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# On the Social Existence of Mental Health Categories: The Case of Sex Addiction

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## ABSTRACT

Mental health categories can circulate in societies regardless of whether they are recognized by medical professionals. This article asks why some labels are adopted *en masse* to commonly characterize some forms of distress, while other labels remain confined to specialist spheres. Contrasting with many examples of medicalization, “sex addiction” offers a heuristic case study because it was only after its exclusion from the Diagnostic and Statistical Manual of Mental Disorders (DSM) in 1994 that it became widely used to pathologize sexual excess in Western cultures. To understand how this and other categories acquire such popularity, it is necessary to account more explicitly for the multiple social appropriations of these categories within various non-medical fields and examine how they circulate between these fields. Drawing on two years of qualitative data collection from North American and Australian social institutions of non-medical therapy, law, the media, and religion, this article proposes a theoretical and methodological framework for studying the “social existence” of mental health categories such as sex addiction.

**KEYWORDS:** sex addiction; medicalization; mental health; sexuality; ecological niches.

In December 2012, the American Psychiatric Association announced that “hypersexual disorder” – a diagnosis which had replaced “sex addiction” – would be excluded from the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Following this announcement, UCLA psychologist Rory Reid was interviewed by the *Huffington Post*. Albeit a committed supporter of the medical recognition of sex addiction, Reid was far from worried: “People are still coming into the therapist office and saying this is a problem. As a psychologist... I’m going to try to understand what’s going on; I’m going to try to help them.” Laconically, he added, “That’s *true* whether it’s in the DSM or not” (Rettner 2012; our emphasis).

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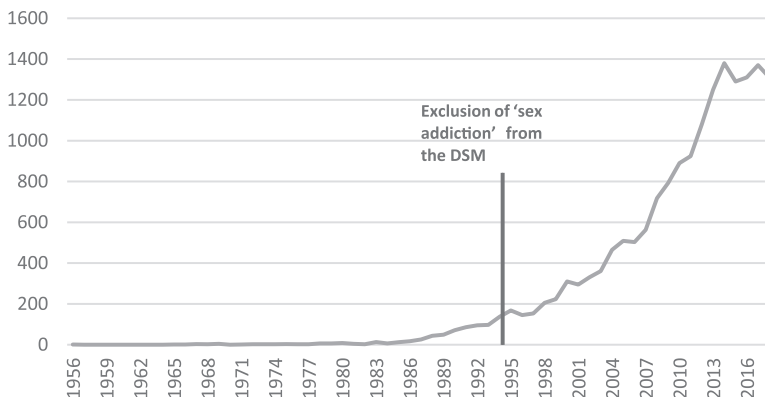
What exactly is *true*? It is true that sex addiction *socially exists*: it is here, present in the social world – thought of, used in interactions, associated to some practices and some institutions – with entangled effects, potentially normative, evocative, convenient, discriminating, and distressing.

After its sporadic emergence in the 1950s under the pen of Pitrim [Sorokin \(1956\)](#) and its slow development in the 1960s and 1970s as specialized self-help programs multiplied in the United States ([Irvine 1995](#)), the notion of sex addiction spread to several areas of Western social life from the 1980s onwards. It entered the DSM in 1987, becoming a newsworthy subject ([Reay, Attwood, and Gooder 2015](#)) supported by a few stakeholders who intensively lobbied for its recognition. “The Meadows,” an Arizona-based research and clinical center, coupled with the International Institute for Trauma and Addiction Professionals (IITAP), was created in 1976. It was later run by Patrick Carnes who, as a non-medical doctor with a PhD in counsellor education, pioneered the field of sex addiction in 1983 with his bestselling monograph *Out of the Shadows*. With other personalities such as Reid, Carnes helped generate significant public and academic interest around this category ([Irvine 1995](#)).

Such efforts, however, did not suffice for medical recognition: “sex addiction” was excluded from the DSM in 1994 ([American Psychiatric Association. 1994](#)). Having been first replaced with a more general category of “hypersexuality,” it was removed altogether in 2013 due to several concerns, such as the lack of medical evidence, the risk of over-pathologization of sexuality and of misuse in the legal community ([Reid and Kafka 2014](#)). In the 11th edition of the International Classification of Diseases ([World Health Organization 2019](#)), “compulsive sexual behaviour disorder” denoted a categorical and treatment rupture, with the distinction between compulsion and addiction indicating markedly different psychiatric and psychological practices ([Stein 2008](#)). With no clinical designation as an addiction and no medication treatment options ([Thibaut 2016](#)), the medicalization of sex addiction, in the sense of [Conrad and Schneider \(1980\)](#), did not succeed.

Yet the exclusion of sex addiction from official medical classifications coincides with a dramatic increase in the use of this term, in Western societies at least. Today, the expression “sex addiction” can be found in more than 10,000 scholarly publications, most of them released *after* 1994 (see [Figure 1](#)). More than 1,000 mentions were found in Australian newspaper articles, more than 80 in Canadian court reports, more than 50 in English-speaking phone applications, and 250 in novel abstracts.<sup>1</sup> Today, there are 1,600 Sex Addicts Anonymous meetings held regularly across the United States. Sex addiction thus has a form of cultural presence; it has some social existence separate from its fading medical counterpart, “compulsive sexual behaviour disorder.”

In this article we examine how the label of sex addiction – and the representations and therapeutic activities it invites – could be adopted *en masse* by populations and various institutions without medical legitimization.



**Figure 1.** Number of Articles Referenced on Google Scholar with the Key Words “Sex Addiction,” “Addiction to Sex,” or “Sexual Addiction”

<sup>1</sup> Sources: scholar.google.com, global.factiva.com, play.google.com/store, canlii.org and amazon.com.

Throughout the history of sociological thought, there has been significant interest in studying labelling processes related to mental health (Scheff 1966), including medicalization dynamics (Conrad and Schneider 1980), psy-discourses (Rose 1996) and diagnoses (Jutel 2009). We now live in “diagnostic cultures” (Brinkmann 2016), where diagnoses give rise to multiple negotiations in health services (Lane 2020), where the use of diagnostic categories diversifies beyond the medical world (e.g., Jutel and Russell 2021), and where psychiatric categories expand beyond the walls of psychiatric institutions (Harbuch 2022). Yet there are complex social configurations through which mental health labels emerge and circulate, especially when such processes occur partly outside the control of professional organizations, and these configurations are insufficiently known (Brossard and Chandler 2022).

