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Highly pernicious events can result in a variety of severe adult psychiatric manifestations, including pedophilia in select individuals with a history of prior “at-risk factors.” Influences such as social isolation can either increase or decrease the outcome. This article reviews some of the other sequential developmental factors that might contribute to sexual compulsivity in such biographies, including temperament, early attachment, family influences, trauma re-enactments, affect dysregulation, social isolation, vandalized love maps, self-formation, sexualization in families, and addictive cycles.	
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Patients with clinically excessive sexual thoughts or behaviors have been categorized as suffering from a compulsive, impulsive, or addictive sexual disorder. Similar considerations apply to a range of other impulse control disorders, such as excessive gambling. We have elsewhere proposed that in such conditions, phenomenological and psychobiological considerations suggest that key components include affective dysregulation, behavioral addiction, and cognitive dyscontrol. We argue here that there are advantages to using terms (such as hypersexual disorder) that go beyond the compulsive-impulsive-addictive delineation, and we advocate that additional work to characterize the phenomenology and psychobiology of hypersexual disorder and other conditions characterized by affective dysregulation, behavioral addiction, and cognitive dyscontrol be undertaken in the hope it will lead to improved assessment and management.	
<b>Sexual Behavior that is “Out of Control”: a Theoretical Conceptual Approach</b>	<b>593</b>
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Explaining how and why sexual behavior gets out of control is fundamentally important to the advancement of effective treatments. In this article,	

explanatory theoretical concepts which may lead to testable hypotheses are discussed, and relevant data (although limited) are considered.

### **Epidemiology, Prevalence, and Natural History of Compulsive Sexual Behavior**

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John M. Kuzma and Donald W. Black

Compulsive sexual behavior (CSB) is characterized by inappropriate or excessive sexual cognitions or behaviors that lead to subjective distress or impairment in one or more life domains. The disorder has an estimated prevalence of 3% to 6% in the US adult population. CSB typically begins in late adolescence or early adulthood, is thought to be chronic or episodic, and mainly affects men. The disorder includes pathological and conventional forms of sexual behavior. Associated substance use, mood, anxiety, and personality disorders are common. Other impulse control disorders are frequent as well, and there may be an association with ADHD. CSB can lead to medical complications including genital trauma or sexually transmitted diseases. Childhood sexual abuse may be an important risk factor.

### **Paraphilia from a Dissociative Perspective**

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Colin A. Ross

A dissociative structural model of the psyche is proposed that can account for a wide range of symptoms across many DSM-IV categories, including sexual compulsions and addictions. The model leads to a distinct overall plan of treatment and a set of operationalized interventions aimed at integration of the self, rather than suppression of impulses. The model could be tested in epidemiological studies and then in treatment outcome studies. A composite case profile is presented to illustrate the logic of the model.

### **Basic Science and Neurobiological Research: Potential Relevance to Sexual Compulsivity**

623

Fred S. Berlin

One should not approach the issue of human sexual behavior without at least some appreciation of moral values and scientific research. When a person seems to be so driven that it becomes difficult to master erotic desires and he or she experiences difficulty serving his or her own best long-term interests, the concept of sexual compulsivity seems to be relevant. A better understanding of any associated neuropathologies may help to facilitate future treatments and public acceptance. In time, increased knowledge about the precise workings of the brain in reciprocally initiating and sustaining the sexual interests of the mind may facilitate a much clearer appreciation of the issues at hand.

**Sexual Arousal Patterns: Normal and Deviant** 643

Gene G. Abel, Latricia Coffey, and Candice A. Osborn

The development and manifestation of sexual arousal patterns can be tracked when the sexual interest is unique enough that the individual can recall how and when it developed, and how it was eventually expressed in a sexual manner. Six such unique cases demonstrate how interest frequently develops before sexual drive, before the individual labels the interest as sexual, and before he or she incorporates it into early autoerotic behavior. Some individuals are fairly successful at incorporating their unique sexual interests into a shared sexual experience with their partner. In other cases, these unique interests reach a dead end where their expression with a partner is not possible, or the interest becomes public, leading to marital, social, and legal disasters.

**Treatment of Sexually Compulsive Adolescents** 657

James Gerber

This article explores the sexual behaviors of adolescents that have been designated with sexual compulsions or addictions. The article first seeks to clarify what is being referred to in the use of the term sexually compulsive adolescent. The article then explores how these behaviors manifest. Treatment interventions for this population are then discussed.

**Pharmacology of Sexually Compulsive Behavior** 671

Victoria L. Codispoti

The history of pharmacologic treatment of compulsive sexual behaviors, which are now commonly categorized as paraphilic and non-paraphilic behaviors, has been long and controversial. This article discusses treatments of paraphilic behavior, focusing particularly on sex offenders.

**Sexual Offender Treatment: a Positive Approach** 681

William L. Marshall, Liam E. Marshall, Gerris A. Serran, and Matt D. O'Brien

This article describes a treatment program for sexual offenders that is a modification of cognitive-behavioral therapy (CBT) and that emphasizes a positive approach. Several issues that characterize most CBT programs for sexual offenders are challenged and alternatives are offered. The overall features of the positive approach are then described. Finally outcome evaluations of the effects of CBT programs are described and compared with the long-term outcome of the current positive program. This comparison suggested that the positive program is more effective than the traditional CBT approach.

**Treatment of Compulsive Cybersex Behavior**

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Stephen Southern

Compulsive cybersex has become a significant problem for many individuals who have fallen prey to the accessibility, affordability, and anonymity of online sexual behaviors. Some patients develop problems with compulsive cybersex due to predisposition or accidental conditioning experiences. Other compulsive users of cybersex present with underlying trauma, depression, or addiction. Three case studies highlight obsession, compulsion, and consequence in the pathogenesis of compulsive cybersex. Comprehensive treatment of compulsive cybersex would include the following components: relapse prevention, intimacy enhancement, lovemap reconstruction, dissociative states therapy, arousal reconditioning, and coping skills training. Thanks to recent treatment advances in several fields, help is available for those caught in the dark side of the net.

**Female Sexual Compulsivity: a New Syndrome**

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Martha Turner

Sexual compulsivity has been described as a disorder only since the early 1980s, although it is as old as history and as devastating as other compulsive behaviors that alter moods. Published studies on compulsive sexual behavior first involved white, heterosexual men. Although the scope has since broadened, little has been written about women who have this disorder. This article discusses women's sexual behavior, cultural views, and family of origin issues that contribute to the development of sexual compulsivity. Treatment strategies specific to recovery for women are suggested, followed by cases showing the specific ways that women express their disordered sexuality.

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