Sex Addiction: Neuroscience
Etiology and Treatment

Stefanie Carnes, Ph.D., CSAT-S
AAMFT Approved Supervisor
Is Sex an Addiction?

- DSM III-R contained a category called "non-paraphilic sexual addiction"
- Various authors have argued for different terms
  - "Compulsive" (OCD, Coleman, 2003)
  - "Addictive" (Fenicehel, 1945, Carnes, 1983)
  - "Impulsive" (Barth and Kinder, 1987)
  - "Hypersexual" (Stein et al., 2000, Reid/Kafka)
- Criteria across these different conceptualizations are similar
- Is not in DSM-5
- ICD-11 draft includes “sexual compulsivity” – Narrower term “sexual addiction”
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<td>Recurrent failure (pattern) to resist sexual impulses to engage in specific sexual behavior</td>
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<td>Frequent engaging in those behaviors to a greater extent</td>
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<td>Persistent desire or unsuccessful efforts to stop, to reduce, or to control behaviors</td>
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<td>Inordinate amount of time spent in obtaining sex, being sexual, or recovering from sexual experiences</td>
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<td>Preoccupation with the behavior or preparatory activities</td>
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<td>Frequent engaging in the behavior when expected to fulfill occupational, domestic, or social obligations</td>
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<td>Continuation of behavior despite knowledge of having persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior</td>
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<td>Need to increase the intensity, frequency, number or risk of behaviors to achieve the desired effect or diminished effect with continued behaviors at the same level of intensity</td>
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<td>Giving up or limiting social, occupational, or recreational activities because of their behavior</td>
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<td>Distress, anxiety, restlessness, or irritability if unable to engage in the behavior</td>
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“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.”

“Addiction also affects neurotransmission and interactions between cortical and hippocampal circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioral response to external cues, in turn triggering craving and/or engagement in addictive behaviors.”

4 years – 80 neuroscientists

Addiction Criteria
Loss of Control

Clear Behavior in which you do more than you intend or want.
Compulsive Behavior

A pattern of out of control behavior over time.
Efforts to Stop

Repeated specific attempts to stop the behavior which fail.
Loss of Time

Significant amounts of time lost doing and/or recovering from the behavior
Preoccupation

Obsessing about or because of the behavior
Inability to Fulfill Obligations

The behavior interferes with work, school, family, and friends.
Continuation Despite Consequences

Failure to stop the behavior even though you have problems because of it (social, legal, financial, physical, work.)
Escalation

Need to make the behavior more intense, more frequent, or more risky.
Losing, limiting, or sacrificing valued parts of life such as hobbies, family, relationships, and work
Withdrawal

Stopping behavior causes considerable distress, anxiety, restlessness, irritability, or physical discomfort.
Sex Addiction vs Sex Offending

- Antisocials (especially w/ sex offenders) w/out addiction
  - History of physical abuse
  - Lacking remorse an shame
  - More force/ violence in the offense
  - History of other types of offenses
  - More impulsive (not as many sexual urges)
  - Distortions and denial
  - Decreased amenability for treatment
Sex Addiction

- Sex Addicts
- High shame
- Emotional and sexual abuse in background
- Highly sexualized (lots of preoccupation)
- Multi-addicted
- Less defenses
- High potential for suicide
- Increased amenability for treatment
Differential Diagnosis – DSM - 5

- DSM-5 - Possibilities:
  - Other Specified Disruptive, Impulse Control and Conduct Disorder
  - Other Specified Sexual Dysfunction
  - Unspecified Paraphilic Disorder

- Rule out/ or in:
  - Antisocial / Narcissistic personality disorder
  - Paraphilia
  - Bipolar affective disorder
  - PTSD
  - ADHD
  - Substance induced disorder
  - OCD
  - Delirium, dementia, or other cognitive disorder
“Diagnoses that could refer to compulsive sexual behavior have been included in the DSM and ICD for years and can now be diagnosed legitimately in the United States using both DSM-5 and the recently mandated ICD-10 diagnostic coding. Compulsive sexual behavior disorder is being considered for ICD-11”

The recommended code, according to the ICD-10-CM index, is F52.8, which is the code for ‘other sexual dysfunction not due to substance or known physiological condition’; the inclusion terms of ‘excessive sexual drive’, ‘nymphomania’ and ‘satyriasis’ are listed under F52.8. DSM-5 also lists ‘other specified sexual dysfunction’ as F52.8. This diagnosis may thus be used for hypersexual disorder.

