

Current research shows that there is a group of people who have difficulties in controlling their sexual behavior (pornography use, masturbation, sexual relationships with other people) which, in its extreme form can constitute Compulsive Sexual Behavior Disorder (CSBD). CSBD will be included in the newest version of International Classification of Diseases (ICD-11), issued by World Health Organization. CSBD is characterized by repeatedly failing to control their sexual life where a person (1) neglects areas of life other than sexual in order to spend their time on sexual activities; (2) has lower control over their sexual behavior and has difficulties in reducing their sexual behavior; (3) continues sexual activity despite negative consequences; (4) experiences significant distress or impairment in various domains of life and functioning; (5) continues to engage in sexual behavior even when getting little or no satisfaction from it.

The goal of this project is to find out which of 3 models of CSBD, which are currently under lively scientific discussion, best describes its nature. Addictive model describes CSBD as a disorder similar to substance addictions, in people suffer from withdrawal symptoms in the periods when they don't undertake problematic sexual behavior, as well as they increase their tolerance to sexual stimuli. Compulsive model claims that a person experiences obsessive, recurrent sexual thoughts which cause negative mood. Compulsive sexual behavior is a consequence of these thoughts, and its form is rigid and rule-based, being a way to cope with anxiety, stress and other negative emotions. Impulsive model attributes the occurrence of CSBD symptoms to generally low ability to self-control and a tendency to seek pleasure through sexual behavior as a rule.

The validity of these 3 models of CSBD will be investigated through 3 studies. They will be aimed at (1) identifying the characteristics of symptoms that high CSBD subjects display and the fitness of these symptoms to 3 models of CSBD, (2) investigating possible subtypes of CSBD and their fitness to the 3 models, and (3) examining the comorbidity between CSBD, addictive, obsessive-compulsive and impulse control disorders. A potential high comorbidity might show the similarities between disorders and therefore can be an argument supporting a specific model explaining the nature of CSBD.

Planned studies are:

Study 1: large, non-clinical, online study on the prevalence and characteristics of CSBD symptoms and factors contributing to them, based on a representative sample of 2000 individuals. The study will be focused on assessing (a) CSBD symptom strength; (b) the fitness of characteristics of CSBD symptoms to the addictive, compulsive and impulsive models, as well as (b) the level of addictive, compulsive and impulsive disorder comorbidities

Study 2 –study based on 800 treatment seekers for CSBD, conducted online. Just as Study 1, in Study 2 we will investigate: (a) CSBD symptom strength; (b) the fitness of characteristics of CSBD symptoms to the addictive, compulsive and impulsive models, as well as (b) the level of addictive, compulsive and impulsive disorder comorbidities among treatment seekers for CSBD.

Study 3: based on expert assessment conducted on a group of 200 participants experiencing high CSBD symptoms severity. Psychiatric interviews with research participants will be conducted and symptoms experienced by the cross-appraised by three expert diagnosticians in respect of the project aims.

The project aims to significantly contribute to basic knowledge about sexual dysfunctions in general, and about compulsive sexual behaviors specifically.