

# Sexual Addiction: A Basic Course



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Some of the slide prints are very  
small on the handout...

I will be willing to send you the  
PowerPoint via email after the  
workshop.

# Interaction is a Plus

- I design my workshops to be highly interactive; I attempt to foster discussion with my participants throughout...I like talking *with* you as a group, not too you.
- Since the *sex* topic can be embarrassing for many, please do not feel forced to participate. You will get the most out of this workshop if you do.



# Objectives of Presentation

- To discuss the concept of sexual compulsivity as it relates to sexual addiction and sexual anorexia
- To compare the concepts of sexual compulsivity, sexual addiction, and sexual anorexia with identified norms for healthy sexuality
- To assess the presence of sexual compulsivity, sexual addiction, and sexual anorexia in a presenting client
- To implement basic strategies for addressing sexual compulsivity, sexual addiction, and sexual anorexia as part of a comprehensive treatment program
- To identify personal or professional barriers that may exist to assessing or treating sexual addiction

# Terminology

- Sexual Compulsivity
- Sexual Impulsivity
- Sexual Addiction
- Sexual Anorexia



*So what's the difference????*

*Why does it matter clinically???*

# Defining Sexual *Compulsivity*

## *Compulsion*

- (According to the APA Dictionary of Psychology):

Type of behavior or a mental act engaged in to reduce anxiety or stress

## *Compulsive Behaviors*

- (According to the APA Dictionary of Psychology):

Uncontrollable urge to engage in a behavior excessively



# *Compulsivity vs. Impulsivity*

- Whereas *compulsive* behaviors are engaged in to purposefully alleviate stress...
- *Impulsive* behaviors display little to no forethought, reflection, or consideration of consequences (VandenBos, 2007).

**Keep these in mind as we progress into explaining sexual addiction.**

# Sexual Compulsivity



- According to sexual addiction expert Patrick Carnes (2005), *compulsivity*, as it applies to any addiction, refers to the *behavior* (e.g., sexual activity, drinking, gambling) being out of control.

# Sexual Compulsivity

- Many therapists and professionals prefer the term sexual compulsivity to sexual addiction, typically because they are not comfortable with the concept of addiction (Nelson, 2003).
- Not all instances of sexual compulsivity are necessarily a part of broader sexual addiction; some instances of sexual compulsivity are tied in to a more clinically significant disorder (Hagedorn & Juhnke, 2005).

# Addiction

*What is addiction?*

*How would you define addiction, based on your clinical and/or personal experiences?*

ACTIVITY: Take 3 minutes and write down your gut level answers to these questions



# Addiction: Your Presenter's Working Definition

*Addiction* is continuing to do something (e.g., drink alcohol, smoke cigarettes, gamble, engage in sexual activity), even when the activity causes repeated pain and consequences.

SOURCE: GWC, Inc., *Human Addiction*

# Understanding Addiction Interaction

- Process addictions: refers to any of the behavioral addictions (e.g., sex, gambling, spending, Internet use, sports, eating)



- The term *process* suggests that it is the behavioral act, or *process*, is what is most addictive, not necessarily the result of engaging in that activity.

# Sexual Addiction



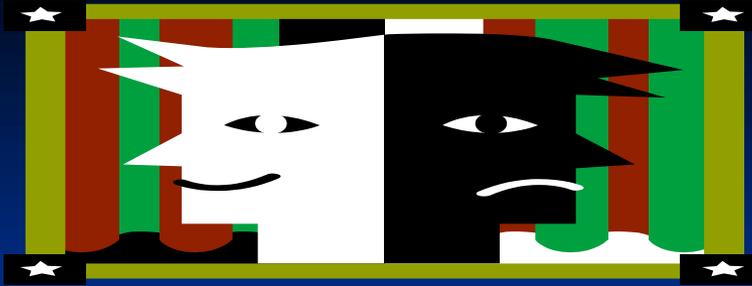
- Sexual *addiction* refers to the entire pattern of maladaptive behaviors, cognitions, belief systems, consequences and affects on others, not just the *behavior* as in sexual compulsivity

SOURCE: Carnes, as cited in Hagedorn & Junke, 2005

# Sexual Addiction:

## Rob Weiss

- Preoccupation to the point of obsession with sexual fantasies and behavior.
- Loss of control over sexual fantasies and behaviors.
- Negative consequences directly related to sexual behavior.



# Sexual Addiction

- Laaser (as cited in Nelson, 2003) views sexual addiction as a situation where something that is healthy (i.e., sex) becomes unhealthy.
- Segers (2003) identifies sexual addiction as “a pathological relationship with a mood-altering experience” (p. 247).

# Sexual Addiction

- Douglas Weiss (2005) identifies a sex addict as someone who, like an alcoholic or overeater, uses the chosen drug (in this case, sex) “to avoid past or present pain and escape the realities of life.”





# Sexual Addiction

- Nelson (2003) characterizes sexual addiction as usage of sex as a mood-altering substance that continues to be used in greater dosages, eventually permeating every aspect of an individual's life.
- Crowe and Earle (as cited in Nelson, 2003) identify sex addicts as people who are afraid of intimacy and repeatedly and *compulsively* try connect with others in highly impersonal ways (e.g., using prostitutes, masturbation, cybersex, emotionless affairs).

# Sexual Addiction: Carnes

- Carnes (1992) identifies the following cycle that sex addicts typically go through:
  - 1.) preoccupation
  - 2.) ritualization
  - 3.) the sexual act
  - 4.) despair/depression

# Sexual Addiction: Carnes

Level I:

- Masturbation
- Affairs, chronic infidelity, romance addiction
- Sexual relationships with multiple partners
- Pornography use and collection (with or without masturbation)
- Phone sex, cybersex
- Anonymous sex
- Prostitution – strip clubs

# Sexual Addiction: Carnes

Level II:

- Illegal prostitution
- Public sex (bathrooms, parks, etc.)
- Voyeurism – online or live
- Exhibitionism
- Obscene phone calls
- Frotteurism
- Stalking behaviors
- Sexual harassment

# Sexual Addiction: Carnes

Level III:

- Rape
- Child molestation
- Obtaining and viewing child pornography
- Obtaining and viewing rape, snuff pornography
- Sexual abuse of older or dependent persons
- Incest
- Professional boundary violations (clergy, police officers, teachers, physicians, attorneys, etc.)

# Sexual Addiction



- Prevalence rates indicate that 17-37 million Americans struggle with sexual addiction.

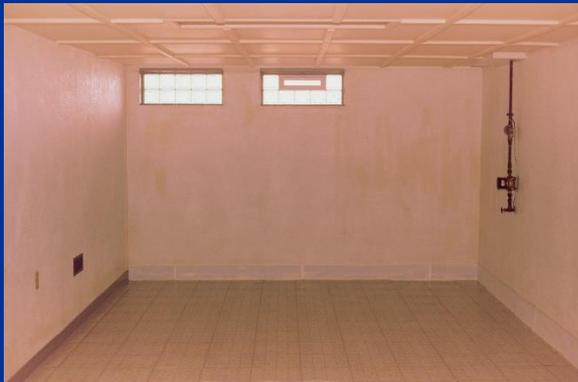
These figures are greater than the number of eating disorder and gambling addiction cases combined.

