



Females and Sex Addiction: Myths and Diagnostic Implications

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Females' experiences with sexually compulsive behavior rarely receive the attention directed to males who act out. Six myths concerning women and sexual addiction are offered as an explanation for this oversight. Each myth is challenged and diagnostic implications are discussed. Specific suggestions are outlined for a diagnostic instrument that will identify sexual addiction in women as well as in men.

When consideration is being given to the problem of sexual addiction or the need for a standard agreed-upon diagnostic instrument to measure it, several key populations of addicts typically surface for discussion. Sexual compulsivity in the gay community, among sexual offenders, among those who are substance dependent, or among Internet users receive specific clinical consideration, as well they should. One segment of potential addicts, however, is often overlooked: *females'* experiences with sexual addiction. The clinical and recovery fields have directed little attention to women's struggle with this disease. Other than an early treatment by Charlotte Kasl and some more recent writings by Carol Ross and Jennifer Schneider, sex addiction in women has been largely ignored (Kasl, 1989; Ross, 1996, 2000; Schneider, 2001; Schneider & Schneider, 1991).

As efforts are intensified toward getting sexually compulsive behavior included in the DSM—and as a prelude to that goal, the process is underway of creating a valid diagnostic instrument—it is critical that females be considered. I do not believe women have been excluded from discussions because of any specific bias or discrimination. Rather, females have been ignored because of a collection of misunderstandings that surround women and sex addiction. These myths have contributed to the silence concerning female sex addicts and must be challenged in discussions about diagnosis and about

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a diagnostic tool. There are crucial considerations concerning female sex addicts that have broad diagnostic implications. For many clinicians, and especially for the public at large, a paradigm shift will be necessary that will require looking outside the box of male-dominated understanding about sexual addiction.

To aid in that process, six myths concerning females and sex addiction are presented, along with their accompanying “truths” and diagnostic implications. These myths are outlined in an acrostic list based on the word “female.” The material is based on my perspective both as a clinician who specializes in the treatment of female sex addicts and as a woman who is personally in recovery from sexual addiction. Over the past four years I have treated approximately 130 female sex addicts both in individual therapy and through 4½-day clinical intensive workshops. The images of addiction drawn by female addicts come from an exercise that is part of each workshop.

MYTH #1: F—FEMALES ARE NOT SEXUALLY ADDICTED

Most people, including some clinical professionals, fail even to consider that females might struggle with sexual addiction. The opposite condition—women who are sexually uninterested—is more of the expected problem. In error, sexual compulsivity is still largely considered a male phenomenon, much like alcoholism was initially thought to be exclusively a male disease. One woman who was attending an intensive workshop for female addicts is illustrative of this misconception. She had arrived early at the meeting site and sat quietly off to herself as others came in. That’s not unusual. Most of the attendees are initially terrified and withdrawn. But as each successive woman entered the room, this first participant’s eyes grew wider and wider. Soon tears were streaming down her face. Before the leader could even begin introducing the staff, this woman stood, addressed her sisters, and exclaimed,

For years I’ve thought I was the only female who struggled like this. I can’t believe I’m in a room with a dozen other women who admit to being sex addicts! Nobody talks about this sexual stuff going on with women. For the first time in my life, tonight I don’t feel all alone. Here, I belong.

Indeed, one reason for the myth that females are not sexually addicted is because women themselves fail to talk about their struggle. Fear of being alone in their behavior keeps many women silent about their disease. Even those women who are in recovery are rarely open about their history. The enormous shame that still surrounds sex addiction in general, and the even greater stigma which is applied to female addicts, maintains the silence and contributes to this first myth that women are somehow exempt from this disease.

A diagnostic instrument that fails to include females’ experiences of

sexually compulsive behavior would only perpetuate this myth. Without informed and conscious intent to address the specific ways female sex addicts differ from their male counterparts, a diagnostic tool would likely miss the identification of many addicted women.

