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BEYOND THE BEDROOM: EXPLORING GENDER AND RELATIONSHIP STATUS VARIANCES IN HYPERSEXUALITY: ETHICAL IMPLICATIONS AND RECOMMENDATIONS

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Abstract

This study aims to examine the gender and relationship status differences in terms of hypersexuality. The research involved 480 participants from Romania, aged between 18 and 62 ($M = 24.90$; $SD = 8.06$). From the total participants, 132 were males (27.5%) and 348 were females (72.5 %). The volunteers completed a questionnaire on hypersexuality, along with a socio-demographic data section. Our study revealed significant differences between males and females in terms of hypersexuality, with males having higher scores. Moreover, our findings indicated that individuals in a relationship scored higher on hypersexuality compared to married individuals and individuals without a relationship, while married individuals had lower scores on hypersexuality than individuals without a relationship. The present work contributes by grounding the knowledge of socio-demographic variables in terms of hypersexuality. We discuss the utility of our findings from both theoretical and practical perspectives. Additionally, we provide ethical recommendations for researchers studying hypersexuality and sexual behaviors.

Keywords: hypersexuality; relationship status; gender; Romania

Introduction

Hypersexuality has been described as a pattern of recurrent intense, and excessive preoccupation with sexual fantasies, urges, and behavior that individuals struggle to control (Kafka, 2010; Kafka & Hennen, 2003; Reid et al., 2011). Over the years these aspects have been associated with manifestations of excessive sexual behavior leading to adverse personal and/or social consequences (Fenichel, 1996; von Krafft-Ebing, 2013). Such sexual behaviors can be quite diverse, ranging from excessive sexual intercourse, excessive masturbation, to even watching pornography (Karner-Huțuleac & Huțul, 2023). However, despite its suggested debilitating nature, the proposal to include hypersexual disorder in the *Diagnostic and Statistical Manual of Mental Disorders V* (DSM-V; APA, 2013) was ultimately rejected (Kafka, 2014).

During this process, the efforts to conceptualize hypersexuality as a formal disorder generated heated debates and drew strong criticism. The scientific argument has consistently raised concern that hypersexuality rests on loosely constructs which lack diagnostic consensus, and also reliability and validity in its measurements (Halpern, 2011; Klein, 2002; Ley et al., 2014; Marshall & Briken, 2010; Moser, 2011, 2013; Rinehart & McCabe, 1997; Winters et al., 2010). Additionally, the true prevalence rates of hypersexuality remain unclear, raising questions about the validity of measurement instruments and the adequacy of sampling techniques, as well as about researchers' control over confounding factors associated with hypersexuality, such as ADHD (Reid et al., 2016). Furthermore, the high prevalence of hypersexuality reported (Walton et al., 2017) calls into question the validity of the condition as currently operationalized by various self-report instruments. Thus, these

findings prompt the inquiry: *"Is hypersexuality a valid disorder if approximately 20% of the sample population exhibit clinically relevant symptoms?"*

Despite (Kafka, 2010) diagnostic criteria, hypersexual behavior was not included in the DSM-V (APA, 2013; Bőthe et al., 2018). Some clinicians have posited that hypersexuality may be a consequence (or a symptom) of another clinical disorder rather than a standalone sexual disorder (Samenow, 2011). While categorizing Hypersexual Disorder as an impulse-control disorder or behavioral addiction in DSM-V may be feasible, more empirical evidence is required to substantiate such classification (Kafka, 2010).

On another note, when discussing hypersexuality, it is worth mentioning that romantic relationships are among the most affected domains in the functioning of individuals with hypersexuality (Hentsch-Cowles & Brock, 2013; Koós et al., 2021; Reid & Woolley, 2006; Schneider, 2003; Spenhoff et al., 2013). Moreover, 42% to 68% of individuals seeking treatment for hypersexuality are in a romantic relationship (Bőthe et al., 2020, 2021; Kraus et al., 2016; Reid et al., 2012; Wéry et al., 2016). However, hypersexuality specifically within romantic relationships remains largely unexamined, as prior studies were almost exclusively based on samples of men, regardless of their relationship status (Reid et al., 2008, 2014; Zapf et al., 2008) and little scientific attention has been paid to the direct examination of partners' experiences with hypersexuality (Starks et al., 2013).

