Characteristics of 36 Subjects Reporting Compulsive Sexual Behavior

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Objective: *The authors describe the sociodemographic features, phenomenology, and psychiatric comorbidity of 36 subjects reporting compulsive sexual behavior.* *Method:* *Twenty-eight men and eight women who responded to advertisements for "persons . . . who have a problem with compulsive sexual behavior" completed structured and semistructured assessments, including the Diagnostic Interview Schedule for DSM-III-R disorders (axis I) and the Structured Interview for DSM-III-R Personality Disorders, Revised (axis II).* *Results:* *The typical subject was a 27-year-old man who reported experiencing compulsive sexual behavior for nearly 9 years. Sexual behavior was described as excessive and poorly controlled and was associated with either subjective distress or impairment in interpersonal or occupational functioning or as overly time-consuming. Fourteen subjects (39%) reported a history of major depression or dysthymia, 15 (42%) a history of phobic disorder, and 23 (64%) a history of substance use disorder. Personality disorders were quite frequent, particularly the paranoid, histrionic, obsessive-compulsive, and passive-aggressive subtypes. The compulsive sexual behavior was quite varied and included both paraphilic (e.g., cross-dressing) and nonparaphilic (e.g., compulsive masturbation) types.* *Conclusions:* *Compulsive sexual behavior may be a clinically useful concept, but it describes a heterogeneous group of individuals with substantial psychiatric comorbidity and diverse behavioral problems.*

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Compulsive sexual behavior has been the subject of growing interest in the professional (1–5) and lay (6–9) literature, much of it prompted by the general concern with "compulsive" or "addictive" behaviors. Although many believe compulsive sexual behavior to be a recent phenomenon, German psychiatrist Krafft-Ebbing (10) described "pathological sexuality" more than 100 years ago. He wrote of a condition not unlike today's compulsive sexual behavior in which a person's sexual appetite is abnormally increased and

> permeates all his thoughts and feelings, allowing of no other aims in life, tumultuously, and in a rut-like fashion demanding gratification without granting the possibility of moral and righteous counter-presentations, and resolving itself into an impulsive, insatiable succession of sexual enjoyments. (10, p. 70)

Although there is no universally accepted definition of "compulsive sexual behavior," the term is generally used to indicate excessive or uncontrolled behavior or sexual cognitions that lead to subjective distress, social or occupational impairment, or legal and financial consequences. Although several investigators (1, 11, 12) have emphasized anxiety reduction as a factor motivating compulsive sexual behavior, others, like Quadland (13), described compulsive sexuality as a "lack of control over one's sexual behavior" (p. 122). This view is similar to Anthony and Hollander's definition of compulsive sexual behavior as "repetitive sexual acts and intrusive sexual thoughts . . . [which a person] feels compelled or driven to perform . . . [and] which may or may not cause subjective distress" (3, p. 139). Goodman (4) has developed the most detailed definition, and his proposed operational criteria are similar to those for addictive disorders. Goodman defined "sexual addiction" as a form of behavior that can function both to produce pleasure and to provide escape from internal discomfort. He characterized it as a failure to control one's sexual behavior and the continuation of sexual behavior despite significant harmful consequences.

DSM-IV is mute on the issue of compulsive sexual behavior, although DSM-III-R listed "sexual addiction" as an example of a sexual disorder not otherwise specified. Similarly, "Don Juanism" and nymphomania

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were given in DSM-III as examples of psychosexual disorders not otherwise specified in which individuals become distressed by a pattern of repeated sexual conquests. Coleman (1) and Levine and Troiden (14) viewed the term "addiction" as a misnomer because, as Coleman noted, "people do not become addicted to sex in the same way they become addicted to alcohol or other drugs" (p. 321).

