic vulnerability might have on affect regulation and its relationship to male sexual addiction.

Until now, I have provided evidence that a secure attachment with the primary caregiver can play a critical role in helping children develop a capacity to regulate affect and to respond appropriately to external stressors (Flores, 2001; Giugliano, 2003; Goodman, 1998; van der Kolk & Fisler, 1994). Conversely, an impaired capacity to regulate affect can lead to other ways of coping with trauma and anxiety. Van der Kolk and Fisler (1994) emphasise this impaired capacity to self-soothe could lead to a range of behaviours such as aggression against others and self-destructive behaviours.

The aggression and self-destructive behaviours suggested by van der Kolk and Fisler (1994) reminds me of the client I discussed earlier who endangered his life and others by driving his car recklessly after receiving a speeding ticket. This behaviour leads me to wonder if there is a link between some of the theoretical components of attachment theory and narcissistic vulnerability. For example, Pistole (1995) suggests, "more narcissistically based relationships are characterized by the needs of the self assuming a primary importance. The self is more fragile, and esteem is more difficult to manage internally – that is, there exists a greater degree of narcissistic vulnerability" (p. 119). In comparison to the fragile self-structure suggested by Pistole, Solomon (1989) noted that relationships between individuals not motivated by narcissistic vulnerability involved "a mutuality in which the focus on the self is balanced by recognition of another as a separate, autonomous self" (p. 119). Consequently, because securely attached individuals were less prone to narcissistic wounding, they appeared to regulate affect more competently than insecurely attached individuals did (Simpson, 1990).

The relationship between insecure attachment and narcissistic vulnerability requires some attention here. Bowlby (1980) defined attachment behaviour "as any form of behaviour that results in a person attaining or retaining proximity to some other differentiated and preferred individual" (p. 39). Bowlby contends that this behaviour can be triggered "by certain conditions, for example strangeness, fatigue, anything frightening, and unavailability or unresponsiveness of attachment figures" (p. 40). This last sentence may help to explain the 'triggering' or use of addictive sexual behaviour to manage narcissistic vulnerability resulting from perceived separation.

Unlike the merged behaviour of the anxious/ambivalent attached, it has been suggested that avoidantly attached individuals managed their vulnerability by distancing themselves from their partner and being self-reliant, thereby avoiding intimacy (Bartholomew & Horowitz, 1991). This concept regarding self-reliance and distancing repeatedly surfaced for some of my clients. Rather than letting the therapeutic relationship develop when our work became challenging, several clients wanted to end our work and use self-help books or attend weekend workshops as an easier path to 'fixing' their addiction. In addition, because of their narcissistic vulnerability, several clients found empathic responses very disconcerting, and responded by disconnecting from the therapeutic relationship and discrediting my contribution.

Pistole (1995) suggests that this type of avoidant behaviour serves to regulate affect "through dismissing the importance of attachment, dismissing distress, directing attention toward nonemotional domains, and idealizing self and other" (p. 121). In my clinical work, this dismissing behaviour often manifested itself when I had 'touched' or intruded on something that my client found difficult to tolerate, and my client would respond by not attending our next session. This would leave me in a situation that needed further discussion during our work together, and in supervision, because these feelings of intrusion would cause several of my clients to act out with vengeance during the following week.

Pistole (1995) provides some explanation for this distancing from narcissistic vulnerability stating, “distance facilitates cutting off or never being ‘touched’ by perceived criticism or the experience of intense emotions and, thereby, protects a fragile self from being emotionally overwhelmed with unmanageable emotion” (p. 122). Symington (1993) also compares the self-soothing strategies used by the narcissist as being little more than skin-deep saying, “the surface has to generate action through getting figures within and without to *stroke* and *stimulate* this surface” (p. 54). I find Pistole’s use of the word *touched* and Symington’s use of *stroke* and *stimulate* interesting because they conjure up sensual images and appear similar to the possible development of sexualisation during the process of separation-individuation, which I discussed in the previous chapter. In that chapter I referred to the relationship between sexualisation and the *overstimulation* of the infant through *touch* by a mother whose own narcissistic vulnerabilities had obscured her ability to be a ‘good enough’ mother. Could this intrusion through *touch* and *overstimulation* help to explain the rage I experienced with some of my clients and the ensuing sexual acting out that followed?

