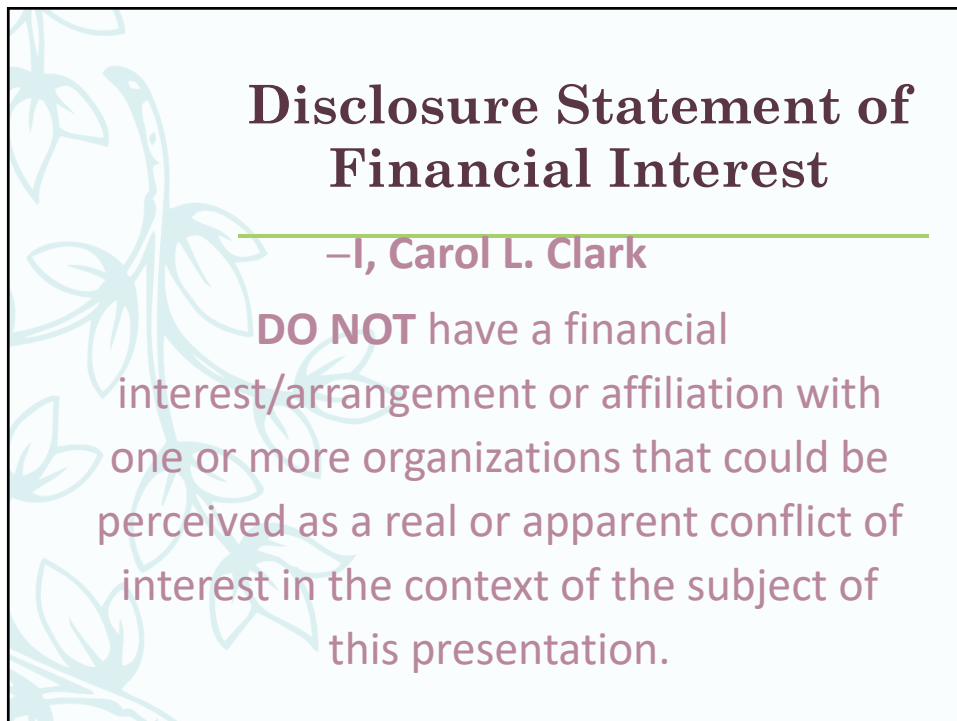


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Disclosure Statement of Financial Interest

– I, **Carol L Clark, DO** have a financial interest/arrangement or affiliation with the following:

Author: Addict America: The Lost Connection

Advisory Board: International Institute of Clinical Sexology

I do not believe this presents any conflict of interest

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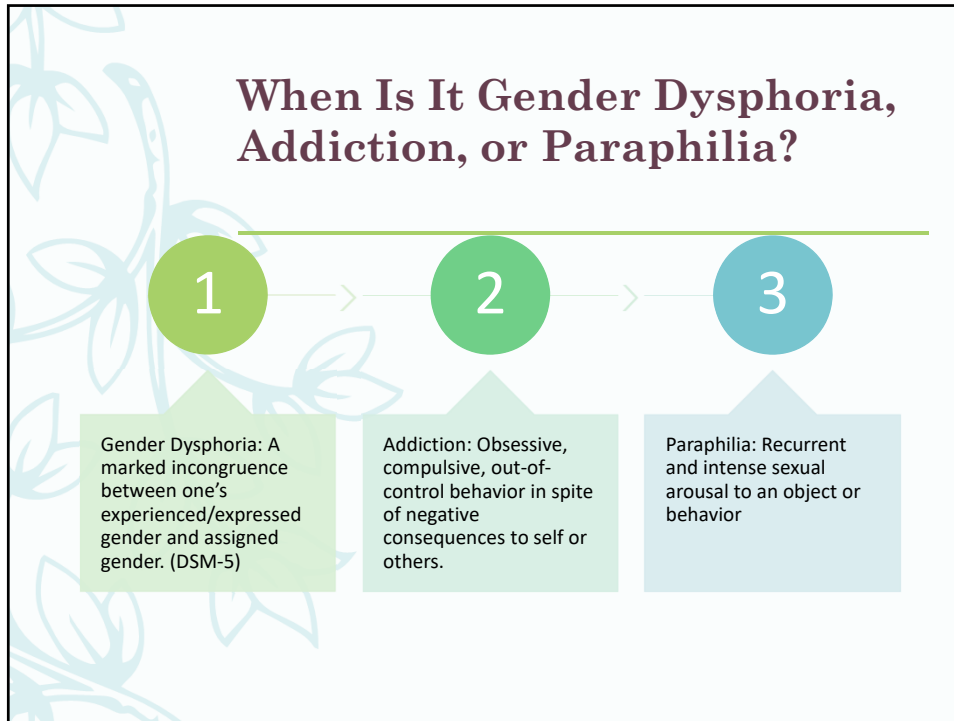


