

October 5, 2019

Sex Ed for the Therapist

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Intro/Overview

- ❖ Introductions
- ❖ Exits
- ❖ Restrooms
- ❖ CE certificates

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Schedule

- ❖ 9:00 - 10:25 Setting the table and general principles
- ❖ 10:25-10:35 *Break*
- ❖ 10:35-12:00 Sex and the individual
- ❖ 12:00-1:00 *Lunch*
- ❖ 1:00-2:25 Sex in relationship
- ❖ 2:25-2:35 *Break*
- ❖ 2:35-4:00 When sex becomes pathology

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Biggest Takeaways

- ❖ We are NOT machines
- ❖ Your experience matters

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So Let's Talk About Sex

- ❖ What comes up for you when hear that phrase?
- ❖ Somehow this topic turns everyone back into a middle-schooler... Why is that?

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Bottom Line...

- ❖ Whatever feelings you bring into the therapy room regarding sex is the strongest message your clients will hear about it

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So Let's Explore

- ❖ Take a moment and reflect on your sexual education experience
 - ❖ Where did you first learn?
 - ❖ What happened?
 - ❖ Who was there?
 - ❖ What do you remember hearing?
 - ❖ What did you feel?
 - ❖ What part of that is still with you now?

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1-10 how comfortable are you?

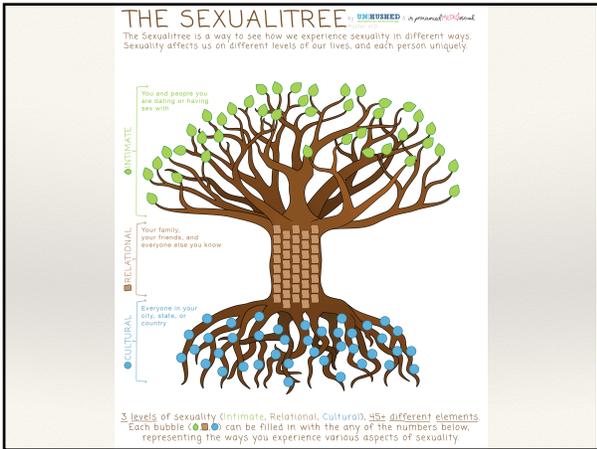
- ❖ Bringing up sexual intimacy with clients
- ❖ Talking about sexual identity and practices
- ❖ Talking about sexual body parts
- ❖ Sitting in your own body

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Sex vs. Gender

- ❖ Not the same thing
 - ❖ Intersex
 - ❖ Trans*
 - ❖ Cis
- ❖ "Sex assigned at birth" is what is often meant
- ❖ Gender is more on a uni-polar spectrum
 - ❖ Expression
 - ❖ Identity
 - ❖ This is an over-simplification

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3 Cultural Messages

- ❖ You are damaged
- ❖ You are diseased
- ❖ You are inadequate (Nagowski, 2015)

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What Makes It Such a Big Deal?

- ❖ Disgust
- ❖ Religion
- ❖ Culture
- ❖ Trauma

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Pt. 2: Sex and the Individual

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Starting Young...

- ❖ Sex doesn't begin with puberty
- ❖ Children engage in sexual play/exploration (66%-80%)
- ❖ Parental response to this play is important
- ❖ Early templates and views on sexuality begin here

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What is Expected?

- ❖ Unplanned
- ❖ Intermittent
- ❖ Consensual
- ❖ Similar age/size
- ❖ Driven by **curiosity**
- ❖ May involve physical touch
- ❖ No ANGER, FEAR, or ANXIETY
- ❖ NOT related to sexual or gender identity

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Rare Sexual Behaviors

- ❖ Touching other children's private area after being told "no"
- ❖ Planning how to touch others sexually
- ❖ Forcing sexual acts with others
- ❖ Asking to engage in sexual acts with others
- ❖ Putting mouth on sex parts
- ❖ Attempting intercourse with a child or adult
- ❖ Inserts finger or object in other's vagina or rectum

*Freidrich et al, (2001) and Freidrich (2002, 2008)

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Resources

- ❖ National Center for the Sexual Behavior of Youth
- ❖ Association for the Treatment of Sexual Abusers
- ❖ National Children's Alliance
- ❖ National Child Traumatic Stress Network

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What About Teens?

