

Correlation between childhood ADHD and Sexual Addiction in Adults

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Introduction

The association between substance abuse and ADHD is well-documented (Dale, 1995, International Medical News Group, 1998, Amen, 2001, as cited in Blankenship & Laaser, 2004; Matthys et al., 2014). However, back in 2004, researchers Richard Blankenship and Mark Laaser found no studies supporting or even examining the correlation between sexual addiction and ADHD. Furthermore, even at the time of this writing, this author has found no studies specific to this subject. At the same time, many therapists, who specialize in the treatment of sexual addiction, have anecdotally reported that their clients have a high incidence of ADHD (Blankenship & Laaser, 2004). Having interviewed many sex addicts, this author, too, has heard this claim made on numerous occasions. In this author's experience, sex addicts who report having both ADHD and sex addiction, cite their therapist as a source for correlating the two (Guard Your Eyes, n.d.; various sex addicts, personal communication, 2011-2016). The interest for this paper is, therefore, borne out of the need to introduce research-based evidence into this discussion. However, before proceeding with the discussion, we shall define its terms.

Formulation of ADHD

With regards to understanding the etiology of Attention Deficit and Hyperactivity Disorder (ADHD) diagnosis, theory took a sharp turn in 1998. The beaten path of attributing ADHD to problems of attention, impulsivity, and hyperactivity (Kearney, 2012, p. 65) was radically challenged by Barkley's (1998) theory, which posits that intention, rather than inattention, is what produces suffering in ADHD patients. That is to say, the problem is with paying too much attention, and relief comes from addressing this population's myopic, too-focused outlook. As such, ADHD is better conceptualized as temporal disorder, which shows itself in deficit of inhibition and future orientation (i.e., the difficulty with placing a time gap between intention and doing; with inhibiting the immediate reaction in deference for future consequences) (Barkley, 1998).

More precisely, ADHD is a disorder of four executive functions: working memory, internalized speech, emotional control, and creative problem solving. Ideally, these functions develop consecutively, starting with nonverbal working memory, such as holding information in mind, looking back at information, and looking into the future to predict outcomes based on precedent. It is crucial for development of such inextricable daily

functions as remembering daily activities, vicarious learning, and reciprocal altruism (i.e., “I do for you because you do for me”). Working memory - or “self-sensing” (Barkley, 1998) – is followed by internalized speech – “self-speech” – which, going through different stages of development from age 3, when speech is still public but self-directed, is expected to be fully developed by age 10-12. Without private, internalized speech we would say everything that comes to mind, leading to disruptions in public settings, such as a classroom – and, in fact, we observe this symptom in children with ADHD. Once again, the problem here is not impulse control, but failure in developing an executive function. Self-speech is also at the root of self-reflection and meaning making, and it forms the basis for effective problem solving (Barkley, 1998).

The next two executive functions follow the former two in developmental milestones. A combination of the first two leads to the development of emotional control, otherwise conceptualized as “self-motivation” (Barkley, 1998). When a child learns to speak to herself and to sense herself, she can then learn to intrinsically motivate herself. Short of that, sufferers of ADHD must rely on externalized rewards (so called token economy) and immediate gratification to produce motivation; otherwise, problematic conduct and emotional dysregulation occur.

Finally, creative problem solving capitalizes on the proper development of the latter three executive functions. This is not to say that children and adults with ADHD are not creative; it is just that their creativity is not goal-directed. The reason for this impairment, also known as “self-play” or reconstitution (Barkley, 1998), is that it is responsible for analysis and synthesis, or, in vernacular, for breaking apart and putting back together. In the process of development, the child goes from manipulating the environment to mental simulations, but ADHD inhibits this ability and leaves its sufferer with a deficit in creatively approaching solutions (Barkley).

Formulation of Sexual Addiction

Generally, several schools of thought go into defining and treating sex addiction. One is the psychiatry school, linking early experiences in development to the compulsive sexual behaviors. Psychiatry has a long tradition of describing various sexual behaviors as pathological (e.g., its historic view of homosexuality) and in its language relies on such terms as paraphilia and erotomania to define sexual addiction (Ries et al., 2014).

