SEXUAL ADDICTION:

Diagnosis and Treatment

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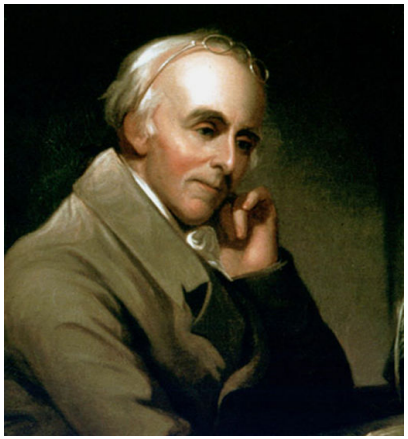
SEX ADDICTION: A CONTROVERSIAL DIAGNOSIS

- Brief History Lesson:
  - A condition of driven, unmanageable sexuality has been described clinically for over 200 years
  - In 1812, the physician Benjamin Rush wrote that sexual appetite, "when excessive, becomes a disease both of the body and mind." He also concluded that "promiscuous intercourse with the female sex" or excessive masturbation could cause:
    - Impotence!!
    - Dyspepsia!!
    - Vertigo!!
    - Blindness!!
    - Memory Loss!!
    - DEATH!!



SEX ADDICTION: A CONTROVERSIAL DIAGNOSIS

- "Sex addiction" was popularized by Dr. Patrick Carnes in his 1983 book, "Out of the Shadows: Understanding Sexual Addiction"
  - Carnes argued that sex addiction is a legitimate condition analogous to substance addiction, characterized by the hallmarks of tolerance, withdrawal, and dependence
  - Acceptance of the sex addiction concept speaks to the fact that many people could relate to problems of driven, unmanageable sexuality
  - Cultural acceptance of SA belies fact that it is controversial within the scientific community

SEX ADDICTION: A CONTROVERSIAL DIAGNOSIS

- Love and Addiction (Peele & Brodsky, 1975):
  - Addiction best thought of as an experiential process, not a disease in the sense of a discrete medical condition
  - Used the addictiveness of love relationships to illustrate that human experiences (not drugs alone) can be addictive
  - Should approach addiction as a complex biopsychosocial condition, focusing on the process by which drugs/alcohol come to have such a powerful analgesic effect for some people
  - Point was to rethink the medicalization of the addiction problem
  - Irony: the medical and psychological establishment has moved towards the medicalization of even behavioural addictions (sex, gambling, Internet)

WHAT IS ADDICTION, REALLY?

- Acceptance of sex addiction is predicated on the acceptance of "addiction" as a scientifically and diagnostically meaningful construct
- Yet the term "addiction" is not actually found in the DSM-IV-TR (this may change with DSM-V)
- "Addiction" is a term with considerable sociocultural and ideological baggage
- Nosology of addiction in DSM-IV-TR is *substance* as opposed to *process* specific. Addiction is identified by negative physiological and personal consequences, rather than underlying emotional process.

WHAT IS ADDICTION, REALLY?

- E.g. “alcohol addiction” is identified by a syndrome of interconnected markers:
  - Intoxication
  - Dependence
  - Withdrawal
  - Abuse
- There is nosological inconsistency in the DSM-IV-TR: Substance addictions and “behavioural” addictions are classed under nosologically unrelated categories

ADDICTION IN THE DSM-IV: NOSOLOGICAL INCONSISTENCY

Unofficial Reference	DSM-IV Reference	DSM-IV Category
Alcoholism, alcohol addiction	Alcohol Dependence, Abuse, Intoxication, Withdrawal	Substance-Related Disorders
Cocaine Addiction	Cocaine Dependence, Abuse, Intoxication, Withdrawal	Substance-Related Disorders
Gambling Addiction	Pathological Gambling	Impulse Disorders Not Elsewhere Classified
Binge eating, Compulsive eating	Bulimia Nervosa Eating Disorder NOS	Eating Disorders
Sex Addiction	Sexual Disorder NOS Paraphilias	Sexual and Gender Identity Disorders

SEX ADDICTION IN THE DSM-IV-TR

- No diagnosis of "sexual addiction" in DSM-IV
- Driven, unmanageable sexual behaviour that is not inherently socially deviant (i.e., not paraphilic) is currently diagnosed as **Sexual Disorder Not Otherwise Specified**
- Driven, unmanageable sexual behaviour that is socially deviant is diagnosed as one of the **Paraphilias,** e.g.,
  - Sexual sadism/masochism
  - Fetishism
  - Pedophilia
  - Voyeurism

SEX ADDICTION: SOCIOCULTURAL CONTROVERSIES

- Psychiatric/psychological labeling is very powerful: Who gets to decide what's "normal"?
- Healthy vs. unhealthy sexuality involve many subjective standards
- Those who define the standards get accused of using them as a weapon for moral policing against "deviants"
- The labels may be self-serving, to unnecessarily medicalize problems and drive an "addiction treatment industry"

