



HYPERSEXUAL DISORDER: AN ANALYSIS OF THE COMMON BEHAVIORAL, SOCIAL AND PSYCHOLOGICAL TRAITS AMONG PEOPLE AFFECTED BY COMPULSIVE SEXUAL BEHAVIOR DISORDER

ORIGINAL ARTICLE

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ABSTRACT

Compulsive Sexual Behavior Disorder is categorized in the International Classification of Diseases and Health-Related Problems - ICD - 11 (2018) as an absence to contain sexual impulses, a fact that results in repetitive behaviors, which in turn cause various psychological damage to those who suffer from the so-called Hypersexual Disorder. The impacts caused by Hypersexual Disorder are many, mainly affecting the personal, family and affective lives of the subjects affected by it, and it is extremely important to identify the common traits among those who suffer from this psychopathology, in order to try to understand the cause of the psychic suffering of the individual, in order to refer him to the most appropriate treatment.

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Based on these assumptions, this research has the following guide question: what are the common behavioral, social and psychological characteristics among individuals who have Compulsive Sexual Behavior Disorder? And it has as general objective to weave a discussion about the disorder and analyze the behavioral, social and psychological characteristics among those who present it. For this, the methodology used was the literature review, covering the consultation of books, articles, manuals, among other sources. The work presents as a result the systematization of the discussion about this theme, highlighting that among the most common characteristics among those who have Compulsive Sexual Behavior Disorder are the feeling of guilt and anxiety, feeling of imprisonment for not being able to curb sexual impulses, traces of abstinence when there is, for some reason, absence of activities related to sex, distancing from family and friends, impairment of affective relationships, traces, in some cases, of paraphilic behaviors, in addition to the exchange of compulsions.

Keywords: Hypersexual Disorder; Sexual Behavior; Sexuality; Health.

1. INTRODUCTION

The new International Statistical Classification of Diseases and health-related problems - ICD - 11 (2018), launched by the World Health Organization (WHO) in June 2018, and which comes into force in January 2022, categorizes Compulsive Sexual Behavior Disorder as "a persistent pattern of failure to control repetitive and intense sexual impulses or impulses, resulting in repetitive sexual behavior." Such behaviors usually manifest themselves in the course of a long time lapse, and affect various sectors of affective, personal, family and professional life of individuals who suffer from the so-called Hypersexual Disorder.

Despite being inserted in the ICD - 11 (2018) in the category of Impulse Control Disorders, thus representing a great advance inherent to studies on sexuality and the human psyche, and also being in the previous and current edition, ICD – 10 (1993, p.

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207), as "Excessive Sexual Impulse", there are still divergences between specialists regarding the categorization of Hypersexual Disorder as a psychopathology. "Experts note that there is insufficient empirical evidence to support the diagnosis. Many don't see it as an addiction and believe it bears no resemblance to other addictions." (GALDINO, 2019). However, despite discussions related to the subject, compulsive sexual behavior can become a serious problem from the moment when it causes both suffering and also interferes negatively in various aspects of personal life.

Dalgarrondo (2019), when discussing Semiology and psychopathological symptoms, in his book *Psychopathology and Semiology of Mental Disorders*, addresses that "psychopathological symptoms", in general, have a "double dimension":

Eles são tanto um índice (indicador) como um símbolo. O sintoma como índice sugere uma disfunção que está em outro ponto do organismo ou do aparelho psíquico. (...) Além da dimensão de indicador, os sintomas psicopatológicos, ao serem nomeados pelo paciente, por seu meio cultural ou pelo médico, passam a ser "símbolos linguísticos" no interior de uma linguagem (DALGARRONDO, 2019, p. 21).

Thus, it can be understood that gender-related psychopathology can also suffer the influence of several factors, and may be related both to the use of medications and their side effects as well as to failures in our psychic system or even to interconnect with aspects related to the social and cultural environment of individuals (ABCMED – PSYCHOLOGY AND PSYCHIATRY, 2019). More than discovering what leads so many subjects to develop compulsive sexual behaviors, it is necessary to understand them as a factor that interferes in the fluidity, not only of the routine of these people, but also of their personal, family and affective relationships.

