How social workers assess sexual addiction among adolescents

Qualitative study

Maria Mazanova, Nicolina Knauth
2013

Examensarbete, kandidatnivå, 15 hp
Socialt arbete
Social work, Specialisation in International Social Work
Foreword

We would like to give a special thanks to all of our participants who managed to take the time and participate in this study in order to share their experience and also their enthusiastic support by suggesting further research. Furthermore, we would like to thank our family and friends, who have provided us with their massive support throughout the process. We would not have been able to pull this through otherwise. And last, but certainly not least, we would like to thank our supervisor, Inger Linblad, who has shared her knowledge and given us the tools to complete this study.

Stockholm, August 2013

Maria Mazanova & Nicolina Knauth
**Abstract**

This research seeks to unravel the definition of sexual addiction amongst adolescents from the perspectives of professional social workers, working with these types of issues. This has been conducted through a qualitative study based on semi-structured interviews with social workers in various youth clinics in Stockholm. The results gathered from the interviews are presented and then analyzed through discourse analysis using the social constructionism as our theoretical framework. The primary results gathered, conclude that sexual addiction amongst adolescents is to be defined within the personal contact between the client and the social worker in order to build an individual case discourse. The results also depicts that shame and anxiety are the driving forces for the phenomenon. Furthermore, inconsistency was discovered regarding the terminology of the phenomenon amongst the social workers. It is important to note that the adolescent years are time of rapid change and, thus, the behavior resembling sexual addiction may not be permanent. The results are then discussed and compared to previous research.

**Key-words:** adolescent sexual addiction, sexual addiction, adolescence addiction, international social work, social constructionism, social work, youth clinics
<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>1.1</td>
<td>Background</td>
<td>1</td>
</tr>
<tr>
<td>1.2</td>
<td>Connection to international social work</td>
<td>2</td>
</tr>
<tr>
<td>1.3</td>
<td>Aim</td>
<td>3</td>
</tr>
<tr>
<td>1.4</td>
<td>Issue</td>
<td>3</td>
</tr>
<tr>
<td>1.5</td>
<td>Limitations</td>
<td>4</td>
</tr>
<tr>
<td>1.5.1</td>
<td>Location</td>
<td>4</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Target group</td>
<td>4</td>
</tr>
<tr>
<td>1.6</td>
<td>Definitions</td>
<td>4</td>
</tr>
<tr>
<td>1.7</td>
<td>Disposition</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Previous Research</td>
<td>6</td>
</tr>
<tr>
<td>2.1</td>
<td>Terminology</td>
<td>6</td>
</tr>
<tr>
<td>2.2</td>
<td>Sexual addiction – Definition</td>
<td>7</td>
</tr>
<tr>
<td>2.2.1</td>
<td>Symptoms</td>
<td>7</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Critique</td>
<td>8</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Sexual Addiction amongst adolescents</td>
<td>10</td>
</tr>
<tr>
<td>3.</td>
<td>Theoretical Framework</td>
<td>13</td>
</tr>
<tr>
<td>3.1</td>
<td>Social constructionism</td>
<td>13</td>
</tr>
<tr>
<td>4.</td>
<td>Methodology</td>
<td>15</td>
</tr>
<tr>
<td>4.1</td>
<td>Research design</td>
<td>15</td>
</tr>
<tr>
<td>4.2</td>
<td>Selection of methods</td>
<td>15</td>
</tr>
<tr>
<td>4.3</td>
<td>Mode of procedure</td>
<td>16</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Choice of literature</td>
<td>16</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Sampling</td>
<td>17</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Investigation process</td>
<td>18</td>
</tr>
<tr>
<td>4.4</td>
<td>Semi-structured interviews</td>
<td>18</td>
</tr>
<tr>
<td>4.5</td>
<td>Tools for analysis</td>
<td>19</td>
</tr>
<tr>
<td>5.</td>
<td>Reliability, validity and generalization</td>
<td>21</td>
</tr>
<tr>
<td>5.1</td>
<td>Reliability</td>
<td>21</td>
</tr>
<tr>
<td>5.2</td>
<td>Validity</td>
<td>22</td>
</tr>
<tr>
<td>5.3</td>
<td>Generalizability</td>
<td>23</td>
</tr>
</tbody>
</table>
6. Results and analysis...........................................................................................................25

6.1 Theme one: The definition of adolescent sexual addiction, according to social workers ..........................................................................................................................................25

6.2 Theme two: Distinctive traits related to sexual addiction amongst adolescents ............27

6.3 Theme three: Discovering sexual addiction amongst adolescents as a professional social worker ......................................................................................................................................28

6.4 Theme four: Terminology .............................................................................................30

6.5 Theme five: Sexual addiction VS. Sexual self-harm .....................................................31

6.6 Theme six: Connection to alcohol ................................................................................32

6.7 Theme seven: Professional means for prevention ......................................................34

7. Discussion...........................................................................................................................36

7.1 Brief summary of the results ............................................................................................36

7.2 Discussion of the results from a social constructionist perspective ...............................37

7.3 Comparison to previous research regarding sexual addiction .......................................39

7.4 Alternative interpretation of results ................................................................................41

7.5 Suggestion for Further Research ..................................................................................41

8. Bibliography........................................................................................................................43

Appendix I ...............................................................................................................................46

Medgivande/Consent ..............................................................................................................46

Appendix II ..............................................................................................................................48

Interview guide......................................................................................................................48
1. Introduction

1.1 Background

In articles and others means of modern mass media, the subject of sexual addiction and hypersexuality has recently become more popular than ever, despite the lack of a full understanding for the phenomenon. Sweden is internationally recognized as a country with a strong social security system, especially related to adolescence care and treatment – the system of free medical services for people under 23 (depending on county) is operating on a high level. However, RFSU (2010) (the Swedish Association for Sexuality Education) showed in their research results that the age for one's first sexual intercourse experience is getting lower – “One-third of Swedes had their first experience of sexual intercourse before the age of 16. The majority of Swedes had their first experience of sexual intercourse with a partner roughly the same age” (ibid.). Consequently, if the age of sexually active people in a country decreases, the risk of diseases and problems surrounding it will most likely increase amongst adolescents in a direct ratio.

Hall (2012, quoted in Moorhead 2012) mentions in her research, that sexual addictions starts at a young age - 40 percent of the people surveyed, were under 16 when realized the presence of the problem. Around 10 percent of the participants mentioned that they were as young as 10 years old when the issue arose (ibid.).

The reduced age limits made us as researchers extremely curious about the mechanism of sexual addiction amongst adolescence and thus this study will be devoted to this phenomenon. However there is still a fundamental lack of understanding and diverse opinions amongst the leading researchers surrounding the phenomenon of sexual addiction. This causes us as researchers to examine the phenomenon from a basic point of view. Therefore we need to understand how professionals define and understand the phenomenon and particularly how they understand it amongst adolescents.

In order to examine the phenomenon from a scientific perspective regarding social work, we have chosen to collect data from professional social workers, who specifically work with
adolescent sexual issues, in order to get a further understanding of how the phenomenon is viewed upon. Since most research of the phenomenon is conducted within American context, whilst we are conducting our research within Swedish context, we hope that we can contribute to a further international understanding of the phenomenon.

1.2 Connection to international social work

According to IFSW’s (2012) (International Federation for Social Worker), definition of international social work:

“The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behavior and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.”

In this sense, the phenomenon of adolescent sexual addiction is strongly connected to social work. The purpose of social work as a profession is to enhance people's well-being. Since sexual addiction has a negative impact on both a societal and individual level. Sussman (2007) has in his article claims that a wide range of problems derives from young people’s engagement into harmful sexual experiences – loosing of time from school, family; creating problems for relatives such as hurt feeling and worries; isolation. According to Sussman (2007), one can be trapped into financial drain, for instance, when buying sex, moreover, since adolescence are usually partly financially dependent, not only for themselves, but for others. Such an addiction can cause arrest for sex-related offence, for instance: voyeurism, exhibitionism, prostitution, indecent phone calls; worsening of one’s reputation; experienced victimization - sample is being drawn to dangerous people. In some cases Sussman describes that it can result in severe illnesses, like STDs, HIV and AIDS. In terms of society, reluctant attitude towards this problem can lead to an increase of unwanted or unexpected pregnancies.

Due to all mentioned above, we can say that investigating sexual addiction amongst adolescents has a great connection to international social work since it is strongly related to
people’s well-being, as well as problem solving in human relationships, since adolescent sexual addiction rarely affects only the addict. From an international perspective, taking in to account the RFSU statistics; Sweden in particular would possibly be affected by this problem since the age of sexually active people is getting lower in this country. However, due to the fact that the majority of articles and researches are written and conducted within an American perspective, a Swedish perspective might contribute to an international understanding of the issue of sexual addiction amongst adolescents.

1.3 Aim

The aim of our research is to examine how professional social workers define sexual addiction amongst adolescents.