Coleman (1) estimated that perhaps 5% of the U.S. general population have compulsive sexual behavior, and Schaffer and Zimmerman (12), citing an unpublished paper by P. Carnes, suggested that 6% of the population is affected. Coleman noted that his figure may be an overestimate because of the current "vogue" to be concerned about behavioral excesses, compulsions, or addictions, but he also pointed out that compulsive sexual behavior may be underreported because of embarrassment, secrecy, or shame. Compulsive sexual behavior affects more men than women (1, 4, 14), a difference that is perhaps culture-based because, as Coleman (1) noted, sexuality appears to be defined in the United States from a masculine perspective. Compulsive sexual behavior has been reported to involve frequent comorbidity with anxiety disorders, depression, and alcohol and drug abuse or dependence (1, 3). Associated symptoms include sexually transmitted diseases, unwanted pregnancies, somatic complaints, discord in relationships, sexual dysfunction, and child abuse (1).

Compulsive sexual behavior has been described as involving a broad range of paraphilic or nonparaphilic symptoms (1). Paraphilic compulsive sexual behavior involves unconventional sexual behaviors in which there is a disturbance in the object of sexual gratification or in the expression of sexual gratification (e.g., exhibitionism, voyeurism). Nonparaphilic compulsive sexual behavior, on the other hand, involves conventional sexual behaviors that have become excessive or uncontrolled. Coleman (1) delineated five subtypes of nonparaphilic compulsive sexual behavior: 1) compulsive cruising and multiple partners, 2) compulsive fixation on an unobtainable partner, 3) compulsive masturbation, 4) compulsive multiple love relationships, and 5) compulsive sexuality within a relationship.

Despite the strong professional and lay interest in compulsive sexual behavior, only three case series have been published, two involving potentially atypical samples. Quadland (13) reported on 30 gay and bisexual men who defined themselves as sexually compulsive and sought treatment. Their mean age was 35 years, and 93% had a bachelor's degree or higher. They differed from control subjects mainly in having had more sexual partners (2,000 encounters over their lifetimes, compared with fewer than 500 for the control group). They were also more likely to have sex in public settings, such as a bathhouse, but there were almost no other significant differences between the groups on dimensional measures of psychological functioning. McConaghy et al. (15) reported their experience with 20 men who sought treatment to regain control over "anomalous sexual urges or behavior." Their mean age was 36 years (range=15–72). Eight were exhibitionists, five complained of compulsive homosexuality, four were homosexual pedophiles, one was an exhibitionist and voyeur, one was a heterosexual pedophile, and one was a fetishist. Psychiatric comorbidity and associated features were not reported.

Finally, Kafka and Prentky (16) interviewed 30 men who responded to a newspaper advertisement for the evaluation and treatment of "sexual addictions/compulsions." The subjects were divided equally into groups with predominantly paraphilic or nonparaphilic behaviors. The typical subject was a 34-year-old married college graduate earning a middle-class income. Compulsive masturbation, ego-dystonic promiscuity, and "dependence on pornography" were the main problems reported. Psychiatric comorbidity was not assessed in this study, either.

In this paper we describe the findings from interviews with 36 subjects who reported that they experienced compulsive sexual behavior. The subjects were assessed with both structured and semistructured instruments. To our knowledge, this represents the first detailed psychiatric study of individuals reporting compulsive sexual behavior who were not seeking treatment.

METHOD

Subjects were recruited through advertisements placed in a hospital newsletter and a local newspaper that read, "Persons at least 18-years-old who have a problem with compulsive sexual behavior are invited to participate in an anonymous research study." The advertisements were run for 1 week in June 1993. Potential subjects were carefully screened and, although no definition was provided, only those with either sexual preoccupations or excessive behavior *and* subjective distress or impairment were scheduled for an interview.

The project was approved by our Institutional Review Board, which required that we read a statement prior to the interview asking that individuals having committed illegal acts not report them to us. Subjects were given a complete description of the study but were not asked to give written consent in order to maintain anonymity. Subjects were compensated ($25) for their time and participation.

The assessment battery included the Compulsive Sexual Disorders Interview, a semistructured instrument developed by one of us (D.W.B.) and patterned after the Minnesota Impulsive Disorders Interview module for compulsive buying (17). In addition to questions about demographic characteristics, subjects were asked about the onset and development of their compulsive sexual behavior, about their sexual cognitions, behaviors, and attitudes, about arousal patterns, and about social and occupational impairment or financial and legal problems resulting from compulsive sexual behavior.

