The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Stefanie Carnes, Ph.D., CSAT-S, CST, CPTT, RAE
Clinical Sexologist
Certified Sex Therapist, Certified Sex Addiction Therapist
Rainbow Advocate and Educator
AAMFT Approved Supervisor

Is Sex Addiction Real?
A LITTLE HISTORY

Presented by: Stefanie Carnes, PhD
History of the Diagnosis

- DSM-III R
- Controversy
- Concerns about Forensic Use
- Pathologizing of Sexual and Erotic Minorities
- False Positives
- Symptom of another disorder
- Lack of Research

2012 Field Trial

JANUARY 2020 RELEASE OF ICD-11 ACCEPTS COMPULSIVE SEXUAL BEHAVIOR DISORDER AS A DIAGNOSIS

6C72 CSBD
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Definition:

It is characterized by a persistent pattern of failure to control intense, repetitive sexual impulses or urges, resulting in repetitive sexual behavior over an extended period (e.g., six months or more) that causes marked distress or impairment in personal, family, social, educational, occupational or other important areas of functioning.

One or more of the following 4 criteria:

Thank you to our patients for sharing their artwork with us!
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 behavior.
The person continues to engage in repetitive sexual behavior despite adverse consequences (e.g., repeated relationship disruption, occupational consequences, negative impact on health).

The person continues to engage in repetitive sexual behavior even when he/she derives little or no satisfaction from it.
Early critics were concerned that any formal diagnosis would be used to pathologize sexual minorities and alternative sexual practices.

However, to meet the diagnostic criteria for CSBD, the problematic behavior must cause persistent marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.

In other words, the new diagnosis doesn’t diagnose patients based on what sexual behavior they freely engage in.

It diagnoses patients based on persistent impairment and distress. If sexual behavior, whatever form it takes, results in neither, the new diagnosis will not apply.
Other critics warned that a CSBD diagnosis might result in mistaken diagnosis by patients whose behavior was not, in fact, compulsive, and whose distress was due to moral judgment by patient or professional.

To prevent such outcomes, the new diagnosis provides that, "Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviors is not sufficient."

In other words, a patient must actually be unable to control impulses and be engaging in repetitive sexual behavior that has become problematic.

No Diagnosis

- High sex drive with no impaired control
- Moral incongruence
- If the behavior is sporadic, or over a short period of time, or during a transition
ICD Comments on Developmental Issues

“Assessing the presence of CSBD may be particularly challenging during adolescence due to divergent views regarding the appropriateness of sexual behavior during this life stage. Increased frequency of sexual behavior or uncontrolled sexual urges associated with rapidly changing hormonal levels during this developmental stage may be considered to reflect normal adolescent experiences. Conversely, frequent or risky sexual behavior among adolescents may be considered abnormal due to the potential for the behavior to interfere with social and emotional development.”

DSM-5 also lists ‘other specified sexual dysfunction’ as F52.8. This diagnosis may thus be used for hypersexual disorder. (Krueger, 2016)

The recommended code for the ICD 11 index is 6C72 - “Compulsive Sexual Behavior Disorder”
Common Co-Occurring Issues

- Anti-social/ Narcissistic Personality
- ADHD
- Mood Disorders
- Anxiety Disorders
- PTSD
- OCD
- Substances / Behavioral Addictions
- Paraphilia
- R/O – Delirium, Dementia, Cognitive Issues

Prevalence and Etiology
Results: “Among men, 10.3% endorsed clinically relevant levels of distress and/or impairment associated with difficulty controlling sexual feelings, urges, and behaviors, in comparison with 7.0% of women.”

Conclusion: “This study was the first we know of to document the US national prevalence of distress associated with difficulty controlling one’s sexual thoughts, feelings, and behaviors—the key feature of CSBD. The high prevalence of this sexual symptom has major public health relevance as a sociocultural problem and indicates a significant clinical problem that warrants attention from health care professionals.”


Gender Differences

Men evidenced only a 54% greater likelihood (OR, 1.54; 95% CI, 1.15-2.06) of meeting the clinical cut point than women

Researchers and clinicians are not immune to sociocultural biases regarding gender and sexual ideology and may therefore be more likely to overlook female CSBD or conceptualize it as a manifestation of another clinical issue (e.g., trauma, bipolar, or borderline personality disorder)
10,500 articles – 58 met criteria

CSB symptom severity is lower in women than in men

Overall, women reported consuming pornography less often than men and exhibit lower rates of feeling urges to these materials.

