



Pornography addiction: Should it be considered to include in our future Diagnostic systems ?

KEYWORDS

Hypersexual disorder, Cybersex addiction, Internet use, Pornography, Diagnostic and statistical manual

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ABSTRACT

Pornography addiction is fresher and less often reported term in psychiatric practice. Albeit viewing pornography produces sexual gratification, infrequently its excessive use may induce disturbed psychological states. Here we are demonstrating a case of pornography addiction who attended Outpatient department to throw an insight into the magnitude of the problem.

Introduction:

Addiction is a state characterized by, engaged in behaviour to achieve repetitive effects, preoccupation with that behaviour, temporary satiation, loss of control, and suffering negative consequences. [1] **Pornography** is the depiction of sexual behaviour that is intended to arouse sexual excitement in its audience. It is the representation in books, magazines, photographs, films, and other media of scenes of sexual behaviour that are erotic or lewd and are designed to arouse sexual interest. [2] Stein et al. has defined **Pornography addiction** as a conceptual model assessing behavioral addiction characterized by compulsive, repeated use of pornographic material until it causes serious negative consequences to one's physical, mental, social, or financial well-being. [3] Whether the term pornography addiction is literally different from **Cybersex addiction** as the later one is restricted to sexual activity through internet use. [4] Pornography addiction is a newer emerging problem. The internet source has demonstrated that, at present, there are 4.2 million pornographic websites with 68 million daily pornographic search engine requests which are 25% of the total search engine requests every day with 1.5 Billion pornographic downloads per month and the average age of first internet pornography exposure being 11 years. [5] Twohig et al., had found problematic porn viewing behavior in 20-60% of their study population. [6] 5 stages of pornographic addiction have been reported in the literature are the following: [7]

- **Early exposure.** Most persons who get addicted to porn start early. They see the stuff when they are very young, and it gets its foot in the entryway.
- **Addiction.** In the second stage it turns into a general piece of their life. They can't quit.
- **Escalation.** The person starts to look for more and more porn. They start using porn that would have disgusted them when they started. Now it excites them.
- **Desensitization.** In the long run, they begin to end up numb. Indeed, the most realistic, debasing porn doesn't energize them any longer. They get to be frantic to feel the same excite again, however can't discover it.
- **Acting out sexually.** As of right now, numerous men make a perilous bounce and begin carrying on sexually. They move from the paper and plastic pictures of porn into this present reality.

However, patient looking for psychiatric help for this problematic conduct are not much of the time seen. A couple of study reports have depicted the clinical situation of an instance of porn habit. Study reports with respect to the porn dependence have not been accounted for our counterpart especially from North East India. Here we have endeavored to portray a case of pornography addiction who had attended our OPD requesting psychiatric help.

Case history:

A 22 years boy came to our OPD with low mood and decreased interest in pleasurable activities, decreased energy level and accompanied by decreased sleep, hopelessness, etc. On detailed enquiry he revealed that he was suffering from an irresistible urge to see pornographic films for the last 12 months. While enquiring the onset of his behaviour, he disclosed that he used to go to an internet cafe as often as possible with his friend where he was exposed to the explicit materials through the web. For initial 2-3 months he had been enjoying seeing them and used to masturbate frequently. However, later on he had grown just overpowering urge to see those obscene materials. He used to spend 6-7 hrs a day to view these pornographic films. He revealed that he feels an increased sense of tension with the compelling urge and gets gratification while viewing those pornographic films which was later followed by increased sense of guilt. In the introductory part he used to stroke off routinely in the wake of getting a charge out of those movies, but later on he felt less need of masturbation, as he used to get the wanted satisfaction just by reviewing those materials. Because of his these practices he started losing focus on his every day exercises particularly on his studies. He started having less communication with his family members. He needed to burn through the 3-4 restless nights in a week because of his wild urge. Gradually he started feeling low and decreased interest in pleasurable activities; hopelessness, etc. family history and past history of any medical and psychiatric illness did not uncover any abnormality. Premorbidly he had only some instances of impulsive anger outbursts.

Mental status examination revealed cooperative, alert, normal psychomotor activity, depressed affect, hopelessness, intact insight and judgment. Eventually he was diagnosed to be a case of other habit and impulse disorders according to ICD10 (Conceptually pornography addiction) and moderate depressive episode. Sertraline 50 mg was

started and titrated up to 200 mg in 1.5 month duration. But he failed to show significant improvement. Later on he was shifted to Clomipramine and titrated up to 225 mg along with Cognitive behaviour therapy. On subsequent follow up, he started expressing some sort of betterment. He reported on his recent visit that frequency of viewing pornography has decreased, and now he could control his irresistible urges upto some extent.

Discussion:

Pornography addiction is a novel and a less encountered term in psychiatric practice. Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD 10) have not given any procurement to diagnose this particular kind of addiction. While drafting DSM-5, experts considered a proposed diagnostic addiction called hypersexual disorder, which also included a pornography subtype. [8] However, at the last, reviewers could not get enough evidence to incorporate hypersexual disorder or its subtypes in the 2013 edition. [8] DSM 5 has abstained from paying more importance to pornography addiction as they failed to demonstrate any health hazard due to use of excessive porn materials. [9] They found insufficient peer reviewed evidence to establish diagnostic criteria for pornographic addiction. [9] Ley et al. through their study expressed that pornography has failed to establish itself as an addiction. [10] But according to Twohig and Crosby excessive viewing of pornography may be considered unhealthy if it hampers social and personal life. [11] Excessive viewing of pornography may lead to depression, social isolation and career loss, etc. [11] As reported by Coleman pornography can be considered as an addiction and an identifiable illness. [12] Indian study like Darshan et al. has demonstrated a similar case of porn addict with Dhat syndrome. [13] Published literary works in regards to porn dependence are rare, particularly from the north east India. [14] Inspiration driving our report is to however to throw a light on the extent of disturbed psychological state induced by excessive viewing of pornography, disregarding the lesser interest given by our established diagnostic instruments. We recommend a well designed controlled study to explore the limit of this newer addiction so that it can make it stand in our future diagnostic guidelines.

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