The emergence and circulation of mental health categories beyond the medical field have hitherto been mainly studied in three ways. First, the *rising power of non-medical actors* has been widely noted (in mental health research but also by sociologists of health investigating “contested illnesses”). The media (Kroll-Smith 2003), online spaces (Barker 2007), political and legal institutions (Halfmann 2019), and “people” themselves (Furedi 2006) have drawn significant attention in the contemporary politics of labelling. In the case of sex addiction, these actors are conservative religious groups (Irvine 1995), the media (Reay, Attwood, and Gooder 2013), as well as the Meadows and a few previously-mentioned public figures. Second, *changing cultural conditions* have been seen to facilitate the advent and reformulation of certain social problems. Regarding sex addiction, these are the reconfiguration of intimacy in post-industrial societies (Keane 2004), the popularity of the concept of “addiction” (Keane 2002; Taylor 2019), homophobia and moral panic around sexuality at the time of HIV/AIDS, following the 1960s “sexual emancipation” (Irvine 1995; Reay et al. 2015;) and the dawn of pornography as a genre, easily accessible online (Taylor 2019). Third, *a new, authoritative discourse stemming from psychology* – a “regime of the self” (Rose 1992) – permeated multiple spheres of social life due to the contemporary “generosity” of this discipline (Eyal 2013; Rose 1996). This interpretation applies well to sex addiction, as this category has been largely elaborated in psychology if not within psychiatry and medicine.

#### Definitions of “Sex Addiction” in Academic and Professional Literature

While, from its outset, psychiatry (and research into mental health more broadly) has been concerned with the regulation of sexual excess, the concept of sex addiction gained notable presence in academic publications in the 1980s, and its use grew substantially in the 1990s. The first articles dedicated to this topic were, in great majority, case studies written by practicing psychologists, therapists, and counsellors, who noticed related issues among their clients; informed by a psychological etiology, they defined sex addiction either as “compulsive” sexual practices or as an “obsession” or “preoccupation” with sexuality (e.g., Harnell 1995; Jonas 1989). Until the early 2000s, many attempted to objectify sex addiction via quantitative indicators – measuring the frequency of sexual behaviors or thoughts, or time spent engaging with sexual activities, etc. (Carnes 2000; Cooper et al. 1999) – and to do so, often “imported” descriptive items from substance addictions, such as “cravings,” “increased tolerance” and “withdrawal” (Delmonico and Carnes 1999; Schneider 2000). From 2005–2010, the influence of the drug addiction paradigm decreased, as did the quest for quantitative indicators, in favor of subjective and self-identification criteria (Edger 2009): someone is addicted to sex when they feel so. Also, motives become key indicators, such as the use of sex as a “coping strategy” or as an “escapism tool” (Howard 2007; Petty Levert 2007). As of 2010, neurological perspectives gained traction, raising attention to dopaminergic pathways (Hilton and Watts 2011), as well as the neurobiological patterns that result from trauma and early attachment issues (Hall 2011; Riemersma and Sytsma 2013) at play in sex addiction. Today, even if multiple studies have been conducted, there are still few elements considered to be strong evidence regarding the definition of sex addiction, its treatment and prevalence – many studies suggest that addicts are mostly men, but these findings are methodologically debatable, and inconclusive in terms of social class or race (Grubbs et al. 2020). These different “phases” inform us that the very notion of sex addiction must be taken carefully as a phenomenon whose professional definition significantly shifted in short periods of time.

Given that the social world is made of different fields<sup>2</sup>, in which the differential appropriation of a category and its circulation is not simply a matter of diffusion or resistance, but also of meaning-making and practical interest, there is a need to account for how these appropriations and circulations contribute to the very dynamic of a category's social existence. Thus, we will build on the above approaches (to non-medical actors, cultural shifts and the diffusion of psy-discourses) to empirically account for such social existence. We argue that, for a mental health category to exist socially without medical endorsement, three conditions must be met:

- (a) The protagonists of multiple fields and social institutions (e.g., therapists, religious community leaders, lawyers, and journalists) must be able to integrate this category as a *discursive tool* meaningful to their own worldviews, including by promoting experiential truth or realness to what the category describes;
- (b) The category must tap into the individuals' and institutions' *practical sense*, by constituting a perceived everyday issue, to the extent that any reticence towards the use of this category is offset by its perceived practicality;
- (c) This category must *facilitate contacts* between multiple fields and social institutions, for instance through cultural influence, expertise or common interests, thus reinforcing the mutual assertion of its existence.

Taking the case of sex addiction, these conditions will be exemplified across four fields: in non-medical therapy, where throughout the 1990s and 2000s, practitioners reportedly employ this expression to “speak the language of the client”; in law courts where sex addiction helps to assess the risk of reoffending; in the media where it became a newsworthy buzzword to comments on the lives of celebrities in the 1990s; and among Christian groups that “rebranded” their view on lust in conjunction with psychological discourse. We advance that these conditions contribute to the generation of an *ecological niche* in which the reality a category designates and its social construction can reinforce one another (Brossard 2019; Hacking 1998) in such a way that sex addiction can exist and be “true,” as Reid said, whether it is in the DSM or not (Rettner 2012).