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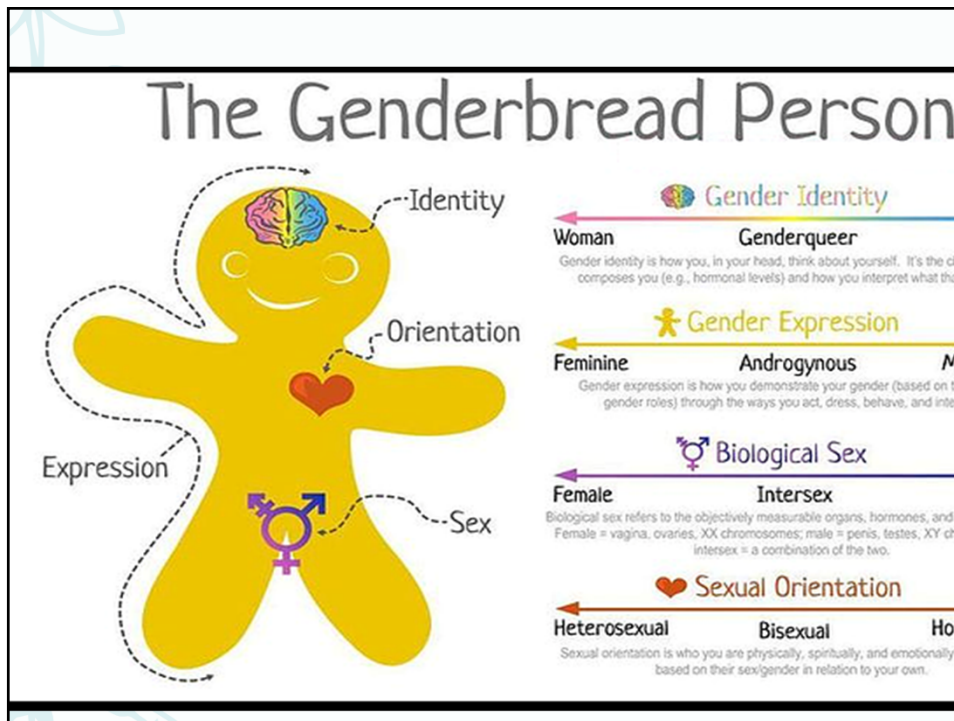
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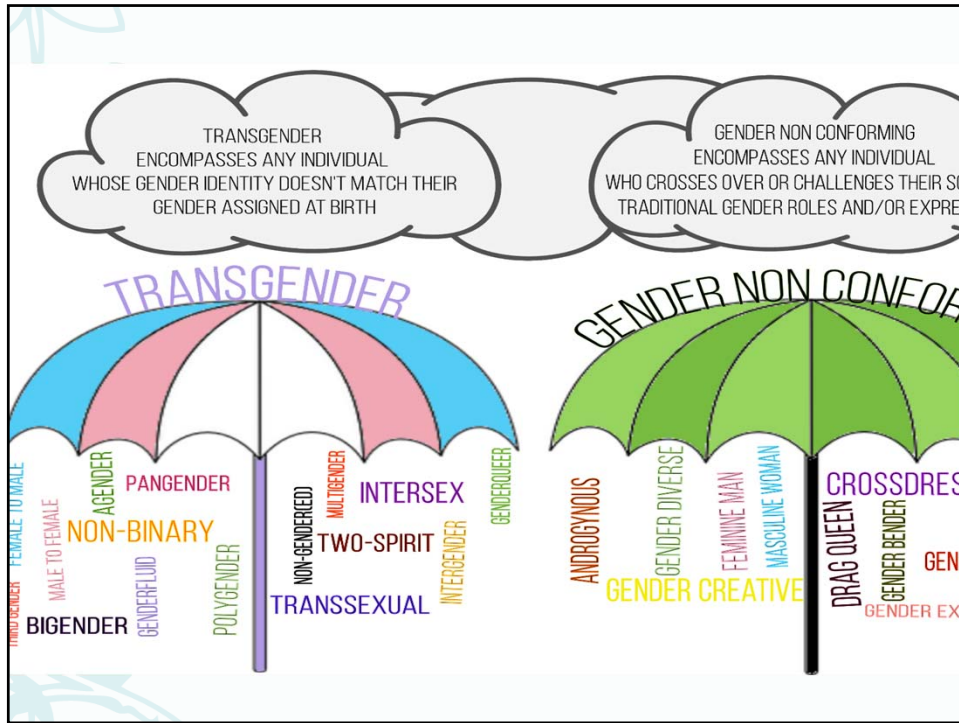
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7