MYTH # 2: E—EVEN THE FEMALES WHO MIGHT BE ADDICTED ARE ONLY RELATIONSHIP OR LOVE ADDICTS, NOT SEX ADDICTS

For the few women who might be sexually addicted, it is assumed they fit the “relationship” or “love” addict description. Again, this myth is incorrect. Female sex addicts present with as many varieties of the disease as do males. While many are “relationship” addicts, many also masturbate compulsively, use pornography, engage in a variety of Internet sexual activities, have affairs and multiple partners, engage in anonymous sex or phone sex, and exhibit themselves. In my experience, the only rare presentation among females is voyeurism. Women’s acting out may be heterosexual, homosexual, with objects, or with animals (which also is rare).

Because of the associated shame, women especially chaff at the “sex addict” label. Many terms and classifications have been suggested to describe the various forms of sexual and relational compulsive behavior. Some delineate quite specifically the nuances of behavior. However, in my view, “sex addict” most accurately refers to all presentations of female addiction, including the “love” or “relationship” addict. I believe the core beliefs, woundedness, and consequences of the various presentations are more alike than they are dissimilar.

Consider the explanation offered by one female addict. She was a pre-school teacher, married, and the mother of several children. She was active in her community and church. And though she clearly fit Carnes’ (1991) clinical presentation of addiction—she used pornography, masturbated compulsively, and had multiple affairs she could not stop—she was mortified by the “sex addict” label:

I hate that term! Don’t people understand that this has nothing to do with sex? It’s not about sex at all. It’s about that desperate need for love, for acceptance, for affection, and for affirmation.

Without question, I believe she is right. While Carnes (1991) has accurately stated, “Don’t call it love,” it is equally appropriate to insist, “Don’t call it sex.”

In many ways, the term “sexual addiction” is as inaccurate and incomplete as “relationship addiction.” In fact, much of the discussion about the development of a DSM standard of diagnosis involves the proper name for “Syndrome X.” For simplicity’s sake, however, I use the single description “sexual addiction” to refer to this condition, whether in women or in men.

Consider “sex addiction” an umbrella term, much the same way “alcoholism” is descriptive, regardless of whether the drink of choice is beer, Jack Daniels, or champagne. There are, however, some key differences in how sexual addiction presents in women versus how it presents in men. In terms of diagnosis, clinicians must be knowledgeable about all the various forms. The four key presentations in women are outlined below: the relationship addict, pornography or cybersex addict, stereotypical sex addict, and sexually anorexic.

Relationship Addict

It is true that in general, women’s sexual behavior is more relational, no matter what the specific form of that behavior. In my clinical experience, females’ acting out is more likely to involve another person at some level. Few women seem to be involved in chronic masturbation and nothing more. Most females do fit the pattern of what is normally referred to as “relationship” or “love” addiction. Women are typically involved in serial or simultaneous relationships, or either short-term or long-term affairs. For many women the relationship pull is stronger than the sexual one. In fact, often females report uninterest about the sexual activity itself, including orgasm. A diagnostic instrument that questions only about sexual behavior per se and omits asking about the obsessional nature of relationships would fail to identify many women who are addicted. Even without pornography use or compulsive masturbation, this flavor of addiction can be as destructive as any other seemingly more serious kind. The drawing in Figure 1 by a woman who fits this description of relationship addiction illustrates this presentation:

The drawings on the right side of Figure 1 show the elements of her addiction: her computer, phone, and a string of affair partners. Those on the left illustrate the consequences she had suffered because of her addiction: the multiple losses of her job, a hobby she enjoyed because she became sexually involved with the coach, her marriage, her relationships with her children, and her faith.

Females may also be addicted to “only” one partner, including a spouse. In one case, a husband had come to a workshop for male addicts, and as he went home and shared with his wife the things he had learned, she realized that she, too, was sexually addicted—primarily to him. This couple was compulsively sexual with each other, often multiple times each day. They ignored their work responsibilities and even their infant son in order to be sexual. Sex was the super-glue—and indeed, the gauge—of their relationship. Their sexual activity was their most important need in their coupleship.

