

PARAPHILIAS

A Network Approach to Hypersexuality: Insights and Clinical Implications

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ABSTRACT

Background: In spite of a growing interest in research on hypersexuality, consensus about its etiology and best treatment strategy has not been achieved.

Aim: To further the empirical and clinical understanding of hypersexuality by exploring the structure of its symptoms using a network analytic approach.

Methods: In 2014, an online survey advertised as focusing on Internet pornography, sexual health, and relationships was carried out among Croatian men and women aged 18–60 years ($M_{age} = 31.1$ years, $SD = 9.67$). In a sample of 3,028 participants, we applied a network analytic approach to explore the structure of hypersexuality symptoms. In the network, nodes represented hypersexuality symptoms and associated sexual behaviors, while their connections were operationalized as partial correlations. 4 Research questions were addressed: (1) does the hypersexuality network differ between genders; (2) which symptoms are centrally positioned; (3) what is the topological location of pornography use; and (4) are there distinct clusters (“communities”) of symptoms in the network?

Outcomes: We estimated and plotted hypersexuality networks by gender using items from the Hypersexual Disorder Screening Inventory and the Hypersexual Behavioral Consequences Scale, as well as indicators of sexual desire, pornography use, sexual intercourse, and masturbation frequency.

Results: The structure of the hypersexuality network was surprisingly similar in women and men, both in terms of symptom centrality and the clustering of symptoms. Psychological distress and negative emotions triggered by sexual fantasies and/or behaviors, together with a loss of control over sexual feelings, occupied central positions in the networks. Pornography use was located peripherally in both the men’s and women’s hypersexuality networks.

Clinical Translation: Psychological distress and negative emotions triggered by sexual fantasies and/or behaviors constituted the core of the hypersexuality network, which makes them potential prime targets for clinical intervention and calls for normalization of (presumably self-stigmatized) sexual expression through affirmative therapy and interventions that enhance self-care, self-compassion, and adaptive coping mechanisms.

Strengths & Limitations: This is the first network analytic approach to hypersexuality. Apart from its novel insights about the structure of hypersexuality, the study employed several methods to assure reliability and robustness of findings. Considering that networks were estimated in a convenience-based community sample, the findings might not generalize to clinically distressed individuals.

Conclusion: Our results demonstrate the usefulness of network analytics to hypersexuality in a non-clinical sample and we encourage future clinical and longitudinal explorations of hypersexuality using this novel approach. **Werner M, Štulhofer A, Waldorp L, et al. A Network Approach to Hypersexuality: Insights and Clinical Implications. J Sex Med 2018;15:373–386.**

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INTRODUCTION

Hypersexuality is commonly described as a combination of frequent and intrusive sexual thoughts and fantasies, highly sexualized behavior, and perceived inability to control one's sexuality despite its disruptive effects on other life domains.^{1–3} Although a number of measures have been proposed for the clinical assessment of hypersexuality,^{4–8} clinical understanding of hypersexuality remains contested, primarily because multiple, sometimes competing, explanatory models exist.^{1,9–13} For instance, research on hypersexuality has not clarified its latent structure (dimensional or categorical^{14,15}) or established clear etiological pathways.^{16,17} Furthermore, a surprisingly small overlap has been observed between high sexual desire and hypersexuality,^{18,19} which suggests that clinically excessive desire might have little in common with strong sexual appetite.

Notwithstanding unresolved nosological and conceptual questions, hypersexual individuals—more frequently men than women—are negatively affected by their sexuality, most often both subjectively (distress, shame, negative mood) and objectively (negative behavioral consequences). They were found to be at higher risk of sexually transmitted infection and legal sexual offending, as well as of reporting financial, job-related, and relationship problems.^{20–24} Thus, despite unresolved clinical questions, hypersexuality presents itself as a relevant clinical problem in need of more systematic and rigorous conceptualization.^{9,25–27}

Increasing clinical and social interest in hypersexuality, “sex addiction,” “compulsive sexuality,” or “out-of-control sexuality” coincided with a rapid rise in the availability of online pornography and opportunities for cybersex interaction.^{28,29} Recently, “pornography addiction” has been proposed to describe the out-of-control use of sexually explicit material.³⁰ However, the concept has also been criticized for its moralistic undertones and neglect of the role of self-stigmatization—particularly among religious individuals.^{31,32} Although pornography does not seem to be harmful to a majority of its users,^{33,34} a number of studies pointed to its strong association with hypersexuality.^{21,24,29,35} This is hardly surprising considering that pornography use was mentioned among hypersexuality symptoms proposed for the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5).²³ However, unclear boundaries between hypersexuality and pornography addiction warrant more research into the role of pornography use in hypersexuality.^{24,30,36,37}

In this study, we suggest that a novel perspective—the network approach to psychopathology^{38,39}—may clarify some of the aforementioned nosological, conceptual, and etiological issues. To the best of our knowledge, we are the first to apply the network approach to the study of hypersexuality, the phenomenon that is defined here as characterized by: (1) frequent sexual fantasies, urges, and behaviors; (2) that seem to be difficult, if not impossible, to control; and (3) cause substantial distress and

impaired social functionality.¹⁹ The proposed approach appears compatible with clinical insights about different patterns of symptoms associated with hypersexuality.^{11,16}

Network Approach to Psychopathology—A Brief Introduction

In contrast to the standard model, which understands psychiatric symptoms as “products” of an underlying disorder or syndrome (ie, common cause), the network approach to psychopathology reflects a novel perspective in which mental disorders emerge from interactions of symptoms. Psycho(patho)logical states are understood as complex dynamical systems of interacting components (see Borsboom⁴⁰ for a more detailed explanation of network theory^{38,39,41}). The crux of the network approach is in the following theoretical assumption: covariation between symptoms likely reflects reciprocal causal relationships, rather than side effects of sharing (or measuring) a common cause.

Clinically, the standard model implies that interventions should tackle the common cause of a disorder; symptoms cannot affect each other because their associations are spurious. In contrast, the network perspective implies that symptoms themselves can and should be tackled since they share direct (bidirectional) pathways with each other. This conceptualization suggests that efficient interventions should identify and tackle central symptoms in the network because treating the “core” symptoms of a disorder disease should affect the entire network structure.^{42,43}

To our knowledge we are the first to apply network theory and methodology to a sexuality-related topic (other projects are in progress, including a more in-depth conceptual article on the sexual response and the network approach). Network theory and methodology have already been fruitfully applied to different psycho(patho)logical phenomena (see Fried et al⁴² and Fried and Cramer⁴⁴ for the most recent reviews of network studies). For instance, Anker et al⁴⁵ investigated comorbid internalizing and alcohol use disorders by means of network methodology and showed that “drinking to cope” (ie, drinking in response to negative affect situations) together with “perceived stress” (ie, general subjective stress and perceived ability to cope with this stress) mediated the associations between internalizing disorder symptoms and associated drinking behavior. In a study on the highly comorbid, but diagnostically different, anxiety and depressive disorders, Beard et al⁴⁶ showed that “sad mood,” “too much worry,” “unable to control worry,” and “unable to relax” might act as bridging symptoms between the 2 internalizing disorders, suggesting that these could be fruitful transdiagnostic points of intervention. Finally, global network properties have been shown to predict the course of depression, with individuals who remained depressed showing a more densely connected network structure than individuals who remitted from depression.^{47,48} In the current study, we demonstrate the utility of

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