Based on the foundation of the points discussed above, the objective of this article is to weave a discussion about Compulsive Sexual Behavior Disorder and to analyze the behavioral, social and psychological characteristics among those who present it. The research has as a guide question: what are the common behavioral, social and

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psychological characteristics among individuals with Compulsive Sexual Behavior Disorder? To answer this question, we opted for a bibliographic research on the subject, with the purpose of opening paths for discussion and contributing to studies on the subject.

Choosing as a subject the discussion about Compulsive Sexual Behavior Disorder was extremely socially and academically relevant, since it is an issue that attracts attention due to all the moral burden that still surrounds the subject, a factor that even hinders the search for information that is clear and brings people closer to the concrete reality of those who live with hypersexual disorder.

2. METHOD

The article in question is a bibliographic study of a qualitative nature, of the descriptive type, and this method essentially seeks to "intellectually potentiate with collective knowledge, to go beyond" (GALVÃO, 2011), whose objective was to answer the fundamental question and base the general objectives, bringing the dialogue between different authors about the themes related to Sexuality, Compulsive Sexual Behavior Disorder, Mental Health and Compulsions, in order to give a greater consistency to the complexity that involves the theme in question.

The bibliographic survey took place between November 2020 and March 2021, and several works were consulted, such as books, articles, blogs, congress annals, in addition to the ICD in its versions 10 and 11 and the Diagnostic and Statistical Manual of Mental Disorders - DSM in its 5th Edition, being fundamental for the development of this work.

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3. RESULTS AND DISCUSSIONS

3.1 THEORIES ABOUT SEXUALITY AND SEXUAL INSTINCT

Modern theories about sexual instinct, initiated at the end of the 19th century, brought a greater basis to the concept of sexual perversion, causing sex to leave the purely reproductive field and influence other spheres of the social environment (VALAS, 1990). Foucault (1984) says that "the very term 'sexuality' began late, at the beginning of the 19th century" (FOUCAULT, 1984, p. 09), but despite advances related to the experience of human sexuality, this science was still restricted to the field of morality, and everything that came out of the reproductive sphere was treated as deviation (VALAS, 1990). Thus, the study of pleasures was sometimes carried religious, pedagogical and judicial in nature (FOUCAULT, 1984).

Valas (1990) addresses that during the late nineteenth century and even the beginning of the 20th century, sexual perversions were "linked to impulsive and obsessive syndromes" (VALAS, 1990, p. 10) and were focused on the medical-legal field. Thus, masturbation, nymphomania and satiriasis, for example, were in the care of so-called alienists, who were also dedicated to dealing with other species of disorders, such as necrophilia and pedophilia. The author also discusses the research of the German psychiatrist Richard Von Krafft-Ebing, who studied the most varied forms of "sexual deviations", and brought great contributions inherent to human sexuality.

Krafft-Ebing se interessa, a partir de 1877, por todas as formas de desvios sexuais, cujo estudo agrupa em sua *Psychopathia Sexualis*, publicada em 1886. Vai remanejá-la em edições sucessivas até sua morte. Ele divide as "anomalias do instinto sexual" em quatro classes, que serão adotadas pela grande maioria dos alienistas: anestesia do instinto sexual por enfraquecimento fisiológico (infância, velhice); hiperestesia (ninfomania, satíriase) do instinto sexual, ligada a fenômenos cerebrais causados por doenças degenerativas do cérebro; paradoxia do instinto sexual, quando este se manifesta fora dos períodos fisiológicos normais da idade adulta;

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parestia do instinto sexual, quando este se manifesta fora do objetivo natural da reprodução da espécie (VALAS, 1990, p. 10)

Other psychiatrists and scholars related to the branch of Psychoanalysis, Psychology and other fields of knowledge significantly influenced studies on the sexual behavior of human beings, such as Sigmund Freud (1905) who, among his various analyses and important contributions to Psychoanalysis, made valuable considerations in his theory about exhibitionism. Freud's observations on the influence of sexuality on the causes of neuroses were crucial to deepen studies on sex and sexual perversions.