1.4 Issue

In order to reach the developed aim, one main question and two sub questions were raised:

- How do professional social workers define sexual addiction amongst adolescents?
- How do professional social workers identify sexual addiction amongst adolescents?
- How do professional social workers prevent sexual addiction amongst adolescents?
1.5 Limitations

1.5.1 Location

The prime limit we sat was regarding the location of the clinics - we searched for social workers available in Stockholm County and made the selection by random choice. Stockholm was chosen not only for the reason of convenience, but also for the reason that the number of clinics is higher, therefore, the amount of practitioners working with the phenomenon of interest, is notably greater.

1.5.2 Target group

Since the aim of our research is to examine the phenomenon of sexual addiction amongst adolescents from a professional’s point of view, consequently we decided the target group of those whom we needed to proceed interviews with - that appeared to be professional social workers, who work in clinics with adolescents suffering from sexual addiction or other types of related issues aged from 12 till 23.

1.6 Definitions

*Sexual addiction* - As far as there are many terms which are used for describing and naming this phenomenon and every single researcher uses the one which he or she considers to be most relevant. To avoid misunderstandings, we have determined to use here and further the term “sexual addiction” since, according to Hall (2011), it is commonly used by clients themselves and is also more general. However, other terms such as “sexually compulsive behavior”, “hypersexuality” etc. may occur when referring to other resources.
DSM – Stands for diagnostic and statistical manual of mental disorders. It is published by the American psychiatric association (Ågren, 2013) and used internationally. There are several editions of the DSM, whereas the latest is DSM-5 (ibid.).

Paraphilia – Following Psychology Today (2009), paraphilia is an atypical or extreme sexual behavior. The behavior can involve particular objects, such as lingerie, shoes or animals or a certain behavior such as masochism, voyeurism or exhibitionism. According to Psychology Today, the distinct trait of paraphilia is being dependent on that behavior or object for sexual satisfaction.

1.7 Disposition

Our research is consisting of several headlines. The first will be dedicated to introductory information, including background, choice of subject and area of interest. Limitations, specific definitions and central concepts will also be highlighted in this part. Previous research contains collected information from research previously conducted regarding the subject of sexual addiction. The Methodology part includes description of the research aspects, such as data gathering and ethical consideration. The theoretical framework provides an overview of the theory used in order to analyze our results. The results and analysis part will consist of the collected results and a discourse analysis. The discussion part reports the most important results and reflections; it also depicts some recommendations and ideas suitable for further research.
2. Previous Research

When searching for the previous material regarding our phenomenon, attention was paid to several themes. However, in order to understand adolescent sexual addiction, one must begin to understand sexual addiction as a phenomenon in its own. Thus – the first headline to be highlighted is “terminology”, as Hall (2012, quoted in Moorhead 2012) mentions, the term “sex addiction” is very modern, and not even professionals themselves have come to agreement regarding a strict definition; nevertheless, the general term is "a pattern of out-of-control sexual behavior that causes problems in someone's life" (Hall, 2012, quoted in Moorhead 2012).

The second part is dedicated to examine sexual addiction amongst adolescence as a phenomenon, which contains presentations regarding the definition of sexual addiction, which includes symptoms of the behavior, critic regarding sexual addiction as anything other than a social phenomenon and the final part will bring forth the specifications of sexual addiction amongst adolescents.

2.1 Terminology

One of the problems in defining sexual addiction today is what to call the phenomenon. The terminology of the phenomenon, as this paper refers to; sexual addiction is currently disputed amongst professionals. According to Hall (2011), there is a mutual feeling described by sexual addicts as a loss of control over their sexual behavior. This feeling correlates with the feeling accurately described by addicts, creating the root for the term “addiction”. However Hall (2011) describes that without clinical evidences of escalation and withdrawal, the term will remain disputed. There are several alternative terms for sexual addiction proposed, however, according to Hall (2011), they all have their limitations. Sexually compulsive behaviors is an alternative term, however, in difference of other compulsive behaviors, there is a rewarding consequence of sexual compulsivity. Hall states, that sexual compulsivity is also not used frequently in the same matter as to alleviate anxiety by the means of “checking” or hand-washing Sexual dependency is another term which can act as an alternative to sexual addiction. The term is preferred by
professionals working with other types of addiction (such as alcohol or drugs). According to Hall (2011), the problem which the term dependency creates is of that; whilst dependency on alcohol or drugs should probably not be a part of a person life, many would agree that a person depend on sexuality due to reproduction. Hypersexuality is the term which has been the proposed terminology, describing sexual addiction, for the forthcoming DSM-V. The term 'hyper’, however, refers to excessive or increased sexuality (Kafka, 2009; Hall, 2011), which according to Hall (2011) is not necessarily the case of sexual addiction. Kafka (2009) however, chose this scientifically based terminology of hypersexuality, which would accurately describe the proposed clinical characteristics of increase in frequency and intensity of non-paraphilic sexual behavior related to significant noxious consequences. The term hypersexuality was included within the DSM-V, but with the statement that further research is necessary (American Psychiatric Association, 2014).

2.2 Sexual addiction – Definition

2.2.1 Symptoms

The general clinical way to look at sexual addiction, according to Levine (2010), is if the sexual behavior is obviously harmful towards the self or others. The sexual behavior amount to negative consequences of which are time consuming, economical, psychological or social and that despite negative consequences, the person is unable to stop (Levine, 2010; Ragan & Martin, 2000; Stupiansky et al. 2009; Sussman 2007).

Sexual addiction can appear in various forms and to various degrees (Hall, 2011). Different types of forms could e.g. be masturbation, cybersex, pornography, telephone sex, strip clubs or sexual behavior with consenting adults (Hall, 2011; Kafka, 2009; Levine 2010). Kafka (2009) claims that hypersexuality is a non-paraphilic disorder, primarily focused sexual desire. By describing hypersexuality as a sexual desire disorder, provides the ability to measure hypersexuality by TSO - Total Sexual Outlets per week (orgasms). Whereas Kafka (2009) found, that a TSO of seven or more per week, during a period of a minimum of six months, over the age of 15 years amongst American males, were to be considered as hypersexual disorder. However,
Kafka (2009) also states that in order to determine a normative range for sexual behavior for comparison, one must consider other demographic values as well, values such as: age, gender, relationships, education, cultural contexts and religious affiliations.

Kafka (2009) describes the criteria for hypersexuality in a proposition for DSM-V as having intense sexual fantasies, sexual urges or sexual behavior which is time consuming and interferes with other non-sexual, important goals, obligations and activities. By repetitively engaged in sexual fantasies, urges or behavior in order to avoid negative feelings such as; boredom, depression, irritability or anxiety or as a response to stressful events in life. By engaging in sexual fantasies, urges or behaviors repetitively without consideration to physical or psychological harm, which might be inflicted on self or others. By repetitively try to diminish or control one's sexual fantasies, urges or behaviors, but without success. This type of fantasies, urges or behaviors shall have proceeded within a period of six months. There shall also be a disruption within other important areas of functioning, such as occupational, social, etc. due to the intensity or frequency of the sexual fantasies, urges or behaviors. The sexual fantasies, urges or behaviors should, however, not be a direct consequence of exogenous substance, such as medication or drugs (ibid.). Sexual addiction/hypersexuality is also described as using sex to self-medicate or cope (Kafka 2013; Woody 2011).

2.2.2 Critique

Sexual addiction is a phenomenon disputed amongst researchers. There are discussions on what the criterions for sexual addiction is and what sexual addiction should be called, there are even discussions on whether sexual addiction exists as a pathological disorder or if it is a phenomenon created by social constructionism. According to Reay, et al. (2013), in the history of sex, both “thing” and “word” is discussed. E.g. they discuss the act of masturbation, that it was acknowledged and carried out before the term onanism (later masturbation) was set. Fisting or fistfucking, however, is a modern sexual invention, as is sexual addiction, claims Reay, et al. (2013). The term sexual addiction first appeared in the literature during the 1980’s, when the term was coined by Carnes (Woody, 2011). As Reay, et al. (2013) states that sexual addiction has, according to previous researchers, escalated during the terms of recent years. One of the
reasons is due to new technology. The internet brings forth a new and simple way to conduct one's sexual addiction and devotion to sexual pleasures (e.g. through porn, chat rooms, prostitution services, erotic games, etc.) (Reay, et al. 2013; Levine, 2010). These opportunities allow the user to have relationless sexual outlets, blurring the boundaries within a monogamous relationship (Levine, 2010). This causes many men to become labeled and seek help as sexual addicts when they are discovered to have broken the monogamous rules (ibid.). According to Levine (2010), there is a largely unwritten rule about the expectations and boundaries of marriage, that monogamy will help to protect and shelter children from the risks of separation and skepticism of love. Thus, sexual behavior outside of the marriage becomes immoral, sick or immature. The same rules do arguably apply to single people, but not in the same harsh way (ibid.). Reay, et al. (2013) claims that the phenomenon of sexual addiction, which is built on “social opportunism, diagnostic amorphism, therapeutic self-interest and popular cultural endorsement” (Reay et al. 2013:17) all derives from a social conservatism. A term, which would conveniently, describe sex which is not approved by society. Reay (2013) brings forth the example that “what may appear to be pathological compulsive sexual behavior to researchers and health professionals may actually be experienced as normal sexual exploration by college students” (Dodge et al. 2004, cited in Reay, et al. 2013:17).