Paraphilias are not Sex Addiction

- DSM 5- Paraphilias include: exhibitionism, fetishism, frotteurism, pedophilia, sexual masochism, sexual sadism, voyeurism, and transvestic fetishism.

- In DSM 5 – new definition must include “psychological distress” or “distress, injury or death of unwilling persons – or those not of legal age”
Just because someone has had affairs, used prostitutes, attended a strip club, uses porn recreationally... does not mean they are a sex addict... It is just as important to determine who is NOT a sex addict as it is to determine who is.
Etiology

The making of a sex addict
Etiology

- Biology/Neuroscience/Sexual Conditioning
- Family Dynamics/Attachment
- Trauma and abuse
Neuroscience & Sexual Conditioning
Brain Regions Involved in Addiction

**Mesolimbic Dopamine (DA) Pathway:**
- Connects the ventral tegmental area to the nucleus accumbens (NAc)
- “Reward Center” tied to pleasure, reinforcement learning & impulsivity

**Amygdala:**
- Positive & negative emotional memory

**Hippocampus:**
- Processing & retrieval of long-term memories

**Prefrontal Cortex:**
- Coordinates & determines judgment & behavior
Evolutionary Function of Reward System

- Mesolimbic Dopamine Pathway is activated by salient survival-based stimuli (sex, food, nurturing, etc.).

- This system evolved to reward and encourage the organism to seek out activities necessary for survival.
Addiction in the brain

Evolutionary Adaptive System Hijacked
Addiction is a Brain Disease – Volkow et al. 2016

- Three re-occurring phases (called the “addiction circle”):
  - 1 – Binge and Intoxication
  - 2 – Withdrawal and Negative Affect
  - 3 - Anticipation and Craving
Binge and Intoxication

- Dopamine released in reward system (nucleus accumbens)
- Repeated exposure to rewards leads to cue responsivity over time – which predicts increased intake of the substance/ behavior (classical conditioning)
- Leads to “Incentive Sensitization” – Robinson and Berridge (1993) – stimuli associated with the reward become “cues” that trigger enhanced dopamine release signaling incentive salience and induced “wanting” (clinically described as craving).
- This causes neural and molecular changes in reward system (neuroplasticity) in many brain regions
- Results in the “down-regulation” of dopamine resulting in tolerance
Withdrawal and Negative Affect

- Withdrawal symptoms and negative affect are consequences of the brain's natural compensatory response to excessive dopamine.
- Brain is trying to maintain homeostasis.
- Natural rewards are experienced as less rewarding by addicted subjects than healthy subjects.
- Motivates further reward seeking behavior to stop negative affect (negative reinforcement).
Preoccupation and Anticipation Phase

- Preoccupation with obtaining the reward
- Craving
- Changes in pre-frontal regulatory circuits that leads to impaired response inhibition
How does Dopamine Down Regulation Work?
Dopamine interacts with glutamate to produce a hyper-excitability state that enhances the responsiveness of the mesolimbic dopamine reward system.

Hippocampus records memories of intense reward.

Amygdala records memories of environmental cues associated with the intense reward.

Brain mistakenly treats the highly rewarding substance or behavior as necessary for survival, reducing “top down” inhibitory control, increasing impulsivity and motivating further action to seek out the source of pleasure.
Tolerance Reduces “Liking”

- Repeated use over time leads to over-stimulation of the dopamine reward system.

- To maintain homeostatic balance, the brain eventually down-regulates dopamine receptor availability in the striatum, producing an altered set point for pleasure.

- Substance or behavior no longer produces the intense pleasure that it did originally (tolerance).

- Other "normal" sources of pleasure don't produce a noticeable impact on the down-regulated reward system, leaving the individual feeling anxious, depressed, dysphoric & irritable (withdrawal).
“An orgasm is the primary natural blast of dopamine available to all of us. Accordingly, J.R. Georgiadis (2006) scanned the brains of people having orgasm. He said they resembled scans of heroin rushes. These individuals experienced one of the most addictive substance ever produced: dopamine.” (p.137).”

