

## ANXIETY, SOCIAL DESIRABILITY, AND COPING STYLES IN HYPERSEXUAL AND NON-HYPERSEXUAL MEN

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### Abstract

Compulsive sexual behaviors (hypersexuality) include intense focus on sexual fantasies, urges or behaviors that an individual cannot control. The data on hypersexuality is limited. Until now it was proved that people suffering compulsive sexual behaviors experience high levels of distress and anxiety, and report difficulties in personal and professional areas of their life. In order to verify the levels of anxiety, social desirability and preferred coping styles of hypersexual persons, and to compare their results to the data obtained from the general population the empirical study was conducted. In the study the tendency for repression in hypersexual respondents in comparison to respondents recruited from the general population was also assessed. In the presented project 52 volunteer men participated, out of which 26 were diagnosed with hypersexuality and were recruited in the treatment center where they've attended their therapy, and remaining 26 respondents were recruited from the general population so they resembled all sociodemographics except for compulsive sexual behaviors. In order to verify the levels of anxiety, social desirability, and coping styles Trait Anxiety Scale, Social Desirability Questionnaire and mini-COPE were used. The tendency for repression was assessed according to the typology in which low levels of anxiety accompanied by high levels of social desirability is considered as a repressive coping style. The results obtained in the study proved that hypersexual men in comparison to the general population, presented significantly higher levels of anxiety. While coping with stress, men suffering from compulsive sexual behaviors had a high tendency toward instrumental support, venting, religion, and emotional support. The social desirability levels and a tendency toward repression were lower in hypersexual patients in comparison to respondents from the general population. The results obtained in the study might serve as a starting point for planning directed therapeutic interventions for hypersexual patients. It should be emphasized at the same time that the obtained results are only preliminary, and other studies in the area of compulsive sexual behaviors are needed.

**Keywords:** *Hypersexuality, anxiety, social desirability, coping with stress, repression.*

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## 1. Introduction

### 1.1. Hypersexuality

Hypersexuality, defined also as compulsive sexual behavior or hypersexual behavior is recognized in an individual who experiences recurring difficulties controlling intense, repetitive sexual activities for an extended period of at least six months. It is related to the high levels of distress, and/or significant impairments observed in important areas of functioning, e.g. personal, family, social, educational or occupational aspects of an individual's life (Montgomery-Graham, 2017). Hypersexual behavior is accompanied with excessive masturbation or any other autoerotic behaviors. It is usually correlated with problematic pornography consumption and promiscuity (Markovic, 2019).

Studies conducted up to date have underlined that hypersexuality corresponds with general psychosocial impairments, impairments in relationships, difficulties at school and/or work, and financial problems (Koo et al., 2021; Reid, Garos, & Fong, 2012). Positive correlations between hypersexual behaviors and neuroticism, hostility, and low levels of satisfaction with life were found (Böthe et al., 2018; Kowalewska, Gola, Kraus, & Lew-Starowicz, 2020; Studer, Marmet, Wicki, & Gmel, 2019). Individuals suffering with hypersexuality report high levels of loneliness, shame and guilt (Jennings, Lyng, Gleason, Finotelli, & Coleman, 2021). Compulsive sexual behaviors often co-occur with other mental problems (e.g. depression, eating disorders, substance abuse) (Ballester-Arnal, Castro-Calvo, Gimenez-Garcia, Gil-Julia, & Gil-Llario, 2020). It is also associated with violence and sexual abuse (Jepsen, & Brzank, 2022).

## **1.2. Styles of coping with stress**

Stress is defined as a reaction to incongruence between an individual's abilities and the requirements of the situation that is perceived as depleting and exceeding the resources of a person. It is believed that an individual takes an effort to cope with such difficulties with either attempts aimed at management of the situation or self-defense. In general, in order to cope with stress, people use dynamically changing cognitive, behavioral and emotional techniques aimed at reducing the tension they experience (Lazarus & Folkman, 1984). Coping is therefore a constantly changing self-regulatory process associated with reduction of emotional tension.

Different approaches to coping with stress can be classified into one of three general categories: task-oriented strategies, emotion-oriented approaches, and avoidance-oriented strategies (Endler & Parker, 1990). Task- or problem-focused strategies are aimed at changing the stress-inducing situation in order to find a solution to the problem. Among such strategies there are confrontational coping, self-control, planning and solving the problem, acceptance of responsibilities. Emotion-oriented strategies are connected with focusing the attention on an individual and their subjective emotional experiences. It aims at reducing emotional tension, and self-blame with either catastrophizing or unrealistic optimism. Avoidance-focused strategies include seeking social contacts or involvement in other activities (e.g., shopping, watching something, substance abuse). It is believed that in controllable situations the most effective are problem-focused strategies of coping with stress, while in uncontrollable situations the most helpful for an individual are avoidance-oriented approaches (Smith, Saklofske, Keefer, & Tremblay, 2016).