Similarly, some women fit the addiction criteria because of their history and drive to always have a man in their lives. This presentation is sometimes referred to as a “romance” addiction. Believing that a relationship is their most important need, these women have never experienced a period of abstinence from a romantic or sexual relationship.

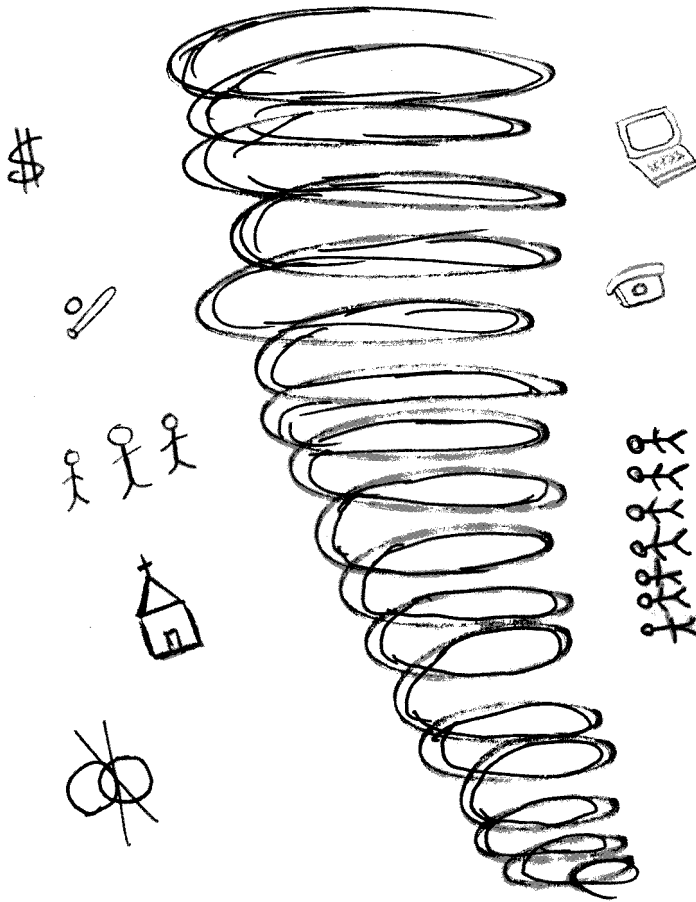


FIGURE 1. Tornado.

“I’m nothing without a man!” one female addict declared. “I’ve had some kind of boyfriend or partner since I was seven years old. How am I supposed to feel good about myself without a man who loves me? It’s not possible! I *have* to be wanted!” This compulsion to snare or maintain a relationship at any cost can also fit the addiction model. Figure 2 represents another addict’s drawing of this kind of presentation.

Again, it is easy for clinicians to miss these “love,” “relationship,” or “romance” flavors of addiction because they are outside the paradigm of typical male presentations. However, the consequences can still be grave. The woman who created the princess drawing discovered during her workshop experience that she was pregnant with her lover’s child. Although she was married, her other two children had also been conceived with affair partners—two different men. From her description, her husband sounded like he also was a sex addict.

In fact, there is a fine line between sexual addiction and co-sex addiction in women. An effective diagnostic instrument would differentiate between the reasons behind similar behaviors and identify the power compo-

