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2014

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**Shame and Sex Addiction: Through A Cinematic Lens**

Bonnie K Lee* and Madison Moore

**Abstract**

Sex addiction has been a topic of debate. With the new DSM-V (2013) category of Substance-Related and Addictive Disorders that now includes gambling disorder, other excessive behaviors including sex are poised to capture increasing attention. Depiction and clinical case studies of the progression and features of sex addiction are limited in the research literature due to ethics of confidentiality and the taboo nature of the topic. This article puts a human face to the question of sex addiction through the use of cinema as a ‘cultural text’ with the film Shame (2011). A framework for addiction comprising of the 3C’s: (1) craving; (2) loss of control; and (3) negative consequences, is used to analyze the protagonist’s behavior. Parallels to alcohol and gambling disorders are drawn. Momentous shifts in society’s sexual environment and norms that currently re-shape sexual behaviors are highlighted. The article points to avenues of research and its urgency to society and its individuals. Clear neurobiological and behavioral markers to define sex addiction can reduce shame and alleviate the suffering of those afflicted through appropriate treatment. A fortified understanding of sex addiction has significant individual, family and social implications.

**Introduction**

The question of whether sex addiction exists has stirred continuing debates. Critics on one side attribute the sex addiction concept to a medicalization of sexual appetites to serve an industry of counselling professionals [1]. Sex addiction is regarded as a myth promulgated by cultural and religious conservatism and its anxieties, edged with a negativism towards sexual exploration and its pleasures [2]. It has been suggested that the historical debate on sex addiction has been waged more on moral predilections than grounded in peer-reviewed evidence to establish diagnostic criteria and course of development of ‘sex addiction’ precludes its inclusion the latest DSM [12,17].

The fact that Gambling Disorder is now placed under the section Substance-Related and Addictive Disorders in the DSM-V (APA 2013) [12] is a portent of other excessive behaviors being examined as addictive disorders. Indeed, the interest in behavioral addiction is on the rise [13-16]. The DSM-V cites activation of the brain reward system and behavioral symptoms of Gambling Disorder as comparable to Substance Use Disorder. However, insufficient current peer-reviewed evidence to establish diagnostic criteria and course of development of ‘sex addiction’ precludes its inclusion the latest DSM [12,17].

Written and directed by Steve McQueen from the UK, the film Shame (2011) is the product of McQueen’s investigation into how contemporary lives, such as that of the protagonist Brandon, are impacted by a rapidly changing sexual environment. As an experimental film-maker who is intentional about his art, McQueen believes that cinema is an important platform to call attention to social phenomena that are under-investigated. His work functions as a form of artistic documentary. Themes of oppression, repression, and the intensity of psychological conflict in specific socio-political and cultural contexts characterized his first production, Hunger, a film about the 1980s Irish Hunger strike. In making Shame, McQueen disclosed that he researched his subject matter of “sex addiction” by interviewing “experts” and “tens of people with sexual addiction” in New York city, after failing to find any informants who would come forward in London [18]. This is not entirely surprising as when stigma is attached to a phenomenon, people go underground. In an interview, McQueen stated that he would view his movie a “success” if it should provoke conversations about its subject matter [19].

**Framework and Analysis**

A cinematic rendition of the progression of compulsive sexual behaviour can serve as a case study to illuminate features of a phenomenon. We analyze Shame to show how Brandon, the film’s protagonist, exemplifies a person with features of sex addiction that parallel criteria for substance use disorder. As a framework for analysis, we use three thematic clusters based on the criteria of the DSM-V for alcohol use disorder and gambling disorder, which we call the 3 C’s, namely, (1) craving and preoccupation with obtaining, engaging in or recovering from the use of the substance or behavior; (2) loss of control in using the substance or engaging in the behavior with increasing frequency or duration, larger amounts or intensity, or in increasing the risk in use and behavior to obtain the desired effect; and (3) negative consequences in physical, social, occupational,
communicates through prolonged, suggestive, still photographic
an icon of the suffering Christ figure placed horizontally. McQueen
motionless pose in bed, draped only with a sheet over his groin, evoked
vulnerability. His perfectly expressionless face and prolonged
complete nudity reveals his unguarded manhood in a state of naked
The repetitive noise of drapes drawn begins the cycle in Brandon’s day
throughout the film compared to the amplification of other sounds.
Brandon is a young professional in a high technology firm. His
behavior become a reigning preoccupation that dominates a person’s
Cluster 1: craving and pre-occupation
Craving is manifested by an intense desire and urge for the behavior
to the extent that either the fantasy or attempts in engaging in the
behavior become a reining preoccupation that dominates a person’s
life. Brandon travels daily on the subway train that is relentlessly in
motion underground like his unconscious impulses. The train is full
of people each encapsulated in their own isolated world in a city of
millions. Throughout the day, Brandon is preoccupied with sexual
fantasies and behaviors. On the train Brandon locks eyes with a young
attractive woman. The woman smiles coyly at him. Her engagement
ring does not deter Brandon from getting off at her stop and chasing
after her, frantically searching for her in the crowds. Sometimes, the
rush is in the chase and the possibility of conquest. This could serve to
elevate a dysphoric mood and supply a momentary high.
At work, Brandon lacks focus, preoccupied with his sexual
fantasies and then worries as his computer is taken away suddenly.
Management has found an excessive amount of explicit pornographic
content on its hard-drive. Research found that the most common
tendencies.