SOURCE: Hagedorn & Junke, 2005

# Sexual Anorexia

*What is anorexia?*

*How would you define anorexia, based on your clinical and/or personal experiences?*

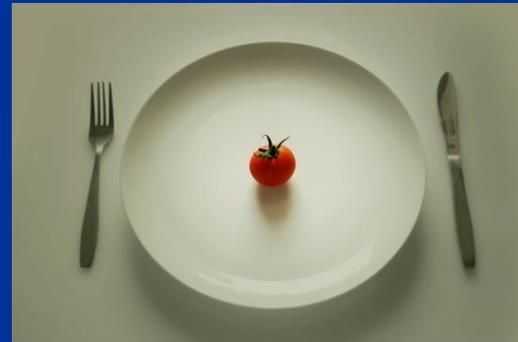


ACTIVITY: Take 3 minutes and write down your gut level answers to these questions

# Anorexia: Your Presenter's Working Definition

*Anorexia* comes from the Greek roots:

- *an* = without
- *orexis* = appetite



SOURCE: Online Etymology Dictionary

# Sexual Anorexia



- “Sexual anorexia is an obsessive state in which the physical, mental, and emotional task of *avoiding* sex dominates one’s life.”
- Sexual addiction and sexual anorexia can exist in the same person or same family at one time- *extremes* are the common theme. Often a *binge-purge* cycle manifests itself .
- Both conditions (addiction & anorexia) contain an obsession with sex, just on different levels.

SOURCE: Nelson, 2003

# So Why is Sexual Anorexia Significant?

- Parallel to the *dry drunk syndrome* often referred to in chemical dependency counseling
- Total eradication of sexuality is not the goal of a healthy recovery from sexual compulsivity or addiction; however, it is the “cold turkey” approach that many choose to take
- Sexual anorexia can result in its own level of interpersonal problems
- Sexual anorexia often results in those individuals who use religiosity to address their sexual addiction



*Engr. by J.W. Kelly & Co.*

*Harbord. Conn.*

**SHAKERS.**  
their mode of Worship.

# Controversies in the Literature: Is There Really Such a Thing as *Sex Addiction?*



# Critiques of “Sex Addiction”

- The *moral model*

In addiction treatment, the moral model approaches addicts as weak-willed and faulty human beings.

Many religious groups, specifically those with more conservative leaning, approach addiction as a sin problem, not a treatable disease.



# Critiques of “Sex Addiction”

- In the *moral model*, compulsive behaviors are best addressed through dedication to the spiritual pursuits as defined by the tenants of that religion.
- For example, courses such as *Setting Captives Free* and *Reformer’s Unanimous* address addiction problems as sin issues and use biblical passages as primary treatment modalities.

# Critiques of “Sex Addiction”



## ■ Mission statements:

*Setting Captives Free* exists to offer Christ-centered Hope and Freedom to those in the grip of sin through accountability to Bible-based Truth resulting in the true enjoyment of Life in and for the Glory of God ([www.settingcaptivesfree.com](http://www.settingcaptivesfree.com)).

*Reformers Unanimous Ministries* exists to **help anybody** worldwide who wishes to experience a life of victory over difficulty. This victory is obtained and retrained not through an experience of ongoing effort, but through a once in a lifetime decision to accept Jesus Christ as their personal Savior and a subsequent dedication to developing a dynamic love relationship with Him ([www.reformu.com](http://www.reformu.com)).

# Critiques of “Sex Addiction”

- On the opposite end of the moral spectrum, more liberally-minded professionals argue that *sex addiction* is a pseudoscientific cover-up to promote puritanical moral values.



# Critiques of “Sex Addiction”

- One such critic, Dr. Marty Kline, contended that:

*Sex addiction has also been used as a political justification for censorship, eliminating sex education and birth control clinics and opposing equal rights for gays and lesbians.*

If you are interested, you can read more about Dr. Kline's ideas on his site, [www.sexed.org](http://www.sexed.org).

# Critiques of “Sex Addiction”



- Chelsea Handler, a popular comedienne and author of *My Horizontal Life: A Collection of One Night Stands*, has commented:

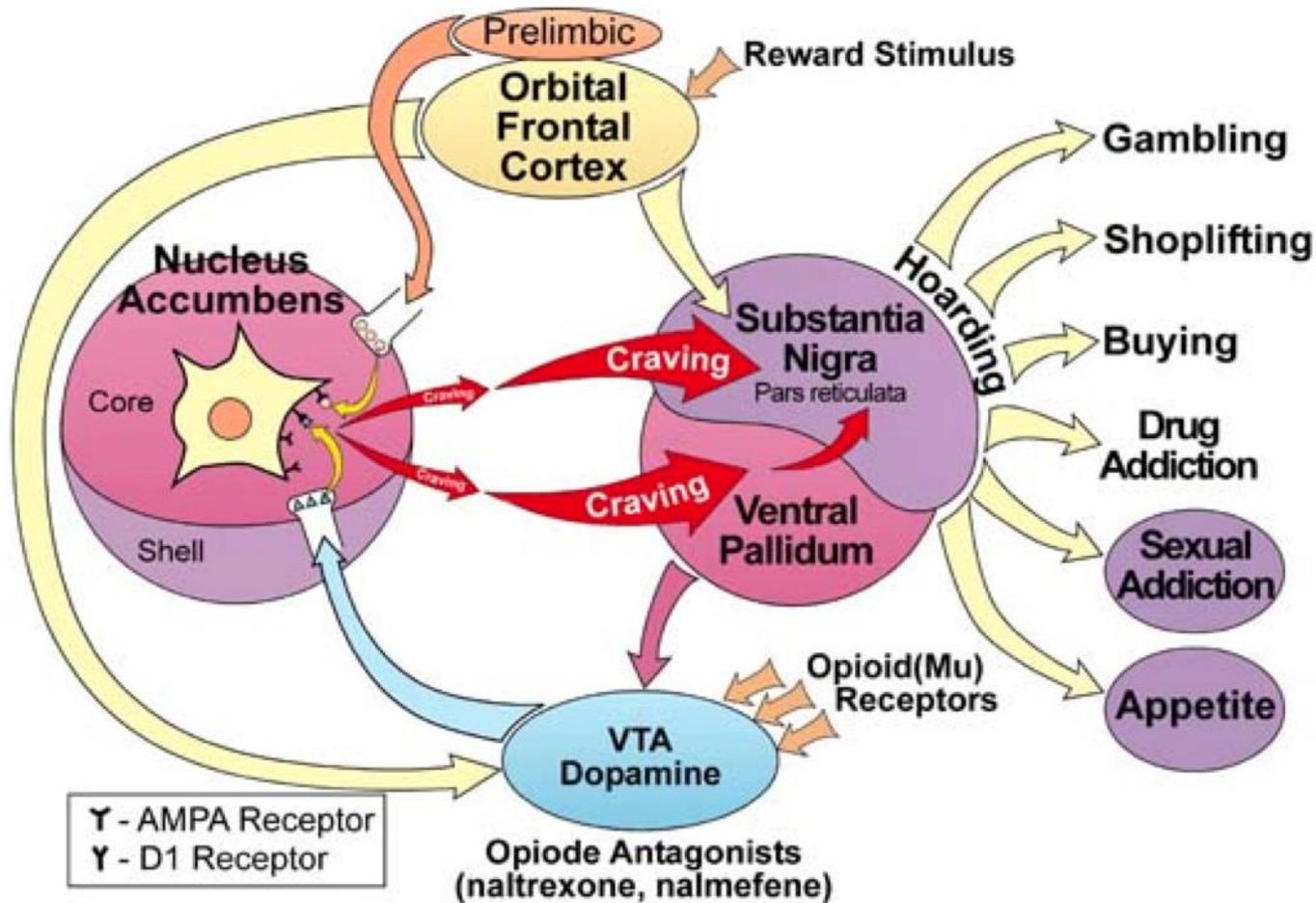
*Is there really such a thing as sex addiction, or do these people just like sex a lot? They say that sex addicts cross the line. Well, I think the line is when they get caught with their pants down. Their first excuse is “I’m an addict, I’m an addict.”*

# Critiques of “Sex Addiction”

- Several theorists suggest that a physical substance is needed to truly justify *addiction* or *dependence*. These theorists argue that forms of sexual activities are *interactions*, not *substances*.