Goldberg (1975) suggests that a combination of sexualisation and narcissistic rage could function to substitute for and defend against affect. Goodman (1998) supports this and contends that one of the primary functions of sexualisation is to defend against an unusually large quantity of aggression resulting from early frustration, deprivation and overstimulation. Baker and Baker (1987) propose that narcissistic rage is a way of seeking revenge for the disruption of a vital self-object tie stating, “it pushes us to get even, to destroy the source of frustration, often without caring about the damage that may result to the self or others” (p. 6). Therefore, is it possible that this desire to get even with those who have intruded into the internal world of the avoidant individual be the impetus for male sex addicts to engage in non-intimate sex and risk taking sexual behaviour? Duba, Kindsvatter and Lara (2008) believe the use of addictive risk-taking sexual behaviour is an option for avoidantly-attached individuals who find it difficult to accept or offer intimacy in a committed relationship. These individuals, according to Duba et al., might seek intimacy from a different type of relationship such as extramarital affairs or anonymous sex. Furthermore, when Zapf et al. (2008) studied adult attachment styles of

sexually addicted men, they also found that avoidantly attached men tended to "have difficulty disclosing their feelings, be introverted, unassertive, consider themselves undeserving of love and support and be more interested in emotionless sex" (p. 170). Nevertheless, sexually addictive behaviour not only encompasses behaviours such as extramarital affairs and anonymous sex, but pornography and internet chat rooms, to name a few.

Chaney and Chang (2005) discovered in their research that some sexually addicted men who have sex with men used the internet "to arrange offline sexual encounters, with the perception that they have not put themselves in an emotionally vulnerable situation. The encounter can be strictly sexual in nature, with no emotional risk-taking" (p. 9). This might appear to provide some protection from the narcissistic vulnerability of intimacy but it does raise the question about other aspects of this behaviour that might potentially be risk-taking. For example, the lack of social connectedness or isolation from others, the progression from online sexual relationships to anonymous sexual encounters in public places, the possibility of disease and the impact these behaviours may have on partners and family.

Shapiro (1985) understood there to be a link between self-soothing through fantasy and attachment suggesting that fantasized internal objects offered a sense of connection therefore providing an illusory sense of security. Chaney and Chang (2005) contend that the virtual environment of internet chat rooms also allows the individual to detach from his feelings and more importantly, from reality. In so doing, the sex addict loses himself to a virtual world of fantasy and I believe this might offer another clue into understanding sexual addiction through the lens of attachment theory. What role could fantasy and the virtual world have in relationship to avoidant attachment styles and addictive sexual behaviour?

To help answer this, Leedes (2001) suggests sex addicts use their addiction to create a pseudo secure base through fantasy or behaviour. When they are involuntarily separated from either their fantasy or behaviour, they 'yearn for' or 'obsess about' a return to their

pseudo secure base. Leedes hypothesised that as a way of compensating for their failed attachment, sex addicts fantasised and yearned for a fictional surrogate through magical thinking, in much the same way a child might yearn for the ‘good mother’ after suffering a traumatic episode. He suggests these fantasised attachment figures have become idealised symbols that provide healing, soothing, and a ‘secure base’. This supports the suggestion by Coen (1981) that one of the functions of sexualisation is to enact through fantasy, the symbiotic relationship between mother and infant. However, while avoidantly-attached individuals might yearn for close attachments, their damaged internal working model precludes them from doing so because of their preconception that real partners continually would frustrate and disappoint. Leedes (2001) concludes from this that because of their damaged internal working model, avoidantly-attached individuals end up with having to deal with feelings of protest or repugnance toward one’s partner.