Table 1: Diagnostic Criteria from the DSM-V (2013).

<table>
<thead>
<tr>
<th>Alcohol Use Disorder</th>
<th>Gambling Disorder</th>
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<tbody>
<tr>
<td>A problematic pattern of alcohol use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period: 1. Alcohol is often taken in larger amounts or over a longer period than was intended. 2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use. 3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects. 4. Craving, or a strong desire or urge to use alcohol. 5. Recurrent alcohol use resulting in a failure to fulfill major role obligations at work, school, or home. 6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol use. 7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use. 8. Recurrent alcohol use in situations in which it is physically hazardous. 9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. 10. Tolerance, as defined by either of the following: • A need for markedly increased amounts of alcohol to achieve intoxication or desired effect. • A markedly diminished effect with continued use of the same amount of alcohol. 11. Withdrawal, as manifested by either of the following: • The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal). • Alcohol (or a closely related substance, such as a benzodiazepine) is taken to relieve or avoid withdrawal symptoms.</td>
<td>Persistent and problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period: 1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement. 2. Is restless or irritable when attempting to cut down or stop gambling. 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling. 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or planning the next venture, thinking of ways to get money with which to gamble). 5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed). 6. After losing money gambling, often returns another day to get even (“chasing” one’s losses). 7. Lies to conceal the extent of involvement with gambling. 8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling. 9. Relies on others to provide money to relieve desperate financial situations caused by gambling.</td>
</tr>
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Table 2: Three C’s of Addiction and Corresponding Diagnostic Criteria.

| Setting | 
|------------------|------------------|
| The setting is 21st century contemporary New York City where Brandon is a young professional in a high technology firm. His bachelor pad is sterile white and immaculately tidy, like his well-calculated routine. Sounds and images convey the internal and external atmosphere of Brandon’s life. Dialogue is kept to a minimum throughout the film compared to the amplification of other sounds. The repetitive noise of drapes drawn begins the cycle in Brandon’s day that alternates between his private life in his darkened room and his public persona in broad daylight. An early frontal shot of Brandon’s complete nudity reveals his unguarded mien in a state of naked vulnerability. His perfectly expressionless face and prolonged motionless pose in bed, draped only with a sheet over his groin, evoked an icon of the suffering Christ figure placed horizontally. McQueen communicates through prolonged, suggestive, still photographic images. These images allow the viewers to build and process their own associations without the use of commentary. | 

Volume 3 • Issue 1 • 1000116

doi:http://dx.doi.org/10.4172/2324-9005.1000116

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his palette of sexual activities becomes clear. He ignores repeated phone messages by an un-revealed female voice desperate to connect. He is not shown to have friends other than co-workers with whom he goes to bars where they betting on conquest of women.

Cluster 2: loss of control

One sign of dependence on substances and behaviors is the development of tolerance. Tolerance means the need to engage with increased frequency or dosage and intensity in use of a substance or behavior to achieve the desired effect over time. As the film progresses, Brandon begins to take extreme and desperate measures in escalating his level and intensity of sexual behavior to beat his tolerance. Attempts to control his sexual behaviors are unsuccessful. One night in a moment of resolve, Brandon forcefully trashes everything of a sexual nature, including his stash of pornographic videos, sex toys, magazines and his laptop, as if to purge himself of the shame he feels towards himself. Unfortunately his resolve is short-lived. Though he discards everything from his apartment so that it looks like he has cleaned himself up, he cannot not rid himself of the nagging need for sex after an altercation with his sister which plunges him into a dysphoric mood. At that point, he no longer cares about consequences. He goes to a run-down bar, makes a bold sexual advance with a woman publicly and taunts her intimidating boyfriend and ends up being battered by him.

