
Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

Prof.Dr. Kursat Sahin Yildirimer

St Clements University Head of the Department of Psychology

ABSTRACT: This study aims to address the relationship between sexual impulses and deception behavior in detail, to evaluate the effect of childhood traumas on this relationship and to examine the success of existing treatment methods. Sexual impulses are a psychological condition that is often characterized by extreme sexual desires or impulsive sexual behaviors that individuals have difficulty in controlling their sexual desires. Although deception behavior is seen as a violation of loyalty between couples, it may arise as an action that threatens relationships due to sexual impulses and psychological factors (Miller & Craft, 2003). This study aims to provide new perspectives on the interaction between the two cases by considering the effect of sexual impulse disorders on deception behavior. In addition, analyzing the role of childhood traumas on sexual impulses and deception is one of the main objectives of the research. Within the scope of the study, the effectiveness of EMDR (insensitivity and re-processing with eye movements), cognitive behavioral therapy and pharmacological treatment methods are evaluated. EMDR is a therapy method used especially in the treatment of trauma, aiming to reduce the effects of individuals' negative experiences in the past and has an important place in the treatment of sexual impulses (Shapiro, 2018). Cognitive behavioral therapy helps individuals improve impulse control by restructuring their thinking processes and behaviors (Beck, 2011). In addition, pharmacological treatment options, especially antidepressants and antipsychotic drugs can be effective in the management of sexual impulses (Lammers et al., 2000). The findings of the study show that sexual impulses are linked to deception behavior and that childhood traumas play an important role among the psychological elements that shape this relationship. It was found that treatment approaches were effective in controlling sexual impulses and preventing relationships such as deception. This study aims to improve the quality of life of individuals and couples by providing new information about the interventions that can be applied in the fields of clinical psychology and relationship therapy.

KEYWORDS: Sexual impulse, deception, childhood traumas, EMDR, Cognitive Behavioral Therapy, Pharmacological Treatment, Psychological Dynamics, Relationship Therapy, Impulsion Control.

INTRODUCTION

Sexual impulses and deception behavior are among the important issues that deeply affect individuals' psychological, social and relationships. Understanding how these two cases intersect in individual dynamics, childhood traumas and how to intersect in the relational context is of great importance in terms of psychology and behavioral sciences. The main purpose of this research is to reveal the dynamics of the individual and relational level by examining the effects of sexual impulses on deception behavior. In addition, the role of childhood sexual traumas in this process and the effectiveness of existing treatment methods will be evaluated. Sexual impulses are a psychological condition characterized by the inability to control the sexual impulses of the individual, and can often cause loyalty problems in relationships. In particular, it is suggested that disorders in impulse control mechanisms can direct individuals to behaviors that threaten the relationship such as deception (Kraus & Sweeney, 2019). The decisive effects of sexual traumas experienced in childhood on sexual impulses in adulthood and deception behavior have been demonstrated by scientific research (Van Der Kolk, 2014). In this context, long-term effects of childhood traumas on sexual identity development and impulse control mechanisms are an important component of research. This study aims to make theoretical and practical contributions to better understanding the relationship between individuals and couples. In-depth examination of the relationship between sexual impulses and deception may allow the development of new approaches in areas such as clinical psychology and family therapy. In addition, the effectiveness of the methods such as EMDR (insensitivity and re-processing with eye movements), cognitive behavioral therapy (CIS) and pharmacological approaches will be evaluated. EMDR is a form of therapy to reduce the effect of traumas and can play an important role in the treatment of sexual impulses (Shapiro, 2018). Cognitive behavioral therapy helps individuals improve impulse control by restructuring their thoughts and behaviors (Beck, 2011). Pharmacological treatment may be effective in regulating impulse control through pharmacological approaches such as antidepressants and antipsychotic drugs

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

(Lammers et al., 2000). The results of this study show that sexual impulses are associated with deception behavior and that psychological factors that shape this relationship play a decisive role, especially childhood traumas. It will also be revealed that various therapy methods are effective in the management of these disorders and in the prevention of relational problems. In this context, the research aims to improve the quality of life of individuals and couples by offering significant inferences at both individual and social level.

AIM

Sexual impulses and deception behavior are among the important issues that deeply affect individuals' psychological, social and relationships. Understanding how these two cases intersect in individual dynamics, childhood traumas and how to intersect in the relational context is of great importance in terms of psychology and behavioral sciences. The main purpose of this research is to reveal the dynamics of the individual and relational level by examining the effects of sexual impulses on deception behavior. In addition, the role of childhood sexual traumas in this process and the effectiveness of existing treatment methods will be evaluated. This study aims to address the relationship between sexual impulses and deception behavior in a multi -faceted perspective. We can summarize the main objectives of the study as follows:

1. Defining and Classification of Sexual Impact Disorders: By examining the psychological, biological and social foundations of sexual impulses, revealing the effects of these disorders on the emotions, thoughts and behaviors of individuals.
2. To analyze the psychological dynamics of deception behavior: to show that deception behavior is not only an individual choice, but also a process associated with psychological factors and impulse control mechanisms.
3. To examine the relationship between sexual impulse disorders and deception: to investigate the effect of sexual impulse -controlled difficulties on disjunct tendencies, to determine how these two cases affect each other.
4. To evaluate the role of childhood traumas: to examine how childhood traumas experienced in adulthood and how to contribute to sexual impulses and deception behavior.
5. To analyze the effectiveness of treatment methods: EMDR (insensitivity and re -processing with eye movements), Cognitive Behavioral Therapy (CIS) and Pharmacological Therapy Approaches, Sexual Impact Disorders and Evaluating the Efficiency of Preventing and Managing Deception Behavior.

This study aims to make theoretical and practical contributions to better understanding the relationship between individuals and couples. In -depth examination of the relationship between sexual impulses and deception may allow the development of new approaches in areas such as clinical psychology and family therapy. In addition, the effectiveness of the methods such as EMDR (insensitivity and re -processing with eye movements), cognitive behavioral therapy (CIS) and pharmacological approaches will be evaluated. EMDR is a form of therapy to reduce the effect of traumas and can play an important role in the treatment of sexual impulses (Shapiro, 2018). Cognitive behavioral therapy helps individuals improve impulse control by restructuring their thoughts and behaviors (Beck, 2011). Pharmacological treatment may be effective in regulating impulse control through pharmacological approaches such as antidepressants and antipsychotic drugs (Lammers et al., 2000). The results of this study show that sexual impulses are associated with deception behavior and that psychological factors that shape this relationship play a decisive role, especially childhood traumas. It will also be revealed that various therapy methods are effective in the management of these disorders and in the prevention of relational problems. In this context, the research aims to improve the quality of life of individuals and couples by offering significant inferences at both individual and social level.