The use of the word *protest* here brings to mind Bowlby’s three phases of separation and how the temporary separation of sick young children in hospital from their parents caused some children to subject their parents to a mixture of angry attacks and rejection when they were reunited (Bowlby, 1980). Could sexually addictive behaviour then be an act of retaliation to the feelings of protest, disappointment and frustration, which has stemmed from an early childhood experience of attachment rejection from the ‘other’, and not from feelings of intrusion?

Corley and Kort (2006) contend that in general, due to expectations of rejection by their partners, especially in times of need or stress, individuals with avoidant styles tend to minimize their attachment needs. Leedes (2001) suggests that this protest might explain the difficulty unmarried sex addicts experience when trying to sustain loving relationships, because real partners cannot live up to the idealistic imaginings of their virtual reality. For most sex addicts, there is an imbalance of hierarchal power between the worthlessness they feel in the real world and feelings of worthiness in the fantasy world. This could provide one explanation why many sex addicts use pornography and fantasy rather than engage in the real world to affirm their own sense of self.

To conclude, I have provided an overview and a brief critique of attachment theory. From this, I have presented evidence of a link between males who are avoidantly attached, and the use of emotionless sex to avoid intimacy. I have suggested that men with avoidant attachment styles defend against narcissistic vulnerability by cutting themselves off through sexually addictive emotionless sex. This in turn led me to discuss from the perspective of attachment theory, how intrusion and overstimulation during infancy could lead to the underlying issue of narcissistic rage in male sex addicts. Finally, I offered an alternative view, which suggested that those who were sexually addicted and insecurely attached, fantasised or yearned about pseudo surrogates through pornography and adult internet chat rooms. This was in retaliation to the feelings of protest, disappointment and frustration, stemming from an early childhood experience of attachment rejection from the 'other'.

Chapter 6:
Treatment Implications and Discussion

In the previous two chapters, I discussed several possible causal factors that may provide some understanding of male sexual addiction. First, an impaired capacity to self-soothe due to an impaired negotiation of the separation-individuation process, and second, the fear of intimacy because of an avoidant attachment style. Because I have argued that the theoretical model of sexual addiction is an addiction and not an obsessive-compulsive disorder or impulsive disorder, I have therefore based my discussion on treatment implications accordingly. When treating sexual addiction as an addiction, it is important to look beyond the clients actual sexual behaviours and to examine in depth the meaning these particular behaviours serve psychologically (Giugliano, 2006).

An Integrated Approach to Treatment

Several authors suggest that when treating sexual addiction, an integrated approach should include individual psychodynamic psychotherapy, therapeutic groups and relapse-prevention (Adams & Robinson, 2001; Carnes, 2001; Goodman, 1998). Katehakis (2009) contends that individual psychotherapy can provide an environment for the avoidant sex addict to build a secure attachment with the therapist, whilst a 12-step program or therapeutic group can further help to repair deficient attachment patterns. Research has shown that individual and group psychotherapy, combined with a 12-step program are the most effective strategies for treating sexual addiction (Adams & Robinson, 2001; Graham & Glickhauf-Hughes, 1992). Cooper, Scherer, Boies and Gordon (1999) also support this combination of treatment and agree that group psychotherapy and a 12-step program such as Sex and Love Addicts Anonymous (SLAA), provides an opportunity for challenging distorted thinking and denial, whilst individual psychotherapy can help clients explore the deeper intrapsychic roots of their behaviours. However, for the purpose of this dissertation, what follows is only a brief outline of the three pieces to this treatment approach, followed by a brief discussion on abstinence. For a more comprehensive discussion regarding treatment, refer to Carnes and Adams (2002), and Goodman (1998).