This statement summarizes the chief critiques of *sex addiction* in the literature.

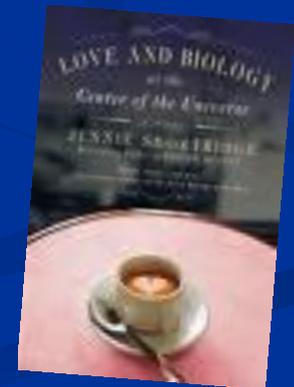


# Biological Responses to Criticism

“He pulled her onto him and fondled her rear end, kissed her neck. She made a noise so libidinous it embarrassed her. How could she be so horny, still, after the hours they’ d been at it the night before? It had to be dopamine, the miracle drug of lust and attraction. And it was a drug so potent and addictive that she didn’ t want anything else, just another fix, right then and there.

“She would be late for work, and she didn’ t care.”

-from *Love and Biology at the Center of the Universe*,  
a novel by Jennie Shortridge



# Biological Responses to Criticism

- Douglas Weiss notes that “acting out sexually becomes the primary way to meet the chemical needs of the brain.”

SOURCE: Segers, 2003; p. 237



# What Sex Addiction is Not (Rob Weiss, 2015)

- Sex addiction is not fun.
- Sex addiction is not an excuse for bad behavior.
- Sex addiction is not related to sexual orientation, even when that orientation is unwanted.
- Sex addiction is not related to fetishes or paraphilias, even when they are unwanted.
- Sex addiction is not just a guy thing.
- Sex addiction is not driven by drug use.
- Sexual addiction is not a symptom of bipolar disorder, ADHD, OCD or any other psychiatric condition.
- Sex addiction is not sexual offending.
- Sex addiction is not sex negative.
- Sex Addiction Recovery is Not the End of Sex.

# Presenter's Responses to Criticisms

- Looking at the total biopsychosocial/spiritual picture, any behavior or substance can qualify as an addiction.
- There is controversy about sex addiction because there is a great amount of disagreement in the literature on what constitutes *addiction*, *relapse*, or *recovery*.
- Faith-based recoveries may be positive for a client, but caution is recommended since religiosity can be a root *cause* of sexual addiction.

# The Debate

If you have further interest in the sex addiction debate, there is an excellent website available online that was done as an academic project, presenting a fairly balanced view of both sides. You can check it out at:

<http://iml.jou.ufl.edu/projects/Spring05/Schultz/two.html>



# Addiction Consequences Can Be...

- Physical/Biological
- Psychological/Emotional
- Social/Occupational
- Spiritual/Existential

In people with addictive disorders, we typically see a combination of these four areas being affected.

# From Dr. Kevin McCauley (2009):

- Organ → Defect (Cause) → Symptoms
- Femur → Fracture (e.g., skiing) → Pain
- Pancreas → No Insulin → Blindness, Numbness, Wounds

# From Dr. Kevin McCauley (2009):

- \_\_\_\_\_ → \_\_\_\_\_ → \_\_\_\_\_
- Midbrain → Various \* → Biopsychosocial Consequences

\* Addiction (McCauley): defect in the brain's ability to perceive, process, and act upon pleasurable/painful experiences

# From Dr. Kevin McCauley (2009):

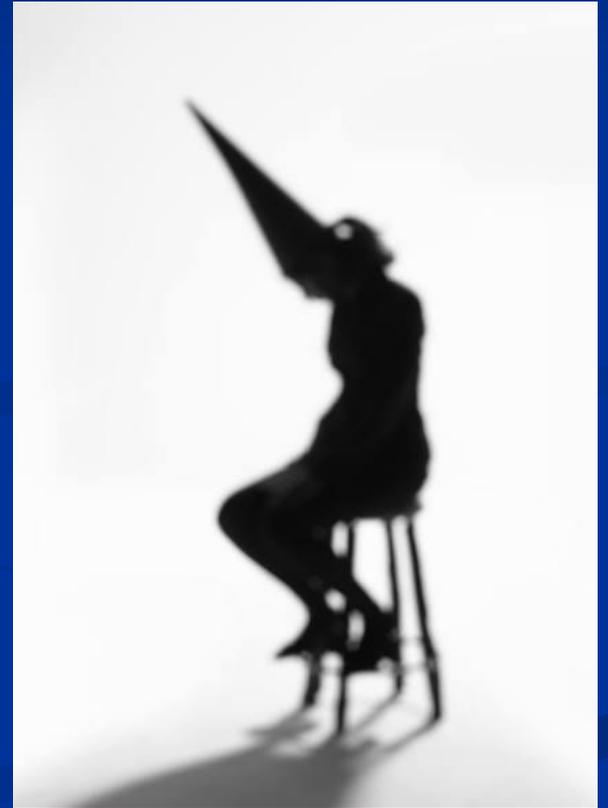
- For a non-addict, drug=drug
- For an addict, drug=survival

# Etiology of Sexual Compulsivity and Sexual Addiction



- According to Nelson (2003):  
“Shame underlies sexual addiction” (p. 182).
- Carnes (1991) identifies *shame* and *abandonment* as the core etiology of sexual addiction.
- Current approach of Rob Weiss’s program at Elements highlights the importance of working with comorbid shame, trauma, and addiction

# What is Shame?

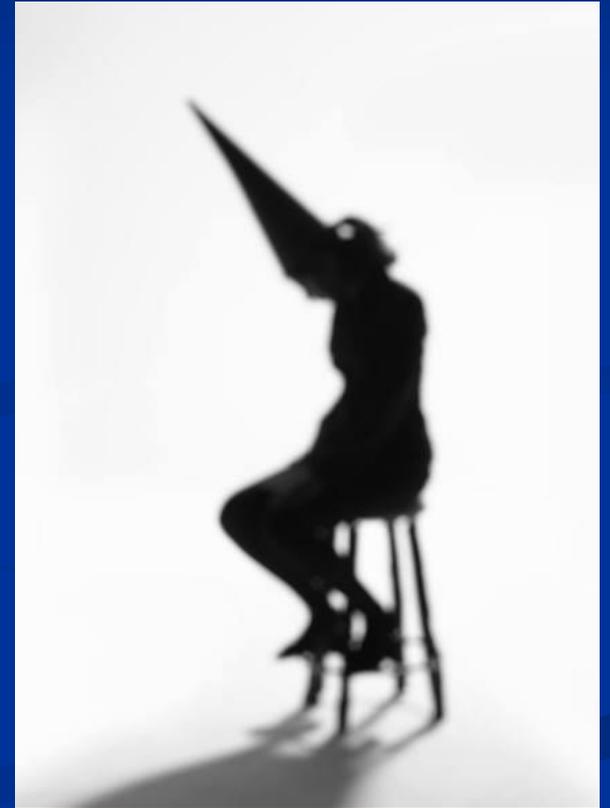


# What is Shame?

*Guilt* is feeling bad about what you've done,  
*Shame* is feeling bad about who you are.

“Shame is the lie that someone told you about yourself.”

-Anais Nin



# Etiology of Sexual Compulsivity and Sexual Addiction

- Carnes (1992) indicates that 81% of both sex addicts and co-addicts were sexually abused as children.