METHOD

In this study, literature screening method was preferred in order to analyze the individual and relational dynamics of sexual impulses and deception behavior extensively. Literature screening allows systematic evaluation of existing theoretical and empirical findings by examining past research. In particular, the compilation of previous studies on sexual impulses and deception behavior, which is a psychological, social and clinically sensitive issue, enabled the subject to be handled from different angles. The research method was carefully determined in line with the scope of the study and the research questions. Literature screening helps to create the theoretical framework, while at the same time allows comparative analysis of empirical data. In this respect, the scientific studies in the refereed journals have been published in the last 20 years. However, the basic theories and classical approaches on the subject are handled without exclusion. The collected data were classified by thematic analysis method, and the basic inferences that examine the relationship between sexual impulse disorders and deception behavior at the individual and relational level were determined. In this process, individuals' psychological tendencies, their experiences in childhood, and the connections between the dynamics of relationship are emphasized. Thus, it is aimed to evaluate the subject discussed within the scope of the study in a more comprehensive and systematic way.

FINDINGS

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

1. DEFINITION and CLASSIFICATION of SEXUAL IMPPOINT DISORDERS

Sexual impulses are defined by difficulties in controlling, managing or directing sexual impulses of individuals. These disorders are often characterized by extremes in sexual behavior, impulsive sexual actions, or loss of control against sexual desires. It can affect the sexual life of individuals and cause various problems both individual and relational levels. Excessive sexual impulses, loss of control over the sexual desires of the individual may cause behaviors contrary to the norms and personal values of the society (Blanchard, 2009). In general, sexual impulses can be defined as the inability of the individual to control their sexual impulses, desires and behaviors in a healthy way. These disorders lead to an excessive, frequent or uncontrollable emergence of one's sexual impulses and may adversely affect the quality of life. It refers to the imbalance between sexual desire, sexual thoughts and sexual behaviors. This manifests itself with symptoms such as extreme sensitivity to the individual's sexual impulses, impulsive behaviors, recurrent sexual thoughts and inappropriate timing (Kaplan & Sadock, 2000).

Sexual impulses may have various sub -groups and definitions. DSM-5 states that these disorders contain sexual impulses and behaviors affecting personal functionality and social harmony when defining sexual impulses. These disorders often include situations in which individuals have problems in controlling or expressing sexual impulses. The DSM-5 classifies these disorders under various categories and is based on certain diagnostic criteria of each disorder. Sexual impulses in important psychiatry and medical classification systems such as Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and International Classification of Diseases (ICD-10) are discussed in different categories.

Paraffilic disorders are related to the fact that sexual impulses are directed to objects, actions or situations that are not considered non -norm or socially accepted. These disorders are defined by the emergence of sexual impulses in a way that disrupts the functionality of the individual. According to DSM-5, the criteria that define the paraffality include a person's sexual impulse or fantasies frequently or continuously with unusual objects, individuals or behaviors, these impulses lead to distress or deterioration in social, professional or other important functional areas of the individual and may be unacceptable or harmful in society at the level.

Hypersexuality is the state of excessive sexual impulses or desires of individuals. According to the DSM-5, this manifests itself with symptoms such as the continuous sexual impulses of sexual impulses, the person is regularly engaged in sexual thoughts or excessive sexual desires. Sexual impulses can cause problems in the individual's personal, social or functional life, and the individual may fail even if he takes various measures to control these impulses.

Sexual impulsive control disorder is characterized by the individual's difficulty in controlling sexual impulses and behaviors. According to the DSM-5 criteria, individuals with this disorder have difficulty in controlling their sexual impulses and often experience inability to resist sexual behavior. Sexual behaviors seriously harm the person's social, professional or personal life, and the individual cannot succeed despite trying to prevent these impulses.

Sexual desire disorder manifests itself by decreasing or loss of sexual desire of the individual. According to the DSM-5, this disorder is defined by the individual's sexual desire or sexual thoughts and negatively affecting the relationships or quality of life of this situation. Loss of sexual desire should not be caused by another psychiatric disorder, substance use or a medical condition.

Sexual arousal disorder is related to the absence of a sufficient response to sexual stimulation. According to DSM-5, this disorder is characterized by the inability of the individual to give sufficient physiological or psychological response to sexual stimulation and satisfaction. This deficiency adversely affects the sexual life of the individual and the quality of life. Loss of sexual arousal should not depend on another psychiatric disease or medical condition.

Sexual pain disorders are manifested by physical pain during sexual intercourse. According to DSM-5, these disorders are divided into dyspareunia (pain in the genital area during sexual intercourse) and vaginismus (pain and penetration difficulties during sexual intercourse as a result of involuntary contraction of the vaginal muscles). The occurrence of pain or contractions during sexual intercourse may adversely affect the sexual functionality or quality of life of the individual.

According to DSM-5, sexual impulses have various classifications and sub-diagnoses. Each disorder can adversely affect one's sexual life and lead to important psychological, social and relationship difficulties. The identification, treatment and prevention of these disorders has an important place in clinical applications. The interaction of biological, psychological and environmental factors plays a role in the development of sexual impulse disorders. The underlying causes of these disorders are often associated with sexual traumas, emotional or psychological traumas, genetic predispositions and neurological problems. Sexual traumas in childhood play an important role in the development of these disorders. Traumatic experiences can disrupt the ability of individuals to regulate their sexual impulses and sexual behavior in a healthy way. In addition, social and cultural pressures are among the factors that determine how individuals will approach their thoughts and feelings about their sexual impulses (Van der Kolk, 2014). Sexual impulses are important psychological problems that may affect the sexual life of individuals. The definition, classification and causes of these disorders constitute a basic building block for research in this field. A better understanding of sexual impulses will allow the development of effective strategies to treat this situation. Other psychological and social factors associated with sexual impulses may play a decisive role in the emergence of behaviors such as deception.