Thus, we can unequivocally state that hypersexuality is a complex phenomenon, still not fully understood. In this regard, research on hypersexuality is of paramount importance for advancing scientific knowledge and for enhancing the potential for diagnosis and treatment of negative outcomes. This fact is particularly important in geographical areas where such research is largely absent, such as Eastern Europe space in general and the Romanian space in particular. For example, research in the field of psychology conducted in Romania (Burtăverde et al., 2021; Huțul & Karner-Huțuleac, 2023a, 2023b) tends to focus more on specific behaviors such as pornography use rather than hypersexuality. Sexual behaviors and hypersexuality are a growing field of research in Romania. We consider it imperative to address, initially, a series of general considerations regarding the situation in Romania. Thus, testing hypersexuality in relation to multiple socio-demographic characteristics is necessary.

Prevalence and gender differences in hypersexuality

The data regarding the prevalence of hypersexuality in the population are vague and often contradictory. This situation may have several causes. Firstly, it should be noted that hypersexuality lacks a universally accepted definition and measurement, making it difficult to determine its exact prevalence. At the same time, there are numerous related terms that complicate the determination of prevalence. Among these related terms, we can find compulsive sexual behavior (Quadland, 1985), hyperphilia (Money, 1981), hypersexual disorder (Kafka, 2010; Moser, 2013; Samenow, 2011), problematic hypersexuality (Kingston & Firestone, 2008), sexual compulsivity (McBride et al., 2008; Turner, 2008), or sexual impulsivity (Bancroft & Vukadinovic, 2004).

A study worth mentioning is the one conducted by Långström and Hanson (2006), who indicated that hypersexuality is present in 5-10% of individuals in a sample where both men and women were rated as "high" on indicators of hypersexuality, correlations among such sexual behaviors were statistically significant. Furthermore, other studies investigating both women and men have reported that 5% to 20% of individuals are women (Black et al., 1997; Raymond et al., 2003; Reid et al., 2012) with an estimate of "sexually addicted" individuals being as high as 40% to 50% of the total population (Ferree, 2001). However, we know from the literature that hypersexuality generally affects between 2-6% of the global

population, and this rate may be higher in male populations, within the LGBTQ+ community, and among sex offenders (Bóthe et al., 2018; Kaplan & Krueger, 2010; Walton et al., 2017). Additionally, hypersexuality would be expected among individuals who overvalue sex in the pursuit of happiness or use sex to compensate for other unfulfilled needs (Bancroft & Vukadinovic, 2004; Cortoni & Marshall, 2001).

Regarding gender differences, it is important to emphasize that the forms of sexual behavior differ between men and women, with women having fewer sexual partners and being more relationally motivated (Black et al., 1997; Turner, 2008). For instance, an online survey found that frequent masturbation, pornography use, and the number of sexual partners were associated with hypersexual behavior in women (Klein et al., 2014). Additionally, another study showed that Hypersexuality in men has been associated with decreased sexual satisfaction and physical health (Långström & Hanson, 2006) whereas women experience psychological and social distress (McBride et al., 2008).

On another note, it is important to mention that the epidemiologic data regarding hypersexuality are sparse, and most published studies have mainly focused on hypersexual behavior among males (Kinsey et al., 2003; Kraus et al., 2016; Levaque et al., 2016), with a paucity of studies investigating female hypersexual behavior (Dhuffar & Griffiths, 2014; Klein et al., 2013). At the same time, studies in the literature examining gender differences appear inconclusive. Some studies suggest that males are more likely to report hypersexuality-related behaviors (Långström & Hanson, 2006; Szabo et al., 2024; Winters et al., 2010), while other studies suggest that females report more hypersexuality-related behaviors than males (Seegers, 2003). These inconsistencies highlight the need for further research to better understand the nuances of gender differences in hypersexual behavior. Also, studies using female samples are still needed, as hypersexuality research in general is much focused on men (de Oliveira & Carvalho, 2020).