Individual Psychodynamic Psychotherapy

When we consider sexual addiction and the use of psychotherapy, two of the primary goals are to enhance the sex addict's ability to self-regulate and help develop meaningful interpersonal relationships (Goodman, 1998). Kohut (1977) helps to explain what motivates the sex addict by stating, "it is the lack of self-esteem of the unmirrored self, the uncertainty about the very existence of the self, the dreadful feeling of the fragmentation of the self that the addict tries to counteract by his addictive behaviour" (p. 197).

Flores (2001) emphasises the importance of 'holding' the client when treating sexual addiction, and comments that the more the holding environment is able to provide empathic opportunities for the repairing of fragmented bonds through transmuting internalisation, the stronger the structure formation will be. Altman (2005) suggests the therapeutic potential lies in the empathic response to the client's sense of frustration and failure. A number of authors support this approach to sexual addiction, agreeing that empathic reflection and mirroring can help those whose sexually addictive behaviour predominantly functions to meet narcissistic needs (Flores, 2001; Giugliano, 2006; Goodman, 1998).

Therapeutic Groups

In the previous chapter when I discussed the relationship between insecure attachment styles and sexual addiction in males, I highlighted the statistical findings of Leedes (2001) and Zapf et al. (2008). Flores (2001) therefore advises clinicians that although the long-term goal of group therapy is to break the addictive cycle through a shared mutuality and attachment with others, the very thought of including therapeutic groups and 12 step groups into a treatment plan can be an immense challenge for this client group. Parker and Guest (1999) caution that a client who is referred into a group environment too early, when they have not had time to acknowledge their behaviours or fully appreciate the value of attachment, may feel ambushed and further exasperate the process of bonding with the group.

Goodman (1998) suggests “a crucial component in the process of recovery from sexual addiction is the development of abilities to make meaningful connections with others and to turn to people in times of need, instead of turning to the addictive behaviour” (p. 300). Hook, Hook and Hines (2008), who have had 15 years experience facilitating sexual addiction therapy groups, support the inclusion of group therapy. They contend that the group environment helps sex addicts manage and understand the dynamics of their addictive behaviour, and promotes the development of close relationships. Quadland (1985) also finds the group process to be a significant therapeutic factor when working with sex addicts. Especially so are the benefits gained from providing mutual support for one another and peer confrontation towards those who seemed to be less than honest with themselves or the group. Line and Cooper (2002) further support this last statement and suggest group therapy provides a safe environment for the individuals to confront the myriad of defences often presented by the sexual addict. Although studies proving the efficacy of group therapy are limited, Quadland found that group participants when surveyed six months after ending group therapy, reported a substantial drop in compulsive sexual behaviour (Quadland, 1985).

In conjunction with group therapy, the use of a 12-step group appears to be one of the most common and accessible groups for sexual addicts. These groups provide a coherent framework for approaching sexual addiction, they are nonjudgmental and for those seeking support from a higher power, they provide a spiritual foundation (Goodman, 1998). Additionally, Parker and Guest (1999) suggest 12-step programs can offer something weekly psychotherapy sessions may not be able to provide, i.e. daily contact if required.

Not all clinicians who treat sexual addiction support all aspects of the 12-step group. Some argue that the model appears to be hypocritical by placing the recovering sex addict in a morally compromising situation. Schneider, Corley and Irons (1998) emphasise this dilemma saying, sex addicts are in a 12-step program that repeatedly reminds them of ‘rigorous honesty’ and yet some 12-step groups such as *Sexaholics Anonymous* caution them to be careful about full and honest disclosure with their spouse. Goodman (1998)

therefore advises that recovering addicts should decide whether to attend a particular group depending on the goodness of fit between themselves and the individuals who attend that group. Further criticism of this model suggests the 12-step approach is conceptualised in terms of a "disease model" and places the sex addict into the role of victim (Satel, 1993). From my clinical experience, the inclusion of a 12-step programme such as Sex and Love Addicts Anonymous (SLAA) with individual psychodynamic psychotherapy has been immensely beneficial for my clients. Not only do they feel supported throughout the week after therapy but they also begin to develop a sense of belonging.