- ❖ Developmentally more focused on identity
- ❖ Caught between childhood and adulthood
- ❖ Experiencing puberty

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And Some Stats

THE PERCENTAGE OF HIGH SCHOOL STUDENTS WHO:	2007 <small>Total</small>	2009 <small>Total</small>	2011 <small>Total</small>	2013 <small>Total</small>	2015 <small>Total</small>	2017 <small>Total</small>
Ever had sex	47.8	46.0	47.4	46.8	41.2	39.5
Had four or more lifetime sexual partners	14.9	13.8	15.3	15.0	11.5	9.7
Were currently sexually active	35.0	34.2	33.7	34.0	30.1	28.7
Used a condom during last sexual intercourse ¹	61.5	61.1	60.2	59.1	56.9	53.8
Used effective hormonal birth control ¹	NA	NA	NA	25.3	26.8	29.4
Used a condom and effective hormonal birth control ¹	NA	NA	NA	8.8	8.8	8.8

¹Among students who were currently sexually active

Source: National Youth Risk Behavior Surveys, 2007-2017

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Teens Cont'd

- ❖ Much more can be said
- ❖ Beyond the scope of this talk
- ❖ The developmental aspects are crucial to understand

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Arousal Nonconcordance

- ❖ The degree to which genital response correlates with subjective arousal
- ❖ There is 50% overlap between what a male's genitals respond to as "sexually relevant" and what his brain responds to as "sexually appealing"
- ❖ As opposed to 10% overlap between what a female's genitals respond to as "sexually relevant" and what her brain responds to as "sexually appealing"
- ❖ Therefore, women's genitals are relatively general in what they respond to—highlighting the fact that something can be sexually 'relavent' without being 'appealing' in the least (Nagowski, 2015)

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MYTH-BUSTING

- ❖ MYTH #1:
 - ❖ Genital response=Turned On
- ❖ MYTH #2: Genital response=Enjoying
 - ❖ Perpetuated by patriarchy and "men as default" model of sexuality
 - ❖ Has historically been used to justify rape
 - ❖ Can cause trauma to the sexually abused (Nagasaki, 2015)



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MYTH-BUSTING

- ❖ MYTH #3
- ❖ Nonconcordance is a Problem
 - ❖ It is NOT a problem as long as one can detect (and share when appropriate) what is appealing (even when the genital are not responding)
 - ❖ How to detect? Pay attention to:
 - ❖ Your breath
 - ❖ Muscle tension
 - ❖ Words shared (Nagasaki, 2015)



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On to Adults

❖ "The topic of sex arises in psychotherapy so often because its pleasures are both desirable and forbidden, a conflict that then creates psychological distress, and because sex is so often the vehicle through which we express a range of other feelings and satisfy a host of other needs."

• Bader, Michael J., Arousal (p. 3). St. Martin's Press.

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The Dual Control Model

- ❖ The nervous system (the brain and spinal cord) is made up of a series of partnerships of accelerators and brakes—like the pairing of the sympathetic nervous system (an accelerator) and the parasympathetic nervous system (the brakes)
- ❖ This model is consistent with the brain system that coordinates sex: we each have a sexual “accelerator” and a sexual “brake”
- ❖ These systems are called the “Sexual Excitation System” (SES) & the “Sexual Inhibition System”(SIS) (Nagowski, 2015)

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Sexual Excitation System

- ❖ Sexual Excitation System “SES” is the accelerator of sexual response. It receives information about sexually relevant stimuli in the environment (things seen, heard, smelled, imagined, etc.) and sends signal to the brain to “turn on”
- ❖ The SES is constantly scanning context for things that are sexually relevant
- ❖ The SES is far below the level of consciousness (Nagowski, 2015)

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Sexual Inhibition System

- ❖ There are two “brakes”
- ❖ “Foot Brake”: Notices all potential threat in the environment (that which is seen, heard, smelled, touched, imagined, etc.) and sends a signal to the brain “turn off”!!
- ❖ “Hand Brake”: Very sensitive to perceived personal inadequacies. Even if accelerator is “on”, if the hand brake is on, movement is slow. (Nagowski, 2015)

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“All sexual functioning—and sexual dysfunction—is a balance (or imbalance) between brakes and accelerator.”

 —Dr. Emily Nagowski

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Arousability

- ◆ According to the dual control model, arousal is really two processes: activating the accelerator and deactivating the brakes
- ◆ There is virtually no “innate” sexually relevant stimulus or threat; we learn what to respond to through experience.
- ◆ We each have different levels of sensitivity in our respective SES and SIS, which leads to different levels of arousability and different potentials to become aroused
- ◆ Most individuals have average levels of SES and SIS
- ◆ A sensitive brake (high SIS) regardless of the accelerator, is the strongest predictor of sexual problems of all kinds (Nagowski, 2015)

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Application

- ◆ High Sexual Excitation System (SES): Brain is very sensitive to environment cues
- ◆ Low Sexual Excitation System (SES): Brain is not very sensitive to environmental cues
- ◆ High Sexual Inhibition System (SIS): Brain is very sensitive to danger/insecurity cues within self/environment
- ◆ Low Sexual Inhibition System (SIS): Brain is not sensitive to danger/insecurity cues within self/environment
- ◆ What does High SES and high SIS look like?
- ◆ What does High SES and low SIS look like?
- ◆ What does Low SES and high SIS look like?
- ◆ What does Low SES and low SIS look like? (Nagowski, 2015)

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If you are experiencing sexual difficulties,
here are four relevant questions:

- ❖ How sensitive is your accelerator?
- ❖ What activities your accelerator?
- ❖ How sensitive is your brake?
- ❖ What activates your brake? (Nagowski, 2015)

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- ❖ SIS and SES are traits you're born with and remain more or less stable over your life span
- ❖ However, you are born with a range of potential and your life experiences shape that potential
- ❖ You may not be able to change the mechanism itself, but you can change what the mechanism responds to
- ❖ You can change what your brake considers potential threat and you can reduce those threats
- ❖ You can change what your accelerator considers sexually relevant and you can increase sexually relevant things in your life (Nagowski, 2015)

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Desire!!