Reay, et al. (2012), question previous statements made by researchers connecting sexual addiction with other types of addiction, such as “nearly half of the US adult population was likely to suffer from “maladaptive signs of an addictive disorder over a 12-month period” (Sussman et al. 2011, cited in Reay, et al. 2013:15), by elaborate on whether it should be acknowledge as a problem, or if it should be viewed as something rather normal; if the behavior is as widespread as it is claimed to be.

The clinical way to look at sexual addiction according to Levine (2010) is if the sexual behavior is obviously harmful towards the person self or others. The sexual behavior amount to negative consequences of which are time consuming, economical, psychological or social and that despite negative consequences, the person is unable to stop (Levine, 2010). Sexual addiction can appear in many ways. According to Hall (2011), the addiction can appear in various forms and to various degrees. She brings forth the examples of a porn addict who can’t go to sleep without experiencing the feeling of distress, if the person has been unable to look at a minimum of 100 pornographic photos. A person, whose sexual fantasies and behavior take up such an
amount of time that the person’s work suffers. Or the person who recovers from a chemical addiction, use sexual connections to deal with the chemical sobriety (Hall, 2011).

According to Kafka (2009), in his proposition of hypersexuality as a diagnosis in DSM-V, hypersexuality appears in the forms of masturbation, cybersex, pornography, telephone sex, strip clubs or sexual behavior with consenting adults. Kafka (2009) claims, it is possible to measure hypersexuality through Total Sexual Outlets per week. However, he also claims that the measure should be taken into considerations of various contexts, such as culture, gender or age. Levine (2010), however, claims that the reason why the DSM committee lack sufficient reasons for inflicting hypersexuality as a diagnosis, might be due to unclear limitations of normative sexual behavior, indistinct patterns of symptoms or cultural and moral judgments which might create a misnomer label of sexual addiction.

Leviene (2010) does question, whether or not the criteria proposed are distinct enough for a diagnosis, if the criteria have the ability to answer whether or not they can differentiate between normative sexual behavior and abnormal sexual behavior, if the criteria can through a clear zone be distinguished from other sexual disorders. Kafka (2009), however, claims that hypersexuality as a non-paraphiliac sexual desire disorder has previously not existed within the DSM, never the less, similar symptoms of excessive sexual drives have been established under Sexual Disorders Not Otherwise Specified and is described as repetitive sexual behavior, whereas the lover is seen merely as an object (Kafka, 2009; Woody 2011). When the phenomenon previously has been rejected by the DSM, it has been due to lack of research and consensus amongst researchers (Woody, 2011). The early concept of sexual addiction was, however, criticized for including paraphilia as well (ibid.). It is also stated by Woody (2011), that the term sexual addiction however, is problematic since it tends to stigmatize and pathologize normative sexual behavior such as masturbation, use of pornography etc. The DSM-V was published in May 2013, whereas hypersexual disorder is listed in section III under paraphilic disorders, which states that further research is needed (American Psychiatric Association, 2014).

2.2.3 Sexual Addiction amongst adolescents

There is very little knowledge about sexual addiction amongst adolescents, not much thought or research has been carried out regarding the phenomenon (Freeman-Longo, 2000; Sussman,
Sussman (2007) states that it is due to the varying opinions on whether sexual addiction applies to adolescents or not. It is important to note that the adolescent years are a time of experimentation and rapid changes (Kafka, 2013; Sussman, 2007). Thus, there is a risk that the disorder might become overly diagnosed amongst adolescents (Kafka, 2013). Just as a person might, according to Kafka (2013), begin to drink excessively in periods during the adolescent years, the dependency might not develop until later in life, the same credibility could possibly be applied in regards to sexual addiction. However, many sexual addicts claim they have felt that they have had an abnormal approach towards sexual behavior within their adolescent years (Moorhead, 2012). Stupiansky (2009) states that nearly 50% of the new cases of STI’s belong to the population of 15-24 years old. This might point towards a large amount of sexual activity amongst this particular age group.

Sussman (2007) states that sexual addiction amongst adolescents may appear in similar way as it does amongst adult sexual addicts, through internet, masturbation, intercourse etc. However, several differences are pointed out in the article: The first is that abnormal sexual behavior may be viewed in different ways, regarding adults and adolescents. Sexual behavior might be considered abnormal, since it might be inappropriate for an adolescent to engage in such behavior due to the adolescent’s emotional development and adjustment. The research literature is quite equally divided in two definitions of abnormal sexual behavior amongst adolescents: the first distinction consist of the perspective that any mutual act between adolescents is considered to be risky behavior. The second perspective defines risky sexual behavior amongst adolescents as not using contraceptives or having multiple partners. What might also separate abnormal sexual behavior amongst adolescents is the factor of shame, which does not seem to apply to normal sexual behavior amongst adolescents (Sussman, 2007). The second distinction of sexual addiction amongst adolescents and adults might be the lack of caretaking of others, whilst sexually acting out, such as e.g. worrying ones parents or friends. Third distinction is that adolescents may draw up on a higher risk for multiple diagnoses. The fourth distinction is that adolescents may be less likely to seek help and might be more likely to relapse after treatment. The fifth and final distinction, according to Sussman (2007), is that the suffering social consequences might be specific to adolescents, such as problems in school or statutory difficulties. Whilst adult apply their sexual behavior to different kind of acts, it is likely that the adolescents act might be consistent to the use of internet (Sussman, 2007). According to
Boies et al. (2010), the largest populations of internet users are adolescents between the ages of 12-24. The internet is also considered to be a risk factor in developing sexual addiction amongst adolescents and excessive use of internet in search for mood altering experiences or the search for pseudo intimacy might be signs of the adolescent moving towards sexual addiction (Freeman-Longo, 2000).

In retrospective reports certain key features of how sexual addiction is expressed amongst adolescents have appeared (Sussman, 2007): one, is using masturbation as a way to self-sooth or self-injure; second, to satisfy emotional needs by the means of sexual fantasy or behavior; third, the beginning of perusing sexual pleasures as a priority; fourth, that situations in life becomes sexually interpreted, and fifth, that the adolescent might seek out a more sexualized world, e.g. by search for older women/men (ibid.).
3. Theoretical Framework

There are few hypotheses and theories covering the phenomena of sexual addiction amongst adolescence same as ways to discover it, based upon various perspectives. In this study case social constructionism theory is used to understand how social workers define and address the phenomenon of adolescent sexual addiction out of their professional discourse.

3.1 Social constructionism

One of the fathers of social constructionism - Giambattista Vico (1668-1774) - was born more than three hundred years ago and did a very difficult work concerning rationalist conceptions of mind and mentality, same as he had established a philosophy which took its point of departure in language, rhetoric and law (Lock and Strong, 2010). Vico had challenged the prioritizing of “certain knowledge”, suggested by Descarte, and even the Hobbes and Spinoza idea of the “universal human nature” (ibid.). Human science of Vico does not take its roots in Descartes's idealistic approach of how to account humans and experience, which includes the idea of comparison of the human experience with machine and position as knowable; vise a versa, Vico saw knowledge formulating from human interaction with each other in variable traditions and life institutions (ibid.).

According to Lock and Strong (2010), there is no unified school of social constructionism; rather there are some broad tenets, which are forming the theory. Authors suggest us five key principles, which are holding the theory together.

First tenet is about meaning and understanding - they are concerned as a main peculiarity of human activity. We as researchers seek to understand how “a symbolically based language does what it does” (Lock & Strong, 2010:6). The second point derives from the first - meaning and understanding have their points of departure in social interaction, in shared agreements upon what these “symbols of language” mean and describe (ibid.).
Third point explains the ways of meaning-making, which are embedded in society and culture and, moreover, are specific to every time and place - thus, the meaning of every single phenomena and ways of its understanding are very variable as a function of situation (ibid.).

The fourth principle, clearly stated by Lock & Strong (2010:7) is that “people are self-defining and socially constructed participants in their shared lives” - in other words, an objective method which might be able to delineate within pre-defined entities is simply absent, however, we all try to adopt our way of sense-making to different forms of selves. According to Lock & Strong (2010), social constructionists are trying to define the processes which operate in socio-cultural set of actions in order to conduct the discourse within which people understand and explain themselves.

The fifth point that Lock & Strong (2010) argue for and social constructionists agree upon, is adoption of critical perspective of social constructionism to the topic - taking into account the operations of social world, analyze them, replace, if needed, with more just operations in order to develop the political apportioning of power. This ability to adopt is a crucial difference of social constructionism from traditional theorizing, which only used for explanation and understanding of these operations or processes. As Ken Gergen (1994a:53, quoted in Lock & Strong, 2010:8) stated “[samples of language] are not maps or mirrors of other domains [...], but outgrowths of a specific modes of life, rituals of exchange, relations of control and domination, and so on”.

Lock and Strong (2010) believe that social constructionism is more to social reality than to language - they suggest that there is a pre-linguistic domain to people’s experience. At this point, they suspend Gergen position, given above, that language derives out of “something” more but experience. In our research we have decided us to turn to the professionalism of social workers and their working experience in the field of adolescent sexual addiction.