Later in a dimly lit open cement stall at the back of a gay bar, he engages in anonymous homosexual sex in which he has never before shown interest. Brandon cannot escape or detour from his own sexual compulsion, leaving him with apparently no choice but to step up his sexual behavior. The shrill music background accompanies Brandon’s escalating desperation to find relief and exit from his own turmoil. We then see Brandon, full of anguish and intensity, engaging in a three-some with two unknown women in an apartment. Lines of sweaty exhaustion shows visibly on his tortuous face with the efforts he expends to reach climax in the blurring mesh of bodies and body parts. Sex, like substances, could lose its pleasure. Tolerance, a feature of dependence, requires an increase in dosage and intensity to achieve the same psychological and physiological effect through substances or behaviors.

Cluster 3: negative consequences

Continuation of a behavior despite its adverse consequences is another sign of an addictive disorder (Table 2). Negative consequences associated with addiction entail occupational, financial, psychological, relational, moral, physical and legal ramifications.

Occupational, legal and financial: In Brandon’s case, after his hard-drive with pornography is apprehended, which his boss describes as “dirty, very dirty”, Brandon is only mildly reprimanded by his superior. Brandon’s boss is a married man with children who seeks out extra-marital affairs and one-night stands, in this instance with Brandon’s sister. Shifting sexual morals could change work cultures and social norms in terms of what is acceptable sexual behaviors, while consequences to problematic practices could be mitigated through the collusion of associates in the work and social environment.

Preoccupation with sexual fantasies, compulsive sex rituals and pornography and cybersex internet use during work hours reduces productivity and increases costs to employers and exert a negative effect on the organization and other employees [28]. Increasingly, organizations are advised to develop internet abuse policies, similar to drug and alcohol policy in the workplace [29]. Internet sexual offending is expected to increase with internet use [30], and employers may be implicated if employees use internet at work involving sexual offense. In Canada, provincial human rights tribunals recognize the display or use of pornography in the workplace as a form of sexual harassment on the grounds that it creates an unequal work environment for women [31]. Loss of a career or a job, potential law suits are financial costs to sex addiction in addition to subscriptions to pornography and cybersex sites, escorts services, and purchase of sexual paraphernalia.

Relational/Psychological: Brandon’s sexual partners are anonymous or impersonal until he dates a female co-worker, revealing his difficulty with relationships and intimacy. The dinner date is awkward, the conversation choppy and interrupted every few minutes by an overly attentive waiter. While familiar with the cues of pickups, hookups, anonymous and paid sex, Brandon is painfully uncomfortable with the traditional rituals of dating and courtship. He is used to a solitary life with take-out dinners in front of his laptop screen. Over dinner with his date he discloses that he does not believe in getting married because “it’s not realistic” and that his longest relationship was four months. Real relationships entail communication, risk of vulnerability, disclosure of self, and exposure to rejection [32, 33]. Intimacy is especially difficult if one doubts one’s worth, cannot self-validate, has difficulty with communication, and features a childhood history of attachment difficulties, commonly found in the background of those with addictions [14,33-36].

Just before sex with his co-worker, Brandon snorts a line of cocaine in the bathroom and has a stiff drink to both arouse himself and calm his nerves. Co-occurrence of substance abuse and sex addiction is common and follows complex interactions [37-39]. Unable to have an erection, Brandon leaves the bed and sits in a corner looking out the window in a stupor of shame. The camera lingers a long time on his despondent pose.

In contrast, the immediately following scene in the same hotel room after the co-worker leaves shows Brandon having sex with an anonymous escort upright against the open window in the high rise, one might say a sign of escalation through exhibitionism. An earlier scene shows Brandon viewing another pair copulating against a similar window. Exhibitionism, voyeurism, masochistic and sadistic sex and other paraphilias are emphatically not considered a disorder by DSM-V unless a paraphilia is accompanied by distress to self or harm to others and is non-consensual [12] (APA 2013), a liberalization from DSM-IV diagnosis. After the sex act, the escort casually stretches herself in a feline nonchalant manner and leaves, ignoring Brandon’s feeble solicitous gestures. While Brandon may be able to perform in sex, his ability to form attachment and intimate relationship is woefully inadequate. Some clinicians view sex addiction as fundamentally an intimacy and relationship disorder [34, 35, 40].

