Fame and Performance

Patrick J. Carnes, Ph.D.
Idaho Senator Larry Craig Resigns

- **MONDAY, SEPTEMBER 03, 2007**
- **WASHINGTON — IDAHO SEN. LARRY CRAIG RESIGNED FROM HIS REPUBLICAN SENATE SEAT SATURDAY, BOWING TO PRESSURE FROM REPUBLICANS TO STEP DOWN AFTER HIS ARREST AND GUILTY PLEA IN A SEX SCANDAL.**
- **THE THREE-TERM REPUBLICAN SENATOR DID NOT ADMIT WRONGDOING, BUT APOLOGIZED FOR BEING UNABLE TO SERVE THE REST OF HIS TERM TO PURSUE LEGAL OPTIONS.**
- **FOX NEWS' MAJOR GARRETT AND THE ASSOCIATED PRESS CONTRIBUTED TO THIS REPORT.**
Amid allegations, Haggard steps aside

By Rocky Mountain News
November 2, 2006

COLORADO SPRINGS — The Rev. Ted Haggard stepped aside as senior pastor of the 14,000-member New Life Church and resigned today as president of the National Association of Evangelicals amid allegations by a former gay male escort that the two had a three-year sexual relationship.

Rev. Ted Haggard of New Life Church in Colorado Springs, shown in this file photo, is temporarily stepping down amid allegations he had a three-year sexual relationship with a gay male who is a former escort. The charges come on the eve of Colorado voting on two ballot issues relating to gay marriage.
Rep. Foley Quits In Page Scandal

By Charles Babington and Jonathan Weisman

Washington Post Staff Writers
Saturday, September 30, 2006; Page A01

Six-term Rep. Mark Foley (R-Fla.) resigned yesterday amid reports that he had sent sexually explicit Internet messages to at least one underage male former page.

Foley, who was considered likely to win reelection this fall, said in a three-sentence letter of resignation: "I am deeply sorry and I apologize for letting down my family and the people of Florida I have had the privilege to represent."

Explicit Online Notes Sent to Boy, 16
I'll tell you what worries me about Obama's new status...

As the first black Kennedy, he'll be held to a very different standard than a white Kennedy!

He'll have to offer twice as much hope as a white Kennedy, twice the charisma!

And half the flaws.

Right! Sex addiction is so off the table!
DAN BROWN

author of
THE DA VINCI CODE

of novel

The
LOST SYMBOL

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Self-Reported and Perceived Problem Prevalence

• Perceptions of the percentage of adults who experienced each problem in the past year were consistently higher than self-reported past year problems.

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Most participants felt that Alberta needs some more services for people with addictive behaviour problems.

The greatest agreement that more treatment is needed was found for sex, cocaine, and work problems.
Experts

What addiction is
- Neurobiologically-based
- Impaired rational decision-making

What causes addiction
- Gene-environment interaction

Intervention
- Quality matters
- Early in development
- Long-term

Responsibility
- Neurobiological systems

Public

1. Definitional Focus
2. Causational Process
3. How Development Happens
4. Where the Processes Occur

What addiction is
- Foreign chemical
- Internal “need” response

What causes addiction
- Derailed development
- Proximate triggers
- Continuum of control
- Substances too addictive
- Damage done
- Will power

Intervention
- Focus on development
- Address root causes
- Community/society/govt.
- Address environment
- Root cause beyond repair
- Long-term
- Gradual weaning
- Early
- Discipline required

Responsibility
- Not addict
- Addict

Intervention Approach

1. Developmental Focus
2. Importance of Control
3. Early Matters
4. Definitional Ambiguity
5. Responsibility
6. Potential for Change
Sex Addiction

• Fits the criteria for addiction
## Diagnostic Criteria and Patient Initial and Long-Term Treatment Who Fit These Criteria (See 18.4 Sexual Addiction)