The way we understand each other and our interactions are known as discourse. Analyzing of the discourse is useful when researching upon people’s communications and experiences, which suits ours case of quantitative study.
4. Methodology

This chapter is dedicated to the research process per se. The design and presentation of the data-gathering process will be revealed, together with arguments for and against the method chosen. The qualitative method of research was chosen as the most appropriate one in our case of study. Reliability, validity and generalization of our research will also be highlighted in this part, same as ethical considerations and dilemmas.

4.1 Research design

Our purpose of choosing a qualitative study was to obtain the information of how do professional social workers define and understand the phenomenon in focus; sexual addiction amongst adolescents. Taking into account Kvale & Brinkmann (2009), qualitative research is useful when the subject’s own perspective plays a role. As far as our area of interest, it is focused on the personal experience and opinions from social workers who encounters problems related to sexual addiction amongst adolescence in order to collect empirical data. Also, qualitative research was assumed as the best one in order to gather the most relevant and fulfilling information (ibid.). Considering the lack of literature regarding the subject, an empirical study based on qualitative research design was indeed most preferable.

4.2 Selection of methods

The field of social research falls traditionally within two categories; quantitative research and qualitative research (Robson, 2002). Quantitative research in social science has tried to follow the same route as research within natural science (e.g. physics, chemistry and biology). According to Robson (2002), it is concerned with quantifications and measurements, where the data is analyzed through statistical analysis and seeks generalization of the findings. The qualitative approach, however, argues that the human experience is a subjective dimension, which is constantly changing and therefore cannot be measured by quantitative means (Grinnell, 2001). Qualitative research is focused on context and meaning, it assumes that the social world is constructed by the people involved. Data is collected within a smaller scale of persons or situations and is presented in a non-numerical form (Robson, 2002). In consistence with the
study’s focus of understanding sexual addiction amongst adolescents, through the experiences and knowledge of professional social workers, a qualitative research approach was decided upon. The advantages of this method are that variables are not limited, thus it gives opportunities to explore the phenomenon in-depth and explore new areas of the issue, which is what this research seeks to do. Nevertheless, disadvantages were also taken into account, which are – the method becomes hard to replicate; human factor plays a huge role – beliefs and opinions can lead to researchers becoming biased (Grinnell 2001; Kvale & Brinkmann, 2009). This can turn into a problem, especially in the search for a proper definition of the phenomenon. However, by foreseeing such disadvantages, we have had the ability to try and avoid them, to remain as thorough and open minded as possible.

4.3 Mode of procedure

4.3.1 Choice of literature

The articles and books were chosen in order to gain a deeper understanding of sexual addiction amongst adolescents, thus, various literature studies within the field of sexual addiction were conducted. Consultations were held with each other and with the supervisor in order to determine the choice of different articles, books and dissertations.

Through the school’s database; discovery, some relevant databases were found. Tailor & Francis social science and humanities library and CINAHL, were used in a comprehensive manner. The search words used were “sex addiction”, “sexual addiction”, “hypersexuality”, “sexual compulsivity” in combination with “adolescents”, “teens”, “teenagers”, terms such as “decision making process” and “social constructionism” was also utilized. Inspired by reference lists and tips from interviewees, the internet search engine google.se and the eBook library
bookos.org were used in addition to find articles and books. Course literature has been utilized in regards to research methods.

### 4.3.2 Sampling

The purpose of the study is to examine the knowledge and experiences of professional social workers of whom in their professional role, encounters problems related to sexual addiction amongst adolescents. In the selection of interviewees, *purposive* sampling was used. This type of sampling is used to satisfy the researcher’s specific needs by the participants known characteristics in form of e.g. particular knowledge (Robson 2002). Since this study is dependent on social workers with specific knowledge regarding the subject, the samples targeted were professional social workers working within youth clinics and sesam clinics. Both clinics deal specifically with issues regarding sexuality; however, the youth clinics has an age limit of approximately 12-23 years, whilst the sesam clinics has an age limit of 20 years and up (UMO, 2013).

The first attempt to establish contact with the clinics was done through email correspondence. This was due to restrictive telephone hours of approximately one hour per day, which are intended for the clients. The telephone was, however, utilized in order to try to establish contact with a few clinics by recording a message on their answering machine. This followed a low response rate and a new strategy was established in form of face to face contact. Like the telephone hours, the opening hours are equally restricted, unless one has an appointment. This required detailed planning of time in order to visit as many clinics as possible. In order to be as time effective as possible, both due to our detailed planning, but also in respect for the clients at the clinic, an informative letter regarding the research, which had been sent with the email was slightly rewritten and handed out directly to the staff. With a slightly higher response rate, we managed to book seven interviews in total, whereas six would have been optimal. However, due to high workload within the clinics, one interviewee declined, which left us with six interviews in total.
4.3.3 Investigation process

In order to collect empirical data, semi-structured face to face interviews with experts were conducted with consideration to complementary email correspondence, acknowledged and approved by the participants through a letter of consent. However, the email correspondence was never utilized.

The reason for choosing interviews with elites, was primarily due to their expertise (Kvale & Brinkmann, 2009), whilst avoiding ethical problems by interviewing proclaimed addicts, especially in their adolescent year. According to Kvale & Brinkmann’s (2009) description on interviews with elites, preparations were made in order to understand the subject in depth, including the use of correct terminology in order to collect high quality data. However, due to existing disputes regarding the phenomenon of sexual addiction amongst adolescence on a scientific level, an absolute answer was hard to obtain from the interviewees. Thus, the answers were in need of further in-depth probing, which is not a common trait described by Kvale & Brinkmann (2009) in interviews with elites.

4.4 Semi-structured interviews

As mentioned earlier, all participants were professional social workers whereas all had the role as counselors, most within different youth clinics and one within a sesam clinic, which is similar to a youth clinic, but with a wider range of age amongst clients. The interviews were booked and conducted in accordance to the participant’s preference, with respect for their workload. This resulted in conducting every interview in a private room at the respective participant’s place of work.

Each of the interviews was recorded in order to let us as interviewers focus on the topic (Kvale & Brinkmann, 2009). This was done with the approval of the participants stating that the recording was merely for accurate citation followed by destruction of the recording and their identity would remain undisclosed, as recommended by Kvale & Brinkmann (2009). One audio device was used with charger in consideration to possible battery loss. A back-up device in case
of technical problems was brought as well, but never utilized. Each of the interviews lasted for approximately 40 minutes.

The interview guide consisted of eight themes containing 16 questions. Additional non-determined sub-questions were also asked during the interview in the manner of a semi-structured interview (Kvale & Brinkmann, 2009). The questions were developed as open-ended questions, in accordance with a semi-structured interview (ibid.), in order to let the professionals share their view and knowledge regarding the subject of sexual addiction in regard to the research questions. However, there were some closed questions asked in order to confirm, if needed, the interviewee’s response.

The participants were orally given the choice of conducting the interview in either English or Swedish, whereas all of them chose to conduct the interview in Swedish. The interview guide, however, was written and presented in English with consent from respective interviewee due to avoid confusion on our part as researchers. The questions in accordance with the interview guide were however thoroughly presented and discussed in order to get an accurate understanding on the interviewee’s part.

Most of the participants were interviewed one and one; however, one interview was conducted in pairs, creating what could, perhaps, be called a small scale focus group. However, according to Kvale & Brinkmann (2009) a focus group is utilized in order to create a discussion amongst the participants, whilst we experienced a consensus between the participants, whereas they rather utilized each other to complete and confirm their statements. Thus, we performed a total of six interviews with seven interviewees.

### 4.5 Tools for analysis

Subsequently to the interviews, the recordings from all interviews were transcribed in full length word by word. This was done in order to prevent any loss of data and avoid interpretations (Kvale & Brinkmann, 2009). Both researchers participated in the transcription of the interviews, by dividing the recordings. No emotional state regarding tone of voice belonging to the interviewee was considered necessary, due to the professional, factual statements of the interviewees.
Meaning categorization was used in order to structuralize and clarify the empirical findings as described by Kvale & Brinkmann (2009). This was done through color marking of statements made, concerning similar themes, which rose throughout the processed reading of the transcribed text during the first stage. The criterion for a statement to become a category was determined by; at least two of the participants should have discussed the similar topic. This is due to the semi-structured interviews conducted, allowing researchers to ask questions outside the interview guide, resulting in various different statements. However, due to the interview guide, some categories were somewhat predetermined.

The categories are presented in the forms of direct quotation or meaning condensation. Meaning condensation implies that one take a long statement and rephrases a few words in order to produce a shorter formulation containing the original central theme (Kvale & Brinkmann, 2009). The empirical findings are then analyzed through the discourse analysis, using the theoretical framework of social constructionism. This is done in order to connect the gathered results with the selected theory.

According to Lock and Strong (2010), the word “discourse” is existing both in a verb and noun for, thus, could be interpreted differently, but the general discourse is a mean we use in order to understand and impact on each other. In a form of a noun it was defined by scholars and practitioners as systematization of “differences in the meanings people use for making sense of and communicating their experience”, or simply the language itself (Lock and Strong, 2010:269), meanwhile, verb form of it is standing for “things people do in and with their developing communications with each other” (ibid.). Even though, authors suggest that analyzing of discourse from only the language perspective is not enough - attention should also be paid to how the language is used and what it results to. Lock and Strong (2010) explain that the discourse analysis per se is all about how discourse which is used for understanding (noun-like language) can simultaneously be used for social impact (in verb-like dialogues).
5. Reliability, validity and generalization

5.1 Reliability

Kvale & Brinkmann (2009:327) give an open definition of reliability as a “consistency and trustworthiness of a research account”. Research tends to be reliable if the similar results can be attainable by other researchers via the same method.

