

ORIGINAL RESEARCH

## Deviance or Normalcy? The Relationship Among Paraphilic Thoughts and Behaviors, Hypersexuality, and Psychopathology in a Sample of University Students



Giovanni Castellini, PhD,<sup>1</sup> Alessandra H. Rellini, PhD,<sup>2</sup> Cristina Appignanesi, MD,<sup>1</sup> Irene Pinucci, MD,<sup>1</sup> Matteo Fattorini, BA,<sup>1</sup> Elisa Grano, BA,<sup>1</sup> Alessandra D. Fisher, PhD,<sup>3</sup> Emanuele Cassioli, MD,<sup>1</sup> Lorenzo Lelli, MD,<sup>1</sup> Mario Maggi, MD,<sup>3</sup> and Valdo Ricca, MD<sup>1</sup>

### ABSTRACT

**Introduction:** The actual definitions of paraphilic thoughts or behaviors and hypersexuality are still a matter of debate in the scientific community, and few studies have evaluated their psychopathological correlates in non-clinical samples of both men and women.

**Aim:** This study aimed at shedding light on the gender differences in terms of frequency of paraphilic fantasies and behaviors, and the relationship among paraphilias, hypersexuality, and general psychopathology.

**Methods:** A sample of 775 university students (243 men, 532 women) was recruited from 6 Italian universities using questionnaires posted in social networks. Paraphilic behaviors, fantasies, and masturbation during these fantasies were evaluated, as well as hypersexuality, psychopathological correlates, self-perceived gender identity, and a history of adverse childhood conditions.

**Main Outcome Measures:** Participants were assessed on the presence of paraphilic fantasies, behaviors, and masturbation related to paraphilic thoughts, and evaluated by means of the Symptom Checklist 90-Revised, the Hypersexual Disorder Screening Inventory, the International Index of Erectile Function, the Female Sexual Function Index, the Gender Identity/Gender Dysphoria Questionnaire, and the Childhood Experience of Care and Abuse Questionnaire.

**Results:** In the present survey, 50.6% of the men and 41.5% of the women reported at least 1 behavior considered paraphilic. A gender difference in the prevalence of the main paraphilic interests and behaviors was observed, with men reporting a higher prevalence of voyeurism, exhibitionism, sadism, and frotteurism, and a higher prevalence of fetishism and masochism in women. Both general psychopathology and sexual dysfunctions were associated with hypersexuality, rather than with the content of sexual fantasies. Finally, an association between childhood adversities and hypersexuality was found in women but not in men.

**Clinical Implications:** Understanding the psychopathological correlates of paraphilic fantasies/behaviors and hypersexuality may allow clinicians to develop specific psychological and pharmacological interventions.

**Strengths & Limitations:** This is one of the few studies assessing paraphilic phenomenology and psychopathological correlates of hypersexuality in a non-clinical sample of both men and women.

**Conclusion:** The results seem to demonstrate that paraphilic thoughts and behaviors are not really a deviation from normalcy, rather they are quite widespread in the young population, and the distinction between healthy and pathological sexual interests may be better replaced by an all-encompassing approach considering ego-dystonic sexuality, hypersexuality, and their psychopathological correlates. **Castellini G, Rellini AH, Appignanesi C, et al. Deviance or Normalcy? The Relationship Among Paraphilic Thoughts and Behaviors, Hypersexuality, and Psychopathology in a Sample of University Students. J Sex Med 2018;15:1322–1335.**

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**Key Words:** Childhood Abuse; Hypersexuality; Paraphilia; Psychopathology

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<sup>1</sup>Psychiatry Unit, Department of Neuroscience, Psychology, Drug Research, and Child Health, University of Florence, Florence, Italy;

<sup>2</sup>Department of Psychology, University of Vermont, Burlington, VT, USA;

<sup>3</sup>Sexual Medicine and Andrology Unit, Department of Experimental, Clinical, and Biomedical Sciences, University of Florence, Florence, Italy

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## INTRODUCTION

In the last version of the *Diagnostic and Statistical Manual of Mental Disorders Fifth Edition* (DSM-5), paraphilia is defined as any “intense and persistent interest other than sexual interest in genital stimulation or preparatory fondling with phenotypically normal, physically mature, consenting human partners.”<sup>1</sup> By definition, paraphilia is not considered a disorder, rather it is related to sexual thoughts or behaviors that are considered as deviated from normalcy. According to the DSM-5, in order to establish a diagnosis of a paraphilic disorder, these deviated thoughts and behaviors must cause distress or impairment to the individual or harm to others. In other words, in order to establish the presence of a disorder, as for all other diagnoses included in the DSM-5, the paraphilic sexual behaviors must be subjectively perceived as ego-dystonic by the subjects, and the distress caused by them should last for a stable period of time (6 months). In psychiatry, ego-dystonic adjective is referred to aspects of one’s behavior or attitudes viewed as inconsistent with one’s fundamental beliefs and personality (contrasted with ego-syntonic). Indeed, the actual definition of “paraphilia” is still a matter of debate in the scientific literature. In the same way, the reason for perceiving a behavior as ego-dystonic can be varied, and many times related to religious beliefs, cultural issues, as well as psychopathological features.