## **1.3. Defensive styles of coping**

The term defensive styles of coping is used to describe the processes an individual employs in order to protect themselves from situations and stimuli subjectively perceived as demanding and/or threatening. According to Weinberger, Schwartz, & Davidson (1979) there are two different types of defensive coping: repression and sensitization. Repression is a coping strategy based on an avoidance of any unpleasant and/or threatening stimuli. Sensitization on the other hand includes approaching unpleasant and/or threatening stimuli (Myers, 2010). According to the presented approach repression-sensitization is often described and understood as a two-dimensional concept of dispositional coping observed in stressful, especially ego-related, situations.

The relatively stable individual tendency to use repression or sensitization is recognized based on subjectively assessed individual levels of anxiety (measured for example with MAS Scale or State Trait Anxiety Inventory) and social desirability (assessed for instance with Marlowe-Crowne Social Desirability Scale). In order to identify repressors and sensitizers (i.e. persons with a tendency for repression or sensitization) the median split of the results of the abovementioned scales are calculated and then combined, resulting in formation of four independent groups: repressors, truly low-anxious, truly high-anxious, and sensitizers (Kleszczewska-Albińska, in press).

## **2. Objectives**

The main aim of the study was to verify the levels of anxiety, social desirability and preferred coping styles of hypersexual persons, and to compare their results to the data obtained from the general population. It was also checked whether the hypersexual respondents differ from the general population according to their tendency for repression or sensitization.

## **3. Methods**

### **3.1. Participants**

In the study 52 volunteer men, aged 18-48 ( $M=33.23$ ;  $SD=6.73$ ) participated. Among all the respondents there were 26 persons without diagnosis (age 18-48;  $M=32.42$ ;  $SD=6.55$ ) and 26 men diagnosed with hypersexual behaviors (age 18-47;  $M=34.04$ ;  $SD=6.93$ ). All diagnoses were given by qualified clinical psychologist working at a counseling center for hypersexual persons. The respondents from hypersexual and non-hypersexual groups were similar according to the sociodemographic characteristics, so the main difference between the groups concerned the presence or absence of hypersexuality.

### **3.2. Procedure**

All the respondents suffering hypersexual behaviors were approached individually during their visits to the counseling center. Respondents not diagnosed with hypersexuality were also individually

asked for participation in the study while they visited primary care physicians in different clinics. Men from the group without hypersexuality diagnosis were chosen according to the sociodemographic characteristics, so they resemble respondents suffering hypersexual behaviors in terms of age, education, place of residence etc.

The respondents were approached by psychology student trained in data collection, who informed men waiting for their appointments with professionals about the psychological study concerning general functioning and coping with stress. Next, men who expressed their interest in learning more about the project were given details about the aim and procedure of the research. After giving an informed consent, respondents who volunteered to participate in the study were given questionnaire sets and were asked to fill them in, and to return them to the person collecting the data. The study was conducted in compliance with ethical principles.

### 3.3. Materials

Three standardized psychological tests were used in the study. In order to assess styles of coping with stress Polish adaptation of Mini-COPE was used. Polish adaptation of State Trait Anxiety Inventory (STAI) was used for assessing the levels of trait anxiety. Social Desirability Questionnaire (KAS) was used for measuring the levels of social desirability. Two latter tests were also used in order to identify defensive styles of coping.

## 4. Results

Before conducting the analyses, the normality of the distribution of Mini-COPE was verified with the Shapiro-Wilk test combined with an analysis of indexes for skewness and kurtosis. Gathered results met the criteria for normal distribution (e.g. Field, 2018) therefore in order to analyze the differences in the mean levels of coping strategies, anxiety, and social desirability in groups of hypersexual and non-hypersexual men it was decided to use parametric tests. While analyzing the categorical data non-parametric tests were applied (Field, 2018).

Based on the ANOVA analyses, the mean differences between the tendencies for different styles of coping, anxiety levels, and social desirability levels in groups identified based on hypersexuality diagnosis were assessed. Statistically significant differences are given in detail in Table 1.

