Classifying Hypersexuality as Deviant Behavior
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Abstract
Our culture has a normative perception of sex as an essential act used to procreate. When men and women deviate from this behavior and engage in excessive sex with multiple partners this can be viewed as “deviant”. This deviance is termed as “hypersexual”. Hypersexual is defined as when someone experiences a heightened sex drive, engages in frequent and obsessive sexual intercourse leading to distress & dysfunction in daily life. This paper will argue that the deviance of Hypersexual Disorder (HD) results in psychological and physical harm and therefore should be included in the Diagnostic Statistic Manual.

Defining Hypersexuality
- Obsessive, “out-of-control” sexual drive
- Engaging in extreme sexual activity
- Diminished emotional and physical health
- Excessive sexual activity hindering the ability to perform every day tasks
- Constant, disruptive, thoughts of sexual acts
These actions are consistent with hypersexual behavior and can be detrimental to the person(s) exhibiting these traits.

Background
The term sexual deviance includes hypersexuality as well as several other sexual disorders which includes pedophilia, voyeurism, fetichism, and exhibitionism. However, there is no defined disorder for hypersexual behavior in the Diagnostic Statistic Manual (DSM). Based on ongoing research on HD and it’s traits, several psychologists propose to the American Psychological Association (APA) that HD should be included in the DSM. In 2010, the first proposal for HD was submitted by Martin P. Kafka. This proposal is based on the belief that hypersexuality causes physical and psychological distress (Kor et al, 2013).

Research Questions
- How is hypersexuality defined?
- What are some of the major physical and psychological consequences of hypersexuality?
- Should hypersexuality be included in the next version of the DSM

Main Arguments
Psychological

Mental Health:
Researchers have identified numerous ways in which hypersexuality can cause psychological harm to a person. In a recently developed test called the Hypersexual Behavior Consequences Scale, there are several notable consequences to hypersexuality. When administered to research subjects, these tests are used to assess symptoms often relating to HD. Heightened emotional issues such as depression, anxiety and shame were reported. The behaviors also reported were: impulsivity, stress, unhappiness, and general dissatisfaction with life. Hypersexuality also had a negative impact on the subject’s romantic relationships causing infidelity and emotional distance from their partner. Although, patients reported being aware of the risks of harm associated with their behavior, yet they frequently disregard the potential consequences of engaging in these sexual behaviors. (Reid et al., 2012)

Comorbidity and Hypersexuality:
Comorbidity is when someone experiences one or more disorders simultaneously with another disorder. Amongst HD, researchers find there is a comorbid trend. There is supporting evidence that most cases involving hypersexuality is combined with other psychiatric disorders. In a recent study, it is shown that over half of the participants displaying hypersexual behavior have one or more psychiatric disorders. Among women compared to men, sexual impulsivity was associated more strongly with social phobia, alcohol use disorder and paranoid, schizotypal, antisocial, borderlne, narcissistic, avoidant, and obsessive–compulsive personality disorders, (Kraus et. al, 2016). It is clear that HD is a complex disorder with several underlying mental and health issues.

STI’s, HIV and Unplanned Pregnancy:
Researchers have also found that HD can cause serious physical harm. Oftentimes when engaging in hypersexual behavior individuals fail to engage in safe sex practices. The data reveals that the risk of obtaining an STI or HIV is higher without the proper use of contraceptives. Young adults 20–24 years of age account for approximately 75 % of all HIV diagnoses (CDC 2011). Unplanned pregnancy is also deemed a consequence of deviant sexual behavior. The ACHA also reported 16 % of sexually active college students indicated using emergency contraception in the past 12 months while 1.9 % of sexually active females reported experiencing an unintentional pregnancy in the past 12 months (American College Health Association (ACHA) 2012). Safer sex practices such as using a condom are proven to be effective in decreasing the risk of STI’s, HIV and unplanned pregnancy (Fehr et. al. 2015). In the first official proposal of HD to the APA, Kafka (2010) highlighted his findings, stating that, “HD is associated with increased risk of sexually transmitted diseases and unwanted pregnancies.”

Conclusion
When society has grown accustom to normative behavior, those who challenge the norms are labeled as deviant. It is a normal part of human behavior to engage in sex for reproduction. However, when someone is engaging in hypersexual behavior, this is labelled as deviant. Sex then becomes more than just sex as a means of procreation. It is evident that hypersexuality results in risky, harmful, sexual behavior with negative consequences both psychologically and physically. Once sexual behavior becomes so obsessive that it drastically impairs one’s ability to function daily, it needs to be classified as a diagnosable medical disorder to be treated. Knowing that this condition is medically recognized brings validation and solace to individuals suffering from HD. For these reasons, Hypersexual Disorder should be included in the next version of the Diagnostic Statistic Manual.

References