Moral: As sexual compulsion escalates and gets out of control, Brandon finds himself compromising his values and integrity. He engages in acts that even he himself finds it hard to sanction, but nonetheless still seeks out. Brandon is portrayed as a person with moral scruples when he questions his sister about her affair with his boss, whom he knows to have a wife and child. In fact, the viewer has come to empathize with Brandon and his painful predicament and inner struggles. Brandon is portrayed as likeable with human sensitivity, yet he finds himself descending into increasingly risky
Discussion

The film puts a human face to sex addiction. Since Brandon is not an actual clinical case, the progression and features of his sex addiction invite the corroboration of clinical case studies that depict the trajectory of sex addiction. Shame keeps individuals struggling with their compulsive sexual behaviour hidden and isolated, but clear diagnostic criteria for sex addiction will enable those afflicted to obtain the help they need. The parallels of sex addiction with alcohol and gambling disorders are striking in three symptomatic clusters of craving and preoccupation, compulsivity and loss of control, and the continuation and escalation of the behavior despite negative consequences. Critics of sex addiction fail to recognize that with certain individuals, sex does not lead to pleasure. With addiction, what begins as a pleasurable activity degenerates into a compulsion with diminishing returns. Sex addiction is not a derogatory term to pathologize sexual behavior. Rather, clear diagnostic criteria for an addictive disorder would allow someone in Brandon’s position to appreciate the seriousness of their condition and to receive the necessary professional support and treatment to reclaim a life of health and fulfilling relationships. Hope exists.

Addiction is not a short story. It is a tale that often extends back to a history of problematic childhood relationships, followed by misguided attempts to deal with the psychological pain with substances or behaviors to find relief, progressing to a descent into chronic relapses and self-destruction. The course of development of various behaviors that could potentially become addictive is insufficiently studied [48]. In-depth case studies of a series of similar cases can help map the thematic history and course of problem development, its proximal and distal factors, symptoms and relationship manifestations over time [32]. A painful childhood and dysfunctional family dynamics are often found in the background of substance use problems, gambling disorders and sex addiction [49, 50]. Because of the progressive and recursively escalating nature of addictive disorders [32, 48], a long-term perspective through clinical case studies and longitudinal studies is needed. Understanding the developmental course of sex addiction will illuminate if current subclinical behaviors place the person at risk for exacerbation of addictive behavior or in developing new addictive behaviors. These clinical considerations include paraphilias and their course of development.

Comorbidity is a common feature of addiction, both in terms of the high rates of co-occurrence of addictions [37], and the presence of mental health problems, ostensibly depression, post-traumatic stress disorder, and anxiety [51, 52]. Sexual compulsivity could be primary or secondary to substance abuse and other behavior addictions, e.g. gambling. Routine screening of sexual behaviors concurrent with substance use and other behavior addictions is advisable to determine how these addictions interact.

Similar to substances, behaviors, such as gambling [53, 54], food [55] and pornography [56], have the capacity to stimulate and alter neurobiological systems, especially the dopamine reward system of the brain and diminished fronto-striatal activity. Further, it has been suggested that pornography has the potential to alter brain structures permanently, with the developing brain being the most vulnerable [57, 58]. Because of current inconsistent neurobiological findings linking sexual images and behaviors with brain activity, more research in this area is needed [17, 59].

Addiction is more than an individual phenomenon but should be framed ecologically within a social and political context [60]. It is financially supported by corporations as in the tobacco, alcohol, pharmaceutical and gambling markets, as well as by underground industries. It is perpetuated by cultural consensus and political
Constituencies, and proliferated by modern technologies. Sex has become a hot commodity and one of the most affordable addictions. It is a commodity capitalized on by industry and private entrepreneurs. The cybersex industry is one of the most lucrative industries dominating the internet today [61].

Increased availability and accessibility of a commodity often carries the potential of precipitating its problematic consumption. For example, research showed that when casinos became available and accessible, there was a significant increase of negative effects with gambling in their vicinity [62]. Similar findings of associated negative effects are reported with alcohol and tobacco outlets and their convenient accessibility [63,64]. Pornography on the internet with its easy access, availability and anonymity has raised concerns about its effects on sexual behaviors and brain development [58], its positive correlation with aggressive behavior, particular among high-risk males [65], and marital infidelity [66]. The potential of pornography to amplify the brain’s addiction-related neuroplasticity by an accelerated novelty ‘supranormal stimulus’ effect has been put forth [57].

How new sexual allures and practices in our global society modify patterns of sexual appetite, behavior, and risks for addiction is still largely unknown. We are in the throes of a massive sexual shift, and what was once considered problematic is becoming the new normal [67]. The film depicted the sexual shift with cybersex, pornography, casual anonymous sex, escort services and paid sex, exhibitionism, voyeurism, extramarital sex, and a combination of sex with gambling and substance use. Its impact on families, children and adolescents, and society has not even yet been calculated.

Similar to substance use, compulsive behaviors leading to users’ preoccupation, loss of control, and continuation of use despite adverse consequences share the core features that characterize what is commonly called addiction [20]. As our analysis shows, addiction to substances and behaviors may be multiple expressions of a single ‘syndrome’ of addiction with a common psycho-social etiology, progression and consequences as well as shared neurobiological mechanisms [48]. Our focus needs to be as much on the understanding of addiction’s psycho-social etiology as it is on its treatment and rehabilitation.


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