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COMPULSIVE SEXUAL BEHAVIOR

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Abstract

Obsessive-Compulsive Disorder (OCD) is a common, chronic, and long-lasting disorder in which a person has repetitive thoughts and acting on compulsive behaviors that lead to temporary relief. Sexual obsessions have also been found to be an important aspect in OCD. The objective of the study is to observe the presence of sexual obsessions as a clinical feature in OCD. For that purpose, the observation was made on patients of OCD and a match for the same was found in available literature of review. The symptoms of OCD were existent for more than 1 year in all included patients for observation. It was found that the patients display a obsession and compulsion regarding sexual behavior and experience discomfort if unable to control their urges. It was further found that these symptoms had effect on their daily and social functioning too.

Keywords: Sexual Obsessions and Obsessive-Compulsive Disorder

Introduction

Obsessive–compulsive disorder (OCD) is a comparatively widespread state through six month occurrence rates of 1.5% to 2.1% (Karno et al., 1988; Meltzer et al., 1995). It was estimated by The World Health Report :Mental Health (2001) that OCD was amongst the peak 20 causes of illness-related disability globally for people aged 15 to 44 years. It was also suggested by the report that OCD was the fourth most common mental illness after phobias, substance abuse, and major depression. OCD affects social and working life and associated with a wide range of functional impairments (Hannah, 2018). OCD is of several types and it has presentation in different ways. According to Dell'Osso et al. (2012), common OCD symptoms include: (a) obsessions and checking (e.g., aggressive and unwanted sexual thoughts, including obsessions about homosexuality or incest, religious (offending God), somatic obsessions and checking compulsions); (b) symmetry and ordering (e.g., symmetry and exactness obsessions, repeating, counting, and arranging compulsions), perfectionism, including concerns about exactness, needing to remember things, and fear of losing thing's (c) contamination, including body fluids, germs, and dirt and cleaning (e.g., contamination obsessions and cleaning/washing compulsions); and (d) hoarding

Sexual obsessions

Sexual obsessions are a usual clinical feature in obsessive compulsive disorder with prevalence of 13.3-24.9% (Grant et al., 2006). It has established slight consideration in research. Reasons for this can be awkwardness in conversing sexual content or because this type of obsession is sometimes deprived of giving the impression to deter the assessment of this particular problem. Sexual obsessions contain numerous forms of unwanted, unacceptable cognitive disturbances with ego dystonic sexual content that can range from feelings about family or children, concerns about sexual orientation, feelings of sex with animals or fears about appealing in sexually aggressive behavior. Prevalence of sexual obsessions in OCD range from 20 to 30% according to different studies (Rasmussen & Tsuang, 1986). They have also been found in children (Swedo et al. 1989), and some cases have been described to be associated with previous

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sexual molestation (Freeman & Leonard, 2000). Researches, although limited, examined clinical correlates of sexual obsessions and this type of obsessions were believed to be more common in male with obsessive-compulsive disorder (OCD) (Lensi et al., 1996) or in subjects with tic disorders (Zohar et al., 1997). They were also associated with poorer treatment response and with poorer insight (Alonso et al., 2001; Mataix-Cols et al., 2002) and with impaired sexual satisfaction (Freund & Steketee, 1989). Sexual obsessions can take many different forms. A heterosexual person might become obsessed with the idea that he or she is gay. A child may get worried that he has done or will do something sexual without consent. People with sexual obsessions may also get worried that they have banned sexual desires such as pedophilia or incest. They do not actually experience these desires, but they are disrupted by the possibility that they might (Ehmke, 2020). Within sexual obsessions, sexual orientation concerns have received specific attention by some authors. They include worries of turning into homosexual, worries that others might consider one is homosexual or recurrent doubts about whether one is homo- or hetero-sexual (Williams, 2008). A large number of the common population experience this type of intrusive, distressing thoughts (Rachman & de Silva, 1978). Thus, it was not the thoughts themselves but patient's response to them that was creating his difficulties (Williams et al., 2011). The assessment of this issue is especially complex because this symptom can be misinterpreted by clinicians and by patients as a sexual identity conflict, leading to potential flaws in treatment. Unwanted homosexual thoughts are also present in the general population (Renaud & Byers, 1999) but OCD patients, need to control these intrusive thoughts (as they are perceived as highly meaningful) and feel greater distress about them. Clinical and socio-demographic correlates of entities with specific sexual obsessions are assessed in a check of 409 OCD cases (Williams & Farris, 2011). They found that 11.9% of patients endorsed lifetime symptoms, and were double as likely to be male rather than female, with the severity as moderate OCD. These findings suggest that these patients may sense enlarged pain and be more damaged (Real et al., 2013). So gender of patients with obsessive symptoms is also an important factor and at time of evaluation, clinicians has taken in to account this. In non-psychiatric subjects, males are showing higher frequency of sexual obsession than female. (Mathis et al., 2011). This paper is based on the observation of sexual behavior in OCD. The objective of the present paper is to look at the occurrence of sexual obsessions in obsessive-compulsive disorder (OCD).

