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Understanding Conceptualisations of Female Sex Addiction and Recovery Using Interpretative Phenomenological Analysis

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Relatively little research has been carried out into female sex addiction. There is even less regarding understandings of lived experiences of sex addiction among females. Consequently, the purpose of the present study was to examine the experiences of female sex addiction (from onset to recovery). This was done by investigating the experiences and conceptualisations of three women who self-reported as having had a historical problem with sex addiction. An interpretative phenomenological analysis (IPA) methodology was applied in the current research process in which three female participants shared their journey through the onset, progression, and recovery of sex addiction. The IPA produced five superordinate themes that accounted for the varying degrees of sexual addiction among a British sample of females: (1) "Focus on self as a sex addict"; (2)"Uncontrollable desire"; (3) "Undesirable feelings"; (4) "Derision"; and (5) "Self help, treatment and recovery". The implications of these findings towards the understanding and the need for the implementation of treatment are discussed.

Keywords: female sex addiction, treatment, recovery, interpretative phenomenological analysis

Introduction

Traditional concepts of sex addiction (SA) and/or hypersexual disorder (HD) are distinct from how it is conceptualised in contemporary society (e.g., Riemersma & Sytsma, 2013). As technology improves and availability of sexual material increases, so too does the concern expressed by the media and the scientific community regarding sexual addiction as a potentially harmful behaviour that entails severe consequences, if left untreated (Ferree et al., 2012).

Research has sought to explain hypersexual behaviours using quantitative methods, often through correlation and validation of new instruments to assess SA and/or HD. However, this research has typically been limited to male-only samples (e.g., Reid & Carpenter, 2009). When female samples have been surveyed, they typically come from women residing in the U.S. (e.g., Corley & Hook., 2012; Ross, 1996; Schneider, 2000; etc.). While subjective experiences of women who have struggled with SA and some of its subtypes (i.e., cybersex addiction and pornography addiction) shed some light upon the behaviours that they typically engage in, very little is known about the phenomenology of their journey from treatment to recovery and—to some extent—post-recovery.

One of the more recently developed qualitative methodologies is Interpretative Phenomenological

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Analysis (IPA). While some chemical and behavioural addiction research has adopted IPA as a methodological approach (e.g., addiction recovery (Larkin & Griffiths, 2002); recreational drug-use (Larkin & Griffiths, 2004); female gambling (Nixon et al., 2013); slot machine gambling (Parke & Griffiths, 2005); Internet gambling (Parke & Griffiths, 2012); women experiences of addiction and recovery (Shinebourne & Smith, 2009)), SA is yet to be examined using IPA. The paucity of research in the field of female SA and the recent interest in its potential inclusion as a legitimate disorder in the DSM-5 (Kafka, 2010) were the catalysts for the qualitative study presented here.

Previous literature has focused on anecdotal evidence (e.g., Turner, 2008; 2009) in reporting excessive and/or problematic sex in females under a range of umbrella terms including compulsive masturbation (Nishimura et al., 1997), compulsive sexual behaviour (Walsh & Prejean, 2001), problematic hypersexuality (Kingston & Firestone, 2007), sexually experienced woman (Davidson & Darling, 1988), persistent sexual arousal syndrome (Hiller & Hekster, 2007) and sadomasochism in female trauma (Southern, 2002). Many of these reports have been in the form of a clinical case study. Although such case reports provide insight to marginalisedbehaviours, they appear to be methodologically limited resulting in researchers being unable to reproduce similar findings using the same set of questions.

Additionally, there are a handful of studies that describe SA and hypersexuality through the voices of highly sexed women in a qualitative manner (e.g., Blumberg, 2003; Douglas, 2010), and has primarily adopted the development of explanatory accounts, (i.e., grounded theory). IPA is more psychological, concerned with providing more detailed and nuanced accounts of the personal experiences of a smaller sample (Smith, Flowers, & Larkin, 2009). Additionally, Griffiths (2005) has argued that any model of addiction should encompass a bottom-up approach. As an empirically validated treatment model of behavioural addictions and more specifically for SA becomes a necessity, the method of IPA is considered appropriate as it is idiographic and reflects a concern with individual beliefs, perceptions and behaviours in which clinical interventions for sex addiction can potentially be implemented. As suggested by Smith et al. (2009), IPA seeks to understand the meaning of experience rather than making more general and abstract rulings about behaviour, thus allowing for an idiographic approach that follows a bottom-up process.

Aims and Research Questions

The aim of this study was to focus on an overlooked minority of the SA community (i.e., female sex addicts), using qualitative methods that prioritized understanding over explanation that could potentially be clinically significant in the construction of future services. To ensure that research, questions were open and exploratory, the questions below provided the framework for data collection and analysis and the research team referred to them frequently in the process of carrying out the following study: (1) How do the participants describe their experiences of SA and recovery? (2) In what contexts do their experiences occur? (3) How do the participants understand and make sense of their experiences of SA? (4) How are individual differences reflected in the participants' accounts of their experiences with SA? and (5) How do the participants view themselves through their past (including before the onset of their SA).

Method

Design

As the current study aimed to understand the experiences of females for whom sex had become

problematic, the utilisation of a qualitative design was deemed most appropriate. IPA was the chosen method of analysis because it is "able to capture the experiential and qualitative, and which (can) still dialogue with mainstream psychology" (Smith, Flowers, & Larkin, 2009, p. 4). IPA as a method of analysis was preferable to grounded theory because it examined personal meaning and sense-making in the context of female SA.

Participants

To recruit women, a number of agencies were contacted that specialised in sexual addiction in the UK. The agencies' clients were almost all male and that of the few female clients; many do not show up after the first session. Therefore, methods in trying to recruit such a marginalised population were altered. Consequently, the first author joined various sexologist forums and social networking sites that were based in the UK. This provided a setting where their "addiction to sex" was discussed. In this fora, (1) women actually self-identified as sex addicts and/or love addicts and based and had potentially overcome any stages of denial, shame and guilt they may have experienced; (2) women's openness and willingness to discuss their struggle with SA was more apparent; and (3) women viewed their behaviours as problematic.