## METHODOLOGY

Several stages of empirical inquiry were necessary to develop this analysis. Our main challenge was to capture data beyond the traditional engines of medicalization – that is, psychiatry, pharmaceuticals, and social movements (Conrad 2005). Influenced by Marcus' (1995) proposition that in a globalized world, ethnographers must multiply their sites of observation, and Desmond's (2014) invitation to “relational ethnography,” which consists of following social processes at various places where they unfold (instead of pre-selecting a site of observation), our aim was to dynamically establish the fields in which the label “sex addiction” is used in Australia and North America. The identification of each field resulted both from theoretical assumptions and empirical observations, as we progressively integrated unexpected findings that challenged our theoretical and empirical frameworks (Timmermans and Tavori 2014). First, we identified eight fields: psychiatry; pharmaceuticals; research; therapy; online spaces; cultural production; the self-help industry; and the media. We subsequently added two more: law and religion.<sup>3</sup> Further, addictionology, which traverses psychiatry, research, therapy and on-line spaces, was later included as a key field to understand the deployment of the sex addiction label.<sup>4</sup>

As our team was working in Australia and Canada, we combined local data collection (e.g., interviews with religious community leaders and therapists) in both countries with “global” data (e.g., academic publications and films) often originating from the Global North. Not only do Canada and

<sup>2</sup> The term “field” designates an arena made of people and institutions sharing similar material and symbolic stakes, such as the media or the legal system. Fields are theoretical constructs, made up of different social actors, that enable the thinking of converging classifying practices among individuals and institutions who are not necessarily in direct contact, producing a shared reality legitimizing their own order (Bourdieu 1990). This conceptual tool enables much more accuracy than considering a study of ‘culture’ or ‘society’ as a whole.

<sup>3</sup> Some of the ten fields strongly overlap (such as “research,” “psychiatry,” and “therapy”) while others present considerable internal diversity (such as “cultural production”); however, discussing each of these fields is beyond the scope of this section and we would rather raise attention to the methodological relevancy of their distinction.

<sup>4</sup> We wish to thank the anonymous reviewer of *Social Problems* for this suggestion.

Australia have comparable healthcare systems, economies, religious traditions, settler colonial histories, and cultures around mental health and sexuality, these settings also are close economic and cultural partners of the United States, where most active promoters of the concept of sex addiction were found.

The modalities of data collection and analysis produced a sociology of mental health not limited to traditional medicalization processes. Whereas focusing on psychiatric classifications and pharmaceutical lobbying would involve a relatively demarcated and thus “manageable” dataset, to exhaustively study each field would be impracticable. Rather, we selected documents, artefacts, and participants whose position enabled them to share with us informative data on the specific issues related to sex addiction.

*Research:* We performed a literature search through the *Google Scholar* database to gather peer-reviewed publications, both in English and in French, using “sex addiction” as a research and clinical concept. The initial search yielded 6,079 articles. We limited our search to years when more than 100 articles were published, and we focused on those with at least 10 citations. We retained a total of 377 articles. Within these articles, we identified 40 tools (e.g., screening tests) designed to diagnose sex addiction.

*Psychiatry:* In addition to articles published by psychiatrists or in psychiatry journals, official classifications provide critical data to canvass the state of this field. We investigated the most prolific diagnostic manuals, the DSM and ICD, but also previous manuals (such as the *Statistical Manual for the Use of Institutions for the Insane*).

*Pharmaceuticals:* As there are no medications prescribed for sex addiction, we conducted a literature review on the debates surrounding this topic.

*Therapy:* We conducted face-to-face or online semi-structured interviews with 18 non-medical professionals (social workers, sexologists, and non-clinical psychologists, counsellors, and psychotherapists) who either advertise themselves online as treating “sex addiction” or who welcome in their offices self-proclaimed sex addicts. These interviews addressed the participants’ opinion regarding sex addiction, their treatment method and the issues of their clients. Academic publications that attended to the therapeutic field were also included in our analysis.

*The media:* Searching the keywords “sex addict\*” or “porn addict\*” in the online database *Factiva*, we retrieved 1,129 newspaper articles that were published in the 10 most-read Australian newspapers. To capture the influence of celebrities in the media coverage of sex addiction, we expanded our search to tabloids. *People* magazine (USA) was the only one with an online database allowing such a search, which resulted in 99 articles. We then approached Australian journalists who had written newspaper articles about sex addiction, to interview them about their respective media coverage of the topic. Eight accepted. *Online spaces:* We entered the keyword “sex addiction” in *Google Australia* and retrieved the first 50 websites listed. *Google* and *Reddit* searches subsequently helped us to identify the most frequented online support forums (in terms of the number of users) constructed around sex addiction. We then included the contents of these webpages and forum discussions in our dataset.

*Addictionology:* As noted above, many elements attending to this field were analyzed through the study of other fields such as psychiatry (as addictionology is partly driven by medical professionals), research (as many articles were written by addiction specialists, or working in specialized centers), therapy (as many tools used to “treat” sex addiction refer to knowledge or practices developed in addictionology), and online spaces (as many documents retrieved were produced by addiction treatment centers with significant online presence, such as South Pacific Private and The Cabin).

*Cultural productions:* The popularity of the label “sex addiction” prompted us to monitor its use in artistic productions, including novels (Amazon books yielded 250 titles with sex addiction in the abstract) and films (60 movies were identified that featured characters defined as “sex addicts” or whose behavior evokes the associated symptomatology).

*The self-help industry:* Focusing on phone applications and books, the keywords “sex addict\*” and “porn addict\*” in *Google Play* and *Apple Store* yielded 56 phone apps designed for struggling sex addicts and 47 self-help books. Regarding books, we first relied on interviews with therapists, who mentioned 12 self-help publications and complemented this list with that of *Bookauthority*, a leading site for non-fiction book evaluations, yielding 49 highly rated “best sexual addiction books of all time,” two of which were excluded from analysis due to low relevance of the topic.

*Law:* As the symptoms of sex addiction might lead to legal issues in cases of assault, buying sex services or stalking (Reid and Kafka 2014:260), we conducted a systematic review of Australian and Canadian court reports with the keywords “sex addict\*” and “porn addict\*” in the databases AustIIlaw and CanIIlaw. We retrieved 149 reports.

*Religion:* As religious influences appeared in other fields, we decided to interview some Christian therapists, religious leaders (pastors and priests), and parish members providing therapeutic advice to the community in South East Australia – Christian religions being in the majority in the studied countries. We conducted 13 interviews in person and via Skype.