Koob: “The dark side of addiction”

- When the reward center can no longer be returned to its homeostatic set point it enters an “allostatic” state.
- Reward system has an altered set point.
- Leaves the individual susceptible to dependence and relapse.
- Withdrawal is not about the physiological effects of a specific substance — it is the negative affect resulting from this allostatic state.
"The truth is that just liking sex a lot doesn't make you a sex addict, and just cheating or engaging with prostitutes or other anti-social behavior doesn't make you a sex addict. If you are a sex addict, just like a heroin addict ... you are at the point where you are having sex not because you are deriving pleasure from it, but because you need to do that just to fall asleep at night and face the day, and not have withdrawal symptoms. So while true sex addiction is rare, it is one of many very real addictions that stem from the way the human brain feels - or doesn't feel - pleasure."

- The Compass of Pleasure: How Our Brains Make Fatty Foods, Orgasm, Exercise, Marijuana, Generosity, Vodka, Learning, and Gambling Feel So Good
Brain Structure and Functional Connectivity Associated With Pornography Consumption

The Brain on Porn

Simone Kühn, PhD; Jürgen Gallinat, PhD

**DESIGN, SETTING, AND PARTICIPANTS** Sixty-four healthy male adults with a broad range of pornography consumption at the Max Planck Institute for Human Development in Berlin, Germany, reported hours of pornography consumption per week. Pornography consumption was associated with neural structure, task-related activation, and functional resting-state connectivity.

**MAIN OUTCOMES AND MEASURES** Gray matter volume of the brain was measured by voxel-based morphometry and resting state functional connectivity was measured on 3-T magnetic resonance imaging scans.

**RESULTS** We found a significant negative association between reported pornography hours per week and gray matter volume in the right caudate (P < .001, corrected for multiple comparisons) as well as with functional activity during a sexual cue-reactivity paradigm in the left putamen (P < .001). Functional connectivity of the right caudate to the left dorsolateral prefrontal cortex was negatively associated with hours 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)

Simone Kühn - "That could mean that regular consumption of pornography more or less wears out your reward system."

Simone Kühn continued - "We assume that subjects with a high porn consumption need increasing stimulation to receive the same amount of reward."
Neural Correlates of Sexual Cue Reactivity in Individuals with and without Compulsive Sexual Behaviours

Valerie Voon1,2,3*, Thomas B. Mole1,3, Paula Banca1, Laura Porter1, Laurel Morris1,2, Simon Mitchell1,3, Tatyana R. Lapa1, Judy Karr4, Neil A. Harrison5, Marc N. Potenza6, Michael Irvine1

1 Department of Psychiatry, Addenbrooke’s Hospital, University of Cambridge, Cambridge, United Kingdom, 2 Behavioural and Clinical Neurosciences Institute, University of Cambridge, Cambridge, United Kingdom, 3 Cambridgeshire and Peterborough Foundation Trust, Cambridge, United Kingdom, 4 British Association for Counselling and Psychotherapy, London, United Kingdom, 5 Department of Psychiatry, Brighton and Sussex Medical School, Brighton, United Kingdom, 6 Departments of Psychiatry, Neurobiology and Child Study Center, Yale University, New Haven, Connecticut, United States of America

Abstract

Although compulsive sexual behaviour (CSB) has been conceptualized as a “behavioural” addiction and common or overlapping neural circuits may govern the processing of natural and drug rewards, little is known regarding the responses to sexually explicit materials in individuals with and without CSB. Here, the processing of cues of varying sexual content was assessed in individuals with and without CSB, focusing on neural regions identified in prior studies of drug-cue reactivity. 19 CSB subjects and 19 healthy volunteers were assessed using functional MRI comparing sexually explicit videos with non-sexual exciting videos. Ratings of sexual desire and liking were obtained. Relative to healthy volunteers, CSB subjects had greater desire but similar liking scores in response to the sexually explicit videos. Exposure to sexually explicit cues in CSB compared to non-CSB subjects was associated with activation of the dorsal anterior cingulate, ventral striatum and amygdala. Functional connectivity of the dorsal anterior cingulate-ventral striatum-amygiedala network was associated with subjective sexual desire (but not liking) to a greater degree in CSB relative to non-CSB subjects. The dissociation between desire or wanting and liking is consistent with theories of incentive motivation underlying CSB as in drug addictions. Neural differences in the processing of sexual-cue reactivity were identified in CSB subjects in regions previously implicated in drug-cue reactivity studies. The greater engagement of corticostriatal limbic circuitry in CSB following exposure to sexual cues suggests neural mechanisms underlying CSB and potential biological targets for interventions.
Compulsive porn users react to porn cues in the same way that drug addicts react to drug cues. Compulsive porn users craved porn (greater wanting), but did not have higher sexual desire (liking) than controls. This finding aligns perfectly with the current model of addiction. Over 50% of subjects (average age: 25) had difficulty achieving erections with real partners, yet could achieve erections with porn.
"Our findings of enhanced attentional bias in CSB subjects suggest possible overlaps with enhanced attentional bias observed in studies of drug cues in disorders of addictions. These findings converge with recent findings of neural reactivity to sexually explicit cues in CSB in a network similar to that implicated in drug-cue-reactivity studies and provide support for incentive motivation theories of addiction underlying the aberrant response to sexual cues in CSB.”
Gola et al. (2017)