Gender Dysphoria


- In Children

 - Specify if: With a disorder of sex development
- In Adolescents and Adults


 - Specify if: With a disorder of sex development
 - Specify if: Posttransition
- Other Specified Gender Dysphoria
- Unspecified Gender Dysphoria

8

Intersection with Addiction



TRANS PEOPLE WHO ARE
ADDICTS



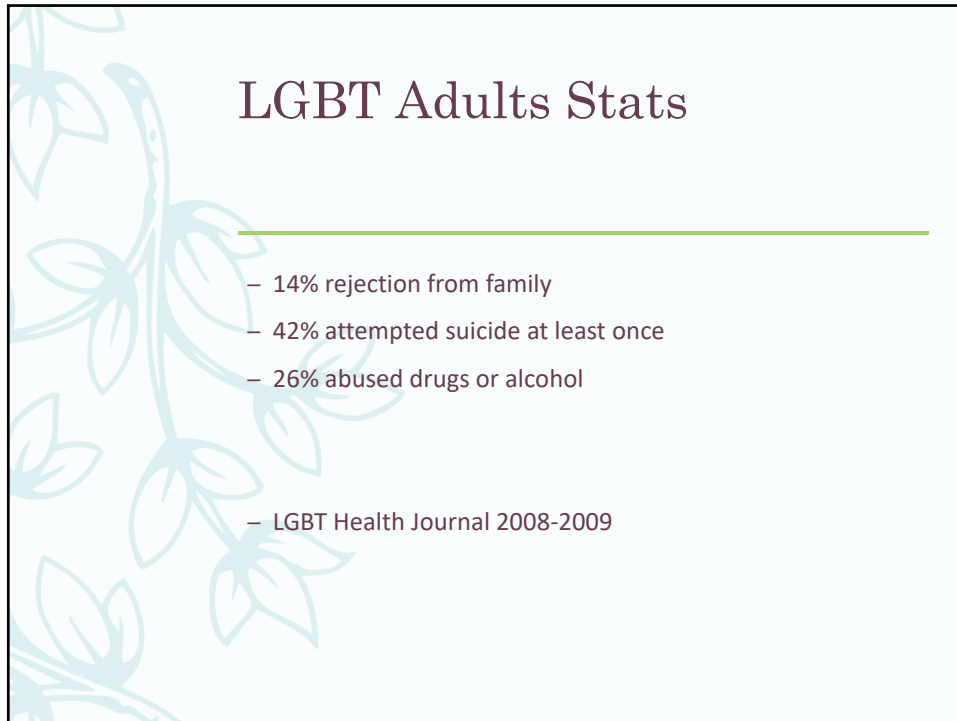
TRANSGENDER BEHAVIOR
THAT IS ADDICTIVE

9

Gender Dysphoria leading to Addiction

– Gender Dysphoria is often accompanied by the trauma of not fitting in, being bullied or harassed, and the pain of hiding one's self. This shame, secrecy, and trauma may lead trans people into addiction or expressive behavior may become addictive.