Collected from 2018 to 2020, these data were compiled in *NVivo* and primarily examined through a coding grid inspired by Hacking’s “theory of ecological niches,” especially its four vectors: medical taxonomy, observability, cultural polarity, and relief (Brossard 2019; Hacking 1998). We added emerging themes as unexpected findings appeared and, when possible, quantified the use of “sex addiction” through time in each field – illustrated by Figures 1 to 3. Our gradual realization that “sex addiction” could thrive in a considerable variety of settings, and for a considerable variety of reasons – fitting with the interests and worldviews of so many actors – oriented us towards the increasing body of works pointing to resistances to psychiatric classifications (Pickersgill 2014; Poland and Tekin 2017; Roy et al. 2019), including among health professionals (Nelson 2019), to the non-uniform reception of medical concepts (Halfmann 2011) and their cohabitation with other potentially conflicting institutional frames (Barnard 2019). But we observed that the differentiated appropriation of this category in various fields does not necessarily constitute an indicator of resistance or dysfunction, hindering its circulation in the social world. Rather, as the following examples show, the malleable usages of sex addiction likely contribute to the very dynamic of its circulation in societies.

## RESULTS

### In Therapy: Speaking the Language of the Client

The non-medical mental health professionals we met, whether psychologists, social workers or counsellors by training, received clients who described themselves as sex addicts. While not all professionals directly reinforced this label with their clients, the majority echoed Reid’s statement (Rettner 2012) about the exclusion of sex addiction in the DSM being irrelevant to their practice. Among therapists who reinforced the terminology “sex addiction,” there was a continuum between those who asserted that the suffering narrated by their clients evidenced the realness of the condition and those who rejected the category but nonetheless accepted their client’s wording to communicate with them. On the former end of the continuum, “seeing” certain types of sex-related suffering bypassed the uncertainties associated with the notion of sex addiction. As a Canberran sex addiction therapist stated: “It’s a problem. And it’s destroying people... It’s real... what I see is the pain.” A Canadian psychotherapist further explains that, beyond theoretical debates, “I see the suffering that accompanies these compulsions so I can’t deny it exists. In my office, it exists.” In such instances, the label “sex addiction” can be presented as a strategy to help clients manage their suffering; this is expressed by another psychotherapist: “People who come here to see me are already upset. They are traumatized by their own actions and the consequences. So finding someone who understands, it’s a relief.”

At the other end of the continuum, some therapists deployed sex addiction only to communicate with and respect their clients’ subjective experience – and often the clients’ partner who initiated the therapeutic process. But this did not necessarily entail adopting the associated clinical options. For some therapists, sex addiction is just a phrase, something to unpack for therapy to really start. An Australian psychologist evoked a client whose repeated unfaithfulness triggered a marital crisis: “He would call it an addiction; I think his wife would call it an addiction, because that helps them make sense of it.” The same distanced posture is reported by this Montreal psychotherapist: “I don’t use the medical language... I leave it up to my clients to decide what language they want to use; how they want to define themselves.” To these professionals, sex addiction may be a moralizing category hiding “real issues,” such as a high sex drive or guilt surrounding homosexuality, which is the official position of the American Association of Sexual Educators, Counsellors and Therapists (as reported by one of our participants). Others may use the term as an advertising technique, as another Montreal-based psychologist (who does not believe “sex addiction” is of any clinical interest) explained: “I want people to find me, so I do it for them, right?”

Therapists developed their standpoint towards sex addiction in relation to other actors within and outside their field. The promotion of sex addiction was first orchestrated by IITAP to the extent that in Australia, from 2013 onwards, Australian professionals were invited to travel to the United States to obtain their certifications, while a UK therapist was invited to move to Australia to redress the “lack” of local expertise. A rehabilitation center was later opened in Sydney, offering certification locally. Moreover, therapists, whatever their position on sex addiction is, were generally indifferent to the non-inclusion of this category in the DSM and many considered Carnes’ writings and self-help literature more useful.

Many therapists reported an increase in the number of clients contacting them for sex addiction following celebrity stories, notably the 2009 Tiger Woods scandal wherein the famous golfer checked himself into a rehabilitation facility to treat his self-described sex addiction. A Canadian sex therapist recalled: “Within about 48 hours after Tiger Woods told the world... I got something like a 300 percent increase in cases of people who were calling me saying ‘Do you treat sex addiction?’” One Australian therapist welcomed these high-profile cases as reducing social barriers for potential clients: “We want more of the Tiger Woods of the world.... So, when you get a high-profile person being diagnosed with sex addiction it raises the profile, it takes all the stigma out of it, normalizes it.” Therapists who obtained the IITAP certification upheld some proselytizing role, by “educating” both their clients – “a lot of what I do is educating... educating partners about betrayal trauma, educating them about the nature of addiction” – and potential collaborators, at academic conferences, churches, various media, and high-schools.

In sum, for non-medical therapists, the terminology served as (a) a discursive tool that was legitimized through clients’ complaints at the basis of the therapeutic process, no matter what the therapist thinks of sex addiction; (b) a culmination of practical interests as therapists needed to advertise their service in a way that made sense to their potential clients; and (c) a means of providing relative autonomy from the psychiatric doxa while generating connections within the field of therapy (e.g., IITAP proselytism) and among the social institutions of media, research, schools, and churches.

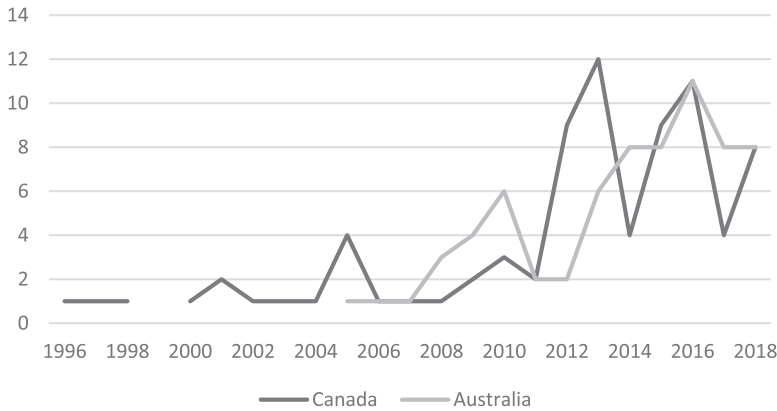
### Law: Estimating Risks

The influence of the term “sex addiction” is epitomized by its use in Canadian and Australian courts of law, where the label is often synonymous with porn-related crimes. Up to 2018, we counted 80 legal cases citing sex addiction in Canada, and 69 legal cases in Australia. This began in 1996 in Canada, peaking in 2013, and in 2005 in Australia, with a peak in 2017 (see [Figure 2](#)).