A computer interactive version of the National Institute of Mental Health Diagnostic Interview Schedule (DIS) (18), revised for compatibility with DSM-III-R, was administered to assess major (axis I) mental disorders. Subjects answered questions at a cathode ray tube terminal located within the Department of Psychiatry, University of Iowa College of Medicine. The Structured Interview for DSM-III-R Personality Disorders, Revised (19), was administered by a trained interviewer (D.L.F. or L.L.D.K.). The interviewers also administered a section from the Minnesota Impulsive Disorders Interview to assess the presence of trichotillomania, pyromania, intermittent explosive disorder, kleptomania, compulsive buying, and pathological gambling. Finally, the subjects were given a packet of self-report questionnaires to take home, complete, and return in a stamped, addressed envelope. These included the Beck Depression Inventory (20), the

TABLE 1. Characteristics of 36 Subjects Reporting Compulsive Sexual Behavior

Characteristic	N	%
Gender		
Male	28	78
Female	8	22
Age (years)		
<20	4	11
20–29	23	64
30–40	7	19
>40	2	6
Occupation		
Unemployed	2	6
Student	15	42
Clerical	6	17
Factory or labor	4	11
Professional	4	11
Other or unknown	5	14
Level of education		
High school graduate	21	58
College degree (bachelor or associate)	11	31
Graduate degree	3	8
Other or unknown	1	3
Marital status		
Single	26	72
Married	6	17
Divorced or separated	4	11
Main compulsive sexual behavior		
Nonparaphilic		
Compulsive "cruising"	8	22
Compulsive "fixation"	2	6
Multiple lovers	8	22
Compulsiveness in relationships	5	14
Compulsive masturbation	6	17
Paraphilic		
Exhibitionism	1	3
Sexual sadism	1	3
Telephone sex	1	3
Transvestic fetishism	1	3
Fetishism	1	3
Other	2	6

Maudsley Obsessive-Compulsive Inventory (21), and the Personality Diagnostic Questionnaire, Revised (22), used to assess symptoms of depression, obsessive-compulsive disorder, and personality disorders.

RESULTS

Fifty individuals responded to the advertisements. Two were excluded because there was no evidence of impairment, and 48 were scheduled for interviews. Thirty-six individuals eventually participated; the rest did not come for their interview. The mean age of the subjects was 27 years (SD=8, range=18–58). Eight subjects (22%) were women. Most had attended or completed college, and a high percentage were students, a finding perhaps due to fact that Iowa City is a midsized college town. The others were mainly clerical workers, laborers, or professionals (all nurses). The mean reported income was $15,754 (SD= $17,784, range=$0–$78,000). More than two-thirds of the subjects were single, six (17%) were married, and the rest were either separated or divorced. The most often reported compulsive sexual activities—"compulsive cruising" or "multiple lovers"—were nonparaphilic (according to Coleman's classification [1]). Compulsive sex within a relationship and compulsive masturbation were also frequently reported. Paraphilic behaviors were less common and included exhibitionism, sexual sadism (i.e., bondage and discipline), and transvestic fetishism. Telephone sex was a major problem for one man who had spent thousands of dollars on "900 numbers." Another man reported that his preferred outlet was masturbating while listening to women urinate. Sociodemographic profile data and descriptions of the compulsive sexual behavior of the 36 subjects are presented in table 1.

TABLE 2. Results of Computer Screening for Current (6-Month) and Lifetime Rates of DSM-III-R Psychiatric Disorders in 36 Subjects Reporting Compulsive Sexual Behavior

	6-Month		Lifetime	
Disorder	N	%	N	%
Mood disorder				
Major depression or dysthymia	11	31	14	39
Mania	5	14	5	14
Any mood disorder	11	31	14	39
Anxiety disorder				
Panic disorder	4	11	5	14
Obsessive-compulsive disorder	5	14	5	14
Generalized anxiety disorder	5	14	5	14
Phobic disorder	9	25	15	42
Any anxiety disorder	12	33	18	50
Substance use disorders				
Alcohol abuse or dependence	7	19	21	58
Drug abuse or dependence	1	3	12	33
Any substance use disorder	8	22	23	64
Eating disorder				
Anorexia	0	0	0	0
Bulimia	3	8	4	11
Any eating disorder	3	8	4	11
Schizophrenia or schizophreniform disorder	4	11	4	11
Somatization disorder	4	11	4	11
Pathological gambling	1	3	2	6
Transsexualism	2	6	2	6
Childhood conduct disorder			16	44
Any axis I disorder[a]	23	64	30	83
More than one axis I disorder[a]	12	33	22	61

[a]Excludes childhood conduct disorder.

