



Hypersexuality without Hyperbole

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Hypersexuality: What is it?

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It?

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"No matter what the sexual problem is, the causes and treatment are the same."
Sbraga & O' Donohue, 2003,
The Sex Addiction Workbook, p. 3,
(offset in oversized type)

"All addictive disorders, whatever the types of behavior that characterize them, share an underlying psychobiological process, which I call the addictive process."
Goodman, 2001, p. 207

Hypersexuality: What is it?

They...?

Hypersexuality Among SBC Referrals

- Paraphilic Hypersexuality
- Avoidant Masturbation
- Chronic Adultery
- Sexual Guilt
- The Designated Patient
- Better Accounted for as a Symptom of Another Condition

Hypersexuality Among SBC Referrals

Greatly increasing in number over past 10 years

80–90% of medical referrals

Courtship disorder spectrum?

Paraphilic need for novelty?

SSRI's? Anti-androgens? Couples counseling?
Psychoeducation?

Local resources?

Controversial and contradictory ideologies among both the public and mental health professionals

Hypersexuality Among SBC Referrals

Chart review (in progress)

Cases dating 2008-2011.
160 referrals; 115 completed assessments.
Raters' kappa = .76-.94 ("substantial agreement" = .60-.80)
Mean age = 41.5 years (SD = 11.7, range 19-76).
88% high school education or greater

Hypersexuality Among SBC Referrals

Paraphilic Hypersexuality

Avoidant Masturbation

Chronic Adultery

Sexual Guilt

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Paraphilic Hypersexuality

- 1. Extremely high frequencies of I+ behaviors leading to distress (adultery, many hours viewing pornography, or cruising the Internet for sex partners)
- 2. Multiple but low-grade or subclinical paraphilic interests.

Paraphilic Hypersexuality

CASE 50 is a 33-year-old male referred after he was seen in a hospital emergency room, presenting with depression, agitation, and suicidal ideation, following his girlfriend's discovery of his sexual interests. The client reported he is "obsessed with sex" and has a "sex addiction." He indicated that he spends more than half of every day thinking about sex and that he has been "leading two different lives"—one with his girlfriend and one with his other sexual partners. He reported masturbating up to five times per day (two to three, on average), having called chat lines for phone-sex two to three times per week.

With respect to the type of person to whom he is sexually attracted, the client said, "I'm embarrassed to say this, but anything with two feet and a heartbeat." He reported no specific sexual preferences with respect to the physical characteristics of his sexual partners (such as breast size, hair color, or ethnicity), endorsing a strong erotic interest in women and some interest in men, but also a substantial erotic attraction to persons who are female in appearance, with fully developed female breasts, but also with a functioning, fully developed penis on the otherwise feminine-appearing body.

Paraphilic Hypersexuality

With respect to his sexual activity interests, the client said, "The more adventurous, the better." He reported an interest in having sex in public places, including parks, parking lots, and nightclubs. He indicated that he does not believe that he truly wants to be caught having sex in these public places, but that he likes the thrill that accompanies the risk. He reported that he also has an interest in covertly viewing others having sex. He reported creeping up to the windows of certain hotels where prostitutes are known to take their clients, in order to watch the couples having sex. In one incident, he intended to solicit a specific prostitute he knew, but found that another customer had hired her before he could—So, he instead covertly followed them to watch them having sex.

The client reported that he similarly enjoys viewing pornography of persons unaware of being recorded. His sexual repertoire also includes erotic asphyxiation, wherein he and his partner choke one another with their hands or arms. He does not engage in erotic self-asphyxiation, however. The client acknowledged he enjoys masturbating while wearing women's underwear, but reported no arousal to the thought of himself as woman.

Paraphilic Hypersexuality

Tentative correlates:

- Reports novelty-seeking as motivator
- More likely to have a criminal history
- More frequent substance problems (ETOH, marijuana, other)
- Greater numbers of sexual partners
- Greater probability of "she-males"
- Later onset of puberty, porn use, masturbation
- Earlier loss of virginity

Avoidant Masturbation

Paraphilic Hypersexuality

Avoidant Masturbation

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Avoidant Masturbation

1. Inordinate amounts of time spent masturbating, viewing Internet pornography. (Hours/day, fired from jobs, failing classes, forgoing major life activities.)
2. Conventional sexual interests.