- ❖ Cues for female sexual desire
 - ❖ Love/Emotional Bonding Cues: (feeling loved, commitment, protection, special attention)
 - ❖ Explicit/Erotic Cues: Seeing, hearing, feeling, sensing, noticing something sexual in nature in environment or your own or partner's sexual arousal
 - ❖ Visual/Proximity Cues: Observing something (not necessarily sexual in nature) such as well-dressed, humorous, confident, intelligent potential partner
 - ❖ Romantic/Implicit Cue: Sharing (sexual or emotional in nature) intimate experience with potential partner (such as watching a sunset, holding hands, whispering and laughing together) (Nagowski, 2015)

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Desire!!

- ◊ What most impacts the accelerator and the brakes? OR what most turns you "ON" or "OFF"??
- ◊ How I feel about my body
- ◊ Concerns about my reputation
- ◊ Fear of pregnancy
- ◊ Do I feel desired or do I feel used?
- ◊ Does my partner accept my unique style of sexual expression/sexual responses?
- ◊ How do I like my partner's unique style of initiation and his sense of timing?
- ◊ What is my mood in general? (Nagroski, 2015)

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Desire: Studies show what gets women in the mood...

- ◊ Having attractive partner who respects and accepts me
- ◊ Feeling trusting and affectionate
- ◊ Being confident and physically and emotionally healthy
- ◊ Feeling desired and being approached by partner in tender and affectionate way
- ◊ Explicit erotic cues (something seen, heard that is erotic) (Nagroski, 2015)

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Bottom Line from Research:

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Context Matters

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“Context is made of two things: the circumstances of the present moment—whom you’re with, where you are, whether the situation is novel or familiar, risky or safe, etc.—and your brain state in the present moment—whether you’re relaxed or stressed, trusting or not, loving or not—right NOW, in THIS moment.”

–Dr. Emily Nagowski

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“Evidence is mounting that women’s sexual response is more sensitive than men’s to context, including mood and relationship factors, and women vary more from each other in how much such factors influence their sexual response.”

–Dr. Emily Nagowski

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So What About Fantasy?

- ❖ Sexual fantasy is more about solving problems and creating safety
- ❖ Undoes beliefs and feelings interfering with sexual excitement for safety and pleasure
 - ❖ Allows for a space where we aren't going to harm or betray anyone if we are aroused
 - ❖ (It's turning off your brakes and on your gas)

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Fantasy

- ❖ Important to listen for the **function** of the fantasy... what's it doing for the client
- ❖ Fantasy does not equal interest in that activity in real life
 - ❖ i.e. fantasies of group sex or voyeurism do not mean the client is about engage in those behaviors necessarily
- ❖ Pay attention to the emotions that are associated with the fantasy
- ❖ Notice your own reaction to their fantasies

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Erotic Transference

- ❖ Don't freak out
- ❖ Maintain professional boundaries and help the client maintain them
- ❖ Seek consultation or supervision and review your work for mixed messages that could have been sent
- ❖ Document the situation carefully and thoroughly
- ❖ Sexualizing the therapist can be a defense in therapy
- ❖ Refer if necessary

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Part 3: Sex in Relationship

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Stress Response Cycle

- ❖ We respond to stress in an evolutionarily hierarchical way
- ❖ Reach
- ❖ Fight (accelerator response)
- ❖ Flee (accelerator response)
- ❖ Freeze (accelerator/brake response)

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Stress Response Cycle

- ❖ If we experience a modern day "freeze response" of any kind, we leave stagnant intense chemicals locked in our bodies that need releasing
- ❖ Animals in the wild ALWAYS "shake off" intense stress
- ❖ Humans do not
- ❖ Instead they become embedded in their minds and bodies



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We Must Complete The Stress Cycle

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Why Don't We Complete the Stress Response Cycle?

- ❖ We receive many "false positives" in modern life. With much fewer attacking lions (but many more traffic jams and work deadlines)
- ❖ We tend to experience stress that is lower in intensity but longer in duration or "chronic stressors"
- ❖ Our emotion-dismissing culture is not comfortable with feelings in general
- ❖ Our ultrasocial human brains are excellent self-inhibition as a way to be socially acceptable (Nagowski, 2015)