Comorbidity

Comorbid psychiatric diagnoses assigned to the subjects are shown in table 2. Nearly two-thirds of the subjects met criteria for a current (past 6 months) major mental disorder, most commonly a substance use disorder, an anxiety disorder, or a mood disorder. The most frequent lifetime disorders were alcohol abuse or dependence, phobic disorders, and major depression or dysthymia. (The computerized algorithm for DIS disorders combined depressive disorders into a single category and all phobic disorders into a single category.) Disorders assessed with the Minnesota Impulsive Disorders Interview were quite common, particularly compulsive buying, kleptomania, pathological gambling, pyromania, and compulsive exercise (table 3). The figures in table 3 are based on subjects who met all DSM-IV criteria, but if all subjects who missed meeting the criteria by one or two items were included, the figures

TABLE 3. Lifetime "Compulsive" Behaviors Assessed With the Minnesota Impulsive Disorders Interview in 36 Subjects Reporting Compulsive Sexual Behavior

Behavior	N	%
Compulsive buying[a]	5	14
Kleptomania	5	14
Trichotillomania	2	6
Intermittent explosive disorder	1	3
Pyromania	3	8
Pathological gambling	4	11
Compulsive exercise[b]	3	8

[a]According to criteria of McElroy et al. (23)
[b]According to Minnesota Impulsive Disorders Interview criteria (17).

TABLE 4. DSM-III-R Personality Disorders in 36 Subjects Reporting Compulsive Sexual Behavior

DSM-III-R Personality Disorder	Diagnostic Instrument: Structured Interview for DSM-III-R Personality Disorders, Revised (N=36)		Personality Diagnostic Questionnaire, Revised (N=34)[a]		Consensus Diagnosis (N=34)[a]	
	N	%	N	%	N	%
Cluster A						
Paranoid	9	25	11	32	5	15
Schizoid	1	3	5	15	0	0
Schizotypal	1	3	8	24	1	3
Cluster B						
Narcissistic	5	14	12	35	2	6
Antisocial	7	19	10	29	2	6
Borderline	3	8	17	50	3	9
Histrionic	10	28	12	35	7	21
Cluster C						
Avoidant	7	19	5	15	2	6
Dependent	2	6	2	6	1	3
Obsessive-compulsive	6	17	7	21	5	15
Passive-aggressive	10	28	5	15	4	12
Mixed	5	14				
Any cluster A disorder	10	28	17	50	5	15
Any cluster B disorder	16	44	23	68	10	29
Any cluster C disorder	14	39	12	35	8	24
Any personality disorder	30	83	28	82	15	44
More than one personality disorder	11	31	24	71	8	24

[a]Two subjects did not return the Personality Diagnostic Questionnaire, Revised.

would be much higher; for example, 19 subjects (53%) had at least one symptom of compulsive buying.

The presence of a personality disorder was assessed by means of an interview (the Structured Interview for DSM-III-R Personality Disorders, Revised) and a self-report instrument (Personality Diagnostic Questionnaire, Revised); the results of both are given in table 4. Additionally, a consensus diagnosis was made by combining the results of the two assessments. (Two subjects did not return the Personality Diagnostic Questionnaire, Revised, so the consensus diagnosis is based on 34 subjects.) According to the consensus, 15 subjects (44%) met criteria for at least one personality disorder, and the most frequent were the histrionic, paranoid, obsessive-compulsive, and passive-aggressive types.

