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# The Obsessive-Compulsive Model for Describing Compulsive Sexual Behavior

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*Compulsive sexual behavior (CSB) is driven by anxiety reduction mechanisms rather than by sexual desire. CSB gives temporary relief to psychological stress, but continuing participation in the activity leads to even more distress. This paper outlines the arguments for using an obsessive-compulsive model rather than an addiction model for understanding and treating CSB. Although the term "sexual addiction" may be an interesting metaphor, CSB is likely to emerge as the preferred term and obsessive-compulsive disorder (OCD) the preferred model for understanding and treating this behavior.*

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Many terms have been used to describe the phenomenon of compulsive sexual behavior (CSB), including hypersexuality, nymphomania, satyriasis, promiscuity, and Don Juanism or Don Juanitism. Compulsive sexual behavior is defined here as behavior that is driven by anxiety reduction mechanisms rather than by sexual desire. The obsessive thoughts and compulsive behaviors serve the function of temporarily reducing anxiety and distress, but they create a self-perpetuating cycle. The sexual activity provides temporary relief, but it is followed by further psychological distress.

The subject of compulsive sexual behavior is drawing increased attention from both professional and lay audiences and is gaining at least as much interest as other sexual problems such as low sexual desire, inhibited sexual excitement, and the paraphilias. In the era of AIDS and renewed interest in intimacy in sexual relationships, disorders such as CSB are being carefully examined. However, there has been intense debate over whether the pathogenesis or dynamics of CSB is explained more accurately by the addiction model or the obsessive-compulsive model. The purpose of this paper is to provide some background of the debate and to describe the two models. The paper will describe the shortcomings of the addiction model and detail the rationale for the obsessive-compulsive model.

## HISTORY OF THE DEBATE

In 1983 Patrick Carnes published *The Sexual Addiction*, now retitled *Out of the Shadows: Understanding Sexual Addiction*.<sup>1</sup> This publication was largely responsible for the popularization of the concept "sexual

addiction." Other works categorizing CSB as an addictive disorder quickly followed,<sup>2,3,4</sup> including Carnes's own sequel.<sup>5</sup> Rather than employing an addiction model, Michael Quadland<sup>6</sup> and Coleman<sup>7</sup> began using the obsessive-compulsive model in their research. Consequently, two divergent models emerged to describe CSB. Some view this debate as a superficial debate over terminology; however, it is much more than a "war of words." It is a critical debate over theoretical models, and the conclusions will lead to a better understanding of CSB and more effective and relevant treatment approaches.

## DEVELOPMENT OF THE ADDICTION MODEL

The lifetime disease concept of addiction, born in the 1960s, recognized that there was a medical explanation for the development of dependency upon certain substances—alcohol, amphetamines, barbiturates, and opiates, for example. Subsumed in the medical model, the addiction model asserted that these substances could become the agent of an addiction because their properties of physical dependence—increased tolerance and withdrawal symptoms—could be explained in terms of physical and neurochemical properties. Receptor sites were identified and found to be more plentiful and more "receptive" in individuals who became addicted.

In the 1970s, a looser definition of the term "addiction" developed and included certain behaviors that, in their excess, took on dynamics similar to those of drug addiction. Some researchers began describing destructive forms of eating, gambling, and sex as addictive behaviors. This made sense to many people because the lack of behavioral control associated with these disorders resembled the behavior of alcohol and drug addicts. Addiction became a popular metaphor. Twelve-step groups modeled after Alcoholics Anonymous were developed for behaviors that were judged to be excessive and were attended by individuals who felt a sense of "powerlessness" to overcome their behavior. Overeaters Anonymous was one of the first of these groups to form, followed by others such as Gamblers Anonymous, Spenders Anonymous, Parents Anonymous (for child abusing parents)—and then Sex Addicts Anonymous, Sexaholics Anonymous, and Sex and Love Anonymous. Today there seems to be an "AA" type of self-help program for nearly every type of human ailment or condition. The definition of addiction is now so loose that Anne Wilson Schaefer has described us as an "addictive society" made up of thousands of addicted individuals and organizations.<sup>8</sup> Indeed, the model

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