Hypersexuality or sexual addiction?

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Hypersexuality or sexual addiction?

INTRODUCTION
**Problematic Hypersexuality (PH)**
(Kingston & Firestone, 2008)

- PH is a clinical syndrome characterised by loss of control over sexual fantasies, urges and behaviours, which are accompanied by adverse consequences and/or personal distress (Gold & Heffner 1998; Kafka 2001)

- Controversial and elusive concept to define and measure (Rinehart & McCabe 1997)

- Some agreement on the essential features of PH
  - Impaired control
  - Continuation of behaviour despite consequences
    (Marshall & Marshall 2006; Rinehart & McCabe 1997)
Types of Hypersexuality Behaviour
(Kaplan & Krueger, 2010)
Behavioural specifiers for hypersexuality

- Masturbation
- Pornography consumption
- Sexual behaviour with consenting adults
- Cybersex
- Telephone sex
- Strip club visits
Hypersexual Behaviour
(Kaplan & Krueger, 2010; Garcia & Thibaut, 2010)

- Men and women (much less frequently circa 5:1) with excessive sexual appetites
- Different terms to describe such behaviour;
  - Hyperphilia
  - Hypersexual disorder
  - Paraphilia-related disorder
  - Compulsive sexual behaviour
  - Sexual addiction [linked with *shame*]
  - Impulsive-control disorder
  - Out-of-control excessive sexual behaviour
Shame and hypersexuality
(Gilliland 2011)
Commonly presenting sexual behaviours (Reid et al 2009)

- Sample of 59 men recruited from an Outpatient clinic specialising in treatment of hypersexuality.
- Compulsive masturbation (56%)
- Pornography dependence (51%)
- Extra marital affairs (21%)
- Excessive unprotected sex with multiple anonymous partners (12%)
- Habitual solicitation of commercial sex workers (7%)
Female ‘hyper’sexuality
(Sherfey, 1972)

- "female sexuality was an insatiable drive that had been repressed for the sake of maintaining a civilized agrarian society"
- to maintain patriarchy
Defining Compulsivity and Impulsivity
Defining Sexual Addiction
The 10 Signs Of Sexual Addiction
(Carnes 1991)

1. A pattern of out of control behaviour.
2. Severe consequences due to the sexual behaviour.
3. An inability to stop despite adverse consequences.
4. The persistent pursuit of self destructive or high risk behaviour.
5. Ongoing desire or effort to limit sexual behaviour.
6. Sexual obsession or fantasies of primary coping strategy.
7. Increasing amounts of sexual experience because the current level is no longer sufficient.
8. Severe mood changes around sexual activity.
9. Inordinate amounts of time spent in obtaining sex, being sexual or recovering from sexual experience.
10. Neglect of important social, occupational or recreational activities because of sexual behaviour.
Neurotransmitter changes
(Cuss & Griffiths 2012)

- Internet addiction is characterised by an overall reward deficiency that entails decreased dopaminergic activity
- Internet and gaming addiction lead to a neuro-adaptation and structural changes that occur as a consequence of prolonged increase of activity in brain areas associated with addiction
Addiction to substances
Neural correlates of drug addiction
Harmful Consequences

- Feeling powerless
- Feeling of self contempt
- Placing oneself in personal danger
- Potential health risks
- Loss of productive time
Users of online sexual material
(Cooper et al 1999)
Conceptualise as...

- Non paraphilic sexual desire disorder with impulsivity component (Kafka, 2010)
Is self diagnosis appropriate?
Clinical Vignettes

- Vignette 1 – Paul who is addicted to internet pornography and “dating sites”.
- Vignette 2 – Adam who seeks domination within a gay relationship.
- Vignette 3 – Rupert who masturbates for 3 hours each morning
- Vignette 4 – Peter a sales executive who is an exhibitionist
Hypersexuality or sexual addiction?

