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Sexual preoccupation as a lifestyle

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ABSTRACT *It is argued that sexual preoccupation may be more appropriately conceptualized as a lifestyle than as a consequence of person-pathology. The lifestyle approach to sex-seeking behaviour asserts that sexual preoccupation is a developmental process grounded in the conditions of a person's life, the choices he or she makes, and the thinking styles he or she constructs in an effort to justify his or her behaviour. Use of the lifestyle model to intervene with persons preoccupied with sex is also discussed.*

Sex is viewed by many as an important life function, although for some it can become an object of preoccupation and obsession. Research in this field, unfortunately, has been hampered by a lack of consensus in terminology, in that sexual addiction, obsession, compulsivity, impulsivity and preoccupation have all been employed at various times to describe sexual acting-out behaviour. The term used in this article, sexual preoccupation, is defined as sexual behaviour that deviates from normative practice in terms of frequency and/or choice of object and creates domestic, occupational or legal problems for the individual. The current approach is based on the author's clinical work with sentenced inmates serving time for sexual acting-out behaviour or who, during the course of their incarceration, identified sexual preoccupation as a major problem in their lives. Guided by a cognitive-behavioural interpretation of human behaviour and the self-reports of sexually preoccupied criminal offenders, the lifestyle model is offered as an alternative to the person-pathology models that have dominated the field up until now.

The three Cs

The lifestyle approach is grounded in what has become known as the three Cs: conditions, choice and cognition.

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Conditions

Conditions are features of the internal or external environment that extend or restrict a person's options in life. Certain family dynamics, psychological traits and early sexual experiences have been identified in the backgrounds of persons seeking help for sexual preoccupation (Carnes, 1992; Money, 1984). Although these conditional influences do not determine behaviour, they exert a powerful effect on human deportment by limiting or expanding a person's options in life. Whereas favourable conditions, like an easy-going personality or stable home environment, serve to increase life options, unfavourable conditions, like early sexual abuse or poor peer relations, act to decrease these options. However, just as someone with an easy-going disposition may eventually engage in problematic sexual behaviour, not all sexually abused youngsters grow up to become sexually preoccupied adults. People, it would seem, choose to engage in a specific course of action from the options available to them at any one particular point in time.

Choice

Contrary to the claims of rational choice theorists (Becker, 1968), most of us do not conduct an exhaustive review of alternative solutions when making a decision. Instead, most people prefer the option that presents itself first, is modelled by friends, family or associates, or has produced positive results in the past. In light of the decisions made by many of the sexually preoccupied clients I have interviewed and the reports of others working in the field (Barth & Kinder, 1987), it would seem that the choices and decisions made by persons preoccupied with sex are even more impetuous and irrational than those submitted by the general public. Research, in fact, has shown that rapists (Lipton, McDonel & McFall, 1987) and child sex offenders (Overholser & Beck, 1986) display more problems with information processing than non-sex offending inmates and non-criminal controls. These findings would appear to provide support for the notion that decision making is especially problematic for persons preoccupied with sex.

Cognition

Research implies that there may be a general trend towards justifying the decisions one makes in life (Snyder & Higgins, 1988). To this end, many people enlist self-protective strategies designed to eliminate or neutralize feelings of guilt that arise from their involvement in sexual acting-out behaviour. One protective mechanism is to rationalize, minimize or ignore the less savory aspects of one's behaviour by adopting a style of thinking that justifies specific actions and defends against awareness of wrong-doing. Such thinking not only helps preserve self-esteem, but also shields the evolving lifestyle from the light of reason and rationality. Justification of a sexual lifestyle is believed to follow eight distinct styles of thinking or cognition. These lifestyle-supporting thinking styles are labelled mollification, cut-off,

entitlement, power orientation, sentimentality, super-optimism, cognitive indolence and discontinuity.'

Mollification. Efforts to excuse or minimize the seriousness of one's actions by projecting blame onto other people, past and present life circumstances, or society in general come under the heading of mollification. Hence, a man whose sexual lifestyle expresses itself in serial rape may mollify his action by thinking that the women he raped 'deserved what they got' because their attire was 'too revealing'. Another form of mollification is to blame society for the distressing consequences of one's lifestyle: 'if society didn't tolerate pornography I wouldn't have the opportunity to purchase it and I wouldn't be suffering like this'. Mollification is also observed in the statements of persons seeking to minimize the severity of their chosen sensual preoccupation by 'normalizing' their behaviour. This might be accomplished by justifying infidelity with statements like 'it's no big deal, everybody does it'.

