LEARNING OBJECTIVES

**Foundational Concepts**

- Explore the history and social and cultural context of sex addiction
- Review proposed diagnostic criteria for sex addiction, and the definition of love addiction (per the literature)
  - Review AASECT’s position statement
- Link provided - Paula Hall’s Ted Talk “We need to talk about sex addiction” [15 min]
- Consider the addictive process associated with sex and love addiction (according to Patrick Carnes)
- Explore sex and love as a natural human drive, and the controversy surrounding sex addiction and paraphilias

Focus of this presentation – Treatment of Person Experiencing Addiction

Additional resources provided – Treatment of Partner(s) of Person Experiencing Addiction
Focus of this Presentation
- Treatment of Person Experiencing Addiction
  - Review Carnes' eleven “behavioral types” of sex addiction
  - Consider the 6 phase model of sex addiction
  - View “My Sex Addiction Almost Killed Me” [8 min]
  - Padlet 1 - Apply concepts to case of “Jace” *Trigger warning*
  - If time—
    - Review impact of internet and pornography
    - Explore Treatment of Sex and Love Addiction according to SLAA12 Step Program

Resources Provided
- Treatment of Partner(s) of Person Experiencing Addiction
  - Consider the 6 phase model of sex addiction, and its variation regarding the behavior and emotional experience of partner(s) of persons experiencing sex addiction
  - Recommended viewing Dr. Silbur’s Post Betrayal Syndrome TedTalk [11 min], and review Post Betrayal Syndrome quiz
  - Explore emotional-behavioral map for partners and loved ones of persons experiencing sex addiction
  - Explore emotional, behavioral response to disclosure and betrayal
  - Complete Padlet 1 - Treating partners: Establish Relapse Prevention Strategies (15 min each way)
  - Complete Padlet 2 - Treating Partners: Is codependency a thing?

CONNECTION BEFORE CONTENT
- Enter your response in the chat window:
  - What is your name, pronouns, and professional role(s)?
  - What do you hope to take away from this presentation?
OVERVIEW OF PROCESS/BEHAVIORAL ADDICTIONS

Including the controversy over their existence

What are behavioral or process addictions?
- Behavioral addictions “…involve “normal” drives—highly rewarding and reinforcing drives toward sex, food, love, and money—which are only considered addictions when the behaviors reach a certain degree of excess and self-harm” (p. 4)

Some behavioral addictions that are also official diagnoses in the DSM-5:
- Gambling Disorder (under Substance Abuse and Related Disorders)
- Kleptomania (under Disruptive, Impulse Control, and Conduct Disorders)
- Eating Disorders (under Feeding and Eating Disorders)

BEHAVIORAL ADDICTIONS: PREVALENCE

therapist: and what do we do when we are sad?
me: 3 day bender
therapist: no

Prevalence rates among general population:
- Gambling addiction (2%)
- Internet addiction (2%)
- Sex addiction (3%)
- Exercise addiction (2%)
- Eating addiction (2%)

(Wilson & Johnson, 2013)
OVERVIEW OF PROCESS/BEHAVIORAL ADDICTIONS
Including the controversy over their existence

Cured (2020) [3 min]

Why are they controversial?
- Fear of creating “…new disorders that are nothing more than medical labels for bad behavior” (p. 14)
- Possibility of pardoning or excusing criminal behavior in legal settings
- Need to be cautious of pathologizing normal behaviors
- Disagreement over diagnostic criteria

Rosenberg & Feder (2018)

BEHAVIORAL ADDICTIONS AS MENTAL DISORDERS

- Despite not being in the DSM-5, many of these behavioral addictions fit under the definition of “mental disorders”:
  - behavioral or psychological syndrome or pattern
  - the consequences of which are clinically significant distress or disability
  - not merely an expectable response to common stressors
  - reflects underlying psychobiological dysfunction
  - is not solely a result of social deviance or conflicts with society
  - has diagnostic validity using one or more sets of diagnostic validators

Grant & Chamberlain (2016); Brewer & Potenza (2008)
THE CORE COMPONENTS OF BEHAVIORAL ADDICTIONS

- 6 core components of behavioral addictions:
  - Salience
  - Mood modification
  - Tolerance
  - Withdrawal symptoms
  - Conflict
  - Relapse

Grant & Chamberlain (2016); Brewer & Potenza (2008)

How do we know when a sexual behavior is "normal", or "abnormal"? (NOT which sexual behaviors are normal, and which are abnormal)
**HISTORICAL & CULTURAL CONTEXT**

**AASECT (2016) POSITION ON SEX ADDICTION**

- AASECT recognizes that people may experience significant physical, psychological, spiritual and sexual health consequences related to their sexual urges, thoughts or behaviors. AASECT recommends that its members utilize models that do not unduly pathologize consensual sexual behaviors. AASECT:
  1. does not find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and
  2. does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge. Therefore, it is the position of AASECT that linking problems related to sexual urges, thoughts or behaviors to a porn/sexual addiction process cannot be advanced by AASECT as a standard of practice for sexuality education delivery, counseling or therapy.