DIAGNOSIS
Diagnostic Assessment

- Normal behaviour
- Two nosological systems available which provide taxonomic classification for sexual disorders:
  - Diagnostic and Statistical Manual of Mental Disorders (DSM5; American Psychiatric Association 2013)
- With minimal reference made to disorders marked by hypersexuality...
  - 302.79 (F52.8) – Other Specified Sexual Dysfunction (p450)
  - 302.70 (F52.9) – Unspecified Sexual Dysfunction (p450)
  - F52.7 Excessive sexual drive (nymphomania; satyriasis)
Proposed & rejected criteria for hypersexual Disorder DSM5 (see Kafka, 2009)

A. Over a period of at least six months, recurrent and intense sexual fantasies, sexual urges, and sexual behavior in association with four or more of the following five criteria:

(1) Excessive time is consumed by sexual fantasies and urges, and by planning for and engaging in sexual behavior.

(2) Repetitively engaging in these sexual fantasies, urges, and behavior in response to dysphoric mood states (e.g., anxiety, depression, boredom, irritability).

(3) Repetitively engaging in sexual fantasies, urges, and behavior in response to stressful life events.

(4) Repetitive but unsuccessful efforts to control or significantly reduce these sexual fantasies, urges, and behavior.

(5) Repetitively engaging in sexual behavior while disregarding the risk for physical or emotional harm to self or others.

B. There is clinically significant personal distress or impairment in social, occupational or other important areas of functioning associated with the frequency and intensity of these sexual fantasies, urges, and behavior.

C. These sexual fantasies, urges, and behavior are not due to direct physiological effects of exogenous substances (e.g., drugs of abuse or medications) or to Manic Episodes.

D. The person is at least 18 years of age.

Specify if:
- Masturbation
- Pornography
- Sexual Behavior With Consenting Adults
- Cybersex
- Telephone Sex
- Strip Clubs
- Other:
  - Specify if:
    - In Remission (No Distress, Impairment, or Recurring Behavior and in an Uncontrolled Environment): State duration of remission in months:____
    - In a Controlled Environment
The complete glossary definition of the term (not diagnosis) of hypersexuality in the DSM-5 is: “a stronger than usual urge to have sexual activity” (pp823)

Embedded in the text for voyeuristic disorder in which “hypersexuality and other paraphilic disorders” (pp688) are listed as comorbid “conditions”

Together with “intense sexual frustration,” hypersexuality is listed with “sexual impulsivity” both as a contributing factor for sexual masochism disorder (pp695) and as a condition to be considered in the differential diagnosis (pp695)

Of interest, while hypersexuality is listed in the differential diagnosis for sexual sadism disorder, it is not listed as a comorbid issue (pp697)
Hypersexuality or sexual addiction?

AETIOLOGY
Aetiological factors

- Dopamine
- Serotonin
- Androgens
- Developmental
- Affective disorder
- Neurological disorders
- No genetic linkage (Garcia & Thibaut, 2010)
Developmental factors

TABLE 2
Overall Results for Meta-Analysis

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>k</th>
<th>r</th>
<th>95% CI</th>
<th>$I^2$</th>
<th>$k^+$</th>
<th>$r_{adj}$</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall nonparaphilic hypersexual behavior and depressive symptoms</td>
<td>3,783</td>
<td>19</td>
<td>.34</td>
<td>.26 to .42</td>
<td>86.23</td>
<td>8</td>
<td>.21</td>
<td>.11 to .30</td>
</tr>
<tr>
<td>Publication source</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Published</td>
<td>2,676</td>
<td>13</td>
<td>.33</td>
<td>.22 to .43</td>
<td>88.32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unpublished</td>
<td>1,107</td>
<td>6</td>
<td>.37</td>
<td>.23 to .50</td>
<td>82.08</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note.* The *N* column represents the sample size summed across studies. The *k* is the number of effect sizes summarized. The *r* is the weighted mean *r* across samples. The 95% CI is the confidence interval for the mean *r*. The $I^2$ is the percentage of the observed variance that reflects real differences in effect sizes. The *$k^+$* is the number of studies imputed using trim-and-fill. The $r_{adj}$ is the estimate after imputing studies to adjust for publication bias. The 95% CI is the confidence interval for the mean $r_{adj}$. 
Hypersexuality and neurological disorders
(Higgins et al, 2004)
ADHD and hypersexual behaviour
(Reid et al 2011)
Kluber-Bucy syndrome

- Bilateral lesions of the amygdala.
- Clinical symptoms of:
  - Hyperorality
  - Hyperphagia
  - Hypersexuality
  - Hyperdocality (i.e. placidity)
“Attachment ruptures” created by hypersexual behaviour
(Reid & Wooley, 2006)
### Table 1  Frequently Used Assessment Scales for Sexual Compulsivity, Sexual Addiction, and Hypersexuality

Summary of four major assessment scales for "sexual addiction", "sexual compulsivity," and "hypersexuality," including authors, year of first appearance in literature, assessment format, focus of the assessment, and target populations for which the scale has been empirically tested. Full references are included in the reference section below.