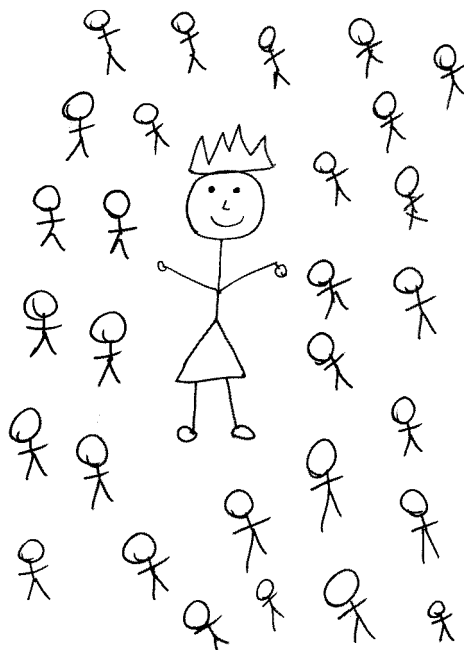


FIGURE 2. Princess surrounded by admirers.

ment that drives female addicts (Kasl, 1989). The distinction can be quite blurred, because many female addicts will act out with other sex addicts and rotate between the roles of addict and coaddict within that relationship.

Pornography or Cybersex Addict

Females also present with pornography or cybersex addictions. Women are not immune from the Triple A Engine of the Internet (Cooper, Delmonico, & Burg, 2000). According to this study, though, women are still more relational in their Internet use and are usually drawn to chat rooms rather than merely viewing pornography. From there women often advance to cybersex encounters after developing some level of a chat room relationship. Initial research is validating clinical experience that females are more likely to have phone contact or meet in person the men with whom they have had online sex. In one study, 80% of the female addicts reported this kind of progression (Schneider, 2001). Even without that escalation, the pornography or cybersex addict can still experience serious consequences. One woman who attended a workshop said that she had “lost” two entire months to her cybersex activities. She simply did not remember anything about that time period other than being online. She was suffering from chronic sleep deprivation, her husband was considering divorce, and she had been demoted at work. Nothing mattered to her other than her sexual addiction.

Stereotypical “Sex” Addict

Though fewer in number, some women fit the stereotypical, “male” pattern of sexual compulsivity. These women engage in chronic masturbation, with or without pornography. They participate in largely anonymous sexual encounters with partners they meet online or pick up in a bar or other public place. They rarely maintain a relationship and instead prefer one night stands. These are the addicts most likely to exhibit themselves for money in ways such as exotic dancing or stripping. They also are usually the ones who are more prone to sell sex or to trade it for drugs or some other desired outcome. The percentage of female addicts who fit this pattern is unknown. Again, further research into females’ presentations of sexual addiction is needed.

Sexual Anorexic

Some women may fall at the opposite end of the acting out spectrum and exhibit behavior that is as compulsively aversive to sexual activity as others are compulsively sexual. This woman may not report any problems in the sexual area, because she may not be aware of the energy she directs toward avoiding sex. There may also be a binge/purge cycle, where a woman may act out for a period and then “act in” by shutting down sexually and avoiding all sexual activity. An effective diagnostic instrument would identify this presentation.

A woman’s self-portrait of her sexual anorexia is shown in Figure 3.

MYTH # 3: M—THE MOTIVATION FOR FEMALES WHO ACT OUT IS NEEDINESS

A false belief is that needy women are the ones who use sex addictively. My clinical experience is that female addicts are more apt to be motivated by either power or loneliness. Like male sexual addicts, the experiences of woundedness provide the motivation behind women’s sexual activity. As Carnes’ (1991) landmark study has well exposed, the vast majority of sex addicts are survivors of some kind of childhood abuse. The invasion trauma most female addicts have endured, especially the experiences of sexual abuse, have a significant impact on women’s sexual behavior (Finkelhor & Browne, 1985).

