Sexual Addiction:
A Psychological Model for the Treatment of Out-of-Control Sexual Behaviors

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There are no conflicts of interest to disclose.

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https://www.youtube.com/watch?v=XcATvu5f9vE

http://www.ezilon.com/maps/images/usa/new_york_simple.gif

"Two important characteristics of maps should be noticed. **A map is not the territory** it represents, but, if correct, it has a similar structure to the territory, which accounts for its usefulness".

-Alfred Korzybski

Carnes' Sexual Addiction Treatment Model

"Abandonment is at the core of addictions. Abandonment causes deep shame. Abandonment by betrayal is worse than mindless neglect. Betrayal is purposeful and self-serving. If severe enough, it is traumatic".

- *Patrick J. Carnes,* The Betrayal Bond: Breaking Free of Exploitive Relationships

Carnes' Sexual Addiction Treatment Model

- Emulates traditional addictions approaches
- Sexual rehab
- 12 Step Approach
- Focus on resolving childhood trauma

Psychological Approaches

Eli Coleman's Program in Human Sexuality
University of Minnesota

- Sexual health model
- Compulsive sexual behavior
- Psychotherapy and couples therapy
- Psychoeducational treatment groups

What do the sex addiction and psychological models have in common?

Both of these models pathologize the client.

https://youtu.be/ao8L-0nSYzg

DRAPETOMANIA

Drapetomania was a supposed mental illness described by American physician Samuel A. Cartwright in 1853 that caused black slaves to flee captivity.

https://en.wikipedia.org/wiki/Samuel_A._Cartwright#/media/File:Samuelcartwright.jpg

The Dangers of Iatrogenic Diagnosis

- Reification- I have named it, therefore it exists
- Nominal fallacy- I have named it, therefore I have explained it
- Pathologizing the individual, disempowering and shaming

"Evan has a syndrome where he cheats on me and does a lot of recreational drugs, but I forget the medical name for it."

There is no consensus or acceptance of the concept of sexual addiction within the field of sex therapy.

How do we deal with popularly accepted diagnoses that do not have scientific support or acceptance within the profession?

A Client Centered Pragmatic Model for the Treatment of Problematic or Out-of-Control Sexual Behavior