<table>
<thead>
<tr>
<th>Assessment Scale</th>
<th>Author(s), Year</th>
<th>Assessment Format</th>
<th>Focus</th>
<th>Tested Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Compulsivity Scale (SCS)</td>
<td>Kalichman, 1995</td>
<td>10 self-report items, 4-point Likert scale</td>
<td>Assessing HIV risk and excessive preoccupation with sexual acts and encounters</td>
<td>Heterosexual (male and female), homosexual (male), young adults, HIV-infected populations</td>
</tr>
<tr>
<td>Compulsive Sexual Behaviour Inventory (CSBI)</td>
<td>Coleman, Miner, Ohlerking &amp; Raymond, 2001</td>
<td>28 self-report items, arranged in three subscales: Sexual Impulse Control (distinguishing Paraphilic from Nonparaphilic), Abuse, and Violence</td>
<td>Evaluating compulsive behavioural components of sexual behaviour</td>
<td>Heterosexual and homosexual adult males, college students (male and female)</td>
</tr>
<tr>
<td>Sexual Addiction Screening Test (SAST)</td>
<td>Carnes, 1989</td>
<td>25 self-report yes/no items, measuring four core items: preoccupation, loss of control, relationship disturbance, affect disturbance</td>
<td>Distinguishing potential sex addicts from non-addicts, tool to recognize signs of addictive sexual behaviour</td>
<td>Sex offenders, heterosexual college students (male and female), veterans, physicians, gay men, heterosexual males</td>
</tr>
<tr>
<td>Also see subscales: SAST-Men, SAST-Gay Men, SAST-Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypersexual Behaviour Inventory (HBI)</td>
<td>Reid, Garos &amp; Carpenter, 2011</td>
<td>19 self-report items, 5-point Likert scale. Three factor measure: Coping, Control, and Consequences</td>
<td>Assessment of DSM-5 proposed criteria for Hypersexual Disorder</td>
<td>Outpatient men</td>
</tr>
</tbody>
</table>
Hypersexuality or sexual addiction?

MANAGEMENT
Treatment options

- Many clinicians recommend a multifaceted approach to treatment
- Treatment should be based on a thorough assessment and tailored to specific needs of the patient
- Psychotherapeutic
- Pharmacological
<table>
<thead>
<tr>
<th>Issue</th>
<th>Presentation</th>
<th>Intervention(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough sex</td>
<td>Frequent masturbation, cruising, preoccupation</td>
<td>Social skills training; sex education; couples counseling</td>
</tr>
<tr>
<td>Unfulfilling sex</td>
<td>Relationship discord, Inhibited orgasm, Incompatible sexual orientation</td>
<td>Couples counseling enhance orgasm Individual counseling</td>
</tr>
<tr>
<td>Criminal sex</td>
<td>Discovery or arrest</td>
<td>Forensic referral. “Addiction is not a cause,”</td>
</tr>
<tr>
<td>Dysfunctional sex</td>
<td>“Mid-life crisis”</td>
<td>Treatment of erectile dysfunction or inhibited sexual desire, etc.</td>
</tr>
<tr>
<td>Contextual sex</td>
<td>Opportunistic</td>
<td>Individual/group therapy Substance abuse treatment</td>
</tr>
<tr>
<td>Too much sex</td>
<td>Change in behaviors, Disinhibited sex</td>
<td>Look for physiologic causes</td>
</tr>
</tbody>
</table>
Treatment options (psychotherapeutic)