The impact of abandonment trauma, however, may be overlooked. Without exception, sexual addicts are abandonment survivors (Laaser, 1996). This core experience fits well into the framework of attachment theory that has become a popular theoretical model relevant to sexual addiction. Abandonment may be viewed as the energy that fuels the addiction (Laaser, 1996), as addicts desperately search for connection through sexually or relationally compulsive behavior. Again, the difference between female addicts and

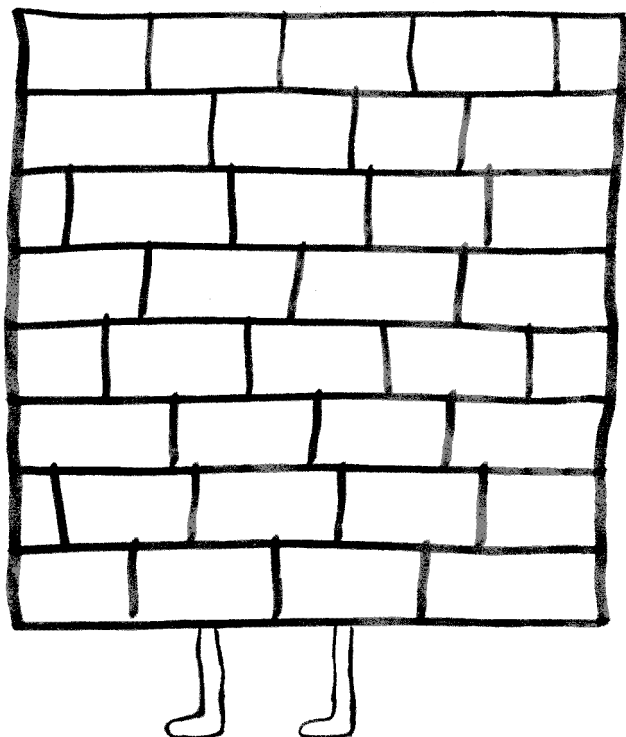


FIGURE 3. Behind the wall.

coaddicts comes into play. Rather than being driven by neediness, which is more the case for the potential codependent, who is in search of validation and security (Kasl, 1989), the female sex addict is motivated by power. Through her sexual and relational behavior, she is attempting in some manner to resolve her wounds of abuse. She is determined to be in control, to avoid being hurt, to be in a one-up position. This power struggle staged through sexuality is a key factor for many women who are sexually addicted. By being seductive and sexually aggressive, women are able to wield power and control (Ross, 1996).

One female addict expressed it this way: "I love the feeling I get when men want me. Several guys will usually hit on me and I can pick the one I want. Men do it all the time; why can't I?"

This woman's family of origin history included a rural, middle class upbringing. She was the middle of five children. Her father raged, was verbally abusive, and occasionally was physically abusive. Her mother was a hard worker, but she seemed overwhelmed by her large family and shut down emotionally. When this client was 14, she had too much to drink at a party and was raped by an older friend of her brother's. She described this experience as "humiliating" and "infuriating" and added, "I decided I'd never be taken advantage of by a man again."

Figure 4 was drawn by a female workshop participant with a similar story. The best way to describe her trauma experiences and her acting out patterns is to compare her to the woman in the movie *The General's Daughter*. In fact, this woman was the daughter of a high-ranking military official, and she gave that title to her drawing. Without flinching or showing any evidence of guilt, she termed herself a predator. "I'm solely in it for the power!" she declared.

I'll lie in wait like a snake in the grass and watch for my victim. Or if I'm in a particularly vicious mood, I'll slither around until I find someone. I'm not interested in an affair like some of you girls. I get off on knowing that this time, I'm in control. I have the power. If anybody gets hurt this time, it for sure won't be me.

Her presentation was not a sociopath—she was not antisocial personality disorder. She was just a victim who was determined not to be used sexually again.