For Freud (1905), the act of looking at the naked of another being is something originating from our libido, which comes before the desire to touch the sexual parts of the other. Also according to the author, "(...) look replaces touch. Visual and tactile libido is present in every individual in its active and passive forms, male and female; according to the preponderance of sexual character, one or the other predominates" (FREUD, 1905, p. 102). The nakedness originates in childhood, being something natural, which does not cause shame or embarrassment to the one who presents naked. There is, at this stage, a certain pleasure in the act of undressing. This act, however, over the years, is suppressed and when it is not "(...) develops in men the familiar perversion known as exhibitionism" (FREUD, 1905, p. 102).

Freud (1905) also highlights the different relationships between male and female exhibitionism, and there is a tendency in women to what the author calls "passive exhibitionism", which is surrounded by sexual morality, having as "escape valve" the relationship that is established between women and their clothes (FREUD, 1905, p. 102). Thus, a whole game of showing and hiding is created through clothes, in which "It is enough to allude to the elasticity and variability in the total of exhibitionism that is allowed to women to retain according to the different conventions and circumstances" (FREUD, 1905, p. 102). In men, the exhibitionist tendency persists, "and serves as an introduction to the sexual act" (FREUD, 1905, p. 102).

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Through the analyses raised, it can be said, finally, that the exhibitionist is not only the one that is shown, but also is the one that asks that the other also be exhibited, since the look, as seen earlier, is characterized as a primary desire.

For a long time, sexual activity was associated with heteronormative conduct, linked primarily to the stimulation of sexual organs (ABDO *et al.*, 2006). In Foucault's analysis (1984), both sexual behavior and everything related to pleasure was, during the centuries, the object of a moral concern. (FOUCAULT, 1984, p. 16). Moral reflection on sex was linked, especially to its purely procreative purpose, as well as to marriage and relationships established between men and women (FOUCAULT, 1984).

The studies of biologist, professor of entomology and zoology and American sexologist Alfred Kinsey in the 1940s were of paramount importance for the sexual issue to gain new contours, from the design of what would be or would not be a pathology, as well as the classification of sexual disorders (ABDO *et al.*, 2006). Kinsey's research was further researched by William Howell Masters and Virginia Eshelman Johnson in the 1950s. The couple began their studies on human sexuality with the aim of "filling, according to their words, a specific gap left by Alfred Kinsey and his reports" (SENA, 2010, p. 222). The researchers' studies began in 1954, one year after the publication of Kinsey's "Sexual Behavior in the Human Female". Master and Johnson added several observations to Kinsey's report, which had, in the authors' view, a more sociological nature of sexual behavior. Thus, the couple contributed to Physiology and Psychology in the field of sexuality studies (SENA, 2010).

Human Sexual Response, the first work by Master and Johnson, published in 1966, represented the result of years of physiological and anatomical studies on "male and female sexual response" (SENA, 2010, p. 223). For the research to be successful, several methods of data collection were used, such as questionnaires and empirical laboratory observations of sexual activities (SENA, 2010).

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The researchers subdivided the complete sexual response cycle into four phases, comprising: arousal (being physiological and psychological stimuli); the plateau (prolonged excitation); orgasm (considered as the apex of pleasure) and resolution (post-orgasm relaxation phase) (SENA, 2010). Master and Johnson, by channeling their studies to the physiological aspects of human sexuality, ended up giving very technical conclusions to their research, but were of great value for their successors, like Helen Kaplan, to go deeper into the criteria and diagnoses of sexual dysfunctions.

Unlike Master and Johnson, who defined four phases of the sexual cycle, Kaplan proposed a three-phase model, composed of the stages of desire, arousal and orgasm (ABDO *et al.*, 2006). Kinsey, Master and Johnson, Kaplan, among others, contributed significantly to the field of sexuality gaining a new look and broaden its horizons, making sex-related dysfunctions included in the third edition of the Diagnostic and Statistical Manual of Mental Disorders, in 1980, with the name of "Psychosexual Disorders" (NASCIMENTO *et al.*, 2015, p. 08).