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**STATUS OF “SEX ADDICTION” AS A DIAGNOSIS**

- Criteria proposed for inclusion in the DSM-5 [see handout]:
  - Example 1 (Carnes, 1991)
  - Example 2 (Rosenburg & Feder, 2014)
- ICD-11 (WHO, 2018)
  - Compulsive Sexual Behavior Disorder [see handout]
 STATUS OF “LOVE ADDICTION” AS A DIAGNOSIS

- Not in DSM-5 or ICD-11
- Defined as:
  - “a process addiction…pertains to a pattern of recurrent behavior that at first results in reports of pleasurable feelings and obsessive thinking. These pleasurable feelings and obsessive thoughts may be subjectively described as craving for continued union with a love object”
  - “Cycles of elation and craving are followed eventually by negative consequences. In essence, one is more or less rigidly focused on love-type feelings leading to decreased adaptive functioning”

Phases of love addiction-type obsessive thinking

- “I can’t live without you”
- “I am nothing without your love to call my own”
- “You make me feel whole”
- “You are my saving grace”
- “I am always thinking of you”

Sussman (2010), p. 32

LOVE ADDICTION & LIMERENCE

- Limerence (L=Limerent, LO=Limerent Object)
  - “an involuntary interpersonal state that involves an acute longing for emotional reciprocation, obsessive-compulsive thoughts, feelings, and behaviors, and emotional dependence on another person. Given the interpersonal nature of limerence, the two parties involved are the person experiencing limerence (L) and the object of L’s thoughts, feelings, and behaviors (LO)”

Wakin & Vo (2008)
LOVE ADDICTION & LIMERENCE

- In limerence, initial intense feelings of love fail to subside, becoming increasingly intense, pervasive, and disruptive, ultimately rendering difficulty in controlling one’s thoughts, feelings, and behaviors.
- The current model is comprised of three primary functional components:
  1) Initiating Force—pervasive longing for emotional reciprocation
  2) Driving Forces—intrusive and obsessive thinking, constant replaying and rehearsing, acute sensitivity to behavioral cues, strong tendency to over-interpret LO’s behaviors, strong fear of rejection by LO, situational barriers, and uncertainty
  3) Resultant Forces—fluctuation in mood, feelings of ecstasy, feelings of depression, anxiety, cognitive coping strategies, shame/guilt, and impaired functioning

Wakin & Vo (2008)

ROMANTIC REJECTION AS A 2-STAGE NEGATIVE ADDICTION

1: Protest phase: The deserted person obsessively tries to win back the beloved
- Stress response: Elevated activity of the dopamine system, and norepinephrine system. Evolutionarily based and adaptive; engagement of these systems increases likelihood individual will call for help, seek closeness with caregivers/supportive others
- Frustration-attraction: Barriers to the success of the romantic relationship delay the reward, and intensify feelings of passion
- Frustration-aggression: Barriers to the success of the romantic relationship delay the reward, and “regions of the prefrontal cortex stimulate the amygdala and trigger rage” (p. 243)
- Romantic jealousy: Common, persists cross-culturally; leads to intense possessiveness of a mating partner; also known as “mate guarding”

Rosenburg & Feder (2014)

2: Resignation/Despair
- Despair response: Abandonment causes reduced activity in the dopamine reward system, which produces lethargy, despondency, and depression.
- “Short-term stress activates the production of dopamine and norepinephrine. But as stress continues, it suppresses the activity of these catecholamines—producing depression” (p. 244)
### CHARACTERISTICS OF SEX & LOVE ADDICTION
According to Sex & Love Addicts Anonymous (SLAA)

- Having few healthy boundaries
- Fearing abandonment and loneliness > self-isolation
- Fearing emotional and/or sexual deprivation > compulsively pursuing relationships
- Confusing love with neediness, physical and sexual attraction, pity and/or the need to rescue or be rescued
- Sexualizing negative emotions; using sex or emotional dependence as substitutes for nurturing care and support
- Using sex and emotional involvement to manipulate and control others
- Becoming immobilized or seriously distracted by romantic or sexual obsessions or fantasies
- Avoiding responsibility by attaching to people who are emotionally unavailable
- Retreating from intimate involvement to avoid feeling vulnerable; mistaking sexual and emotional anorexia for recovery
- Assigning magical qualities to others (idealizing), then blame them for not fulfilling fantasies and expectations