Kvale & Brinkmann (2009) come to the conclusion that reliability of an interview study is strongly dependent on categorization of subjects’ answers. As it was mentioned above, the method chosen for sampling is purposive sampling, which involves choosing interview subject in a particular way, following special criterion. We have interviewed seven educated social workers with experience in their professional area. Taking in account that they all are educated and practicing within two branches of clinics, the activity of which is directed towards youth (12-23 years, sesam clinics have their age limit from 20 years and up) and sexual questions, we are convinced that the data gathered appears to be reliable enough. Kvale & Brinkmann (2009) also states that interview reliability is firmly connected with the leading question - when wording of a question can result in answer. In our case, during the construction of the interview guide, we took in consideration to make the questions as open as possible in order to cover as much as needed. Thus, the impact from us as researchers, on the answers would probably be minimized and could therefore be treated with less attention. Even though, as is mentioned in Grinnell (2001), random errors occurs in all measurement, no matter which instrument one use, none of them are completely reliable.
5.2 Validity

According to the definition, given in Patton (2002: 14), “validity in quantitative research depends on careful instrument construction to ensure that instrument measures what it is supposed to measure”. In our case of qualitative research interview, the researcher is the instrument of validation (Patton 2002; Kvale & Brinkmann, 2009). The base for a qualified study is the researchers´ own credibility, skills and previous experience. Kvale & Brinkmann (2009) suggests a table of validation stages, which we have chosen as guidelines, briefly described below. He also notices that, even though validity is a separate chapter in the report, it must permeate the entire process of investigation.

We decided to precede our validation in seven stages. First, we paid attention to thematizing - the validity of a research builds upon the theoretical framework, thus, before we developed the research questions we began by studying previous research and theoretical perspectives thoroughly.

While designing the investigation and selecting the research methods and tools, we paid attention to beneficence of our study. Kvale & Brinkmann (2009) gives the advice to conduct this by producing a helpful social knowledge with minimum harmful consequences. We avoided possible consequences by treating ethical issues of the investigation by following advices given by Kvale & Brinkmann. The knowledge produced might be used by other social workers in their practice and, thus, provide a good base for further research.

Validity at this point is presented by the trustworthiness of the interviewees’ statement and quality of interviewing itself. We treated this part by providing such a good interview situation as possible, accurately developing the questions in accordance to the research questions and checking the obtained information with the subject by asking questions concerning certain meanings. Since the answers of the interviewees appeared to be similar to a great extent and also due to the similarities in education, location, experience and practice, one can argue that the answers given were valid in order to conduct our research.

Regarding the transcription; as a linguistic style of a transcription we chose a verbatim word-by-word transcription in order not to lose any statements.

At the point of analyzing, the emphasis is placed on questions addressed to the text, their actuality and logic of interpretation of the results.
Validation here is presented by relevant form of measurement validity. In our case, content validity is to be applied. Grinnell (2001:185) offers a question, addressed by this measurement - “Does the measuring instrument adequately measure the major dimensions of the variable under consideration?” As it is mentioned above, the instrument in a qualitative study is the researcher him or herself and the measuring instrument is the developed questionnaire, the question sounds: “Do the questions we raise seek for answer the area of our research interests?” (Grinnell (2001: 85).

Reporting plays a big role in the validity of a study, and it is the matter of actuality of a final paper and presenting the findings, whether the report itself is properly presented. The Role of the reader in validating the outcomes was treated respectively.

### 5.3 Generalizability

Kvale & Brinkmann (2009) proposes the generalizability of a study as the ability to allow the results to be reasonably reliable and valid, whether the outcomes are true within local interests or transferable to other conditions of subjects and situations. “In qualitative research generalization has often been treated in relation to case studies” (Kvale, 2009; 261). Simply speaking, the results of the investigation tend to be more general by increasing its applicability from a single case to other cases within the same area of scientific interest.

We have performed interviews with seven social workers, who are working with the group of the people, which we are interested in and within the problematic area we are researching. Moreover, all of them have received comparably similar education and have been practicing from two to seven years. During the analysis of data a lot of similarities in the answers were ascertained, especially in questions of reasoning, theory and methods. Thus, we assume that our results are sufficiently true at least within social work organizations, dealing with sexual addiction among adolescents in Sweden, which means that results of our investigation are locally generalized.
5.4 Ethical considerations

In order to conduct the research ethically correct and maintain the privacy and dignity of the participants, we followed the advices given by Kvale & Brinkmann (2009) and remained concerned about this from the beginning of our studies until the final paper.

Kvale & Brinkmann (2009) presents a table of main ethical issues at seven research stages, which we strictly followed during the whole research.

The first was to make our study more focused and narrow, a purpose was developed in order to collect useful information about the situation of young sex addicts and to collect scientifically valuable knowledge.

The design of the investigation was also strictly structured - all the subjects of our interviews were informed both in written and oral form about the details of our investigation.

Confidentiality of interviewees was absolutely secured; all of the possible consequences were taken into consideration. Subjects were offered to sign a letter of consent in order to proceed with the interviews (see appendix I). All the recordings made during the interviews were kept and remained concealed with respect and loyalty to the oral statements of every single subject.

Regarding the analysis, since our research questions did not refer to personal information of subject, but their professional point of view, statements were analyzed penetratively, however, every interviewee had the ability to express how ones statement was to be interpreted. Some of the subjects’ statement was verified using means of relevant literature.

The questions were conducted by using an inductive approach; however, the interviewees were questioned in a semi-structured manner so they had opportunity to vary their answers. With respect to reporting, confidentiality of the participant has ensured to remain secured. Consequences which could follow after publishing were also noted and prevented as far as possible.

There was no further ethical dilemma which rose during the remaining period of investigation.
6. Results and analysis

Results and analysis of this qualitative study will be presented in form of text including themes, which were created in line with the research questions. Within our study the conserve was not to review the linguistic part of the discourse, rather to track the development of the dialog, in order to see how professional define the phenomenon of adolescent sexual addiction out of their socially constructed reality or so called “prior discourse” (Lock and Strong, 2010:269).

As stated above, six interviews were conducted. All of the interviews were semi-structured and performed face-to-face. Before presenting the results, some background information of the participants, without revealing their identity will come at hand. As stated above, all of the participants have similar educational backgrounds. All of them have a degree in social work. Furthermore, they all pose some kind of therapeutic education as well as participation in additional educational courses regarding sex and sexuality. Seven themes will be presented of which the social workers explain their understandings of sexual addiction amongst adolescents as well as some of their professional work in relation to the problem area. The themes will each be presented with a conclusive analysis in the end.

6.1 Theme one: The definition of adolescent sexual addiction, according to social workers

What was strongly expressed by all of the participants was foremost that the number of sexual partners was NOT an indication of sexual addiction. The quantity of sexual partners is not in accordance with the definition of sexual addiction, as one participant states:

“In studies performed during 1967 or 1969 a large study was made in Sweden measuring the amount of partners per life, showing very small numbers. In 1996 the numbers had increased somewhat. My experience, from 12 years of work experience regarding these questions, is that people today have more sexual partners than 20-30 years ago. It can however, be the case that in 1967, you did not say that you had met up with 10 but you rather mentioned three or four sexual partners.”
Another interviewee suggested:

"Maybe there's some kind of moral boundary, [...], this is normal and then maybe you pass this limit, and you have several partners, so, they go beyond this limit for themselves and normalize it afterwards, this is not so dangerous, this is not so many who go out of control."

Thus, social workers are not able to determine sexual addiction based upon the social context of quantity of sexual behavior. Everyone agrees that sexual addiction, instead, is a problematic behavior of which rather expresses itself through the personal suffering of the individual. However, not everyone agrees upon the expression of these sufferings. The psychological sufferings detected in the material were foremost described as anxiety and shame. That anxiety is the momentum in the search for relief, whereas the relief derives from sexual behavior. Thus sexual behavior becomes a way in how one relate to one’s anxiety. One would use sex, masturbation or similar to numb ones anxiety. However, one of the participants stated that:

"There is a great element of social norms whereas feelings of shame is applied [to sexual behavior], the more shame you have, the more it will trigger the [sexual] behavior”.

Problem with closeness or the feeling of loss of control were also brought up as psychological sufferings. Furthermore, consequences of stigmatization and humiliation in form of rumor spreading, particularly affecting girls are also discussed by some participants. There is also a social aspect to the definition of sexual addiction amongst adolescents described by most of the interviewees, which consists of a disruption of sexual behavior and or fantasies in everyday life. This could, for example, express itself in neglecting ones job or ones education, masturbating or watching porn at work or in school, the inability to manage a relationship due to infidelity. One participant also mentioned the inability to stop even though the person has tried and wished to.

They all agree upon that the individual self must experience the sexual behavior as a problem by the justification of that a third person can never tell you “if your behavior is on the right side or the bad side”.