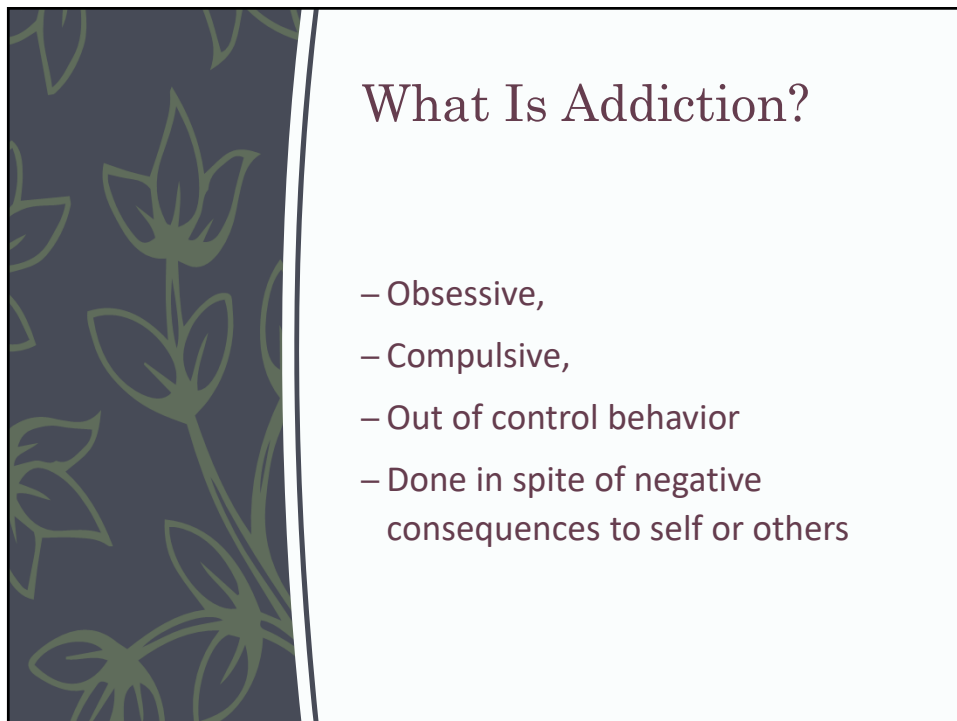
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LGBT Adults Stats

- 14% rejection from family
- 42% attempted suicide at least once
- 26% abused drugs or alcohol
- LGBT Health Journal 2008-2009

11



What Is Addiction?

- Obsessive,
- Compulsive,
- Out of control behavior
- Done in spite of negative consequences to self or others

12

Addiction

–Addiction is a global condition relating to overall stimulation, as opposed to being specific to a particular drug or activity.

13

Intimacy & Connection in Recovery

Dr. Carol Clark :: Addict America - The Lost Connection :: Miami Shores, FL 33138 :: AddictAmerica.net

What Is Intimacy?

Heart Hugs
Limbic resonance
Eye Contact
Appreciation Exercises
Exaggerated Hypervigilance
Eight Types of Intimacy
Create Daily Rituals

The Decision


Is this for my addiction or is this for my recovery?
Will this cause me to disconnect or will this cause me to connect?

What is Recovery?

Being present
Being able to allow feelings, not escape from them
Accepting oneself and taking personal responsibility
Connecting
• With self
• With others
• With a higher power

Childhood Messages Create a Barrier to Intimacy

Fear of rejection leads to disconnection
Disconnection leads to pain
Addictive behavior leads to relief of pain
Addiction is a barrier to intimacy



Disconnection Begins in the Limbic System

Relief of Pain
Do More/ Need More Tolerance
Disturbing Event
Addiction
Negative Cognition
"It's not important"
"It's not worth it"
"It's not good enough"
"I'm a bad person"

