

# **Compulsive Sexual and Love Behavior: Etiology and Culturally-Responsive Treatment for "Sex Addiction"**

Cortny Stark PhD LPC LAC CRC (She/Her/Hers),  
Assistant Prof, University of Colorado Colorado Springs  
Danielle Sorcher, MA in Counseling Student,  
University of Colorado Colorado Springs

## **The 6 Core Components of Behavioral Addictions**

- I. Saliency: “means the behavior becomes the most important activity in a person’s life and tends to dominate his or her thinking, feelings, and behavior”
- II. Mood modification: “refers to the emotional effect the behavior has on the individual which often serves as a coping strategy and is reported as the arousing “rush” or the numbing or the tranquilizing “escape” the behavior provides”
- III. Tolerance: “Is the process whereby increasing amounts of the behavior are required to achieve the former mood-modifying effects, often meaning greater periods of time are spent engaging in the behavior”
- IV. Withdrawal symptoms: “the unpleasant feeling states and/or physical effects (e.g., the shakes, moodiness, irritability) that occur when the person is unable to engage in the behavior”
- V. Conflict: “the discord between the person and those around them (i.e., interpersonal conflict), conflicts with other activities (i.e., social life, work, hobbies, and interests) or from within the individual themselves (i.e., intrapsychic conflict and/or subjective feelings of loss of control) that are concerned with spending too much time engaging in the addictive behavior”
- VI. Relapse: “Addresses the tendency for repeated reversions to earlier patterns of excessive behavior to recur and for a common return to the most extreme patterns of excessive behavior soon after periods of control”

## **Proposed Diagnostic Criteria for “Sex Addiction”**

### ***Example 1 (Carnes, 1991)***

Minimum of 3 criteria must be met during a 12-month period AND have "significant personal and social consequences”

- Recurrent failure to resist impulses to engage in specific sexual behavior
- Frequent engaging in these behaviors to a greater extent or longer duration than intended
- Persistent desire or unsuccessful efforts to stop, to reduce, or to control behaviors
- Inordinate amount of time spent in obtaining sex, being sexual, or recovering from sexual encounters
- Preoccupation with the behavior or preparatory activities
- Frequently engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligation

- Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior
- Need to increase intensity, frequency, number, or risk of behaviors to achieve the desired effect or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk
- Giving up or limiting social, occupational, or recreational activities because of behavior
- Distress, anxiety, restlessness, or irritability if unable to engage in the behaviors

***Example 2 (Rosenburg & Feder, 2014)***

- Recurrent, intense sexual fantasies, urges, and/or behaviors
- The behaviors consistently interfere with other activities and obligations
- Behaviors occur in response to dysphoric mood states (anxiety, depression, boredom, irritability) or stressful life events
- Engage in consistent but unsuccessful efforts to control or reduce sexual fantasies, urges, or behaviors
- Engage in sexual behaviors while disregarding the potential for physical or emotional harm to self or others
- The frequency or intensity of sexual fantasies, urges, or behaviors cause significant distress or impairment