<table>
<thead>
<tr>
<th>Diagnostic Criteria</th>
<th>Initial Treatment %</th>
<th>Long-Term Duration %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recurrent failure (pattern) to resist impulses to engage in specific sexual behavior.</td>
<td>73</td>
<td>94</td>
</tr>
<tr>
<td>Frequent engaging in those behaviors to a greater extent or over a longer period of time than intended.</td>
<td>66</td>
<td>93</td>
</tr>
<tr>
<td>Persistent desire or unsuccessful efforts to stop, reduce, or control those behaviors.</td>
<td>67</td>
<td>88</td>
</tr>
<tr>
<td>Inordinate amount of time spent in obtaining sex, being sexual, or recovering from sexual experience.</td>
<td>58</td>
<td>94</td>
</tr>
<tr>
<td>Preoccupation with the behavior or preparatory activities.</td>
<td>37</td>
<td>77</td>
</tr>
<tr>
<td>Frequent engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligations.</td>
<td>52</td>
<td>87</td>
</tr>
<tr>
<td>Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior.</td>
<td>63</td>
<td>85</td>
</tr>
<tr>
<td>Need to increase the intensity, frequency, number, or risk of behaviors to achieve the desired effect, or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk.</td>
<td>36</td>
<td>74</td>
</tr>
<tr>
<td>Giving up or limiting social, occupational, or recreational activities because of the behavior.</td>
<td>51</td>
<td>87</td>
</tr>
<tr>
<td>Distress, anxiety, restlessness, or irritability if unable to engage in the behavior.</td>
<td>55</td>
<td>98</td>
</tr>
</tbody>
</table>
Diagnostic Criteria Fit
N = 4147

• Participants less than three = 15 – 24 %
• Population Mean = 5.4
• Average outpatient = 5.3
• Average inpatient = 6.5
Outpatients

Mean = 5.31
Std. Dev. = 3.296
N = 4,147
Inpatients

Mean = 6.53
Std. Dev. = 3.228
N = 345
I took the SAST online because...

- I have no concerns about my sexual behavior but am curious how I would score.
- I have no concerns about my sexual behavior but others are concerned.
- I am having problems with my sexual behavior but do not consider myself a "sex addict".
- I know I am a sex addict.
- I have sought therapy because of my sexual problems.

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No concerns</td>
<td>100,964</td>
</tr>
<tr>
<td>Others concerned</td>
<td>18,076</td>
</tr>
<tr>
<td>Problems, but</td>
<td>72,729</td>
</tr>
<tr>
<td>I am a sex addict</td>
<td>26,148</td>
</tr>
<tr>
<td>Sought therapy</td>
<td>9,622</td>
</tr>
<tr>
<td>Total</td>
<td>227,539*</td>
</tr>
</tbody>
</table>

*Some respondents said yes to more than one option ("I know I am a sex addict" and "I have sought therapy...), for example) so the total is greater than the number of actual participants (207,859).
Note. The clinical cutoff for the SAST Core is 6.
Development of the PATHOS

- Super short (6-item) screener modeled on the CAGE alcohol abuse screener for medical setting use
  - Have you ever felt you should **Cut** down on your drinking?
  - Have people **Annoyed** you by criticizing your drinking?
  - Have you ever felt bad or **Guilty** about your drinking?
  - Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye opener**)?
Development of the PATHOS

- **P**reoccupied – Do you often find yourself preoccupied with sexual thoughts?
- **A**shamed – Do you hide some of your sexual behavior from others?
- **T**reatment – Have you ever sought therapy for sexual behavior you did not like?
- **H**urt others – Has anyone been hurt emotionally because of your sexual behavior?
- **O**ut of control – Do you feel controlled by your sexual desire?
- **S**ad – When you have sex, do you feel depressed afterwards? (all items from the SAST Core scale)
Pathos Results - Men

• Pathos will correctly categorize clinical and non-clinical cases in men 85% of the time
• If a patient endorses 2 items...
  – Capture 82% of positive cases
  – Incorrectly categorize 30% as false positives
• Acceptable to have some false positives in a screening instrument
Pathos Results - Women

• Pathos will correctly categorize clinical and non-clinical cases 81% of the time
• If a patient endorses 2 items...
  – Capture 78% of positive cases
  – Incorrectly categorize 33% as false positives
• A little less sensitivity and specificity with smaller sample
Sex Addiction Hypothesis