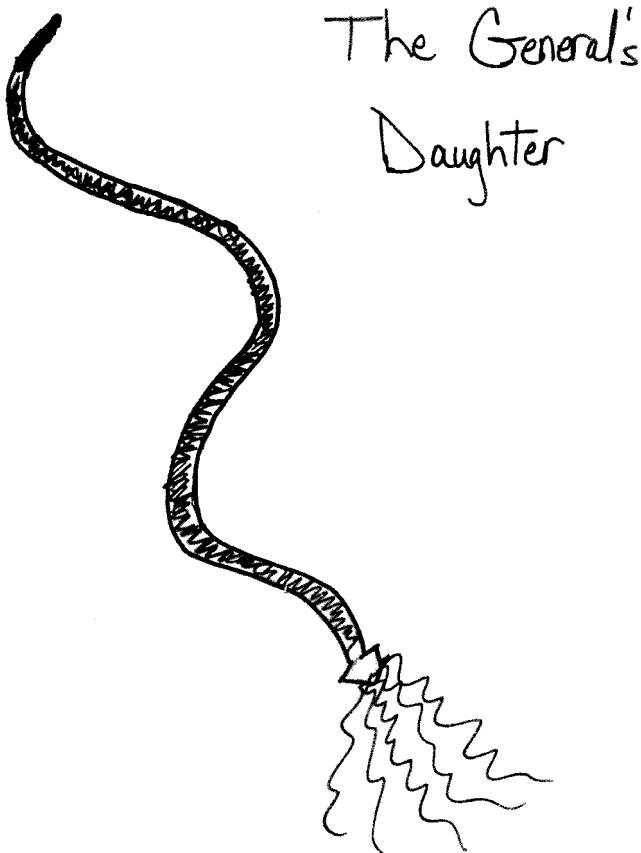


FIGURE 4. Poisonous snake.

For other female addicts, this power struggle is displayed differently. Review the drawing of the princess surrounded by men. She feels powerful when she is admired and desired by potential suitors – or at least appreciators. Though never aggressive or even assertive, this addict is still motivated by the powerful pleasure of being pursued or wanted. She described the incredible high she gets just walking in the door of a bar and across the floor to the restroom.

She said, “I don’t have to hook up with anybody. Just to see them stare and know they want me is enough. Sometimes I even just leave at that point. Going the rest of the way is such a bother. I’ve already gotten the rush I need.”

For some female addicts a force other than power drives their acting out: the lonely desperation fueled by their abandonment trauma. This is why sexual addiction is accurately described as not being about sex at all, but about the desperate search for love or connection. Again, according to Laaser (1996), the invasion trauma dictates the form of the acting out—this power struggle—but it is this abandonment trauma—the loneliness—that is the fuel for the acting out. Loneliness can be as compelling a motivator as the need for power.

One female addict portrays this in Figure 5. “Please, somebody love me!” is the cry of her heart. And sex is the only substitute she knows for love.

An assessment instrument ideally will identify these elements of using sex for power or to assuage loneliness. Both clearly are mood-altering experiences.

MYTH # 4: A—AT FACE VALUE (FEMALES’ PRESENTING PROBLEMS CAN BE TAKEN AT FACE VALUE)

Clinicians are likely to miss a diagnosis of sexual addiction in women if they accept at face value a woman’s presenting problem without exploring sexual factors. Rarely can it be assumed that “what you see, is what you get.” Several concurrent conditions exist for many sexually addicted women, and one or more of these may be the presenting problem. It is extremely rare that a female will present with a self-diagnosis of sexual addiction.

Several Axis I and Axis II diagnoses are often concurrent with sexual addiction. Depression or dysthymia are frequent presenting problems. Most sexual addicts are, in fact, depressed (Carnes, 1991). For some of these clients, however, the core issue may be sexual addiction, rather than depression alone. A diagnostic tool should probe beneath this depressive presentation to additional conditions.

Because of their invasion abuse, female sex addicts often also suffer from posttraumatic stress disorder. A large number of women may present as in need of recovery from sexual abuse. Careful history taking may reveal an accompanying sexual addiction.

Another frequent comorbid condition is a food disorder, either bulimia



FIGURE 5. Lonely woman looking out a window.

or anorexia. Clinical experience is documenting a significant relationship between sexual addiction and eating disorders, just as research has shown a correlation between sexual abuse and food pathology.