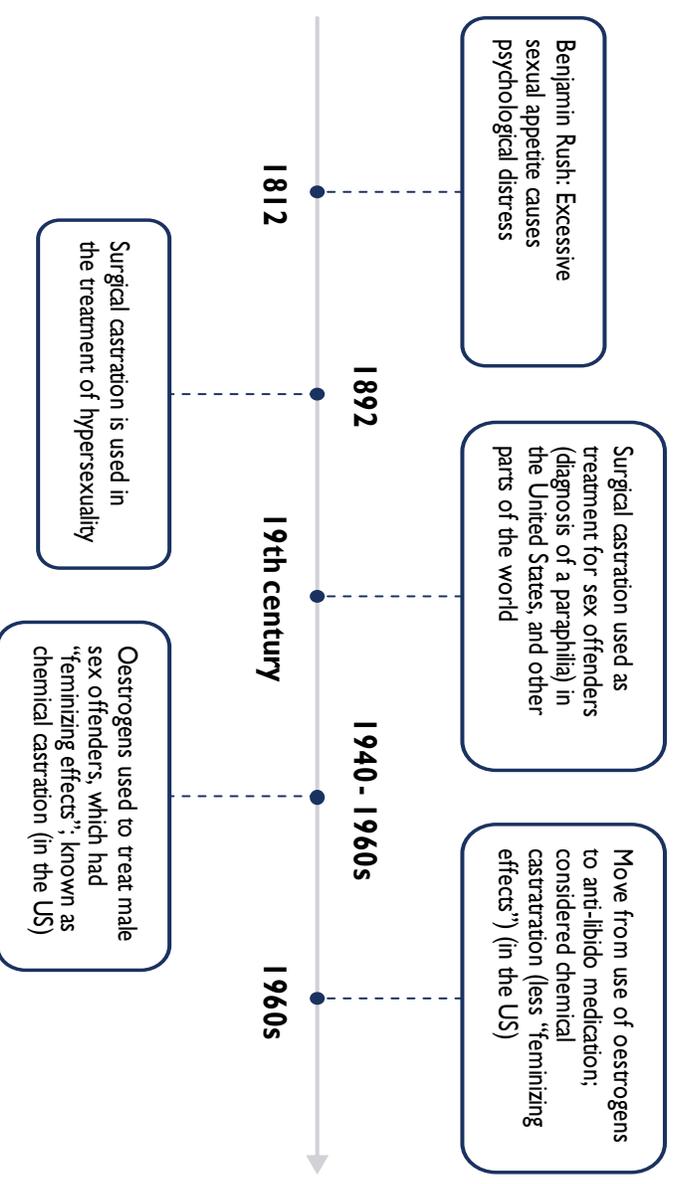
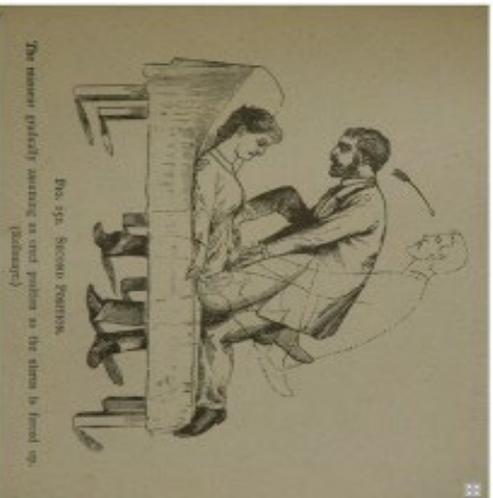
***Diagnosis in ICD-11: Compulsive Sexual Behavior Disorder***

- Characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in repetitive sexual behaviour over an extended period (e.g., six months or more) that causes marked distress or impairment in personal, family, social, educational, occupational functioning.
- The pattern is manifested in 1 or more of the following:
  - engaging in repetitive sexual activities has become a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities;
  - the person has made numerous unsuccessful efforts to control or significantly reduce repetitive sexual behaviour;
  - the person continues to engage in repetitive sexual behaviour despite adverse consequences (e.g., repeated relationship disruption, occupational consequences, negative impact on health);
  - the person continues to engage in repetitive sexual behaviour even when he/she derives little or no satisfaction from it.
- World Health Organization (2018). International classification of diseases for mortality and morbidity statistics (11th Revision). Compulsive sexual behavior disorder.