• Fits the criteria for addiction
• Partially fits the compulsion framework
Sex Addiction Hypothesis

• Fits the criteria for addiction
• Partially fits the compulsion framework
• Differentiates from other mental health issues
# The New SDI Map

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Fantasy Sex</td>
<td>Fantasy Sex</td>
<td>Fantasy Sex</td>
<td>Eroticized Rage &amp; Subscales:</td>
</tr>
<tr>
<td>Seductive Role Sex</td>
<td>Seductive Role Sex</td>
<td>Seductive Role Sex</td>
<td>Eroticized Rage</td>
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<tr>
<td>Voyeuristic</td>
<td>Voyeuristic</td>
<td>Voyeurism</td>
<td>Overt Invasion</td>
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<tr>
<td>Exhibitionism</td>
<td>Exhibitionism</td>
<td>Exhibitionism</td>
<td>Covert Invasion</td>
</tr>
<tr>
<td>Intrusive</td>
<td>Intrusive</td>
<td>Intrusive</td>
<td>Boundary Invasion</td>
</tr>
<tr>
<td>Paying</td>
<td>Paying</td>
<td>Paying (Commercial)</td>
<td>Entitlement</td>
</tr>
<tr>
<td>Trading</td>
<td>Trading</td>
<td>Trading</td>
<td>Preoccupation Scales:</td>
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<td>Anonymous</td>
<td>Anonymous</td>
<td>Anonymous</td>
<td>Preoccupied Personal</td>
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<td>Pain Exchange</td>
<td>Pain Exchange</td>
<td>Pain Exchange</td>
<td>Preoccupied Relational</td>
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<td>Sex with Children</td>
<td>Exploitation of the Vulnerable</td>
<td>Exploitation</td>
<td>Preoccupied Isolated</td>
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<tr>
<td></td>
<td></td>
<td>Exploitation: Trust</td>
<td>Preoccupied Public Anonymous</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exploitation: Children</td>
<td>Preoccupied Online Anonymous</td>
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<td></td>
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<td>Exploitation: Force</td>
<td>Preoccupied Sadomasochism</td>
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<tr>
<td></td>
<td></td>
<td>Object Sex</td>
<td>Preoccupied Financial</td>
</tr>
<tr>
<td></td>
<td>Drug Interaction</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Masturbation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paraphilias/Special Items</td>
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</table>

1. Modified
2. New
## Components 1 and 2

<table>
<thead>
<tr>
<th>Hostile/Aggressive/Pain</th>
<th>Preoccupied/Indiscriminant</th>
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<tbody>
<tr>
<td>Masturbation Beh.</td>
<td>Internet Sex Beh.</td>
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<tr>
<td>Reverse Invasion ER Clin.</td>
<td>Trading Sex Beh.</td>
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<td>Object Sex Beh.</td>
<td>Paying Commercial Beh.</td>
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<td>Pain Exchange Beh.</td>
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<tr>
<td>Drug interaction Beh.</td>
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<td>Anonymous Beh.</td>
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<tr>
<td>Boundary Violation ER Clin.</td>
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<tr>
<td>Exploitive Force Beh.</td>
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</table>

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Components 3 and 4

<table>
<thead>
<tr>
<th>Abuse of Trust or Power</th>
<th>Isolated/Predatory</th>
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<tr>
<td>Exploitive Trust Beh.</td>
<td>Overt Invasion ER Clin.</td>
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<td>Seductive Role Sex Beh.</td>
<td>Exploitive Child Beh.</td>
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<td>.808</td>
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<td>.728</td>
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<td>.711</td>
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<td></td>
<td>.706</td>
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<tr>
<td>Intrusive Sex Beh.</td>
<td>Fantasy Beh.</td>
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<td></td>
<td>.568</td>
</tr>
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<td></td>
<td>.492</td>
</tr>
</tbody>
</table>
The Black Hole—Addiction Interaction

Substances
- alcohol
- cocaine
- amphetamines
- tobacco
- depressants

Processes/Appetites
- food
- sex and love
- work
- money
- exercise

Core Affect States
- despair
- intensity/risk
- self-loathing
- shame
- misery
- rage

