



HYPERSEXUALITY AND HIGH SEXUAL DESIRES: EXPLORING THE PROBLEMATIC SEXUALITY

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ABSTRACT

The Hypersexuality disorder or the uncontrollable sexual behaviour is leading the whole society in all age groups towards the destruction, where as Adults are more likely to be prone to this disorder, because of Hormonal changes and other various causes lead them to this destructive disorder. Hypersexual disorder is a pattern of behavior involving intense preoccupation with sexual fantasies and behaviours that cause distress, are inappropriately used to cope with stress, cannot be voluntarily curtailed, and risk or cause harm to oneself or others. This disorder pushes the society in the dark. This paper is concerned with the current use of the term hypersexuality and the extent to which 'excessive' sexual behavior is associated with the symptoms that characterize addiction, dependency, compulsivity and impulsivity. It is

proposed that the use of labels such as sexual addiction, sexual compulsivity and impulsivity is both premature and diagnostically hazardous, since research has yet to clarify whether pathological symptoms consistent with these labels, such as anxiety and impulse control, are in fact associated with excessive sexual behavior.

KEYWORDS: Hypersexuality, Society, Hormonal Changes, Disorder, Behavior.

INTRODUCTION

Hypersexual disorder is a pattern of behavior involving intense preoccupation with sexual fantasies and behaviours that cause distress, are inappropriately used to cope with stress, cannot be voluntarily curtailed, and risk or cause harm to oneself or others (Herron and Brennan, 2020). Uncontrollable sexual behavior is sometimes called hypersexuality,

hypersexuality disorder or sexual addiction. It's an excessive preoccupation with sexual fantasies, urges or behaviors that is difficult to control, causes you distress, or negatively affects your health, job, relationships or other parts of your life. Uncontrollable sexual behavior may involve a variety of commonly enjoyable sexual experiences like cybersex, multiple sexual partners, and use of pornography, paying for sex or masturbation. When these sexual behaviors become a major focus in your or others life and become difficult to control and are harmful to you and others, this may be considered as uncontrollable sexual behavior or hypersexuality. Hypersexuality can damage your self-esteem, your relationships, career and health (Kingston and Firestone, 2008; Kafka, 2010).

Hypersexual disorder was recommended for inclusion in the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition) by the Sexual and Gender Identity Disorders Workgroup (Emerging Measures and Models, Conditions for Further Study). It was ultimately not approved (Reid et al., 2012). The term hypersexual disorder was reportedly chosen because it did not imply any specific theory for the causes of hypersexuality, which remain unknown. A proposal to add sexual addiction to the DSM system had been previously rejected by the APA, as not enough evidence suggested to them that the condition is analogous to substance addictions, as that name would imply. Rory Reid, a research psychologist in the Department of Psychiatry at the University of California Los Angeles (UCLA), led a team of researchers to investigate the proposed criteria for Hypersexual Disorder. Their findings were published in the Journal of Sexual Medicine where they concluded that the given criteria are valid and the disorder could be reliably diagnosed. The DSM-IV-TR, published in 2000, includes an entry called 'Sexual Disorder Not Otherwise Specified' (Sexual Disorder NOS), for disorders that are clinically significant but do not have code. The DSM-IV-TR notes that Sexual Disorder NOS would apply to, among other conditions, 'distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced by the individual only as things to be used (Reid et al., 2012).

CAUSES OF HYPERSEXUALITY

The causes of hyper sexuality are unclear, they may include (Catalan and Singh, 1995; Kingston and Firestone, 2008):

1. Imbalance of natural brain chemicals in our brain (Neurotransmitter) like serotonin, dopamine and nor-epinephrine regulates our mood; high level of these chemicals can cause hypersexuality.
2. Hypersexuality might cause changes in the brain's neural circuits, especially in the reinforcement centers of the brain. Like other addiction, more intensive sexual content and stimulation are typically required over time in order to gain satisfaction.
3. Certain diseases or health problems, such as epilepsy or dementia, may cause damage to parts of brain that affect sexual behavior. In addition, treatment of Parkinson's disease with some agonist medications may cause hypersexuality.
4. According to a research, a high percentage of individuals with an addiction to sex have a history of being sexually abuse during childhood.
5. Porn addiction.
6. Western dress culture.
7. Hypersexual friend circle.

The American Association for Sex Addiction Therapy acknowledges biological factors as contributing causes of sex addiction. Other associated factors include psychological components (which affect mood and motivation as well as psychomotor and cognitive functions), spiritual control, mood disorders, sexual trauma, and intimacy anorexia as causes or type of sex addiction.