# SEX & DIAGNOSIS: HISTORICAL & CULTURAL CONTEXT

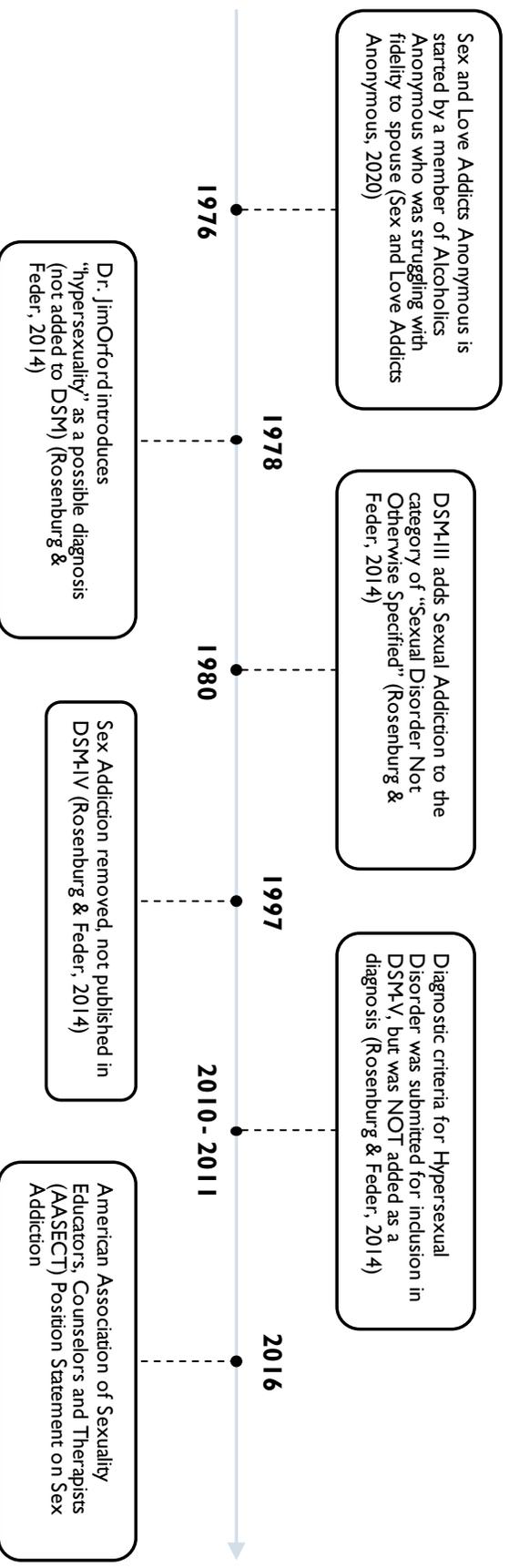
## The controversy of 'female hysteria'

<https://www.medicalnewstoday.com/article/s/the-controversy-of-female-hysteria#:~:source=cl>



Rosenburg & Feder (2014); Thibaut et al. (2010)

# SEX & DIAGNOSIS: HISTORICAL & CULTURAL CONTEXT



Rosenburg & Feder (2014); Thibaut et al. (2010)

## **Breakout & Padlet - Sex Addiction Case Conceptualization:**

### **The Case of “Jace”**

Instructions: View the case of “Jace” as presented in “My Sex Addiction Almost Killed Me” [8 min] as a class - [https://www.youtube.com/watch?v=u5EjA11sux0&feature=emb\\_logo](https://www.youtube.com/watch?v=u5EjA11sux0&feature=emb_logo)

Review the 11 behavioral types of sex addiction listed below, then discuss your responses to the following with your group:

- 1) Which of the behavioral types listed below best describes the behaviors described by Jace?
- 2) What comorbid conditions or experiences did Jace experience? What role did these conditions or experiences play in Jace’s development of out of control sexual behaviors?
- 3) What core beliefs do you hear Jace describing in the film? (e.g. “I’m not special anymore”)
  - Record a summary of your group’s responses in Padlet:  
<https://padlet.com/cstark20/4wj9x33snhrnwg5f>

**Carnes' eleven behavioral types that characterize sex addiction**

Derived from: Carnes, P.J. (1991). *Don't call it love: Recovering from sexual addiction*. Bantam Books.