2. THE RELATIONSHIP BETWEEN SEXUAL IMPULSE DISORDER and DECEPTION BEHAVIOR

The relationship between sexual impulse disorders and deception behavior is an important issue that includes highly complex interactions in psychological and relational terms. Sexual impulses may adversely affect individuals' ability to control, express or manage their sexual desires, impulses. These disorders can also lead to significant changes in loyalty, trust and satisfaction in individuals' relationships. Deception often occurs as a result of inadequate sexual impulses and desires at the point of satisfaction in the current relationship. In this context, sexual impulses may play a triggering role in individuals' orientation of deception behavior. Sexual impulses are a condition in which individuals have difficulty in controlling their sexual impulses. These disorders may increase sexual impulses, the formation of continuous sexual thoughts and the exhibition of impulsive sexual behaviors. Such disorders can lead to deception behavior while bringing problems with sexual satisfaction and relationship satisfaction. For example, individuals with hypersexuality or sexual impulse control disorder may seek sexual satisfaction from outside by not being able to resist their impulses (Huang et al., 2014). This is associated with emotional hunger, such as inability to meet the sexual needs of the partner, a feeling of sexual insufficiency and dissatisfaction. The levels of sexual satisfaction in their relationships usually decrease. Uncontrolled or decrease in sexual desires may adversely affect individuals' ability to achieve sexual satisfaction. This dissatisfaction reduces the satisfaction of individuals from the relationship by weakening emotional ties and can increase their tendency to deceive over time. In particular, individuals with sexual impulse disorders can look for alternative ways to deal with sexual dissatisfaction in their relationship. At the beginning of these roads is deception behavior (Spector, 2005). Sexual impulsive disorders may shake their loyalty because individuals cannot lead a satisfactory sexual life and cause them to create an out-of-intercourse orientation. Deception is not only related to the expression of sexual impulses, but also to the fact that psychological needs are not met, emotional deprivation and individual insecurity. Sexual impulses can lead to more difficulty in overcoming these deficiencies. Especially in childhood sexual traumas, attachment problems, or past betrayal experiences may affect and trigger deception behavior (Whisman, 2007). In this context, it can be observed that individuals with sexual impulse disorder resort to deception behavior in order to fill psychological gaps. Understanding the relationship between sexual impulse disorders and deception behavior allows the development of effective interventions in the treatment process. Therapy methods such as EMDR (Eye Movement Pattle and Reprocessing) and Cognitive-Davranist Therapy (CIS) offer important tools in the treatment of such disorders. EMDR is effective in processing traumatic experiences and descending to the origins of sexual impulses. Cognitive-behavioral therapy focuses on changing the intellectual patterns of individuals' sexual impulses and helps them establish healthy sexual lives (Shapiro, 2001). Treatment for deception behavior may include relationship therapy and individual therapy process. These therapies allow individuals to understand their deception behaviors, discover psychological factors behind and establish healthy relationships. In the treatment process, it is important to strengthen emotional ties, increase communication skills and create confidence with the partner (Hawkins & Fawcett, 2007).

As a result, the relationship between sexual impulses and deception behavior is a complex situation that can develop as a result of not meeting the sexual and emotional needs of individuals. Uncontrolled increase in sexual impulses can trigger deception behavior by leading to dissatisfaction. By better understanding this relationship, the implementation of treatment methods allows both individual and relational improvements. Sexual impulses are one of the basic psychological and biological factors that shape individuals' sexual behavior and sexual satisfaction in their relationships. These impulses are often directly related to loyalty in individuals' relationships. However, the fact that sexual impulses are out of control or that they are not satisfactory sufficiently can trigger relationships such as unfaithful. When the effect of sexual impulses is examined in connection with unfaithfulness, it is possible to understand the relationship between these two cases at various psychological, socio-cultural and biological levels. Sexual impulses arise as a result of a biological and psychological interaction. Biologically, sexual impulses are directed by the body's hormonal structure and neural responses, while psychologically, individuals are shaped by their sexual desires, desires and past experiences. These impulses may affect individuals' search for sexual satisfaction and commitment (Baumeister & Vohs, 2004). The suppression or dissatisfaction of sexual impulses can affect other needs in individuals' relationships, especially emotional commitment and loyalty. Sexual satisfaction is one of the cornerstones of commitment, trust and loyalty in a relationship. For this reason, individuals who cannot satisfy or control their sexual impulses sufficiently may exhibit unfaithful behaviors by turning to search for this satisfaction from other sources. In a relationship with low sexual satisfaction, the risk of disgrace may increase. Various studies show that lack of sexual satisfaction directs individuals to search for sexual expressions. People who cannot satisfy their sexual impulses with their partners can usually go to deception to meet this need in other relationships (Lammers et al., 2011). Furthermore, extreme situations such as psychological conditions such as sexual impulses, sexual reluctance or extreme sexual desire can lead to sexual dissatisfaction of individuals. This dissatisfaction creates a gap in relationships, and unconcerned may arise as a strategy to fill this gap. Sexual impulses express the psychological conditions in which individuals have difficulty in managing sexual impulses. These disorders may be caused by extreme sexual impulses (hypersexuality) or completely loss of sexual impulses (hypoactive sexual desire disorder). Individuals with sexual impulses often have difficulty cope with a sense of sexual dissatisfaction. This may lead them to the search for another partner, which can prepare the ground for unfaithful behavior (Spector, 2005). Especially in individuals who have difficulty in over-controlling sexual impulses, they may reveal disjointed behaviors such as

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

search for sexual expression and deception. The connection between sexual impulse and disjuncting is not only biological and physiological factors. Psychological and emotional factors also play an important role. For example, emotional commitment to a person's relationship can affect how to direct sexual impulses. Saturations such as weakening of emotional bond with the partner and not sufficiently satisfied with sexual impulses may encourage individuals to seek other relationships that can satisfy more emotionally. Furthermore, psychological factors such as past traumas, low self-esteem, attachment problems can lead to an increase or decrease of sexual impulses, which may lead to disjuncting (Whisman, 2007). The understanding of sexual impulses as a factor that triggers disjuncting affects the treatment approaches. For individuals with sexual impulses, approaches such as EMDR (Eye Movement Desensitization and Reprocessing) and Cognitive-Behavioral Therapy have an important place. These treatment methods aim to ensure that individuals control their sexual impulses and facilitate them to cope with sexual dissatisfaction (Shapiro, 2001). In addition, relationship therapy is also an important treatment tool for couples with unfaithful problems. Relationship therapy can help individuals understand their sexual and emotional needs and develop healthy communication and trust. This process allows the restructuring of the relationship between sexual impulses and loyalty. The relationship between sexual impulses and unfaithfulness reflects a complex dynamics based on individuals' sexual satisfaction, emotional commitment and relationship satisfaction. The deterioration or inadequacy of sexual impulses is an important factor that triggers the behavior of unfaithfulness. Therefore, the treatment of sexual impulse disorders can be an important step to help individuals can cope with disjuncting. Therapeutic interventions and healthy relationship dynamics allow to transform the negative relationship between these two cases.