26
6.2 Theme two: Distinctive traits related to sexual addiction amongst adolescents

There were some traits found in the result connected specifically to adolescent sexual addiction separated from adult sexual addiction. One of them was the notion of problematic classification stated by some. Due to the development amongst adolescents, behavior may or may not be permanent. There is a possibility that the individual might go through a phase of e.g. excessive masturbation. Therefore it is hard to put a diagnosis on a person in general under the age of 18, one stated. One also stated:

“But if you are young it might go by a bit easier, I think. That it gets harder to really pinpoint, since they don’t have any family which you hurt, or school, one might cut classes at times, but perhaps everyone does that, however if you are away from work, perhaps there are greater consequences.”

That due to the age of the person and everyday life connected to teenagers, sexual addiction might be harder to detect. E.g. one might cut school once in a while, which might seem rather normal for a teenager, but if one would miss work, the consequences would be more severe.
Identity and the search for identity causing insecurity within the person might also be a problem stated by some participants. Some stated in relation to this statement, that indirect peer pressure might also be a cause related to this group. The need for social acceptance amongst peers might cause the persons personal boundaries and limitations for what is socially accepted to expand in a way of which the person might feel unsure about. As one stated:

“If, when you are younger, perhaps there is more shame, more emotion, one tries to be socially accepted. When you are a grown up, then perhaps it is easier to accept oneself and not adapt.”

There might also exist a perspective of power in regards to sexual behavior amongst adolescents. That one might have a problem of declining sex, especially with an older person due to the
balance of power, which is generally greater in relation to age. However, as a teenager, it might also be difficult to say no to oneself as well.

By the systematization of the answers given, it can be seen that the statements the professionals agree upon is that adolescent sexual addiction might differ from adult sexual addiction due to the unstable behavior connected to a search for identity and the social interactions amongst this particular age group. This assumption might derive from their professional experiences as social workers working with adolescents’ sexuality; it can also derive from previous knowledge and theories supporting the unstable behavior of which the adolescents are claiming to show.

6.3 Theme three: Discovering sexual addiction amongst adolescents as a professional social worker

What was discovered within the results was that every description for discovering sexual addiction is based on conversation with the client. There are however, different ways and methods established in order to approach such a conversation. Every one of the participants described that a first contact with a person who might have a sexual addiction can be through frequent testing for STIs (sexually transmitted infections), which is described by all of the participants as a possible consequence of sexual addiction. The questioning might then develop gradually by the professional who might be a midwife or a social worker. The professional might during the next time of which the client comes back and ask how it has worked with the condoms and such, thus gradually establish a trust whereas more information will come forth. As one participant expressed:

“It appears during time. At first perhaps, one thinks [one’s behavior] is normal as a person, but then one perhaps comes back and get confidence for this midwife so perhaps one suddenly feels that ah my god, I don’t really have control, I don’t have the power.”

What also is conducted in relation to the testing of STIs is infection tracing, through which the professionals within the clinics have the opportunity to connect with other persons of whom might otherwise not go to get tested. One informed us that depending on clinic it is either the
midwives or the counselors conducting the infection tracing. The participant pointed out that it can sometimes be somewhat problematic if the person during the first contact gets attached to a midwife, since they lack therapeutic education and there is a possibility that persons might withdraw if transferred to a previously unknown counselor.

All of the participants do also describe using a survey of some kind, of which they conduct together with the client. This can generate indications of problematic sexual behavior and thus provide topics for further conversation.

“I don’t have any screening test or something like that, but we have a form here when you go to the midwife, so I think we ask if [...] we have at least had one question on this where one can fill in if you have.. Um.. If it has been a lot about selling sex and so on. So we try to ask the question.”

Again, it is important to note that the conversations will develop gradually and the root of the behavior will probably not come forth until a couple of sessions later. It is also important that the person self, defines the behavior as a problem.

There are also clients who will contact the clinics by themselves and describe that they suspect to have a sexual addiction or other sexual problems, according to most participants. Some describes that the persons of whom are suspected to have a sexual addiction will be referred to treatment within other institutions of which can provide further help.

Several theories were described to be used in the professional work regarding these types of behavior such as CBT (cognitive behavioral therapy), mindfulness, psychoanalysis and social constructionism.

As it was stated by all of the interviewees, social interaction was a key element used for clarification of certain aspects is of a considerable importance when the discourse language of conversation partners does not coincide in a way that one may use the terminology other may not understand, for instance. Social workers and clients have to conduct their own particular language which would suite for both in order to address the problem correctly and especially when the definition of adolescent sexual addiction in scientific resources remains unclear. This strategy allows the professional social worker to build their own (worker’s and client’s)
linguistic discourse by building gradually service user-service giver conversation in order to
discover and approach the issue.

6.4 Theme four: Terminology

As discussed before, there are many viewpoints on how to name and define the phenomena itself. One participant had the opinion:

“I don’t use the term “sexual addiction”; I use the term “hyper sexuality” ... I think it is
pretty...wide so to say. In can be seen very different in practice also [...] It is easy to
discover a misuse, but sexual addiction...”

Whereas another brings up the example of compulsivity in comparison with sexual addiction from already stating that the participant considers sexual addiction as a form of addiction:

“But then if you are, if it is a sexual addi[ction], it is an addiction [...] What I consider
the most, that is sexual addiction, but it can also be, it can have a compulsive behavior as
in hand washing as with sex.”

Professionals themselves meet difficulties with giving a strict definition to the phenomena, nevertheless, the term “sexual addiction” is not considered to be absolutely correct, that the term itself is inconsistent. One other participant, however, states that:

“Yes, but I do understand so there if you see it as an addiction, as a chemical addiction,
like alcohol or drugs, which can be compared... to the way I understand this, dopamine
then so like... affecting sex [...] but it's not reached by the way of chemical abuse.. Not
that way. It’s like this is my experience - people are coming and so they say “so, here I
am a sex addict”, they themselves have put a label on themselves, but after a few
conversations more, I think from my profession, that this is rather more things
underlying... [...]Mm... Yes... I would call it hypersexuality"
This participant does not identify sexual addiction as a pure addiction, due to simplified underlying reasons. Hypersexuality is thus favored. The remaining participant, states:

"As with many other subtypes of addiction also, there are certainly a lot of different approaches, as there are with alcohol addiction or drug addiction .... emm ... what it is for something depending abuse there are different type of vocabulary around also [...] I have not read the exact criteria what should be classified as addiction that I do think there's...It is quite difficult – concept itself is quite difficult to define [...], however, [the client’s] own definition is important”.

This interviewee considers that it is all about vocabulary of the patient, and that the way a patient defines the issue himself is the best one in terms of identification of the problematic behavior.

There are several different terms favored by the different interviewees; this might be the result of some particular differences within the education and previous professional experience of the social workers, same as client's own perceptions as well. Since the interviews are not conducted within a clinical discourse, the terminology might not be as strict within a social work discourse, thus affecting the linguistic. It is also important to note that the diversity and the focus on the client centered perspective might also be a result and show poor research and knowledge regarding the phenomenon. However, the focus on client centered perspective might also be a direct result of the social work discourse.

6.5 Theme five: Sexual addiction VS. Sexual self-harm

One interesting perspective, which was brought up repeatedly and unprovoked during the interviews was using sexuality as a way to self-harm. It was stated that during the past two years, more attention has been directed towards the problem of sexual self-harm; more discussions and lectures has been conducted in Sweden. Some of the interviewees used this term quite interchangeably with sexual addiction; however the general perception were that they might go hand in hand with sexual addiction, but not necessarily:
“Someone needs help with, probably, raising the borders, that one does not know that one misuse himself or make himself feeling bad. Meanwhile, others can absolutely estimate it themselves. There is no simple answer to it”

A clear limit or definition between these two terms was however very vaguely described. One speculated on whether or not arousal would define the terms, that sexual self-harm would be when the search for closeness was out of the question, but instead purely compulsive sexual acts related to previous sexual abuse, is conducted thus leaving out the factor of arousal. However, sparse or no literature on the matter of differences between these two terms, exist according to that interviewee.

When discussing sexual addiction, sexual self-harm was brought up by every participant and sometimes used interchangeably with the term sexual addiction. This might be explained by a growing focus towards sexual self-harm amongst adolescents within the social work discourse, rather than sexual addiction amongst adolescents, which, in general, might be considered to be a term arising from the media. However, stating that sexual self-harm and sexual addiction might not be the same phenomenon and given the insecurities within the answers, might indicate that there is little knowledge regarding the subject of sexual addiction. Therefore, one can suggest that the social work discourse regarding the phenomenon is not based upon education, but probably work-related experiences.

6.6 Theme six: Connection to alcohol

All participants agree upon the possibilities for sexual addiction to be connected with alcohol or drugs, however, they all have a slightly different way of stating how the two are connected. As one participant states:

"I think it is common for addictions to be combined, if we take another addiction, it is not an only subject but it can be combined, but one might have a main drug and then maybe one may have sex as this head drug... [...] If you think alcohol and drugs it may well easily go together. It can be so that sex is really not paired... I do not know.”
This participant suggests that there is a connection; however, there was a difficulty to define in which ways they rise, however, according to the opinion, sexual addiction can exist separately from other types of addictions.