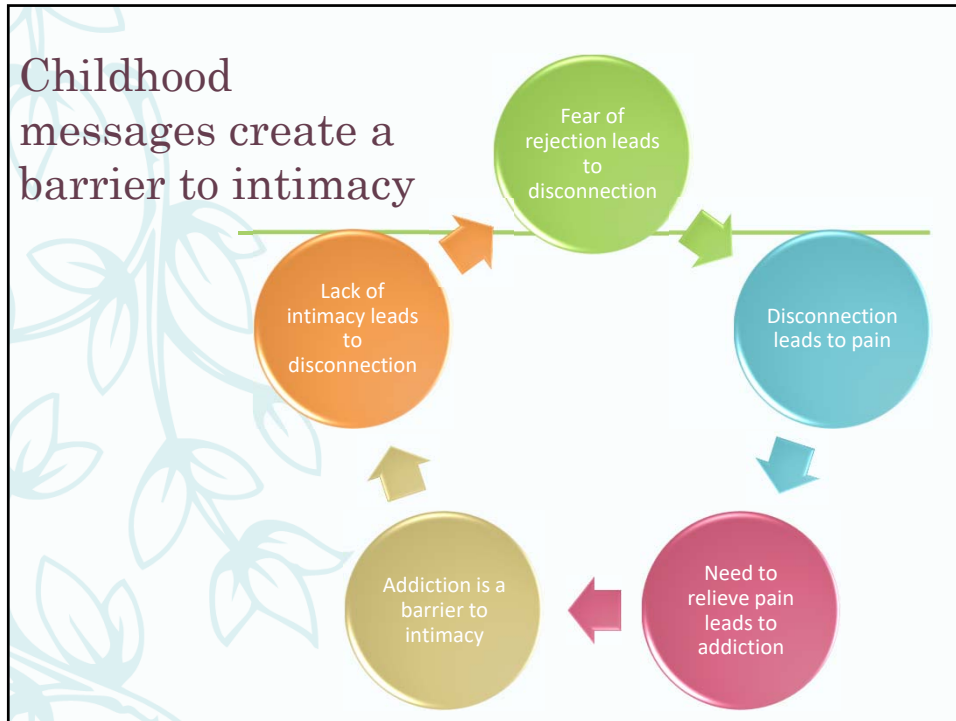
Control Distance
Pain of Disconnection
Fear of Intimacy
Addiction is a barrier to Intimacy

Our Enlightened Brain wants to Connect
Our Cerebral Brain is afraid of Connection
We cannot connect until we heal the negative childhood messages and release the fear of rejection.
Then we need to practice Connecting to break the bad habits.

Development of Addiction

Shamed for being trans
I am defective, unloveable
I can't let anyone see me
Escape with drug of choice

14



15

Addiction is a global condition relating to overall stimulation, as opposed to being specific to a particular drug or activity.

- Trans people turn to
 - Porn
 - Sex with other trans people
 - Drugs/alcohol
 - Surgeries

16

Biggest motivator of human behavior is the need to belong to the group

- What gets in the way?
 - Addiction!
 - Groups may be addictive, i.e. pumping parties
- RECOVERY – Connect to a trans support group

17



Our Enlightened Brain wants to Connect



Our Caveman Brain is afraid of Connection



We cannot Connect until we heal the negative childhood messages and relieve the fear.



Then we need to practice Connecting to break the bad habits.

Addiction is a barrier to intimacy

18

Differentiate between truly intimate relationships and pseudo-intimacy (typical of sex addiction).

- Intimacy by the numbers
- The paradox of control
 - Step 1
 - Pseudo-intimacy

19

Patrick Carnes identified some typically addictive behaviors related to gender

The diagram is a circle divided into five segments, each with an arrow pointing to the next in a clockwise direction. The segments are: 1. Kinky behavior involving cross-dressing (top-left, light blue), 2. Masturbation while cross-dressing (top-right, light green), 3. Partnered sex while cross-dressing (right, medium green), 4. Feminizing hormones and surgeries (bottom-right, dark green), and 5. Sex with trans people (bottom-left, teal).

20

Trans or Gender Non-Conforming Addictive Behaviors

- Binging and Purging
- Compulsive masturbation when cross-dressing (as adolescents)
- Adult book stores (where the trans porn is)
- Online porn (search for she-males)
- Sex work (catering to sex addicts where trans women are drug of choice)
- Surgeries
- Kink (furries, cosplay, anime, K-pop)

21

-Cross-Dressing can look like this

Preoccupation -- the addict becomes completely engrossed with sexual thoughts or fantasies of dressing and taking on the appearance of a woman.

Ritualization --- the addict follows special routines in a search for sexual stimulation, which intensify the experience and may be more important than reaching orgasm-- shopping, creating the environment.


Compulsive sexual behavior --- the addict's specific sexual acting out -- dressing, looking in the mirror, masturbating.

Despair --- the acting out does not lead to normal sexual satisfaction, but to feelings of hopelessness, powerlessness, depression, and the like -- throwing away all clothes, wigs, make-up.

22

So how do we separate gender dysphoria from addiction?