The participants were recruited with the aim of being as homogenous as possible, as suggested by Smith et al. (2009). IPA is typically carried out on low numbers of participants with previously published studies typically interviewing two to eight participants. The three participants who met the final inclusion criteria in the present study (i.e., Sila, Sally and Stacey) were: female; aged 18 years or above; self-identified as hypersexual and/or a sex addict; had some form of treatment and/or attended self-help recovery groups.

Procedure

An email was sent out in a UK-based Critical Sexologist forum asking if any of the therapists could provide access to female sex addicts for research purposes. Additionally, a therapist who was treating female SA as her speciality served as a mediator between the researcher and the recruitment of other participants. When contact was made with the first author, each female participant was emailed an information sheet to ensure they had been given all the information pertinent to the study. All three participants gave informed consentto take part in the study and were informed they could withdraw from the study at any time. Each interview was conducted and recorded via telephone, as the participant's wanted to keep their identity concealed.

Each interview was between 42-64 minutes in duration and the study attempted to promote a casual and relaxed atmosphere (through a more conversational style) in order for the participants to feel more at ease. When each interview was completed, the participants had the opportunity to ask any questions regarding the study. Each participant was thoroughly debriefed about the research. All three interviews were transcribed verbatim.

Data Analysis

IPA provides "systematic and practical approach to analysing phenomenological data" (Barker et al., 2002, p. 81) and is the search for distinctive voices, shared themes, and an analysis of variations on themes (Smith et al., 2009). Although IPA has been criticised by advocates of thematic analysis (e.g., Braun & Clarke, 2006) who consider it to be relatively inflexible and overly structured, it is useful to have a structured approach that is—to some extent—replicable due to the level of accountability it introduces into the analysis and can counter the perception that at times, approaches such as thematic analysis attempt to be all encompassing and lose a degree of credibility as a result.

The process of IPA within the present study followed a rigorous and systematic analysis that is accessible with straightforward guidelines outlined by Smith et al. (2009). The analytical process comprised: (1) transcription; (2) reading and re-reading; (3) initial noting; (4) developing emergent themes; (5) searching for connections across emergent themes; (6) moving to the next case; and (7) looking for patterns across cases.

Results

Main Findings

The findings provide a detailed presentation of the superordinate and subordinate themes generated from the Interpretive Phenomenological Analysis (IPA) of all transcripts. Five main themes and 19 subordinate themes were generated (although there was considerable overlap between them). These final themes were interpretative and considered as implications for clinical practice and were: (1) focus on self as a sex addict, (2) uncontrollable desire, (3) undesirable feelings, (4) derision, and (5) self-help, treatment and recovery. Each theme is examined in turn in the analysis. Each participant is also represented in each superordinate theme.

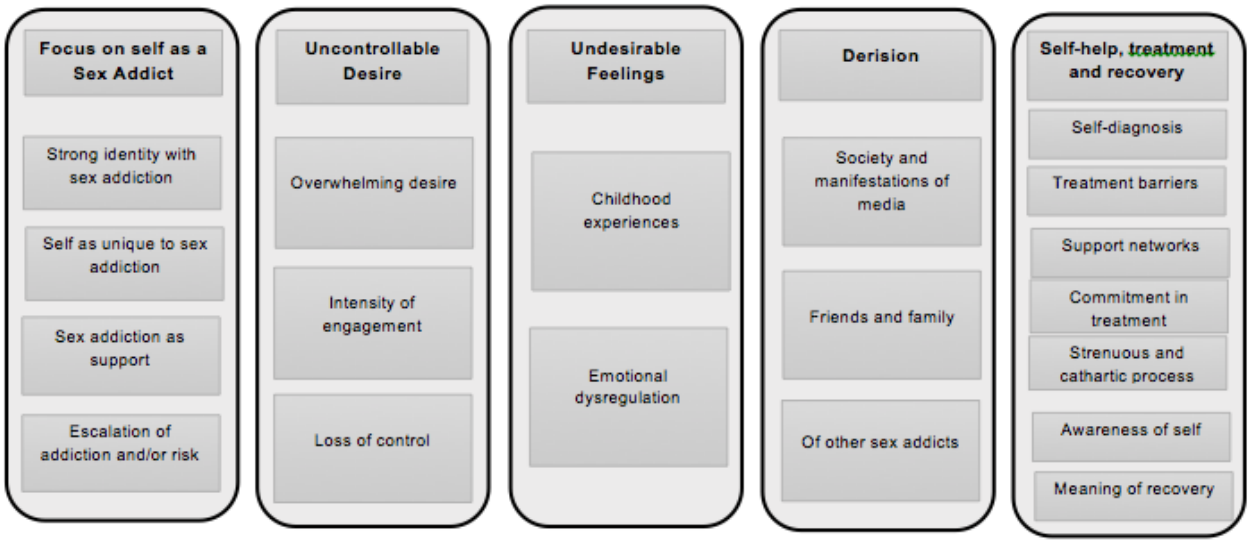

Figure 1. Superordinate and subordinate themes derived from IPA transcripts.

Focus on Self as a Sex Addict

A salient theme that emerged from the interviews centred on how participants psychologically conceptualised their experiences as a sex addict. Although each participant approached the topic in a nuanced manner, the subordinate themes capture the variability of such experiences and how this led to sex being placed at the centre of their lives before their acting out behaviours became problematic.

Strong identity with sex addiction. Although intense shame is a common feature for those experiencing sex addiction and/or presenting for sex addiction treatment, Sila and Stacey identified more as female sex addicts than they did love addicts, whereas Sally identified as a love and sex addict. However, all three women were part of the SLAA recovery program where both love and sex addictions were addressed. Sila described the difference between a love and a sex addict and also reported that a being a love addict is the female pattern of behaviour.

> "I struggled because within the SLAA network there are also 'love addicts' and that is very much the female pattern of behaviour, that they are addicted to being in romance etc. However, for me, I am very much a sex addict and for me it is the sexual drive… I would first and foremost identify as a sex addict and then a fantasy addict, but lastly a love addict". (Sila)

The concept of addiction (in general) was not something that was unfamiliar to Sally. She reported her experience of sex addiction as a manifestation from her becoming sober from drugs and alcohol, relapsing and then coming to realise that sex addiction was the deeper layer of her addictive cycle:

> "This sense was just so strong and I mean it was just such a big thing in my life and something I had always had". (Sally)

Self as unique to sex addiction. One striking feature that emerged for both Sila and Stacey was their self as being different and unique to SA. Stacey represented this uniqueness through a vivid metaphor to express the extent to which her sexual behaviours made her a "black widow spider". Here, she indicates that she is and was the initiator of sex and that sleeping with her can be proven fatal as well as viewing self as dangerous. Furthermore, her metaphor of a black widow spider also displays a strong identification of self as a black woman relating to power of control and the way she devoured men. This was supported in other parts of the interview where she described how much she "hated men" because of the sexual abuse and trauma she experienced during childhood.

