



Hypersexual Disorder

Seminar: Contemporary Trends in Addiction

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Definition

- Hypersexual Disorder, is defined by the Mayo Clinic as “an obsession with sexual thoughts, feelings or behaviors that affects your health, job, relationships or other parts of your life for a period of at least six months .”
- Sometimes called compulsive sexual behavior, hyper-sexuality, nymphomania or sexual addiction
- Compulsive sexual behavior can occur in both men and women, however more common in men
- It affects anyone regardless of sexual preference (Heterosexual, homosexual or bisexual)

(Mayo Clinic, 2010)

- <http://www.youtube.com/watch?v=3GhiSj6n5ck>

Warning Signs

- Having multiple sexual partners or extramarital affairs
- Having sex with anonymous partners or prostitutes
- Avoiding emotional involvement in sexual relationships
- Engaging in excessive masturbation
- Frequently using pornographic materials
- Having a fixation on an unattainable sex partner
- Visiting sexually explicit Internet sites or services

(Mayo Clinic, 2010)

- http://article.wn.com/view/2012/10/26/Proposed_criteria_for_sexual_hypersexual_disorder/ (1:35)

Paraphilias and the DSM-V

The 'Rationale' page of any paraphilia in the electronic DSM-V draft continues: "This approach leaves intact the distinction between normative and non-normative sexual behavior, which could be important to researchers, but without automatically labeling non-normative sexual behavior as psychopathological. It also eliminates certain logical absurdities in the DSM-IV-TR. In that version, for example, a man cannot be classified as a transvestite—however much he cross-dresses and however sexually exciting that is to him—unless he is unhappy about this activity or impaired by it. This change in viewpoint would be reflected in the diagnostic criteria sets by the addition of the word "Disorder" to all the paraphilias. Thus, Sexual Sadism would become Sexual Sadism Disorder; Sexual Masochism would become Sexual Masochism Disorder, and so on.

(Wikipedia, 2012)

Behavior Symptoms

- A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, or sexual behaviors in association with 3 or more of the following 5 criteria:
 - A1. Time consumed by sexual fantasies, urges or behaviors repetitively interferes with other important (non-sexual) goals, activities and obligations.
 - A2. Repetitively engaging in sexual fantasies, urges or behaviors in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).
 - A3. Repetitively engaging in sexual fantasies, urges or behaviors in response to stressful life events.
 - A4. Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges or behaviors.
 - A5. Repetitively engaging in sexual behaviors while disregarding the risk for physical or emotional harm to self or others.
- B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges or behaviors.
- C. These sexual fantasies, urges or behaviors are not due to the direct physiological effect of an exogenous substance (e.g., a drug of abuse or a medication)
- (Kafka, 2009)

Causes

- It's unclear what causes compulsive sexual behavior. Causes may include
- **An imbalance of natural brain chemicals**- High levels of certain chemicals in your brain (neurotransmitters) such as serotonin, dopamine and norepinephrine may be related to compulsive sexual behavior. These brain chemicals also help regulate your mood.
- **Sex hormone levels**- Androgens are sex hormones that occur naturally in both men and women.
- **Conditions that affect the brain**- Certain diseases or health problems may cause damage to parts of the brain that affect sexual behavior.
- **Changes in brain pathways**- Changes may cause pleasant reactions by engaging in sexual behavior and unpleasant reactions when the behavior is stopped.

APA and DSM

- **(DSM-III-R)** added the concept of sexual addiction for the first time as a specific description to be utilized under the more general diagnosis of sexual disorders-not otherwise specified.
- Subsequent versions of the manual **(DSM-IV and DSM-IV-TR)** retracted the term due to “insufficient research” and “lack of expert consensus.”
- Hypersexual Disorder is proposed as a new psychiatric disorder for consideration in the Sexual Disorders section for **DSM-V**.
- The APA, in its work on the 2013 DSM-V and well aware of these rising concerns, offered a potential DSM-V diagnosis called “hypersexual disorder,” and in so doing sought current research data and a review of the issue. The diagnosis is likely to be initially placed in the appendix (under potential diagnoses requiring further research).

(Wikipedia, 2012)

Proposed Revision to DSM

- A. Over a period of at least 6 months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more of the following five criteria:
- (1) excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior
- (2) repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphonic mood states (e.g., anxiety, depression, boredom, irritability)
- (3) repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events
- (4) repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior
- (5) repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others

Proposed Revision to DSM-Cont.

- B. There is clinically significant distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior.
- C. These sexual fantasies, urges, and behavior are not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications), a co-occurring general medical condition or to Manic Episodes.
- D. The individual is at least 18 years of age.

www.dsm5.org, 2012)

Treatments/ Medications

- Psychodynamic psychotherapy
- Cognitive behavioral therapy
- Group therapy
- Family therapy or marriage counseling
- Antidepressants
- Mood stabilizers- generally used to treat bipolar disorder, but may reduce uncontrolled sexual urges.
- Naltrexone (ReVia)- generally used to treat alcoholism and blocks the part of your brain that feels pleasure with certain addictive behaviors.
- Anti-androgens- medications reduce the biological effects of sex hormones (androgens)
- Luteinizing hormone-releasing hormone (LHRH)- reduce obsessive sexual thoughts by reducing the production of testosterone.
- 12 steps program (SAA, for example)
- Sex Rehab

(Mayo Clinic, 2010)

- <http://www.youtube.com/watch?v=M2JwyxqJetw> (6:18)

SAA-Sex Addicts Anonymous

- We admitted we were powerless over love, romance, fantasies and relationships—that our lives had become unmanageable.
- Came to believe that a Power greater than ourselves could restore us to sanity.
- Made a decision to turn our will and our lives over to the care of God as we understood God.
- Made a searching and fearless moral inventory of ourselves.
- Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- Were entirely ready to have God remove all these defects of character.
- Humbly asked God to remove our shortcomings.
- Made a list of all persons we had harmed, and became willing to make amends to them all.
- Made direct amends to such people wherever possible, except when to do so would injure them or others.
- Continued to take personal inventory and when we were wrong promptly admitted it.
- Sought through prayer and meditation to improve our conscious contact with God as we understood God, praying only for knowledge of God's will for us and the power to carry that out.
- Having had a spiritual awakening as the result of these Steps, we tried to carry this message to others, and to practice these principles in all our affairs.



DO I HAVE A **SEX** ADDICTION?

Analysis of Hypersexual Disorder

- Using compulsive behavior as an escape from other problems, such as loneliness, depression, anxiety or stress.
- The sexual behavior is excessive
- Action feels as if it is beyond one's control (Loss of control)
- The behavior carries with it a high risk of negative consequences (STD, loss of relationship, trouble at work, or legal problems)
- Uncontrollable behavior persists even after negative consequences occur
- Inability to engage in the behavior will be associated with visible signs of distress

Addiction or Not?

- Hypersexual Disorder is of course different than traditional addiction to drugs and alcohol because it is a behavioral addiction that does not include a physical dependence on substances.
- However, I do believe that when sex becomes a preoccupation to the point where it interferes with daily activities and normal social functioning, it can be called an addiction or compulsivity.
- These sex addicts often use sex to forget about or escape from their problems, rather than to simply enjoy the act itself. Also, like other addictions such as drugs and alcohol, it can be treated with appropriate rehabilitation programs.
- But do people overly misuse this word? DEFINITELY! Sex Drives varies widely in humans, and what one person would consider a "normal" sex drive might be considered excessive by some, and low by others.

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