Years later, in the fifth edition of the DSM (2014), the Manual pointed to sexual dysfunctions as "a heterogeneous group of disorders that, in general, are characterized by a clinically significant disorder in a person's ability to respond sexually or experience pleasure" (DSM 5, 2014, p. 423). This means that, according to DSM 5 (2014), the disorder is characterized as a break in the normal cycle of pleasure and sexual response, causing suffering to the subject who presents it. DMS 5 (2014) added that "the same individual may have multiple sexual dysfunctions at the same time" (DSM 5, 2014, p. 423), and this can be observed when the individual with Hypersexual Disorder, for example, acquires several compulsive sexual behaviors in order to satisfy his desires.

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3.2 DSM 5, PARAPHILIC BEHAVIORS AND SEXUAL COMPULSION

The Diagnostic and Statistical Manual of Mental Disorders - DSM 5 (2014), uses the term paraphilia to designate "any intense and persistent sexual interest other than that aimed at genital stimulation or preliminary caresses with human partners who consent and present normal phenotype and physical maturity" (DSM 5, 2014, p. 685), that is, to paraphilia, while disorder, it would be linked, thus, to sexual disorders, representing behaviors that, due to their persistence, can cause the most varied types of torments to individuals.

The Manual describes several types of paraphilic disorders, including "(...) voyeuristic (spying on other people in private activity), exhibitionist disorder (exposing the genitals), *frotteurist* disorder (touching or rubbing in an individual who did not consent)" (DSM 5, 2014, p. 685), among others. It is important to highlight that to be considered as a disorder, paraphilia needs to bring suffering, risk or damage to the individual and/or to third parties (as in the case of pedophilia, for example). This means that a person may have a paraphilia (such as wearing clothes of the opposite sex) and such activity does not cause him/her harm, risk or suffering, let alone harm in any way a third party. This is what the Handbook calls "benign paraphilia" (DSM 5, 2014, p. 686).

In the case of Voyeuristic Disorder, for example, DSM 5 (2014) cites "those who are known to repeatedly spy on people who ignore being observed and who are naked or engaged in sexual activity" (DSM 5, 2014, p. 687). The person with Voyeuristic Disorder constantly seeks situations in which he/she can observe subjects in situations of nudity or sexual act without the consent of these individuals. In the Compulsive Sexual Behavior Disorder, as categorized in ICD 11 (2018) and main object of analysis of this article, those who suffer from this type of compulsive behavior may present several attitudes that have sexual satisfaction as their sole purpose, such as the constant search for pornographic content, excessive

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masturbation and the exchange of sexual partners, in addition to the development of some paraphilic behaviors (DIEHL *et al*, 2014).

The issue of damage or suffering is behaved, both in DSM 5 (2014) and ICD 11 (2018), meaning that people with sexual disorders, in their various manifestations, are significantly affected in their physical and psychic health, to the extent that these individuals, by having compulsive behavior patterns linked to sex, are in a constant search for the feeling of satiety, that would supposedly be achieved through their conducts, but such a sensation becomes increasingly unattainable. Obsessive compulsive behavior thus arises as a need to try to supply something that is constantly lacking and "has negative consequences on the individual's conduct, that is, when obsessive-compulsive sexual behavior is not satisfied, it produces anguish and despair, both to the individual, to the family and to the person with whom it maintains a relationship" (LINO, 2009, p. 05).

Sexual dysfunctions and compulsive behaviors linked to them were studied by Aviel Goodman (1990), who developed a thorough study on the conducts related to so-called "sexual addictions", combining the fields of psychology and biology. In his article entitled Addiction: Definition and Implications, the author analyzes Addiction or Addiction Disorder as a "recurrent failure to resist the impulses of engagement in a specific behavior" (GOODMAN, 1990, p. 1404).

With the objective of structuring the diagnostic criteria for sex dependence, Goodman (1990) proposes a methodological set similar to that presented in DSM III to characterize dependence disorder. According to the author, dependence has characteristics, such as:

prazer ou alívio ao se envolver na atividade (...) falha de controle no desenvolvimento do comportamento (...) esforços repetidos para reduzir, controlar ou parar o comportamento (...) atividades sociais, ocupacionais ou recreativas importantes abandonadas ou reduzidas devido ao comportamento (GOODMAN, 1990, p. 1404).