> "I used to call myself a spider, a black widow spider. Black from my colour and a spider cos' I eat you and spit you out". (Stacey)

Sila describes not having experienced the normal onset of sex addiction, which in traditional 12-Step programs reverts to trauma during childhood and most commonly, child sexual abuse. She felt unique in the sense that she did not fit that "norm" and that she is one of the few women that identifies solely as a "sex addict". In other parts of the interview she further asserted that since the nature of her addiction was and is so rare, she used this to her advantage and was able to manipulative those she wanted to act out with:

> "I am a bit of an anomaly as I haven't experienced the norm of the onset of sex addiction in comparison to any other woman in SLA who have experienced sex like I have and there are only a few women that identify as a sex addict beyond a love addict…but the nature of my addiction is so rare, as I become enthralled by the idea he is attracted to me, so I can and have manipulated situations to make people feel like that and I am very manipulative with my addiction and I will make them fall in love with me or make them want to have sex with me". (Sila)

Sex addiction as support. Despite the suffering their of sex addiction came with, all participants described the "high" and the positive aspects of engaging in such behaviours. For Sila, it was an experience of fun and enjoyment:

> "When I tried to stop and change my behaviours, I didn't want to, I loved the lifestyle, the high". (Sila)

However, Stacey reported some ambivalence about her feelings towards her sex addiction. While she stated the highs of engaging in the pursuit of sex, it appeared that sex was also used as a form of emotional regulation. Additionally, she reported having kept her sexual behaviours at bay during her therapy sessions, further driving her to use sex as a coping mechanism:

> "Sometimes the sessions would make me cry so much that I needed to have sex to cope and feel better". (Stacey)

Since Sally had already been in recovery programs for her addiction to drugs and alcohol, sex became a substitute. However, it was more problematic for her than drugs and alcohol. Additionally, Sally reported that unhealthy boundaries became vehicle that enabled her to cope with the negative feelings she experienced from the withdrawal from drugs and alcohol.

> "I was at the Barcelona world convention (Narcotics Anonymous) so I was with thousands of people and yet all of a sudden I just—I just feel sooo alone and that desire is almost my escape that takes me into another place internally and literally". (Sally)

Escalation of addiction and/or risk. Sila portrayed the extent to which her addiction escalated offline. While there were rewards to her being in sex industry (e.g., desire of others, money earned), this tolerance and escalation, in part, contributed to her branching out towards other sexual behaviours in attempt to achieve and maintain the neurochemical high she sought (i.e., cybersex).

> "I started working as a stripper when I was 18 and I think that has really damaged me. Working in a situation where they basically treat you like a piece of meat and you get to behave like one… and you can do whatever you want, you have sexual desire at every opportunity, I could and would have had a man eating out of the palm of my hands. That is definitely where it escalated from that point onwards". (Sila)

Uncontrollable Desire

A second theme that emerged from the interviews focused on the way in which participants identified with the addiction through their experiences of uncontrollable desire that became the "high" and/or "pursuit" of acting out.

Overwhelming desire. Another striking feature for both Sila and Stacey was their overwhelming sexual desire. Siladescribed desire as the "core" of her sex addiction. She and Stacey also reported that the desire they experienced was primarily fuelled by others "wanting" and/or "yearning" for them. Sila stated that she was in recovery, but the overwhelming desire she experienced was intrinsic and a significant part of her existence in this present day:

> "(I) cannot function because I am so aroused, like the hormones in me are so strong and apparent that I am so overwhelmed and that too is quite difficult". (Sila)

The onset of Sila's intense desire (offline) in particular situations was triggered by external cues (i.e., how others looked at her; how she was "treated like a piece of meat" and was given the opportunity to "behave like one" whilst working in the sex industry). However, online interaction with others telling her how much they wanted her again was triggering and exciting yet it was non-gratifying. Although she masturbated and reported having "cybersex" whereby rewards were instantaneous, elsewhere she claimed that:

> "For me, masturbation has never been a means to an end, it has only madethings worse…The thing that turns me on is not how they look but about theirdesire of me. I have started off not being attracted at all to a man at all but assoon as I found out they sexually desired me that further fuelled my addiction…Cybersex is great because I have this interaction of this person telling me howmuch they want me etc., but until I see a physical manifestation of that i.e., asexual encounter it's not enough". (Sila)

Stacey described herself as a "traditional sex addict" (i.e., she did it in person rather than via cybersex). Since Stacey had experienced intense trauma during childhood, she felt the need to gain control over men through manipulation, and that left her empowered. She provided a good example of how she subconsciously

relived her traumatic experience in the form of triumph:

> "I went to a party once and this guy was coming onto me, and I said listen, you can't touch me in bed. I asked him how big his c**k was… wanted to know if it was big enough to satisfy me and I said I can feel it, and I did. He was shocked. He was really embarrassed and said that I was dangerous and that he was keeping away from me, it turned me on even more 'cos I know he was yearning for me!". (Stacey)

Sally asserted that this desire she felt kept her stuck in time:

> "I can be anywhere, I could be in the middle of Oxford Street any man could just look at me, could be anyone and all of a sudden I would just feel so completely, going this way, going that way, you know and visually a lot is just happening and like I am stuck in some moment of time". (Sally)

Intensity of engagement. Both Sila and Stacey described an all-consuming intense and compulsive experience to sex, including core components of addiction (i.e., craving, mood modification and tolerance). The concept of not wanting to have sex but being unable to stop was portrayed by Sila, which to some extent described her behaviour as a traditional addiction:

> Wanting to or going and having sex even when you don't want to. I mean, I have literally had sex with men who I didn't even want to sleep with, but quite simply I was unable to stop myself…Only way I can describe my behaviour is as: wanting a piece of cake, the craving and wanting to go and eat it, for some they can say cake is really bad for me, I should have it, whereas others may be overeaters, they won't just eat a piece, they will have the whole cake and go out and have some more. With sex addiction, it is very much like that obviously arousal and sexual desire is a form of everyone's natural make up but for me, the way it manifested itself is not something I can control, I will not only eat the cake, I will go out and eat cake until it makes me ill". (Sila)

As a counterpart to the intensity of engagement, Stacey described intensive suppression and numbness as a result of the abuse she experienced as a child. However, sex became a potential strategy and a route of escape that temporarily relieved her from emotional pain. Sex for Stacey was a coping mechanism but served only as a temporary "fix" that resulted in her feeling even worse further to acting out, yet she was unable to diminish the craving for it:

> "Even though it felt good at the time…I would just feel so shit afterwards and I knew something was just wrong 'cos I felt shit but I still craved it". (Stacey)

Sally's account illuminates the transferable patterns of addictive behaviours and the lack of boundaries she had in certain situations. Alongside being engaged in obsessive sexual behaviours, there was constant rumination of desiring relationships she could not have when she felt she was unable to get her sexual fix she "needed".

> "I felt that his friend liked me but I ended up going out with him but I don't just mean sexually fantasising so much, but then this guy's friend was the one I was living with in my head whilst being with the guy himself. Of course, they were best friends but in my head it just went on". (Sally)

Loss of control. All participants provided detailed descriptions of what they understood to be "loss of control" associated with their sex addiction. However, all participants were involved within 12-Step programs (that adopt a disease model of addiction) and used 12-Step terminology, it must be noted that the 12-Step program often adheres to the disease model of addiction. Asserting that addiction involves a pathological changes in the brain that result in overpowering urges. Therefore, this loss of control they experienced can

potentially be better understood within the scope of the disease model of addiction (i.e., the power to resist has gone). Additionally, all participants provided a deeper insight into the levels of cognitive dissonance whereby they expressed sincere desire to stop their behaviours (speaking in past narrative), at the same time, they carried on. Using 12-Step terminology, Sila, Stacey, and Sally were only able to reach out once they felt they had completely "bottomed out" or "hit rock bottom".

> "The defining factors for me is that with sex addiction is just completely being unable to stop is basically that it's an inability to control yourself. You don't want to do this anymore but simply cannot stop". (Sila)
>
> "I was losing control but I now see that this was just me hitting rock bottom". (Stacey)
>
> "You don't have a choice, you are just doing it, it is just so painful and that is the truth of it… the feeling of it was so awful and so intense for me after acting out but I still wanted more". (Sally)

All participants described the double-edged nature of losing control as consuming self from within, yet, at the same time seeing release of this desire and directing it outwards towards others.

Undesirable Feelings

Overview of theme. This theme captures the undesirable feelings that played a significant role in not only the onset of sexual addiction but also the maintenance of it. Initially, sex was seen as the enabler, providing an escape from feeling down or depressed to enjoyment and contentment.

Childhood experiences. The enduring impact of childhood families and relations appear to have played a significant role in the onset of sex addiction among all participants. Sila attributed her tendency to suppress emotions, as her parents were emotionally unavailable and as a result, used sex as a means to escape and search for love she did not receive from them. To express this experience she adopted the 12-Step terminology whereby she labels it as "triumph over trauma".

> "I think it probably goes back to when I was child and they discuss about not having needs met. I wasn't sexually abused, and this is one of the other differences with me as a lot of female sex addicts in the program have been sexually abused and have turned that what we call that "trauma into triumph" you know have gone down the route of triumph. (my parents) weren't emotionally available for me… (sex) was my way of looking for love because I didn't feel much love in my childhood". (Sila)

While there are different degrees to a traumatic experience, Stacey refrained from using such terminology to describe her sexual abuse but easily recalled past memories. As a little girl Stacey was powerless and vulnerable, she was raped continuously, and used sex to anesthetise this painful experience. The lack of terminology used to describe this experience could be in part due to the counselling sessions she had undertaken, as opposed to the 12-Step program.

> "I know exactly where it started, it stemmed off from my father, Cos he used to molest me when I was younger. I hated men for that reason. Remember when I was about 7-8 (years old), this guy pinned me up to the wall and raped me. Its OK, I can talk about it". (Stacey)

Sally described the sexualisation she had experienced when she was very young, while she too refrains from using 12-Step terminology. She explicitly shares a sexual experience she had with her cousin, and sexualisation at a young age. She reported that it was a strange experience being a teenager that lacked emotion.

> "I was sexualised quite young as a girl but, it was quite strange because when I got to my teens, I was a really, really late developer… But then again, I had experiences, even as a little child… like with my cousin who was a girl… we would kiss and things like that… like nothing more than dry humping". (Sally)

Emotional dysregulation. There is a similar sense of a painful struggle and a futile attempt to get rid of the pain by acting out more. This is supported where Sila and Stacey described their sexual addiction as a response to undesirable feelings during childhood.

> "I think they would, would probably just be scared and thinking that other people would find out and the intense shame that comes with it, it was certainly the case with me. So much shame, I just wanted to curl up in a ball and hide from everything". (Stacey)
>
> "I think when I realised that my behaviours became unmanageable and I became destructive and that was aside from having higher levels of promiscuity…
>
> I was very, very shameful of my behaviour before I entered the program because it was so secretive and the nature of addiction is that the more secretive it stays, the more distressing it is". (Sila)

Sally goes on to describe the externalised and internalised anger she felt for being submissive. While she recognised that these were her "bottom line" behaviours, there was a part of her that began to resent herself for not stopping, which led to diminished self-esteem.

> "I got into a relationship with someone but I didn't fancy him but he picked me… and I just went along with it, on some level it was like being quite submissive and then you end up resenting yourself and being angry at them but really you are angry at yourself". (Sally)

Derision

Despite the addictive engagement in sexual behaviours, there appeared to be an ongoing conflict that resided internally in all three women. They were very keen to highlight the mockery that was associated with their behaviours and how this triggered a sense of shame, and, illustrating how secretive the pursuits of sex had become for them.