## ■ This abuse can leave a legacy of:

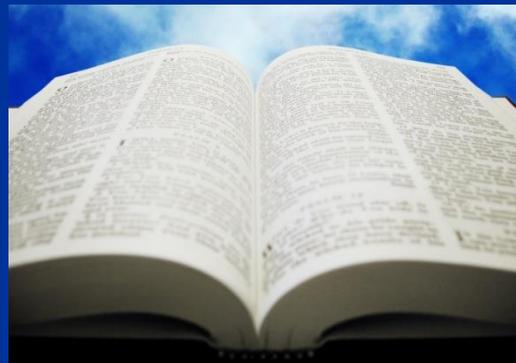
- low self-esteem
- abandonment fears
- blurred boundaries
- mood disorders
- dehumanizing sexual attitudes
- undeveloped social skills
- isolation & loneliness
- secretiveness
- superficiality
- distrust
- escape strategies



# Etiology of Sexual Compulsivity and Sexual Addiction

- “People from rigidly religious homes that teach negative messages about sex are more likely to have difficulty with sexual addiction”

SOURCE: Laaser, as cited in Nelson, 2003; p. 187



# Etiology of Sexual Compulsivity and Sexual Addiction

- According to Carnes (1992), four beliefs are commonly found amongst sex addicts:
  - 1.) I am basically a bad, unworthy person.
  - 2.) No one would love me as I am.
  - 3.) My needs are never going to be met if I have to depend on others.
  - 4.) Sex is my most important need.

# Etiology of Sexual Compulsivity and Sexual Addiction

- Pornography has been identified by some as a doorway into sexual addiction (Arterburn; Cline, as cited in Nelson, 2003).
- High comorbidity exists between sexual addiction and mental health disorders, most notably depression and anxiety; common themes tend to be feelings of hopelessness, helplessness, despair, and shame (Hagedorn & Juhnke, 2005).
- “The desire to find love and feel good” are at the heart of sexually addictive behaviors (Seegers, 2003).

# Grief and Loss: Issues to Consider

- The basic text of *Sex & Love Addicts Anonymous* identifies sexually acting out behaviors as a potential effect of unresolved grief over previous relationships.
- Worden (2002) identified the plausibility of *masked grief reactions* leading to maladaptive behaviors.

# Impact of Sexual Addiction on the Family



Because of the relational element inherent in sexual compulsivity and sexual addiction, the impact on the family is often very profound.

Many of the same *co-dependency* or *co-addiction* elements that professionals see in treating partners of chemical addicts manifest in treating the partners of sex addicts.

However...



Addressing the hurt of a sex addicts partner is often, but not always, more complicated due to several different factors:

Jealousy

Inadequacy

Taking the Addiction Personally

Feeling Sexually Insufficient

Ashamed

Embarrassment

Studies continue to show that most sexual compulsives are in a relationship.

SOURCE: Daneback, Ross, & Mansson, 2006



In treating partners of sex addicts,  
the two most common negative  
cognitions that have been reported to  
the presenter are:

- I am permanently damaged.
- I'm not good enough.



“I just felt so small and unattractive next to the women in the porn. I mean, how could he lay beside me every night and not get turned on but get it up when he looked at teenagers gang banging each other on the computer. I would have rather he be addicted to cocaine. In the end, it left me with a broken heart.”

-Marie, 27-year-old fiancé of a sex addict

# Treating the Family



- Many of the same techniques used to treat issues of core shame and negative cognition in sexual addicts can also be used to treat the family.
- The techniques that you use to treat partners and children of chemical addicts can also be applied to treating family members/partners of sexual addicts (e.g., Al-Anon, ACOA have counterparts or translate well to treating codependency or co-addicted sex addicts)

# Children of Sex Addicts

- According to survey of adult children of sex addicts, parental sexual addicted affected this percentage of respondents in the following areas:

-Self-esteem (81%)

-Morally (67%)

-Spiritually (79%)

-Financially (45%)

-Emotionally (70%)

-Socially (71%)

-Dating (71%)

-Marriage (69%)



SOURCE: Weiss (2005)

# Children of Sex Addicts

- The following survey reports consequences experienced by adult children of sex addicts:
  - Marital relationships (69%)
  - Eating disorders (38%)
  - Romantic relationships (64%)
  - Financial life (36%)
  - Sexual beliefs (64%)
  - Sexual anorexia (17%)
  - Sexual addiction (64%)
  - Depression (62%)
  - Sexual choices (57%)
  - Parenting (41%)



SOURCE: Weiss (2005)

# Children of Sex Addicts

“I began to overeat and hide food from the time I was three years old. I was never cuddled or held by my father, or spoken to by him in a kind way. He was very withdrawn with affection, except he would be overly affectionate with the young women he was drawn to sexually. I used food for comfort and to medicate the pain of his rejection.” -Jean

SOURCE: D. Weiss (2005)



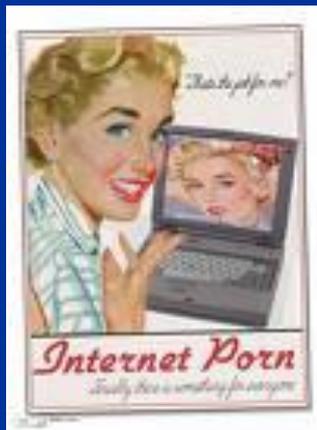
# Children of Sex Addicts

“From most of my youth and early childhood, I was unable to develop a stable intimate relationship, and all my sexual behavior was solitary and involving behaviors that I had learned in the magazines at home.” –Rob

SOURCE: D. Weiss (2005)



# The Internet and Modern Commerce



Incidences of sexual addiction are on the rise, largely due to the accessibility and affordability of materials online.

SOURCE: Hagedorn & Juhnke, 2005



# Your Thoughts:

Is *accessibility* to addictive materials directly connected to incidents of addiction?



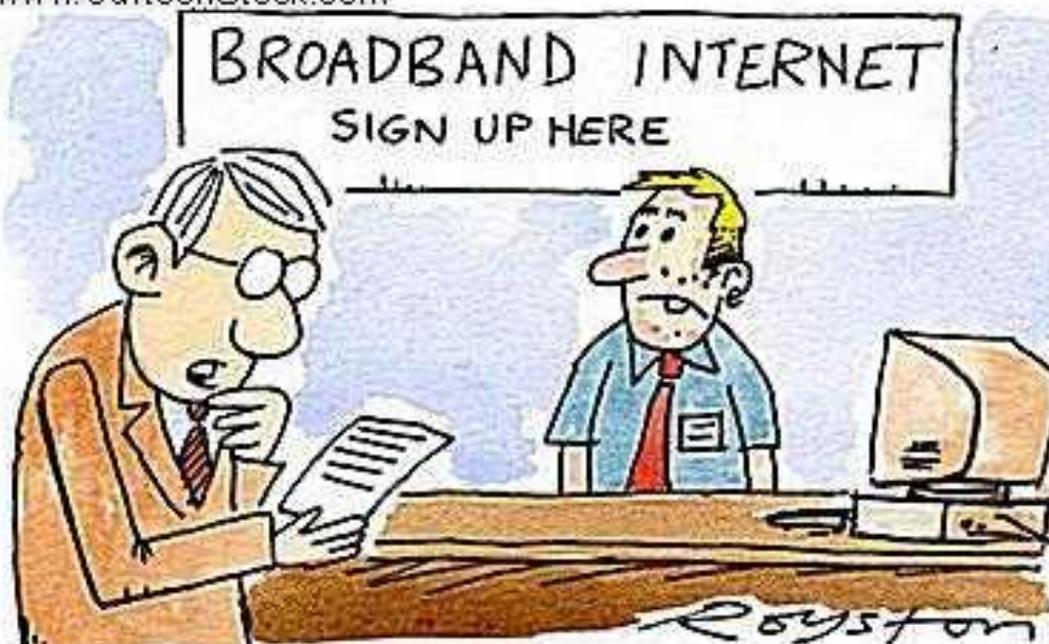
## Your Thoughts:

How has the portrayal of sex changed in the media over the years?

What clinical impact have you seen as the result of these changes?



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“A one gigabyte limit? How much  
porn is that exactly?”