Avoidant Masturbation

CASE 78 is a single, 22-year-old male, referred for assessment of "an Internet pornography addiction." He reported that he spends 4-5 hours daily viewing Internet pornography, but that he is not sure he actually has a problem. He started viewing Internet pornography when he was 14 and currently masturbates 1-3 times per day. The client has been in two serious relationships and reported that his pornography use remained relatively consistent regardless. He reported that he "cannot look at the same thing more than once" and that seeking new images and videos takes up the majority of the time he spends masturbating. The client also stated that his pornography use sometimes gets in the way of his schoolwork and that he has been 10-15 minutes late to meetings because he was masturbating.

The client stated that when he wants to look at pornography, he must do so, finding it difficult to postpone gratification. He believes his pornography use is a "procrastination tactic" that he uses to avoid doing schoolwork or housework. He added he now feels tired of being disappointed in himself and feels that he is "stuck in a rut," with no follow-through for important activities. The client noted repeatedly that he has difficulty delaying gratification in any sense, not only for masturbation but also for buying himself things or engaging in other enjoyable activities.

Avoidant Masturbation

Tentative correlates:

- Reports avoidance as motivator
- More likely to report anxiety problems
- More frequent sexual dysfunction problems (delayed ejac.)
- Less likely to have history of serious romantic relationships.
- Higher education (trend)
- Less alcohol use (trend)

Chronic Adultery

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Chronic Adultery

(Most discussed in media, but 10–15% of our referrals.)

1. Lack paraphilias (unremarkable use of sex toys, etc.)
2. Outliers for *frequency* of adultery, not *time spent*.
3. Does not pertain to openly non-monogamous/non-traditional relationships.

Chronic Adultery

CASE 70 reported that he does not want his wife to find out about his affairs. When asked what he hopes to get out of this assessment, the client stated that while he has no intention of leaving his wife, he is still unsure whether he is willing or able to stop having sex with other women. He stated that his wife did not make him come to this assessment and that he sought the referral from his physician in order to better understand his problem. The client stated that he does not know whether he would want to engage in individual treatment and that couple's therapy is out of the question. The client asked for recommendations for books or articles to help him understand why he feels the need to have sex with multiple women.

Chronic Adultery

CASE 62 is a 51-year old male referred for assistance in ending his solicitation of prostitutes, which has increased from once or twice per month to 1–3 times per week. His wife suffers from dyspareunia (genital pain upon intercourse), and they have not had any sexual contact with each other in the past 18 months. When asked what he hopes to get out of this assessment and possible psychotherapy, the client stated that he would like not to have the urges and desires he currently has, and wishes his sex drive were lower so that he could be satisfied with the sexual relationship he has with his wife. He would like to never have sex with a prostitute again and wishes that his wife wanted to have sex with him. He stated that he could be okay with not having vaginal intercourse with his wife if she showed more sexual interest in him. He reported that his wife is very attractive and that he is very attracted to her, but wishes she felt that way about him.

Chronic Adultery

Tentative correlates:

- More likely to have mood disorder
- More likely to report sexual dysfunction (premature ejac.)
- Later onset of puberty
- Lesser level of education
- Less likely to have criminal history (trend)

Sexual Guilt

Paraphilic Hypersexuality

Avoidant Masturbation

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Sexual Guilt

The Designated Patient

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Sexual Guilt

1. All sexual behaviours within (*or below*) peer group norms.
2. Often from religious or restrictive environments

Sexual Guilt

CASE 83 is a 40-year-old female, heterosexually married for nine years, with historical diagnoses of Obsessive-Compulsive Disorder and chronic fatigue syndrome. She was referred by her counselor for concerns about "sexual addiction." The client reported that she thinks about sex frequently and that, if she had the energy, she would like to have sex on a daily basis. She reported she masturbates with a vibrator approximately twice per week and only when her husband is not at home, because she is concerned he would feel hurt if he knew she masturbated and experienced orgasms with the vibrator, but not during intercourse with him.

She reported she experiences intrusive thoughts of having intercourse with "whoever is on my mind," noting that she will have thoughts of passionately kissing and having sex with men that she sees throughout her day. She reported that she feels guilty about these thoughts and that she hates them because they involve men other than her husband. The client reported that she has been faithful to her husband, although she has been tempted to cheat.

Sexual Guilt

1. All sexual behaviours within (or below) peer group norms
2. Often from religious or restrictive environments
3. Not meaningfully called hypersexual, but usually referred with a *self-identified* label.