3. CHILDHOOD TRAUMAS and PSYCHOLOGICAL EFFECTS

Childhood traumas are experiences that can permanently affect the psychological and emotional development of individuals. These traumas may occur in many different ways, such as domestic violence, physical or emotional abuse, neglect, loss of parent, great losses at an early age and other traumatic events. Childhood traumas have significant effects on psychological health, emotional regulation skills and interpersonal relationships in adulthood. In this section, the possible effects of childhood traumas on sexual impulses and disjunctedness will be examined. Many studies show that childhood traumas can leave deep marks in the emotional and psychological development of individuals. These traumas can especially affect attachment forms, emotional regulation skills and sexual impulses. The theory of attachment states that the relationships established with parents in childhood shape the emotional and social ties in adulthood (Bowlby, 1969). Children who have experienced trauma often have difficulty developing safe attachment, which can cause various problems in future relationships and sexual life. Emotional traumas experienced in childhood may adversely affect individuals' ability to regulate sexual impulses. Especially sexual abuse of sexual abuse at an early age is at a higher risk of how such experiences affect their sexual behavior and impulses in adulthood. Such traumatic experiences can prevent individuals from expressing their sexual impulses in a healthy way and lead to sexual impulses. In addition, such traumas can lead to the development of defense mechanisms such as disgusting in relationships. Individuals who have been sexually abused in childhood are more likely to have sexual impulses in adulthood. Sexual abuse creates a great trauma not only physical but also psychologically. When sexual abused children cannot process this trauma in a healthy way, they can either suppress their sexual impulses or express them incorrectly. Such traumas may also adversely affect the development of sexual identity and lead to sexual impulses (Finkelhor, 1994). In individuals of sexual abuse, negative attitudes towards sexual relations and low sexual satisfaction levels are observed. This may trigger the tendencies of unfaithfulness in relationships, because individuals can seek an external solution in cases where their sexual impulses are not satisfied. Emotional abuse in childhood is also associated with sexual impulse disorders. Emotional abuse includes situations such as ignoring the child's emotional needs, constant criticism or rejection. Such traumas can weaken the child's self-esteem and cause difficulties in searching for emotional security. Emotional abused children can develop low self-esteem and emotional gaps, which can make it difficult for them to manage their sexual impulses. This may lead to the emergence of problems with trust and loyalty in sexual relations and may cause disjuncted over time (McCluskey, 2003). Domestic violence is another important form of childhood traumas. Domestic violence can cause both physical and psychological trauma and shaping individuals' sexual impulses, relationships, and behavior of loyalty. Individuals with family violence in childhood have difficulty in establishing safe attachment, which can affect their relationship and sexual life in adulthood. Domestic violence can also adversely affect sexual identity development and sexual impulses. Such traumas can lead to incorrectly expressing sexual impulses, feeling emotional emptiness and displaying unjust behaviors (Cohen & Mannarino, 2003). Treatment of childhood traumas can help correct psychological problems in adulthood. Therapeutic interventions are of great importance for individuals with post-traumatic stress disorder (TSSB) and sexual impulses. Trauma-oriented therapy methods allow individuals to process their traumas in a safe environment and can help them restructure healthy sexual impulses. In addition, techniques such as EMDR (insensitivity and reprocessing with eye movements) and cognitive-behavioral therapy can help individuals improve childhood traumas and cope with problems of disjuncting in their relationship. These treatment methods allow individuals to ensure safe connection, improve their emotional arrangements and rediscover their healthy sexual impulses. Childhood traumas have significant effects on behaviors such as sexual impulse disorders and disgrace. Traumas at an early age can adversely affect sexual development, emotional regulation skills and relational dynamics. For this reason, psychotherapeutic interventions on trauma treatment and sexual impulses are critical

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

at both individual and relational level. Treatment of childhood traumas not only helps to eliminate sexual impulse disorders, but also allows to avoid relationships such as unfaithfulness.

4. TREATMENT METHODS

Sexual impulses and deception behaviors are complex problems that can have deep effects on individuals and their relationships, and the treatment of these situations includes various psychotherapeutic approaches and treatment methods. Sexual impulses often occur with symptoms such as hypertextuality, compulsive sexual behaviors and lack of control of sexual impulses, and if these conditions are not treated, they may cause disjointing and trust problems in individuals' relationships (Carnes, 2018). The main approaches used in the treatment of such disorders include cognitive behavioral therapy, EMDR (insensitivity and re-processing with eye movements) and double therapy. In short, if we talk about these treatment methods:

✓ EMDR (insensitivity and re-processing with eye movements)

It is the name of an effective psychotherapy approach/method (Eye Movement Desensitization and Reprocessing), which means insensitivity and re-processing with eye movements. In the early periods, EMDR, which was found as a therapy model applied for post-traumatic stress disorder (TSSB), today, addictive behavior, anger, anxiety, depression, loss and grief, reduction of pain, development of self-esteem, stress management and performance development. It is used in areas. In addition to important traumas such as natural disasters, big accidents, losses, war, harassment, rape, all kinds of traumatic experiences that are experienced at all ages, especially childhood; In daily life, experiences such as negative events in the family, school and business environment, exposure to violence, humiliation, rejection, neglect and failure are "unrelated" memories. EMDR is a therapy method that allows and processes such memories. It allows the brain to do the procedure that it cannot do in time. If we open a little bit of the concept of şma processing a moment ;; The fact that the traumatic features of the memory are felt less disturbing is that the wrong judgments that we have learned in the moment change with correct and positive thoughts. As a result of the processing, we are liberated from the emotions, thoughts and behaviors that affect us negatively in daily life and that we encounter as a problem. In fact, the factors such as certain attitudes, people and objects that we are negatively affected without realizing can no longer affect us. EMDR Therapy is a process that continues until the problems experienced by the person disappear. Not only with past memories, but also today's reflections (triggers) and possible future scenarios or disturbing states. Therefore, in EMDR therapy, not only the past, but also the future and the future. At the end of this process, it is aimed to see the therapy from the negative impact of the past and look at the present and future more realistic and discreet. One of the most common mistakes made to protect against sad events is the prevention of people from experiencing their feelings in the face of the event. In order to save people from the influence of the painful event (except physician control), the drugs given randomly, alcohol or other ways to try to make people forget what they live in is only the postponement of the situation. First of all, these are temporary methods and their effects are not permanent and it is a condition that increases negative behaviors from time to time. In such cases, it can be more effective to give people the opportunity to tell them about the pain of people, to tell them about the pain and sadness, to listen to him without judging and give reason, to let him cry and shout if he wants to. Many people may become permanent or new problems may arise, as many people follow a wrong method of approaching the person who has problems. This does nothing but the deterioration of mental health. Today, the concept of preventive mental health has gained very important. There are many studies to protect mental health without problems. It is also possible to solve the problems that arise. EMDR approach has a very important place in the techniques used in solving these problems. Uncomfortable events can be stored in an isolated memory network in the brain. This prevents the person from being psychologically healthy. The old material stops repeatedly triggered. The information you need to solve this situation is another network in another part of the brain. The reason why fishermen spend half of their lives on land is the network cleaning. No matter where they are thrown, all kinds of waste, rash and slime that block the network eyes are collected and sea moss are wrapped around the net ropes. They overcome the network and create openings that cause leakage by eroding the network. If it is not intervened, the entire network will soon become unusable.

The brain is also a network of axons and synapses, and as it is thrown into the ocean of thought, it is unfortunately exposed to damage and abrasion. When EMDR is insensitive and re-processing with EMDR eye movements, these two networks can be connected to each other, entering the new information and the old problems can be solved (Shapiro, 2017).

Manual administration of treatment in EMDR therapy gives more effective results. The importance of physical contact in EMDR therapy is the support of the therapeutic process. Using the therapist's hands to direct the individual's attention, allows the effective control of eye movements. Hand EMDR helps the individual to manage the focus of attention more clearly. This method allows the therapist to directly observe the individual's reactions and adapt to the process. In EMDR therapy, manually implementation can help the individual to connect more effectively with his mental and emotional experiences. This contributes to the functioning of the therapeutic process faster and in depth. Physical guidance can increase the participation of the individual to the therapeutic

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

process. Hand orientation supports the progression of the therapy in a structured and focused manner. The therapist's guidance with his hands can make the individual feel safe. This physical connection allows the therapist to communicate more effectively with the individual.