- Mindfulness
- Couples & systemic therapy
  - Learning skills of intimacy is essential to recovery and to building a sense of trust (Brown 1999)
- Emotionally focussed therapy
- Individual therapy (CBT or psychodynamic)
- Treatment of co-morbidity
  - Anxiety and depression can be associated with sexual risk-taking and out-of-control sexual behaviour (Bancroft et al, 2003)
- Twelve-step (group and/or residential) treatment
  - Adapted from Alcoholics Anonymous
Couples & Systemic perspective

- Treatment approaches with a systemic view are likely to focus on every part of a patient's past and current system, not just the addiction and to help the patient understand the context in complex interplay of their problem behaviour.
Emotionally Focused Therapy
(Reid & Wooley, 2006)

Stage 1: Assessment and Cycle De-escalation

Stage 2: Engagement: Changing Interactional Positions and Creating Bonding Events

Stage 3: Consolidation
Treatment Options (Individual)

- Specific Treatment Goals and Strategies
  - The first step is to help the individual stop or control the hypersexuality behaviour
- Cognitive-behavioural therapy
  - Relapse prevention; Behaviour therapy
- Psychodynamic Psychotherapy
  - Exploration of family origin, trauma and underlying contributory factors
Cognitive behavioural perspective
Psychodynamic

- There is evidence that sexual trauma is over represented amongst the sex addiction population.
- The impact of dissociation, depersonalisation, trauma bonding, vandalised love maps and trauma re-enactment may explain this
Narcissistic Damage
(Miller 1987)

“A sense of self created in family of origin as an accommodation to parental needs, which brings with it a sense of emptiness, loneliness and anomie, as well as, a compulsion to control and a propensity to grandiosity”.
Narcissistic Damage
(Kernberg 1986)
Shame As A Principal Driver
(Birchard)

- In narcissistic damage, the self is experienced painfully and as unacceptable.
- Shame is the painful feeling of being unacceptable.
- Shame is the core affect of narcissistic damage, the principal driver of the addictive cycle and high levels of shame are particularly associated with addictive compulsive sexual behaviour.
Themes To Explore within Psychodynamic Therapies

- Explore the painful states of
  - Depression
  - Anxiety
  - Stress
  - Loneliness
  - Shame
  - Rage
  - Compulsion
  - Problematic Relationships
Clinical Vignettes

- Vignette 1 – Paul who is addicted to internet pornography and “dating sites”.
- Vignette 2 – Adam who seeks domination within a gay relationship.
- Vignette 3 – Rupert who masturbates for 3 hours each morning.
- Vignette 4 – Peter, a sales executive who is an exhibitionist.
Treatment options (pharmacological)

- Anti-androgen therapies e.g. cyproterone, medroxyprogesterone acetate
- GnRH analogues e.g. triptorelin (Rosler & Witztrum, 1998; Safarinejad, 2009)
- GnRH antagonist e.g. Degarelix
- SSRI e.g. Fluoxetine (Kafka, 1992); Citalopram (Malladi et al 2005)
- Insufficient controlled trials (Marshall & Briken, 2010)
Clinical Vignettes

- Vignette 1 – Paul who is addicted to internet pornography and “dating sites”.
- Vignette 2 – Adam who seeks domination within a gay relationship.
- Vignette 3 – Rupert who masturbates for 3 hours each morning
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Hypersexuality or sexual addiction?

CONCLUSIONS & RESOURCES
Conclusions

- Hypersexuality exists in individuals who are unable to control their sexual behaviour.
- The behaviour has been described for centuries and more recently been the focus of clinical attention.
- New criteria were rejected in the DSM5.
- Advances in therapeutic and biological techniques will be extended, leading to a better understanding of the management of this condition.
Understanding Sex Addiction

http://www.saa-recovery.org.uk
Assessment and Treatment of Sexual People with Complaints of Hypersexuality