Clinical Characteristics

The Compulsive Sexual Disorders Interview was used to gain an overall picture of compulsive sexual behavior, including a description of cognitions and behaviors involved in compulsive sexual behavior and the amount of impairment reported. The mean age at the start of compulsive sexual behavior was 18 years (SD=7, range=5–48). Twenty-eight subjects (78%) reported periods of no compulsive sexual behavior, but for eight (22%) the behavior was constant. Eight (22%) reported a history of childhood physical abuse, and 11 (31%) reported childhood sexual abuse. Seven (19%) reported having made a suicide attempt.

Thirty-three subjects (92%) said that they were overly preoccupied with sexual fantasies or that they were overly sexually active. Fifteen subjects (42%) reported repetitive sexual fantasies that they felt were out of control or caused distress. All 15 described the fantasies as intrusive, 13 had tried to resist them, and 11 felt ashamed after having the fantasy.

Twenty-four subjects (67%) said they had sexual urges that they felt were out of control or caused subjective distress. All 24 said these urges were intrusive, and 21 (88%) had tried to resist them.

Twenty-four (67%) subjects said they engaged in repetitive sexual behavior that they felt was out of control or caused subjective distress, and all had tried to resist the behavior. Several described making pacts with themselves to help resist the behavior ("This is the last time I do it"). Nineteen of the 24 felt ashamed of themselves after having engaged in the behavior. For all but one of these 24 respondents, the behavior was associated with certain moods. Feeling sad or depressed led to repetitive sexual behavior in 16, feeling happy in 13, and feeling lonely in 11. Less frequently cited moods preceding the behavior were anger (N=3), frustration (N=3), anxiety (N=2), excitation (N=2), and stress (N=2). Seven subjects reported feeling frustrated, 12 happy, seven sad or depressed, five elated, five angry, five "out of control," four hurt, three wild, and three powerful during the repetitive sexual behavior.

Mood changes immediately following the sexual behavior occurred in 27 subjects (75%); these mood

changes lasted days for seven, hours for 14, and minutes for six subjects.

Twenty-three subjects (64%) experienced feelings of dissociation during their compulsive sexual behavior ("felt as if you're watching someone else engage in sexual behavior").

Subjects were asked to describe what they liked about their repetitive sexual behavior. Twenty-one (58%) reported enjoying the behavior because it distracted them from other concerns. Fifteen (42%) said it produced relief from anxiety. Eight (22%) said it made them feel good or better temporarily, and five (14%) said it made them feel important. Four (11%) described gaining a sense of power, and three (8%) reported excitement. One subject said it was a way "to meet new people," and another described repetitive sexual behavior as an "ego-booster."

Subjects were also asked what they disliked about their repetitive sexual behavior. Feeling "out of control" and its "time-consuming" nature were each reported by 13 subjects (36%). Eleven (31%) disliked the remorse they experienced following a sexual act. Other negatives included its cost (N=2), betraying significant others (N=2), causing depression (N=2), losing friends (N=2), and feeling ashamed (N=2). One woman said it made her feel "like a whore."

Thirty-two subjects (89%) listed specific sexual behaviors in which they engaged that they considered compulsive. These included heterosexual relations (N=22), homosexual relations (N=4), masturbation (N=18), group sexual activity (N=2), and voyeurism (N=1). Nineteen subjects (53%) said they had an interest in pornography. Twenty-seven (75%) had visited adult book stores, and 17 of these 27 subjects had made purchases, including magazines, videos, adult toys (e.g., dildos), lubricants, and condoms. Fourteen of the 27 had watched peep shows at the bookstores, and six had engaged in sexual behavior while there (mainly masturbation). One subject described pornography as a "drug" and felt he was "addicted" to it.

We asked about other sexual behaviors as well. Nine subjects (25%) reported a history of cross-dressing, and all but two of the nine considered it sexually arousing. Nineteen subjects (53%) reported an interest in fetishism that was sexually exciting. Fourteen (39%) said they had wished at some time to be a member of the opposite sex, but only two (6%) felt that they were born into the wrong sex and were considered transsexual. Five (14%) expressed fantasies of exposing their genitals to unsuspecting persons, but only four had done so. Two subjects (6%) said they had sexual urges involving prepubertal children, and one (3%) reported acting on the urge in the past. Sixteen (44%) had fantasies of inflicting pain on others. Eighteen (50%) had fantasies involving voyeurism; nine of the 18 had acted on the urge.