Childhood traumas can create serious psychological burdens that can deeply affect mental health and relationships in the future of the individual's life. Such traumas are usually associated with experiences such as parental negligence, physical or emotional abuse, losses or lack of safe attachment relationships (Bowlby, 1988). EMDR (insensitivity and re-processing with eye movements) is accepted as an effective method to process childhood traumas and reduce psychological symptoms caused by these traumas (Shapiro, 2017). EMDR provides the re-processing of memories of individuals' traumatic experiences in the past. This therapeutic approach aims to reduce negative thoughts, emotions and body sensations that accompany traumatic memories. In the treatment process, the individual focuses on traumatic memories using eye movements or other two-way stimulation techniques under the guidance of the therapist. This process ensures that traumatic memories are reorganized in the brain and the individual's negative emotional reactions to these memories decrease (Shapiro, 2017). Research shows that EMDR is effective in alleviating symptoms such as stress, anxiety, depression and post-traumatic stress disorder (TSSB) caused by childhood traumas (Van Der Kolk, 2014). EMDR therapy can improve the safe attachment capacity of the individual and reduce the impact of past negative experiences on today's relationships. EMDR's success in the process of processing childhood traumas is based on the neural network of the brain. Traumatic experiences are generally recorded by the amygdala, which is usually the center of the brain's emotion processing center. EMDR contributes to the regulation of the individual's nervous system by ensuring that these records are processed in a healthier way (Shapiro, 2017). EMDR is used for trauma treatment not only in adults but also in children and adolescents. In particular, the approaches in which play therapy and EMDR are combined offer an effective way to process the traumatic memories of children and create a safe space in this process (Tinker & Wilson, 1999).

If we explain the role of EMDR in sexual impulses; Sexual impulse disorder is defined as inability to prevent excessive sex or masturbation. People with sexual impulse disorders often do not select selectively to choose the people to share their requests. People with sexual impulse disorder; Most of the time they express that they are with different women in a day. They cannot maintain a regular and monogamous relationship. Even if they have started a relationship, they think of sexual intercourse with women/men. Generally, the appearance, personality of their sexual partners, etc. They do not care about their qualities. During the day, sexuality constantly occupies your minds. As in other impulses, a feeling of guilt occurs after the action in sexual impulse disorder.

Sexual impulse disorder first begins with excessive masturbation. In the young adulthood, the person who is directed to excessive masturbation and spends time with pornographic elements begins to engage with sexual partners after a while. There is no desire to enjoy in these relationships. The aim is to eliminate the unrest of the sexuality urge. There is an uncontrollable urge to sexuality, and his thoughts are constantly interested in sexuality. People who are defined as sex addicts cannot maintain one equivalent for more than 6 months, and have difficulty in sexual intercourse without being selective about their sexual partner, and in controlling their sexual desires and desires.

A short-term relief after sexual intercourse is felt. But this sense of relaxation often leaves its place to guilt. Although guilt is more felt in women, it is also known that men are sometimes not felt at all. It is known that sex addiction is seen at 3 % in men and 1 % in women. It is observed that there is an increase in internet use, the facilitation of accessing pornographic elements and sexual partners, and increased cyber sex. The age of sex addiction is usually among young adulthood and old age. Sex addiction has no relationship with education, culture, career or socioeconomic. It is a discomfort that can be seen in a person from every profession, but this addiction deeply affects one's relationships, social life and work. Sometimes it threatens her career. Sex partners selected by addicts can usually be of all ages, all walks of life. No quality is sought. The intense desire heard before sexual intercourse passes after the intercourse. This desire is replaced by another body. With the rising hormones rising during the relationship, the person feels that he gets rid of depression, stress and many troubles he does not want to think of. This, as in most addiction, shows that sexual intercourse is preferred to get away from stress and many thoughts. People with sex addiction are usually deprived of love and attention in childhood. The feeling of worthlessness felt, often directed to masturbate in childhood, while this habit is replaced by sexual intercourse in young adulthood. It is known that sex addiction is also seen in people who are subjected to sexual harassment in childhood. Another element that triggers sex addiction is to easily access pornographic elements via the internet.

To briefly mention the role of EMDR and logo therapy on the processing and search of meaning of traumatic experiences; Our childhood experiences cause some basic thoughts, and beliefs through learning. These are called "schemes .. These schemes are strict thinking patterns and shape the perceptions of themselves and their environment. Logo focuses on non-compatible behaviors. In logo therapy, the logic of treatment is transferred to the individual and when encountering stress-creating situations, the

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

techniques to use to deal with anxiety are taught. In order to determine the problems of the person with the person and therapist in the treatment, they focus on the connections between thoughts, emotions and behaviors by doing a teamwork aiming at good living conditions. This approach focuses on “now and here”, that is, at that moment, on the problems that create anxiety in the person. The brain is also a network of axons and synapses, and as it is thrown into the ocean of thought, it is unfortunately exposed to damage and abrasion. In other words, logo therapy can also be an important method in the treatment of sexual impulses and deception behaviors, but it is often an approach that focuses on general psychological problems and the quest for meaning. However, this treatment may be effective to encourage individuals to seek meaning in their lives and behave in harmony with internal values. EMDR's Objective; Uncomfortable events can be stored in an isolated memory network in the person's brain. This prevents the person from being psychologically healthy. The old material stops repeatedly triggered. The information you need to solve this situation is another network in another part of the brain. When EMDR starts to “insensitivity and re-processing with eye movements”, these two networks can be connected to each other, entering the new knowledge and solving old problems. The duration of treatment with these approaches is usually short. Target. Using the potential of the person, he notices his wrong thoughts and perceptions and discusses his problem in himself with real situations. Homework is used. These are evaluated in the session. Logo Therapy and EMDR are applied in many psychological problems in the world. Panic attacks, fears, concerns (exam, social anxiety, performance anxiety), co-relationship problems, obsessive behavior or thoughts, sleep and eating disorders, depression, mourning, post-trauma stress problems, migraine, OCD, sexual problems, study problems fields. Generally, a prediction of the therapist about how long the targets can be achieved after 2-3 sessions may occur. Sometimes, while solving problems in 5-10 sessions, this work may be extended in cases where extensive work such as personality disorder.