Observations on Case Studies

Symptoms

A review of the cases brings forth some common symptomology that is presented by the observed patients. The patients display an obsession with the act of sex and experience discomfort if unable to control their urges. The common symptoms were observed in two areas, i.e. *obsessive thoughts* (imagining sex acts, intrusive thoughts about the other sex, fear of being sexually deviant, fear of being sexually impotent/impaired, worry about being unable to perform, imagining/fixating on performing deviant acts, like exposing oneself in public) as well as *compulsive acts* (frequent masturbation to the point of severe weakness, compulsive porn watching, exhibitionism, voyeurism, touching/groping the opposite sex without consent, sending inappropriate pictures of self to the other sex over the internet). Often patients displayed a mix of the two or three symptoms.

Duration

It was observed that patients reported symptoms for 1 year or more. The symptoms present themselves in the absence of any other symptoms of obsessive-compulsive disorder (OCD) or anxiety disorders. The patients do not have a history of any other mental disorders.

Discussion

The present paper deals with an important concern, the occurrence of sexual obsessions in OCD. Sexual obsession in OCD has not been acceptable to the individual. On the other hand, feelings in paraphilias and compulsive sexual behavior are often positive and can prompt sexual behavior, contrary to OCD

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patients who hardly hold actions reflecting their obsession (Garcia & Thibaut, 2010). The patients in the present study are hyper-focused or fixated on sexual acts and images to the point where their personal, professional and day-to-day functioning affected. They experienced problems with physical and mental health, including symptoms like loss of appetite, irregular sleep, severe weakness due to excessive masturbation, acute distress, anxiety, low mood, feelings of guilt, loss of concentration and attention, loss of well being, and somatic symptoms like headaches. Patients also have trouble in coping with their work or academics, affecting the professional aspect of their lives. They are unable to report to work or the academic institution due to their symptoms, spending time inside their rooms. Most patients reported inability concentrating, lack of attention, and presence of intrusive, circular thoughts that negatively affected their motivation and ability to perform in their professional lives. Another aspect that was affected was the social and interpersonal relationships. Patients reported social withdrawal, with some experiencing irritability when around family members, while some reported high levels of loneliness. The symptoms they presented with also fractured their relationships with their considerable family members and friends. These symptoms often also turn into compulsive acts that are deviant in nature (like exhibitionism, voyeurism, bestiality etc.). Cognitive theories of OCD conceive that obsessions and feelings assessed as significant and are supposed to be constant and extremely distressing (Rachman, 1997). Individuals suffering from OCD consider their sexual obsessions as morally wrong, errant, or as the possible basis of a failure of control or terrible actions. It is suggested that individual may expose a type of withdrawn self-hate and show a way out to the person's crisis (Bordelau, 1994). Further investigation is needed to test presence of sexual obsession in OCD.