SEXUAL ADDICTION: DIAGNOSTIC CONTROVERSIES

- The literature is rife with competing designations of driven and unmanageable sexuality:

Designation	Diagnostic Formulation
Sexual Addiction (e.g. Carnes; Aviel Goodman)	Disorder analogous to substance use disorder
Sexual Compulsivity (e.g. Eli Coleman)	An OCD spectrum disorder
Sexual Impulsivity (e.g. Barth & Kinder)	An impulse control disorder
Nonparaphilic hypersexuality; hypersexual disorder (e.g. Martin Kafka; Rory Reid)	A sexual desire disorder (formulation being embraced by scientific community)

SEXUAL ADDICTION IN THE DSM-V

- Publication of the DSM-V expected in 2013; proposed draft revisions are available on http://www.dsm5.org
- Major changes: Substance-related disorders to be subsumed under tentative proposed category of **Addiction and Related Disorders**; pathological gambling under consideration for inclusion in this category
- Consensus leaning away from recognizing driven, unmanageable sexuality as an addiction; instead, **Hypersexual Disorder** is being proposed.

DSM-IV (Current)	DSM-V (Proposed Revision)
Sexual Disorder NOS (302.9) "This category is included for coding a sexual disturbance that does not meet criteria for any specific Sexual Disorder… Examples include… (2) Distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced…only as things to be used."	**Hypersexual Disorder** A. …Four or more of the following five criteria: (1) Excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior. (2) Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability). (3) Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events. (4) Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior. (5) Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others. B. …Clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior. D. …Specify if: Masturbation, Pornography, Sexual Behavior With Consenting Adults, Cybersex, Telephone Sex, Strip Clubs

SEX ADDICTION: VIGNETTE 1

- Greg, a 50-year-old married father of two, is a corporate “road warrior,” travelling about 150 days a year for work. Greg started an affair with the employee of a client in a distant city, flying her in discreetly to different locations to spend time with him. When Greg wished to end the affair, the mistress began to blackmail him by threatening to tell his wife if Greg did not pay her. Eventually, after a period of escalating threats and intensifying harassment for money, Greg was forced to tell his wife. In therapy to address his marital infidelity, Greg subsequently disclosed other affairs as well as his use of local escort and “erotic massage” services in the cities he visited for business.

SEX ADDICTION: VIGNETTE 2

- Mike is a 20-year-old undergraduate at a Christian university in the U.S. He came to counselling because he believed he was sexually addicted. The intake interview revealed that he was viewing pornography and masturbating several times a week, usually in response to stress or depression. He said that the longest he could stay free from pornography was about a week. Mike described repeated cycles of sexual sin followed by repentance through prayer, fasting and recommitment—only to stumble again. Mike is not in a romantic relationship and has never had sex, stating that as a Christian, he desires to keep sex for marriage. He expressed the hope that marriage would help to resolve his sexual temptations. In the meantime, he hopes that the counsellor will keep him "accountable."

SEX ADDICTION: VIGNETTE 3

- Annie is a 29-year-old former sex worker who was led out of the sex trade by a former colleague who had become a Christian. After exiting the sex trade, Annie found her sexual compulsions difficult to manage. She was especially troubled by ongoing fantasies of violent, sado-masochistic sex. After a suicide attempt, she began counselling with a therapist to address her history of sexual abuse by her father. The therapist recommended participation in Sexaholics Anonymous to address her sexual addiction. Annie complied with this recommendation only to be traumatized by male members who learned about her past and propositioned her for sex. Annie eventually found a Church-based recovery ministry dedicated to helping former sex workers, and she moved across the country so that she could be a part of this ministry.

SEX ADDICTION: DIAGNOSTIC TOOLS

- Diagnostic tools are hampered by methodological problems.
- Sex Addiction Screening Test (Carnes, 1989)
  - Lacks validation
  - Does not define key terms of “sex” and “sexual behaviour”
  - Too many subjective items
  - Dichotomous instrument (yes/no); yields no information about frequency or strength of endorsement
  - Problems in assessing a religious population

SEX ADDICTION: DIAGNOSTIC TOOLS

- Compulsive Sexual Behaviour Inventory (CSBI; Coleman et al., 2001)
  - Normed on severely pathological groups: Nonparaphilic compulsives, pedophiles and sex offenders
  - Not appropriate for use with non-offending, general population sex addicts
- Sexual Compulsivity Scale (SCS; Kalichman & Rompa, 1995; 2001)
  - Normed on gay men and HIV positive individuals
  - Not appropriate for use beyond these subpopulations