CSB symptoms positively related to

• trait psychopathy
• Impulsivity
• sensation seeking
• attention-deficit/hyperactivity disorder symptoms
• obsessive-compulsive disorder
• pathological buying
• sexual dysfunctions
• general psychopathology
• child sexual abuse

• while negatively related to dispositional mindfulness.

Women Sex & Porn Addiction

Not all women seeking treatment problematic sexual behavior will manifest as love and relationship addictions.

The proportion of women accessing online pornography is significantly on the rise and more women and girls are reporting problems with porn.
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

- 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

Paraphilias are not always Sex Addiction

Paraphilias include:
- Exhibitionism
- Fetishism
- Frotteurism
- Pedophilia
- Sexual masochism
- Sexual sadism
- Voyeurism
- 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"
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Overlap of CSBD and Paraphilic Thoughts and Behaviors

Abuse of Power

- Politicians
- Media Moguls
- Sports Figures
- Religious Leaders
- CEOs, Business Executives
- Specialized Knowledge
- Extremely Wealthy
It’s not “just sex addiction”!

Sexual harassment and abuse of power is an offending behavior because it includes a victim, lack of consent and exploitation.

Significant Overlap

CSBD    Paraphilias    Sex Offending
Common Features

- Behavior is distressful to self or others
- Support their behavior with cognitive distortions
- Secret double life
- Serious life consequences

Non-Adjudicated Sex Offender
Paraphilic Behavior w/ nonconsenting victims
Compulsive Sexual Behavior With nonconsenting victims

Non-Consensual Sexual Behaviors (Predatory/Offending)

“I’m a sex addict!”
Compulsive Sexual Behavior or Sex Addiction

- Research shows that about 10% - 30% of sex offenders are sex addicts.
- Sex offending is a legal term – must be adjudicated in the legal system.
- Includes a victim/exploitation/lack of consent.
- Sometimes clients with offending history may be recommended to participate in offender treatment if indicated.

Are there times when someone with abuse of power legitimately struggles with addictive or compulsive sexual behavior?
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Machiavellianism
- Manipulative
- Self-interested
- Domineering
- Example Body Language: Dominant, expansive posture

Psychopathy
- Impulsive
- Emotionally Cold
- Remorseless
- Example Body Language: Inappropriate (or lack of) emotional expression

Narcissism
- Grandiosity
- Perceived Superiority
- Entitlement
- Example Body Language: 1st-person pronouns, focuses on self in conversation

Sex offenders – 73% personality disorder
McElroy et al.

Sex addicts 17% personality disorders
Reid et al.
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Presented by: Stefanie Carnes, PhD
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

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

Etiology

Neuroscience

Trauma

Attachment

Presented by: Stefanie Carnes, PhD
New Research in Neuroscience

Kowalewska et al (2018)

“\textit{To date, most neuroimaging research on compulsive sexual behavior has provided evidence of overlapping mechanisms underlying compulsive sexual behavior and non-sexual addictions. Compulsive sexual behavior is associated with altered functioning in brain regions and networks implicated in sensitization, habituation, impulse dyscontrol, and reward processing} in patterns like substance, gambling, and gaming addictions. Key brain regions linked to CSB features include the frontal and temporal cortices, amygdala, and striatum, including the nucleus accumbens.”
Brand et al, (2020)

“Data from self-report, behavioral, electrophysiological, and neuroimaging studies demonstrate an involvement of psychological processes and underlying neural correlates that have been investigated and established to varying degrees for substance-use disorders and gambling/gaming disorders.

Commonalities noted in prior studies include cue-reactivity and craving accompanied by increased activity in reward-related brain areas, attentional biases, disadvantageous decision-making, and (stimuli-specific) inhibitory control.”

The Addictive Nature of Compulsive Sexual Behaviors and Problematic Online Pornography Consumption: A Review

The neurobiology of POPU and CSBD involves a number of shared neuroanatomical correlates with established substance use disorders, similar neuropsychological mechanisms, as well as common neurophysiological alterations in the dopamine reward system.

“Studies have cited shared patterns of neuroplasticity between sexual addiction and established addictive disorders.”

Mauer-Vakil et al (2020)
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Recent Findings
Recent neurobiological studies have revealed that compulsive sexual behaviors are associated with altered processing of sexual material and differences in brain structure and function.

Summary:
*Existing data suggest neurobiological abnormalities share communalities with other additions such as substance use and gambling disorders. Thus, existing data suggest that its classification may be better suited as a behavioral addiction rather than an impulse-control disorder.*


In the News...