Another model posits that ‘paraphilias’ are compulsive in nature and share characteristics with OCD-related spectrum, including Tourette’s and trichotillomania (Ries, 2014; Stein, 1992).

Yet another school of thought is that of addiction, and it uses the concepts of addiction medicine to understand how sex addiction develops, is maintained, and how one can recover from it. This model uses terms like sexual addiction (SA), compulsive sexual behavior (CSB), and sexual impulsivity (SI). This school of thought stresses a neurobiological basis of this disorder. (Ries et al., 2014).

American Society of Addiction Medicine (ASAM) (Ries et al., 2014) states, that SA or CSB “is characterized by excessive engagement in normative sexual behaviors.” As such, it is often called hypersexual disorder (Kafka, 2010) or sexual impulsivity, and, of course, sex addiction.

Common features of substance abuse and SA

Blankenship and Laaser (2004, p.12) conclude, “given the amount of data linking ADHD and [chemical] addiction, it seems only reasonable to consider a connection between ADHD and sexual addiction.”

It stands to reason to conceptualize CSB as “sex addiction” akin to substance abuse. In fact, at the time of this writing, large portion of researchers agree that SA is a behavioral or process addiction (Kafka, 2010; Ries et al., 2014; Elements Behavioral Health, n.d.). These types of addictions share many features with substance abuse disorders. For example, in the current DSM, a required symptom for substance abuse diagnosis is “persistent desire or unsuccessful efforts to cut down or control use.” Clearly, this is common to both substance abuse and sexual addiction (APA, 2013; various sex addicts, personal communication, 2011-2016).

Another salient commonality between chemical and sexual addictions is the “pleasure-seeking” component of this behavior. The dopamine-releasing pathways, which are the basis for reward and reinforcement in other addictions, are at play in sexual addiction, as well (Ries et al., 2014). Consequently, both substance abuse disorders and sexual addiction are modes of habitual pleasure seeking that have become self-destructive (Carnes, 1983, as cited in Stein et al., 1992). (It is important to point out that pleasure-seeking in this context does not necessarily mean hedonism, but includes pleasure from self-regulating, which results from patients self-medicating such hard-to-bear conditions as ADHD, PTSD, OCD, and the like. For example, Blankenship and Laaser (2004) cite Richardson (1997), Lambert & Hartsough (1998), and other researchers who have found that

it is common for people with ADHD to turn to addictive substances in attempts to soothe their restless brains and bodies, improve their abilities, help them feel better, or decrease and numb uncomfortable feelings. This process is dubbed “self-medicating.” Patients diagnosed with ADHD may use sex in place of substances for the same purpose, as below.)

In addition, according to ASAM, sex addiction shares the following characteristics with all addictions:

- “1. continued engagement in a behavior despite adverse consequences;
2. diminished self-control over engagement in behavior;
3. compulsive engagement in behavior;
4. an appetitive urge (cravings) prior to the engagement in the behavior” (Ries et al., 2014, p.55).

Common features of SA and ADHD

Commonalities between ADHD patients and sex addicts include reports by both groups of difficulty tolerating boredom; a tendency toward high-risk behavior; and difficulty in calming the brain and controlling mood. In addition, both groups seem to have stimulus seeking brains (Blankenship & Laaser, 2004). For the ADHD population, behavioral tendencies similar to substance abuse stem out of the nature of this disorder. Continued engagement in a behavior despite adverse consequences may be the result of failure in the executive function to foresee consequences (working memory, which also prevents the ADHD sufferer from learning from his mistakes). As the result of this deficiency, future orientation (i.e. the ability to squelch an immediate reaction in deference for future consequences) is inhibited. The same deficiency can help account for diminished self-control, because delayed gratification means nothing to the ADHD patient. As pointed out above (Barkley, 1998), failure to develop the first two executive functions (self-sensing and self-speech) results in inability to develop efficient emotional control and self-motivation. While the drive for externalized rewards and immediate gratification applies to any addictive behavior, sexual acting out provides one of the fastest ways to reach this goal, e.g., in the form of compulsive masturbation. Similarly, engaging sex workers to fulfill sexual needs removes the need for courtship and future-planning, an area where ADHD patients have difficulties (Various sex addicts, personal communication, 2011-2016). Compulsive engagement in behavior can be conceptualized along the same lines, as a deficit in emotional regulation (i.e., inhibited impulse control) (Barkley, 1998).