Society and manifestations of media. Society played a significant role in the journey of being a sex addict for all participants. Society for Sally also referred to the recovery groups themselves, since she was the only one of the three who was attending more than one recovery group as well as being a sponsor to newcomers. Her perceptions differed greatly from Sila and Stacey. The following depicts how media can portray sex addiction in women negatively. All participants agreed that society, culture, and the media have always had an expectation for feminine sexual restraint that is also pointed to an overarching devaluation of femininity.

> "Throughout my entire life, I have always known I have had a higher sex drive than other girls. I felt like my life was controlled by sex much more than it seemed my friends were. When I first sought help, my GP was quite dismissive and laughed it off, telling me I was young and a student and told me not to worry about it". (Sila)
>
> "It is almost seen as a badge of honour for men and when it is in the public media its like 'good on him'. Whereas, I think for women it is so the other way and people having negative attitudes towards it, we are just seen as 'sluts' or we have 'daddy issues' and being out there as an open sex addict is an incredibly terrifying concept and certainly not something I publicise in my life". (Sila)
>
> "I think people are just scared and the stigma that women are supposed to be prim and proper… And men, well we know they can get away with anything". (Stacey)

While boundaries are central to the 12-Step recovery program, Sally found that she was continuously being judged by the members in the NA group, to the point where they would mock her for being in the SLAA group. She described this experience as painful that caused her significantly more shame than being an alcoholic/drug addict.

> "I go to the NA meetings and they just look at you like oh she's a sex addict, you do feel really judged, really judged". (Sally)
>
> "There are a few from the NA meeting that mock me going to SLAA, they are like… I went to SLAA for the first time while I was in NA and I disclosed in NA that I was attending SLAA and it was like it was being tested. This man came up to me after the meeting but we spoke and he said that he wanted an affair… he put it so directly, and I was so angry". (Sally)
>
> "I do think there is far more shame attached to it, a deep internalised shame, and it is almost like that taboo that is OK for men to be whatever but when women are promiscuous, they are kind of looked down on and made up to be all the horrible nasty words that people can say". (Sally)

Friends and family. Significant others in the lives of the participants made SA a taboo subject and for Stacey, an embarrassment, and "a joke". For her, conflict was caused by comments from those close to her. Stacey reported that telling her friend was a mistake as the ambivalent response led her to being passively aggressive.

> "I remember when I first told my friend, she laughed like I was joking. I felt like shit and thought 'you bitch'". (Stacey)

Sila conveyed that while loved ones had been supportive, there was a lack of empathy on their behalf. In other parts of the interview she used an example of a recovering alcoholic and how everyone around them are very supportive and sympathetic (i.e., family and friends not drinking around the abstainer to ensure he/she is not triggered in anyway). The same sympathy is not present with those who experience SA.

> "Its tough because you can't go into a pub and hang out with a load of guys andsay 'I am a sex addict, this is getting a little uncomfortable', no one will say theywill understand, whereas if you're a recovering alcoholic goes into a pubeveryone will sympathise and try to look after you. Even with stopping sympathyis always there for an alcoholic or a smoker". (Sila)

Of other female sex addicts. A significant commonality among all participants was the subtle mockery towards other sex addicts in their group. Since Sila and Stacey described themselves as being unique to sex addiction, it was apparent that their perceptions of others were something they were very aware of. The generation may explain some of the derision towards other sex addicts. This was noted by Sally (who had previously reported that technology was not part of her acting out). Therefore, being among younger women and not being able to understand why they were so obsessed with texting and being online steered her views towards "mothering" them.

> "(One sponsee) constantly obsessed with texting others, the way she writes the texts, and it is just relentless, I mean I have told her, she knows that at some point she is going to face her sex addiction but it is literally that she is in so much pain until she gets that validation, i.e., the text comes through, it literally will then determine whether she is happy or sad". (Sally)

Sila on the other hand used the Internet and other cyber-related media as part of her acting out. Her conceptualisations of her disorder were purely about sex addiction (rather than love addiction). Furthermore, she was mocked by others in the 12-Step meetings via non-verbal language (i.e., "making faces").

Stacey made a joke out of others being pregnant and although she was immersed in the pursuit of sex, she would not sleep with a man until she was clean (which is potentially a part of her acting out behaviour). This theme provided greater insight into the core schemas of the participants and how they viewed others within the program.

> "I look at women in the program and they have done all sorts. Gotten pregnant and all the rest 'cos they didn't protect themselves but I didn't do that. The guy had to be clean or I wouldn't sleep with him". (Stacey)

Self-help, Treatment, and Recovery

The final superordinate theme concerned treatment and recovery and the challenges experienced all by all participants in seeking help for SA, and the impact it had on their very being. Seeking treatment for SA was seen to be highly challenging, yet ultimately rewarding and often life-changing. This final theme captures some of the frustrations alongside the profound experiences that enabled participants to move from self-help and/or treatment to being in recovery.

Self-diagnosis. As technology has become an intrinsic part of everyday human existence, the advancements of it allowed Stacey to explore and rely upon freely available expertise to a self-diagnosis of SA.

> "I just knew something was strange about my behaviours so I looked it up and when I saw there was a 12-Step meeting for it. It was comforting to know I wasn't alone and that sexual behaviours are a real problem". (Stacey)

Sila on the other hand came to realise that her behaviours were "abnormally" out of control through comparisons she made with others. However, she still relied on the Internet to search for groups.

> "It was only really when I went to see a psychologist and I realised that this is making me unhappy…I was miserable and I just couldn't stop. That was the problem. So, that was when I guess I diagnosed myself as a sex addict". (Sila)

However, Sally had initially entered the program to abstain from drugs and alcohol and she reported as having become a sex addiction on the way.