One participant ties together sexual addiction with other types of addictions; moreover, he states that they can coexist and derive from one another. The participant emphasize that adolescents are more likely to use combinations of drugs or alcohol with sex. He also noted anxiety as a starting point of addiction, a “denominator”. Another participant states:

"I think but drug pills or alcohol, if people have anxiety problems, can of course be a way to numb themselves, can make them “deaf”. It can be “stunning” with alcohol and same can be with sex also."

The participant speaks about hidden desires and usage of alcohol, for instance, in order to reveal themselves for a short period of time. Thus, other types of addictions, such as alcohol, might be “supporting” one another. One interviewee states:

“For example, there is greater risk of having unprotected sex when you are drunk, yes, I did, perhaps, long-fetched connection, but I do think there's a connection between that you might have a higher risk when drinking more or using drugs or living destructively, so to speak”.

Another interviewee brings forth that the risky behavior is strongly connected to alcohol or drugs. Even though he does not claim that it is true in total amount of cases, he underlines that a destructive behavior could lead to problems through the increased risks within the area of sexuality.

One of the participants suggests that these two addictions can exist separately and do not impact each other.

“I believe that it is very connected to teenage and sexual identity, and this can be connected to amphetamine or that one starts to use drugs in a reason of unsureness in his own identity and sexuality; a person dares to live out when he takes amphetamines [...]."
but I do not think that only because one is a drug use it is easier to be a sex abuser. 
Heroin user do not have so much sex.”

The answers gathered regarding this theme are considerably variable, despite agreeing to a possible connection between alcohol, drugs and sexual addiction, there are various opinions regarding how they are connected. I might be due to the difference in the previous work-related experience in the meeting of particular clients, since all the participants spoke about connection to alcohol from the perspectives of the cases they which they have come across during their practice. The lack of consistent answers might also be a result of research of the phenomenon’s connection with other types of substance misuse, affecting the social work discourse.

6.7 Theme seven: Professional means for prevention

One strong notion detected in the results was the notion of having good conversation and not be afraid to ask if the professional suspect any type of abnormal sexual behavior. As one participant states:

"Define, don’t be afraid to say that if feels like you have more sex than what you would like or as yours, bring it up if you suspect that it is like that"

In order to do so, as stated by another participant, one must have the knowledge:

“To be aware of that this problem exist, how it can be treated and how it can be expressed, so that we have knowledge about this and that would probably be preventive, so that we are able to detect [this type of problem]”

Another important notion of which was applied to the statements of all youth clinic workers was as the participants described the meeting with the schools. It was stated by one participant that the youth clinics meet the classes once during their seventh year and once during their ninth year.

During the meetings some participant described discussing with the youth regarding “okay sex” to state what is okay for you as an individual, that it should be mutual, that anything you do should feel alright, normative sex and such. All participants from the youth clinics states
that they encourage people to get tested for STI’s in order to prevent several problems. As one participant pointed out:

“It’s probably about having a clinic in which the adolescents feel entrusted in. it’s not a special method but [...] empathy... To take care of and not be afraid to talk. Yes I think it’s about trust.”

Again, at the point of prevention, same as at the point of discovering, the main role within the decision-making process is given to conversations. Social interactions here are seen as a main tool both for the client and the social worker in order to foresee and prevent the issue. To ensure this, professionals say that they are open for discussion about any kind of behavior abnormalities. Moreover, social workers arrange meetings in schools, where they have open discussions with groups of adolescents, which may also result in a better understanding of how they themselves see the problem of sexual addiction within people approximately their age. According to social constructionism, all of these measures create knowledge, which is, as one participant stated, a crucial element when it comes to prevention. Thus the determination process lies foremost with the client’s definition.
7. Discussion

In this part we are going to elaborate on the results obtained during our study. First of all, a short summary will be presented to give a holistic picture of the results. Second, we are going to compare and contrast the results obtained during our investigation to the previous researches, regarding sexual addiction; then some alternative interpretations of the results will be presented; finally, some suggestions for further research will be given.

7.1 Brief summary of the results

The purpose of this study was to examine the knowledge of professional social workers of whom in their professional role, encounters problems related to sexual addiction amongst adolescents. Through semi-structured interviews, the social workers have shared their experiences, knowledge and speculations in the matter. Nine different categories or themes were used in order to present the results in accordance with our research questions. One of the most prominent findings we discovered within the results was the terminological confusion amongst the professionals. Different terms were brought up such as sexual addiction, hypersexuality, sexual compulsivity and sexual self-harm, all with different meanings. This could be seen as crucial in order to determine a proper definition. However, there was one central recurrent theme appearing within every interview in order to define sexual addiction, which was anxiety. Most of the participants described anxiety as the primary force behind the sexual behavior, which could indicate sexual addiction. The consequences of the sexual behavior would, according to the results, result in psychological consequences such as anxiety and shame. It would result in social consequences such as rumor spreading, public humiliation, stigmatization and disruptions from everyday life. It would also result in physical consequences such as STI’s, unwanted pregnancies, pain problems related to frequent sexual behavior and risk for sexual abuse.

In the results we found that the physical consequences related to sexual addiction was the prominent indicator for professionals in order to detect sexual addictions, mainly in form of STI-testing. However, the results indicate that it is through further conversation of which a professional social worker can fully identify sexual addiction. In accordance with these
statements, the results show that in order to prevent sexual addiction amongst adolescents, the youth clinics have field trip-days for the school in which they can present themselves and show the students where they are and what type of problems they can get help with at the clinic.

However, what is essential in the results regarding adolescent sexual addiction is that adolescents are undergoing development and thus, the sexual behavior indicating sexual addiction may or may not be permanent, a diagnosis or a label might be difficult to determine due to the adolescents current development...

There is a strong statement that quantity has nothing to do with sexual addiction, but that the individual has to define it as a problem self. Due to the confusion and a lack of proper definition regarding the phenomenon, there might be a chance that there is a strong focus still remaining on defining sexual addiction, thus one has not had the ability to reflect much on exactly how sexual addiction is expressed through adolescents. The interviewees explained and shared their thoughts, but there is a lack of evidence based data supporting the statements. There is also a confusion regarding sexual addiction and sexual self-harm, creating problems with the definition due to the lack of understanding of what is what. Sexual self-harm seems to be more discussed than sexual addiction, within a Swedish context as well. Despite the confusion and lack for proper definition, the social workers have the ability to work with this type of problems. This is due to the general attitude towards sex and sexual issues in form of conversation/counseling. If sexual addiction is detected they refer the clients to treatment within other institutions. This is however, as stated, dependent on good knowledge regarding sexual problems. Also the means of prevention whereas establishing trustworthiness within the clinics is very important; this order for adolescents who feel they might not have control over their sexual behavior know where to turn and feel comfortable contacting the clinic.

7.2 Discussion of the results from a social constructionist perspective

What can be observed within the results is the importance of the personal discourse created between the client and the social worker. This can be considered as a possible consequence by
the lack of research regarding the phenomenon, in order to establish a clinical diagnose, thus the professionals are obliged to view the cases individually and create a dialogue with the client.

However, by regarding the subject of shame as the primary momentum regarding adolescent sexual addiction, one should understand and discuss the components and meaning of the word within this context. The results suggest several shame-inducing situations such as spreading of rumors and stigmatization. STI’s and frequent STI-testing might also be considered to be shame-inducing situations which might point to the quantity of a person’s sexual behavior. This factor regarding quantity and promiscuity can presumably be a reflection of the Swedish general public’s opinion regarding adolescent sexual addiction. Though, one must note that the general public’s opinion might be culturally determined, thus so are also the shame-inducing situations dependent on the sexual norms of that particular society. By concluding that the shame-induced situation is culturally determined, one can state that the development of a personal discourse between the social worker and the client is a necessity, since the concept of shame is not a fixed variable.

One can further state that a fixed clinical definition of the phenomenon is not possible since the sexual behavior and the concept of shame is dependent upon the sexual norms of that particular society, again arguing for the necessity of the development of an individual case discourse. The sexual norms are not only limited to society, as we can see in the results, they are also related to age and gender, creating different assumptions for different groups within society.

The lack of a clinical definition might be the reason for why the term sexual self-harm is favored and used interchangeably with other terms similar to sexual addiction amongst the Swedish social workers. However, sexual self-harm might be considered to be a more valid term of use due to its general meaning. By using this term, unlike ‘addiction’, the social worker is able to include adolescents in the negative sexual behavior, since the worker would not need to consider, whether or not the behavior is permanent or an effect of the adolescents search for identity. It also leaves greater room for an individual discourse, rather than providing certain prerequisites of which the client must fulfill in order to get recognition for ones problems.

Regarding prevention of adolescence sexual addiction, according to the results, there were no specific prevention methods mentioned; however, they establish contact with young persons in order to provide open discussion regarding different forms of sexual behavior in
cooperation with schools. This provides the social worker and the client with an opportunity to create an individual case discourse regarding the phenomenon of sexual addiction, if needed.