- Gave fMRIs to 28 men in treatment for problematic pornography use (PPU) and 28 men without PPU to examine ventral striatal responses to “erotic and monetary stimuli”
- Wanted to differentiate “cue-related ‘wanting’ from reward-related ‘liking’”
- Participants completed an incentive delay task during the fMRI and were given “erotic or monetary rewards preceded by predictive cues”
- PPU group had higher activation in the ventral striatum for cues that predicted erotic stimuli but not for cues that predicted monetary reward or to the actual erotic pictures
  - Authors argued this is “consistent with the incentive salience theory of addiction”
- Sensitivity to erotic stimuli cues was related to increased motivation to see the erotic stimuli (suggests “higher wanting”), higher pornography use, severity level of PPU and more frequent masturbation
- Findings congruent with research on gambling and substance addictions suggesting PPU may be a behavioral addiction

Sex addicts focus a higher-than-normal share of their attention on addiction related cues (i.e., pornography), doing so in the same basic ways and to the same basic degree as other addicts.

The brain response of sex addicts exposed to sexual stimuli (i.e., pornography) mirrors the brain response of drug addicts when exposed to drug-related stimuli. For example, the dorsal orbital prefrontal cortex lights up just as it does with substance addicts. Equally important is the fact that this region goes below baseline for neutral stimuli, the same as with substance abusers. In other words, the dorsal orbital prefrontal cortex overreacts to addiction cues and underreacts to neutral cues in all forms of addiction, including sexual addiction.
Banca et al. (2016)

- Examined whether men with CSB showed more of a preference for “sexual novelty and stimuli conditioned sexual rewards” compared to a healthy control group

- CSB group:
  - Had a stronger preference for novel sexual images in comparison to control images
  - Demonstrated a preference for cues that had been conditioned to sexual and monetary rewards over neutral outcomes
    - This result was not observed in the control group
  - Had higher levels of dorsal cingulate habituation during an fMRI when presented with repeated sexual images compared to monetary images
    - Level of habituation to sexual images was positively correlated with self-reported preference for sexual novelty
  - Had an early attentional bias to sexual cues compared to control group that significantly correlated with higher levels of approach behaviors towards cues conditioned to sexual images

- Authors concluded the CSB participants had a “dysfunctional enhanced preference for sexual novelty possibly mediated by greater cingulate habituation” as well as an overall enhanced reaction to rewards

- The novelty seeking and cue conditioning found in CSB participants is similar to results seen in studies on substance addictions

Examples of Hypofrontality
Laier, Schulte and Brand (2013) examined the effect of sexual arousal during internet sex on Working Memory (WM). They found worse performance of WM for pornographic pictures compared to neutral, negative, and positive stimuli. Results were moderated by need to masturbate and sexual arousal, suggesting this arousal interferes with working memory processes. Authors concluded that the cognitive problems often reported by people with sexual addiction following pornography consumption (forgetfulness, neglecting responsibilities, missing appointment, etc.) may be accounted for by the interference with WM related to pornographic material.
Messina et al. (2017)

- Compared cognitive flexibility and decision making in 30 men with CSB and 30 control subjects before and after viewing an erotic video
- No significant differences in cognitive flexibility and decision making between the groups prior to viewing the erotic video
- After viewing the erotic video the control group members made fewer impulsive choices and demonstrated higher levels of cognitive flexibility than CSB participants

Banca, Harrison & Voon (2016)

- Studied two facets of compulsivity (reversal learning and attentional set shifting) in participants with CSB vs healthy control group
- CSB group learned faster from rewards and slower from losses than control group
  - Suggests perseveration and enhanced sensitivity to rewards in CSB
- No significant differences between the groups in set shifting or reversal learning.