The Designated Patient

Paraphilic Hypersexuality

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Better Accounted for as a
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The Designated Patient

1. Referral instigated by the client's partner.
2. Usually follows discovery of infidelity, of a paraphilic interest, or breaking a zero-tolerance ban on masturbation, pornography use, or non-procreative sex.

The Designated Patient

CASE 66 is a 51-year-old male referred by his family physician, following concerns expressed by the client's wife regarding the client's use of pornography. He noted he views pornography in the form of magazines or videos, every couple of years, for up to approximately an hour per week. This has resulted in marital discord. The client indicated that his wife has always expressed a strong opposition to any pornography, telling him he "should have no need or no use for it because I have her." At his wife's request, he disposed of all his pornography when they first began dating and promised he would not view it again, however, he reported that he has broken this promise numerous times over the course of their marriage, which has led to significant distrust.

The client reported he no longer uses the Internet, at his wife's request, as she believes he would use it to view pornography; however, he reported that his wife nonetheless continues to believe that he is viewing pornography. The current referral was precipitated by his wife observing him viewing an image which she believed to be pornographic (but, according to the client, was not). She subsequently approached their joint family physician to express her concerns, resulting in the referral. No concerns about adultery or any paraphilic content of the pornography were expressed by the referring physician, the client, or (reportedly) his wife.

The Designated Patient

Tentative correlates:

- More likely to be heterosexual.
- Less likely to report substance use problems.
- More likely to have stable employment history.
- Less likely to report novelty seeking.

Better Accounted for as Symptom of Other

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Better Accounted for as Symptom of Other

- Personality Disorders (esp. Borderline, s.t. Antisocial)
- Hypomania
- Disinhibiting brain injury or neurological disease
- Developmental delay
- Dopaminergic agents for Parkinson's

- Emphasizes need for broad assessment and history-taking.

Potential Treatments/Interventions

- Paraphilic Hypersexuality
- Avoidant Masturbation
- Chronic Adultery
- Sexual Guilt
- The Designated Patient
- Better Accounted for as a Symptom of Another Condition

Potential Treatments/Interventions

- Paraphilic Hypersexuality
 - Accommodation?
- Avoidant Masturbation
 - Work skills (*not* suppression of masturbation)
- Chronic Adultery
 - Couples' counseling
- Sexual Guilt
 - Psychoeducation
- The Designated Patient
 - Couples' counseling
- Better Accounted for as a Symptom of Another Condition

Relevant Diagnostic Labels

- Paraphilic Hypersexuality
 - DSM-5: Unspecified Paraphilic Disorder
 - ICD-10: Excessive Sexual Drive, Multiple D.O. of sex pref.
- Avoidant Masturbation
 - DSM-5: Other Specified OC & Related D.O.
 - ICD-10: Excessive Masturbation
- Chronic Adultery
 - DSM-5: Relationship Distress w/ Spouse or Intimate Partner
 - ICD-10: Relationship Disorder NOS
- Sexual Guilt
 - DSM: Religious or Spiritual Problem (?)
 - ICD-10: Anxious Personality Disorder (?)
- The Designated Patient
 - DSM-5: Relationship Distress w/ Spouse or Intimate Partner
 - ICD-10: Relationship Disorder NOS
- Better Accounted for as a Symptom of Another Condition

Ideological Debates Persist

“Perhaps the most interesting thing about the sex addiction movement—and certainly the most telling—is that it did not arise from the field of sex therapy or any other sexuality-related field. Rather, it was started in 1983 by Patrick Carnes, whose background is in counselor education and organizational development. He claims no training in human sexuality.

“Sex addiction” has been adopted enthusiastically by the addiction community, and to a lesser extent by the marriage and family profession—the latter historically undertrained and uncomfortable with sexuality. You can, for example, become a licensed marriage counselor without ever hearing the words vibrator, clitoris, spanking, tongue-kissing, or panties during your education.

“Almost thirty years after its invention by Carnes, ‘sex addiction’ is still not a popular concept in the fields of sex therapy, sex education, or sex research. Of course, the media loves it, decency groups love it, and those who identify as some other kind of addict (alcohol, food, drugs) love it, especially if they’re fans of the Twelve Steps.”

—Klein, M. (2012, Jul/Aug). You're addicted to what? *The humanist*. <http://thehumanist.org/july-august-2012/you-re-addicted-to-what/>

It takes a village...

Dr. Kate Sutton
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