Ethical implications and recommended practices in hypersexuality researchs

The topic of sexuality is a sensitive and taboo subject in Romania (Gergely, 2023; Huțul & Karner-Huțuleac, 2023a). Consequently, when hypersexuality is addressed in scientific studies, participants may feel uncomfortable or ashamed discussing their experiences. In this regard, it is particularly important to take all ethical precautions to ensure that data collection and the conduct of the entire study are carried out as effectively as possible. Initially, all researchers should provide comprehensive information regarding the nature of the study, its risks, and ensure that individual participation is entirely voluntary. All these aspects should be addressed within the informed consent process.

Regarding informed consent, it must be obtained from all participants included in the study. Additionally, given the nature of the subject, participants should be informed in the informed consent process that participation in this study may cause psychological distress, especially for individuals who have had negative experiences in the sexual domain. To be able to promptly intervene in such a situation, we recommend that all researchers studying hypersexuality and other aspects of sexual behaviors collaborate with a team of mental health workers. For example, in the informed consent process, an email address and phone number of a psychotherapist who can intervene when a study participant experiences psychological distress can be provided.

Furthermore, another ethical consideration that researchers must take into account is the potential biases and stigmatizing attitudes that may affect perspectives on the study. Therefore, we recommend that researchers adopt a non-judgmental and empathetic attitude towards participants' responses, both in quantitative methods and qualitative methods such as focus groups or interviews.

Thus, researchers must actively work to challenge stereotypes against hypersexuality. Through such an approach, a more nuanced and diversified understanding of human sexual expression, especially concerning hypersexuality, can be promoted. This is particularly important given that there are individuals seeking treatment for issues related to hypersexuality and behaviors within the realm of hypersexuality (Gola et al., 2016, 2017; Gola & Potenza, 2016; Huțul, 2023; Karner-Huțuleac & Huțul, 2023; Kraus et al., 2016).

The present study

Taking into account the aspects discussed earlier, we consider it imperative to investigate aspects related to hypersexuality, especially in the context of the absence of research on this topic in Romania. The present study aims to complement the existing literature on hypersexuality by investigating gender and relationship status differences in this context. To achieve our objective, we have formulated the following hypotheses.

Hypotheses

H1. There are gender differences in terms of hypersexuality, meaning that male tend to have higher scores in hypersexuality compared to females.

H2. There are differences based on relationship status in terms of hypersexuality.

Method

Participants and procedure

Our sample was composed of a total of 480 participants from Romania, aged between 18 and 62 ($M = 24.90$; $SD = 8.06$). From the total participants, 132 were males (27.5%) and 348 were females (72.5 %). Regarding the place of origin, 217 were from rural areas (45.2%) and 263 were from urban areas (54.8 %).

The instruments were administered through the free online platform Google Forms. Additionally, before completing our instruments, individuals were required to read the informed consent. Within it, they were informed that participation is voluntary, they can withdraw from the research at any time without consequences, and if they wish or have additional questions, they can seek assistance. In this regard, they were provided with an email address and a phone number where they could contact the principal researcher of this paper for information or assistance. The average completion time for the questionnaire battery was approximately 7-10 minutes.

Regarding eligibility criteria, the selected criteria were as follows: (1) a minimum age of 18 at the time of completing the questionnaires – i.e., the legally recognized age in Romania; and (2) being in a romantic relationship at the time of completing the questionnaires, whether it be a marriage or a non-marital romantic relationship.

The current research, which followed the 2013 Helsinki Declaration's ethical principles, was approved by The Ethics Committee of the Faculty, where the authors are affiliated.

Measures

In translating all the instruments, the backward method was employed, adhering to all the recommendations from the specialized literature regarding the translation and adaptation of scales (Beaton et al., 2000; Hambleton & Zenisky, 2010; Maneesriwongul & Dixon, 2004).