SEX ADDICTION: DIAGNOSTIC TOOLS

- Hypersexual Behaviour Inventory (HBI; Reid et al., in press)
  - Avoids theoretical pre-loading of driven, unmanageable sexual behaviour
  - Appears to be psychometrically superior in terms of:
    - Rigorous test construction, from piloting to validation studies
    - Use of the broadest norms of all the tests
  - Utility for use with religious groups: Potential to discriminate between "true" sexual addiction and ego dystonic sexuality

SEX ADDICTION: CLINICAL INTERVIEW

- No assessment instrument can replace an in-depth diagnostic interview!
- Diagnostic interview must take into account (I) presentation of the problem, (II) contextual variables, and (III) evidence of "addictive process" (Goodman, 1993)

I. <u>Presentation of problem:</u>

- Form of sexual acting out
- Progression of the problem
- Paraphilic or non-paraphilic
- Frequency
- Negative consequences
- Other comorbid conditions, e.g., depression, anxiety, co-addictions—what should be the focus of treatment?

SEX ADDICTION: CLINICAL INTERVIEW

II. Contextual variables:

- History of abuse?
- Religious variables
- Social support
- Life stressors
- Coping skills

III. Evidence of "addictive process":

- "Compulsive dependence on external actions to regulate one's internal states (feelings and sense of self)" (Goodman, 1993)
- Is the behaviour done to cope with stress and negative emotions?
- Is there a chronic pattern of "numbing" with sex with escape aversive affective states?

SEX ADDICTION: DIAGNOSTIC CAVEATS

1. Do not diagnose an addiction simply because the client feels guilt/distress about the behaviour or reports it to be “out of control”
2. Many Christians will have disproportionate guilt about sexuality due to their religious value system
3. Do not diagnose an addiction because you morally disagree with the behaviour in question

SEX ADDICTION: TREATMENT

- Treatment is not “one size fits all”
- Because of multifaceted presentation of SA, employ a “toolkit” approach.
- Tools may be derived from a combination of modalities, e.g.:
  - Cognitive-Behavioural Therapy
  - Motivational Interviewing
  - Psychodynamic Therapy
  - 12 Steps
  - Acceptance and Commitment Therapy (Mindfulness)

SEX ADDICTION: TREATMENT

- Employ different forms and levels of intervention to reinforce treatment gains:
  - Individual Therapy
  - Group Therapy
  - 12 Step support
  - Pastoral counselling
  - Psychoeducation
  - Accountability structure
  - Marital counselling (if appropriate)
  - Pharmacotherapy (if appropriate)
- Disabuse the religious client who utilizes counselling for “accountability”!

Treatment Approach	When indicated:
Cognitive Behavioural Therapy	•Maladaptive thoughts fuel sexualized coping •Underlying depression and anxiety need to be addressed with tools like autonomic relaxation, behavioural activation and assertiveness training
Psychodynamic	•Early life trauma needs to be worked through •Grieving needs to be facilitated
Motivational Interviewing	•When clients are ambivalent and/or resistant to change •When clients are engaging in risky behaviour
Acceptance and Commitment Therapy	•When clients experience cognitive fusion to painful emotions and need to let go •Underlying mood/anxiety disorder need to be addressed

SEX ADDICTION: 12-STEPS

- Began as 6 principles of the Oxford Group to promote spiritual growth and evangelism
- Co-opted by AA and elaborated into 12-Steps
- Given an ecumenical dimension by AA to expand reach ("Higher Power" in place of Christian God)
- Came to be adopted by other groups that replaced "alcohol" with the addiction in question
- Today we have an endless list—from AA to:
  - Cocaine Anonymous
  - Sexaholics Anonymous
  - Codependents Anonymous (CoDA)
  - Gamblers Anonymous
  - Debtors Anonymous
  - Lip Balm Anonymous
  - Emotions Anonymous, and so on…

SEX ADDICTION: 12 STEPS

- Cautions:
  1. 12-Steps are inextricably bound up with the disease model of addiction, which some argue is ideological. Examples of addiction ideology:
     - "Once an addict, always an addict"
     - Sex addiction is a disease
     - Abstinence is the *only* way
     - Addicts practice denial
     - Confrontation must be used to force addicts to "take responsibility"
  2. What are the implications for true freedom when the Christian God/Jesus Christ is written out of the 12-Steps?

SEX ADDICTION: 12 STEPS

- Cautions (cont):
  3. Logical fallacy of discrete addictions: If so many things are addictive, then the word "addiction" ceases to be meaningful; need to ask a different question:

     "What is it about the human condition and the modern world that causes the state of addiction to be so commonplace? What/Who is the ultimate solution?"

- For Christians, community SA groups may not be appropriate. Alternative: church-based recovery support like Celebrate Recovery

FURTHER QUESTIONS?

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