Cut-off. Persons committed to a sexual lifestyle generally make a poor job of managing stress and frustration. One way people immersed in a sexual lifestyle deal with frustration is to vent their angry and sexual impulses. The cut-off facilitates this process by momentarily suspending common deterrents—like moral beliefs and environmental constraints—to sexual and other forms of acting-out. The homosexual male who engages in anonymous sex at truck stops and in public rest rooms may feel nauseated by these activities but relieves himself of these feelings by resorting to the cut-off response. The cut-off may flow from a visual image, musical theme, short phrase (e.g. 'fuck it') or drug intoxicated state, all of which are designed to eliminate and override common deterrents to sexual acting-out behaviour through creation of a volatile cognitive-emotional state.

Entitlement. Experience suggests that people frequently suppress their sexual impulses and direct their sensual interests toward socially acceptable objects when deterrents to sexual acting out are in place. Likewise, people tend to avoid sexual opportunities they do not feel entitled to act upon. We must assure ourselves that we are entitled to perform a sexual act before engaging in the act. Sexually preoccupied clients may grant themselves permission to act on their sexual impulses by construing their situation as unique or special, by reassuring themselves that they are singularly entitled to take advantage of a specific sexual opportunity, or by misidentifying wants as needs. A financially strapped individual who spends a good portion of his paycheck on 900 number pornography calls may convince himself that he is entitled to engage in this behaviour because he is 'oversexed' and 'addicted to pleasure'.

Power orientation. Power and control are often important features of a sexual lifestyle. Nowhere is this more apparent than in the actions of the voyeur. Peering through a neighbour's window in the hope of spotting a naked or partially clad body can be an important source of power for someone who feels incapable of exercising

control over his or her own thoughts and impulses. Exhibitionism likewise creates a position of power in that the person who habitually exposes him or herself to others strives to control the attention of his or her intended victims. The event most exhibitionists fear more than apprehension is being ignored or laughed at when exposing their genitals to others (Stoller, 1976). It is reasoned that the sexual lifestyle is dominated by power-oriented themes and that powerlessness is an important incentive for certain forms of sexual acting-out behaviour. It is possible, then, that some individuals compensate for feelings of powerlessness and ineptitude by striving for power and control in a sexual venue.

Sentimentality. The desire to be viewed in a positive light is not a sentiment restricted to persons preoccupied with sex. Often, however, efforts to project a positive image are more extreme and pressured in people adhering to a sexual lifestyle (Schwartz & Brasted, 1985). The woman who purchases a present for her husband before returning home after a weekend of sexual liaisons with men she met at a rock concert may be utilizing sentimentality to defend against realizing the harm she has potentially caused her marriage. She may even try to convince herself that the affairs were good for the relationship and that her husband will eventually benefit from her involvement with these other men. Such convoluted thinking is a hallmark sign of sentimentality.

Super-optimism. There are a number of negative long-term consequences to a sexual lifestyle, from marital break-ups, to sexually transmitted diseases, to serious legal trouble. People who demonstrate commitment to a sexual lifestyle understand that they may eventually encounter one or more of these problems, but convince themselves that 'it won't be this time'. Earle & Crow (1990) observed super-optimism in their work with sexually preoccupied clients and referred to this as the 'bulletproof vest' syndrome. People who persist in making obscene telephone calls to the same number understand that, if they remain on the line long enough, they will be discovered. However, they comfort themselves in the 'knowledge' that they are 'safe' for the time being, and this belief allows them to continue with the activity until they are finally apprehended. The 'cat and mouse' game that evolves from this and related situations is an additional source of excitement and may eventually become incorporated into an organized set of rituals.