For some women sexual activity may be part of substance abuse or dependency. Again, these women often show significant denial about the underlying sexual addiction. One such woman had received multiple treatments for her alcoholism, and she was convinced that her sexual problems only occurred when she was drinking. It was a major clinical challenge to help her see that her pattern with men had been evident long before her alcohol use even began, and had, in fact, been in evidence during her latest sobriety. She described scoping out the men during AA meetings and repeatedly crossing boundaries with those she perceived as possibilities for sexual encounters.

A final well-known condition that is part of women's sexual acting out is bipolar disorder. An effective diagnostic instrument would rule out or add comorbid bipolar disorder to a sexual addiction diagnosis.

Two main Axis II disorders must be considered when evaluating women for sexual addiction. Well known is the connection between borderline personality disorder or traits and sexual acting out (Rickards & Laaser, 1999). The correlation between dependent personality disorder or traits and sexual behavior may be missed. In this situation, a woman may be compulsively sexual as a way of remaining connected to a partner. While this scenario is more likely to exist among sexual coaddicts, it may play a part in some female addicts' behavior. A diagnostic instrument that would identify comorbid Axis II conditions would help clinicians get the complete picture of women who are sexually addicted.

MYTH #5: L—THE LIFE CONSEQUENCES OF ADDICTION ARE THE SAME FOR FEMALES AND MALES

Women sex addicts experience many of the same life consequences from their addiction as do men, but there are some critical additions. The most obvious ones involve women's health, such as unwanted pregnancy or sexually transmitted diseases. Consistently, 25–50% of the women who attend our workshops have had at least one abortion because of an unplanned pregnancy that resulted from their addictive behavior.

It would be interesting to see more research done on the incidence of sexual addiction among those women who are diagnosed with a STD. One female addict who contracted cervical cancer as a result of an undetected STD had been a long-term patient of the same physician. He had treated her for several years and heard her disclosures about her multiple partners and compulsive sexual activity. He had performed three major surgeries as part of her treatment and had been with her through a life-threatening complication after one procedure. He was aware that even during her convalescence she had continued compulsive sexual activity, clearly against his medical advice. Yet he never once asked about this woman's obviously problematic sexual behavior. An easy to administer diagnostic tool, coupled with better awareness of sexual addiction, would aid health professionals in identifying female addicts.

An often overlooked consequence of female sex addiction is the unique impact it has on her family. The male coaddict, whose wife is the sexually addicted partner, suffers special shame. Her children also suffer in an added way, because they are particularly susceptible to the trauma of her physical or emotional absence, since women are still the primarily nurturers in our culture. Also, a female addict's multiple partners may possibly increase her children's risk of being abused, including sexually.

MYTH # 6: E—EMPLOY THE SAME DIAGNOSTIC QUESTIONS WITH WOMEN

Some might assume that any effective instrument that identifies sexual addiction in men will accurately do so for women. This myth in particular must be challenged if the tool under development is to be useful with females. Such an instrument must intentionally address the unique presentations of women who struggle with sexual and relational compulsive behavior. It must reject the first myth presented earlier and assume the truth that women may, indeed, be sexually addicted. Based on that premise, the instrument must specifically bypass the false beliefs of the other myths. It must ask clearly about relationship patterns in addition to purely sexual activity. It must use language that females can better relate to and that targets their experiences. Instead of asking, “Do you engage in anonymous sex?” a better inquiry would be, “Are you sexual with someone you’ve just met?” Women will not identify with “cruising,” but they will understand “bar hopping” and “flirting” (Ross, 2000). Asking about possible power motivations behind compulsive behavior is important. Incorporating the questions from the Women’s Sexual Addiction Screening Test, developed by Carnes and O’Hara, would be a great starting point.

CONCLUSION

Across all the different conceptualizations of sexual addiction, a crucial common element is that the behaviors in question cause impairment or distress. Females’ experiences with sexual addiction clearly fit that criterion. Any assessment instrument would be incomplete if it failed to include females, who are sometimes forgotten in these discussions. An intentional, specific effort will be required to overcome the myths that surround women and this disease.

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