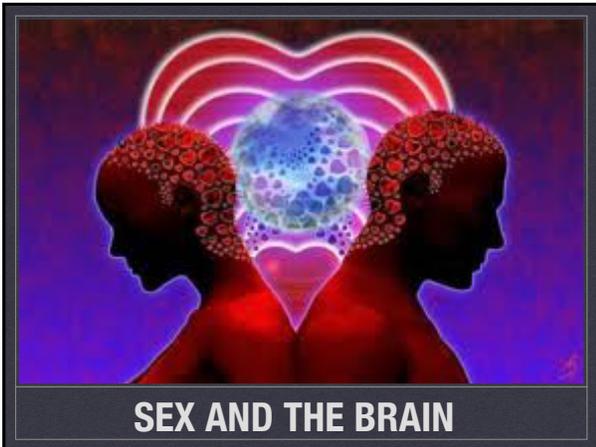


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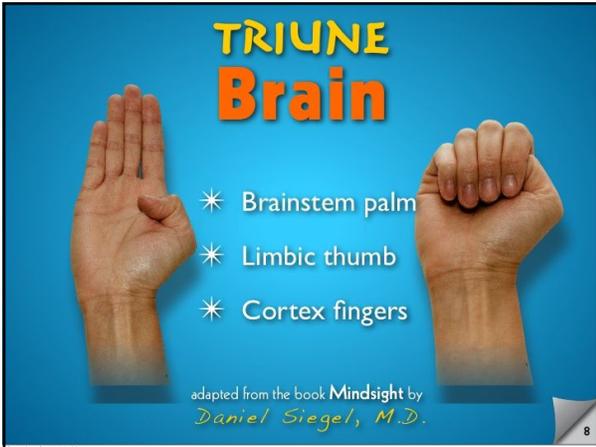
How to Complete the Cycle

- ❖ **Exercise** "physical activity is the single most efficient strategy for completing the stress response cycle and recalibrating your central nervous system into a calm state" —122
- ❖ Relational sharing
- ❖ Emotional Discharge (having a good cry)
- ❖ Progressive muscle relaxation or other mind /mind meditation
- ❖ Body self-care: prepping for the day, massage, getting nails done, etc. (Nagowski, 2015)

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SEXUAL DESIRE AND THE BRAIN

- Sexual desire is the drive that motivates individuals to fantasize about or seek sexual activity
- Sexual desire is mediated through the limbic system or the "FEELING BRAIN"
- This area regulates emotion and encourages the avoidance of painful and aversive stimuli and the repetition of pleasurable experiences
- Sexual desire activates physiological changes in the body, sexual feelings, sensations of extreme pleasure, and sexual memories

—Adams, Favalaro, Dundas, Dillon, Nixon

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SEXUAL AROUSAL AND THE BRAIN

- Sexual arousal is defined as the physiological process that prepares the body for sexual activity
- Sexual arousal is mediated by the limbic system or the "FEELING BRAIN"
- The capacity to experience sexual arousal comes from the "FEELING BRAIN'S" capacity to correctly assess fear and safety of desired other and then proceed accordingly Salu (2013)
- While desire and arousal may sometimes seem simultaneous, desire precedes arousal —Adams, Favalaro, Dundas, Dillon, Nixon

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ENTER: THE THINKING BRAIN

- The Orbital Frontal Cortex mediates the higher cognitive functions of the brain
 - It assesses expectations
 - It makes judgements based on reward and punishment around issues of desire
 - It manages perceptions or memories associated with sexuality
 - These perceptions, the accompanying emotional states, and perceived consequences are then used to modulate sexual desire and consequent physiological arousal
 - Animals without a "thinking brain" have no sexual dysfunction issues because they make no "meaning" around sexuality
 - Human beings are designed to make meaning out of sexuality

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Top-Down Versus Bottom-Up Processing

- If we are allowed to develop an understanding of ourselves as sexual beings from a **low anxiety** paradigm within the frame God's design for sexual expression, then the flow of information can move naturally from the 'bottom up', moving information from the "feeling brain" to the "thinking brain"
- If we develop sexually in states of **higher anxiety**, then information flows from the 'top down', moving information from the "thinking brain" to the "feeling brain"—where multiple meaning frames are superimposed on our brain-body's capacity to experience desire and arousal.
- When distorted meaning frames impose themselves on the thinking brain, it tells the feeling brain what to feel and not to feel and desire and arousal are compromised

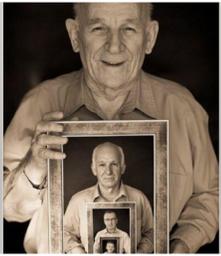
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SEXUAL INTIMACY AND THE ATTACHMENT MODEL

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FOO Attachment Styles

- **Securely Attached child**
 - feels safe enough to go out into the world and explore
 - Can experience connection and separation simultaneously
 - Rejoices in return to reconnect with loved one
 - Ability to 'go away' safely heightens desire to rejoice in reconnection
- **Anxiously Attached child**
 - receives messages that exploratory behavior is not okay
 - Shape-shifts within the relationship to accommodate needs of the caregiver
 - Cannot experience simultaneous separation and connection
 - May go away but does not rejoice in return and reconnection because never really leaves
- **Avoidantly Attached child**
 - receives messages that connection is not important
 - Experiences separation while disowning need or desire to reconnect
 - Leaves and does not return or returns but stays disconnected Eather Ford and Sue Johnson and adapted by Valerie Harstaker