---

**PATTERNS OF POWERLESSNESS—  
ELEVEN BEHAVIORAL TYPES**

---

**1. FANTASY SEX**

*Behavior Examples:* Thinking/obsessing about sexual adventures; inordinate amounts of time spent losing self in fantasy about future and past; neglecting commitments because of fantasy life; dramatizing a particular role in your fantasy; creating sexualized or seductive atmospheres that you prefer to keep as fantasy and not act on; spending a large amount of time preparing for sexual episode.

**2. SEDUCTIVE ROLE SEX**

*Behavior Examples:* Having many relationships at the same time or one after another; using seduction to gain power over others; thinking that sex will give power over another; flirtatious or seductive behaviors; hustling in singles clubs, bars, or health clubs; maintaining open calendars or failing to make commitments in order to be available for sex; bringing sex or sexualized humor into conversations; having to be sexual in order to feel good about self.

### **3. ANONYMOUS SEX**

*Behavior Examples:* Engaging in sex with anonymous partners; cruising beaches, parks, parking lots, rest rooms, and baths; having one-night stands; participating in group sex.

### **4. PAYING FOR SEX**

*Behavior Examples:* Paying for sexually explicit phone calls; using an escort or phone service; paying someone for sexual activity; using the personal columns to find sex partners; patronizing saunas, massage parlors, or rap lounges.

### **5. TRADING SEX**

*Behavior Examples:* Making sexually explicit videotapes and photographs; posing for sexually explicit videotapes and photographs; exposing yourself from stage or for hire; pimping others for sexual activities; receiving money for sexual activity; receiving drugs for sexual activity; administering drugs to force sexual activity.

### **6. VOYEURISTIC SEX**

*Behavior Examples:* Using sexually explicit magazines or videotapes; having collections of pornography at home or work; patronizing adult bookstores and strip shows; using binoculars or telescopes to watch people; looking through windows of apartments and houses; sexualizing others in public places; sexualizing materials not sexually explicit.

### **7. EXHIBITIONIST SEX**

*Behavior Examples:* Exposing yourself in public places, such as parks, streets, school yards; exposing yourself from your home or car; being sexual or dressing and undressing in public; using choice of clothing to expose yourself; belonging to a nudist club to find sex partners.

## **8. INTRUSIVE SEX**

*Behavior Examples:* Making inappropriate sexual advances or gestures; touching or fondling others without permission; using sexually explicit stories, humor, or language at inappropriate times or places; using power position (e.g., as professional, clergy, or employer) to exploit or be sexual with another person; forcing sexual activity on any person, including your spouse or partner.

Copyrighted m

## **9. PAIN EXCHANGE**

*Behavior Examples:* Receiving physical harm or **pain** during sexual activity to intensify sexual pleasure; causing physical harm or **pain** to partner to intensify sexual pleasure; willingly giving up power or acting out the victim role in sexual activity; using sexual aids to enhance sexual experience.

## **10. OBJECT SEX**

*Behavior Examples:* Masturbating with objects; crossdressing to add to sexual pleasure; using fetishes as part of sexual rituals; engaging in sexual activity with animals.

## **11. SEX WITH CHILDREN**

*Behavior Examples:* Sharing inappropriate sexual information with children; exposing children to adult sexual activities; forcing sexual activity on a child within or outside the family; engaging in sex with a consenting minor; watching child pornography.

---

## **Treatment of Sex and Love Addiction according to the Sex and Love Addicts Anonymous (SLAA) 12 Step Program**

### **Counseling Intervention**

*Use the information provided below to inform/guide your discussion with your client (there are only 4 steps total):*