Cognitive indolence. Short-cuts frequently characterize the behaviour of persons entangled in a sexual lifestyle (Howells, 1978). These short cuts are considered examples of lazy thinking or cognitive indolence by proponents of the lifestyle model. Short-cuts to intimacy often occur when a person pays for sex because this reduces his or her risk of intimacy and possible rejection. The sexually preoccupied are able to avoid intimacy by rationalizing that their partners are only interested in them for the money; likewise, they can avoid rejection by convincing themselves that as long as they produce the cash they will receive the desired services. In this way, the negative feelings the person associates with intimacy and rejection are minimized. The client who characterizes his wife as continually nagging him, and

upon further questioning acknowledges that he doesn't want a divorce, but spends the majority of his free time patrolling the streets of a nearby city searching for prostitutes willing to perform a quick act of fellatio on him, may be approaching life in a cognitively indolent manner by not taking the potential negative long-term consequences of his behaviour into account.

Discontinuity. The 'Jekyll and Hyde' flavour of the sexually preoccupied person's interactions with others is a cardinal feature of what has been called sexual addiction (Carnes, 1992; Earle & Crow, 1990). However, rather than serving as signs of addiction, these Jekyll and Hyde manoeuvres may simply reflect the presence of discontinuity. Denouncing perceptions and attributes inconsistent with one's current self-view by denying them or packaging them in isolated compartments of experience is indicative of discontinuity. This particular thinking style can be observed in the behaviour of a Catholic priest whose work has earned him accolades from the bishop, but who has formed a 'fraternity' in the basement of his church where he initiates adolescent and young adult males in various masturbatory rituals and later acts out sexually with several of the members. By engaging in his chosen sexual preoccupation the priest is risking his reputation, health and freedom, not to mention the psychological well-being of the youthful members of his 'fraternity'. However, he has learned to eliminate any awareness of incongruous thinking and behavior by blocking them off into isolated compartments of experience.

The lifestyle model of change

Intervention, as conducted by someone espousing the lifestyle approach, follows directly from theory (Walters, 1996). The guiding premise of lifestyle intervention is that the sexually preoccupied individual is an active decision maker whose choices and cognitive distortions have led him or her into a repetitive pattern of sexually preoccupied behaviour, in which sex-related activities, goals and identities predominate. Rather than shifting dependence from a sexual lifestyle to a treatment philosophy or programme, as sometimes occurs with 12-step programmes, lifestyle therapy endeavours to instruct clients in skills for independent living. The majority of these skills are designed to assist clients in the management of various lifestyle-promoting conditions, choices and cognitions. The goals of lifestyle intervention are three in number: arrest the lifestyle; manage the conditions, choices and cognitions that support a sexual lifestyle; and identify a way of life incompatible with the goals and ideals of a sexual lifestyle. These three goals provide a general framework for application of the lifestyle concept to individual clients.

Arresting the lifestyle

As long as things are going well for a person, he or she will have little motivation to change his or her behaviour. The sexual lifestyle must therefore be temporarily suspended or arrested before the client can be expected seriously to entertain abandonment of the lifestyle. The arresting process normally begins with a crisis. A

crisis may be directed by an internal or external source, and may either be approach- or avoidance-oriented in nature. An external-avoidance crisis could potentially be stimulated by the threat of going to prison for a sexual indiscretion, whereas an internal-avoidance crisis may be inspired by a sense of having lost everything through one's involvement in a particular sexual activity. An external approach is exemplified by a growing desire to serve as a positive role model for one's newborn child, as opposed to an internal-approach crisis in which the individual decides he or she wants more out of life than can be attained from continued participation in a sexual lifestyle. People preoccupied with sex experience numerous life crises. The therapist's job is to help the client identify, define and develop these crises in an effort temporarily to suspend sexual lifestyle activities.

The arresting process that occurs as a consequence of a crisis is, in most cases, short-lived. Accordingly, effort needs to be directed at prolonging the initial arresting process. This can be accomplished by helping clients appreciate the necessity, possibility and surety of change. Initially, the client must possess a belief in the necessity of change, which involves both the realization that change is required and the understanding that change originates from within, rather than from outside, the individual. Next, the client must come to believe in the possibility of change. Some clients fatalistically cling to the notion that meaningful change is unattainable. By exposing clients to others who have successfully exited a sexual lifestyle, the clinician can nurture a growing belief in the possibility of change. Finally, clients must attain a belief in the surety of change; which means that clients must have confidence in their ability to effect a change in their lives. Clients may acknowledge the need for change and even believe that it is possible, but until they have confidence in their ability to manage the temptations, frustrations and hassles of everyday living, they will lack the foundation required to extend the arresting process beyond the initial crisis.