"Characteristics of Sex and Love Addiction," 1990

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### CARNES (1991) BEHAVIORAL TYPES OF SEX ADDICTION

**Why consider them?**

- "As part of our analysis, we examined what kinds of behaviors clustered together. Each type had a specific sexual focus with common characteristics. By adding the context of culture, family, and neurochemistry, we can make significant strides toward understanding sexual addiction. The eleven types help pinpoint those behaviors most vulnerable to addictive patterns. Equally important, we are taking important steps toward defining sexual health and understanding what is positive, appropriate, and nourishing. Sex addiction becomes a clarifying prism, revealing the spectrum of health elements in our sexual lives." (Carnes, 1991, p. 42)
PROBLEMATIC BEHAVIORAL TYPES OF SEX ADDICTION

- Carnes' eleven behavioral types that characterize sex addiction:
  1. Fantasy Sex
  2. Seductive Role Sex
  3. Anonymous Sex
  4. Paying for Sex
  5. Trading Sex
  6. Voyeuristic Sex
  7. Exhibitionist Sex
  8. Intrusive Sex
  9. Object Sex
  10. Sex with Children

Carnes (1991)

BREAKOUT ACTIVITY
SEX ADDICTION CASE CONCEPTUALIZATION: THE CASE OF “JACE”

**Trigger Warning!** This case study includes a brief, frank discussion of childhood sexual abuse.

- **Instructions**: View the case of “Jace”. Review the 11 behavioral types of sex addiction listed in the breakout activity, then discuss your responses to the questions provided with your group.
- Record a summary of your group’s responses in Padlet:
  - [https://padlet.com/cstark20/4wj99x33snhrnwg5f](https://padlet.com/cstark20/4wj99x33snhrnwg5f)
  - [https://www.jacedowney.com/sexaddiction](https://www.jacedowney.com/sexaddiction)

“*My Sex Addiction Almost Killed Me*” [8 min]
[https://www.youtube.com/watch?v=U5EjAI1sux0&feature=emb_logo](https://www.youtube.com/watch?v=U5EjAI1sux0&feature=emb_logo)
Compulsive Sexual and Love Behavior: Etiology and Culturally-Responsive Treatment for Sex Addiction

THE CYCLE OF ADDICTION

Which aspects of this cycle did Jace describe as part of her experience?

THE SOCIAL AND CULTURAL CONTEXT OF SEX

What role does gender play in how we have viewed sex?

How have other cultures viewed sex and love?

What role might colonization play in the stigmatization of sex?

What role might the social and cultural context of sex play in a society play in society’s view of “sex addiction”?

Recommended Viewing – How to have a healthier and positive relationship with sex

https://www.ted.com/talks/tiffany_kagure_mugo_and_siphumese_khundiyi_how_to_have_a_healthier_positive_relationship_to_sex#t-301988
SOCIETAL CONSIDERATIONS FOR TREATING SEX & LOVE ADDICTION

- Given there is no universal definition of sex & love addictions, there is a risk of pathologizing normal human behavior and emotions.
- Many people fall in romantic love at some point or another; framing love as an addiction could excuse inappropriate rejection behavior.
- Our society contains varying moral values placed on certain sexual & romantic behaviors; sexual/romantic behaviors that some might consider "deviant" or within the realm of addiction might be perfectly normal.
  - Ex: Engaging in LGBTQQPIA+ sexual relationships, kink relationships, polyamorous relationships, or casual sex relationships.

If time – Explore the internet's impact on Sex & Love addiction, and impact of pornography.
THE INTERNET'S IMPACT ON SEX & LOVE ADDICTION: PORNOSAGRAHY

- The “Triple A” influence of online pornography contributes to the development of problematic consumption:
  - Accessibility
  - Affordability
  - Anonymity

Problematic Consumption Model:
- Impaired control (cravings, unsuccessful attempts to reduce the behavior)
- Impairment (narrowing of interests, neglect of other areas of life)
- Risky use (persisting intake or engagement in behavior despite awareness of damaging psychological effects)
- May meet physiological criteria (tolerance, withdrawal)
IMPACT OF PORNOGRAPHY CONSUMPTION

- Higher hours per week/more years of porn viewing correlated with a reduction in grey matter in sections of the reward circuitry (translates into sluggish reward activity, or a numbed pleasure response – desensitization)
  - “That could mean that regular consumption of pornography more or less wears out your reward system”
  - “We assume that subjects with a high porn consumption need increasing stimulation to receive the same amount of reward.” (Kuhn & Gallinat, 2014)

Based on 3,267 men in Belgium, Denmark, and the UK, who completed an online questionnaire about masturbation habits, how often they watch porn, and their partnered sex experiences...