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ATTACHMENT STYLES AND SEXUAL INTIMACY

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SEALED OFF SEX (AVOIDANTLY ATTACHED)

- Practiced by those who do not experience emotional safety
- Goal is to reduce tension, climax, feel good about sexual prowess
- Emotionally aloof, mechanical, outcome oriented (not process oriented)
- Partners feel fundamentally unsafe in vulnerable relationships and being open, deeply seen, known
- When one partner practices this type of sex, the other feels objectified; little genuine connection is taking place Johnson (2013)



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SOLACE SEX (ANXIOUSLY ATTACHED)

- Occurs when partner(s) are seeking reassurance that they are valued and desired
- More emotional involvement than sealed-off sex but the emotion driving the experience is anxiety
- When sex is an 'anti-anxiety pill' it can never be truly erotic
- Partners are often ultra-sensitive to open feedback and the ongoing learning that characterizes healthy couple sexual identity development
- Sex becomes a means of activating attachment fears around safety, acceptability, protection) Johnson (2013)



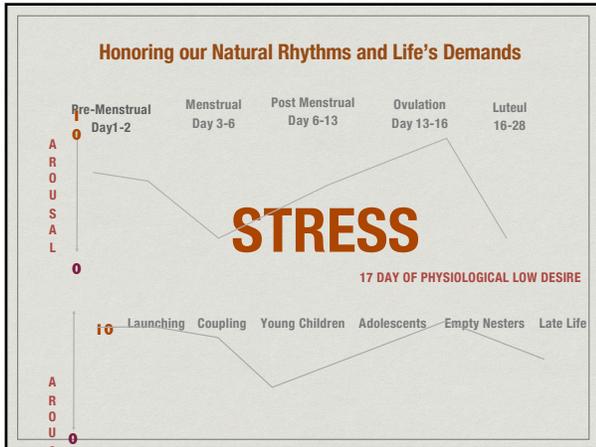
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SYNCHRONOUS SEX (Securely Attached)

- When emotional openness & responsiveness, tender touch, & erotic exploration come together
- Emotional safety & fulfilling sexual intimacy build upon each other
- When partners have the emotional connection that allows them to be playful and tender in one moment and fiery and erotic in another
- Novelty and excitement comes from the 'risk' of being deeply present and open to moment-to-moment here-and-now experiences (rather than novelty seeking in other ways)
- Partners feel low relational anxiety & can "let go"
- They can give & receive feedback openly as they grow together in their couple sexual identity development Johnson (2013)



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Implicit Meanings Attached to Sexuality

- The brain is the human body's most significant and powerful sex organ
- Look at deeply ingrained early American-Puritan-based traditions that emphasize efficiency, performance, and outcome as a measure of success (antithetical to cultivation of desire)
- Look at deeply implicit meaning picked up from family-of-origin and/or the church (that sex is carnal, hedonistic, ungodly; ideas on right to initiate/refuse)
- Look at anxiety associated with what 'turns you on'...the playful and contradictory nature of sexual desire
- Look at past physical and/or sexual trauma and traumatic experiences related to medical procedures of sexual organs
- Look at how each of these meaning constructs are different for each partner and how clashing meanings complicate a vibrant sexual relationship

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Sexuality and Gender

- Women traditionally seen as fundamentally less sexually capable and/or interested—this is a myth
- Women are not less sexual, they are 'differently sexual'—more 'picky' in converting sexual wanting into sexual pursuing (for evolutionary reasons)
- Women's bodies have more erogenous zones—neuron for neuron—then men's bodies
- 15% of women experience spontaneous desire—wanting sex "out of the blue" while 30% experience responsive desire. The rest experience a combination—depending upon context (Nagowski, 2015)

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Sexuality and Gender: Overcoming Mismatches in Desire

- Look at struggles around her self-identifying solely as a caregiver; one in constant 'care giving mode' cannot lay claim to desire and sex becomes another item on the checklist or chore to be done
- Look at manifestations of the 'Cinderella Syndrome'—where both spouses subconsciously collude in 'dumbing down' her competence (in various realms) in the interest of allowing the man to be her 'Prince Charming'...this can be a temptation for both for both partners early on
- Look for shadows of the 'Madonna-Whore Complex' being played out in subtle ways if he struggles with sexually desiring the mother of his children
- Look at shadows of the 'Good-Girl Syndrome' where young women are socialized to be defined by their sexual virtue and then become disoriented when they marry and become sexually active
- Look at differences in sexual templates esp. if sexual history/experience has not developed concurrently or one partner has developed a template around non-relational sexuality

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Sexuality and Gender: Overcoming Mismatches in Desire

- Look at culturally male-centric paradigm that sex=intercourse and the negative potential that this limited paradigm has in long-term female (and thus couple) sexual enjoyment
- 2/3 women don't (can't) climax via intercourse for anatomical reasons
- When offering pre-marital counseling consider 'no intercourse honeymoon' as a non-goal oriented way of female-sensitive sexual initiation...will pay off big time in the long run!
- Cultivate non-intercourse-centric view of sexuality...discuss parts-oriented versus relationship-oriented morality as a way to expand possibilities of sexual experiencing

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Pt 4: When Sex Becomes Pathological

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Overview

- ❖ Is sex addiction a thing?
- ❖ Discussion on pornography and internet use
- ❖ When is a behavior pathological?
- ❖ What can we do?