Sexual arousal might interfere with the decision-making process and should therefore lead to disadvantageous decision-making in the long run.

Results demonstrated an increase of sexual arousal following the sexual picture presentation. Decision-making performance was worse when sexual pictures were associated with disadvantageous card decks compared to performance when the sexual pictures were linked to the advantageous decks. Subjective sexual arousal moderated the relationship between task condition and decision-making performance.

This study emphasized that sexual arousal interfered with decision-making, which may explain why some individuals experience negative consequences in the context of cybersex use.

Schmidt et al. (2017)

- Compared brain volumes and resting state functional connectivity between men with CSB and healthy men.
- Results suggested CSB is related to higher volumes in parts of the limbic system that are associated with processing emotions and motivation.
  - Unknown whether increased amygdala volumes pre-exists CSB and is a risk factor or is the result of CSB.
- Also found reduced connectivity between the amygdala and the bilateral dorsolateral prefrontal cortex (DLPFC) in CSB group which is associated with higher levels of impulsivity and lower levels of emotional regulation.
- Authors argued the dysfunction in these brain systems in people engaging in CSB is similar to incentive motivation theory research on substance addictions.

Our clients experience

- Powerful sexual conditioning and learning
- Neuroplastic change
- Structural changes in the brain
- Deficits in areas of functioning (e.g. memory, decision making)

- Over 30 articles on the neuroscience of sex addiction...
  - Embedded in a large body of research on behavioral addictions (130 behavioral addiction articles - e.g. 70 brain articles on internet addiction)
  - Longitudinal research in other areas
Novelty and the “Coolidge” Effect
Gary Wilson

- Presentation of a new potential mate creates a surge of dopamine in the brain
- Becomes harder to mate with the same old partner (less dopamine is released)
- Gary Wilson “Endless online mates keep dopamine surging”
- “Males need time to recover their potency and vigor after overriding their sexual satiation mechanisms with dopamine/novelty.”
- “Porn Induced” Erectile Dysfunction – due to desensitized dopamine system in the brain – as opposed to blood flow in penis as in natural later onset
Pornography addiction – a supranormal stimulus considered in the context of neuroplasticity

Donald L. Hilton Jr., MD*

Department of Neurosurgery, The University of Texas Health Sciences Center at San Antonio, USA

Addiction has been a divisive term when applied to various compulsive sexual behaviors (CSBs), including obsessive use of pornography. Despite a growing acceptance of the existence of natural or process addictions based on an increased understanding of the function of the mesolimbic dopaminergic reward systems, there has been a reticence to label CSBs as potentially addictive. While pathological gambling (PG) and obesity have received greater attention in functional and behavioral studies, evidence increasingly supports the description of CSBs as an addiction. This evidence is multifaceted and is based on an evolving understanding of the role of the neuronal receptor in addiction-related neuroplasticity, supported by the historical behavioral perspective. This addictive effect may be amplified by the accelerated novelty and the ‘supranormal stimulus’ (a phrase coined by Nikolaas Tinbergen) factor afforded by Internet pornography.
A **supernormal stimulus** or *superstimulus* is an exaggerated version of a stimulus to which there is an existing response tendency, or any stimulus that elicits a response more strongly than the stimulus for which it evolved.

Nickolaas Tinbergen discovered animals (birds, gypsy moths etc) could be fooled into preferring fake mates and eggs.
It’s not how much time is spent that leads to problematic use....

- Important findings in this study are that neither time spent viewing porn on the Internet nor personality factors were associated the level of reported problems with Internet porn use.

- Instead, it was intensity of the experience and amount of novelty (different applications opened).

- “It has generally been assumed that predisposing personality problems are what make porn addiction possible, but it may be dopamine levels, quite apart from personality.”

- As it turns out, the level of reported psychological problems (e.g., social anxiety, depression, and compulsivity) appears to be related to how intense the arousal produced, and the number of applications used (degree of novelty).