This study focuses on the issue that is relatively ignored in the literature. Reason for the same may be that researchers and clinicians tend to associate sexual obsessions with other factors, which make it hard to recognize the involvement of each to the individual distress (Hasler et al., 2005; Masi et al., 2005). In addition to this, a few researchers join compulsivity and sexual obsessions with bizarre actions, while deviant individuals undergo impulses, feelings, and actions as pleasurable, and not distressing (Branaman, 1995). One more cause may be the OCD patients tend to refute or minimize their sexual obsessions (Grant et al., 2006). There are discrepancies and reasons for the same may be the embarrassment in conversing sexual obsessions (and this can be related to subjects' ease level with interviewers) as well as the inconsistency with which sexual obsessions are discovered (self-report, interview). One of the common symptom of OCD is sexual obsessions (Foa et al, 1995). Few studies have examined the occurrence of obsessions assuming contents, thus there is slight published material about rates of sexual obsessions in OCD. Grant et al. (2006) used a large sample of OCD patients and found that 25% patients used in their study experienced sexual obsessions in their lives time. Since people with this type of symptoms feel more reluctant, embarrassed and fearful of seeking treatment or taking part in this type of study. So the real occurrence rates may be higher.

Sexual obsessions may turn around a number of factors. General factors include unusual behaviors, incest, pedophilia, profane thoughts mingling religion and sex, AIDS, unfaithfulness, and, certainly, homosexuality. As sex bears so much emotional, moral, and religious importance is carried by sex, so it simply develops into a magnet for obsessions in people inclined to OCD (Gordon, 2002). The conceptualization, sexual behavior is an addiction is supported by many authors (Massi et al, 2005; Akiskal et al., 2005). Moreover, comorbidities between excessive non paraphilic sexual behavior and other addictions are significantly greater than with OCD; 64–71% in the case of addictions versus 15% with OCD (Pompili et al., 2009; Bordeleau, 1994). Here in the present study, we tried to link sexual obsessions in individuals with OCD. The observed patients with OCD for more than one year had sexual obsessions. Actually, it has been the major finding of this study that OCD patients reported sexual obsessions. Other than this, future study in this area should also focus on the relationship among obsessions; sexual, aggressive, and religious (Grant et al, 2006). Social understanding and comprehension emerged during puberty (Weems & Costa, 2005) may equally give rise to taboo obsessions; sex,

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aggression, and religion (Grant et al., 2006). Gender is also related factor when evaluating OCD patients with sexual obsession. This study concentrated on the male sample only. As compare to female males have higher rate of sexual obsessions (Mathis et al., 2011). Patients included in the study reported poorer sexual functioning or satisfaction (Real et al., 2013).

Obsessive-compulsive disorder comes under the class of anxiety disorder characterized by repeating conceptions, metaphors or impulses that pierce the person's mind repeatedly and do not leave causing distress, i.e. obsessive thoughts, and recurring behavior patterns (e.g., hand cleaning, classifying, inspecting) or intellectual actions (praying, computing, echoing words mutely) that the individual senses ambitious to do in answer to an obsession or some arbitrary processes, i.e. compulsive acts. Gordon (2010) defined sexual obsessions as repetitive, stubborn, annoying beliefs or imageries about sex and sexual acts that lead to personal distress and/or inhibit functioning. Common themes deal with AIDS, infidelity, homosexuality, anomaly, incest and irreverent beliefs mingling religion and sex. These obsessions are sometimes followed by compulsive behavior and often not. Compulsions are performed to help eradicate the sexual obsession, but it only strengthens the obsession.
It is further differentiated these obsessions from other forms of the sexual ideations like sexual fantasies where fantasies are pleasure inducing, and the sexual obsessions are anxiety inducing. Whereas, sexual ideation in Post-Traumatic Stress Disorder (PTSD), the patient is fixated on a memory of a real-life traumatic sexual event. Obsessive-compulsive disorder (OCD) patients deal more with fictitious, hypothetical events, as well as paraphilias where the deviant sexual thoughts and ideations provide pleasure to the individual, and they gain sexual satisfaction from it, rather than expressing concern and fear regarding the obsessions, like in OCD. So in conclusion, it can be stated that sexual obsessions in OCD patients are quite common. More researches in this field are needed which should replicate studies of clinical correlates of sexual obsessions in OCD. Upcoming research should also aimed at important pubertal factors which may add to the etiology of these meticulous obsessions.

Implications

Unwanted sexual thoughts is sensitive in nature. There is stigma attached with homosexuality, and possibilities for misdiagnosis. It is main that sexual-orientation symptoms in OCD must be recognized analytically and it should be well comprehended by clinicians (Williams, 2008). There is dearth of studies on the occurrence, correlates, or treatment of sexual-orientation obsessions and related compulsions. Experiencing sexual-orientation obsessions are painful and clinicians treating them usually misunderstand it. There is need for more research and awareness about this particular symptoms of OCD.