✓ Cognitive Behavioral Therapy (CIS)

Cognitive Behavioral Therapy (CIS) is a therapeutic approach that aims to change negative thoughts and behaviors by understanding that individuals' thoughts, emotional answers and behaviors. This therapy allows individuals to analyze their thoughts, emotional reactions and behaviors and help them understand the relationships between these elements. The aim of the therapy is to change problematic behaviors associated with negative thoughts and to ensure that individuals manage their emotional reactions more healthily. In this context, studies on the effectiveness of the CIS in the treatment of related problems such as sexual impulses and deception behaviors show that strategies aimed at changing negative thinking patterns and behaviors have successful consequences (Beck, 2011; Fairburn, 2008). Sexual impulses are characterized by difficulties in controlling the sexual impulses of individuals, and this can lead to personal, social and psychological difficulties. Likewise, deception behavior can cause confidence problems and emotional deterioration in relationships (Eckert & Kiehl, 2019). Sexual impulses may cause individuals to have problems with sexual reluctance, extreme sexual impulses or sexual behavior. Similarly, deception can damage individuals' values of loyalty, relationship limits and communication skills. CIS is considered an effective method to treat such problems. The aim of the therapy is to help individuals identify their negative thoughts and change these thoughts from a healthier, realistic perspective (Wright, Basco, & Thase, 2006). The following techniques and interventions are widely used in the treatment process of CIS of CIS sexual impulses and deception behaviors:

The technique of thought changing helps individuals identify negative thinking patterns about their sexual impulses and change these thoughts from a healthier perspective. For example, rather than a belief that “I cannot control my sexual impulses”, a more positive idea can be developed as “I can have control over my sexual impulses”. This technique allows individuals to control their sexual impulses. Behavioral intervention allows the therapist to identify environmental factors where sexual impulses are triggered and to develop healthier coping strategies with these triggers. This helps individuals to change their problematic behavior with healthier alternatives (Dobson, 2001). For example, coping skills are developed for certain situations that trigger sexual impulses. Cognitive restructuring is used to change individuals' beliefs in controlling sexual impulses. This technique, by questioning negative beliefs, allows individuals to change with healthier beliefs (Beck, 2011). This restructuring on deception behaviors and sexual impulses helps individuals to establish healthier relationships. Emotional management enables individuals with sexual impulse disorder to develop emotional regulation skills in order to cope with negative emotions such as guilt, shame or anxiety (Gross, 2007). Therapists use various techniques to help individuals realize their emotional state and cope with them. For example, individuals can learn relaxation and breathing exercises to cope with emotions such as anxiety, guilt and shame. Mindfulness techniques help individuals accept the current moment and question automatic thinking patterns. This is especially useful for individuals with sexual impulses because it gives the ability to face impulses and to cope with these impulses in a healthy way (Kabat-Zinn, 1990). The use of Mindfulness techniques during the CIS process allows individuals to manage stress and anxiety more effectively. Problem solving and communication skills allow individuals to search for different solutions to control or prevent deception behavior (Kanfer & Saslow, 1994). The therapist encourages individuals to develop healthy communication skills. Communication skills are an important technique to prevent impulsive behavior. In addition, behavioral strategies are taught to establish healthy relationship dynamics. Research shows that CIS helps individuals to better understand themselves and develop

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

healthier thoughts and behavioral patterns (Butler, Chapman, Forman, & Beck, 2006). In the treatment of sexual impulses and deception behaviors, the short-term and target-oriented structure of the CIS provides rapid positive results. This therapy process allows individuals to establish healthier relationships, better control their sexual impulses and change their negative behavior patterns.

✓ Double Therapy and Communication Development

Double therapy is a psychotherapeutic approach to help individuals solve communication problems, strengthen their emotional ties and maintain a healthy relationship together. The therapist, who works on sexual impulses and deception behavior, helps both individuals to understand their emotional needs and expectations in the process of double therapy. This type of therapy also allows individuals to improve their healthy communication skills. Communication problems can often damage relationships between couples, so double therapy plays an important role in solving these problems. Double therapy is usually structured for the following basic goals:

Strengthening emotional ties: Therapist helps couples rebuild emotional ties. This focuses on trusting, empathy development and meeting emotional needs (Gottman & Silver, 1999).

Improving communication skills: Double therapy is particularly aimed at the development of healthy communication skills. Couples learn the ability to better understand each other's emotional expressions, express their emotions and solve conflicts in a constructive manner (Corey, 2013).

Teaching conflict-solving strategies: Couples may deepen with problems such as conflicts, sexual impulses or deception. The therapist provides couples with effective conflict-solving strategies, so that a healthier dialogue and solution process develops between couples (Butler et al., 2006).

Reconstruction of loyalty and trust: Problems such as deception behaviors often damage couples' trust. The therapist develops strategies for the reconstruction of trust. This helps both sides to experience a process of healing based on significant relationship values such as loyalty, trust and honesty (Gottman & Silver, 1999).

Sexual impulses and deception behaviors are often associated with factors such as lack of communication between couples, emotional distance and misunderstandings. In the process of double therapy, such problems can be handled in the following ways:

Coping with sexual impulsive disorders: The therapist offers couples healthy communication ways to cope with sexual impulses. Couples gain the ability to solve these problems together by sharing their sexual impulses and expectations more clearly (Beck & Weishaar, 2005).

Taking the behavior of deception: Deception is often caused by the insecurity and deficiencies of communication between couples. The therapist deals with the couple's past trust problems and offers ways to build new trust. In addition, both individuals offer the opportunity to think about the causes of deception behaviors and how they affect the relationship (Gottman & Silver, 1999).

✓ Pharmacological Treatment

It is a condition that can cause problems such as sexual impulse disorder, lack of sexual desire or decrease in sexual satisfaction. Such disorders can be caused by psychological, biological and environmental factors. Pharmacological treatment methods also have an important place in the treatment of sexual impulse disorder. These treatments are used to treat biological and psychological factors that cause sexual impulse disorder. Pharmacological treatment is usually performed with psychotherapy and behavioral treatments. Pharmacological treatment options include antidepressants, antipsychotic drugs and hormone regulatory treatments. Each type of treatment is selected according to different biological or psychological factors underlying sexual impulse disorder. Antidepressants are drugs commonly used in the treatment of depression, but some antidepressants may adversely affect sexual function, while others can be used in the treatment of sexual impulse disorder. In particular, antidepressant treatment plays an important role, as psychological problems such as depression and anxiety may cause sexual impulse disorder. Antidepressants improve mood by increasing serotonin levels. However, increased serotonin levels may lead to sexual dysfunction in some people. This is particularly related to selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs). SSRIs (eg fluoxetine, sertraline) and SNRIs (eg venlafaxine) may cause problems such as sexual reluctance, relation disorders and orgasm difficulties. However, some antidepressants are particularly successful in the treatment of depression and anxiety and can also help sexual impulse disorder. These are drugs that are effective on dopamine and norepinephrine such as bupropion. Bupropion may have less sexual side effects than the SSRIs and can therefore be preferred in the treatment of sexual