- "Although we did not examine brain correlates of watching Internet pornographic pictures in our study, we found the first experimental evidence for the potential link between subjective reactivity on Internet pornographic stimuli and a tendency toward cybersex addiction."

“Erections may become conditioned to aspects of VSS [porn] that do not transition easily to real-life partner situations. Sexual arousal may be conditioned to novel stimuli, including particular sexual images, specific sexual films or even non-sexual images. It is conceivable that experiencing the majority of sexual arousal within the context of VSS may result in a diminished erectile response during partnered sexual interactions. Similarly, young men who view VSS expect that partnered sex will occur with themes similar to what they view in VSS. Accordingly, when high stimulation expectations are not met, partnered sexual stimulation may not produce an erection.”

Prause & Pfaus, 2015 Viewing sexual stimuli associated with greater sexual responsiveness not erectile dysfunction
Contemporary Vs. Classic SA
Reimersma & Sytsma (2013)

- Classic:
  - History of abuse
  - Insecure attachment
  - Poor impulse control
  - Cross Addictions
  - Co-morbid mood disorders
  - Used to soothe toxic emotions
Contemporary

- Rapid onset
- Due to explosive growth of internet technology
- Chronic exposure to graphic content online
- Content – unique, intense, graphic, limitless novelty
- Culture – trending towards virtual and non-relational sex
- Early exposure to graphic sexual material
- Sexual conditioning
- Less trauma history/attachment problems
- May not be having sex (or may never have had sex)
- May not be able to perform – can include performance anxiety, unrealistic performance standards
339 college students surveyed and found that 10.3% scored in the clinical range for cybersex addiction. Further, we found significant gender differences among the clinical and non-clinical range groups as males were more likely to score in the clinical range for cybersex addiction.

From Table 1 in the full paper (which is available in the SASH journal Sexual Addiction & Compulsivity)

- Percentage of men in the clinical range - 19%
- Percentage of women in the clinical range - 4%
Psychological Correlates of Internet Porn Use

- Levin, Lillis and Hayes (2012) found the following correlates of increased porn use in college males:
  - Depression
  - Anxiety
  - Stress
  - Poor social functioning

Porn Use & Erectile Dysfunction in Young Men

- Foresta and colleagues (2011) studied 28,000 Italian men and found higher levels of porn use was associated with higher levels of erectile dysfunction in young men.

- Landripet and Stulhofer (2015) found that moderate (but not high) levels of porn consumption were related to higher chances of young Croatian men having erectile difficulties.

- Voon (2014) found that over half (11 of 19) men with compulsive porn use reported erectile dysfunction.

- First time in history – widespread youthful ED in young men.
Rebooting for PIED

- General recovery after 2 months of no porn or masturbation
- Older guys are recovering faster than those that wired their brains to internet porn during adolescence
- Fapstronauts / “No Fap” community on Reddit
- Rebootnation.org
- Yourbrainonporn.com
Measure Cohesion

Levels of Cohesion:
- Disengaged
- Separated
- Connected
- Enmeshed

Levels of Flexibility:
- Chaotic
  - Lack of leadership
  - Frequent role shifts
  - Moribund discipline
  - Too much change
- Flexible
  - Shared leadership
  - Democratic discipline
  - Role sharing change
  - Change when necessary
- Structured
  - Leadership sometimes shared
  - Somewhat democratic discipline
  - Roles stable
  - Change when demanded
- Rigid
  - Authoritarian leadership
  - Strict discipline
  - Roles seldom change
  - Too little change

Levels of Cohesion:

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<td>High loyalty</td>
<td>Very high</td>
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<td>Low-Moderate</td>
<td>High loyalty</td>
<td>Very high</td>
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<td>Interdependent</td>
<td>High dependency</td>
<td>Very High dependency</td>
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Families of Sex Addicts

DON'T CALL IT LOVE
RECOVERY FROM SEXUAL ADDICTION
PATRICK CARNES, Ph.D.