> "in that whole level of sobriety, sex and love addiction has followed me in that whole lot…it was pointed out to me by my sponsor in NA… I mean, I-I ended up having two affairs with married men after five years of being clean (from drugs and alcohol), and even worse on one level because I was sober but I found myself hooked myself on that kind of behaviour". (Sally)

Treatment barriers. There appear to have been apparent barriers to both Sila and Stacey seeking treatment. For Stacey, there was judgement from the therapist that made her feel uncomfortable to the point where she went and paid for sessions despite the cost involved as it was a problem that she felt she needed to "fix":

> "When I told my therapist, I could see that she was just a bit puzzled and it put me off…Then I had to see someone privately and that was even more shit 'cos I was unemployed and it was hard to pay for sessions, so now I just stick to the recovery group 'cos it's free". (Stacey)

Similarly, Sally found herself being "jealous" to an extent of others in the program as they were all seeking individual therapy simultaneously. She could not afford individual sessions but was wantingthem and this led her to completing the full 12-Steps and adopting the approach of the "higher power" due to the expenses involved. Elsewhere, she asserted that drug and alcohol treatment was readily available, yet there was a large investment involved in trying to recover from SA:

> "I was really jealous in a sense because when I heard people in SLAA saying they are having different types of therapy…They have all bloody got money and I tried to ring up a few places and get trauma reduction but you have to pay for it and I was so annoyed because I ended up doing the process of all the steps in SLAA but I had bits of counselling along the way but primarily worked in a higher power way because it was so expensive". (Sally)

For Sila, the biggest barrier (and at the same time a trigger) was being in the 12-Step program among men. She was aware of the gender differences that were significant in SA, and it meant her going the extra mile to ensure she had strong boundaries.

> "I would love more than anything to go to a women's only group in Sex Addicts Anonymous and the reason they are mixed is that there are not that many. I feel that gender differences are key in sex addiction.Being around men, I also had to set myself some really strong boundaries around that. When I do go to my meetings, I never take telephone numbers from straight men… that is one of my rules". (Sila)

Sally also reported that she too felt "triggered" during the SLAA meetings and she coped with this by going into an avoidance zone to ensure that she was not physiologically aroused. Being a member of the SLAA group also meant that she had to dress a "certain" way to ensure she wasn't triggering someone or giving men in the group an invitation for sex.

> "I would dress particularly different to meetings and I suppose you can feel quite 'triggered' in a SLAA meeting. But what I have trouble with sometimes and it is worse when I am in NA, I wouldn't just share, I would just from toe-to-head get so hot and go bright red…I have noticed a guy looking at me but I don't want the attention or anything, but I go into complete avoidance and I wouldn't share my experiences or sexually as I don't think it is the right thing to do". (Sally)

Sila further asserted her anxieties surrounding reading material around the time she entered the program:

> "Another thing I struggled with was reading material, when I entered the program. Every single book I picked up was written about men, for men. So, I really really struggled to find any good books and sexual addiction literature for women". (Sila)

Strenuous and cathartic process. All participants describe the intense feeling of "depression" (Stacey) and despite participation in the program, there are still "slips" (Sila) that no-one else can see. Recovery itself was viewed as a long-term process that requires full engagement. Stacey captured her experience of going into recovery via vivid metaphor: separation from the deepest love.

> "The only thing I can say is that it is fucking hard. So fucking hard. It was like separating from the deepest love you could possibly have. I felt so depressed, and cried for at least four weeks when I first stopped. And shall I tell you what… The shittest thing about it was that it wasn't something visible to the naked eye". (Stacey)
>
> "Fairly recently I had a what we call 'a slip' in the program which is a minor relapse and that was only a few weeks ago. For me it has been quite a cathartic process to talk about it. There is a lot of shame and guilt that goes along with what I have done... I have hurt a lot of people with what I have done but lying and being secretive about it doesn't take it away. If anybody else can ever learn from my experiences, it can help people to understand the nature of it and why some women are like this". (Sila)

Sally used detailed imagery as a vivid illustration of the heinousness of the struggle and the pain she experienced when she surrendered:

> "It was just painful if not worse but then again being drug-free at the time was painful too…What I noticed was, erm, it felt like I was walking around with my guts hanging out when I was in the SLAA withdrawal but nobody could see that. But it felt like if anybody could see right through me, they would have seen all these like 'Ughh', like this toxic disgusting sludge following me around everywhere and, the dreams I had I had very, very vivid dreams, chasing dark… like the dreams were just constant, and that's what they said to me (SLAA), it's because you have stopped the behaviours and stopping and going into withdrawal…and it is the addiction playing out in your thoughts and subconscious…I was just like so scared and the dreams were just so scary, dark and they were just relentless really". (Sally)

Commitment to treatment and recovery. While it was a cathartic process, all participants were aware of

the daily challenges, the endurance, and long-term engagement of going into recovery. Sila described that level of commitment it required and the changing of ingrained behaviours meant her going back to basics and rewiring herself through attending meetings alongside individual sessions:

> "Treatment has been the hardest and the best thing I have ever done with my life. It has been an incredibly difficult process because…with the SLAA program, it really does go back to basics and the rules what we call bottom line behaviour in which we abstain for a few days and it is really hard. It is changing a lifetimes worth of ingrained things that we do… like kicking a drug but has also been incredible". (Sila)

Sally drew upon comparisons she made with abstaining from alcohol and the most difficult part of her facing sex addiction full on was being honest with herself and opening wounds that she had suppressed for years:

> "I didn't realise how hard it was…to genuinely be honest with myself and then the person I was in a relationship with...It has taken me a very long time to knock that stuff out of me". (Sally)

Support networks. While all participants had sought individual treatment, they drew upon the 12-Step discursive framework to describe the meaning they gave to having support networks. Despite recovery having its pitfalls, it appears that this continued support had enabled all participants to move toward a more positive future, as Sila describes:

> "I know for a fact that I wouldn't be in this relationship or getting married next year if it wasn't for the work I have done with SLAA". (Sila)

There was a sense of achievement and a significant improvement in her personal life, the fact that she was getting married, for her was credited to the work she had undertaken once she had "surrendered" to the program. She goes on to explain that verbalising her negative automatic thoughts helped whenever she experienced and internal or external trigger. There was also a sense of stability in being able to pick up the phone and discuss such thoughts with a number of different members of the recovery group:

> "Verbalising it and putting it out there and not keeping it a secret anymore, so it is certainly giving me the language and the ability to understand how I feel but also a network of people…I literally have 30-40 people that are in the SLAA program. When I feel a certain way, I can pick up the phone and discuss my triggers about the situation and what is going on". (Sila)

Stacey's experience in the initial stages of entering support were described as self as an outcast. This was reflected in other parts of the interview where she places great emphasis on being a "black widow spider". Specific to the group, her reservations surrounded being the only black women within the program and then went on to explain that despite being black, she shared a commonality with all the other members in the support group she was in.

> "I just felt like an outcast being the only black woman there but I realised that we all had one thing in common and my sponsor was fantastic" (Stacey).