High Plasma Oxytocin Levels in Men With Hypersexual Disorder
John Flanagan, Andreas Chatzitofis, Adrian Desai E Boström, Jonas Hallberg, Katarina Görts Öberg, Stefan Arver, Jussi Jokinen
The Journal of Clinical Endocrinology & Metabolism, dgac015, https://doi.org/10.1210/jcem/dgac015
Published: 02 February 2022 Article history ▼

Abstract
Context
Hypersexual disorder (HD) involves excessive, persistent sexual behaviors related to various mood states and the diagnosis compulsive sexual behavior disorder is included as an impulse control disorder in the 11th revision of the International Classification of Diseases. Although the neurobiology behind the disorder is not clear, some studies suggest dysregulated hypothalamic-pituitary-adrenal axis. Oxytocin acts as counterregulatory neuroendocrine hormone to cortisol and is also involved in sexual behavior.
Reward Deficiency Syndrome

Reward deficiency syndrome: a biogenetic model for the diagnosis and treatment of impulsive, addictive, and compulsive behaviors

K Blum 1, E R Braverman, J M Holder, J F Lubar, V J Monasta, O Miller, J O Lubar, T J Chen, D E Comings

Affiliations + expand
PMID: 11280926  DOI: 10.1080/02791072.2000.10739099

Abstract

The dopaminergic system, and in particular the dopamine D2 receptor, has been implicated in reward mechanisms. The net effect of neurotransmitter interaction at the mesolimbic brain region induces "reward" when dopamine (DA) is released from the neuron at the nucleus accumbens and interacts with a dopamine D2 receptor. "The reward cascade" involves the release of serotonin, which in turn at the hypothalamus stimulates enkephalin, which in turn inhibits GABA at the substantia nigra, which in turn fine tunes the amount of DA released at the nucleus accumbens or "reward site." It is well known that under normal conditions the reward site DA works to maintain our normal drives. In fact, DA

Trauma & Complex Trauma
Trauma Is A Significant Precursor To CSBD

“Results suggest that individuals experiencing posttraumatic stress symptoms are at increased risk for current and future hypersexual behaviors.” (Rosansky et al. 2022)

“The analysis indicated that the total effect of early life trauma on CSB was significant, with more prevalent and severe trauma relating to higher CSB.” (Efrati et al. 2019)

Complex Trauma (Developmental Trauma)

- Trauma is extremely threatening and prolonged, cumulative
- Series of traumatic events
- Generally, refers to stressors that are interpersonal, that is they are premeditated, planned, and caused by other humans
- Most often involves exploitation and maltreatment, including neglect and abandonment or antipathy, by caregivers
- Reaction is more severe than when trauma is impersonal (such as natural disaster, car accident)
ICD – 11 6B41 Complex Post Traumatic Stress Disorder

PTSD Symptoms
- Re-experiencing Trauma in Here and Now
- Avoidance of Reminders
- Persistent Sense of Current Threat

CPTSD Symptoms
- Affect Dysregulation
- Negative Self Concept
- Relationship Disturbance

Long Term Side Effects of C-PTSD
- Addictions
- Eating Disorders
- Depression
- Decreased Cognitive Functioning
- Health Problems
- Anxiety
- Sleep Problems
- Self Destructive Behaviors

Presented by: Stefanie Carnes, PhD
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Presented by: Stefanie Carnes, PhD
Treatment for CSBD should involve intensive trauma treatment.
Significant Differences in Attachment Styles of Sex Addicts

Attachment Style - Norms vs. Addict Sample

- Secure
- Preoccupied
- Anxious
- Avoidant

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

The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Presented by: Stefanie Carnes, PhD
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Some Evidence Based Approaches to Treatment

**Cognitive Behavioral Therapy**


**Motivational Interviewing**


Evidence Based Approaches to Treatment

**Acceptance Commitment Therapy & Mindfulness**

- The overall reduction in problematic Internet pornography use was reported as 92% immediately after the study ended, and 86% after 3 months.

Evidence Based Approaches to Treatment

12 Step Group Participation


S-Fellowships

SAA, SCA, SLAA, SRA, SA, COSA, S-Anon, POSA
The Not-So-Hidden Epidemic of Compulsive and Addictive Sexual Behavior: An Update on New Research, Diagnosis and Treatment

Treatment

- Programmatic care – Long term treatment
- Group Therapy
- Sexual health plan
- Task methodology
- Mindfulness, CBT, Attachment
- IFS, Trauma treatment, EMDR, SE
- Family / Couple treatment

Three Circle Worksheet

Presented by: Stefanie Carnes, PhD
Questions?

Thank you!

Stefanie@iitap.com