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The factors analyzed by the author were extremely important so that we could currently understand how hypersexual disorder affects the lives of subjects and especially their mental health. Sex, instead of becoming a pleasurable activity, brings a sense of intense suffering, to the extent that there is a "need to increase the intensity or frequency of behavior to achieve the desired goal" (GOODMAN, 1990, p. 1404).

In an analysis analogous to Goodman (1990), Amparano (1998, apud CARVALHO *et al.*, 2000) brings the concept of "sexual dependence" as a "pattern of sexual behaviors of increasing intensity and/or frequency, of a persistent nature, maintained despite the resulting negative consequences, both for itself and for others" (AMPARANO, 1998, apud CARVALHO *et al.*, 2000, p. 290). Carvalho *et al.* (2000) also point out that a number of factors related to sex should be taken into account within the concept of dependence, being masturbation in excess, intense consumption of pornographic material, *voyeurism*, exhibitionism, among others, which leads us to think that hypersexual disorder is quite complex, and is not restricted only to sexual intercourse.

The authors also highlighted the concepts of hypersexuality and "excessive sexuality", and hypersexuality is indicative of intense interest in "specific and exclusive sexual activities" (CARVALHO *et al.*, 2000, p. 290), which causes major disorders of the most varied orders, including the worsening of the health condition due to possible Sexually Transmitted Diseases, which can be contracted when there is exposure to risky sexual activities. On the other hand, "excessive sexuality", in the authors' view, would only be "one of the modes of expression of the first concept" (CARVALHO *et al.*, 2000, p. 290).

In order for us to enter more deeply into what would be characterized as Hypersexual Disorder or Compulsive Sexual Behavior Disorder, as found in ICD 11 (2018), we need to define the line between what would be considered as normal sexual activity and compulsion for sex. It is important to weave this analysis, because there are

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people who do not recognize themselves as subjects who have Hypersexual Disorder. In addition to this factor, it is known that many authors do not adhere to the concept of hypersexuality as a compulsion, "and consider that it reflects only a cultural antipathy for exceptional sexual behavior" (ABCMED – PSICOLOGIA AND PSIQUIATRIA, 2019).

3.3 BETWEEN PLEASURE AND SUFFERING: COMPULSIVE BEHAVIORS AND HYPERSEXUAL DISORDER

Sexuality, according to Rosemary Basson (2016, apud DALGALARRONDO, 2019), comprises three basic fields of knowledge: biological, sociocultural and psychological. Thus, erotic activity is linked to a food ive that integrates values, fantasies, desires and cultural influences, as well as hormonal and psychic aspects. Gregersen (1983, apud DALGALARRONDO, 2019), when discussing the theme, also analyzes that "human erotic and sexual life is extremely linked to the affective life of the subject, his total personality and to the symbols, values, practices and cultural patterns that generate and conform the most varied fantasies and sexual practices". (GREGERSEN, 1983, apud DALGALARRONDO, 2019, p. 734).

Compulsive behaviors have in common the fact that those who present it do not have control over their impulses, which leads individuals to repeated and intense practices. About the compulsions of affective and sexual order, Lino (2009) says that "Dependence alone is a phenomenon that gathers three constant sensations: arousal, satiety and fantasy" (LINO, 2009, p. 05), which indicates that the individual/the search incessantly seeks the satisfaction of a pleasure, and when seeking it, at the same time, he feels excited and imprisoned, because the repetition of his conduct hinders several aspects of personal, professional, affective life, among others. Thus, it can be indemnify that compulsive sexual behavior disorder (or hypersexual disorder) for example, is characterized by a relationship between the systems of pleasure and reward, but its compulsive character causes the subjects to

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develop a series of attitudes that have as their sole purpose the satisfaction of their interests.