Sally described the experience of support as one of a new journey that was the enabler in rescuing her inner child. This transforming experience was completely different to the one that she had experienced in the other 12-Step groups she was a part of and also enabled her to share this journey through support she offered to those new to the program.

> "What happened to me at that specific process was that the sponsor was good and specifically helpful in helping me connect with that inner child and that took me on a whole new journey and helped me to rescue my inner child… (It) was one of the most profound things that I ever experienced". (Sally)

A Awareness of self. Both Sila and Stacey described recovery as entailing self-awareness and insights of the significance SA in their life. There was increasing awareness of the influences and triggers that led to them reverting back to sex in the past and adopting strategies for coping, as discussed above:

> "When I feel a certain way, I can pick up the phone and discuss my triggers about the situation and what is going on". (Sila)
>
> "Doesn't matter how others see you. It's how you see yourself is what is important and that's what I have now become aware of". (Stacey)

Meaning of recovery. The meaning placed upon recovery varied for both Sila and Sally. For Sila, the meaning of recovery meant that she was going to write her own book. One thing she most picked up on was that there were limited resources for her when she came out as a sex addict.

> "This is not something you get over or something you cure or something where you wake up one day and it's gone. It just gets easier and becomes more manageable. I am writing my own book. I am writing my own story and whether or not it gets published, I just want to write it". (Sila)
>
> "The biggest revelation was that she gave me the awareness that I had a trauma bond relationship with my son's dad. This was huge for me and with her help have managed to make changes and boundaries that I'm eternally grateful for". (Sally)

Sally felt that the self-learning she gained through the trauma treatment led her to building compassion towards self as well as other women. Therefore, recovery for her meant sponsoring other women and doing her part to assist in their recovery like she did with her own.

> "What SLAA has given me is far more understanding and compassion for a woman and what I had suffered and gone through, I kind of see it more and I have sponsored a lot of women". (Sally)

Discussion

The aims of the present study were to investigate the experiences of female SA of women who had encountered some difficulties as a result of some of their behaviours. This was to add to the paucity of qualitative research, to focus on a British-female sample, and to examine the clinical implications of understanding the perspectives of the females themselves. IPA was used to examine participant accounts of the concept of their experiences with SA and the effectiveness of clinical interventions. The three female participants involved with the present study, were (in the initial stages) all self-diagnosed sex addicts and had some kind of self-help and/or treatment with regard to their problematic sexual behaviours.

The lived experiences of the three participants illustrated above the specific roles that various traumatic events can play in the onset, development, and progression of SA among women. For each participant, the understanding of SA was very different, but the course it took was very similar. Five themes emerged regarding what the difficulties of SA meant to the participants and included: focus on self as a sex addict, uncontrollable desire, undesirable feelings, derision and self-help, treatment and recovery. By recruiting participants from various agencies undergoing different treatment philosophies (alongside self-help), it was possible to explore not only how participants described their experiences across different cases, but also how the different contexts may have impacted on how participants understand and make sense of their addiction to sex and recovery.

In many ways, the current findings were contrary to the, traditional sex addiction literature, where a specific type of woman has been identified as experiencing extreme shame further to acting out (e.g., Carnes, 2001; Schneider, 2000). For example, Carnes (1997) and Ferree (2002) described "sexual anorexia" as a feature of SA. In their view, sexually anorexic women are as compulsive with their aversion to sex as sex addicts are trying to have sexual experiences. Sexual anorexics suppress or repress their sexually addictive compulsions by denying their own sexuality, avoiding all sexual encounters, criticising others for any and all sexual interest and/or condemning others for their sexual proclivities or desires. While the concept of sexual anorexia has been discussed in great depth within the remit of SA, it appears that none of the three participants in the present study followed this pattern. Rather, the participants showed masculine behaviours that deviated from the typical female behaviours that support the concepts of modern literature (e.g., Riemersma & Systma, 2013).

Female SA has been much overlooked in current literature, therefore the implications of these findings are potentially considerable. Firstly, this study highlights that there is very little clinical and emotional support for women that present with SA and/or HD. Secondly, SA is a genuine problem that entailed negative consequences for the participants in the present study. Although they recalled their experiences of treatment retrospectively, the one thing they all had in common was that they all continued with the 12-Step support groups to avoid further relapses as private treatment came at a high financial cost. The conflict experienced by the participants was often attributed to them by cognitive dissonance and Orford (2001) placed cognitive dissonance at the heart of his excessive appetites model.

Suppressing emotions was another strategy used by participants to avoid facing negative feelings and to numb emotional pain. While this strategy may appear to mask painful emotions, participants' experiences suggest that turning to sex may not be effective in the long run. Gross and John (2003) argued that although suppression may be effective in decreasing the behavioural expression of negative emotion, it is not helpful in reducing the experience of negative emotion in the long run. Furthermore, repeated use of suppression may lead to increased level of negative emotion experience, poorer interpersonal functioning, and diminished psychological wellbeing. In their view, "suppression creates in the individual a sense of incongruence, or discrepancy, between inner experience and outer expression may well lead to negative feelings about the self and alienate the individual not only from the self but also from others" (p. 349).

It was also evident that by expressing negative emotion by sexually acting out, the participants pointed to their negative mode of engaging with others. As highlighted by Parkinson (1997): "emotions as distinguished in everyday language imply characteristic evaluations and judgments about what is going on in the personal world" (p. 64).

Traditional vs. Contemporary Sex Addiction

The findings of this study also supported the apparent generation gap between the three participants and presented in the types of behaviours they engaged in (e.g., Hall, 2013; Riemsra & Systma, 2013). Sila's behaviours appeared to be more opportunity-induced whereby she used the Internet to cruise for sex. She also reported that although she was sexually addicted, she has only been sexually active for the last decade or so. However, Stacey reported having engaged in behaviours that she termed "traditional", she hunted for sexual conquests in-person and did not feel the need to use the Internet to "pull men". She felt that she had mastered the art of seduction whereby being present with them was enough to have instant gratification. In support of

this, Sally also stated that she was already hooked onto the next relationship without actually letting go of the one she had started (offline).

In accordance with previous literature (e.g., Carnes, 2001; Cooper, 1998), Sila stated that the Internet and engaging in internet-related sexual behaviours escalated her desire, and that masturbation was just the beginning—she needed physical contact to really experience that "high". This supports the concept of cybersex as the "crack cocaine" of sex addiction as highlighted by Cooper (1998).