Sex addiction has become a legally receivable category, with most cases citing the term during child custody hearings (34 percent), most commonly with mothers accusing fathers. These accusations are substantiated by reference to non-censual sexual activities, ranging from watching pornography despite spousal discomfort, to sexual assault. The underlying reasoning is that, if these behaviors are addictive and uncontrollable, the perpetrator might pursue them in the presence of his children; *addiction* matters. Further, in the second most common type of court case, possession and/or distribution of child pornography (19 percent), the addiction to *sex* matters. The category served to estimate the likelihood of the accused reoffending and to differentiate attraction to children from craving for sex.

Sex addiction is the foundation for the argument that someone accused of child abuse can re-channel their sexuality without involving children. This narrative is present in the third and fourth most frequent cases: sexual assault (11 percent) and incest (9 percent). Other reports regard the loss of a professional license for sexual misconduct (9 percent), defamation in Christian campaigns targeting gay people as addicts (3 percent) and “voyeurism” (2 percent). Sex addiction does not only frame offences; integration into self-help communities can act as evidence of an offender’s willingness to rehabilitate. In 1997, a therapist asserted that “upon release if [the offender] is not a confirmed and PASSIONATE member of Sexual Addicts Anonymous then, it is my opinion that it will only be a matter of time before he re-offends” (BC CA 1997:140). Sex addiction and associated treatments aid in the measurement risk, which courts use to distribute a course of justice.

The legitimacy of sex addiction in court cases reinforces the relationship between the law, mental health, and self-identification. In the late 1990s and 2000s, in courts sex addiction was mainly an expression employed by the accused and treated as merely a popular term. In 1998, in British Columbia,



**Figure 2.** Number of Court Reports Mentioning Sex and Porn Addiction

Canada ([BCHRT 63 1998](#)), a man accused of sexual harassment claimed to be a sex addict. The first Australian case, in 2005 ([FamCA 394 2005](#)), makes the distinction between sex addiction and DSM categories: “The father has admitted that he suffers from what is described as a sexual addiction. He has been diagnosed as having two diagnosable sexual conditions, namely Fetishism and Transvestic Fetishism.” Courts initially expressed some reticence towards the category of sex addiction and towards the professionals using it. Psychologists mentioned it more often than psychiatrists, despite some medical doctors talking sporadically about sex addiction as far back as the early 2000s ([BCSC 988 2001](#)). This hierarchy is suggested in this Australian legal report ([NSWDC 93 2009:32](#)):

Dr. Heint, consultant psychiatrist, and Peter Cox [psychologist], in a very useful report, described [the accused] as addicted or compelled to view porn sites. Dr. Heint considered him to be suffering from a mental disorder. Mr. Cox conceded the claimed disorder had not yet reached the DSM diagnostic guidelines, but that Internet pornography addiction is nonetheless a real psychological problem.

Throughout the 2000s, these boundaries were redefined. The legitimacy of the notion of sex addiction was sometimes debated at length ([ONCPSD 24 2004](#)), and the markers of distance that used to surround the category – a psychologist placed “the word ‘addiction’ in quotation marks because it is not included in the DSM ([ABPC 75 2003](#)) – faded. By 2010, psychologists were cited for their use of the term sex addiction: “Dr. Somers, a well-respected psychologist with extensive forensic experience.... indicates that Mr. T is not a pedophile.... His interest in child pornography is the latest manifestation of that sex addiction” ([MBPC 8 2010: 74](#)). Some psychiatrists, such as “Dr. Jeremy O’Dea, a well-known forensic psychiatrist,” have in the context of a court case “diagnosed sexual disorder involving an addiction to pornography” ([ONSBT 4714 2017:18](#)). Doubts no longer concern the category of sex addiction itself, but its applicability to the accused ([FMCAfam 761 2011](#)).

The court reports we examined suggest that, in this field, sex addiction can be (a) a *discursive tool* especially because some of its recognized symptoms might turn into legal offences, while the notion of addiction attends to the risk of reoffending; (b) both the accused and their lawyers have *practical interests* in using “sex addiction” to make sense of the offence and claim an adjusted sentence; and (c) there are circular *connections* between the law, psychology and psychiatry, as we have shown with the growing legitimacy of psychologists and mental health discourse. This interplay is in constant renegotiation; while the risk of “forensic abuse” was one of the reasons for the eventual exclusion of hypersexuality disorder in the DSM-5 ([Reid and Kafka 2014:260](#)), therapists continue to offer courts specialized sex addiction reports for a minimum of US\$360, which supposedly increases the “chances for a better outcome” in sexual assault trials.

### The Media: Capitalizing on Celebrities

The worldwide circulation of sex addiction largely relies on the media ([Reay et al. 2013; 2015](#)). Up to December 2019, we counted 202 articles mentioning this category in *The New York Times*, 216 in

*The Globe & Mail*, 199 in *The Washington Post* and 231 in *The Sydney Morning Herald*. In Australia, sex addiction slowly emerged in newspapers in the late 1980s as a “new problem,” before articles featuring this category increased with the Bill Clinton scandal in the late 1990s, in alignment with the growing Western media interest in sexual scandals during this decade (Välväronen and Juntunen 2019). It then appeared intermittently, at the pace of celebrity declarations – including those of David Duchovny, Russell Brand, Tiger Woods and Silvio Berlusconi, whose stories increased therapeutic demands. This pace steadied in the 2010s, as fewer celebrities were publicly deemed to be sex addicts. The number of articles dealing with sex addiction in the U.S. magazine *People* follows that of mainstream Australian newspapers (see Figure 3).

The circulation of the label sex addiction in these publications – its newsworthiness – relied on how the media could appropriate this category, as its changing usage by *People* reveals. In the 1980s and 1990s, a “sex addict” was synonymous with “philanderer,” “playboy” or “womanizer,” a term typically bestowed on male celebrities. For instance, the article “I married a wanted man,” published on January 23, 1995, ambivalently delved into the anxieties of the wives of male celebrity stars and explore how they dealt with the “sex appeal” of their husband. The article concluded: “Michael Douglas, 50, said recently, responding to accusations that he is a sex addict, ‘I never pretended to be a saint. Give me a break.’”<sup>5</sup> Sex addiction was initially presented by the media as a threat, although, as per the quote from Douglas, rarely a serious one.