Conflict of interest

None declared

References

Akiskal HS, Benazzi F, Perugi G, & Rihmer Z. (2005). Agitated "unipolar" depression re-conceptualized as a depressive mixed state: implications for the antidepressant-suicide controversy. *Journal of Affect Disorder,* 85, 245–258.

Alonso P, Menchon JM, & Pifarre J, Matrix- Vols D, Torres L, Salgado P, & Valleo J. (2001). Long-term follow-up and predictors of clinical outcome in obsessive-compulsive patients treated with serotonin reuptake inhibitors and behavioral therapy. *Journal of Clinical Psychiatry,* 62(7), 535–540.

American Psychiatric Association (1994). Diagnostic and statistical manual of mental disorders (DSM-IV). Washington, DC: American Psychiatric Association.

Bordeleau D. (1994). Phenomenological exploration of suicidal ideation. *Sante Mentle au Quebec*, 19, 105–116.

Branaman TF. (1995). The role of fantasy in the evaluation and treatment of sexual obsessions and compulsivity. *American Journal of Forensic Psychology,* 14, 39–48.

Dell'Osso, Casu G, Carlini M, Conversano C, Gremigni P & Carmassi C. (2012). Sexual obsessions and suicidal behaviors in patients with mood disorders, panic disorder and schizophrenia. *Annals of General Psychiatry,* 11 (27), 1-9.

Ehmke Rachel (2020). Sexual obsession and OCD: Explaining an often misunderstood symptom of OCD. Retrieved on Feb 04, 2020, from https://childmind.org/article/ocd-sexual-obsessions

First MB, Gibbon M, Spitzer RL, Williams JBW, & Benjamin LS. (1997). Structured clinical interview for DSM-IV axis II personality disorders, (SCID-II). Washington, DC: American Psychiatric Association.

Foa EB, Kozak MJ, Goodman WK, Hollander E, Jenike MA, & Rasmussen SA. (1995). DSM-IV field trial: Obsessive-compulsive disorder. *American Journal of Psychiatry, 152*(1): 90–96.

Freeman JB & Leonard HL. (2000). Sexual obsessions in obsessive-compulsive disorder. *The Journal of the American Academy of Child and Adolescent Psychiatry,* 39(2), 141–142.

Freund B, & Steketee G. (1989). Sexual history, attitudes and functioning of obsessive-compulsive patients. *The Journal of Sex & Marital Therapy,* 15(1), 31-41.

Garcia FD & Thibaut F. (2010). Sexual addictions. *American Journal of Drug and Alcohol Abuse,* 36(5), 254–260.

Gordon WM. (2010). Sexual obsessions and OCD. *Sexual and Relationship Therapy*, 17(4), 343-354.

Grant JE, & Pinto A, Gunnip M, Mancebo MC, Eisen JL, & Rasmussen SA. (2006). Sexual obsessions and clinical correlates in adults with obsessive-compulsive disorder. *Comprehensive Psychiatry,* 47 (5), 325–329.

Hannah Nichols (2018). What is obsessive-compulsive disorder? Retrieved on Feb 04, 2020, from https://www.medicalnewstoday.com/articles/178508.php

Hasler G, Lasalle-Ricci VH, Ronquillo JG, Crawley SA, Cochran LW, Kazuba D, Greenberg BD, & Murphy DL. (2005). Obsessive–compulsive disorder symptom dimensions show specific relationships to psychiatric comorbidity. *Psychiatry Research,* 135 (2), 121-132.

Karno, M, Golding, JM, Sorenson, SB., & Burnam, MA. (1988). The epidemiology of obsessive–compulsive disorder in five US communities. Archives of General Psychiatry, 45(12), 1094–1099.

ISSN- 2394-5125 VOL 7, ISSUE 08, 2020

Lensi P, Cassano GB, Correddu G, Ravagli S, Kunovac JL, & Akiskal HS. (1996). Obsessive-compulsive disorder. Familial developmental history, symptomatology, comorbidity and course with special reference to gender-related differences. *British Journal Psychiatry,* 169(1), 101–107.