Hannah Stewart & J. Paul Fedoreff

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Abstract This article presents a literature review on the definition, diagnosis, assessment, and treatment methods of so-called “sexual complicity,” “sexual hypersexuality,” and “hypersexuality.” We review the literature on proposed diagnostic criteria, symptomatology, and treatments. The Sexual Complicity Scale (SCS), Compulsive Sexual Behaviour Inventory (CSI), Sexual Addiction Screening Test (SAST), and Hypersexual Behaviour Inventory (HBI) were found to be the most frequently used assessment tools. Although all of these scales have demonstrated high internal consistency, each is based on a unique perspective and understanding of “hypersexuality.” This article discusses the validity and reliability, as well as applicable populations for assessment, for each of the scales. These multiple assessment strategies are encouraged in order to gain greater insight into the nature of hypersexuality, sexual complicity. We briefly discuss the importance of multimodal intervention strategies, while providing an in-depth evaluation of cognitive-behavioural psychotherapy and 12-step programs. The article also highlights and provides a discussion of the Sexual Behaviours Clinic (SBC) intervention strategies for individuals labeled as “sex addicts.” Finally, we suggest directions for future emphasis in research in diagnosis, assessment, and treatment in order to reduce conceptual ambiguity and enhance empirical efficacy.

Keywords Sexual complicity—Hypersexuality—Treatment—Assessment—Sexual addiction—Impulsivity—Sexual Complicity Scale (SCS)—Compulsive Sexual Behaviour Inventory (CSI)—Sexual Addiction Screening Test (SAST)—Hypersexual Behaviour Inventory (HBI)—Psychotherapy—Cognitive-behavioural therapy—12-step program

Introduction

While the latest version of the Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) did not include hypersexual disorder in its list of disorders, the manual does provide a definition for “hypersexuality.” The complete glossary definition of the term “hypersexuality” is as follows: “A stronger than usual urge to have sexual activity” (p. 425) [1].

This definition is problematic and ambiguous, as there are multiple ways to satisfy the DSM-5 definition. For example, “stronger than usual” could refer to a change from a previous state or time, or it could be a comparison to the urges of a partner or to other similar or dissimilar people or groups. The “urge” might be sexual or non-sexual. It could occur in the presence or absence of sexual activity. In addition, the DSM-5 definition says nothing about the etiology of the urge, which could be as a result of disease, such as the symptoms of increased sex urges in Asperger’s syndrome, or as a result of conditioned or learned behaviors, variance from societal

Measuring Sexual Addiction and Compulsivity: A Critical Review of Instruments

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Research has proliferated on sexual addiction in recent years, and this has led to an increase in the instruments created to measure this construct. The authors review 17 instruments that have been created to assess sexual addiction, including self-report rating scales, self-report checklists, and clinician rating scales measuring symptoms of sexual addiction, as well as self-report rating scales measuring consequences associated with sexual addiction. For each instrument, the authors describe its structure, conceptual basis, and samples studied. They also evaluate the evidence for the reliability and validity of each instrument. The instruments vary widely in their psychometric properties. Many have been created recently, and others have only been studied in specific populations. For each group of instruments, the authors make recommendations for researchers and clinicians.

Sexual addiction (Carnes, 1983), compulsive sexual behavior (Coleman, 1991), sexual compulsivity (Kalichman & Rompa, 1995), and sexual impulsivity (Bahr & Kinder, 1987) are all terms that describe a psychological disorder that is defined by a person’s inability to control his or her sexual behavior.

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The Emperor Has No Clothes: A Review of the ‘Pornography Addiction’ Model

David Ley - Nicole Prusness - Peter Fink

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Abstract The addiction model is rarely used to describe high-frequency use of visual sexual stimuli (VSS) in research, yet common in media and clinical practice. The theory and research behind ‘pornography addiction’ is hindered by poor experimental design, flawed methodological rigor, and lack of model specification. The history and limitations of addiction models are reviewed, including how VSS fail to meet standards of addiction. These include how VSS use can induce health-risk behaviors. Proposed negative effects, including erectile problems, difficulty regulating sexual feelings, and normalcy standards are discussed as non-psychological evidence of addiction. Individuals reporting ‘addictive’ use of VSS could be better conceptualized by considering issues such as gender, sexual orientation, libido, desire for sensation, with internal and external conflicts influenced by religiosity and desire discrepancy. Since a large, lucrative industry has promised treatments for pornography addiction despite this poor evidence, scientific psychologists are called to declare the emperor (treatment industry) has no clothes (supporting evidence). When faced with such complaints, clinicians are encouraged to address behaviors without conjuring addiction labels.