The media tone around sex addiction changed in the 2000s. Sex addiction became a way to scrutinize and speculate about a celebrity’s lifestyle, which could involve long-form investigations of high school romances or on-set rumors. The category soon superseded the less sinister labels of “playboy” or “womanizer.” *People*’s take on the topic especially shifted in 2003–2004 when related articles began to focus on celebrities’ own announcement of their sex addiction, whether they had ended a relationship, entered a rehabilitation facility, or returned to a relationship post-treatment. For instance, in 2008 *People* released a brief, formal statement from accused sex addict and actor David Duchovny’s lawyer. Readers could learn that Duchovny, who had undertaken therapy in a rehabilitation center, declared: “I ask for respect and privacy for my wife and children as we deal with this situation as a family.”<sup>6</sup> Even when *People* reported, in 2017, that one protagonist of the show *The Kardashians* announced that he was a sex addict (to account for infidelities), the announcement constituted a “bombshell.”<sup>7</sup> Sex



**Figure 3.** Articles Using the Term “Sex Addiction” by Year in the Magazine *People* and in Australian Newspapers

<sup>5</sup> “I married a wanted man.” 1995. *People*, January 23. [This article was retracted from *People* online database].

<sup>6</sup> “David Duchovny Enters Rehab for Sex Addiction.” 2008. *People*, August 28, <https://people.com/celebrity/david-duchovny-enters-rehab-for-sex-addiction/>.

<sup>7</sup> Stone, N. 2017. “Scott Disick Breaks Down over Kourtney Kardashian.” *People*, March 9: <https://people.com/tv/kuwtk-season-13-scott-disick-breaks-down-kourtney-kardashian-sex-addict/>.

addiction had morphed into the taken-for-granted stamp of sexual excess and a pathologizing frame to monitor the lives of celebrities.

It is too early to comprehend the effects that the #MeToo movement will have on the social history of sex addiction. However, as of 2018, a new connotation came to color it as a potential justification for morally reprehensible activities. *People* quoted the reactions of several celebrities regarding the case of Harvey Weinstein; it featured actress Emma Thompson's declaration – "I don't think you can describe him as a 'sex addict,' he's a predator"<sup>8</sup> – implying that qualifying someone a "sex addict" would remove moral accountability from their sexual misconducts.

Our interviews with Australian journalists suggested that they felt it necessary to comment on celebrities' declarations regarding sex addiction, no matter whether they believed in the relevance of this category for their stories. One journalist recounted:

I wrote the articles for a few reasons. Mainly, it was in response to the most recent wave of celebrities coming out as sex addicts, particularly, [Harvey] Weinstein. Sex addiction was out there and being talked about, but we didn't really know what it was. So, I wanted to demystify it for myself, then, for our readers - what does it really mean to be a sex addict?

The word "sex" also guarantees public traction in the contemporary digital media landscape. As another journalist described: "The newspaper was quite happy to publish the article because anything talking about sex gets a lot of clicks these days." He added that this effect multiplies with the addition of the name of a celebrity and the term "addiction." More surprisingly to us, some journalists told us that some rehabilitation centers approach them directly to suggest publications about sex addiction, inviting them to treatment facilities in attractive locations and providing them with "a sex addict" client and a therapist to interview – after screening their questions.

Sex addiction thus circulated in the media (a) as a discursive tool, qualifying celebrity scandals – newsworthiness overstepping eventual doubts about the category itself, (b) because journalists have *practical interests* in generating such content due to the popularity of keywords, and (c) because this process reinforced some *bridges* between mainstream media and tabloids, and the fields of therapy, cultural production and politics.

### Religion: Updating Lust

Christian groups have contributed significantly to popularizing the term sex addiction (*Irvine 1995*). Court reports revealed that the category was exploited by some factions to condemn homosexuality. But more generally, it has been adopted to frame the dangers of the increased accessibility of on-line pornography, which can place Christians who seek porn in a situation of "moral incongruence" (*Burke 2016; Perry 2019*). In contrast with the usual sociological focus on secular and mainstream therapy, recurrent references to church communities in our data prompted us to investigate the role of religious bodies. Indeed, the first Australian therapist specialized in sex addiction was himself a practicing Christian who was reportedly not warned about this issue in his therapy office, but by fellow worshippers, at church.

It is not the existence of sex addiction and the clinical validity of this category that is debated by Christian leaders and religious community members, but rather whether its healing enters their jurisdiction. The answer to this question created a divide among our participants. For some, sex addiction could be healed with Christian methods, through various arrangements with the psychological and self-help approaches. While one evangelical volunteer deployed a "Christian perspective" to assist couples in their struggle against sex addiction, using a combination of prayer, pastoral support and psychological help, a Baptist pastor worked on the compatibilities he had encountered (since his training) between the 12-step programs and his religious approach:

Does the addiction exist? The short answer is yes. Briefly part of our training and part of our ministry experience in the Salvation Army was that we did some training and placements for short periods

<sup>8</sup> Pasquini, M., Pearl, D. 2018. "All of the Hollywood Figures Who Have Spoken out against Harvey Weinstein." *People*, January 25. <https://people.com/celebrity/harvey-weinstein-scandal-gallery/>.

of time in rehab. It was gambling, drugs and alcohol but I know even for that brief period of time – around 6 months over a 3-4 year period. The broad principles we learnt were applied to any type of addiction.... And it was mostly based around the 12-steps system but with a Christian emphasis... So the 12-steps system has been around for a long time but from a Christian perspective, there is other emphasis on that which complement it but also push the fact that God does exist, Jesus Christ is there and trying to push the fact that hopefully in this process they can become Christian.... There's a number of organizations and denominations that use this and there are a number of books as well that use this system as a basis and with a Christian perspective. So, it's there as a fundamental building block.

Other participants considered sex addiction to be out of their jurisdiction – a Catholic priest declined our request for an interview, stating that he maintained a distinction between sin and mental health issues. A generational axis also intervened here, as older church leaders tended to associate sex addiction with homosexuality, thus conceiving of it as a sin to be addressed from a religious standpoint. As an Orthodox priest states, “the point of the LGBT[Q+] group is not to express their sexual inclination but is more affiliated with lust. Sexual addiction is called lust and lust is one of the seven capital sins.”