# Sex Addiction in the Movies





## Film/Book Recommendation:

### *Love Sick* (2008)

Based on the book by Sue William Silverman

Full film access available through:

[www.suewilliamsilverman.com](http://www.suewilliamsilverman.com)



## Film Recommendation:

*I Am A Sex Addict* (2005)

Caveh Zehedi, Director

A wooden sign with a wood grain texture is hanging from a grey pushpin. The sign is tilted and has a 3D effect. The text "Out to LUNCH!" is written on the sign in a bold, brown, sans-serif font. "Out to" is on the top line, and "LUNCH!" is on the bottom line in a larger font size. The background is a solid blue color with some faint, darker blue curved lines at the bottom.

**Out to  
LUNCH!**

# Trauma



**“Once you’ve been bitten by a snake, you’re  
afraid even of a piece of rope.”**

**-Chinese Proverb**

# Etymology

What does the word *trauma* mean?

# Etymology

- Trauma comes from the Greek word meaning *wound*
- What do we know about physical wounds and how they heal?





**IT'S JUST A FLESH WOUND**

*Image: Scene from Monty Python & the Holy Grail*

# Etymology

Appreciating the wound metaphor is the heart of understanding emotional trauma and how to treat it.

[www.traumamadesimple.com](http://www.traumamadesimple.com)



# DSM

- PTSD entered into the DSM-III in 1980, largely as a result of the Vietnam War
- Other names had been used unofficially in the field over the years:
  - soldier's heart
  - shell shock
  - battle fatigue
  - operational exhaustion
  - hysteria

# DSM-5® Nutshell Definition of PTSD

## *Posttraumatic Stress Disorder*

(APA, 2013)

- Exposure to actual or threatened a) death, b) serious injury, or c) sexual violation: direct experiencing, witnessing
- Intrusion symptoms
- Avoidance of stimuli associated with the trauma
- Cognitions and Mood: negative alterations
- Arousal and reactivity symptoms
- Duration of symptoms longer than 1 month
- Functional impairment due to disturbances



# Posttraumatic Stress Disorder: DSM-5® (2013) Criteria

**E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:**

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

# DSM-5®:

## Trauma & Stressor-Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Acute Stress Disorder
- Posttraumatic Stress Disorder
- Adjustment Disorders
- Other Specified Trauma-and-Stressor Related Disorder
- Unclassified Trauma-and-Stressor Related Disorder

# Trauma: “small-t”



- Adverse life experiences
- Not necessarily life threatening, but definitely life-altering
- Examples include grief/loss, divorce, verbal abuse/bullying, and just about everything else...
- The trauma itself isn't the problem—rather, does it get addressed? Is the wound given a chance to heal?
- If it was traumatic to the person, then it's traumatic.
- According to the adaptive information processing model, these adverse life experiences can be just as valid and just as clinically significant as PTSD-eligible traumas.

[www.traumamadesimple.com/  
sexaddiction2015](http://www.traumamadesimple.com/sexaddiction2015)

# I LOVE A MAN IN UNIFORM



A Memoir of  
Love, War, and  
Other Battles

**LILY  
BURANA**

From the critically acclaimed author of the memoir *Strip City*

# A Client's Perspective: Lily Burana (2009)

“PTSD means, in ‘talking over beer’ terms, that you’ve got some crossed wires in your brain due to the traumatic event. The overload of stress makes your panic button touchier than most people’s, so certain things trigger a stress reaction- or more candidly- an over-reaction. Sometimes, the panic button gets stuck altogether and you’re in a state of constant alert, buzzing and twitchy and aggressive.”



# A Client's Perspective: Lily Burana (2009)

“Your amygdala- the instinctive flight, fight, or freeze part of your brain- reacts to a trigger before your rational mind can deter it. You can tell yourself, ‘it’s okay,’ but your wily brain is already ten steps ahead of the game, registering danger and sounding the alarm. So you might say once again, in a calm, reasoned cognitive-behavioral-therapy kind of way, ‘Brain, it’s okay...’

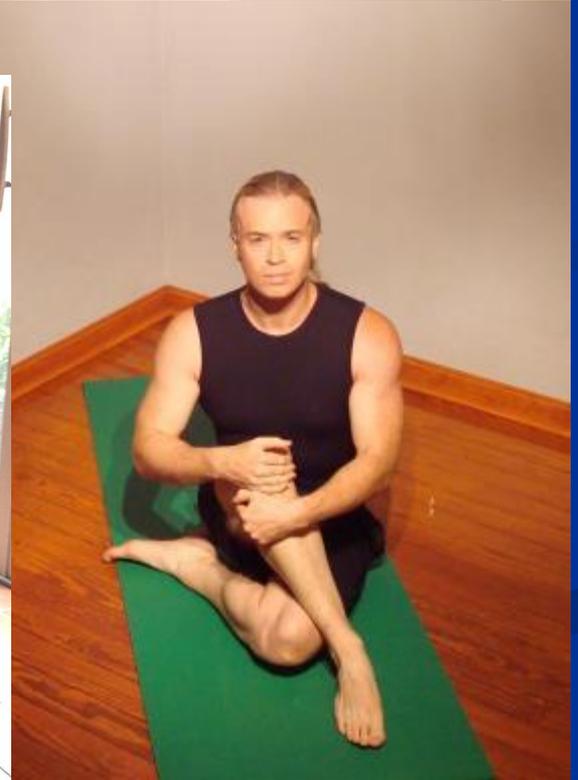


# A Client's Perspective: Lily Burana (2009)

“But your brain yells back, ‘Bullshit kid, how dumb do you think I am? I’m not falling for that one again.’ By then, you’re hiding in the closet, hiding in a bottle, and/or hiding from life, crying, raging, or ignoring the phone and watching the counter on the answering machine go up, up, up, and up. You can’t relax, and you can’t concentrate because the demons are still pulling at your strings.”



# Healing Solutions



## From Dr. Bessel Van Der Kolk

“The purpose of trauma treatment is to help a person feel safe in his or her own body.”

-from the new documentary

*Trauma Treatment for the 21<sup>st</sup> Century* (Premier, 2012)

# General Consensus Model of Trauma Treatment

- PHASE I: Stabilization
- PHASE II: Processing of Trauma
- PHASE III: Reintegration

# What Types of Coping Skills Work Best???

- Muscle relaxation
- Breath work
- Pressure Points/Tapping
- Yoga
- Imagery/Multisensory Soothing
- Building Recovery Capital & Support
- Anything that incorporates the body in a positive, adaptive way!!!



# Motivational Interviewing: 4 Principles (Miller & Rollnick, 2002)

- Express Empathy
- Develop Discrepancy
- Roll with Resistance
- Support Self-efficacy



# Healthy Sexuality:

Why is it relevant to a seminar  
on Sexual Addiction?





## Carnes (1991): 8 Aspects of Healthy Sexuality

- 1.) **Nurturing:** ability to nurture self and to accept nurturing from others
- 2.) **Sensuality:** awareness of senses-of temperature, texture, color, sound, taste, and smell
- 3.) **Sense of self:** capacity to know and express desires, wants, and areas of discomfort
- 4.) **Relationship sexuality:** ability to sustain warm and caring friendships that are not erotic with both the same and opposite sex

## Carnes (1991): 8 Aspects of Healthy Sexuality



- 5.) **Partner sexuality:** a special intimacy with a partner that is clearly erotic
- 6.) **Nongential sexuality:** the exploration of all the ways to be sexual without being genital
- 7.) **Genital sexuality:** ability to abandon self to passion in a temporary surrender of ego and control
- 8.) **Spiritual sexuality:** sexuality as an extension of the search for meaning and spirituality, a search shared with someone else.