All subjects said they had experienced either subjective distress or impairment in an important life domain as a result of their sexual thoughts or behavior. Twenty-four subjects (67%) said they were subjectively distressed by their sexual thoughts or behavior, and 17 (47%) felt that their thoughts or behavior caused impairment. Fifteen (42%) reported that repetitive sexual behavior had affected their marriage or important relationships. Nine (25%) reported that their sexual behavior affected their work (mainly because of intrusive and distracting thoughts or because it caused them to be late). Seventeen (47%) felt that repetitive sexual behavior adversely affected their social lives, and 24 (67%) said it took up too much time. One man had been arrested and convicted of a felony for exposing his genitals to unsuspecting individuals.

When asked why they felt their sexual thoughts, behavior, or urges were a problem, 22 (61%) listed guilt, 17 (47%) listed feedback from others, five (14%) listed health problems (mainly sexually transmitted diseases), four (11%) listed financial consequences, and three (8%) listed the amount of time it consumed. Twenty-seven subjects (75%) reported that repetitive sexual behavior sometimes occurred under the influence of alcohol or other drugs: 26 subjects used alcohol, 12 used marijuana, five used hallucinogens, one used stimulants, one used mushrooms, and one used 3,4-methylenedioxymethamphetamine.

Comparison of Men and Women

We compared the 28 men and eight women on important social, demographic, and illness characteristics. The only significant difference was in the mean number of sexual partners in the last 5 years (men: mean=59.3, SD=105.3; women: mean=8.0, SD=5.1) ($t=2.56$, $df=34$, $p=0.005$).

DISCUSSION

Our experience, combined with estimates that perhaps 5% to 6% of the general population is affected, suggests that the extent of compulsive sexual behavior is both underrecognized and underappreciated. We had little difficulty recruiting subjects, and all those interviewed reported either excessive sexual preoccupation or behavior and gave evidence of distress or impairment. The typical subject was a 27-year-old man with at least some college experience and an average income of nearly $16,000 who had been having compulsive sexual behavior for almost 9 years. Most subjects reported excessive conventional (nonparaphilic) sexual preoccupations and behavior; a minority reported unconventional (paraphilic) behaviors. (There may have been a bias toward underreporting paraphilias, because we were required by our Institutional Review Board to ask that subjects not report illegal behavior to us.) Subjects uniformly stated that their sexual preoccupations and behavior were excessive, and all suffered impairment in various forms that included subjective distress, marital discord, impairment in interpersonal or occupational functioning, and even legal consequences in one individual. Interestingly, the main difference be-

tween the men and women was in the number of sexual partners reported over the past 5 years.

Subjects reporting subjective distress described feelings of remorse and loss of control, or they acknowledged that the behavior was time-consuming and took time away from other activities. Several subjects acknowledged feeling separated from their mind or body during their sexual experiences, suggesting that dissociation may be a problem in some. Additionally, most reported that substance abuse frequently accompanied their uncontrolled sexual behavior, perhaps disinhibiting them sufficiently to allow the activity, to enhance their pleasure, or to numb their sense of shame. This may help explain the high lifetime rates of substance use disorders seen in subjects with compulsive sexual behavior (discussed later in this paper). Several investigators (1, 11, 12) believe that a primary function of compulsive sexual behavior is to reduce anxiety, but only 15 (42%) of our subjects reported that their sexual behavior reduced anxiety.

The subjects suffered substantial psychiatric comorbidity. Although we do not have a comparison group, data from the Epidemiologic Catchment Area survey (24), as well as data from the Iowa community (25, 26), indicate that the frequency of psychiatric comorbidity among these 36 individuals with compulsive sexual behavior was excessive. Nearly two-thirds met lifetime criteria for a major (axis I) mental disorder, most commonly a substance use disorder, an anxiety disorder, or a mood disorder. Forty-four percent met criteria for a DSM-III-R personality disorder, most commonly the histrionic, paranoid, obsessive-compulsive, and passive-aggressive types.