For Tom, a 42-year old man serving a 10-year sentence for having sex with a minor, the crisis was coming to jail, losing his job and the strain the legal proceedings put on his marriage. In order to extend the initial arresting process and help Tom achieve a more introspective attitude, the therapist engaged Tom in conversations about personal responsibility, hope and empowerment. He also had Tom self-monitor his sexual fantasies and masturbatory behaviour. Thus, rather than acknowledging Tom's 'addictive' status or encouraging him to assume the sick role, the therapist established expectations of personal responsibility and self-determination. Through conversations held with persons who had previously abandoned the sexual lifestyle, Tom was able to achieve a sense of hope and a belief in the possibility of change. Finally, instead of emphasizing Tom's helplessness in the face of a 'sexual addiction', the therapist identified areas of competence and new skill development that provided Tom with a sense of empowerment and increased self-efficacy in dealing with high-risk situations.

Managing lifestyle-promoting conditions, choices and cognitions

Once the lifestyle has been arrested, the next step is to help the client develop skills.

The skills addressed by lifestyle therapists fall into three general categories: those that pertain to various life conditions, those that relate to choice or decision making, and those that involve cognitive thinking. Condition-based skill development derives largely from Marlatt & Gordon's (1985) work on relapse prevention. Four primary conditions are targeted for intervention in the lifestyle model: stress, cues, availability and interpersonal influence. Stress can often be handled by instructing the client in basic stress management techniques, whereas cues can be challenged with either cue exposure (in an effort to extinguish the sexual preoccupation and interests) or cue avoidance (teaching the client to avoid environmental cues associated with their sexual preoccupation). Availability can be reduced by restricting the client's opportunities for the targeted sexual behaviour (e.g. a client wishing to reduce his involvement with prostitutes would be well advised to avoid those areas where prostitutes are known to congregate). Finally, interpersonal pressure can be managed with assertiveness training and the avoidance of people actively involved in the lifestyle.

The choice process must also be addressed within the framework of one's interventions with sexually preoccupied clients. The goal of such interactions should be to assess, bolster and enhance the client's decision-making capabilities. Training in problem solving, creative thinking, communication and general life management are potentially effective ways of expanding a client's range of options in a particular situation. It is also important, however, to assist clients in the development of better strategies for evaluating available options. To this end, cost-benefit analysis (Becker, 1968), values clarification training and instruction in how to balance the anticipated long- and short-term consequences of one's behaviour must be incorporated into a therapist's daily interactions with clients.

By encouraging clients to think more rationally, the therapist can go a long way towards ameliorating the thinking styles that protect and promote continued involvement in a sexual lifestyle. A general rational restructuring approach may be instructive (Ellis, 1970), but interventions should be directed at the specific cognitive styles that dominate the client's thinking. Mollification, for instance, can best be handled by confronting the irrational roots of a client's belief system and by encouraging the client to take greater responsibility for his or her behaviour. The cut-off is more amenable to prevention efforts designed to improve the client's ability to tolerate and manage frustration. Interventions aimed at entitlement and the power orientation take as their primary focus differentiating between wants and needs. Sentimentality can be addressed by showing clients that a few 'good deeds' do not ease the harm created by a sexual lifestyle, while super-optimism is challenged by the simple fact that the client is in jail or some other institutional setting because of his or her sex-seeking activities. Training in critical reasoning and goal-setting, on the other hand, are potential remedies for the thinking styles of cognitive indolence and discontinuity, respectively.

Tom has a long history of sexual preoccupation and found the clandestine nature of this lifestyle taking its toll in the form of increased stress. However, Tom had fallen into the habit of managing stress by acting out sexually, which led to the formation of a vicious cycle in which stress and guilt were followed by sexual

acting-out, which, in turn, was followed by more stress and guilt. Teaching Tom alternative avenues of stress management was therefore a principal goal of intervention. A second area addressed with Tom was his value system which had become warped and distorted through involvement in a sexual lifestyle. With the aid of values clarification, Tom was able to realign his priorities and values. Eventually, he achieved a balance between social, intellectual, work and visceral values rather than allowing visceral values to predominate. In group sessions Tom became aware of how he used the eight thinking styles to justify continued involvement in exploitive and harmful sexual activities on the streets and his current enjoyment of destructive sexual fantasies. He also learned how to challenge these thoughts and by the time he was released from prison he was challenging these thoughts on his own.