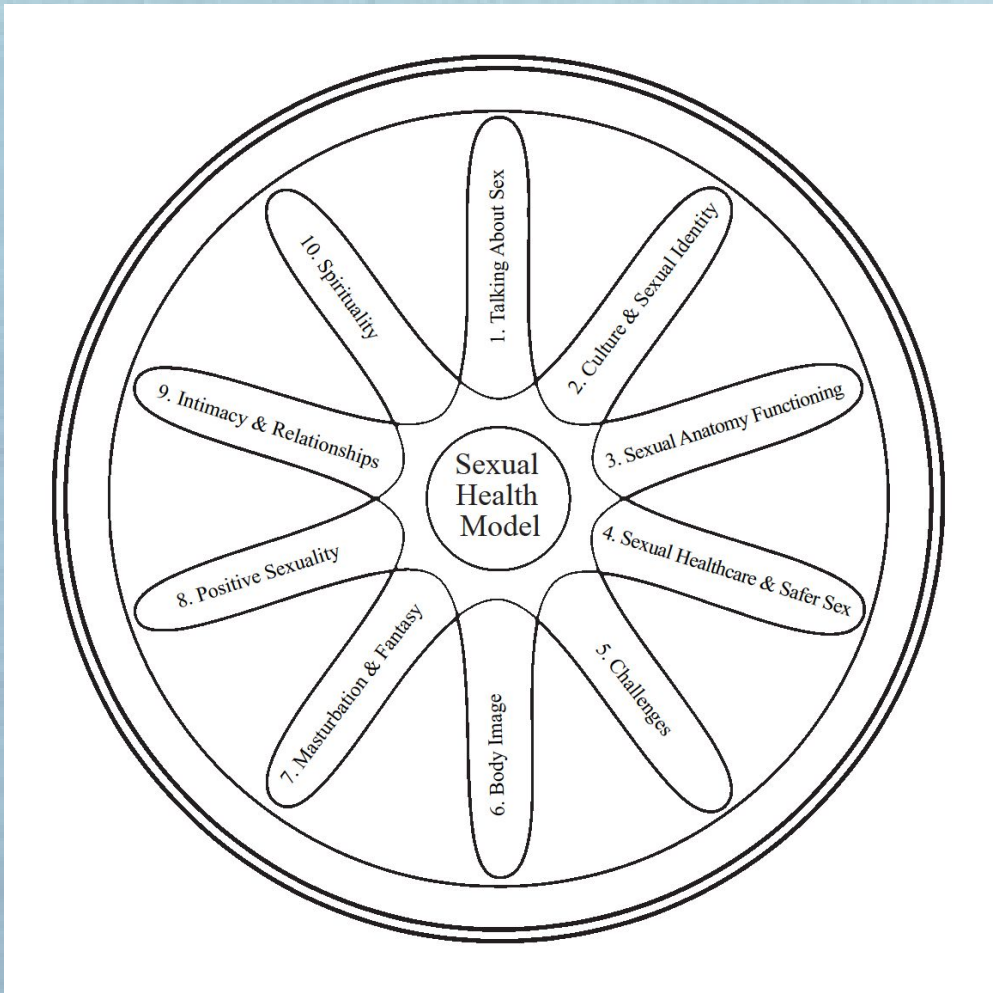
Principles of the Pragmatic Model

- Client centered
- Psychosexual educational
- Non-Pathologizing and growth oriented
- Self-empowering

Procedures

- 1-3 Session Assessment Period
  - Extensive sexual history
  - Assessment of the nature and parameters of the problem
  - Psychological and mental status evaluation
  - Systems evaluation
  - Assessment of motivation

Sexual Health Wheel



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Psychosexual Education

1. Intimate Communication
2. Culture and Sexual Identity
3. Sexual Functioning
4. Sexual Safety and Health
5. Challenges to Overcome

Psychosexual Education

6. Body Image
7. Masturbation and Fantasy
8. Positive Sexuality over the Lifespan
9. Intimacy and Relationships
10. Spirituality (Religion)

Adapted from: Robinson B.E., Bockting W.O., Simon Rosser B.R., Rugg, D.L., Miner M., and Coleman E. (2002. The Sexual Health Model: Application of a Sexological Approach to HIV Prevention. *Health Education Research: Theory and Practice, 17, 43-57.)*

Client Centered Collaborative Approach to Develop:

- Boundaries
- Limits
- Mutual Respect in Relationships
- Honesty and Ethical Behavior
- Self-Direction and Determination
- Safety

The Goal is to Put Person in Charge of His/Her Sexuality and Not Have Sexuality Rule the Person

- Must Defeat Shame and Guilt
- Identify Conditions that Promote Self-Mastery
- Identify Conditions or Triggers of Acting out Behavior

Explore Core Issues

- Fear of Intimacy
- Reenactment of Trauma

Normalize and Bring Fetishes under Personal Control

Develop (Write) Personal Standards or Guidelines for Sexual Behavior

- Non-Perfectionistic
- Non-Punitive
- Self-Monitoring and Self-Enforcement

Teach Methods of:

- Cognitive Restructuring
- Emotional Self-Regulation
- Deconstruction of Negative Self
- Support for Self-Acceptance

Involvement of Significant Other

- Invite as a needed ally to treatment

- "You're not the cause of the problem, but you are essential to achieve the solution."

Significant Other

- Allow Venting and Expression of Feelings
- Must Get to her Wound
- Self-Esteem, Body Image, Etc.

Restoration of Trust

- The death of blind trust
- Conjointly work on the development of evidence-based trust
- Elimination of secrecy
- Transparency toward respect for privacy

Psychosexual Educational Therapeutic Support Groups

- Themed Sessions
- Group Dynamics
- Peer Support
- Emphasizing Health Not Pathology

Common Case Presentation

- Male client
- Appears under duress
- Self-identified "Sex Addict"
- Dysfunction in at least one domain
- Must get "fixed" or relationship in jeopardy

Client Centered Pragmatic Treatment Model

- Must proceed cautiously with respect for the patient's view of his condition
- Therapeutic alliance
- Application of the client centered pragmatic treatment model
- Incorporation of the significant other

Client Centered Pragmatic Treatment Model

- Overcoming shame and guilt
- Harm reduction approach
- Personal control and empowerment

  -"You're the boss of your sexuality, your sexuality is not the boss of you."
- Identifying protective and risk factors
- Collaborative approach