Relationships
- co-dependency
- co-sex addiction
- traumatic bonding
- love addiction
- romance/limerence

©2004 The Black Hole - Addiction Interaction, Dr. Patrick Carnes, Ph.D.
Interaction

- Substances
- Processes
- Affect
- Attachment

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Processes

Food  Sex  Money  Work
Sex Addiction
Sex Addiction: Anger

- Eroticized Rage
- Conquest
Sex Addiction: Power

Conquest

Antisocial

POWER

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Sex Addiction: The Four Clouds

- Eroticized Rage
- Reward Center
- Conquest
- Antisocial
Four Clouds Of Sex Addiction

Sex Addiction

Addiction Interaction

Conquest

Eroticized

Rage

Reward

Center

Antisocial

Affect

Attachment

Substances

Processes

© 2010, P.J. Carnes
“The addictive dependence on feelings of pain…”

Alice Miller, The Drama of the Gifted Child
## Sex Addiction Factors predicted by MMPI-2-RF Higher-Order Scales

<table>
<thead>
<tr>
<th>SDI-R Factor</th>
<th>R</th>
<th>MMPI-2-RF H-O Scale Predictors</th>
<th>Beta</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive/Hostile/Pain</td>
<td>.406</td>
<td>EID</td>
<td>.129</td>
<td>p = .06 (marginal)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BXD</td>
<td>.354</td>
<td>P &lt; .001</td>
</tr>
<tr>
<td>Preoccupied/Indiscriminant</td>
<td>.272</td>
<td>BXD</td>
<td>.228</td>
<td>p &lt; .01</td>
</tr>
<tr>
<td>Abuse of Trust or Power</td>
<td>.293</td>
<td>BXD</td>
<td>.257</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td>Isolated/Predatory</td>
<td>.471</td>
<td>EID</td>
<td>.240</td>
<td>p &lt; .001</td>
</tr>
<tr>
<td></td>
<td></td>
<td>BXD</td>
<td>.368</td>
<td>p &lt; .001</td>
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</tbody>
</table>
## Sex Addiction Factors predicted by MMPI-2-RF Specific Problems (SP) Scales

<table>
<thead>
<tr>
<th>SDI-R Factor</th>
<th>R</th>
<th>MMPI-2-RF SP Scale Predictors</th>
<th>Beta</th>
<th>Significance</th>
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<tbody>
<tr>
<td>Aggressive/Hostile/Pain</td>
<td>.458</td>
<td>JCP</td>
<td>.186</td>
<td>p &lt; .01</td>
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<td></td>
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<td>SUB</td>
<td>.149</td>
<td>p &lt; .05</td>
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<tr>
<td></td>
<td></td>
<td>ACT</td>
<td>.163</td>
<td>p &lt; .05</td>
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<tr>
<td></td>
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<td>STW</td>
<td>.210</td>
<td>p &lt; .05</td>
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<tr>
<td>Preoccupied/Indiscriminant</td>
<td>.225</td>
<td>SUB</td>
<td>.134</td>
<td>p = .059 (marginal)</td>
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<tr>
<td></td>
<td></td>
<td>AGG</td>
<td>.136</td>
<td>p = .085 (marginal)</td>
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</table>
Sex Addiction Factors predicted by MMPI-2-RF Higher-Order Scales

<table>
<thead>
<tr>
<th>SDI-R Factor</th>
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<td>p &lt; .001</td>
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<td></td>
<td></td>
<td>BXD</td>
<td>.368</td>
<td>p &lt; .001</td>
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</tbody>
</table>
Addiction Foundations

- Brain Disease
- Maladaptive Response to Stress
- Attachment etiology
- Process Addictions
A unified framework for addiction: Vulnerabilities in the decision process

Abstract: The understanding of decision-making systems has come together in recent years to form a unified theory of decision-making systems. This unified decision-making system has multiple potential states, with each state corresponding to a different state transition. When a system is in a particular state, it can be driven to make decisions that are consistent with these states. When a system is in another state, it can be driven to make decisions that are inconsistent with these states. This leads to a general framework for understanding the decision-making process, which can be applied to a wide range of decision-making systems, including those in the brain and in the body. The framework provides a way to understand the decision-making process in terms of the states of the decision-making system, and it can be used to predict the outcomes of decisions in these systems. The framework also provides a way to understand the decision-making process in terms of the states of the decision-making system, and it can be used to predict the outcomes of decisions in these systems. The framework also provides a way to understand the decision-making process in terms of the states of the decision-making system, and it can be used to predict the outcomes of decisions in these systems.