Resocialization

Lifestyle theory holds that the sexual lifestyle is a product of socialization. It makes perfect sense, then, that abandonment of this lifestyle will require resocialization into a way of life incompatible with sexual acting-out behaviour. The present model holds that socialization and resocialization are measured by a person's level of involvement, commitment and identification. Therapists can initiate the resocialization process by having the client construct a list of lifestyle-related activities and experiences he or she will miss from no longer being involved in the lifestyle. These activities and experiences can then be used to identify substitute non-lifestyle involvements that run counter to a sexual lifestyle, but still meet some of the underlying needs and desires of the individual. Commitment is observed in the goals a person pursues. Before a sexual lifestyle can be abandoned, goals and priorities must be rearranged in order to make it difficult for the person to continue engaging in sexually problematic behaviour. Resocialization, therefore, entails rearranging one's goals and priorities and developing a system of social support designed to maintain new commitments. Identification is how one acquires a sense of self. Termination of a sexual lifestyle requires that clients come to identify with activities, goals and attributes incompatible with their chosen sexual preoccupation. The more involved, committed and identified the client is with a pattern other than sexual acting out, the greater his or her chances are of avoiding relapse.

Self-help groups can be particularly helpful in fostering resocialization. However, as Tom soon found out, these groups—particularly those that follow the 12-step format—can become rather dogmatic and self-limiting once the client reaches a certain level. In fact, in some cases self-help groups become a substitute lifestyle for the individual. This implies that many clients eventually outgrow self-help programmes. Rather than viewing this as a sign of imminent doom or impending relapse, therapists are advised to encourage and support the gradual development of reality-based autonomy in clients. Autonomy also helps the client define a new identity, which according to lifestyle theory is of cardinal importance in certifying one's abandonment of a sexual lifestyle. Tom's involvements also changed as he developed new hobbies, interests and relationships. Several years after Tom was incarcerated his wife sought and received a divorce. Shortly thereafter,

Tom began writing to a woman he had known since high school who provided him with the social support that is so vital to the development of a growing commitment to a new way of life. At last contact Tom had found a new career, an entirely new set of friends and was talking about getting married again.

Conclusion

Lifestyle theory argues that sexual preoccupation is a learned process. Initial learning takes place within the context of the family, in interaction with one's peers and through images projected by the media. The 'nuts and bolts' of a sexual lifestyle, however, are normally acquired through one's association with others already actively engaged in the lifestyle. Even subjects who remain secretive about their sexual preoccupation search for lifestyle-relevant information. If the person does not feel comfortable interacting with those currently engaged in the lifestyle, he or she may attempt to learn vicariously through observation. This points to the fact that socialization into a lifestyle is an active process in which the individual investigates new learning opportunities, even if this means 'researching' his or her sexual interests and future preoccupations by leafing through various books and magazines or by ordering certain movies. It is this process of active investigation that allows fantasy and imagery to merge and become conditioned to specific sexual acts. Following from theory, the purpose of therapy is to teach clients skills, attitudes and behaviours that run counter to the ritualistic preoccupations of a sexual lifestyle.

By focusing on the lifestyle that evolves from a person's preoccupation with sex, rather than on the pathology of the individual, the lifestyle model holds certain practical advantages over more traditional approaches. For one, the lifestyle model is less apt to create a negative labelling effect than more traditional models (Levine & Troiden, 1988) and in so doing, may be in a better position to promote change. Second, by highlighting social learning processes like expectancies, attributions and irrational beliefs, the lifestyle model provides readily attainable goals for intervention. Third, the lifestyle model emphasizes personal responsibility and choice, which in the case of substance abuse have been found to signal a person's readiness for change (DeLeon, 1989). Fourth, in viewing sexual preoccupation as a continuum rather than as a dichotomy (the sick, addicted or diseased vs those who are 'normal'), the lifestyle model provides greater hope for the resumption of unproblematic sexual behaviour. The mere fact that the lifestyle paradigm endeavours to link theory with practice may be reason enough to encourage further exploration of the possibilities it presents with regard to understanding and altering sexual preoccupation.

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