Relapse Prevention

Another treatment option within the integrated approach is the development of relapse prevention strategies. According to Goodman (1998), these strategies should consist of "three primary components: risk-recognition, urge coping, and slip-handling" (p. 278). *Risk recognition* not only helps the sex addict recognise situations that might increase the risk of acting out sexually, but explores healthier methods of regulating affect. Adams and Robinson (2001) contend risk recognition should incorporate "skill building designed specifically to learn to identify and regulate emotion. In order to regulate emotion the client must learn to experience and label specific affect states and decrease the intensity of the triggering event or situation" (p. 37). Through shifting the focus from simply managing the sexual behaviour, to actually understanding the affect beneath, relapse prevention can provide one way of providing a suitable bridge to psychodynamic psychotherapy (Goodman, 1998).

Nevertheless, no matter how hard the individual may try to adopt healthier coping strategies, slips whether conscious or unconscious are bound to occur at some stage. *Urge coping skills* help the sex addict to avoid places or situations that might trigger a slip towards symptomatic behaviour. These skills could be simply identifying risk factors and physically leaving the location, or perhaps making contact with a support member from the 12-step program (Goodman, 1998.) Developing *slip-handling skills* can help to prevent repeated relapse after acting out has occurred and may include contacting the

therapist, attending a 12-step meeting or contacting a 12-step support member. Goodman finds a slip is most usefully understood, not as a sign of failure or as a beginning of relapse, but as a sign that a change in the program is needed.

To conclude this brief overview of treatment, I believe an integrated approach offers a valuable system for treating sexual addiction. Even though this approach addresses the addictive sexual behaviour and the underlying addictive processes, Goodman is the first to point out that this approach is still unproven empirically. However, in support of this approach, some suggest psychotherapy can be one of the most effective treatment strategies in learning how to regulate and tolerate affect (Graham & Glickhauf-Hughes, 1992).

One final note, while 12-step programs used for treating sexually addicted behaviour closely follow the original model designed for substance-based addictions, there is one difference that needs discussing: abstinence. When including a 12-step program to treat sexual addiction, abstinence should not be one of the stated goals, especially when the success rate appears somewhat questionable (Goodman, 1998; Kingston & Firestone, 2008). Wan, Finlayson and Rowles (2000) highlight this in their study of 59 sex addicts from a small residential recovery program where they noted that 42 of the 59 participants (71%), reported relapse. According to Graham and Glickhauf-Hughes (1992), the last thing a therapist needs to add to the sex addict's internal world is the striving for perfection through abstinence. Furthermore, individuals asked to abstain completely from sex or create celibacy contracts, could perceive this as being moralistic and judgemental (Kingstone & Firestone, 2008). Carnes (2001) compares this to the overeater who cannot fully abstain from the fundamental human process of eating; recovery for the sex addict should not mean abstaining from the fundamental human experience of sex.

Discussion and Limitations

Having reviewed the development of male sexual addiction from the perspectives of separation-individuation theory and attachment theory, it is possible to develop a speculative profile of the male sex addict. From the research gathered for this systematic

literature review, there does appear to be a relationship between the impaired development of self-soothing strategies that have resulted during separation-individuation, and male sexual addiction. Furthermore, evidence suggests that certain attachment styles are more prone to sexual addiction in males, particularly those who are avoidantly attached. In addition to these findings, the development of this addiction in males being sexual appears to originate from not one but several sources within the family triad. Firstly, a mother who uses seduction in order to prevent the child from separating may offer one source. Another potential source is the father's absence within the family triad, which could promote this sexualised relationship by failing to support the child's efforts to become separate and autonomous. This is not to say that all boys who grow up in an environment where these two dynamics are evident will become sexually addicted, but there are indications by a number of authors cited here, that there is a higher probability of sexual addiction occurring.