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Rejected, Proposed DSM Change

- ❖ **Hypersexual Disorder**
 - ❖ A. Over a period of 6 months, recurrent/intense sexual fantasies, urges, and behaviors with 3 or more criteria:
 - ❖ Excessive time consumed repetitively interferes with other goals, activities and obligations
 - ❖ Repetitively engaged in response to dysphoric/negative mood states
 - ❖ Repetitively engaged in response to stressful life events
 - ❖ Repetitive, unsuccessful efforts to control or reduce
 - ❖ Repetitive engagement with disregard for risk of physical/emotional harm to self/others
 - ❖ B. Clinically significant personal distress or impairment in functioning
 - ❖ C. Not due to direct effects of substances or to manic episodes
 - ❖ D. Person is at least 18 years old
- ❖ *Specify if:* Masturbation, pornography, sexual behavior with consenting adults, cybersex, telephone sex, strip club
- ❖ *Specify if:* In remission, or In a Controlled Environment

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A Controversial Topic

- ❖ **CRITICISM:**
 - ❖ There is no scientific evidence for sex addiction
- ❖ **RESPONSE:**
 - ❖ Research on addictive “behaviors” (food, gambling, internet, sex) shows impact on neurotransmission and interactions between cortical and hippocampal circuits & brain reward systems
 - ❖ Virtually every study on addiction (process and chemical—which are essentially both chemical addictions ultimately) has demonstrated atrophy of multiple areas of the brain
 - ❖ In recent study—porn addicts’ brain responses were very similar to those addicted to alcohol and drugs Phillips, Hayash, Hilton (2015)

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A Controversial Topic

- ❖ CRITICISM:
 - ❖ Most scientists have rejected the concept of sex addiction
- ❖ RESPONSE:
 - ❖ Recent studies describe a 'reward deficiency syndrome' that included alcohol, drugs, compulsive behaviors (gambling, food, sex)
 - ❖ Recent neuro-imaging technologies show that many pleasurable activities (gambling, shopping, sex) can co-opt the brain
 - ❖ Studies show that dopamine forms a rut, a line of footprints in the neural flesh. Phillipsa, Hajelab, Hilton (2015)

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A Controversial Topic

- ❖ CRITICISM:
 - ❖ The issue is not sex addiction, but other underlying issues
- ❖ RESPONSE:
 - ❖ This argument focuses on behaviors instead of underlying disease processes that cause these behaviors.
 - ❖ Those who focus on personality disorders as a cause of sex addiction add stigma and marginalization to this struggle. Phillipsa, Hajelab, Hilton (2015)

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A Controversial Topic

- ❖ CRITICISM:
 - ❖ There is no unifying definition or diagnostic criteria for sex addiction
- ❖ RESPONSE:
 - ❖ Although there is still disagreement about nomenclature, researchers across several perspectives are relatively consistent about the common description of sex addiction as a phenomenon
 - ❖ From an atheoretic perspective, there is consensus on behaviors and experiences of those with this constellation of symptoms. Phillipsa, Hajelab, Hilton (2015)

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A Controversial Topic

- ❖ CRITICISM:
 - ❖ Sex addiction is a lucrative and unregulated industry
- ❖ RESPONSE:
 - ❖ The sex industry is an enormously lucrative and unregulated industry pouring more money into the production of material than the health care industry could begin to spend in education in prevention or recovery. Phillipsa, Hajelab, Hilton (2015)

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A Controversial Topic

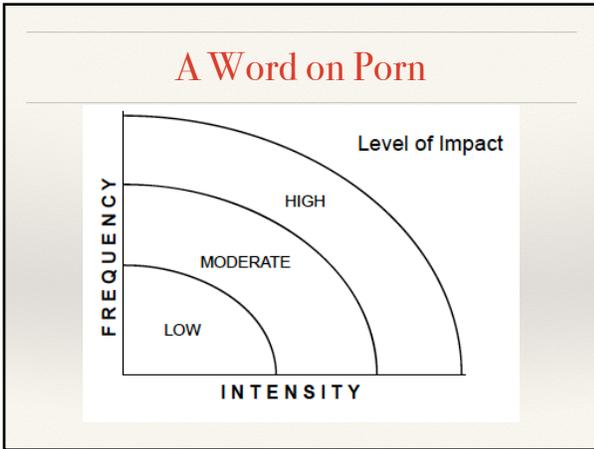
- ❖ CRITICISM:
 - ❖ Calling sex addiction a disease serves as an excuse for bad behavior and takes away personal responsibility
- ❖ RESPONSE:
 - ❖ This diagnosis gives those involved an understanding of biological, emotional, spiritual, and relational impact of addiction in order to take action
 - ❖ Heightened understanding of brain dysfunction in brain reward, motivation, memory, and related circuitry that impacts natural rewards (primarily food and sex) can motivate addicts to do the very hard work to get through recovery Phillipsa, Hajelab, Hilton (2015)