Hypersexual behavior. In the evaluation of hypersexual behavior, we utilized the *Hypersexual Behavior Inventory* (HBI-19; Reid et al., 2011). The inventory consists of 19 items (e.g. “My sexual activities interfere with aspects of my life such as work or school”) and

participants rated each statement on a 5-point Likert scale, with 1 representing “*never*” and 5 representing “*very often*.” Higher scores indicated a higher level of hypersexual behavior.

Socio-demographic data. Participants reported their age, gender, and relationship status – whether individuals are married or in a non-marital relationship.

Results

Overview of the statistical analysis

Firstly, we conducted preliminary analyses, and then we tested for differences based on gender and relationship status in terms of hypersexuality, using Independent Sample t-Test or Anova One-Way.

Preliminary data analyses

We computed the Skewness and Kurtosis values to assess the normality of the distributions. The Skewness value for hypersexuality was 1.55 and the Kurtosis value for hypersexuality was 2.2. The variables are normally distributed because the Skewness values were within the 2/-2 limit and Kurtosis values were within 7/-7 suggested by Hair et al. (2010) and Byrne (2013). Statistical analyses were performed using the SPSS program, version 26.

Hypothesis testing

Differences based on gender

To test the differences based on gender regarding hypersexuality, we used the Independent Samples t-Test. The results for the differences between male and female are presented in detail in Table 1. The results suggested that there are significant differences between male and females in terms of hypersexuality. As predicted, male presented higher scores compared to females in terms of hypersexuality.

Table 1. Differences based on gender in terms of hypersexuality

	N	Mean	t	df	p
			5.83	183.88	.001
Male	132	37.97			
Female	348	28.58			

Differences based on relationship status

To test the differences based on relationship status regarding hypersexuality, we used Anova One-Way. The results suggested that there are significant differences between individuals in a relationship and married individuals in terms of hypersexuality ($p = .03$). Individuals in a relationship ($M = 32.54$) presented higher scores compared to married individuals ($M = 28$) in terms of hypersexuality. There are no significant differences among the other comparisons.

Table 2. Differences based on relationship status in terms of hypersexuality

Relationship status		
In a relationship	Married	Without relationship

	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i>	<i>df</i>	<i>p</i>
Hypersexuality	32.54	14.63	28	12.82	30.94	14.08	3.41	2,477	.03

Discussions

Hypersexuality is a complex subject that has sparked controversy regarding its diagnostic criteria (Halpern, 2011; Klein, 2002; Ley et al., 2014; Marshall & Briken, 2010; Moser, 2011, 2013; Rinehart & McCabe, 1997; Winters et al., 2010). The present work aligns itself with the literature aiming to understand this phenomenon. The importance of our paper is heightened in Romania, given that research on sexuality-related concepts in Romania has primarily focused on pornography rather than hypersexuality (Burtăverde et al., 2021; Huțul & Karner-Huțuleac, 2023a, 2023b). Therefore, our research on the relationship between hypersexuality and various socio-demographic data contributes to improving knowledge from Romania regarding sexuality and its outcomes.

Our findings have revealed several noteworthy aspects that add to the body of knowledge in the literature. Firstly, our study revealed that there are significant differences between male and females in terms of hypersexuality. As predicted, male presented higher scores compared to females in terms of hypersexuality. Our results are in line with the existing literature, where similar results are reported, men reported higher hypersexuality than women (Bóthe et al., 2018; Kaplan & Krueger, 2010; Szabo et al., 2024; Walton et al., 2017). At the same time, our results were contrary to those obtained by Seegers (2003), who showed that hypersexuality in women is higher than in men. However, our results align with the literature investigating hypersexual behavior in women (Dhuffar & Griffiths, 2014; Klein et al., 2013), knowing that the majority of existing studies have primarily focused on men (Kinsey et al., 2003; Kraus et al., 2016; Levaque et al., 2016).