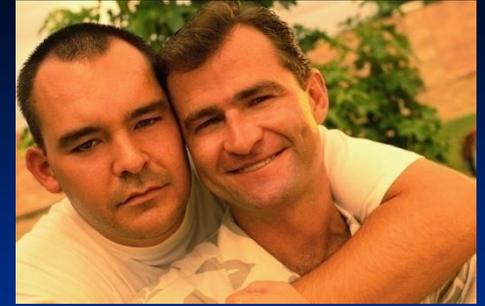
SOURCE: Carnes, P. (1991) *Don't call it love: Recovery from sexual addiction*. New York: Bantam.

# Psychosocial Aspects of Healthy Sexuality



- Safe environments that support non-judgmental attitudes are ideal for the development of healthy sexuality (Wolery, as cited in Nelson, 2003).
- Connection with a healthy community/support network offers *connectedness* with others in general; this quality is identified as a component of healthy sexuality (Laaser, 2003).

# Psychosocial Aspects of Healthy Sexuality



- Sex is an element of a loving relationship and a celebration of life (Hagedorn & Juhnke, 2005).
- Sex is an enriching, not a degrading experience (Hagedorn & Juhnke, 2005).
- Sexuality that is linked to the holistic self prevents against sexually acting-out behaviors (Laaser, 2003).

# Spiritual Aspects of Healthy Sexuality



- “Healthy, successful sex and a well-developed spirituality are inextricably linked” (Carnes, as cited in Nelson, 2003; p. 188).
- “The common component of spirituality and sex is the search for meaning” (Nelson, 2003; p. 188).
- According to Maslow, self-actualizing individuals often experience orgasm as a spiritual, mystical event (Carnes, as cited in Nelson, 2003).
- Fulfilling sexuality is often concomitant with spiritual clarity (Laaser, 2003).

# Healthy Sexuality: Implications for Individuals and Couples

- In sexually addictive scenarios, men tend to objectify their partners or use sex as a means of power, whereas women use sex as a substitute for intimacy and affirmation (Segers, 2003).
- Many gender experts in the addiction field see this generalization as misinformed and biased.
- Healthy sexuality for a couple will include mutual respect towards the respective partner and using sexuality to express intimacy, affirmation, love, and caring.



# Treatment

- The Carnes model is eclectic, incorporating components of educational, behavioral, 12-step, and psychodynamic components.



# Treatment

- Major goals of sex addiction treatment include:
  - Improving an addict's overall lifestyle
  - Reducing risk of relapse
  - Addressing core beliefs about self
  - Evaluating core beliefs about sexuality

SOURCE: Nelson (2003); Hagedorn & Junke (2005)

# Issues in Assessment and Treatment



# Understanding Addiction Interaction

- High comorbidity exists between substance use disorders and sexual addiction:

“Those trained to treat chemical dependency should also be trained to treat the commonly comorbid sexual addiction.”

SOURCE: Hagedorn & Juhnke, 2005; p.72



# Understanding Addiction Interaction

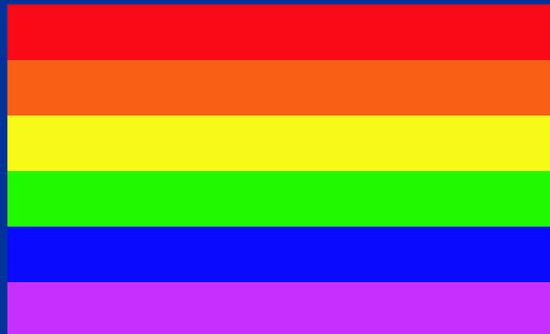
- Underlying sexual addiction issues may be a driving force behind the more readily identifiable chemical dependency issues (Hagedorn & Juhnke, 2005).
- Seegers (2003) writes that, amongst those who have experienced co-addictions, most have identified sexual addiction as the most difficult recovery.

# Assessment: The Clinical Interview

- “It is...crucial that counselors recognize the addictive nature of sexual activities, accurately assess the effect that these activities are having on clients (as well as significant others), and make it a priority that individuals cease all illegal or self-destructive activities” (Schneider, as cited in Hagedorn & Juhnke, 2005).
- Gather a comprehensive sexual history in order to distinguish between sexual addiction, the compulsion piece of obsessive-compulsive disorder, an impulse control disorder, or a paraphilia (Hagedorn & Juhnke, 2005).

# Assessment: The Clinical Interview

- Anything that you have learned about *cultural sensitivity* and respecting a client's *individuality* is critical in conducting the sexual history due to certain pressures or special issues that may be inherent to the development of his/her addiction.



# Assessment: The Clinical Interview

- Use your knowledge about human development to assist with the assessment process. Often times, you will have clients present as adults who conduct themselves sexually as adolescents: explore this conduct and its meaning in assessment and/or treatment.



# Assessment: The Clinical Interview

- Involve the family in the screening and assessment process to obtain collateral data (Hagedorn & Juhnke, 2005).
- Be aware of the hidden nature of sexual addiction: often leads to significant minimization and rationalization by both the client and their families (Hagedorn & Juhnke, 2005).



# Assessment: Available Psychometrics and Screenings

- WASTE-Time Screening (Hagedorn)
- Sexual Addiction Screening Test (Carnes)
  - Heterosexual/Homosexual Male and Female variations available in APPENDIX**
- Sexual Dependency Inventory- Revised (Delmonico, Bubenzer, & West)
- Compulsive Sexual Disorders Interview (Black)
- Sexual Compulsivity Scale (Cooper)
- Kalichman Sexual Compulsivity Scale (Kalichman and Rompa)

(SOURCE: Hagedorn & Juhnke, 2005)

# Comprehensive Listing of Online Screenings:

<http://www.recoveryzone.com/>



# Assessment: Experience Tips

- Always bring up process addictions, specifically sex addiction, in conducting the addiction assessment on a clinical interview.
- You can tell a great deal by the reaction you get.
- At very least, you can use it as an education opportunity.



# Treatment



- The first part of a successful treatment program for sexual addiction is to cease acting out behaviors; contracts are often used as part of the treatment process (Nelson, 2003).

*This is parallel to chemical addiction treatment in which the individual being treated is traditionally asked to abstain from mood-mind altering drugs during treatment to optimize the effectiveness of the treatment.*

# Treatment



- “When sex addicts attempt to control their disease by white knuckling, they can be successful for various lengths of time, but this is in essence acting in rather than acting out”

(Laaser, as cited in Nelson, 2003).

*This is another major similarity to traditional treatment for chemical addictions.*

# Treatment

*However, a major difference is that...*

- Sex addicts are not expected to swing to the extreme of sexual anorexia as part of treatment and recovery- the goal is for the addict to develop a healthy sexuality

(Nelson, 2003; Seegers, 2003)





# Treatment

- Major goals of sex addiction treatment include:
  - Improving an addict's overall lifestyle
  - Reducing risk of relapse
  - Addressing core beliefs about self
  - Evaluating core beliefs about sexuality

SOURCE: Nelson (2003); Hagedorn & Junke (2005)

Considering the previous slides,  
and knowing what you do about  
addiction, what approaches  
would you suggest in treating  
sexual addiction?





# Treatment

- The Carnes model is eclectic, incorporating components of educational, behavioral, and psychodynamic components.

# Case Study: Nancy



- Entered her 12<sup>th</sup> treatment for chemical dependency in early 2007 following her third DUI/DWI
- Nancy had attended A.A. intermittently for 12 years; the longest sobriety time she ever achieved was less than 4 months
- Primary diagnoses of alcohol dependence (303.90), cannabis dependence (304.30), sedative dependence (304.10) and posttraumatic stress disorder
- During the 2007 treatment episode (presenter was primary counselor), client disclosed a history of having been sexually abused by a family member and sexually assaulted multiple times during her marriage with another addictive partner. Nancy is also the adult child of an alcoholic father. Was unwilling to go into great detail at time of assessment, but her recognition of an abuse history was noted.
- Nancy completed group treatment (Twelve-Step Facilitation model) to satisfy the court. Requested individual counseling with presenter for follow-up.