The main reason for the uncertainty around the clinical and operative definition of paraphilias is the lack of conclusive empirical data on this topic. Indeed, the majority of the information regarding paraphilias is derived from clinical samples, with a substantial heterogeneity both within and between studies.<sup>2</sup> Despite the evidence of the association between paraphilia and lower satisfaction with sexual life,<sup>3</sup> there is a paucity of studies on the relationships between these particular conditions and subjective satisfaction in sexual intercourse. Furthermore, although a gender effect on paraphilic fantasies can be postulated, the available information on women is scarce.<sup>2,4</sup>

While the most common approach to defining paraphilia has been to consider its statistical normalcy, this approach is proving more and more problematic. Recent studies using non-clinical samples challenged the concept that paraphilia is a matter of deviation from statistical “normalcy.” As illustrated in a study conducted in a population of men, 62.4% of the participants had sexual interest that fell into at least 1 paraphilic category.<sup>5</sup> Paraphilic fantasies (58.6%) were more frequent than behaviors (44.4%), and the most common were voyeuristic (38.7%) and fetishistic (35.7%) fantasies. In a younger population of college students, voyeurism was present in the majority (52%) of the sample of men.<sup>4</sup>

With the aim of improving the conceptualization of paraphilia, researchers should take into consideration the psychopathological mechanisms underlying these behaviors, and how those may overspill into other aspects of the mental health through the expression of other symptoms or syndromes

(eg, anxiety, mood disorders). Furthermore, it is important to consider the impact of paraphilic behaviors on the quality of sexual relationships, as a potential factor of “ego-dystonicity” for one’s own sexuality.

Indeed, it has been reported that the relationship between sexual activity and general psychopathology was not mediated by the content of the non-mainstream fantasies per se, rather by the subjective feeling of ego-dystonic sexual preferences.<sup>6</sup> If this conceptualization is embraced, paraphilias are better considered as an expression of more general psychopathological processes, and this can be categorized as including sexual addiction, sexual compulsivity, or hypersexuality.<sup>7</sup> Despite the well-demonstrated relationship between paraphilias and hypersexuality, a clear distinction between these 2 categories should be provided and demonstrated according to empirical data. Kafka<sup>8</sup> defined hypersexuality as a syndrome characterized by recurrent and intense sexual fantasies, sexual urges, or sexual behaviors associated with time consumed, dysphoric mood states, stressful life events, repetitive but unsuccessful efforts to control it, and disregarding the risk for physical or emotional harm to self or others. In 2012, a DSM-5 Field Trial was designed to assess the reliability and validity of the criteria for hypersexual disorder in a sample of patients seeking treatment for hypersexual behavior, a general psychiatric condition, or a substance-related disorder.<sup>9</sup> Overall, hypersexuality has been associated with several problematic behaviors, including cybersex, pornography use, aberrant sexual behavior with consenting adults, telephone sex, and strip club visitation.<sup>10</sup> Distress caused by hypersexuality is usually the product of legal consequences, and social withdrawal resulting from the out-of-control sexual behavior that takes over other aspects of human life, such as family, work, and friends.<sup>7</sup> These intrinsic aspects of hypersexuality then can lead to mood or anxiety disorders. On the other side, it is possible that some persons attempt to manage mood and anxiety symptoms with compulsive sexual behaviors, which in turn are perceived as ego-dystonic. Moreover, according to a categorical approach,<sup>11</sup> Axis I co-morbid diagnoses, in particular, mood and anxiety disorders, are quite frequently observed in men with paraphilia, providing initial evidence that a more comprehensive approach that looks at paraphilic fantasies as part of a multi-symptom diagnosis may be appropriate.<sup>6,12–15</sup>

Finally, several etiological theories have been proposed for hypersexuality,<sup>16,17</sup> even though few studies have specifically examined the complex interplay of proposed predictors.<sup>18</sup> As a further support and clarification of the mechanisms underlying the relationship between hypersexuality and general psychopathology, studies should focus on the role of early adverse life events, considering their well-known importance in the development of mental problems.<sup>19</sup> For example, it has been suggested that early developmental experiences, such as childhood sexual abuse or family neglect, have etiological importance in the development of hypersexuality.<sup>18,20</sup> Indeed, childhood sexual abuse has been associated with impulsive sexual

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