Secondly, our study suggests significant differences between individuals in a relationship, married individuals, and those without a relationship concerning hypersexuality. Thus, individuals in a relationship scored higher on hypersexuality compared to married individuals and individuals without a relationship. At the same time, married individuals had lower scores on hypersexuality than individuals without a relationship. This is not surprising, considering that studies show that 42% to 68% of individuals seeking treatment for hypersexuality are in a romantic relationship (Bóthe et al., 2020, 2021; Kraus et al., 2016; Reid et al., 2012; Wéry et al., 2016). One potential explanation for this disparity could be attributed to the unique dynamics present in different stages of romantic involvement. Individuals in relationships, particularly those in early stages, may experience a phase of heightened passion and novelty, characterized by intense emotional and sexual exploration. This period, often referred as “*honeymoon phase*”, may contribute to increased levels of hypersexual behavior as partners navigate the excitement and discovery of their relationship. In contrast, individuals who are married may have progressed beyond the initial stages of romance and entered a phase characterized by greater stability and routine. Additionally, societal expectations and norms surrounding marriage and monogamy may influence individuals' attitudes and behaviors towards sexuality. Married individuals may feel a greater sense of obligation to uphold traditional norms of marital fidelity, which could potentially suppress hypersexual behaviors compared to those in less formalized relationships. However, we must be aware that the potential explanations we provide have not been carefully studied and tested in the literature, considering that prior studies were almost exclusively based on samples of men, regardless of their relationship status (Reid et al., 2008, 2014; Zapf et al.,

2008), and little scientific attention has been paid to the direct examination of partners' experiences with hypersexuality (Starks et al., 2013).

In conclusion, we believe that our findings align with the existing literature and contribute to it, particularly concerning the relationship status of participants. While the results are significant, they should be carefully analyzed, taking into account the Romanian context as well.

Theoretical and practical implications

From a theoretical standpoint, our findings enhance the depth of understanding within the scientific literature regarding socio-demographic variables associated with hypersexuality. By elucidating these distinctions, we advance the existing knowledge base and refine the understanding of these relationships within a new context, specifically within Romania, where studies on hypersexuality are scarce. This contributes to a more comprehensive theoretical framework capable of elucidating the complexities of hypersexuality and its manifestations within diverse populations, such as the one in Romania. This deeper understanding enhances our theoretical grasp of hypersexuality and lays the groundwork for future research endeavors aimed at exploring underlying mechanisms and causal pathways involved.

From a practical perspective, our findings hold implications for mental health professionals and clinicians working with individuals experiencing hypersexuality. Armed with empirical evidence of gender and relationships status differences in hypersexual behaviors, mental health professionals can tailor their interventions to address the specific needs and challenges faced by different demographic groups. From another practical standpoint, our findings offer valuable insights that can guide the creation of preventive strategies geared towards fostering healthy sexual behaviors and mitigating the progression of hypersexuality. Mental health professionals can leverage this knowledge to craft educational programs and outreach initiatives specifically tailored to address the needs of individuals at risk of developing hypersexual behaviors. By addressing hypersexuality from a preventive standpoint, mental health professionals can play a pivotal role in promoting sexual health and well-being within their communities.

Limitations and future directions

Firstly, it's important to note that our study comprised a significantly higher proportion of female participants (72.5 %) compared to male participants (27.5%). This gender imbalance within the sample suggests caution in generalizing the findings, and the future research could benefit from striving for more balanced representation across genders. Secondly, our study relied on self-report measures, which inherently involve subjectivity. Participants' responses may have been influenced by social desirability biases. Consequently, interpretations of our findings should be approached with care. It's worth noting greater diversity in ethnic representation among participants would have enriched the study's scope. The findings from this study should be extended to hypersexual gay and lesbian couples. Also we suggest that future studies should take in consideration the negative effects of hypersexuality on the marital relationship and creating the levels of personal distress, which clinicians should address when working with this population. Lastly, future studies involving hypersexuality could also focus on significant aspects of commonly observed sexual behaviors in contemporary society, such as pornography consumption or sexting (Huțul & Karner-Huțuleac, 2022).

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