# Case Study: Nancy



- Nancy requested to continue with female counselor. Obtained a sense that her counselor was knowledgeable about cross addiction. Disclosed her issues with sexual addiction at the beginning of individual counseling.
- Connected her sexual behavior following her divorce “as bad as,” or “even worse than” her drinking and drug use. Nancy did not need to be convinced that she was a sex addict.
- Often engaged in random , anonymous sex with partners that she met in bars. Saw this acting out as a sign of rebellion against her husband and a mode of obtaining personal validation.
- Nancy recognized that she was usually drunk or high during these random hook-ups. Recognizes that any relationship she attempted in recovery were with other alcoholics/addicts and were chaotic in nature.

“And I – whenever I drank, I had the compulsion to engage in sexual activity and so I would – that's what I would do. I would find people or I would know of men, you know, and hook up with them more. A lot people I had known and I helped myself dating them or whatever, but basically it was just a sexual relationship – a **party on** relationship. I would get high and drank with them and have sex with them and that was it. I tell myself that I cared about him when I could care less about him. Tell them that I cared about them when I didn't cared about them. All I cared about was fulfilling my sexual desires and that was it and when I was done with that I was done with them.”

*-Nancy (interview at 18 months of sobriety)*





# Nancy's Treatment

- Nancy was presented with the options of EMDR therapy (with appropriate relaxation training) or CBT as an adjunct to her continued 12-step work.
- Elected to do EMDR based on good recommendations she heard about the therapy and trust that she had in the therapist's recommendation of EMDR as a holistic therapy.
- Core negative cognition identified: *I am shameful.*
- Touchstone memory target related to an embarrassing sexual experience that she had with some neighborhood children at age 10.
- Opened up many sessions of material to process on being sexually assaulted as a pre-teen and in her marriage.
- Core negative cognition ultimately resolved when client was able to process behavior that she considered embarrassing and contradicting of her core values while she was an adult in active addiction.



# Outcome

- At the time of this presentation, Nancy has 20 months of sobriety from drugs and alcohol and reports that she has been free of sexually acting out behaviors for 17 months.
- During her treatment, Nancy left a job in telemarketing where she felt she was being mistreated. Nancy was able to obtain a better-paying job with insurance benefits. Nancy feels that realizing she was “no longer a piece of shit” was instrumental in her seeking out the better job.
- Nancy reports a respect for her sexuality that she never had before. Developing her sense of sexual identity and using healthy boundaries to protect it was a major outcome of her treatment.
- After her last incidence of sexually acting out, Nancy chose to refrain from getting into any more relationships (adhering to a traditional AA recommendation to stay out of relationships for the first 1-2 years of sobriety) until she felt that she was emotionally prepared to enter one. Nancy reports that she has been able to avert several propositions for sex-only encounters by male peers.

# Treatment: What EMDR Offers

- Eye Movement Desensitization and Reprocessing (EMDR) has been described by Alan Moskowitz (2001), an excerpt in borderline personality disorder, as:

“An artful blend of several therapeutic techniques, including exposure therapy, cognitive therapy, and even an abbreviated form of the free association of psychoanalytic psychotherapy.”



# Treatment: What EMDR Offers

- EMDR is being offered by just about every major treatment center offered a specified program for sexual addiction
- The holistic nature of EMDR and similar therapies seems to be making it especially attractive in the treatment of sexual addiction
- EMDR protocols can be altered to target core cognitions (etiological) or urges (behavioral)

# Treatment

- Counselors are strongly advised to get the recovering sex addict tied in to a 12-step support group such as Sex and Love Addicts Anonymous or Sexual Compulsives Anonymous

SOURCE: (Hagedorn & Juhnke, 2005)





# Using Support Group Referral

- ✓ There are several 12-step and alternate groups that can be used as ancillary support to treatment.
- ✓ Such groups are a critical part of treatment aftercare.
- ✓ The next several slides will give you some information about navigating your way through the various programs available.

# Sexual Compulsives Anonymous



Sexual Compulsives Anonymous is a fellowship of men and women who share their experience, strength and hope with each other, that they may solve their common problem and help others to recover from sexual compulsion. The only requirement for membership is a desire to stop having compulsive sex. There are no dues or fees for SCA membership; we are self-supporting through our own contributions. SCA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sexually sober and to help others to achieve sexual sobriety. Members are encouraged to develop their own sexual recovery plan, and to define sexual sobriety for themselves. We are not here to repress our God-given sexuality, but to learn how to express it in ways that will not make unreasonable demands on our time and energy, place us in legal jeopardy -- or endanger our mental, physical or spiritual health.



# Other Key Points

✓ “SCA is a 12-Step fellowship, inclusive of all sexual orientations, open to anyone with a desire to recover from sexual compulsion. We are not group therapy, but a spiritual program that provides a safe environment for working on problems of sexual addiction and sexual sobriety.”

WEBSITE AVAILABLE AT:

[www.sca-recovery.org](http://www.sca-recovery.org)

# Sex and Love Addicts Anonymous (SLAA)



Sex and Love Addicts Anonymous is a Twelve Step Fellowship of men and women who help each other to stay sober. We offer the same help to anyone who has sex addiction or love addiction or both and wants to do something about it. Since we SLAA's are all addicts ourselves, we have a special understanding of each other and the disease. We know what the illness feels like, and we have learned how to recover from it through SLAA's 12-steps.

# SLAA: Other Key Points

- We in S.L.A.A. believe that sex and love addiction is a progressive illness which cannot be cured but which, like many illnesses, can be arrested. It may take several forms—including, but not limited to a compulsive need for sex, extreme dependency on one or many people, or a chronic preoccupation with romance, intrigue, or fantasy. An obsessive compulsive pattern, either sexual or emotional, or both, exists in which relationships or sexual activities have become increasingly destructive to career, family and sense of self-respect. Sex addiction and love addiction, if left unchecked, always gets worse. However, if we follow a simple program which has proven successful for scores of other men and women with the same illness, we can recover.

# SLAA: Other Key Points

✓ Allows for emphasis of *love addiction* as a separate or a combined construct

WEBSITE AVAILABLE AT:

[www.slaafws.org](http://www.slaafws.org)



# Sexaholics Anonymous

Sexaholics Anonymous is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover.

The only requirement for membership is a desire to stop lusting and become sexually sober.

There are no dues or fees for SA membership; we are self-supporting through our own contributions.

SA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes.

Our primary purpose is to stay sexually sober and help others to achieve sexual sobriety.



# Sexaholics Anonymous: A Slightly Different View of Sobriety

Lust has become an addiction. Our situation is like that of the alcoholic who can no longer tolerate alcohol and must stop drinking altogether but is hooked and cannot stop. So it is with the sexaholic, or sex drunk, who can no longer tolerate lust but cannot stop.

Thus, for the sexaholic, any form of sex with one's self or with partners other than the spouse is progressively addictive and destructive. We also see that lust is the driving force behind our sexual acting out, and true sobriety includes progressive victory over lust. These conclusions were forced upon us in the crucible of our experiences and recovery; we have no other options. But we have found that acceptance of these facts is the key to a happy and joyous freedom we could otherwise never know.

This will and should discourage many inquirers who admit to sexual obsession or compulsion but who simply want to control and enjoy it, much as the alcoholic would like to control and enjoy drinking. Until we had been driven to the point of despair, until we really wanted to stop but could not, we did not give ourselves to this program of recovery. Sexaholics Anonymous is for those who know they have no other option but to stop, and their own enlightened self-interest must tell them this.