An informal survey of practitioners conducted by Blankenship and Laaser (2004) identified sexual acting out as the ultimate in mood control for the ADHD person. The clandestine nature of some forms of sexual acting out can create the adrenaline rush to elevate mood. The release of chemicals during orgasm can calm the brain and bring the mood down into a state of relaxation.

Nevertheless, while in theory patients with ADHD and those who suffer from sex addiction have a lot in common as far as symptomatology, this author has come up short when searching for any research exploring correlation numbers between SA and ADHD.

Researchers Silvia Bernardi and Stefano Pallanti (2009) published a study on Internet Addiction Disorder (IAD) and its possible comorbidity with ADHD. Given that a large portion of sexual acting out by addicts happens on the Internet (various sex addicts, personal communication, 2011-2016), this author felt that the study findings apply to our discussion. Bernardi and Pallanti's findings support what we have discussed above: that "ADHD, which is a condition with high levels of impulsivity with motivational dysregulation as a phenomenological key factor, [is] a risk factor for IAD... Deficient inhibitory control and the lack of strategic flexibility in subjects with ADHD may interfere with the self-regulation of Internet use." (Bernardi & Pallanti, 2009, p. 515). The researchers also call an "intriguing hypothesis" a suggestion that the Internet is an appropriate medium for ADHD subjects, because it provides "quicker, stronger, and more colored sensorial stimulation than real life" (ibid.). However, the researchers admit to finding no significant correlations between ADHD and IAD symptoms. In fact, only 14% of their small sample of internet addicts have also shown symptomatology of ADHD (Bernardi & Pallanti).

Another study examined association between Internet addiction (IA) and ADHD in adolescents and found IA to be associated with ADHD. For instance, the rate of ADHD was found to be higher among those with IA (36.1%) than those without IA (9.6%). Nevertheless, the authors conclude by calling for follow-up studies to assess the causality of the association between ADHD and IA (Metin et al., 2015).

A Chinese study by Yen, Chih-Hung, Cheng-Fang, Hsiu-Yueh, and Ming-Jen (2009) found a high correlation between Internet addiction and self-reported ADHD. Thus, 43% of their sample exhibited comorbid

IA and self-rated ADHD, compared to 37% of self-rated ADHD in the non-addicted group. Given that ADHD is a persistent and pervasive disorder with onset before age 7 [12 per current guidelines], Yen et al. propose to explain this association by preexisting neuropsychological characteristics of ADHD. However, according to their sample, less than one percent of the study group had engaged in sexual activities on the Internet, having qualified for IA by virtue of gaming, gambling, and chatting. This may be a result of Chinese idiosyncrasies with underreporting sexual acting out; nonetheless, it makes it difficult to extrapolate these numbers to sexual addiction. Notably, however, the researchers offer an explanation of why the Internet has such strong pull for the subjects with ADHD that is remarkably similar to anecdotal accounts of Internet pornography addicts (various sex and porn addicts, personal communication, 2011-2016).

Yen's et al. (2009) study explains Internet's appeal as follows:

Aversion for delayed reward and preference for immediate reward has been reported to be an endophenotype of ADHD... Moreover, adolescents with ADHD have ... impairment of inhibitions in performance. The shortage of self-control may cause adolescents with higher ADHD symptoms difficulty in controlling Internet use after being engaged in Internet activity. As a result, under the design of the Internet, the endless activity consumes a great deal of time and deprives them of creative activities, thus making them progress to addiction. (p. 96)

The above-cited researchers have provided us with numbers ranging from relatively low (14%) to high (43%), showing correlation between Internet Addiction and ADHD. Still, we come up short of definitive numbers, due to the need to differentiate between Internet Addiction as a disorder of its own standing and a subgroup of Sex Addiction, a combination of "compulsive use of erotica" and "compulsive use of the Internet" (Coleman, 1992, as cited in Ries et al., 2014). Although it is true that SA is acted out on the Internet in great measure, especially among adolescents and young adults (various sex and porn addicts, personal communication, 2011-2016), the research we have found fails to address this sphere of IA specifically. Consequently, we had to look at comorbidity of sexual offenses and ADHD, as well as risky sexual behavior and ADHD. It is important to state that not all sex offenders are sex addicts (and, by a large margin, not all sex addicts are sex offenders); nevertheless, there is certainly an overlap between the two groups (Sexaholics Anonymous Correctional Facilities

Committee, personal communication, July 2016). Similarly, risky sexual behavior (RSB) does not necessarily constitute SA; however, sexual compulsivity has an easy way of becoming sexual addiction, especially with ADHD population (Blankenship & Laaser, 2004).

