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2 **The Sexhavior Cycle: Good Review, But Still Not Enough Data**
3 **to Support a New Theory**

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7 The target article by Walton, Cantor, Bhullar, and Lykins (2017)
8 offers a valuable, thorough, and comprehensive review of the
9 long, fragmented, and complex history of research, theory, and
10 treatment for sexual behavior issues variously referred to as
11 emerging from addiction, compulsivity, and impulsivity. This
12 field has long been plagued by a plethora of competing views,
13 typically viewed from within a limited lens. Walton et al. offer
14 an important perspective of this internally conflicted field, point-
15 ing out the often-contradictory findings and approaches, in a fair
16 and remarkably objective manner. The summaries provided are
17 concise, while also thorough, and alone, this sort of review
18 addresses a great need of the field. We are not aware of equally
19 comprehensive reviews of this literature and acknowledge the
20 authors' significant contribution. Even so, we did find that some
21 aspects of the review did not fully consider certain relevant litera-
22 tures nor did Walton et al. consider all of the implications of their
23 review. Here, we summarize these areas briefly.

24 **Forensic Implications**

25 We appreciate that Walton et al. gave attention to the potential
26 forensic implications of diagnosing hypersexuality and acknowl-
27 edged the complexity in distinguishing between criminal sexual
28 offenses, be they paraphilic or non-paraphilic. Unfortunately,

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Walton et al. fail to recognize or discuss the noteworthy fact that 29
sex addiction, hypersexuality, and compulsive sexual behavior 30
labels are being employed in legal settings at increasing levels. 31
Ley, Brovko, and Reid (2015) reviewed a large number of legal 32
cases where these labels were used in matters of criminal, civil, 33
marital, and administrative laws. Most concerning in these cases 34
are examples where individuals convicted of sexual crimes have 35
been mandated to sexual addiction treatment, an approach where 36
evidence of effectiveness is sorely lacking. Moreover, in a field for 37
which assessments of hypersexuality are common, but standard- 38
ized normative values are lacking, the increasing degree to which 39
hypersexuality is used in forensic contexts is particularly concern- 40
ing when labels of sex addiction are used in place of more accurate 41
paraphilic diagnoses. In short, our internally conflicted field has 42
impacts in the real world in ways that are potentially devastating 43
for some individuals, and such possibilities must be considered 44
when understanding the role of our work in influencing the gener- 45
al populace. 46

Sexual Dissatisfaction 47

Recent research from Regnerus, Price, and Gordon (2017) found 48
that, in a very large sample, the variable of sexual dissatisfaction 49
mediated the relationship between sexual frequency and mas- 50
turbatory frequency within a couple. Unfortunately, the research 51
design could not distinguish whether the masturbation was soli- 52
tary or partnered behavior, but Regnerus et al. indicated that few 53
respondents were likely to view partnered masturbation as 54
“sex.” Thus, it is reasonable to assume these data reflect a dynamic 55
between dyadic sexual interactions and solitary masturbation. This 56
is an important finding which mandates that future research on the 57
frequency of sexual behaviors must take into consideration the 58
degree to which an individual is sexually satisfied, when the label of 59
sex addiction or hypersexual is used to describe the behavior of one 60

61 person within a couple. Failure to acknowledge this variable
 62 ignores the contextual nature of sexual behaviors and sexual
 63 problems. Additionally, recent work by Wright, Tokunaga,
 64 Kraus, and Klann (2017) and Wright, Steffen, and Sun (2017)
 65 suggests that the relationship between sexual behaviors and
 66 sexual satisfaction is much more complex than prior work may
 67 have conceded, further bolstering our contention that sexual
 68 satisfaction is an immensely important variable to consider
 69 here. Literature suggests that a majority of people diagnosed as
 70 sexual addicts or hypersexual are in committed, monogamous,
 71 heterosexual relationships (e.g., Reid, Carpenter, & Hook,
 72 2016; Reid et al. 2012) and, as Walton et al. note, measuring
 73 clinically relevant hypersexuality requires framing the behavior
 74 within social constructs of monogamy and serial monogamy.
 75 How the sexual satisfaction variable interacts with an individual's
 76 relational status appears to be an important contextual variable
 77 that needs to be assessed and defined, both from a theoretical
 78 approach and a treatment approach.