# Sexaholics Anonymous

WEBSITE AVAILABLE AT:

[www.sa.org](http://www.sa.org)

*An excellent variety of pamphlets and other materials for professionals and potential members available online.*



# Sex Addicts Anonymous

Sex Addicts Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so they may overcome their sexual addiction and help others recover from sexual addiction and dependency.

Membership is open to all who share a desire to stop addictive sexual behavior. There is no other requirement.

Our common goals are to become sexually healthy and to help other sex addicts achieve freedom from compulsive sexual behavior.

SAA is supported through voluntary contributions from members.

We are not affiliated with any other twelve-step programs, nor are we a part of any other organization. We do not support, endorse, or oppose outside causes or issues.

Sex Addicts Anonymous is a spiritual program based on the principles and traditions of Alcoholics Anonymous. We are grateful to A.A. for this gift which makes our recovery possible.

# Sex Addicts Anonymous

Sex Addiction can involve a wide variety of practices. Sometimes an addict has trouble with just one unwanted behavior, sometimes with many. A large number of sex addicts say their unhealthy use of sex has been a progressive process. It may have started with an addiction to masturbation, pornography (either printed or electronic), or a relationship, but over the years progressed to increasingly dangerous behaviors.

The essence of all addiction is the addicts' experience of powerlessness over a compulsive behavior, resulting in their lives becoming unmanageable. The addict is out of control and experiences tremendous shame, pain and self-loathing. The addict may wish to stop --- yet repeatedly fails to do so. The unmanageability of addicts' lives can be seen in the consequences they suffer: losing relationships, difficulties with work, arrests, financial troubles, a loss of interest in things not sexual, low self-esteem and despair.

Sexual preoccupation takes up tremendous amounts of energy. As this increases for the sex addict, a pattern of behavior (or rituals) follows, which usually leads to acting out (for some it is flirting, searching the *net* for pornography, or driving to the park.) When the acting out happens, there is a denial of feelings usually followed by despair and shame or a feeling of hopelessness and confusion.

# Sex Addicts Anonymous

WEBSITE AVAILABLE AT:

[www.sexaa.org](http://www.sexaa.org)



# Sexual Recovery Anonymous

Sexual Recovery Anonymous (SRA) is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover. The only requirement for membership is a desire to stop compulsive sexual behavior. There are no dues or fees for SRA membership; we are self-supporting through our own contributions. SRA is not allied with any sect, denomination, politics, organization, or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sexually sober and help others achieve sobriety. Sobriety is the release from all compulsive and destructive sexual behaviors. We have found through our experience that sobriety includes freedom from masturbation and sex outside a mutually-committed relationship. We believe that spirituality and self-love are antidotes to the addiction. We are walking towards a healthy sexuality.

WEBSITE AVAILABLE AT:

[www.sexualrecovery.org](http://www.sexualrecovery.org)



# Excellent Resources for Tying it All Together



The Sexual Recovery Institute

[www.sexualrecovery.com](http://www.sexualrecovery.com)



# Counseling Issues

- Graduate study in human sexuality is encouraged for counselors; it is vital for those treating sexual addiction to have a comprehension of healthy sexuality (Hagedorn & Juhnke, 2005).
- Most of today's counselors have not been exposed to the realities of sexual addiction in their graduate training (Hagedorn & Juhnke, 2005).
- “If counselors do not receive the proper training in the treatment of sexual addiction, clients, and those affected by their addicted behaviors, will be the ones adversely affected” (Hagedorn & Juhnke, 2005).

# Personal Barriers

- Examining your own attitudes about sex and sexuality is critical in working with individuals (or the family members) who are struggling with any of the issues that we covered today.



# Personal Barriers



BRAINSTORM ACTIVITY (You do not have to share this with anyone if you don't want to):

- What are some of your attitudes about sex that may block your effectiveness in handling the issues that we covered today?
- Do I feel comfortable/competent to clinically handle the issues that we covered today?
- What are some areas of my own sexuality that I may still need to explore?

Discussion

Wrap-Up

General  
Questions &  
Comments



# Recommended Reading

## Patrick Carnes

Facing the Shadow: Facing Sexual and Relationship Recovery

Out of the Shadows: Understanding Sexual Addiction

A Gentle Path Through the 12-Steps

## Rob Weiss

Always Turned On: Sex Addiction in the Digital Age

Cruise Control: Understanding Sex Addiction in Gay Men

## Claudia Black

Deceived: Facing Sexual Betrayal Secrets and Lies

# References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, D. C.: Author.
- Burana, L. (2009). *I love a man in uniform*. New York: Weinstein Books.
- Carnes, P. (1991). *Don't call it love: Recovery from sexual addiction*. New York: Bantam.
- Carnes, P. (1992). *Out of the shadows*. Center City, MN: Hazelden.
- Carnes, P., Murray, R., & Charpentier, L. (2005). Bargains with chaos: Sex addicts and addiction interaction disorder. *Sexual Addiction & Compulsivity*, 12, 79-120.
- Cox, R.P., & Howard, M.D. (2007). Utilization of EMDR in the treatment of sexual addiction: A case study. *Sexual Addiction & Compulsivity*, 14, 1-20.
- Daneback, K., Ross, M., & Mansson, S. (2006). Characteristics and behaviors of sexual compulsives who use the internet for sexual purposes. *Sexual Addiction & Compulsivity*, 13, 53-67.
- Giugliano, J. (2008). Sexuality impulsivity, compulsivity, or dependence: An investigative inquiry. *Sexual Addiction & Compulsivity*, 15(2), 139-157.
- Hagedorn, W. & Juhnke, G. (2005). Treating the sexually addicted client: Establishing a need for increased counselor awareness. *Journal of Addictions & Offender Counseling*, 25, 66-86.

# References

- Laaser, M. (2003). Pastors and sexual addiction. *Sexual Addiction & Compulsivity, 10*, 139-149.
- Marich, J. (2011). *EMDR made simple: 4 approaches for using EMDR with every client*. Eau Claire, WI: Premiere Education Solutions
- Moskovitz, A. (2001). *Lost in the mirror: An inside look at borderline personality disorder* (2nd ed.). Lanham, Maryland: Taylor Trade Publishing.
- Nelson, L. (2003). Sexual addiction versus sexual anorexia and the church's impact. *Sexual Addiction & Compulsivity, 10*, 179-191.
- Popky, A.J. (2005). DeTUR, an urge reduction protocol for addictions and dysfunctional behaviors. In R. Shapiro (Ed.), *EMDR solutions: Pathways to healing* (pp. 167-188). New York: Norton.
- Ricci, R.J., Clayton, C.A., & Shapiro, F. (2006). Some effects of EMDR treatment with previously abused child molesters: Theoretical reviews and preliminary findings. *Journal of Forensic Psychiatry and Psychology, 17*, 538-562.
- Ricci, R.J., & Clayton, C.A. (2008). Trauma resolution treatment as an adjunct to standard treatment for child molesters. *Journal of EMDR Practice and Research, 2*(1), 41-50.

# References

- Segers, J. (2003). The prevalence of sexual addiction symptoms on the college campus. *Sexual Addiction & Compulsivity*, 10, 247-258.
- VandenBos, G.R. (2007). *APA dictionary of psychology*. Washington, D.C.: American Psychological Association.
- Weiss, D. (1997). *Partner's recovery guide: 100 empowering exercises*. Colorado Springs, CO: Discovery Publishing.
- Weiss, D. (2005). *Beyond the bedroom: Healing for adult children of sex addicts*. Deerfield Beach, FL: HCI, Inc.
- Weiss, R. (2015). What sex addiction is not. In *Counselor: The Magazine for Addiction Professionals*. Published June 13, 2015.
- Worden, J. W. (2002). *Grief counseling and grief therapy*. (3<sup>rd</sup> ed). New York: Springer Publishing Company.



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