7.3 Comparison to previous research regarding sexual addiction

Similarities were found, described within the previous research along with the discovered results. Starting at the definition of sexual addiction, the previous research states that the general clinical way to look at sexual addiction is if the sexual behavior is obviously harmful towards the self or others. The sexual behavior amount to negative consequences of which are time consuming, economical, psychological or social and that despite negative consequences, the person is unable to stop. Most of these criteria were agreed upon according to our results, some consequences were more highlighted than others whilst the criterion of harming others where not elaborately discussed. However, since the question was asked specifically regarding adolescent sexual behavior, the harm towards others might not be as evident since causal relationships are common and one rarely has any family or wife to deceive. Physical consequences are never discussed as a criterion for defining sexual addiction in the previous research, however, one might possess other individuals at harm through STI’s; whether or not this is intentional can be discussed.

In the previous research it is stated that Kafka claims that hypersexuality is a non-paraphilic disorder primarily focused sexual desire. By describing hypersexuality as a sexual desire order, provides the ability to measure hypersexuality by total sexual outlets per week (orgasms) This, however, does not seem to be the case for the definition amongst Swedish social workers; every participant stated that quantity is not an indicator of sexual addiction. Thus sexual desire is NOT the primary focus within this type of disorder, but from what our results show, the primary focus should be anxiety. Alleviating anxiety through sexual behavior is seen as the primary source for sexual addiction in accordance with our results. This is somewhat stated in the previous research, described as self-medication or coping strategy. The participants put a further great importance on the individual’s definition of the problem; that no one but the self can define if ones sexual behavior is problematic. By claiming that one can measure abnormal
sexuality, allows third persons to define the sexual addiction for one; something of which none of the participants has agreed to. This is also stated in the critique brought up in the previous research that the term sexual addiction is problematic since it tends to stigmatize and pathologize normative sexual behavior. Thus, by stigmatizing normal sexual behavior as sexual addiction, there is a risk for oppressing consequences, both on a societal level and individual level.

Terminology was also discussed in both previous research and results; evidently the different terms derive from the assumed nature of the problem described. However, they are not quite similar in description, whereas we found in our results that the term hypersexuality was preferred by some, the same interviewees all stated that quantity is not an indication of sexual addiction. Whilst it is stated in the previous research: The term ‘hyper’ however, refers to excessive or increased sexuality. This scientifically based terminology of hypersexuality, which would accurately describe the proposed clinical characteristics of increase in frequency and intensity of non-paraphilic sexual behavior related to significant noxious consequences. This demonstrates the difficulties in defining sexual addiction, further research regarding the very nature of sexual addiction is thus crucial for a proper definition. However, there might be a possibility that different natures might be expressed in similar sexual behavior and thus several terms would be of use.

Even though it was noted in the previous research that adolescent sexual addiction is quite similar to adult sexual addiction, examining the specific traits of sexual addiction amongst adolescents in relations to adults is also important.

The results from the study show, that some might find it hard to define sexual addiction amongst adolescents due to their stage of development - this is agreed upon in the previous research; it is important to note that the adolescent years are a time of experimentation and rapid change. Thus, there is a risk that the disorder might become overly diagnosed amongst adolescents. However, the previous research states that most adult sexual addicts notice that they have a problem during their adolescence, also that adolescents are less likely to seek help. In this sense, the preventive work which the youth clinics are conducting, by letting the students now where they can turn as well as keeping track on STI’s, can probably help preventing adult sexual addiction.

What was also expressed during the interviews was the probability of multi-diagnosis amongst adolescent. It is expressed as a common trait in the previous research as well was that
the third distinction is that adolescents may draw up on a higher risk for multiple diagnoses. However other similarities between the results and the previous research were non-existent or weak. This might be either because of cultural and social context, since most research is written from an American perspective. However it can also demonstrate the lack of evident knowledge and collective statements on sexual addiction regarding adolescents.

7.4 Alternative interpretation of results

The results obtained can be preceded though the West’s synthetic theory of addiction, that adolescence sexual addiction is a result of abnormalities in motivation system. This way of interpretation concentrates on the client himself and the phenomenon’s details, rather than professional approach to the issue.

Taking into consideration the outcomes of our research, one can question whether or not sexual addiction is a socially constructed “disease” created by a conservative society. However, taking into account that the theory is fairly wide and due to our lack of time, the theory was not applicable to our research.

Regarding the methodology, quantitative measures could have been applied. However, due to unclear scientific evidence, designing a proper questionnaire which would collect relevant information regarding this subject would be rather difficult to conduct.

7.5 Suggestion for Further Research

First and foremost, we must stress that further research general on addiction should be made by establishing proper evidence of which supports the phenomenon. There is, as we have found, a large dispute amongst leading researchers regarding the phenomenon, which we can only assume is based on the lack of research. Furthermore, this phenomenon should be examined further amongst adolescents, not only due to the vulnerability which exist amongst adolescents, but also in order to understand how sexual addiction can be prevented.

Due to a large American perspective within the current research and due to the social context of abnormal sexual behavior, cross-national comparison should probably be made. This
will allow the understanding of the phenomenon to deepen, especially from the perspective of social contexts.

There should also be further research on the differences between sexual self-harm, sexual addiction and terminology in general.

The area of future research might be, as mentioned above, to proceed in getting a deeper understanding of the addiction medical aspect.
8. Bibliography


Reay, B, Attwood, N, & Gooder, C (2013) 'Inventing Sex: The Short History of Sex Addiction' *Sexuality & Culture*. 17 (1) pp. 1-19


Appendix I

Medgivande/Consent

Sexuellt missbruk är ett ämne som i dag är väl uppmärksammat utav media, men samtidigt väldigt omdebatterat av ledande forskare inom ämnet. Det är brist på en ordentlig definition och förståelse kring vad sexuellt beroende verkligen innebär, inte minst för unga. Även terminologin kring ämnet är diffust. Syftet med denna studie är därför att förstå hur socionomer, i sitt yrke, där det finns en chans att man möts av detta fenomen, definierar och jobbar med detta. Resultaten av studien kommer därför att sammanställas för att kunna bygga på den existerande kunskapsbasen inom ämnet.

Intervjun är en semistrukturerad intervju, därför kommer intervjupersonen att få förmedla sin kunskap genom vissa förbestämda teman. Intervjun kommer att utföras vid ett tillfälle på valfri plats, vald av intervjudeltagaren och beräknas att ta cirka 45 minuter. Om intervjupersonen i fråga godkänner att även bli kontaktad i efterhand via mail, för att komplettera kunskap, kan detta ske. Inspelning kommer att användas under intervjun som underlag för analys av innehållet. Denna inspelning kommer dock att förstöras då analysen är färdig för att bevara intervjupersonens anonymitet. Vidare åtgärder tas för att deltagandet i denna intervju ska vara konfidentiellt då inga uppgifter, som på något sätt kan röja intervjupersonens identitet, framkommer vid publicering. Intervjupersonen har under intervjun, möjlighet att när som helst avbryta utan anledning och även avsluta sitt deltagande i studien.

För vidare frågor angående studien går det bra att kontakta oss.
Nicolina Knauth – Telefon: 070 48 32 109. Mail: nicolinaknauth@gmail.com
Maria Mazanova – Telefon: 072 04 97 041 Mail: moya.nyamochka@gmail.com
Jag godkänner deltagande i denna studie beskriven ovan.

Ort/Datum__________________________________________

Namnteckning________________________________________

Namnförtydligande_____________________________________

Jag godkänner även att jag kan bli kontaktad via mail för vidare information efter intervjun.

Ort/Datum___________________________________________

Namnteckning________________________________________

Namnförtydligande_____________________________________

E-post adress________________________________________
Appendix II

Interview guide

1. Basic information; education/experience:
What type of education/training have you received regarding the phenomenon sexual addiction?

What kind of experience have you had in your profession as a social worker with sexual addiction?

2. Defining Sexual addiction:

What would you describe as abnormal sexual behavior amongst adolescents, of which can show tendencies of sexual addiction, within your professional point of view?

Where is the limit drawn between normal and abnormal sexual behavior, which indicate sexual addiction?

How would you describe the difference between sexual addiction amongst adolescents and adults?

3. Terminology

What is your professional point of view on the term sexual addiction as a diagnosis?

4 Developing sexual addiction:

What can be the reason for adolescents to develop abnormal sexual behavior which can indicate sexual addiction?
en genetisk
How strong is the connection between sexual addiction and other types of misuses (e.g. alcohol, drugs etc.)?

4  Consequences of sexual addiction:

Which are the most common consequences which would follow abnormal sexual behavior indicating sexual addiction? Physical\psychological consequences?

How do you as a professional look at the risks which would follow abnormal sexual behavior indicating sexual addiction?

5. Discovering Sexual addiction:

How do you work in your professional role to discover abnormal sexual behavior, which indicates sexual addiction?

Do you use any specific methods to discover abnormal sexual behavior, which can show tendencies of sexual addiction, amongst adolescents?

Do you follow any particular theory\ties? Which?

6. Prevention:

How can you as professionals work with prevention regarding abnormal sexual behavior indicating sexual addiction?

Is there any prevention means regarding abnormal sexual behavior indicating sexual addiction? How effective are they?

7. Additional questions:

Is there anything you would like to add?