

Why compulsive sexual behavior is not a form of addiction like drug addiction

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Compulsive sexual behavior (CSB) with and without porn use disorder (PUD) has been recognized as a mental disorder in the 11th revision of the *International Classification of Diseases* (code 6C72). This has spawned interest in the concept, and a number of studies have assessed the prevalence and features of the disorder.^{1,2}

Dr. Golder et al recently published a study in *Sexual Medicine* on the concept of CSB and PUD, in which they aimed to show the overlap between CSB and substance use disorder (SUD). To substantiate this overlap, the authors took 2 approaches: first, they investigated whether substantial co-occurrence existed between CSB and SUD by assessing the prevalence of CSB in a sample of people with SUD and a control sample; second, they hypothesized that features of CSB and PUD would be more pronounced in the SUD sample.

The authors found that their hypotheses were not supported: patients in residential rehabilitation for SUD were in fact less likely than controls to endorse sufficient items to satisfy criteria for CSB or PUD.

The authors acknowledged that the situation in which patients find themselves in residential rehabilitation may be an important factor. In residential rehabilitation, there are fewer opportunities for sexual intercourse than in a home setting, and watching porn and masturbating may be all but impossible. One can argue that this is a caveat that should lead to cautious interpretation of the findings or that it is a substantial limitation of the study that leaves the comparison between the control group and the clinical sample almost void. However, such is the nature of comparisons among different groups of humans outside of controlled laboratory settings. There will always be differences between people drawn from one population and people drawn from another that go beyond the specific characteristics for which the scientist has selected the populations.

To some extent, Dr. Golder et al found the opposite of a higher severity of CSB/PUD among the respondents with SUD. While the SUD group was younger at first exposure to porn, it had a lower burden of symptoms from porn use yet saw sex as more important. While it is tempting to view the patients as more “socially liberal,” this is clearly an overinterpretation. Yet, this finding shows that there is something more going on here beyond “addiction” simply being a trait associated with “addicts.”

This points to the discussion of whether CSB and PUD are truly a form of addiction. Some researchers argue that the science is not quite there³ or that the other substantial differences need to be considered, such as the role of pleasure.⁴ Consider the difference in reasons for seeking treatment. People seek treatment for CSB because they experience significant subjective distress.⁵ In contrast, people seek treatment for SUD because of the functional and social impact that it has on their lives.⁶

In summary, the contribution of the study by Dr. Golder et al is significant because they did not find what they were perhaps looking for.

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Conflicts of interest

None declared.

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