Keywords: Addiction, decision making, dopamine, frontal cortex, gambling, hypnagogic, alcoholism

1. Introduction

Addiction can be operationally defined as the continued making of maladaptive choices even in the face of the explicitly stated desire to make a different choice (Becker & Murphy 1999; Ruedi & Le Moal 2006; Voon et al. 2007). Addictive drugs have been hypothesized to drive maladaptive decision-making through pharmacological interactions with neurobiological mechanisms evolved for survival and decision-making (Becker & Murphy 1999; Ruedi & Le Moal 2006; Voon et al. 2007). Addictive behaviors have been hypothesized to drive maladaptive decision-making through interactions between neural systems and the reward distribution of certain behaviors (Carte 1994; Dickerson & O'Connor 2006; Everitt et al. 2003; Voon et al. 2007). However, how these interactions drive maladaptive decision-making remains a key, unanswered question.
Rapid Discrimination of Visual Scene Content in the Human Brain
a

ERPs elicited by different picture categories

µV

Erotic
Neutral
Positive
Negative

P2
N4

ms

Picture onset

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Mean amplitudes in P2 and N4 time windows (frontal midline)

- P2
- N4

- Erotic
- Neutral
- Positive
- Negative

µV

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Neurochemistry

Nucleus Accumbens—Brain’s Reward Center

Red indicates high number of receptors for dopamine.

People short of dopamine have difficulty feeling joy.

Hans Breiter, director of the Motivation and Emotion Neuroscience Center at Massachusetts General Hospital
Natural Rewards Elevate Dopamine Levels

**FOOD**

- Graph: NAc shell
- X-axis: Time (min)
- Y-axis: % of Basal DA Output
- Key: Empty, Box, Feeding

Source: Di Chiara et al.

**SEX**

- Graph: DA Concentration (% Baseline)
- X-axis: Sample Number
- Y-axis: Copulation Frequency
- Key: Mounts, Intromissions, Ejaculations
- Sample Numbers: 1-17
- Female 1: Present
- Female 2: Present

Source: Fiorino and Phillips

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Effects of Drugs on Dopamine Levels

Source: Di Chiara and Imperato
Sex Addiction Hypothesis

- Fits the criteria for addiction
- Partially fits the compulsion framework
- Differentiates from other mental health issues
- Consistent with modern neuroscience
Sex Addiction Hypothesis

• Fits the criteria for addiction
• Partially fits the compulsion framework
• Differentiates from other mental health issues
• Consistent with modern neuroscience
• Consistent with foundational thinking about addiction
Other Addictions

• Co-morbid or co-occurring addictions are very high.

Other Addictions

• Chemical Dependency 42%
• Eating Disorders 38%
• Compulsive Working 28%
• Compulsive Spending 26%
• Compulsive Gambling 5%
Addiction Foundations

• Brain Disease
Addiction Foundations

- Brain Disease
- Maladaptive Response to Stress
Childhood abuse affects corpus callosum

The morphology of the corpus callosum is significantly affected by early neglect (as well as physical abuse and sexual abuse).

Teicher et al. (2004) Biological Psychiatry 56, 80-85
Addiction Foundations

- Brain Disease
- Maladaptive Response to Stress
- Attachment etiology
# Attachment Table

<table>
<thead>
<tr>
<th></th>
<th>Sex Addict</th>
<th>Non-Addict</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure</td>
<td>8%</td>
<td>40%</td>
</tr>
<tr>
<td>Preoccupied</td>
<td>28%</td>
<td>10%</td>
</tr>
<tr>
<td>Fearful</td>
<td>44%</td>
<td>40%</td>
</tr>
<tr>
<td>Dismissing</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Addiction Foundations