Although my research question attempted to explore the origins of male sexual addiction from the different perspectives of separation-individuation and attachment theory, I found keeping the two sections separate extremely difficult. Often I wondered if I was providing the same explanation but from two different theoretical models, especially with regard to the development of dysfunctional self-soothing strategies and its relationship to the development of insecure attachment styles. Further discussion regarding the combined relationship impaired caregiving might have on affect regulation and different attachment styles were beyond the scope of this dissertation, but it does raise several questions. For example, is there a relationship between the attachment style of the primary caregiver and the avoidant attachment style of the male sex addict and how do we explain those male sex addicts who grew up without a maternal caregiver? Another challenge when I researched this topic was the different ways clinicians and authors defined sexual addiction. Often I would wonder if the article I was reading was actually referring to the research subject. This led to the necessary addition of an extra chapter and helped to explain several common definitions I had encountered and provided the theoretical model I would use for the dissertation.

In addition to there being blurred boundaries concerning impaired self-soothing strategies and insecure attachment styles, there was limited quantitative literature to support my wondering if there was a relationship between poorly negotiated separation-individuation and male sexual addiction. This resulted in having to use articles that focussed more on stand alone theoretical concepts rather than quantitatively supported theories, which leads me to discuss several limitations of this review. Firstly, the research carried out did not include the relationship between male sexual addiction and trauma, such as childhood sexual abuse. I highlight this because some of the searched articles also showed a strong correlation between trauma and sexual promiscuity indicating that trauma could also be another precursor to male sexual addiction. However, the inclusion of this vast topic into the dissertation was not my intent. Another limitation was the small number of participants used in some of the studies. Compounding this limitation, several studies obtained participants from only one source such as a university campus, which I believe added further bias within the study. Finally, due to word limit constraints it was necessary to limit discussion to the relationship between avoidant attachment styles and male sexual addiction and, not discuss ambivalent attachment styles. This was due to the dissertation's focus of exploring avoidant behaviour and sex addiction, not those addicted to love relationships because of an anxious attachment style.

Future Research

Although this dissertation contained a number of limitations, several surprises in my review deserve future research. Research indicated that there could be a relationship between an impaired use of the transitional object and addiction, or more importantly of a failure to decathect from the transitional object, which might lead to addictive behaviour in adulthood. This leads me to wonder if addictive behaviour is about regression, functioning as an external replacement for the failed transitional phenomenon and therefore deserves further consideration. Another finding that I believe warrants further exploration is the role an absent father might have in the sexualisation of addictive behaviour. I believe research regarding the relationship between male sexual addiction and those who did not have a maternal caregiver may offer another explanation to this behaviour being sexual in nature. One final consideration, because research suggests that

the majority of male sex addicts are avoidant, I wonder what might be the implications when treating this client group if the therapist also has an avoidant attachment style.

Final Statement

This review concludes that, male sexual addiction consists of many interwoven facets, and treatment of sexually addicted clients is complex, as is the nature of this addiction. As a solution to treating sexual addiction, it is just not enough to offer hope in the form of an abstinence programme. I agree with Patrick Carnes, who believes one of the strongest bonds of sexual addiction is its secrecy, but by breaking these bonds of secrecy, addicts can begin to experience the peace and self-acceptance that comes with knowing it can be talked about and treated.

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Appendix

The Sexual Addiction Screening Test

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexually compulsive or "addictive" behaviour. To complete the test, answer each question by placing a check in the appropriate *yes* or *no* column.

Sexual Addiction Screening Test

Please indicate gender:

☐ Male ☐ Female

Indicate Orientation:

☐ Heterosexual ☐ Bi-sexual ☐ Homosexual

Please check any of the following which apply:

☐ I have no concerns about my sexual behaviour but am curious how I would score.

☐ I have no concerns about my sexual behaviour but others are concerned.

☐ I am having problems with my sexual behaviour but do not consider myself a "sex addict".

☐ I know I am a sex addict.

☐ I have sought therapy because of my sexual problems.

To complete the test, answer each question by placing a check in the appropriate yes/no column.

