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Study Protocol: Psychoeducation on Attachment and Narcissism as Treatment of Sex Addiction

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Abstract

This study protocol reports a research design to examine the effects of a psycho-educational programme about attachment and narcissism on sex addiction. Previous research highlighted the great impacts of anxious attachment and narcissism on sex addiction. Unlike therapeutic approaches, where a therapist intervenes the client, psychoeducation can influence clients' symptoms more subtly related to their less resistance. Further, considering a strong association between sex addiction and narcissism, such an approach may be more conducive. Given high shame associated with sex addictions and clients existing in many countries, the programme is implemented online using recorded videos, delivered four times weekly. Findings from this study can inform utility of this original intervention for sex addiction.

Key words: sex addiction; treatment; psychoeducation; attachment; narcissism

Background

Sex addiction - acute sexually arousing fantasies, urges or behaviours that persist over a period of at least six months (American Society of Addiction Medicine, 2011) - is a debilitating disorder resulting in serious consequences. These include depression, anxiety, sexually transmitted diseases, legal and financial problems, loss of family, employment and for some, suicide (Chatzittofis et al., 2017). Sex addiction now affects approximately 10% of the adult population (Andreassen et al., 2018) compared to 3%-5% in the pre-internet era (Carnes, 1991; Cooper, Delmonico, and Burg, 2000). The affordability, access and anonymity offered by cybersex, especially online pornography, have led to increasing amounts problematic behaviour.

Sex addiction results from a complex interplay of biology, psychology and culture (Rosenburg, Carnes and O'Connor, 2014) therefore clinicians need to address the many factors that cause and perpetuate problematic behaviours. Best practice for treatment is currently based on case reports and consensus among practicing clinicians (Kaplan and Krueger, 2010). Most clinicians, even those trained in sexual disorders, have little to no specific training in treating sexual compulsivity and cybersex addiction (Wéry and Billieux, 2017). The treatment modalities used are similar if not the same as those used for the treatment of chemical dependency,

predominantly based on cognitive behavioural therapy (CBT; Birchard, 2015). However, research regarding the efficacy of CBT or any other treatment modality for sex addiction is scant (Carnes et al., 2012) and, in comparison to other neuropsychiatric disorders is noticeably underdeveloped (Rosenberg, Carnes, and O'Connor, 2014; Yau and Potenza, 2015). To date, no placebo-controlled, double-blind study of psychotherapeutic approaches for the treatment of sex addiction has been conducted, therefore, no single treatment modality has been identified as most effective.

Sex addiction is rarely a stand-alone disorder and is associated with a variety of pathways and co-occurring conditions. Etiological research into adverse childhood experience, namely trauma, often precedes a diagnosis of sex addiction (Courtois and Weiss, 2017). Adverse childhood experience enhances long-term hyper-arousal, which victims try to neutralise by engaging in behaviours that reenact the original trauma (van der Kolk et al., 2005). Sex addiction is sometimes viewed as an attachment disorder requiring insight-oriented psychotherapy (Carnes and Adams, 2002). Sex addicts have twice the rate of anxious attachment than non-addicts (Aaron, 2012, Faisandier, Taylor and Salisbury, 2012) with the majority of sex addicts have either anxious or avoidant attachment styles (Bigras et al., 2017).

Sex addiction is positively related to narcissism (Andreassen et al., 2017) with specific aspects of narcissism linked to sexuality, known as sexual narcissism (Kasper et al., 2015). This combination leads to engaging with multiple partners and Internet pornography (Kasper et al., 2015). Narcissism is related to attachment style (Ahmadi et al., 2013) and failure to establish a stable psychological foundation in childhood has been highlighted as a notable cause of narcissism (Sharifi, 2000). In a recent study by Kotera and Rhodes (2019), a significant relationship between both narcissism and anxious attachment with sex addiction was identified, consistent with previous research (Andreassen et al., 2018).

However, results from the Kotera and Rhodes study further revealed that:

- adverse childhood experience did not predict sex addiction;
- anxious adult attachment mediated the relationship between adverse childhood experience and sex addiction and
- narcissism was not only associated with, but directly predicted sex addiction within the sample (Kotera and Rhodes, 2019)

These findings have salient implications for clinical practice. The treatment of sex addiction could benefit from identifying and addressing issues related to anxious attachment style and narcissism.

