SEX, DRUGS, AND INTERACTION

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Sex Addiction

The Secret Obsession

“Because our sexuality is one of the most fundamental life processes, sexual compulsivity is extremely threatening to all of us”.

(P. Carnes, 2001, P.5)
Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.
THE “ABCDE” OF THE DISEASE OF ADDICTION:

A. Inability to consistently **ABSTAIN**.
B. Impairment in **BEHAVIORAL** control.
C. **CRAVING** or increased hunger for AODs or rewarding experiences.
D. **DIMINISHED** recognition of significant problems with one’s behaviors and interpersonal relationships.
E. A dysfunctional **EMOTIONAL** response.
“Any repeated behavior, substance related or not, in which a person feels compelled to persist, regardless of its negative impact on his/her life and the lives of others.”
"Much of our culture and our economy are based on exploiting people's sense of emptiness and inadequacy, of not being enough as we are."

Gabor Maté, MD
1. They represent habitual patterns of intentional, appetitive behaviors.

2. They can become excessive and produce serious consequences.

3. There is stability of these problematic behavior patterns over time.

4. There are interrelated psychological and physiological components to their behavior.

5. Finally, in every case individuals who become addicted to these behaviors have difficulty stopping or modifying them.
I was just diagnosed with sex addiction. I don't feel like I have a problem, but I suppose that's what an addiction is supposed to feel like.
CLINICAL PRESENTATION

- Not candid about behavior
- Conceal severity, escalation factor
- When the client does seek help:
  - evidence of a long-term problematic sexual behavior
  - other addictions may present first
  - may involve abuse of power
- Clinical presentation centers on
  - loss of control
  - adverse life events as consequence
DIAGNOSTIC CRITERIA

1. Have you repeatedly failed to resist sexual impulses to engage in specific sexual behavior?

2. Have you frequently engaged in those behaviors to a greater extent or over a longer period of time?

3. Do you have a long-standing desire, or a history of unsuccessful efforts to stop, reduce, or control those behaviors?

4. Have you spent excessive time in obtaining sex, being sexual, or recovering from sexual experiences?

5. Do you become obsessed with preparing for sexual activities?
6. Have you frequently engaged in sexual behavior at times when you were expected to be fulfilling occupational, academic, domestic, or social obligations?

7. Have you continued your sexual behavior despite knowing it has caused or exacerbated persistent or recurrent social, financial, psychological, or physical problems for you?

8. Do you need to increase the intensity, frequency, number or risk of sexual behaviors to achieve desired effect, or do you experience diminished effect, when continuing behaviors at the same level of intensity, frequency, number, or risk?

9. Have you given up or limited social, occupational, or recreational activities because of your sexual behavior?

10. Do you become upset, anxious, restless, or irritable if you are unable to engage in sexual behavior?
TYPICAL SEX ADDICT BEHAVIORS

- Compulsive Use of Porn / Cybersex / Masturbation
- Anonymous Sex (met online or in sex clubs etc.)
- Adult Bookstores / Strip Clubs
- Sexual Exchange (i.e. Drugs or Favors for Sex)
- Prostitutes / Escorts
- Massage Parlors
- Fusing Sex and Substances (Cocaine, Meth, Alcohol etc.)
- Cruising / Intriguing
- Objectifying / Flirtation / Seduction
- Boundary Violations / Sexual Harassment
- Multiple Affairs / Anonymous Infidelity
- Abusing Power Relationships for Sex - Predatory
WHAT MAKES ONLINE SEX SO POPULAR AND SO EXCITING?

✓ Accessibility

✓ Affordability

✓ Anonymity

Triple-A Engine, Al Cooper, 1998
DIMENSIONS OF ADDICTION INTERACTION DISORDER

• Cross Tolerance
  • Addictive behavior simultaneously escalates for two or more addictive behaviors.
  • Intense addictive behavior shifts to a new addiction with minimum or no developmental sequence.

• Withdrawal Mediation
  • One addictive behavior is used to help moderate, avoid or relieve withdrawal from another.
• **Replacement**
  - One addictive behavior takes the place of another.

• **Alternating Addiction Cycles**
  - Addictive behavior alternate or come and go in patterns or sequences.

• **Masking**
  - The addict uses one addictive behavior to hide another.
• **Ritualizing**
  - Addictive acts lead to initiate another addictive behavior.

• **Intensification**
  - Addictive behaviors are used in tandem to increase, supplement or refine each other.
    - Full Fusion
    - Partial Fusion
    - Binge Features

• **Numbing**
  - Addictive behavior is used to ease the pain of another addictive behavior or binge.
• **Disinhibiting**
  • One addictive behavior is used to reduce inhibitions so they can experience other addictive behaviors.

• **Combining**
  • Addictive behavior are used in an attempt to achieve a certain “high” or to keep the “high” going for as long as possible.