In both cases, whether it was traditional or contemporary, Sila and Stacey achieved the desired feelings of euphoria through the pursuit of sex not the act of sex itself. For example, Stacey viewed herself as a "black widow spider" implying that she was notorious and that men and women would be at most risk when around her. The case of Stacey could be further explained by drawing upon trauma research. As described by van der Kolk (1989), childhood sex abuse appears to have particular supremacy in creating and or supporting the addictive process thus disposed the victim for compulsive sexual behaviours or SA. A reason for this may be that trauma victims cope with their own damage by harming others, presenting with self-destructive behaviours and by re-victimisation. It appeared that Stacey followed a similar pattern of behaviour (i.e., she acted out compulsively in ways she had been harmed when she was younger ("triumph over trauma") and—to some extent—continued to self-ham by placing herself in (risky) situations where the likelihood of her being re-victimised was heightened (Ferenczi, 1955; James & Meyerding, 1977; Silbert & Pines, 1973).

Limitations

There are a number of limitations in the present study that can be addressed in future studies. First, the sample was self-selected through online recruitment and referral, and anyone agreeing to participate was considered. One limitation of this research could be the limited scope for more general claims that can be made of the findings. In keeping with IPA's idiographic approach, the study was conducted with a small, fairly homogeneous sample. However, focusing in detail on a small number of participants can be construed as a strength of the study rather than a limitation. This is because it enables a close examination of participants' experiential claims and their attempts to make sense of their experiences in the specific context of the particular social and cultural context in which they are situated. Follow-up studies should examine different groups of sex addicts (e.g., online vs. offline SA) and other variables (such as age) to potentially move towards making more general claims. Similarly, because there is no universal agreement and/or diagnostic criteria for SA and/or HD, the participants were treated with a variety of presentations of the same issue. However, they continued with the 12-Step meetings to avoid "slipping" as other forms of treatment were too expensive (and given that SA is not generally treated within theNHS (Griffiths & Dhuffar, 2014)).

The process of analysis was iterative and collaborative. However, it remained the predominate analysis of a single research team with a specific set of values regarding female sexual behaviours and SA. Therefore, judgements of the research team are also influenced within the analysis.Another limitation is the potential ofwell-known recall biases related to self-report research (e.g., recall baises, social desirability baises). All participants spoke about their experiences in retrospect. Although intervewier bias was minimal as the first author has had extensive knowledge of the topic under investigation, a second interviewer could potentially aid in more specificity during the analytic process. As noted, social desirability bias may also have been present, especially with confrontations of sexual behaviour. This poses a major limitation to the data collected. However,

since the interviews were conducted over the telephone (rather than face-to-face), it potentially helped them to speak more openly about their experiences, therefore such reducing bias.

Clinical Implications

Knowledge of the female sex addict among most senior healthcare professions and academics appears to be limited. Furthermore, their sources of information are likely to be the media or the scientific literature, both of which are rigid in their acceptance of problematic sexual behaviours among women, and arugably have limited understanding of the psychological consequences involved of engaging in such behaviours. In order to support future clincial work for those being referred to services with sex difficulties, a much greater knowledge about SA needs to be established about adults in general, the Internet, cybertechnology, and the circumstances under which sex has become problematic.

Primary implications of this research are to inform health care providers and clinical practitioners of an alternative approach to understanding and addressing problematic sexual behaviours in female clients. Based upon the lived experiences of the three female participants in this study, clinicians are encouraged to explore the five themes identified with their clients. They can also develop SA treatment initiatives that directly address reducing and potentially resolving the negative psychological and physiological consequences that accompany such an addiction.

The current study also demonstrated the wealth of data that can be generated from interviews and qualitative methodology, which would not be gained through self-report measures that employ a set nosology of terms that may or may not reflect on an individual's experience. Similar to a clincial interview, qualitative methodologies (in particular IPA) allow for a deeper understanding of individual circumstances without simply allocating a diagnostic label that implies a static trait. It also gives the clincans insight into the multiple presentations of SA in females, further supporting the notion that "sex addiction" is not limited to a single behaviour, but rather, it is an umbrella term for a number of behaviours both online and offine.

An increased focus on the individual cases potentially address concerns relating to preservation of the richness of individual accounts (Collins & Nicolson, 2002) and is in line with increased efforts within the British NHS to make greater efforts to acknowledge the voices of service-users. As asserted by Brocki and Wearden (2006): "IPA is entirely congruent with the increase in patient-centred research" (p. 100).

Future studies could use two researchers to collate data in a group format similar to Larkin and Griffiths' (2002) study. Participant experiences of being in treatment could be explored simultanously as opposed to recalling their past experiences retrospectively to reduce recall bias. It is also important to examine individiual life stories for what positively helped them build upon and reinforce those strengths and resources and support necessary behaviour changes (Larkin & Griffiths, 2002). The role of self-esteem is another area that could be further explored in future studies. Whether it was explicitly mentioned or more implicitly, all participants in the present study reported some form of a traumatic event in childhood or early adulthood, all of which took place before the onset and maintanance of SA.

Future research also could address the methodological flaws presented in this study by recruiting a sample that is currently experiencing difficulties with SA since retrospective accounts may lead to greater recall bias. Whilst these findings bring to light that a treatment intervention for female SA is warranted, the participants themselves mentioned that a specific diagnostic criteria would not make much of a difference in helping other women come forward for treatment.

Conclusion

The present study is one of the first of its kind. Using IPA to understand the perspectives of the female sex addict provided valuable insight into the experiences of those who, at some point their lives had major difficulty as a result of their out-of-control sexual behaviours. Using a qualitative methodogical approach allowed for further exploration when making attempts to ascertain reasons for non-treatment seeking among female sex addicts. Three key reasons for not seeking treatment were identifed: (1) involvement of financial cost; (2) negative judgements from GPs and therapists and, most notably; and (3) the lack of resources and women-only groups and/or treatment programs. Given that diagnostic criteria SA and/or HD are yet to be determined, it is apparent that treatment regimes remain understudied and future research could focus on developing an aetiological model for hypersexual behaviours to shed some light on the specific behaviours that are being addressed.

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