Yes	No		
☐ Yes	☐ No	1.	Were you sexually abused as a child or adolescent?
☐ Yes	☐ No	2.	Did your parents have trouble with sexual behaviour?
☐ Yes	☐ No	3.	Do you often find yourself preoccupied with sexual thoughts?
☐ Yes	☐ No	4.	Do you feel that your sexual behaviour is not normal?
☐ Yes	☐ No	5.	Do you ever feel bad about your sexual behaviour?
☐ Yes	☐ No	6.	Has your sexual behaviour ever created problems for you and your family?
☐ Yes	☐ No	7.	Have you ever sought help for sexual behaviour you did not like?

☐ Yes	☐ No	8.	Has anyone been hurt emotionally because of your sexual behaviour?
☐ Yes	☐ No	9.	Are any of your sexual activities against the law?
☐ Yes	☐ No	10.	Have you made efforts to quit a type of sexual activity and failed?
☐ Yes	☐ No	11.	Do you hide some of your sexual behaviours from others?
☐ Yes	☐ No	12.	Have you attempted to stop some parts of your sexual activity?
☐ Yes	☐ No	13.	Have you felt degraded by your sexual behaviours?
☐ Yes	☐ No	14.	When you have sex, do you feel depressed afterwards?
☐ Yes	☐ No	15.	Do you feel controlled by your sexual desire?
☐ Yes	☐ No	16.	Have important parts of your life (such as job, family, friends, leisure activities) been neglected because you were spending too much time on sex?
☐ Yes	☐ No	17.	Do you ever think your sexual desire is stronger than you are?
☐ Yes	☐ No	18.	Is sex almost all you think about?
☐ Yes	☐ No	19.	Has sex (or romantic fantasies) been a way for you to escape your problems?
☐ Yes	☐ No	20.	Has sex become the most important thing in your life?
☐ Yes	☐ No	21.	Are you in crisis over sexual matters?
☐ Yes	☐ No	22.	Has the Internet created sexual problems for you?
☐ Yes	☐ No	23.	Do you spend too much time online for sexual purposes?
☐ Yes	☐ No	24.	Have you purchased services online for erotic purposes (sites for dating, pornography, fantasy and friend finder)?
☐ Yes	☐ No	25.	Have you used the Internet to make romantic or erotic connections with people online?
☐ Yes	☐ No	26.	Have people in your life been upset about your sexual activities online?
☐ Yes	☐ No	27.	Have you attempted to stop your online sexual behaviours?
☐ Yes	☐ No	28.	Have you subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books or online pornography)?
☐ Yes	☐ No	29.	Have you been sexual with minors?

Yes No 30. Have you spent considerable time and money on strip clubs, adult bookstores and movie houses?

Yes No 31. Have you engaged prostitutes and escorts to satisfy your sexual needs?

Yes No 32. Have you spent considerable time surfing pornography online?

Yes No 33. Have you used magazines, videos or online pornography even when there was considerable risk of being caught by family members who would be upset by your behaviour?

Yes No 34. Have you regularly purchased romantic novels or sexually explicit magazines?

Yes No 35. Have stayed in romantic relationships after they became emotionally or physically abusive?

Yes No 36. Have you traded sex for money or gifts?

Yes No 37. Have you maintained multiple romantic or sexual relationships at the same time?

Yes No 38. After sexually acting out, do you sometimes refrain from all sex for a significant period?

Yes No 39. Have you regularly engaged in sadomasochistic behaviour?

Yes No 40. Do you visit sexual bath-houses, sex clubs or adult video/bookstores as part of your regular sexual activity?

Yes No 41. Have you engaged in unsafe or "risky" sex even though you knew it could cause you harm?

Yes No 42. Have you cruised public restrooms, rest areas or parks looking for sex with strangers?

Yes No 43. Do you believe casual or anonymous sex has kept you from having more long-term intimate relationships?

Yes No 44. Has your sexual behaviour put you at risk for arrest for lewd conduct or public indecency?

Yes No 45. Have you been paid for sex?