



The lived experience of self-concept and childhood traumas of people with sexual addiction disorder with healthy people

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ABSTRACT

Background and Aim: Sexual addiction is a mental disorder with unpleasant personal, interpersonal, legal, social and physical consequences. Sexual addiction is mainly rooted in unpleasant experiences in the family and in childhood. The purpose of this study was to investigate the lived experience of self-concept and childhood traumas of people with sexual addiction disorder. **Method:** In the qualitative part of this study, 10 patients with sex addiction in Tehran city were selected in 2022 by purposive sampling method. In the present study, the revised sex addiction screening test by Carnes et al. (2010) was used for screening. In the qualitative part, the method proposed by Van Manen (2016) was used for data analysis. **Results:** The results in the qualitative part were categorized into 4 main themes "denial", "punishment for more resilience", "despair against hope" and "negative self-concept" and 9 sub-themes. **Conclusion:** These results have important implications of the role of unpleasant experiences in the family on the sexual behavior of people in the later years of life. So that those who have negative self-concept and more childhood trauma are more prone to sexual addiction disorder.



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Introduction

Sexual addiction, also called sexual compulsion or sexual hyperactivity, is a pathological behavior characterized by a combination of excessive sexual desire expressed through normal fantasies, impulses and/or sexual behaviors and impaired ability to control it (Kafka, 2013; Walters, Knight, & Langstrom, 2011). The most common manifestations are compulsive masturbation, misuse of online sexual activities (such as pornography or sex webcams), incessant search for a new sexual partner, and/or compulsive sex with a regular partner (Carilla, Vary, Weinstein, Kattensin, Pettit, & Reynaud et al. et al., 2014; Vary, Wegler, Challet-Bojou, Podat, Kielon, Lor et al., 2016). According to McBride, Reiss, and Sanders (2008), compulsive sexual behavior is functionally damaging and negatively impacts multiple aspects of daily life (eg, medical, financial, legal, psychological, social, and spiritual). Vaginal washing problems are usually present in 56.2% of these patients (Spenhoff et al., 2013), and this disease is associated with various psychological problems such as low self-esteem, negative affect, guilt, and shame (Reed, Harper, and Anderson, 2009).

It can also be said that sexual addiction is associated with several variables of high sensation seeking, emotional reactions, and incontinence (Andrasen, Palasen, Griffiths, Torsheim, and Sinha, 2018). According to the Diagnostic and Statistical Manual of Mental Disorders - Fifth Edition (DSM-5), although sexual addiction was proposed as "Sexual Hyperactivity Disorder" or sexual hyperactivity, this association did not name it due to insufficient evidence. Listed in Sexual Disorders (American Psychiatric Association, 2013). The diagnostic criteria of sex addiction are 1) spending excessive time on fantasies and inappropriate sexual behaviors; interfering with one's life goals; 2) frequent fantasy and sexual activity in response to disturbing mood states such as depression and anxiety; 3) frequent sexual activities and fantasies in response to stressful life events; 4) (repeated but unsuccessful attempts to control or reduce sexual behavior and activity; 5) frequent participation in sexual activities and behaviors without considering the physical and emotional consequences for oneself and others. If a person has four or more symptoms for at least six months, along with tension and significant

defects in different aspects of life, he has sex addiction (Kafka, 2010)

Based on the background of the research, various factors can play a role in creating sexual addiction, among which self-concept can be mentioned (Zahedian et al., 2011). Self-concept is how a person imagines himself, through which a person knows his capabilities, and a positive perception increases efficiency and achieves goals in people (Kahe et al., 2017). Self-concept is "a cognitive schema that organizes abstract and concrete memories about oneself and controls the processing of self-related information" (Campbell, 1990, cited in Jankowski et al., 2022). Sexual self-concept is formed during adolescence and often months or years before any sexual contact, although several factors can affect people's sexual self-concept (Siu-Ming et al., 2019). In addition, sexual self-concept is complexly related to people's sexual behavior and attitude. It influences them, and it is the criterion for decision-making and evaluation of a person's sexual behavior in the present and future (Hansel et al., 2011; Deutsche et al., 2014).