While many disagreed on whether it is a religious matter, all participants in this field believed in the existence of sex addiction and even relayed that this problem was not uncommon among devotees, to the extent that it is addressed by organizational initiatives. Workshops dedicated to “wrestling with porn” are widespread in various churches around the world, and the IITAP has designed a Pastoral Sex Addiction professional certification to meet the demand for specialized training among ministry professionals. Arguably, addiction designates a constant, unalterable struggle with temptations, somewhat similar to the approach of lust in theology – humans continuously fighting their own desire to remain close to God and to themselves.

These structural commonalities make it relatively easy to merge the contemporary Christian discourses surrounding lust with a psychological framework, with our participants articulating these conceptions in several fashions. While one Anglican therapist deployed neurological discourse around addiction, most participants endorsed the subjectivist definition prevailing in psychology, wherein the DSM is irrelevant since people still feel addicted to sex, coupled with theological conceptions of sin as being at the root of human existence. One Lutheran pastor criticized mainstream psychology for neglecting the spiritual dimension of care. In any event, the *discursive compatibility* between psychology, Christianity, and the addiction narrative should be noted.

A significant difference between the Christian and addiction perspectives, however, lies in the meaning of sexuality. To Christians, “marriage is in communion with God. Their sexual relationship is about the communion of both having or producing another creation by the communion of God” (Orthodox priest, Australia). Still, the notion of sex addiction is not incompatible with this frame, and its use is even strategic at a time when Christian organizations ally to warn populations about the supposed dangers of pornography, or what Perry (2019:147) calls a “purity industrial complex.” This reference to “higher ideals” may help to justify the intervention of Christian groups in public debates, such as those regarding sex addiction and/or pornography.

Two large-scale examples of such “purity industrial complex” can be found in our data, illustrating how sex addiction facilitates connections between fields. First, phone apps designed to deal with sex addiction use religious references, for example displaying citations from the Bible to encourage their users to manage their temptations. Some producers of these apps, such as *xxxchurch*,<sup>9</sup> could be called “Christian start-ups” as they share some characteristics of both religious groups and new tech companies. Second, a significantly growing part of the sex addiction self-help literature, especially since the publication of Harry Schaumburg's 1977 *False Intimacy*, is religiously oriented, and written by Christian pastors or ministers. These books, like those of the former sex addict and best-selling author Mark Laaser (2004), who holds a PhD in religion and psychology, frame sex addiction as a “lack of sexual purity.”

Thus, (a) sex addiction became applicable to Christian practises as a *discursive tool* compatible with basic Christian worldviews, with its asserted existence relying on the theological notion of human

<sup>9</sup> <https://xxxchurch.com/>

lust and temptation; (b) Christian organizations and communities have *practical interests* in adopting this conceptualization not only because it helps them to deal with day-to-day complaints formulated by their worshippers, but also because it helps them reframe their message for larger contemporary audiences, as the success of apps and self-help books suggest; and (c) this conceptual appropriation operates through *contacts* with other fields such as psychology (the IITAP certification; therapeutic arrangements with secular psychologists), new tech companies (e.g., xxxchurch) and the self-help industry (e.g., Laaser's books).

### The Ecological Niche of Sex Addiction

To understand the worldwide infatuation with “sex addiction” since the 1990s in North America and Australia, we extended our investigation beyond the mental health apparatus, to the various fields in which this notion has been successfully integrated, enabling its social existence. We suggested that, for a mental health category to circulate in societies without the support of medical institutions, it must be “usable” (a) as a discursive tool, (b) serve practical interests, and (c) facilitate contacts with other fields.

First, for a category or label to be adopted in several fields as a meaningful *discursive tool*, it has to be minimally understood and to find a place in an already-existing but ever-changing semantic landscape. The various agents composing this field must be able to attest to the existence of what this category designates through legitimate narratives attending to its observability. In some cases, the result could be termed “discourse coalition” (Hajer 1993). This is what Reid and our interviewed therapists meant when they asserted that, no matter what is in the DSM, sex addiction “exists” because they see it in their office. Following a long tradition of problematizing sexuality, Christian participants were concerned with how “lust” would reconfigure at a time when pornography is – visibly – accessible to all. To journalists, sex addiction could easily integrate the vision that the moral assessment of celebrities' lives is newsworthy. Finally, legal professionals could associate some legal offences with the symptoms of sex addiction. Through these processes, some reality is made real, the subjective is made objective – each field producing its own assertive reality-check (Bourdieu 1990). Through these multiple field-related reworkings, the category enters the panel of possibilities one can (unequally) resort to in interaction and in thought when portraying their experiences of social life.

For a category or label to help the protagonists of several fields, it also needs to apply readily to *practical, everyday issues*. As per the pragmatist definition of “resonance” offered by McDonnell, Bail, and Tavory (2017:2): “The ability of cultural objects to help actors solve puzzles they face, detailing how actors continuously interpret and re-evaluate the world around them in response to repeated interaction with cultural objects.” This process is even more important as it raises the possibility that representations, worldviews or discourses alone do not suffice to explain the appropriation of a category – discourses do not “float over” societies; they are embedded and embodied. Simply put, people are caught in material constraints that cannot be reduced to their semantic universe, but rather intertwine with it. Interestingly, the fields we studied all seem to have been “ushered” into the usage of sex addiction – very few people actively committed to such usage. Rather, therapists, pastors, and lawyers found themselves encountering individuals who claimed to be sexually addicted, and the same happened with journalists in the face of the revelations of some celebrities. In all these cases, the category of sex addiction tapped into immediate interests: its use enabled therapists to attract and communicate with clients and market their services, religious community leaders to “team up” with the psychological apparatus when dealing with worshippers, journalists to captivate their audience and later accumulate clicks, and legal professionals to claim sentence reduction or manage custody trials (each of these processes likely tapping into several types of social divides and inequalities). Through this process, not only is the reality of a category enacted, but its use becomes a perceived *necessity*.