The concept of addiction is used by many authors and analyzed in the lines of this article. The nomenclature comes from the Latin *vitium*, meaning a failure or defect, which could indicate that the one who presents an addiction would develop a great difficulty in controlling his impulses over a given activity. Despite being avoided by several scholars by the moral burden of their word, thus being preferable to use the terms dependence or compulsion to designate those who cannot restrain their wills, this concept is quite similar to that described in ICD 11 (2018) in Impulse Control Disorder:

O transtorno de comportamento sexual compulsivo é caracterizado por um padrão persistente de falha em controlar impulsos ou impulsos sexuais repetitivos e intensos, resultando em comportamento sexual repetitivo. Os sintomas podem incluir atividades sexuais repetitivas tornando-se o foco central da vida da pessoa a ponto de negligenciar a saúde e os cuidados pessoais ou outros interesses, atividades e responsabilidades; numerosos esforços malsucedidos para reduzir significativamente o comportamento sexual repetitivo; e comportamento sexual repetitivo continuado apesar das consequências adversas ou derivando pouca ou nenhuma satisfação disso. O padrão de falha em controlar impulsos ou impulsos sexuais intensos e comportamento sexual repetitivo resultante se manifesta por um longo período de tempo (por exemplo, 6 meses ou mais) e causa sofrimento acentuado ou prejuízo significativo na família, pessoal, sociais, educacionais, ocupacionais ou outras áreas importantes de funcionamento. A angústia que está totalmente relacionada a julgamentos morais e desaprovação sobre impulsos, desejos ou comportamentos sexuais não é suficiente para atender a esse requisito (CID 11, 2018).

In studies similar to those conducted by ICD 11 (2018), Palmini (2007) discusses that our brain has a great flow of stimuli, coming from both the "environment that surrounds us" and our organism, and the result of these processes is what "modulates" desires and desires, working in a system of rewards. This same system can both work harmoniously and can conflict. "(...) this wonderful flexibility of human behavior, dictated by its neurobiological evolution, is a fertile ground for distortions in

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the decision-making process, constituting what we might call the 'pathology of the will'" (PALMINI, 2007, p. 01).

The author also points out that our "brain structures" are responsible for directing the individual to decision making, and this decision is influenced by the reward system. "The structures involved in this process are subcortical and very, very old. Because they have been evolving for millions of years, they bring an enormous biological force, whose understanding is a fundamental step to understand the pathologies of the will" (PALMINI, 2007, p. 02).

Thus, from the author's explanations, we can understand how compulsive behaviors work, as they are directly linked to our brain system of rewards.

Thus, within these behaviors are those linked to sexual activities, which have as a common characteristic to others the feeling of guilt that repetitive acts bring, since the individual cannot control his impulses, even if the consequences are negative. On this issue, Carvalho *et al.* (2000) say that

Tal como um alcoólico não consegue abster-se facilmente de beber, daí a taxa de recaídos após a desintoxicação ao ano, por exemplo (...) assim um indivíduo com dependência sexual é incapaz de sustentar os seus comportamentos sexuais incontroláveis e perigosos (CARVALHO *et al.*, p. 291).

Thus, it is inferable that the dependent subjects are affected by intense mental suffering, because they cannot have mastery over their behaviors.

Carvalho *et al* (2000) analyze hypersexuality based on the concept of addiction (or addiction), and comparing its characteristics to other addictions, such as alcohol and other drugs.

The comparison between the physical and mental symptoms of sexual dependence to other dependencies is analyzed by Carvalho *et al.* (2000) in order to express the feeling of discomfort and anxiety that dependent subjects suffer by not being able to

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control their desires and constantly seek the satiety of pleasure. Thus, from the authors' studies, it is possible to understand that the mental suffering caused to the sexual dependent significantly impacts the lives of these individuals, since "sexual dependents make sex a priority, more important than family, friends and work" (CARVALHO *et al.*, 2000, p. 292).

The aspects related to mental health deserve to be highlighted, since this is "a product of multiple interactions that include biological, social and psychological factors" (ALVES and RODRIGUES, 2010, p. 127), this means being increasingly evident that it is not related to the mere absence of disease or disorder, but linked to numerous factors of personal life, affective, professional and sexual of the subjects (ALVES and RODRIGUES, 2010).

Mental health, in this way, concerns the harmonic functioning that allows the individual to fully live together in society and the ability to perceive himself as a being capable of discovering and potentiating his possibilities before the world (STEFANELLI *et al.*, 2008).