Masi G, Millepiedi S, Mucci M, Bertini N, Milantoni L, & Arcangeli F. (2005). A naturalistic study of referred children and adolescents with obsessive compulsive disorder. *Journal of the American Academy of Child and Adolescent,*44, 673–681.

Mataix-Cols D, Rauch SL, & Baer L, Eisen JL, Shera DM, Goodman WK, Rasmussen SA. & Jenike M A. (2002). Symptom stability in adult obsessive-compulsive disorder: data from a naturalistic two-year follow-up study. *American Journal Psychiatry*, 159(2), 263–268.

Mathis MA, Alvarenga P, Funaro G, Torresan RC, Moraes I, Torres AR, Zilberman ML, & Hounie AG. (2011). Gender differences in obsessive-compulsive disorder: a literature review. *Brazilian Journal of Psychiatry*, 33(4), 390-399.

Meltzer H, Gill B, Hinds K, & Petticrew M. (1995). The prevalence of psychiatric morbidity among adults living in institutions. *International Review of Psychiatry,* 15(1-2), 129-133.

Pompili M, Lester D, Grispini A, Innamorati M, Calandro F, Iliceto P, De Pisa E, Roberto Tatarelli R, & Girardi P. (2009). Completed suicide in schizophrenia: evidence from a case–control study. *Journal of Psychiatry Research,* 167(3), 251–257.

Rachman S, & de Silva P. (1978). Abnormal and normal obsessions. *Behaviour and Research Therapy,* 16(4), 233-48.

Rachman S. (1997). A cognitive theory of obsessions. *Behavior Research and Therapy,* 35(9), 793–802.

Rasmussen SA, & Tsuang MT. (1986).Clinical characteristics and family history in DSM-III obsessive-compulsive disorder. *American Journal Psychiatry,* 143(3), 317–322.

Raymond NC, Coleman E, & Miner MH. (2003). Psychiatric comorbidity and compulsive/impulsive traits in compulsive sexual behavior. *Comprehensive Psychiatry,* 44(5), 370-380.

Real E, Montejo A, Alonso P & Menchon JM. (2013). Sexuality and obsessive-compulsive disorder: the hidden affair. *Neuropsychiatry*, 3(1), 23-31.

Renaud CA, & Byers ES. (1999). Exploring the frequency, diversity, and content of university students' positive and negative sexual cognitions**.** *Canadian Journal of Human Sexuality*, 8(1), 17–30.

Salkovskis PM. (1989). Cognitive-behavioral factors and the persistence of intrusive thoughts in obsessional problems. *Behavior Research and Therapy*, 27(6), 677–682.

Swedo SE, Rapoport JL, & Leonard H, Lenane M, & Cheslow D. (1989). Obsessive-compulsive disorder in children and adolescents. Clinical phenomenology of 70 consecutive cases. *Archives of General Psychiatry,* 46(4), 335–341.

The World Health Report: 2001: Mental Health: New Understanding, New Hope. Retrieved Feb 04, 2020, from https://www.who.int/whr/2001/en/whr01_en.pdf?ua=10

Weems CF & Costa NM. (2005). Developmental differences in the expression of childhood anxiety symptoms and fears. *Journal of the American Academy of Child & Adolescent Psychiatry*, 44(7):656-663.

Williams MT, & Farris SG. (2011). Sexual orientation obsessions in obsessive-compulsive disorder: prevalence and correlates. *Psychiatry Research,* 187(1–2), 156–159.

Williams MT, Crozier M, & Powers M. (2011). Treatment of Sexual-Orientation Obsessions in Obsessive-Compulsive Disorder Using Exposure and Ritual Prevention. *Clinical Case Studies,* 10(1), 53-66.

Williams MT. (2008). Homosexuality Anxiety: A Misunderstood Form of OCD. In Sebeki LV's (Ed.). *Leading-Edge Health Education Issues*. (pp. 195-205). Nova Science Publishers, NY, USA (*ISBN 978-1-60021-874-3)*

Zohar, A. H., Pauls, D. L., Ratzoni, G., Apter, A., Dycian, A., Binder, M., King, R., Leckman, J. F., Kron, S., & Cohen, D. J. (1997). Obsessive-compulsive disorder with and without tics in an epidemiological sample of adolescents. *The American Journal of Psychiatry, 154*(2), 274–276.