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

impulse disorder (McIntyre et al., 2006). Pharmacological agents are commonly used in the treatment of antipsychotic drugs, schizophrenia and other psychotic disorders. These drugs, which affect dopamine and serotonin systems, may have negative effects on sexual function, even if they are effective in controlling psychiatric symptoms. In particular, they can lead to reduction in sexual desire by increasing prolactin levels, erectile dysfunction and other sexual dysfunction. In particular, typical antipsychotics can trigger sexual impulse disorders by suppressing dopamine levels. Traditional antipsychotic drugs such as haloperidol can prevent sexual reluctance and dysfunctional disorders by preventing the role of dopamine on sexual desire. Drugs such as atypical antipsychotics, risperidone and olanzapine may cause sexual dysfunction in some patients, although they have less side effects. In the process of antipsychotic treatment, additional supportive methods can be used to minimize the negative effects on sexual function. Sexual therapy or hormone therapy is among the approaches that may be useful in this process. In addition, strategies such as low-dose drug use or replacement of the drug may contribute to the protection and improvement of sexual function (Volavka, 2002). Hormonal imbalances may be one of the main causes of sexual impulse disorders. Particularly low testosterone levels lead to a decrease in sexual desire in men, while irregularities in estrogen and progesterone levels may have similar effects in women. Hormonal therapy, which is applied to relieve such hormonal imbalances, stands out as an effective method for improving sexual desire and general sexual health. Testosterone has a critical role in the regulation of sexual impulse in men. Low testosterone levels can lead to sexual reluctance, erectile dysfunction and general sexual performance problems. Testosterone replacement therapy can help increase sexual desire in men whose testosterone levels have fallen due to aging or hypogonadism (Zarrouf et al., 2009). In women, hormonal changes can trigger sexual impulse disorders. Hormonal fluctuations experienced in menopause, birth control or postpartum period may cause a decrease in sexual desire and decrease in libidone. While estrogen therapy is used to relieve vaginal dryness and sexual pleasure deficiencies, progesterone therapy can be applied to ensure hormonal balance (Kingsberg & Wysocki, 2013). These treatment approaches make significant contributions to supporting women's sexual functions and general life quality. Pharmacological therapy is usually applied with psychotherapy and behavioral treatments to alleviate symptoms of sexual impulse disorder. Pharmacological treatment, supported by approaches such as cognitive behavioral therapy, double therapy and sexual therapy, can achieve more effective results. For example, it may be useful to use antidepressants and sex therapy together to reduce the negative effects of depression and anxiety on sexual impulse. Similarly, the combination of hormone treatment and sexual therapy can help eliminate sexual reluctance. Sexual impulse disorder is a complex condition that occurs as a result of the interaction of biological, psychological and environmental factors. Therefore, a holistic approach should be adopted in the treatment process. The use of pharmacological methods with psychotherapy and other supportive techniques may increase the permanence and effectiveness of treatment. Selective serotonin reuptake inhibitors (SSRIs) are one of the drugs used in the treatment of hypersexuality and can help individuals control their impulsive behavior through their sexual impact (Schmidt & Arndt, 2010). However, a combination of cognitive behavioral therapy is recommended to reduce the side effects of these drugs and to restructure individuals' thought patterns. Thus, a more comprehensive treatment can be achieved by targeting both biological and psychosocial factors. Antipsychotic drugs may also be effective in the management of impulse control problems and can be used especially in the treatment of sexual impulse disorders associated with obsessive compulsive behaviors (Rosenberg et al., 2014). However, side effects of these drugs such as libido decrease should be considered. Double therapy can solve communication problems between partners and increase the compliance with treatment. When the relationship problems due to sexual function loss are taken, the effects of treatment become more comprehensive and the social and emotional goodness of individuals is supported.

✓ Hormone Regulatory Treatments and Sex Therapy

Testosterone replacement treatment can be applied to treat sexual impulse reduction due to low testosterone levels in men (Zarrouquel et al., 2009). In addition to hormonal treatment, sex therapy can help individuals better understand their sexual desires and discover their sexual identity. This treatment combination may be very effective, especially for women in menopause or individuals with hormone disorders. Pharmacotherapy deals with the biological aspects of sexual impulse disorder, while psychotherapy and double therapy involve psychological and relational dimensions. The use of these methods together allows the creation of a treatment plan that meets the needs of individuals more comprehensively. In addition, supportive methods such as exercise, stress management and Mindfulness techniques may increase the effects of pharmacological treatment and therapies. For example, regular exercise can have a positive effect on the sexual impulse by increasing dopamine release.

✓ Behavioral Interventions

Behavioral interventions aim to reshaping the individual patterns of thought, emotion and behavioral of the individual in the treatment of sexual impulse disorder. These methods may have more effective consequences when combined with pharmacological and psychotherapeutic approaches. Mindfulness is one of the conscious awareness methods that enable the individual to focus on the current main focus and accept his thoughts without judging. For individuals with sexual impulse disorder, Mindfulness can help manage impulsive behavior and improve emotional regulations. In addition, alternative and supportive methods play an important role in the treatment process. Alternative treatment approaches can be applied as a complement to psychotherapy and pharmacotherapy and contribute to the treatment process by supporting the individual's biopsychosocial state. Exercise and physical

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

activity improve dopamine and serotonin levels, improve the mood of the individual and regulate the balance of sexual impulse. Regular physical activity can help control impulsive behaviors by reducing stress levels. Nutrition and diet also support hormone balance and become an effective factor in the treatment process. Food elements such as zinc, magnesium and omega-3 fatty acids can contribute to the regulation of sexual impulse, while a balanced diet can positively affect the treatment process by reducing emotional problems such as depression and anxiety.

CONCLUSION

This study was carried out as an effort to understand the effects of sexual impulse and deception behavior on individual and relational dynamics. Research findings have shown that individuals' lives in their lives and their reactions to these difficulties are related to the meaning of life and self-realization processes. When Maslow is evaluated within the framework of the hierarchy of needs, the needs of individuals and the level of meeting these needs significantly affect their behavior and the way they perceive the meaning of life. In particular, the need for self-realization allows individuals to discover their potential and build a meaningful life. The process of finding the meaning of life is closely related to individuals' ability to hear and discover themselves. However, in this process, individuals can often face individual, family and environmental problems. These problems may manifest themselves with both psychological and physical symptoms and adversely affect the sense of happiness and satisfaction of individuals. At this point, individuals' tend to support support and benefit from effective approaches such as logo therapy or EMDR has a critical importance in terms of improving quality of life. Analysis on sexual impulse disorder showed that weakness of impulse control mechanisms, emotional regulation problems and childhood traumas trigger this disorder. In addition, individual factors such as attachment problems and low self-esteem have been found to have an effect on disorder. Deception behavior, on the other hand, has a strong relationship with relationship dissatisfaction, weakness of attachment safety and deficiencies of communication. Deception behavior was also associated with narcissistic tendencies at the individual level, emotional regulation problems and power imbalances. The intersection points between sexual impulse disorder and deception behavior, hypersexuality and impulse, have shown that these two behaviors meet on a common ground. In addition, the past traumas and attachment problems of individuals have strengthened both the emergence of these two behaviors and their destructive effects in relationships. This study enables the development of various intervention strategies at both individual and relational levels. Below, theoretical, practical and proposals for research are presented in this context:

The difficulties faced by individuals in the process of finding the meaning of their lives should be investigated in the context of the hierarchy of needs. In this context, the effects of logo therapy and EMDR on individuals' self-discovery processes should be subjected to more comprehensive theoretical studies.