- 1.) Tell me a little bit about what brought you in today.
- 2.) Bottom line behaviors are “the behaviors which we refrain from in order to stay sober”. What are some of your “bottom line” behaviors?
- 3.) Top line behaviors are “healthy behaviors and activities we replace for our old unhealthy patterns”. What are some of your “top line” behaviors that you hope to add to your daily routine?
- 4.) What are some interventions, strategies, or slogans that might help you to maintain these “top line” behaviors? Some possible strategies and slogans might include (counselor – you can read these to the client if that’s what works best for you, OR have the client read these and identify which work best):
  1. “Just for today”
  2. “This too shall pass”
  3. “God is doing for us what we could not do for ourselves”
  4. “Don’t act out, no matter what!”
  5. Maintain a simple, structured daily schedule.
  6. Attend daily or weekly SLAA group meetings.
  7. Don’t isolate. Call a member of SLAA or a safe person.
  8. If in SLAA, call your sponsor. Get phone numbers of other SLAA program members; keep the list handy, and make the calls.
  9. Stay away from people, places or activities that trigger you.
  10. Talk to your higher power about it first.
  11. Ask members of SLAA or safe persons to call you. If you do slip, don’t give up. Start over. Renew your commitment to Recovery.
  12. Attend 30 SLAA meetings in 30 days.
  13. Seek help from a therapist.
  14. Throw out whatever will tempt you to act out: Magazines, videos, “contact” names, photos, letters, etc. If you can’t throw it away, entrust it to your sponsor or another program member to hold on to it for you.
  15. Go for a walk or bike ride – in a safe place.
  16. Change your energy – calm down, or get moving.
  17. Write in a journal. Prepare a written first step (this is a reference to the first step in the 12 step program, which is: “We admitted we were powerless over sex and love addiction - that our lives had become unmanageable.”)

18. Get to a meeting. If an SLAA meeting is not available, consider attending an open meeting of Alcoholics Anonymous, Al-Anon, Overeaters Anonymous, or another 12 step program.
19. Don't be afraid to say "no". Remember, you have the right to set boundaries in the interest of your own recovery.
20. Read Chapter 5 ("Withdrawal") in the basic text, Sex and Love Addicts Anonymous.
21. In unavoidable slippery situations, ask for help from a program member.
22. Take care not to switch addictions – watch out for compulsive eating, drinking, spending, gambling, drugging, etc.
23. Take a new route to work/school/home.
24. Go to a place of worship, e.g. church, synagogue, etc.
25. Pray; meditate; maintain conscious contact with your Higher Power.
26. Avoid inappropriate media – TV, movies, videos, magazines, music, novels, etc.
27. Buy yourself some flowers, send yourself a card.
28. Spend time with safe family and friends.
29. Find a safe place/person where you can cry, rage, grieve. Avoid stuffing your feelings.
30. Remember that feelings aren't facts – you won't die from them.
31. Stay away from "old haunts".
32. Don't act out on auxiliary behaviors (If pornography is your addiction, don't go pick someone up in a bar).
33. Don't go back to "try to make it work" one more time. Wait until you're through withdrawal to consider reconciliation.

(Sex and Love Addicts Anonymous, 2001, excerpt from *Pocket Toolkit: You are Not Alone*)

For your reference:

Bottom-lines are...

"Self-defined activities which we refrain from in order to experience our physical, mental, emotional, sexual and spiritual wholeness. Recovery begins by admitting that following our addictive path is making our lives unmanageable and we are powerless to stop. Each person in S.L.A.A. acts out differently. Therefore, our bottom lines are self-defined, and may vary from person to person. It is up to each one of us, with the help of our Higher Power, our sponsor, and others, to learn to recognize our addictive patterns. We can then set "Bottom Lines", or the behaviors which we refrain from in order to stay sober" (Sex and Love Addicts Anonymous, 2006, excerpt from pamphlet)

Top Lines are...

"Healthy behaviors and activities we replace for our old unhealthy patterns. We can't get sober and simply stop our destructive behavior in a vacuum. We can take creative actions, and prove we are capable of making healthy choices. It can start with small additions to our daily routine" (Sex and Love Addicts Anonymous, 1986, p. 270)

References

Sex and Love Addicts Anonymous (1986). *Sex and Love Addicts Anonymous*. Augustine Fellowship

Sex and Love Addicts Anonymous (2001). *Pocket Toolkit: You are Not Alone*. Augustine Fellowship.

Sex and Love Addicts Anonymous (2006). *Setting Bottom Lines: A Pamphlet with Worksheet*. Augustine Fellowship