Additionally, sexual victimization, specifically child sexual abuse, is associated with compulsive behavior and sexual addiction (Salvin et al., 2020). Trauma includes sexual, physical, and emotional abuse and neglect; in which physical abuse includes causing physical and bodily harm by the person who is responsible for his care and maintenance; emotional abuse means rejection and prevention of favorite activities. In childhood, sexual abuse includes touching a child with the intention of pleasure, exposing the nakedness, and finally, sexual assault (Mikaili & Parnian Khoi, 2021).

Adverse childhood experiences are associated with psychotic experiences (Rotsch et al., 2020), which may include various forms of physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Childhood adversity (occurring before age 18) is common, with approximately 40% of the adult population reporting at least one type of adverse experience, such as parental psychological illness, domestic violence, physical, emotional, and sexual abuse, and neglect. (Kessler et al., 2010). According to what was said, sexual addiction is when a person loses control of his sexual behavior. As a result, both the person himself and society suffer harmful experiences. This issue has created very

serious damage and threats to social security. Therefore, the current research seeks to answer the question of the lived experience of self-concept and childhood traumas of people with a sexual addiction disorder.

Method

In the qualitative part of this study, 10 patients with sex addiction in Tehran city were selected in 2022 by purposive sampling method. In the present study, the revised sex addiction screening test by Carnes et al. (2010) was used for screening. In the qualitative part, the method proposed by Van Manen (2016) was used for data analysis.

Tools

1. Sex Addiction Screening Test-Revised (SAST-R). Carnes et al (2010). Carnes prepared this test in 1988, designed as the first tool to diagnose patients who showed signs of compulsive sexual behavior. Preliminary studies showed that this questionnaire was suitable for diagnosing heterosexual men. Finally, Carnes presented its second version under the title of Revised Sex Addiction Screening Test in 2010 (Madrasi et al., 2013). The revised version has 17 questions, four components of mental engagement with questions 3, 18, 19 and 20; lack of control with questions 10, 12, 15 and 17; Damage in relationships with questions 6, 8, 16

and 26; It measures emotional damages with questions 4, 5, 11, 13 and 14. The questionnaire is scored on a 2-point Likert scale, so that the yes option is given 1 point and the no option is given 0 points (Jiang et al., 2022).

2. Semi-structured in-depth interview. The researcher conducted all interviews. The duration of the interviews was between 40 and 60 minutes, and the researcher started the interviews with the following questions: childhood traumas and bitter memories of sufferings, failures and failures in childhood before the age of 12. Do you remember what it was? How have uncontrollable sexual behaviors helped to cope and control the suffering caused by childhood traumas? How did the negative emotions caused by the first experience of sexual harassment and the attempt to resolve it lead to the repetition of uncontrollable sexual behavior? How did the bitter and negative experiences of childhood initiate the discovery of sexual concerns of sexual behavior? Then, in case of ambiguity, the interviews continued with follow-up questions.

Results

Among the 10 interviewed, five people (50%) were women, and 5 (50%) were men. The average (standard deviation) age of the participants in this research was 36.75 (8.98).

Table 1. Codes of main and subcategories

Main article	Subcategory
Denial	sexual harassment
	emotional abuse
Despair against hope	Emotional neglect
Punishment for more endurance	physical abuse
	physical neglect
Negative self-concept	I'm not fine, you're fine
	Insecure attitude and distrust
	Inflexible self in front of gentleness
	Never mind, don't be seen

Conclusion

The purpose of this study was to investigate the lived experience of self-concept and childhood traumas of people with sexual addiction disorder. The results of the phenomenological interviews showed that the lived experiences of people with sexual addiction disorder had 4 main themes, including denial, punishment for greater resilience, disappointment against hope, and negative self-concept. Also sexual abuse,

emotional abuse, physical neglect, physical abuse, emotional neglect and I am not good, you are good, I am not good, you are not good, I am good, you are not good and I am good, you are good are sub-themes. They were. Family, as a system in which attachment, coping skills, interpersonal relationships and intimacy are formed, can play an important role in creating sexual addiction. Many patients were also from families with weak parent-child relationships,

lack of intimacy, strict rules and cold and lack of affection.

Therefore, when a person grows up in such families, they are exposed to physical neglect and physical abuse due to weak parent-child relationships, lack of intimacy, strict rules, and cold relationships, and such children when they grow up in such families They do not go through their proper development and suffer more emotional and emotional problems, and when they start their sexual life, they do not have proper management like healthy and non-diseased people and they are more involved in sexually addictive behaviors. All the participants with sex addiction mentioned their negative self-concept in their narratives.

Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

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