79 Sexhavior Cycle Theory

80 We appreciate Walton et al.'s effort to suggest a new theory that
 81 addresses the fragmented nature of this field. Unfortunately, we
 82 are not convinced that this theory is adequately grounded in relevant
 83 empirical data. Instead, we suggest that this new theory is,
 84 like most theories in this area, based on speculation and inference
 85 from other data, without direct supporting data. This is not an insur-
 86 mountable problem, as aspects of this theory are likely testable.
 87 However, given how little empirical data are cited in favor of this
 88 model, we urge caution in adopting this theoretical model until
 89 such empirical analyses have been conducted.

90 Gold and Heffner (1998) criticized the sex addiction field
 91 as having too many theories and not enough data. We believe
 92 this criticism remains valid and crucial today. Walton et al.
 93 stated that: "Such research findings raise the question—Is hyper-
 94 sexuality a valid disorder if approximately 20% of a sample pop-
 95 ulation are identified with apparently clinically relevant hyper-
 96 sexuality?" This statement is stunning, but is unfortunately inade-
 97 quately addressed in their theoretical proposal. If one-fifth of a
 98 sample population can potentially self-diagnose with hypersex-
 99 uality, based upon current measures utilizing self-report, then the-
 100 orists must consider that this prevalence reflects an important find-
 101 ing about human sexuality, self-report regarding sexual problems,
 102 and modern sexual education.

103 Further, we suggest that the sexhavior cycle ignores a critical
 104 point in this field, one which Walton et al. give some passing ref-
 105 erences to in their review: feeling out of control, and reporting a
 106 lack of control or perceived addiction to pornography or sex, has
 107 not been empirically demonstrated to predict an actual lack of
 108 behavioral control. Indeed, building evidence and numerous
 109 studies find that this perceived lack of control is likely to emerge
 110 from issues of moral incongruence, which are known to predict

sexual behavior problems better than sexual behavior itself (e.g., 111
 Perry in press). Beyond the influence of this incongruity between 112
 moral dictates regarding sexual behavior and one's sexual desires, 113
 we feel that the following issues have not been adequately con- 114
 sidered within existing research on: willpower (e.g., Baumeister 115
 & Vonasch, 2015); generally low levels of self-control or delay 116
 of gratification that are not unique to sexual behaviors (e.g., 117
 Mischel et al., 2010); and the context of sexual decision-making, 118
 where interpersonal variables such as attractiveness, level of 119
 arousal, or sexual dissatisfaction may all contribute to the expe- 120
 rience of feelings of decreased sexual self-control (e.g., Ariely 121
 & Lowenstein, 2006; Eleftheriou, Bullock, Graham, Stone, & 122
 Ingham, 2016). 123

We agree with many of Walton et al.'s suggestions and con- 124
 clusions. This clearly is an extremely heterogeneous group of prob- 125
 lems, behaviors, experiences, and persons. Any theory which 126
 attempts to explain such a heterogeneous complexity must have a 127
 level of complexity comparable to that existing in the problem 128
 itself. Further investigation is indeed necessary to identify why 129
 certain people report that they experience their sexual behaviors 130
 as feeling "out of control." However, we believe that this phe- 131
 nomenological experience of less sexual control is the critical 132
 point for future examination and is likely to be the most effective 133
 avenue for future treatment. Increasing personal self-control is 134
 one tactic, but treatment strategies addressing personal and social 135
 factors such as sexual self-understanding and resolution of moral 136
 incongruence may also serve to reduce the perception of lack of 137
 control, without changes in sexual behaviors. 138

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