SIGN AND SYMPTOMS OF HYPERSEXUALITY

Some of the signs and symptoms of hypersexuality you may be struggling with are (Catalan and Singh, 1995; Robinson, 2003; Kingston and Firestone, 2008):

1. Periodic and extreme sexual fantasies, urges and behaviors that take up your lot of time and feel as they are beyond your control.
2. No control on certain sexual behaviors, feel a unlock of the tension thereafter, but also feel guilt or shame for it.
3. Uncontrollable sexual behavior as an escape from other problems, like loneliness, depression, anxiety or stress.

4. Continue to engage in sexual behaviors that have serious effects such as the potential for getting or giving someone else a sexually transmitted infection, the loss of important relationships, trouble at work, financial strain or legal problems.
5. Trouble in establishing and maintaining healthy and stable relationships.
6. Sex dominates the person's life to the other activities.
7. Person engages in other forms of sex when alone, including phone sex, pornography, or masturbation.
8. Sex addict masturbates habitually when alone.
9. Engages in sex with multiple partners and has extramarital affairs.

TREATMENT

Hyper sexuality may negatively impact an individual but the concept of hypersexual as an addiction was started in the 1970s by former member of alcoholics anonymous who felt they experienced a similar lack of control and compulsivity with sexual behaviors as with alcohol (Coleman, 1991). Multiple 12-step style self- help groups now exist for people who identify as sex addicts, including sex addicts anonymous. Some hyper sexual may treat their condition with the use of medication such as cyproterone acetate or consuming foods considered to be an Anaphrodisiacs. Other hyper sexual may choose a route of consultation, such as psychotherapy, self-help groups or counselling. Treatment for compulsive sexual behavior typically involves psychotherapy, medications and self-help groups. A primary goal of treatment is to help you manage urges and reduce excessive behaviors while maintaining healthy sexual activities. If you have uncontrollable sexual behavior, you may also need treatment for another mental health condition. People with compulsive sexual behavior often have alcohol or drug abuse problems or other mental health problems, such as anxiety or depression, which need treatment (Levine M. P and Troiden, 1988; Coleman, 1991; Kingston and Firestone, 2008; Griffiths and Manpreet, 2014).

People with other addictions or severe mental health problems or who pose a danger to others may benefit from inpatient treatment initially. Whether inpatient or outpatient, treatment may be intense at first. And person may find periodic, ongoing treatment through the years helpful to prevent relapses.

Psychotherapy

Psychotherapy, also called talk therapy, can help person learn how to manage compulsive sexual behavior (Kingston and Firestone, 2008; Griffiths and Manpreet, 2014). Types of psychotherapy include:

- Cognitive behavioral therapy (CBT) which helps to identify unhealthy, negative beliefs and behaviors and replace them with more adaptive ways of coping. Person learns strategies to make these behaviors less private and interfere with being able to access sexual content so easily.
- Acceptance and commitment therapy, which is a form of CBT that emphasizes acceptance of thoughts and urges and a commitment to strategies to choose actions that are more consistent with important values.
- Psychodynamic psychotherapy, which is therapy that focuses on increasing your awareness of unconscious thoughts and behaviors, developing new insights into your motivations, and resolving conflicts.

These therapies can be provided in an individual, group, family or couples format.

Medications

Certain medications may help because they act on brain chemicals linked to obsessive thoughts and behaviors, reduce the chemical ‘rewards’ these behaviors provide when person act on them, or reduce sexual urges (Robinson, 2003; Kingston and Firestone, 2008; Griffiths and Manpreet, 2014). Which medication or medications are best for person depend on situation and other mental health conditions a person may have? Medications used to treat compulsive sexual behavior are often prescribed primarily for other conditions. Examples include:

- **Antidepressants:** Certain types of antidepressants used to treat depression, anxiety or obsessive-compulsive disorder may help with compulsive sexual behavior.
- **Naltrexone:** Naltrexone (Vivitrol) is generally used to treat alcohol and opiate dependence and blocks the part of your brain that feels pleasure with certain addictive behaviors. It may help with behavioral addictions such as compulsive sexual behavior or gambling disorder.
- **Mood stabilizers:** These medications are generally used to treat bipolar disorder, but may reduce compulsive sexual urges.

- **Anti-androgens:** These medications reduce the biological effects of sex hormones (androgens) in men. Because they reduce sexual urges, anti-androgens are often used in men whose compulsive sexual behavior is dangerous to others.