Based on these concepts, the American Psychiatric Association (2018) characterizes mental illnesses as conditions that modify various behavioral and emotional aspects of people, and are associated with feelings of anguish and/or other factors that prevent the healthy development of work activities, leisure activities and the creation of affective bonds.

Based on the assumptions analyzed here, it is important to point out that individuals who suffer from sexual disorders in their most varied forms are drastically affected in their psyche, and when these subjects encounter moments of absence of sexual activities for some reason, they may present symptoms similar to those of withdrawal crises caused by the use of alcohol and other drugs, such as agitation, mood swings, tremors, among others (LARANJEIRA, *et al.*, 2000).

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Another very common behavior among dependents is the exchange of compulsive behavior for another. On this issue, Pharo (2015), in his studies on love dependence, says that the feeling of emptiness caused by sexual abstinence may even seek to be supplied by other types of addictions. In this regard, Fabrício Selbmann (2020), director of the Recanto Group, a network of clinics for treatment in chemical dependence and Psychoanalyst by the Brazilian Association of Psychoanalytic Studies of the State of Pernambuco - ABEPE[2], discusses that the dependent may adhere to another compulsion with the purpose of maintaining the same feeling of satiety that the previous behavior brought to this individual. With this analysis, Selbmann (2020) refers to what he calls the maintenance of the active process, that is, the individual with dependent behavior constantly seeks to fill the void caused by abstinence with other types of compulsions.

The constant search for pleasure can cause subjects to live in a network of compulsive behaviors, which causes the emptying of their affective and social relationships, in addition to making the individual find himself powerless in the face of his/her wishes.

The possible fulfillment of this feeling of emptiness is analyzed by Diehl *et al.* (2014), when presenting a clinical case of a former drug user who felt the sexual compulsion appear more intensely when entering the process of recovery from chemical dependence. Regarding this particular case, the authors report that:

Paciente conta que já há pelo menos oito anos vem evoluindo com pensamentos e fantasias sexuais constantes, com muita vontade de fazer sexo, comportamento compulsivo por sexo e outras atividades sexuais de forma consensual com as parcerias sexuais, em busca do que ele mesmo chama de “prazer imediato”.

(...) Relata que está há quase sete anos sem usar nenhum tipo de droga, principalmente a cocaína que era sua droga de escolha. Iniciou o uso de substâncias psicoativas aos 13 anos de idade, em escalada progressiva de experimentação até o consumo diário e progressivo de maconha, álcool, anfetaminas, inalantes, alucinógenos e principalmente cocaína aspirada.

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(...) depois que entrou em recuperação, o comportamento sexual compulsivo aumentou (DIEHL *et al.*, 2014, pp. 134 – 135).

From the clinical report presented by Diehl *et al.* (2014), it can be inferable that many individuals with patterns of compulsive behavior, in the constant search for an emotional reward that relieves them of the feeling of anguish of abstinence, seek other strategies or even other compulsions that continue to provide the same feeling of pleasure or even refuge.

Compulsive behaviors dialogue with the constant search for pleasure satisfaction, as well as with the immediate relief of the sensations of pain and anguish that permeate the routine of individuals. They often function as an escape valve for the subject to escape, even for a few moments, from the reality of his daily life. Thus, it is possible to understand that the exchange of compulsions presented by many subjects can lead us to question why so many individuals with compulsive behavioral patterns resort to other compulsions.

The study on Freudian drive suggests that life in society is surrounded by renunciations, which we need to accept in favor of living with other human beings (EDLER, 2017). The control of our drives causes the human being to have a feeling of lack and anguish, since the drive "serves the movement of seeking satisfaction" (EDLER, 2017, p. 08). The drive is an impulse that, by not having a specific object, can be channeled to several areas. When a human being controls this impulse in favor of living in society, he feels distressed and dissatisfied since on the one hand we have an insistent drive and on the other a disemdock of some lost drive object.

This movement of anguish and feeling of disconnection can trigger compulsive behaviors, since there is a constant search for the filling of something that is missing. Thus, compulsion is present in the subject's life and fulfills its function of creating a cycle of pleasure and discomfort, as analyzed by Edler (2017):

uma vez que o laço se estabelece e o circuito se fecha com a fixação de determinado objeto, dá-se o apego, torna-se difícil modificar o

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arranjo, ao preço de uma eclosão de angústia; e, nesse caso, um intenso desconforto acomete o sujeito, deixando-o aflito, desorientado, desorganizado internamente (EDLER, 2017, p. 22).