One study has found the association between ADHD and adolescent RSB to be restricted to youth with elevated comorbid conduct problems. This association is reflective of comorbid marijuana use issues, and, to a lesser extent, alcohol use issues. Nevertheless, the authors conclude that “early identification and treatment of these comorbid conditions may be important for the prevention of negative sexual health outcomes among youth with ADHD” (Sarver, McCart, Sheidow, & Letourneau, 2014). In the same way, a study of young women revealed that women who endorsed more ADHD symptoms reported engaging in more risky sexual behaviors of all types. Study authors recommend using an ADHD screening to identify this high-risk group for timely evaluation and safe sex counseling (Hosain, Berenson, Tennen, Bauer, & Wu, 2012).

As for sexual offenders, a British study of prison inmates reported that while ADHD was the only psychiatric disturbance that showed a significant difference between study groups of 131 sexual offenders and 346 non-sexual offenders, it was the non-sexual offenders who recorded higher rates of the disorder (Lindsay, Carson, Holland, Michie, Taylor, Bambrick, & ... Steptoe, 2012). Analogously, a study of young adolescent sexual offenders showed that the sexually offending boys diagnosed with ADHD seemed similar to the general population of adolescents who sexually offend; like boys without such a diagnosis, they revealed histories of sexual or physical abuse and neglect, suggesting that these boys had been exposed to the types of abuse, neglect, and trauma that could lead to reactions similar to symptoms of ADHD. Consequently, this study points out the difficulties of differentiating between symptoms typical of ADHD and signs of early abuse, neglect, and trauma (Tidefors & Strand, 2012).

This reminder to differentiate between ADHD and early trauma symptoms is ever so poignant in light of Fago’s (2003) findings that 82% of sexually offending adolescents in the United States suffer from comorbid ADHD. These findings suggest a moderate-to-strong co-occurrence of ADHD symptoms and neurodevelopmental deficits in sexually aggressive youngsters. However, Fago cautions that the generalizability

of these findings is limited to a relatively limited sample of subjects who were referred to a particular clinic. As such, future research will need to verify and specify the magnitude of this comorbidity (Fago, 2003).

Blankenship and Laaser (2004), too, found a possible correlation between men suffering from sexual addiction and ADHD. The researchers are quick to point out that this research is preliminary. However, their numbers show a high percentage (67%) of people in the study testing positive for different forms of ADHD. To Richard Blankenship and Mark Laaser, this suggests that there is a possible link between untreated ADHD and sexual addiction.

Conclusion

Having discussed the common features of ADHD and SA, we can clearly see a symptomatic correlation between the two. While it is still inconclusive to suppose causation between these disorders, it appears within reason to conclude that treating ADHD in childhood can serve as a protective factor from developing sexual addiction later in life. Supposing that SA is used to cope with the negative effects of ADHD, by removing the need for self-medicating, we may preclude some patients from exploring SA as a coping strategy. Similarly, assessing a sex addict for ADHD diagnosis and providing treatment for the latter is likely to assist in recovery from sex addiction. Recovery from SA is hindered in patients with ADHD by their failure to develop creative problem solving skills, such as managing cravings and achieving sustained recovery. In fact, Blankenship and Laaser (2004) state that when ADHD symptoms are treated and the ability to focus and concentrate returns, addicts seem to be more able to persist in recovery. These researchers also posit that untreated ADHD can be a significant factor in addiction relapse and negatively affect recovery from any addiction (Richardson, 1997, as cited by Blankenship and Laaser, 2004). Considering these findings, we see the importance of conducting further research in order to draw both attention and funding to the treatment. We also see public benefit from diagnosing and treating ADHD in people suffering from sexual addiction to abet in sustained recovery and prevent relapse.

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