Self-Help Groups

Self-help and support groups can be helpful for people with compulsive sexual behavior and for dealing with some of the issues it can cause (Kingston and Firestone, 2008; Griffiths and Manpreet, 2014). Many groups are modelled after the 12-step program of Alcoholics Anonymous (AA). These groups can help person:

1. Learn about your disorder.
2. Find support and understanding of your condition.
3. Identify additional treatment options, coping behaviors and resources.
4. Help with relapse prevention.

These groups may be internet-based or have local in-person meetings, or both. If person is interested in a self-help group, look for one that has a good reputation and that makes feel comfortable. Such groups don't suit everyone's taste. Ask mental health professional for suggested groups or about alternatives to support groups. Break the chain and come forward with flying colors on the positive road again. The only thing which a hyper sexual disorder individual should do is to combat with its own urges and fantasies. It is just a game of mind. Person has to prepare for it. One thing have to keep in mind is if person is a hypersexual person and have to get wholly involved in personal work with dedication so that brain will not get time for creating the disgusting scenes.

SEX EDUCATION

Sex education is a high-quality teaching and learning process about a vast variety of topics and facts related to sex and sexuality and exploring values about those topics and facts and gaining the skills that are needed to vanish the negative relationships and for managing one's sexual health. Sex education is given in the schools, in community settings or online (Dodge et al., 2004; Griffiths and Manpreet, 2014). Parents play a critical role in providing the better sex education. The universal sexuality education refers to K-12 programs that cover a vast range of topics related to sex education:

1. Human development including reproduction, puberty, sexual orientation and gender identity.

2. Relationships including families, friendships, romantic relationships and dating.
3. Personal skills including communication, negotiation and decision making.
4. Sexual behavior including control on sexual behavior and sexuality throughout life.
5. Sexual health including sexually transmitted diseases, contraception and pregnancy.
6. Society and culture including gender roles, diversity and sexuality in the media.

There must be the implementation of the sexual education as skill subject in all institutions including schools, colleges etc. so that students especially teenagers might overcome the hyper sexuality disorder or sex addiction. Proper sexual education should be given to the students so that they can maintain their social relationships without indulging themselves in the mud of hyper sexuality disorder (Dodge et al., 2004).

CONCLUSION

This hypersexual disorder suggests that problematic sexuality might be more associated with the sensed lack of personal control over sexuality and moralistic attitudes than with high levels of sexual desires and activities. New developments in understanding the nature, etiology and treatment of compulsive sexual behavior offer new hope for people suffering from these sexual disorders.

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REFERENCES

1. Catalan J and Singh A. Hypersexuality revisited. *The Journal of Forensic Psychiatry*, 1995; 6(2): 255–258.
2. Coleman E. Compulsive sexual behavior: New concepts and treatments. *Journal of Psychology and Human Sexuality*, 1991; 4(2): 37-52.
3. Dodge B., Reece M., Cole S. L and Sandfort T. G. M. Sexual compulsivity among heterosexual college students. *Journal of Sex Research*, 2004; 41: 343–350.
4. Griffiths M. D and Manpreet K. D. Treatment of sexual addiction within the British National Health Service. *International Journal of Mental Health and Addiction*, 2014; 12(5): 561-571.
5. Herron A. J. and Brennan T. K. eds. *ASAM Essentials of Addiction Medicine, The*. 3rd Edition. Two Commerce Square, 2001 Market Street, Philadelphia, PA 19103 USA: Lippincott Williams & Wilkins, 2020.

6. Kafka M. P. Hypersexual Disorder: A Proposed Diagnosis for DSM-V. *Archives of Sexual Behavior*, 2010; 39(2): 377–400.
7. Kingston D. A. and Firestone P. Problematic hypersexuality: Review of conceptualization and diagnosis. *Sexual Addiction and Compulsivity*, 2008; 15: 284–310.
8. Levine M. P and Troiden R. R. The Myth of Sexual Compulsivity. *Journal of Sex Research*, 1988; 25(3): 347–363.
9. Reid R. C., Carpenter B. N., Hook J.N., Garos S., Manning J. C., Gilliland R., Cooper E.B., McKittrick H., Davtian M and Fong T. Report of Findings in a DSM-5 Field Trial for Hypersexual Disorder. *The Journal of Sexual Medicine*, 2012; 9(11): 2868–2877.
10. Robinson K. M. Understanding Hypersexuality: A Behavioral Disorder of Dementia. *Home Healthcare Nurse: The Journal for the Home Care and Hospice Professional*, 2003; 43-47.