We had no comparison data for the impulse control disorders, although their frequency appears substantial as well. In a group of 24 "normal buyers," Christensen et al. (17) found only one case each of trichotillomania and intermittent explosive disorder. Our data also suggest considerable overlap among disorders of impulse control, which may indicate that certain people have a more general problem with impulsivity. Rates for both physical and sexual abuse in childhood appear high but are probably no higher than what might be seen in psychiatric outpatients (27, 28). The rate for past suicide attempts (19%) also appears high. This figure is higher than that reported by Zimmerman and Coryell (29) in a community sample (4%), but the figure in subjects with compulsive sexual behavior is probably little different from that found in psychiatric outpatients (30).

The findings on rates of major mental disorders and personality disorders are consistent with clinical impressions based on case examples (1–3, 8), as well as what few data are found in the literature, except for the case series reported by Quadland (13). He presented data on 30 homosexual men reporting compulsive sexual behavior who, despite having numerous sexual contacts, were otherwise indistinguishable from control subjects. Quadland's findings may have to do with his particular sample and may not be generalizable. The reports of McConaghy et al. (15) and Kafka and Prentky (16) do not report on the psychiatric adjustment of their subjects.

The relationship between compulsive sexual behavior and other conditions is unclear. Although the term "compulsive sexual behavior" implies a relationship with obsessive-compulsive disorder, there is little evidence to support this association, and the types of cognitions and behavior in compulsive sexual behavior are different from those reported in obsessive-compulsive disorder. With compulsive sexual behavior, repetitive sexual behavior or sexual preoccupations and fantasies are usually described as pleasurable and ego syntonic, at least initially, although subjects may report that they suffer the consequences of them later. With obsessive-compulsive disorder, obsessions and compulsions are generally regarded as intrusive, senseless, and ego dystonic; they are invariably resisted. Barth and Kinder (31) argued that these characteristics suggest that compulsive sexual behavior is best considered an impulse control disorder. The overlap with other impulse control disorders, already noted, could be seen as consistent with this viewpoint.

On the other hand, could compulsive sexual behavior be a form of addiction? Goodman (4, 5) pointed out that there are many similarities between compulsive sexual behavior and addictions, including failure to control behavior and continuation of the behavior despite substantial harmful consequences. Others (1, 14, 31, 32), however, have suggested that compulsive sexual behavior ought not be considered an addiction because no external substance is ingested and there are no physiological consequences from either the compulsive sexual behavior itself or the cessation of behavior.

The current study was an attempt to understand compulsive sexual behavior and to examine it in a systematic way. There are several limitations that should be mentioned. First, the study relied on a semistructured interview, the Compulsive Sexual Disorders Interview, whose reliability and validity have not been determined. Next, subjects were recruited through advertisements that may have preferentially attracted subjects with elevated levels of emotional distress or those who had already identified with the concept of compulsive sexual behavior. Thus, the study group may not be typical of individuals with compulsive sexual behavior, and our subjects may show higher rates of impairment and distress than expected. Finally, the number of subjects was relatively small, particularly the number of women. Therefore, caution should be exercised before attempting to generalize our findings.

CONCLUSIONS

Although compulsive sexual behavior is not uncommon, it has received little serious inquiry or attention in the professional literature. Although its appropriate classification and its relationship to formally recognized disorders such as obsessive-compulsive disorder or alcohol and drug abuse or dependence is unclear,

compulsive sexual behavior merits additional study. More work is needed to establish the frequency of the disorder in the general population and to determine its risk factors, psychiatric comorbidity, medical consequences, and natural history. The lack of a universally accepted definition has been a major stumbling block, and definitions ought to be developed and compared before additional work is done. Goodman (4) has taken the lead by offering an operational definition. The data suggest that compulsive sexual behavior is not a unitary phenomenon, and it is likely that compulsive sexual behavior occurs in a heterogeneous group of individuals who exhibit diverse behavioral problems. Some of these problem behaviors—the paraphilias—are probably adequately covered in DSM-IV, but others (e.g., compulsive masturbation, multiple partners, etc.) are not. Nonetheless, the purpose of additional study on compulsive sexual behavior is to learn more about a troubled group of individuals so that, ultimately, treatments may be developed and offered.

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