- What is the energy and intention?
- Identity
- Behavior
- Drugs of choice
- Healthy integration in recovery




23

Paraphilias

- Recognized patterns that deviate from standard are called *paraphilias*
- Distinction made between paraphilias that involve harm to others and those that are victimless
- When pattern or object becomes central focus and template for person's arousal and gratification, then pattern is considered abnormal
- Paraphilias separate love from arousal

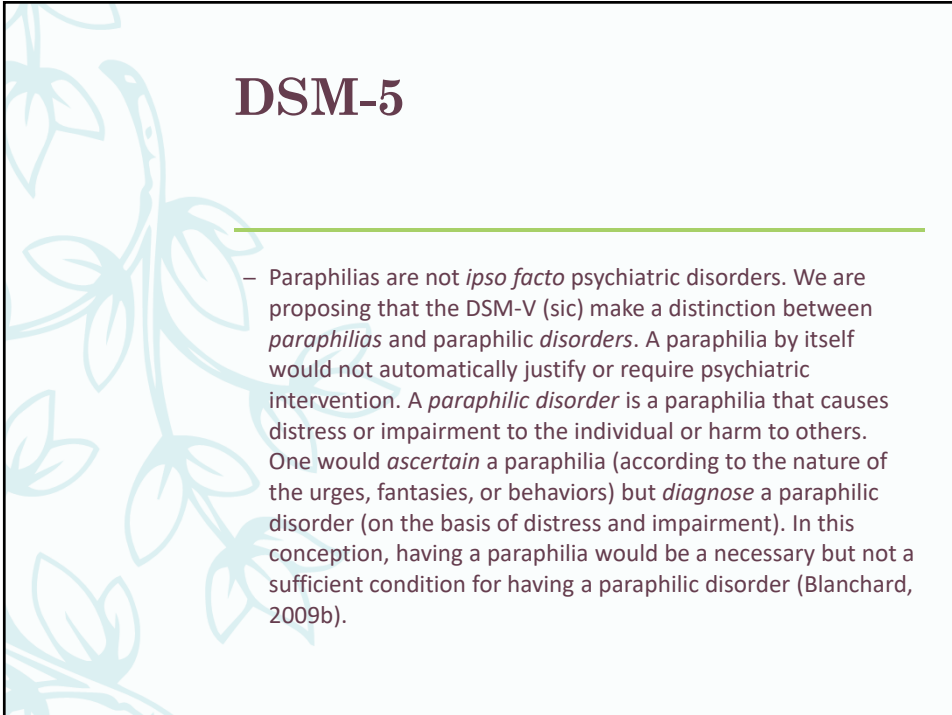
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DSM-5

- DSM-5 redefines the concept of paraphilia as “any intense and persistent sexual interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, consenting adult human partners” (Blanchard, 2009a).

25



DSM-5

- Paraphilias are not *ipso facto* psychiatric disorders. We are proposing that the DSM-V (sic) make a distinction between *paraphilias* and *paraphilic disorders*. A paraphilia by itself would not automatically justify or require psychiatric intervention. A *paraphilic disorder* is a paraphilia that causes distress or impairment to the individual or harm to others. One would *ascertain* a paraphilia (according to the nature of the urges, fantasies, or behaviors) but *diagnose* a paraphilic disorder (on the basis of distress and impairment). In this conception, having a paraphilia would be a necessary but not a sufficient condition for having a paraphilic disorder (Blanchard, 2009b).

26

Relationship or Sexual Arousal?

What is the distress?

To whom is it caused?

Difference between addiction and paraphilia

- Addiction is about addiction
- Paraphilia is about sex

27

Fetishistic Disorder

Specify if : Body part(s), Nonliving object(s), Other

- *Reliance on inanimate objects or on a body part to exclusion of person as a whole for sexual gratification*
- *Example of spectrum disorder*
- *Most fetishes associated with human body such as fur, women's stockings, shoes, and underpants*

28

Transvestic Disorder

Specify if: With fetishism, With autogynephilia

- Sexual gratification through dressing in clothes of opposite sex
- After cross-dressing, transvestite masturbates or has heterosexual intercourse
- As a group, individuals with transvestic disorder are no more prone to psychological disturbances than general population
- Most lead quiet, conventional lives

29

Cross-dressing for sexual pleasure is a Transvestic Disorder

- Cross-dressing to assume a female role (e.g., drag queens who are typically homosexual; entertainers as part of performance) is not transvestism
- Often confused with transsexuals who have gender dysphoria
- Transvestic Disorder is often confused with other forms of cross-dressing