All the studies analyzed here are able to suggest how much compulsive behaviors bring suffering to those who live with compulsions in their most varied forms, besides discussing the social, behavioral and psychological characteristics common to all those who have compulsive behaviors. The lack of impulse control imprisons the subject, so that he finds himself dependent on a certain activity and cannot leave the repetition cycle alone. However, although numerous studies have proven how harmful compulsions are in all aspects of the subjects' lives, we still face moral analyses of what would be acceptable or not, within our social structure, as compulsion.

Regarding this aspect, Pharo (2015) raises the analysis of what would be morally acceptable in behavioral terms within our society, and thus, alcohol, drug or sex addiction, for example, being linked to the field of morals (especially sex), would be reprehensible and therefore, would require treatment, more because they are morally reprehensible than because they bring suffering to the individual. On the other hand, Edler (2017, p. 06) says that there are compulsive behaviors that "are welcomed with good eyes", such as those that relate to work or studies, and others that are seen as harmful, among them, those that are related to alcohol and other drugs. Selbmann (2020), in this same line of analysis, when talking about alcohol addicts and exchanges of compulsions, points out that:

As pessoas que estão 'numa seca' têm maiores probabilidades de voltarem a beber. Têm também maiores hipóteses de trocarem de objeto da dependência química. Talvez deixem de beber, mas engordem 20 ou 30 quilos comendo "comida de plástico" em ocasiões em que antes teriam-se embebedado. Conseguem manter-se assim porque é mais aceitável na nossa cultura ter uma dependência à comida do que à bebida. A vida e as relações deles podem estar um caos, mas muitas pessoas dirão, "pelo menos não está bebendo" (SELBMANN, 2020).

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Selbmann's analysis (2020) leads us to raise several questions about the subjects who have impulse control disorders in their most varied forms. The first question to be raised is that of the moral dimension socially attributed to addictions, as if a compulsion, because it is socially more accepted than another, was not able to bring so much physical and mainly psychological damage to individuals.

Another point that deserves to be highlighted is the diagnosis and treatment of these subjects, because more than identifying that these people have one or more compulsions, it is necessary to understand the origin of compulsive behaviors, since these may be linked to emotional factors, history of abuse or violence, family losses, biological aspects, among others, being erroneous, thus, attributing a single cause to the origin of compulsive behaviors.

4. FINAL CONSIDERATIONS

Based on the discussions in the previous topics, one can achieve the perception that Compulsive Sexual Behavior Disorder (or Hypersexual Disorder) is a type of dysfunction that affects the health of individuals in various ways, not only in their mental aspect, but also in the social and emotional life of those who suffer from this psychopathology.

The study had the following guide question: what are the common behavioral, social and psychological characteristics among individuals who have Compulsive Sexual Behavior Disorder? Having as main answers to this question the burden of guilt and the great psychological suffering of these individuals for not being able to have mastery over their behaviors, the symptoms related to abstinence when the absence of activities related to sex, the distancing of family and friends, the impairment of affective relationships, the traits, in some cases, paraphilic behaviors, in addition to the exchange of compulsions, so common, not only among those who have hypersexual disorder, but also linked to other types of compulsive behaviors.

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Thus, in order to seek the most appropriate intervention for those who have Hypersexual Disorder, we should remove this type of conduct from the field of morals, in order not to stigmatize or victimize those who have impulse control disorders in their most varied orders, because moral analyses that arise in the face of impulse disorders are a factor that hinders, both the professional intervention that was resourced, as well as the search for the subjects for treatment. Analyzing the origin of compulsive sexual behavior disorder is above all to try to understand the cause of the psychic suffering of the individual, and not only of his compulsion, in order to refer the subject to the treatment that best fit his reality.

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APPENDIX - FOOTNOTE

2. Associação Brasileira de Estudos Psicanalíticos do Estado de Pernambuco.

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