Keywords Pornography addiction - Pornography addiction model - Visual sexual stimuli (VSS) - Libido - Sensation-seeking - Erectile dysfunction - Addiction model - Impulsivity - Compliancy

Assessment and Treatment of Internet Sexuality Issues

Katherine M. Hertlein - Jacky D. Cravens

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Abstract The pervasive nature of technology has fostered couples and families to rethink the role technology plays in their lives. Several notable areas emerging as challenging areas in couples’ lives include Internet infidelity, Internet pornography use, and cybersex addiction. The increased prevalence of technology-related issues in therapy has challenged clinicians with the task of understanding the distinct differences and commonalities among each Internet-related issue. Two common Internet sexuality issues reported by clinicians are cybersex and Internet infidelity. The purpose of this article is to provide brief descriptions of the most common Internet sexuality issues, provide an overview of common assessment procedures, and outline the most recent developments in treatment of these issues.

Keywords Internet sexuality - Internet infidelity - Cybersex - Assessment - Treatment - Internet pornography

Introduction

The definition of what constitutes an Internet sexuality problem is closely related to the definition of an online intimacy problem that is: “any disruption to a couple’s intimacy (defined as levels of emotional self-disclosure and the perception of a partner’s responsiveness) that is facilitated, in some way, by the Internet” [3].

This article is part of the Topical Collection on Integrating the Psychological...

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Assessment, diagnosis, and management of hypersexual disorders
Liam E. Marshall and Peer Briken

Purpose of review
This review examines recent advances in conceptualizing and treating hypersexual disorders.

Recent findings
Studied on hypersexual disorders, inferred from research on their associated descriptions, suggest that these disorders have a strong relationship to a number of areas of functioning, in particular, self-regulation and sexually offensive behavior.

Summary
The proposed inclusion of hypersexual disorders in the upcoming Diagnostic and Statistical Manual of Mental Disorders-V may address many of the current issues related to the lack of empirical research on hypersexuality. Although there have been some gains made in understanding hypersexuality, there remains a lack of concise and empirical research on hypersexual disorders. There are also insufficient number of controlled studies on the efficacy of pharmacological and psychological treatments for hypersexual behavior problems.

Keywords
excessive sexual desire disorder, hypersexual disorders, sexual addiction, sexual compulsivity, sexual impulsivity

Introduction
Hypersexual behavior is a common problem currently recognized by those who work with persons suffering from it; however, there has been much speculation and debate regarding the best descriptors to be used [1, 2]. Clearly, these are individuals who struggle with their ability to control their sexual thoughts, fantasies, and behaviors; for example, those who spend excessive time on the internet for sexual purposes, engage in high rates of consensual sex with other adults, or exhibit high rates of masturbation.

Nowhere is hypersexuality more of a serious social issue than in the case of those whose hypersexual behavior is associated with sexually offensive behavior towards others. Indeed, meta-analytic studies on the dynamic risk factors of sexual offenders show that sexual preoccupation (a term with similarities to the concept of hypersexual disorder) is the single best predictor of sexual offending [3]. Therefore, it is important to better understand it so as to help individuals struggling with this problem as well as their families and friends, and also to be able to protect innocent victims of sexual abuse, typically women and children.

Methodological considerations
Assessing the presence and treatment of hypersexual behavior presents many challenges. For example, as a result of the groundswell of support for Gravitz’s [4] notion of sexual addiction in the 1990s and its association with the 12-step Alcoholics Anonymous-like approach, and the subsequent rejection of this view in the 1990s, the field has suffered from a lack of empirical research. Although there was much theoretical debate on the topic, this did not prompt, until very recently, much empirical research. Further, the lack of agreement in the existing literature on the features of problematic or disordered hypersexuality has made it impossible to determine whether researchers are reporting on a similar problem or whether there are multiple types of hypersexual disorders.

The purpose of this paper is to critically review recent advances in conceptualizing and treating hypersexual disorders. The literature was reviewed using PubMed and PsycINFO for the period between January 2015 and May 2016. Keywords used were “hypersexual”, “sexual addiction”, “sexual compulsivity”, and “sexual
22nd Congress of the World Association for Sexual Health: 25-28 July 2015

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