Table 1. Results of ANOVA analyses for mean levels of styles of coping, anxiety, and social desirability in groups identified according to the hypersexuality diagnosis.

	hypersexual N=26		non- hypersexual N=26		F	p	$\eta^2$
	M	SD	M	SD			
religion	2.54	1.86	1.38	1.79	5.19	.027	.09
emotional support	3.62	1.24	2.73	1.8	4.27	.044	.08
instrumental support	3.54	1.10	2.15	1.43	15.23	<.001	.23
venting	3.19	1.06	1.92	1.06	11.65	.001	.19
anxiety	50.85	6.27	47.00	8.22	11.36	<.001	.22
social desirability	10.65	5.42	15.58	6.56	8.71	.005	.15

Next, four independent groups varied in their tendency for defensive coping were formed. Medians for the STAI ( $Me=47$ ) and KAS ( $Me=13$ ) questionnaires were calculated, and based on the median split groups that differ in the levels of anxiety and social desirability were identified. Detailed information concerning classification of respondents in the presented study is given in Table 2.

Table 2. Groups identified according to their tendency for defensive style of coping.

Group	Number of people
low-anxious (↓STAI ↓KAS)	9
high-anxious (↑STAI ↓KAS)	18
repressors (↓STAI ↑KAS)	20
sensitizers (↑STAI ↑KAS)	5

There are significant  $\chi^2(3)=11.85$ ;  $p<.01$  differences in the number of people identified as representatives of each group. It was also verified whether there is any correspondence between defensive styles of coping and a tendency toward hypersexuality. The crosstab with  $\chi^2$  test proved that there is a

significant connection between those two variables  $\chi^2(9)=20.00$ ;  $p<.001$ . Detailed information is given in Table 3.

Table 3. Number of people from low-anxious, high-anxious, repressors, and sensitizers types according to the hypersexuality diagnosis.

	hypersexual	non-hypersexual
low-anxious	5	4
high-anxious	16	2
repressors	4	16
sensitizers	1	4

## 5. Discussion

The results obtained in the study prove that hypersexual men, in comparison to non-hypersexual respondents, declare higher levels of anxiety and lower levels of social desirability. They are also more prone than non-hypersexual men to use coping strategies including instrumental support, religion, emotional support, and venting. Analysis proved that it is more common for hypersexual respondents to react with high anxiety, while for non-hypersexual men it is more common to use repression.

The results of the presented study are in compliance with data published so far proving that hypersexual patients report higher levels of anxiety (Coleman, 1992; Scanavino et al., 2018). Studies published up to date prove that hypersexuality corresponds with non adaptive coping strategies, such as withdrawal or self-blaming (Elrafei & Jamali, 2022; Reid, Harper, & Anderson, 2009), which only partially corresponds to the results obtained in the presented study. It was proved that hypersexual respondents have a tendency for emotion-oriented coping strategies, but both religion and emotional support are perceived as adaptive coping strategies while only venting is believed to be a non-adaptive coping strategy. Also, it was discovered that hypersexual respondents are prone to use problem-oriented, adaptive coping strategy known as instrumental support. It is possible that the adaptive strategies used by respondents in the described above study are resulting from their engagement in therapeutic processes (Lampalzer, Tozdan, von Franqué, & Briken, 2021), but this hypothesis needs an empirical verification.

Interesting is also the result proving that hypersexual respondents have lower levels of social desirability in comparison to the non-hypersexual persons. Previous studies have shown that the social desirability level is positively correlated with high indicators of hypersexual behaviors (Böthe et al., 2019; Lampalzer et al., 2021), so the result obtained in the described study is opposite to the previous results. It is highly probable that during the therapeutic process hypersexual patients learn to accept themselves and in effect they do not need to present themselves in socially desirable manner, but this hypothesis needs an empirical verification.

High number of hypersexual persons present in the group of highly-anxious type is in congruence with previous results presenting correlations between high anxiety levels and hypersexuality (Coleman, 1992; Scanavino et al., 2018). It means that hypersexual respondents participating in the study do not use defensive coping strategies. It is possible that such a result is an effect of therapy undertaken by respondents, but this hypothesis needs further empirical verification. Interesting is the result proving that among non-hypersexual men there are many repressors. It can be therefore stated that among male respondents from non-hypersexual group there were many persons presenting defensive style of coping. It is possible that men taking part in the study underestimate their real emotional states which can negatively influence their everyday functioning (Myers, 2010). Possibly the result obtained in presented study is an effect of cultural expectations stating that men should not present any kind of emotions (Chaplin, 2015; Fernández, Carrera, Sánchez, Paez, & Candia, 2000), but such hypothesis needs additional empirical verification in future studies.

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