Compulsive Sexual Behavior online and in-person in male patient adults: sociodemographic, clinical and personality comparison

Resumen

Este estudio tuvo como objetivo comparar personas con diagnóstico de CSB (del inglés “*Compulsive Sexual Behavior”*) offline y CSB online con controles sanos y como segundo objetivo comparar personas con CBS offline con CSB online, en cuanto a las características psicopatológicas, de personalidad y sociodemográficas. Para ello se contó con una muestra de XX hombres diagnosticados de CSB, sin el uso de internet (adicción a la pornografía, masturbación, etc.), XX hombres diagnosticados de CSB haciendo uso de Internet (cibersexo) y XX controles sanos. Los grupos clínicos que participaron en el estudio fueron atendidos y diagnosticados consecutivamente en la unidad de adicciones comportamentales de AIS por una psicóloga con 20 años de experiencia experta en adicciones comportamentales.

Las diferencias que se han encontrado en este estudio entre CSB ofline y CSB online son

Palabras clave: adicciones comportamentales; adicción al sexo (CSB) offline; adicción al sexo online; personalidad; psicopatología

Introduction

The release of the Diagnostic and Statistical Manual (DSM-5) (APA 2013) introduced a new sub-category named “Non-substance-related disorders”. This category includes an addictive disorder (gambling disorder), not involving substance use, together with substance-use disorders in the category “Substance-Related and Addictive Disorders.” A part from the inclusion of the “Gambling Disorder” (F63.0), the DSM-5 committee members considered other conditions such as Internet-gaming disorder (REF), or hypersexuality disorder (REF) but finally this condition was added to the Section III of the Manual (reserved for conditions that require further study). Finally, although several DSM-5 working groups (Kafka, 2010) proposed to include the hypersexuality disorder in the manual (characterized by the increase in the frequency and intensity of fantasies related to sex, recurrent arousal, impulses and non-paraphilic sexual activity, associated with an impulsivity component, which causes significant discomfort or social or occupational deterioration maintained over time), the inclusion was rejected, even to incorporate this nosological entity in the Section III, due multiple reason including the lack of data in important areas (Piquet-Pessôa 2014).

Despite of the active scientific discussion about whether compulsive sexual behaviour disorder can constitute a behavioural addiction (Griffiths, 2012), similarly to the DSM 5, in the last version of the ICD (International Classification of Diseases, eleventh edition, WHO, 2018), although this disorder has not been considered in the category of addictive disorders, the Compulsive sexual Behavior (CBS) has been considered in the Impulse Control Disorder category. In this document, the problem is distinguished by a persistent pattern of failure to control sexual impulses, resulting in repetitive sexual behavior over a prolonged period (6 months or more) that causes marked personal, family, and discomfort. social, school, work or in other functional areas (Kraus SW and col., 2018).

Regarding the prevalence of CSB, there is a lack of studies with large samples, so the true prevalence of CSB remains unclear. Researchers estimate rates of 3-6% (Kafka 2010), affecting in majority to adult males (80% or more) (Reid 2012).

The problematic sexual behaviour is recognized by mental health professionals as a behavior with clinical relevance. the increase in this demand is in line with the increased awareness of groups of various kinds: health workers, politicians, educators and researchers. According to SASH (Society for the Advancement of Sexual Health, 2012), the prevalence of CSB is between 3% and 6% of the general US population. Moreover, in the last years there is a growing evidence potentially serious consequences if left untreated (Koos, 2021), including emotional and relational problems, and risky sexual behaviours leading to sexually transmitted infections, HIV/AIDS, and physical injuries (Coleman et al., 2003; Miner & Coleman, 2013). Among male treatment seekers, most reported clinical associated behaviors are pornography use, compulsive masturbation, various sexual partners casual/anonymous sex encounters with strangers, and prostitution consumption (Reid 2012, Morgenstern 2011, Scanavino 2013). .

Since the popularization of the Internet, new forms of sexual behaviours have emerged (Wery 2018). This technology has allowed to practice or consume sex in new ways (online pornography, online sexual chatting, sexting,…) causing problems among small significant part of the population, including risky sexual behaviors (Peter 2008), professional and financial problems (Voon 2014), interpersonal isolation (Levin 2012), offline sexual difficulties (Wery 2016), and online compulsive sexual behavior (OCSB) (Ross 2012, Rosser 2014).

Although several studies have explored OCBS (Griffiths & Barnes, 2008; LaBrie, LaPlante, Nelson, Schumann, & Shaffer, 2007; Wood & Williams, 2007), the correlates among OCBS symptoms and sociodemographic, psychopathology and personality variables has rarely been investigated in clinical groups. The few studies analyzing this question have found that, with respect to demographics, OCBS to is associated with being male (). Regarding psychopathology, there are only studies focusing on CBS or “sex addiction”, without taking into account if the behaviour is in-person or online, this articles show comorbidity with anxiety and depression (Wery 2016, Raymond 2003), and with other addiction problems, including substance abuse or gambling abuse (Black 1997,Rory 2012, Kor 2014). Post-traumatic stress and traumatic episodes seems to be also related with excessive sexual behaviour (Kor 2014, Perera 2009). Finally, with respect to personality traits associated to CBS, some authors have related the disorder with high novelty seeking and low self-directness (Ferrer-Olives 2016), however, the personality factors involved in its development and maintenance remain scarcely explored.

Taking into account the existing literature with respect to CBS we can conclude that, most of the previous studies did no difference between in-person behaviour and online behaviour, and most of previous data s have been conducted in non-clinical settings and been based on surveys. Given the scarcity of research performed with clinical samples, the purpose of this study was to investigate this topic by recruiting a sample of patients with CBS and OCBS from a clinical setting and comparing both problems across a wide range of socio-demographic variables, sexual behaviour, sexual problem severity, psychopathology, and personality measures.