Case Illustration: The Case of Mr. B

The Case of Mr. B

Presentation: 24-year old male

- "Libido gone wild"
- "Rush of the chase" - Pick-ups
- Virtual chatrooms
- "Rough deep throating"
- Masturbation 1.5 hours daily
- Relationships of short duration

The Case of Mr. B (continued)

- Hx of anxiety in high school
- Tx: saw psychiatrist 6 years earlier for anxiety/parents' divorce
- Feelings of shame, guilt, and anxiety over the problem
- "I'm damaged goods" - STD's
- Not worthy of a woman

The Case of Mr. B (continued)

Family Hx

- Parents' divorced 6 years earlier
- Father said to have "strong libido"
- Resents parents for not "being there the way I needed them"
- Distant relationship with sister - bulimic and alcoholic
- Close to an aunt

The Case of Mr. B (continued)

Developmental Hx

- No childhood sexual abuse
- Unremarkable psychosexual development
- Captain of the football team
- Top university graduate - IT major
- Left Big Eight Accounting firm
- Pursuing interest in positive psychology

The Case of Mr. B (continued)

Social Hx

- Big social network
- Anxious when talking to girls
- When doesn't masturbate, feels more assertive and confident
- "Liquid courage"

The Case of Mr. B (continued)

Social Hx (continued)

- Cheated on all girlfriends
- "I like to hit on girls, make them vulnerable, and pick them apart."
- "I don't feel worthy of connecting with people."
- The problem: "A layer of soothing to fill the painful void"

The Case of Mr. B (continued)

Parameters of the Problematic Sexual Behavior

- 1.5 hours a day masturbating to porn, etc.
- Virtual chatrooms for deep throating
- Enjoys the chase - "the hunt for prey"

The Case of Mr. B (continued)

Parameters of the Problematic Sexual Behavior

- Prefers being felated
- Intercourse only in male superior or rear-entry position
- New woman = “fresh meat”

The Case of Mr. B (continued)

Client Goal

- To be confident and in control while working at his desk
- To develop and maintain a traditional relationship
- To eliminate the habit within a year
- To eliminate the need to use the behavior to self-soothe through masturbation

The Case of Mr. B (continued)

The Treatment

- Two aspects:

  1. Behavioral and Emotional Change

  2. Psychotherapy

- Deconstruction of the negative self - "a monster"
- Increasing self-management

The Case of Mr. B (continued)

The Treatment (continued)

- Suspension of disbelief
- Finding the exception - DeShazer
- Two weeks of abstinence not previously noticed

The Case of Mr. B (continued)

Overcoming Shame and Building Confidence

- Identify risk factors
  - Being alone
  - Being at desk
  - Feeling horny or anxious

The Case of Mr. B (continued)

Overcoming Shame and Building Confidence (continued)

- Protective Factors
  - Coding urges
  - Uninstalling pop-ups
  - Eliminate porn on iPhone
  - Eliminate WiFi (e.g. at mother's)
  - Removal of Snapchat stories
  - Use of a behavioral log

The Case of Mr. B (continued)

Psychotherapy

- Escape from what?
- What is the fear of connection?
- Why is he unworthy?
- What is the void?
- Porn as a coping mechanism.
- The behavior as interpersonal distancing - self-protection

The Case of Mr. B (continued)

Psychotherapy

- Spontaneous abreaction
- "The dishonoring of the feminine" – father
- Two weeks of progress – reduced urge, "no withdrawal"
- Increased use of exercise

The Case of Mr. B (continued)

Psychotherapy

- Increased frequency of pot
- Discontinuation of Adderall
- "Re-introduced possibility of actualizing my positive fantasy"

Interventions

- De-coupling
- Prescribed/timed masturbation
- A day of abstinence
- Time on task

Interventions (continued)

- Embrace the ambivalence
- Urge Surfing - being present and thinking through the urge
- Where is the urge in your body?
- Use of protective factors and tools

Reason and Emotion

https://antoniopo.files.wordpress.com/2011/04/driving_on_the_left.jpg

Interventions (continued)

- Deep breathing - slow the urge down
- Get the neocortex online
- Once slowing down, reconnect with personal sexual guidelines.
- Bridging the Gap: Partner as object of desire

Case Illustration: The Case of Mr. D

Q + A

Psychosexual Educational/Therapeutic Groups Now Forming

Phone Supervision Available

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