• Brain Disease
• Maladaptive Response to Stress
• Attachment Etiology
• Process Addictions
• Addiction Interaction
Addiction Interaction Disorder

Addictions more than coexist, they interact, reinforce, become part of one another. They become packages.
Survival/Sensorial Matrix

- Survival
- Sensorial

- Increasing Addictivity
Addictivity

FACTORS
- Reward
- Paradigm
- Attachment
- Resilience

SYSTEM
- Genetic Biology
- Social
- Bonding (Family)
- Development (intrapsychic)

Addictivity

Molecular Potentiation
Template
Trauma
Coping

Survival/Sensorial Matrix
Culture
Bonding Family
Stress

Choices/Challenge
Do you get what you pay for? This graph shows the activity in the brain's pleasure center; there's more activity with wine subjects think costs $90 a bottle (top line) than the same wine priced at $10. The arrow shows the moment when the subjects started tasting the wine.

(Credit: CalTech, Stanford)
Wine Tasting

This chart shows that people ranked taste of a $45 wine higher than the same wine priced at $5, and the same for a different wine marked $90 and $10.

(Credit: CalTech, Stanford)
Near Misses Still a Trigger

Dr Luke Clark, lead author of the study, said: "Gamblers often interpret near-misses as special events, which encourage them to continue to gamble. Our findings show that the brain responds to near-misses as if a win has been delivered, even though the result is technically a loss."

Addictivity

FACTORS
- Reward
- Paradigm
- Attachment
- Resilience

SYSTEM
- Genetic Biology
- Culture
- Social
- Bonding (Family)
- Stress (intrapsychic)

Addictivity

Choices / Challenge

Molecular Potentiation

Survival/Sensorial Matrix

Template

Biology

Culture

Trauma

Social

Coping

Bonding Family

Stress

Development (intrapsychic)

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We can connect the dots – but not without major problems...
LIVING IN THE EXTREMES
Gambling (N=103)
Alcoholism (N=740)

- 80% with Sexual Addiction
- 52% with Sexual Anorexia
- 33% with Both
Substance Abuse (N=664)

- Sexual Addiction: 82%
- Sexual Anorexia: 49%
- Both: 33%

Legend:
- Blue: Sexual Addiction
- Red: Sexual Anorexia
- Blue: Both
Eating Disorder (N=213)

- Sexual Addiction: 65%
- Sexual Anorexia: 66%
- Both: 33%
Addiction Interaction

Gambling

Eating Disorder

Alcoholism

Substance Abuse

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Compulsive dieting with Sexual Addiction

Vegetables
Fruits

Thin

Fear
Compulsive overeating with sexual avoidance

Huge Amounts

Food

Men

Wall

Mary B - Yellow
Pathologizing: Politics or Illness

• The answer is both
• Science in the service of prejudice
• Sexuality training – not knowing what you do not know
• The Wikenomics of research
• Reducing stigma
• Norliens Mission
Kurzweil and Grossman -- Transcend

• One of the downsides of our brains ... is its tendency to addictive behaviors.

• Other genetic mutations can also result in a general diminished ability for dopamine release from everyday gratifications, leading people with these mutations to turn to other substances and activities to raise dopamine levels to normal.
Experts

1. Definitional Focus
2. Causational Process
3. How Development Happens
4. Where the Processes Occur

- What addiction is
  - Neurobiologically-based
  - Impaired rational decision-making

- What causes addiction
  - Gene-environment interaction

- Intervention
  - Quality matters
  - Early in development
  - Long-term

- Responsibility
  - Neurobiological systems

Public

- What addiction is
  - Foreign chemical
  - Internal “need” response

- What causes addiction
  - Derailed development
  - Proximate triggers
  - Continuum of control
  - Substances too addictive
  - Damage done
  - Will power

- Intervention
  - Focus on development
  - Address root causes
  - Community/society/govt.
  - Address environment
  - Root cause beyond repair
  - Long-term
  - Gradual weaning
  - Early
  - Discipline required

- Responsibility
  - Not addict
  - Addict

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For more on the Certified Sex Addiction Therapist (CSAT) trainings, the task-centered approach to addiction recovery, and assessment testing for sexual, work and financial issues go to:

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