Method

This study was conducted between January 2021 and March 2021. The initial sample included 87 compulsive sexual behaviour patients who were consecutive referrals for assessment and outpatient treatment at the Behavioral Addiction Unit in the mental health center AIS-PRO JUVENTUD (Care and Research in Behavioral Addiction) (AIS), located at Barcelona, Spain. The reference population is more than two million of people in the Barcelona metropolitan area. From the initial sample, 7 individuals were excluded (they had both online and non-online compulsive sexual behaviours). However, when compared to the final sample, they did not show greater severity of the disorder (measured by SCS). The final sample included 80 participants: 44 CSB non-online and 36 OCSB. The control group included 25 healthy persons of similar age. Individuals attending the same area (Barcelona) were asked to volunteer and recruited as healthy controls after signing an informed consent form.

The sample size required were calculated based on the standard deviations of questionnaire SCL-90-R o CBS. Thus, by setting an alpha risk of 0.05 and a beta risk of 0.20 in a two-sided test with a 10% estimated dropout rate, the minimum sample size in order to detect expected difference between two groups of 0.2 units was 11 individuals in each group.

The socio-demographic characteristics of the groups are represented in Table 1. In terms of problematic sexual behaviours, the CSB non-online group had the following behaviours: 91.1% played slot machines, 13.6% played bingo, 8.1% bought lottery tickets, 5.7% played casino games and 3.2% played cards. None of the patients of this group were engaged in any type of problematic online sexual behaviour. For the OCSB group, the problematic sexual behaviours were as follows: 50.8% sports betting, 31.7% played online casino games such as slot machines and roulette, and 41.3% played online poker or other card games. None of them had in person problematic sexual behaviours.

The exclusion criteria were: (1) had a neurological disorder or a primary psychiatric disorder that could affect cognitive function (assessed through semi-structured, face-to-face, clinical interview in the case of the experimental group and by direct questions in the case of the healthy controls), (2) had a learning disorder or a head injury with loss of consciousness for more than 2 minutes, (3) used of drugs or psychostimulants that could interfere with the evaluation or the treatment. Additionally, the exclusion criteria for the control group of healthy individuals were: (1) had an Axis I (DSM-5) mental disorder. No potential participants in either the experimental or control group were excluded on the basis of exclusion criteria 1, 2, or 3.

The Ethics Committee of CEIC Fundació Unió Catalana d’Hospitals (CEIC14/71) approved the study, and informed consent (signed document) was obtained from all the participants.

Instruments

Procedure

Results

*Socio-Demographic Characteristics*

*Clinical and Personality Characteristics of the Experimental and Controls Groups*

*Comparison Between in person sexual behaviours and online sexual behaviour patients*

Discussion

References

*Griffiths MD. Addict Res Theory 2012:20:111‐24.*

*Kafka MP. Hypersexual Disorder: A Proposed Diagnosis for DSM-V. Archives of Sexual Behavior. 2010; 39:377–400. [PubMed: 19937105]*

*Reid RC, Carpenter BN, Hook JN, Garos S, Manning JC, Gilliland R, et al. Report of Findings in a DSM-5 Field Trial for Hypersexual Disorder. The journal of sexual medicine. 2012; 9:2868–2877. [PubMed: 23035810]*

*Morgenstern J, Muench F, O’Leary A, Wainberg M, Parsons JT, Hollander E, et al. Non-paraphilic compulsive sexual behavior and psychiatric co-morbidities in gay and bisexual men. Sexual Addiction & Compulsivity. 2011; 18:114–134*

*Scanavino, MdT; Ventuneac, A.; Abdo, CHN.; Tavares, H.; Amaral, MLSAd; Messina, B., et al. Compulsive sexual behavior and psychopathology among treatment-seeking men in São Paulo, Brazil. Psychiatry research. 2013; 209:518–524. [PubMed: 23415890]*

*Coleman, E., Raymond, N. & McBean, A. (2003). Assessment and treatment of compulsive sexual behavior. Minnesota Medicine, 86(7), 42–48.*

*Miner, M. H. & Coleman, E. (2013). Compulsive sexual behavior and its relationship to risky sexual behavior. Sexual Addiction & Compulsivity : The Journal of Treatment & Prevention, 20(1–2), 127–138.*

*Peter J, Valkenburg PM. Adolescents' exposure to sexually explicit Internet material, sexual uncertainty, and attitudes toward uncommitted sexual exploration: is there a link? Commun Res 2008;35:579–601.*

*Voon V, Mole TB, Banca P, Porter L, Morris L, Mitchell S, et al. Neural correlates of sexual cue reactivity in individuals with and without compulsive sexual behaviours. PLoS One 2014;9(7):e102419*

*Levin ME, Lillis J, Hayes SC. When is online pornography viewing problematic among college males? Examining the moderating role of experiential avoidance. Sex Addict Compulsivity 2012;19:168–80.*

*Wéry A, Billieux J. Online sexual activities: an exploratory study of problematic and non-problematic usage patterns in a sample of men. Comput Hum Behav 2016;56:257–66.*

*Ross MW, Månsson SA, Daneback K. Prevalence, severity, and correlates of problematic sexual Internet use in Swedish men and women. Arch Sex Behav 2012;41:459–66.*

*Rosser BRS, Noor SWB, Iantaffi A. Normal, problematic, and compulsive consumption of sexually explicit media: clinical findings using the Compulsive Pornography Consumption (CPC) scale among men who have sex with men. Sex Addict Compulsivity 2014;21: 276–304.*