Should Compulsive Sexual Behavior Disorder Be Considered an Impulse Control Disorder?

Scott Lipic Moore, MSW Candidate 2018

Shane W. Kraus, PhD, Director of the Behavioral Addictions Clinic, VISN 1 New England MIRECC, Edith Nourse Rogers Memorial Veterans Hospital

Compulsive sexual behavior disorder (CSBD) is more commonly known as sex addiction but covers a broader range of terms such as problematic hypersexuality/hypersexual disorder and sexual compulsivity. The topic of CSBD has been around for decades under various names such as nymphomania, satyriasis, erotomania, and Don Juanism. In 1987 the American Psychiatric Association first listed CSBD as a disorder in the DSM-III but later removed it in 2000 with the publishing of the DSM-IV. In the past two decades, there have been thousands of papers published on CSBD. Due to the increasing body of research on CSBD highlighting health disparities and impaired psychosocial functioning associated with the condition, the World Health Organization recommended classifying CSBD as an impulse control disorder in the ICD-11; however, CSBD was not listed as an addictive behavior, which some scholars have argued is controversial. CSBD is defined as: difficulties in controlling inappropriate or excessive sexual fantasies, urges/cravings, or behaviors that generate subjective distress or impairment in one’s daily functioning. In CSBD the intensity and repetitiveness may increase over time and have been linked to health, psychosocial, and interpersonal impairments in many studies.

Research estimates that CSBD ranges from 3 – 6% of adult males, while a large study of US university students estimated that CSBD to be 3% for men and 1% for women. Yet, among US combat Veterans, it is estimated to be much higher, with one study finding a prevalence rate of 17%. CSBD appears more common in men as compared to women, and higher among Western/white individuals compared to other ethnic groups in treatment-seeking patients, university students, and community members. CSBD has also been noted among men who have sex with men and is associated with HIV risk-taking behaviors (e.g. condomless anal intercourse) and sexually transmitted infections among treatment-seeking heterosexual patients. Among CSBD men, the most reported clinically distressing behaviors are: compulsive masturbation, internet pornography use, casual/anonymous sex with strangers, multiple sex partners, and paid sex. Among CSBD women, the most reported clinically distressing behaviors are: high masturbation frequency, number of sexual partners, and internet pornography use.

CSBD often co-occurs with mental health disorders; roughly half of CSBD patients report issues with depression, anxiety, substance-use, impulse-control, or personality disorders. In a study of 103 men, 71% met criteria for a mood disorder, 40% for an anxiety disorder, 41% for a substance-use disorder, and 24% for an impulse-control disorder. Sexual impulsivity is also associated with social phobia and alcohol-use disorder as well as paranoid, schizotypal, antisocial, borderline, narcissistic, avoidant, and obsessive-compulsive personality disorders.

Within the last ten years, there has been strong interest in studying CSBD and developing treatments for individuals seeking professional help. However, thus far, the reliability, validity, and utility of many of these treatments have not been well studied, limiting their generalizability for wide-spread clinical practice. More research on pharmacological and psychotherapeutic treatments for CSBD is needed, particularly among diverse populations.

Reasonable concerns have been raised around the classification of CSBD as a mental health disorder. Specifically, some have argued that labeling CSBD as a mental health disorder will brand normal variants of a healthy sexual behavior as a disorder, or that excessive/problematic sexual behavior may be better explained by other preexisting mental health problems. Others have pointed out that CSBD may merely reflect those with high levels of sexual desire, with suggestions that difficulty controlling sexual urges and high frequencies of sexual behaviors may be better explained as a ‘high sex drive’. Given the high likelihood on the overlap between CSBD and a high sex drive, more research is needed to identify which features are most specifically associated with clinically distressing sexual behaviors and warrant a mental health diagnosis.

With the likely inclusion of CSBD in the ICD-11 as an impulse control disorder, more research will be needed to better understand the diagnostic framework of CSBD. Presently, scholars disagree on whether it should be considered a behavioral addiction, hypersexual disorder, or impulse control disorder. However, future research studies can fill in multiple gaps in knowledge that would more conclusively determine how excessive engagement in sexual behaviors should be classified as a mental health disorder. More research is also needed to fully understand CSBD as well as to determine the best treatment approaches for helping those reporting problems controlling their sexual behaviors. Specifically, more research is necessary around training effective clinicians on best practices for CSBD (e.g., medication, psychotherapy) and understanding the effectiveness of self-help programs such as Sex Addicts Anonymous, Sexual Compulsives Anonymous, and Sex & Love Addicts.