30

Transvestic Disorder

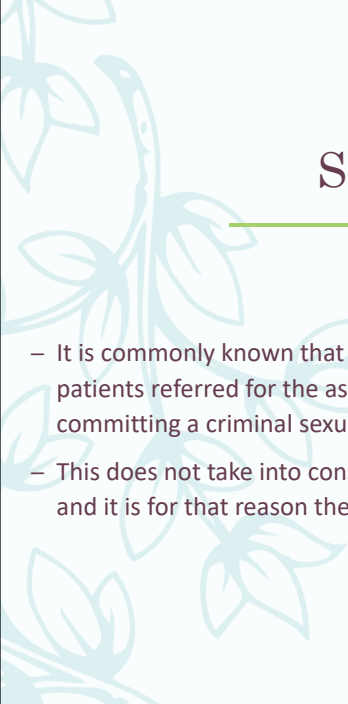
*Related disorder is **autogynephilia**, in which man depends for sexual arousal on the fantasy of being a woman*

31

Table 1 DSM-5 and summary definitions of paraphilias

| Paraphilic Disorder DSM-5 diagnosis | Summary Definitions |
|--|--|
| Exhibitionistic Disorder | Exposing one's genitals to an unsuspecting person or performing sexual acts that can be watched by others |
| Frotteuristic Disorder | Touching or rubbing against a non-consenting person |
| Voyeuristic Disorder | Urges to observe an unsuspecting person who is naked, undressing or engaging in sexual activities, or in activities deemed to be of a private nature |
| Fetishistic Disorder | Use of inanimate objects to gain sexual excitement |
| Pedophilic Disorder | Sexual preference for prepubescent children |
| Sexual Masochism Disorder | Wanting to be humiliated, beaten, bound or otherwise made to suffer for sexual pleasure |
| Sexual Sadism Disorder | In which pain or humiliation of a person is sexually pleasing |
| Transvestic Disorder | Arousal from clothing associated with members of the opposite sex |
| Other Specified Paraphilic Disorder | These include a variety of paraphilic behaviors such as: partialism; zoophilia; necrophilia; klismaphilia; coprophilia; urophilia; infantilism; telephone scatologia |
| Unspecified Paraphilic Disorder | |

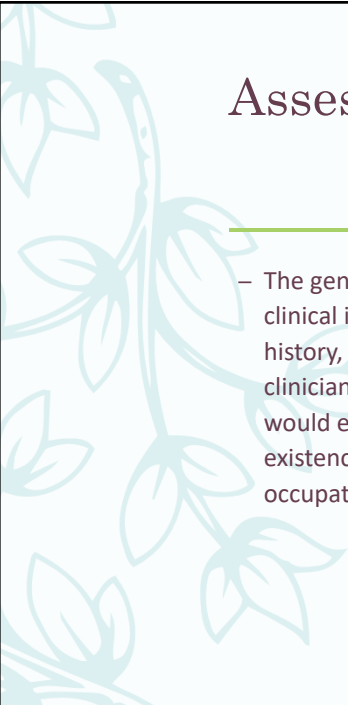
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Sex Offending

- It is commonly known that a significant proportion, and perhaps most, of patients referred for the assessment of paraphilia are referred as a result of committing a criminal sexual offense.
- This does not take into consideration that someone may be behaving addictively and it is for that reason they come in for an assessment.

33



Assessment

- The general recommendations are for assessment via clinical interview with a detailed developmental and sexual history, as well as the history of the problem. In particular, clinicians are advised to determine whether the individual would even qualify for diagnosis at all, based on the existence of distress or lack thereof and social, occupational, or interpersonal impairment.

34

Sexual Fantasies

- Experienced sex therapists recognize that sexual fantasies often cause shame and guilt and are shrouded in secrecy, even when the fantasy content is normophilic, not to mention when it is unusual. It is helpful to treat the desire *discrepancy* rather than focusing on the atypical nature of the sexual desires, particularly when the individuals do not conceive of the nature of the sexual desires as requiring treatment (Kleinplatz & Moser, 2004; Nichols, 2006).

35

Summary

- Gender Dysphoria, Sex Addiction, and Paraphilic Disorders are three distinct diagnoses.
- Treatment of each is very different and requires accurate evaluation and identification.
- Gender Dysphoria: About internal sense of identity
- Sex Addiction: About relief and escape from pain
- Paraphilia: About sexual gratification

36

Questions

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37