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A Word on Porn

- ❖ A recent study found the main predictor of loneliness was time spent viewing internet porn - adults
- ❖ Second highest predictor was non-sexual internet use
 - ❖ This data is similar to findings with teens
- ❖ Porn site visitors have been found to be 72% male and 28% female

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Paraphilic Disorders in DSM 5

- ❖ Generally considered more socially deviant in comparison to paraphilic-related disorders and can include illegal behaviors
- ❖ Recognition that “deviant” is subject to social, religious, and scientific traditions
- ❖ Includes voyeurism, frotteurism, exhibitionism, sadism, masochism, pedophilia, fetishes, transvestic disorder, NOS
- ❖ Others exist but are not specifically listed due to their lower prevalence

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Paraphilic-Related Disorders

- ❖ Compulsive masturbation (*70%)
- ❖ Pornography (10% admit to addiction; *50% of clinical sample)
- ❖ Protracted Promiscuity (*50%)
- ❖ Telephone sex (*25%)
- ❖ Cybersex (20% of those in treatment for PRD)
- ❖ Severe sexual desire incompatibility (*12%)
- ❖ PRD NOS

*Percentages are of a clinical sample

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Teens and the Internet

- ❖ The **average** age of porn exposure online is **11**
- ❖ Compulsive porn use is growing
- ❖ Youths are sending and receiving nude photographs more
- ❖ More and more sexual offenses are occurring digitally with little research to guide policy and treatment

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When Do I Refer?

- ❖ Competence
 - ❖ Yours
 - ❖ Your supervisors or consultation partners
- ❖ Safety
 - ❖ Client
 - ❖ Community

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Offense vs Abuse

- ❖ Offense: More legal term defined by state or local laws
- ❖ Abuse: Clinical term that allows for the **subjective experience** of the participants
 - ❖ Consent - More than just "yes"
 - ❖ Coercion - More than just force

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CLASSIC SEX ADDICTION VERSUS CONTEMPORARY SEX ADDICTION

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**CLASSIC SEXUAL ADDICTION
IS AN INTIMACY DISORDER**

- 97% of those who struggle with sexual addiction issues were in some way emotionally neglected as children
- Those who struggle with intimacy almost always were raised in homes where a full range of emotion were not 'allowed'
- In these home environments, children learn that their pain cannot be soothed relationally
- When in pain, they learn to further isolate themselves and find ways to sooth themselves non-rationally when experiencing any intense negative emotion



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CLASSIC SEX ADDICTION

OFTEN CORRELATED WITH:

- A history of abuse
- Insecure attachment patterns
- Disordered impulse control
- Cross-addictions
- Gradual Onset
- An attempted "solution" to co-morbid mood disorders such as anxiety and depression

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Shame and a profound sense of worthlessness are among the toxic emotions that have been observed to both catalyze and maintain patterns of classic sexual addiction.

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addiction is not about the pleasurable effects of substances, it's about the user's inability to connect in healthy ways with other human beings.

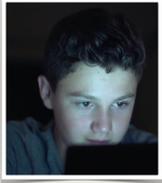
89

In other words, addiction is not a substance disorder, it's a social disorder

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**CONTEMPORARY SEX ADDICTION:
AN OUTCOME OF THE INUNDATION
OF FLESH MEDIA ONLINE**

- Has emerged in the wake of explosive growth of internet flesh-media content
- This is more of a 'rapid onset' addiction characterized by chronicity, content, and culture (or one's *chronic* exposure to sexually explicit *content* available in our current *culture*)
- This exposure disrupts normal neurochemical, sexual, emotional, and social development particularly when occurring in early developmental process
- Chronicity and content interact with and contribute to rapidly changing cultural sexual norms trending towards virtual and non-relational sex Riimmersma & Sytsma (2013)



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bid mood disorders, attachment ruptures, and c

—Riimmersma & Sytsma (2013)

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ily accessible content creates addictive patterns

—Riimmersma & Sytsma (2013)

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“CLASSIC” TREATMENT

- Family of origin work
- Attachment work
- Trauma resolution work Riemersma & Sytsma (2013)

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“CONTEMPORARY” TREATMENT

- EDUCATION EDUCATION EDUCATION
- Prevention
- Early intervention (to promote neurochemical reprogramming)
- Social and emotional skills training Riemersma & Sytsma (2013)

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Protocol for Working with Sex Addicts

- ❖ Pre-Intake: 9 course series on sexual health (valeriehamaker.com look under ‘online education’ tab)
- ❖ Intake: learn about individual and/or couple
- ❖ Assess if classic or contemporary addiction (follow protocol accordingly)
- ❖ Sexual history timeline
- ❖ (ongoing) Assess partner and work with him/her accordingly

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Protocol for Working with Sex Addicts