- “90% of men fast-forward to watch the most arousing pornographic scenes. There’s no doubt that porn conditions the way we view sex”
- “Only 65% of men felt that sex with a partner was more exciting than watching porn”
- “20% felt that they needed to watch more extreme porn to get the same level of arousal as previously.”
- “There was a highly significant relationship between time spent watching porn and increasing difficulty with erectile function with a partner… We believe that the erectile dysfunction problems associated with porn stem from this lack of arousal”

Recommended Viewing:
The Great Porn Experiment – Gary Wilson [29 min]
https://www.youtube.com/watch?v=NbP_ehYHfsk
CONSIDERATIONS FOR UNDERSTANDING PORNOGRAPHY USAGE AS A PART OF SEX & LOVE ADDICTION

- Measurements of pornography usage and definitions of what qualifies as excessive, problematic, or addictive use of pornography are not standardized in the literature (Kohut et al., 2019)

- **Negative effects paradigm**: in pornography research, "studies explore the potential harms associated with pornography consumption to the exclusion of other possible outcomes" (McCormack & Wignall, 2016, p. 986)

- Given the ease of access to pornography, finding a research study control group of people who have never viewed pornography is near-impossible (The Great Porn Experiment | Gary Wilson | TEDxGlasgow, 2016)

The following materials also available in the provided handout -

"Like this? Did I activate Zoom?"
TREATMENT OF SEX & LOVE ADDICTION
According to the SLAA 12 Step Program

1) Identify reason for treatment, ex: "What brought you in today?"

2) Identify bottom line behaviors, which 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)

3) Identify top line behaviors, which 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)

4) Identify interventions, strategies, or slogans that might help to maintain these “top line” behaviors
EXAMPLES OF BOTTOM LINE BEHAVIORS

- Having sex with someone who is married or in another relationship
- Pursuing a new relationship before ending an existing one
- Having sex outside of a committed, monogamous relationship
- Following someone home uninvited
- Doing anything that could reasonably get me arrested
- Lying to my spouse
- Having anonymous sex

- Going to strip clubs and peepshows
- Having unprotected sex
- Having sex when I don’t want to
- Breaking a boundary of “no contact”
- Pursuing inappropriate or unavailable people
- Compulsively avoiding sex in a committed, long-term relationship
- Not entering or leaving a relationship without consulting my Higher Power and trusted advisers

EXAMPLES OF TOP LINE BEHAVIORS

- Buying healthy food that I like
- Getting enough rest
- Exercising
- Making three outreach calls each day
- Making dates with people I care about (friends, sisters, nephews, parents, visit grandparents)
- Going to meetings regularly
- Meditating

- Getting a regular massage
- Praying
- Reading program literature
- Volunteering for service, program and otherwise
- Going out dancing
- Doing something creative that fills me with joy
PSYCHOTHERAPEUTIC TREATMENTS FOR SEX & LOVE ADDICTION

- Group and individual therapy
- Motivational interviewing
- Cognitive-behavioral approaches to identify triggers
- Dialectical behavioral techniques to manage cravings
- Relapse prevention strategies
- Insight-oriented therapy to identify deeper causes
- Family therapy to resolve conflicts
- Sex therapy (which cannot begin until patients have their dysfunctional behaviors under control)

Rosenburg & Feder (2014)

PHARMACOLOGICAL TREATMENTS FOR SEX & LOVE ADDICTION

- Compulsive sexual behavior shows a response to psychopharmacological treatments that affect other addictions
- Notable medications include:
  - SSRI and SNRIs: To reduce desire, arousal, and orgasm; to reduce depression associated with love addiction and romantic rejection
  - Benzodiazepines: Useful for those whose behavior is triggered by anxiety, but should be prescribed with caution due to addictive properties
  - Naltrexone: Decreases pleasurable experience of orgasm, which might also negatively affect future healthy sexual relationships; often used for problematic gambling

Rosenburg & Feder (2014)
PHARMACOLOGICAL TREATMENTS FOR SEX & LOVE ADDICTION

- Notable medications include:
  - Stimulants: Useful for those with comorbid ADHD, which is often associated with risky sexual behavior and problematic pornography consumption
  - Mood stabilizers and anti-impulsive medications: Useful for those showing manic or impulsive features and high promiscuity
  - Anti-androgens: Controversial; used only in extreme cases to reduce all aspects of the sexual response cycle

Rosenburg & Feder (2014)

How to cite these slides, and handout:

REFERENCES

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