Psychoeducation (PE) is defined as an intervention with systematic and didactic knowledge transfer for an illness and its treatment (Ekhtiari et al., 2017) and is an important component of treatment for mental health disorders associated with lack of insight, such as substance use disorders (Kozhyna et al., 2019). PE provides information about the etiology of an illness, the treatment process, prescribed medications, coping strategies, family education, and life skills training. As far as we know, no research exists that explores the efficacy of PE about pathways and co-occurring disorders related to sex addiction. PE implicitly and explicitly engages different neurocognitive processes, which could serve as an appeal to clients with a preference for such activities. Self-presentation that promotes a strong and self-sufficient image is a central theme of narcissism, (Hart et al., 2016) hence suggesting the potential appeal of gaining self-knowledge through engaging in self-related psychoeducation.

Aims

The aim of this study was to examine the effects of a PE programme designed to inform participants about different pathways to sex addiction, specifically attachment and narcissism (significant predictors of sex addiction; Kotera & Rhodes, 2019).

Methods

A convergent mixed methods design, collecting qualitative and quantitative data concurrently (Creswell, 2014), was used with online scales, pre and post-testing, and post-intervention semi-structured interviews.

Participants

Participants need to be 18 years old or older, be fluent in the English language and be able to access online videos and participate in the discussion using a chat box. Participants who are currently receiving a professional intervention will be excluded. We will include those who have not been diagnosed as sex addict because this addiction has not been uniformly defined and it is possible to assess the degree of sex addiction (hence the effects of our PE can be captured by analysing the change of the degrees of sex addiction before and after PE). As discussed in our previous study (Kotera and Rhodes, 2019), we will include female participants as this disorder is also common among women.

Ethical Consideration

The study was granted ethical approval for all aspects by the University of Derby Research Ethics Committee in accordance with the British Psychological Society's ethical guidelines. Informed consent will be obtained from all participants. Participants will be informed that participation to the study is voluntary, and they can withdraw from the study any time they like, and no reason will be asked. To provide good care for participants, available mental health services will be informed to participants.

Remuneration

Participants will not receive remuneration as reward for taking part in the study.

Data Protection

Data collection procedures will comply with the General Data Protection Act (GDPR, 2016) and all data will be stored securely and accessible only to the research team. All quantitative data will be anonymised, and all qualitative data will be confidential and pseudonym will be used when reporting the findings.

Intervention

Four weekly 45-minute video-recorded PE sessions will be uploaded onto a specifically designated and password-protected Microsoft Teams site. This will enable the participants to engage asynchronously, at a time most convenient for them. Power Point presentations with movie clips will be accompanied by a researcher narrative. Microsoft Teams will be used as a platform to conduct the pre and post tests, and to gather feedback and comments from the participants. The sessions will contain information about i) sex addiction, ii) attachment style, iii) anxious attachment disorder and iv) narcissistic personality disorder. In each session, the underlying theories, symptoms, manifestations and treatment modalities will be taught. Each session will end with an invitation to ask questions and the following session will begin with a review from the week before.

Scales for Quantitative Analysis

Participants will be asked to respond to PATHOS (sex addiction scale; Carnes et al., 2013), Revised Adult Attachment Scale (RAAS; Collins, 1996), and Narcissistic Personality Inventory (NPI; Ames, Rose and Anderson, 2006) at pre-, post-sessions, and one-month follow-up. The response style of PATHOS will be changed from 'Yes/No' to a five-point Likert scale ('1 [strongly disagree]' to '5 [strongly agree]'), in order to capture the degree of sex addiction accurately (as done in Kotera and Rhodes, 2019).

Qualitative Analysis

A qualitative research design with thematic analysis (Terry et al., 2017) will be used. Thematic analysis is appropriate to investigate a relatively unexplored area (Clarke and Braun, 2018) such as the focus of this study. The interviews will be audio-recorded and later, transcribed verbatim. Each transcript will be inspected alongside the recording to ensure accuracy. Emergent themes from the dataset will be identified, enabling meaningful patterns in the participants' accounts to be observed (Evans et al., 2013) in sections of particular interest that arise.

Outcomes and Dissemination

The findings of this research will be particularly useful to researchers and practitioners focusing on sex addiction. Therefore, we plan to disseminate our findings in the following channels.

- Academics and peer-reviewed journals

- Professional working groups (e.g., The Association for the Treatment of Sexual Addiction and Compulsivity)
- Academic conferences
- University researchers, particularly those in psychology and health.

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