77% RIGID

87% DISENGAGED
Attachment varies by gender and sexual orientation
Attachment Style - Norms vs. Addict Sample

- Secure
- Preoccupied

- Men - Norms
- Women - Norms
- Men - Addict Sample
- Women - Addict Sample

Dismissive Avoidant
Fearful Avoidant

Trauma
Trauma and Abuse History

- Most came from families where abuse and trauma were present.
- 72% experienced physical abuse
- 81% experienced sexual abuse
- 97% experienced emotional abuse
- In addition, they came from families where shame was present.
“CSB (Compulsive Sexual Behavior) has been strongly linked to early childhood trauma or abuse, highly restricted environments regarding sexuality, dysfunctional attitudes about sex and intimacy, low self-esteem, anxiety, and depression.”

“Sexual addiction is strongly anchored in shame and trauma. Research conducted over the last fifteen years has consistently shown the prevalence of emotional, physical, and sexual abuse in this population.”

Recent Research

- Recent Study (2012) found 39% of gay and bisexual men with compulsive sexual behavior had experienced childhood sexual abuse

- These findings are “largely consistent with previously studied self-identified community samples of individuals with CSB (Black et al., 1997; Kafka & Prentky, 1992)

- This finding is in line with Briere and Runtz’s (1990) report that childhood sexual abuse was uniquely associated with maladaptive sexual behavior, and with previous literature supporting childhood sexual abuse as a possible etiological factor in CSB development (Perera et al., 2009) (p.419).”

Assessment
Assessment Tools

- SAST-R 2.0
- PATHOS
- SDI-R
PATHOS

1) Do you often find yourself preoccupied with sexual thoughts? (Preoccupied)

2) Do you hide some of your sexual behavior from others? (Ashamed)

3) Have you ever sought help for sexual behavior you did not like? (Treatment)

4) Has anyone been hurt emotionally because of your sexual behavior? (Hurt)

5) Do you feel controlled by your sexual desire? (Out of control)

6) When you have sex, do you feel depressed afterwards? (Sad)
SDI

- Comprehensive battery of tests
  - SAST
  - Diagnostic Criteria, Anorexia, Collateral Indicators
  - Co-morbid Addiction screen
  - Financial Costs
  - Consistency, exaggeration
  - Attachment Style
  - Readiness for Change
MULTIPLE ADDICTIONS
Binge / Purge Cycle

Acting Out

Extreme Control
- Dieting
- Sex Avoidance
- Saving / Hoarding
- Risk Aversion
- Compulsive Athleticism

Out of Control
- Eating
- Sex & Romance
- Alcohol
- Drugs
- Spending / Debting
- Risk-taking
- Work
- Gambling

Acting In
Treatment
When Substance Addiction is Present…

- Chronology of treatment is vital…
- Client must be carefully detoxed and stabilized
- Clients may be initially screened and assessed to see if sex addiction is present
- Therapeutic alliance and supportive community established
- After client is stable and is not at risk of elopement and has increased capacity for emotional regulation
  - Proceed slowly on sexual issues
  - Sexual issues may be associated with trauma and shame
  - Manage triggers, cues
  - Provide support
Treatment

- Programmatic care
  - Group
  - 12 step support
  - Educational component
- Celibacy agreement
- Sexual health plan
- Task methodology
- 12 step
- Mindfulness, CBT
- IFS, Trauma treatment, EMDR, SE
- Family / Couple treatment
  - Partner Trauma Treatment
  - Disclosure
Task Methodology: The Process

Task 1: Participate in Culture of Support
1. Attend regular meeting
2. Regular contact with sponsor
3. Meeting presentation
4. Outside activities
5. Daily rituals

Task 2: Understand Nature of Illness
1. Read books on sex addiction
2. Map out addiction cycle
3. List of unmanageable moments
4. Sexual anorexia/ binge-purge cycle
5. Self-assessment; history

Task 3: Surmount Obstacles
1. Sex addiction history
2. Powerlessness inventory
3. Unmanageability inventory
4. Financial costs worksheet
5. Ten worst moments

Task 4: Limit Damage from Behavior
1. Damage control plan
2. Disclosure plan

Task 5: Establish Sobriety
1. Sobriety challenges worksheet
2. Identify relapse scenarios
3. Fire drill plan
4. Abstinence list, boundaries list
5. Personal Craziness Index

Recovery Start Up
40 Days
- Meditations
- Core Dialogues
- Contracts
- Assessments
- Skill Building
For Healing…Three Legged Stool

- Addict’s therapist
  - Individual therapy
  - Support Groups/ 12 step support
- Partner’s therapist
  - Individual therapy
  - Support Groups
- Couples therapist
Thank you!