For a category or label to flourish socially it must enable, if not foster, *contacts between fields*. If a label insinuated specialty within one field, it would only be a specialist's tool (such as “compulsive sexual disorder” within psychiatry). This argument would be quite tautological without adding that a label's circulation likely is a *dynamic force* in the social existence of the reality it describes, since it is through this emulation process that it can gain momentum from which various actors can comfort one another in the legitimation of its existence. We have evoked many forms of such contact: expertise (e.g., legal professionals resorting to psychological expertise, or Christian actors associating with the self-help

and tech industry), influence (e.g., IITAP therapists intervening in schools or journalists reporting the words of celebrities), but also rejection (e.g., rehabilitation centers inviting journalists to write on their facility – apparently in vain – and therapists resisting the exclusion of “sex addiction” from the DSM). In a sense, sex addiction became a boundary object, a relatively flexible representation allowing collaboration between different actors (Star and Griesemer 1989). Indeed, sex addiction generates contacts between fields without requiring deep agreements between actors. It is generic enough to be re-defined in several ways, loosely defined to make sense of in varied contexts, through unequal social relationships and interactions, but *still* holds out through long chains of re-appropriations.

These three conditions converge to contribute to the creation of an ecological niche, as conceptualized by Hacking (1998), that is, a set of “vectors” setting the scene for a given mental health issue to “thrive” in societies. However, whereas Hacking’s initial model advances that to come into existence, a mental disorder must be integrated into the medical classifications of its time, the present article adjusted this theory to include the cases of “popular” mental health issues not institutionalized through medical classification. In addition, we provided empirical tools to examine the processes at play in the appropriation of a category in the different fields that compose societies, such as the ways in which the actors of each field consider a given phenomenon to be observable and thus real (i.e., the “observability” vector) as well as the role of prevailing social stereotypes in each field (the “cultural polarity” vector). In sum, we propose to extend the theory of ecological niches for it to better reflect the contemporary politics of mental health in highly diverse, globalized societies.

## CONCLUSION

Only time will tell whether sex addiction is an exceptional or paradigmatic case. Today, its *de facto* social existence suggests that some reconfiguration is taking place in the politics of labelling mental health conditions, where the medical apparatus has limited power and in which circulations between fields construct the “momentum” of mental health categories. At least in some cases, such as “psychopathy/sociopathy,” “eco-anxiety” or “highly sensitive persons,” which gained significant public traction without medical legitimacy, the production and circulation of mental health categories might have become relatively “decentralized” – relatively, because psychiatry still holds immense power (Busfield 2017; Whooley 2019). Perhaps “psychiatric hegemony” and expansionism (Cohen 2016) are adopting another shape. Perhaps, without announcing the “end of professional dominance” (Furedi 2006), professional dominance does not suffice in understanding why and how categories like sex addiction spread in cultures. This observation raises crucial questions for sociologists.

First, *how to empirically research this relatively “decentralized” mode of production and circulation of mental health categories?* While other options include investigating the psychologization of the everyday expressions of emotions (Bröer and Besseling 2017) or the diffusion of psychological discourses in various texts and institutional practices (Rose 1996), we paid particular attention to fields. Since mental health categories are appropriated and re-interpreted in overlapping fields, and that fields are partially autonomous and interdependent (Bourdieu 1990; Krause 2018; Liu 2021), then taking fields into consideration entails paying closer attention to the role of groups and institutions that are not directly engaged in the promotion of mental health, such as local religious communities and the legal system. These are critically important to understanding the diffusion (or disuse) of psychiatric and psychological notions in social settings. Their words and activities make the day-to-day reality of the “generosity” of psychology, as Eyal (2013:875–76) depicts it: “Psychological expertise, as distinct from psychologists, is strengthened not by restricting the supply of expertise but by extending it, so that managers or educational experts, for example, borrow freely from its conceptual apparatus and draw on its methods to boost their own authority.”<sup>10</sup> In the present context, the sociology of mental health might need to further extend its horizon beyond institutions and settings explicitly focused on mental health.

*Second, how do ecological niches relate to structural phenomena such as inequalities and domination?* The processes we portrayed occur at all scales of social life.<sup>11</sup> For instance sex addiction became a

<sup>10</sup> Rose (1996: 82) also points out that “Psychology was only able to differentiate from medicine, philosophy, and physiology, only able to ‘discipline’ itself because of its social vocation, its elaboration within the educational, penal, military, and industrial apparatuses.”

<sup>11</sup> Much in the same way medicalization processes span the “micro”, the “meso” and the “macro”; or the interactional, the institutional and the conceptual (see Conrad 1992; Halfmann 2011).

discursive tool from the largest scales – through mass media or psychological publications – to the smallest ones – mundane conversations between therapists and their clients, or between priests and worshippers. Thus, how can we articulate the production of mental health categories with other social processes, such as the structural inequities at the principle of much mental and bodily suffering? Following this latter path, Rose, Birk and Manning (2022) recently proposed another elaboration on the concept of ecological niche, which highlights the entanglement of stress and structural inequities at a theoretical level. In our case, given that our data covers several fields in which sex addiction corresponds to extremely different empirical situations, we cannot offer such a slick analysis. Depending on fields and even settings, sex addiction as a category attached to practices and emotions might lead to promote traditional lifestyles (including traditional gender identities) as well as disturbing these orders, enable disadvantaged people to seek care beyond the medical apparatus as well as justify socially reprehensible conducts from privileged men (as it was sometimes attempted in reaction to the #metoo movement). Further information on the demographics of sex addiction (current evidence is quite thin, Grubbs et al. 2020) would be needed to better analyze how social gradients intervene in the social existence of this category.

Finally, *what do the processes described in the present article change to the very content of mental health categories?* One can assume that in traditional medicalization processes, medical institutions could “channel” the circulation of categories and control their meanings and uses to a greater extent, exposing a variety of more or less resisting subjects to the professional notions of mental health. In the case of mental health categories popularized without medical validation, there seems to be little limit to how many re-definitions can take place, in how many fields, and to the range of possible appropriations in each field. One hypothesis is that, in this case, the production and circulation of categories are then more subject to local stakes – to the issues specifically affecting a given field, a given institution, a given social setting or even interaction – resulting in a greater significance of the “micro” and “meso” levels of analysis, and generating more interactionally variable and contingent understandings of the same mental health state. Under these modalities, the coming to existence of a category may resemble not so much a diffusion process than a game of broken telephone.

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