More and more comprehensive theoretical models should be developed on how individuals perceive problems and how their reactions to these problems shape the meaning of life. In addition, the effects of insecure attachment styles on sexual impaired and deception behaviors should be examined in depth within the framework of attachment theory. It is also necessary to consider the effects of emotional regulation skills and trauma models on sexual impairment and deception behavior.

At a practical level, therapeutic approaches such as logo therapy and EMDR should be expanded for individuals who are forced in the process of self-discovery. At the same time, awareness development and stress management trainings for individuals' mental health protection should be encouraged. Programs that strengthen emotional support and communication skills should be implemented in order to cope with family problems, and psychosocial support mechanisms should be created to reduce the effects of environmental factors (eg work stress and economic problems) on individuals. Protective mental health approaches should allow individuals to take precautions before confronting problems. Especially for children, mental health-oriented training programs should be developed and applied in schools. In the research area, comparative researches should be conducted on how the meaning of life, sexual impairment and deception behavior changes in terms of cultural differences. More experimental studies are required on the long-term effects of logo therapy and EMDR on the individual and relational level. In addition, studies examining the effects of childhood traumas on individuals' life meaning and relationship dynamics should be encouraged. As a result, this study emphasizes the importance of dealing with the difficulties faced by individuals in the search for life and the ways of dealing with these difficulties in a multidimensional perspective. Protective and supportive mechanisms developed at both individual and social level will enable individuals to lead a healthier and more meaningful life.

REFERENCES

- 1) Ainsworth, M. D. S. (1979). Attachment and the development of the social bioform: Overview of the basic issues. In M. R. Gunnar & M. D. S. Ainsworth (Eds.), *The development of emotional regulation and its implications for the mental health of children* (pp. 123–142). Academic Press.

Sexual Impulse and Deception Behavior: Clinical and Psychosocial Perspectives

- 2) American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Association.
- 3) American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., Text Revision). Washington, DC: Author.
- 4) Bancroft, J., & Vukadinovic, Z. (2004). Sexual addiction, sexual compulsivity, sexual impulsivity, or what? Toward a theoretical model. *The Journal of Sex Research*, 41(3), 225–234. <https://doi.org/10.1080/00224490409552230>
- 5) Baumeister, R. F., & Vohs, K. D. (2004). Sexual economics: Sex as female commodity. *Journal of Personality and Social Psychology*, 85(5), 1050–1071. <https://doi.org/10.1037/0022-3514.85.5.1050>
- 6) Beck, A. T. (2011). *Cognitive therapy: Basics and beyond* (2nd ed.). Guilford Press.
- 7) Berk, L. E. (2013). *Child development* (9th ed.). Pearson Education.
- 8) Blanchard, R. (2009). The DSM diagnostic criteria for paraphilic disorders. *Journal of Sex Research*, 46(3), 251–272. <https://doi.org/10.1080/00224490902808440>
- 9) Bowlby, J. (1969). *Attachment and loss: Volume I. Attachment*. Hogarth Press.
- 10) Bowlby, J. (1982). *Attachment and loss: Volume 1: Attachment* (2nd ed.). Basic Books.
- 11) Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- 12) Carnes, P. (2001). *Out of the shadows: Understanding sexual addiction* (3rd ed.). Hazelden Publishing.
- 13) Carnes, P. (2018). *Out of the shadows: Understanding sexual addiction*. Hazelden Publishing.
- 14) Cohen, J. A., & Mannarino, A. P. (2003). Treatment of childhood traumatic grief. *Journal of Clinical Child and Adolescent Psychology*, 32(1), 1–18. https://doi.org/10.1207/S15374424JCCP3201_01
- 15) Doll, D. M. (2017). The impact of childhood trauma on sexual dysfunction and relationships: A review of the literature. *Journal of Sexual Medicine*, 14(10), 1375–1384. <https://doi.org/10.1016/j.jsxm.2017.08.003>
- 16) Drigotas, S. M., Safstrom, C. A., & Gentilia, T. (1999). An investment model prediction of dating infidelity. *Journal of Personality and Social Psychology*, 77(3), 509–524. <https://doi.org/10.1037/0022-3514.77.3.509>
- 17) Fincham, F. D., & May, R. W. (2017). Infidelity in romantic relationships. *Current Opinion in Psychology*, 13, 70–74. <https://doi.org/10.1016/j.copsyc.2016.03.008>
- 18) Finkelhor, D. (1994). The victimization of children: A developmental perspective. *American Journal of Orthopsychiatry*, 64(3), 235–246. <https://doi.org/10.1037/h0079464>
- 19) Finkelhor, D. (2014). *Child sexual abuse: New theory and research*. The Free Press.
- 20) Fraley, R. C., & Shaver, P. R. (2019). Attachment in adulthood: Recent developments, emerging debates, and future directions. In J. Cassidy & P. Shaver (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 518–535). The Guilford Press.
- 21) Glass, S. P., & Wright, T. L. (1992). Justifications for extramarital relationships: The association between attitudes, behaviors, and gender. *The Journal of Sex Research*, 29(3), 375–390. <https://doi.org/10.1080/00224499209551653>
- 22) Gottman, J. M. (2015). *The seven principles for making marriage work*. Three Rivers Press.
- 23) Kafka, M. P. (2010). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, 39(2), 377–400. <https://doi.org/10.1007/s10508-009-9574-7>
- 24) Mikulincer, M., & Shaver, P. R. (2007). *Attachment in adulthood: Structure, dynamics, and change*. Guilford Press.
- 25) Miner, M. H., & Raymond, N. (2019). Understanding and treating hypersexuality. *CNS Spectrums*, 24(2), 116–123. <https://doi.org/10.1017/S1092852918001206>
- 26) Reid, R. C., Garos, S., & Carpenter, B. N. (2011). Reliability, validity, and psychometric development of the Hypersexual Behavior Consequences Scale. *Journal of Behavioral Addictions*, 1(1), 48–58. <https://doi.org/10.1556/JBA.1.2012.2.1>
- 27) Schmidt, N. B. (2004). Childhood maltreatment and vulnerability to anxiety disorders: Toward an integration of biological, psychological, and social perspectives. *Journal of Anxiety Disorders*, 18(7), 720–746. <https://doi.org/10.1016/j.janxdis.2004.03.001>
- 28) Shapiro, F. (2017). *Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures*. Guilford Publications.
- 29) Sullivan, M. (2018). *Sexual compulsivity and hypersexuality: Implications for therapy and treatment*. Routledge.
- 30) Van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking Press.