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- ◊ Sexual history timeline
- ◊ Assess if classic or contemporary addiction (follow protocol accordingly)
 - ◊ If classic presentation—developmental trauma history therapy, ongoing attachment work with spouse, ongoing emotion focused work
 - ◊ If contemporary presentation—systems work, education, education, education, assess depth of symptoms around social struggles, anxiety, depression, working through addiction cycle, understanding of neuro of the brain

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Healthy Sex following Addiction recovery

- ◊ (Ongoing) Assess partner and work with him/her accordingly
- ◊ (If needed) Full disclosure to partner
- ◊ Emphasis on group work (SA, SAA, Celebrate Recovery) and getting a sponsor
- ◊ Ongoing follow up and individual and couples work

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The Path to Sexual Healing

- ◊ Addicted Sex
- ◊ Healthy Sex
- ◊ Intimate Sex
- ◊ Erotic Sex
- ◊ Spiritual Sex Katehakis (2010)



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Components of Addicted Sex

- ❖ Originates from shame-based sexuality
- ❖ Takes advantage of others
- ❖ Compromises ones integrity
- ❖ Confuses intensity for intimacy
- ❖ Reenacts trauma and cements arousal patterns in the brain
- ❖ Requires a level of dissociation
- ❖ Is organized around past and future (recall/fantasy...NOT present)
- ❖ Relies on self-loathing and self-self-destruction Katehakis (2010)

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Components of Addicted Sex

- ❖ Seeks power and control
- ❖ Is covert and manipulative
- ❖ Serves to avoid feelings at all costs
- ❖ Is fraudulent
- ❖ Creates tolerance that requires more stimulation
- ❖ Requires compartmentalization
- ❖ Is rigid and routine
- ❖ Is without meaning and devoid of eroticism or spiritual connection (dissociated from all potential) Katehakis (2010)

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Components of Healthy Sex

- ❖ Deepens a sense of self & embraces one's erotic nature
- ❖ Is mutually respectful and honoring
- ❖ Reinforces a congruent self of self
- ❖ Recognizes vulnerability as the road to intimacy, intensity, eroticism
- ❖ Allows for exploration, making meaning of sexual expression, rewiring the brain
- ❖ Requires to stay deeply in one's body
- ❖ Demands presence and relationality
- ❖ Relies on self-love and nurturance Katehakis (2010)

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Components of Healthy Sex

- ❖ Seeks surrender and vulnerability
- ❖ Is direct and requires risk taking
- ❖ Requires willingness to feel deeply
- ❖ Demands honesty and creates congruence
- ❖ Requires self-confrontation for growth
- ❖ Demands truth and authenticity
- ❖ Is joyous, a celebration of life, partnership, one's spirituality
- ❖ Creates meaning and embraces one's erotic nature as pathway to spirituality. Katehakis (2010)

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Vulnerability is the path to Intimacy and Eroticism

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Intimate Sex...

- ❖ Creating space for closeness so that you can see and be seen
- ❖ Intimacy and love becomes a choice because one is no longer driven by chemical high of falling in love or chasing an orgasm
- ❖ Emphasis is on choosing and being chosen
- ❖ Fully present with self and partner—no more hiding, dissociating
- ❖ Willing to be vulnerable, surrender, relax into close, personal, cherished feelings as you prepare for erotic potential without shame.
- ❖ Relies in self-love, nurturance, and willingness to feel deeply
- ❖ Trust is intense enough to feel as if emotional protection is not necessary Katehakis (2010)

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As you move from intimate sex into erotic sex, you include each facet of the stage. Each stage includes and transcends the previous stage, creating richness, depth, and texture to your life story. Karshaki (2010)

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Erotic Sex...

- ◆ Is a natural outgrowth of intimate sex
- ◆ Refers to the intention to arouse sexual desire in oneself and the other
- ◆ Sex becomes erotic when one is able to truly 'lose oneself' in the deep connection with the other
- ◆ Its a place where you go together, not a thing that you do together
- ◆ Is an intensely focused state of mind that translates into sexual play with ones partner
- ◆ Is the result of ones taking ownership of their own sexual development—interests, preferences, curiosities, creativity
- ◆ Is allowed to ebb and flow and cannot be forced, only invited
- ◆ Arrives as a result of intentions, willingness to be open, and desire. Karshaki (2010)

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Spiritual Sex...

- ◆ Is the accepting of one another in partnership and using sexuality as a sacred means of fulfilling and expressing oneself
- ◆ Can give the partnership the sense that they are connecting to something larger than themselves or their partner and can merge into a union that is larger than the sum of their own respective hearts/ minds/ bodies
- ◆ Entails a union of consciousness meeting consciousness—an unbounded wholeness that is no longer personal yet deeply personal because in this state one touches that heavens through their partner
- ◆ Is the ultimate embodied celebration of two spiritual beings sharing a human experience. Karshaki (2010)

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What is the foundation of this?

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Attachment and Autonomy

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Successful infant and childhood attachment allows for neural co-regulation to transition into adolescent and adult auto-regulation skills Karhunen (2010)

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