

Short Commutation

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Recognizing Compulsive Sexual Behaviors and Pornography Viewing as Process Addictions

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This article explains the concept of *process addictions* as related to sexual behaviors, explores recent advancements in the classification of some compulsive sexual activities as mental health disorders, defines some of the more problematic of these type of behaviors – also known as *paraphilias* - and provides a succinct historical overview of pornography, highlighting the notable increase in its consumption among widely diverse demographics across the planet. Further, the article describes various factors that have brought a growing number of mental and behavioral health professionals to categorize a range of problematic, obsessive sexual activities as significant and potentially dangerous addictions, hence the creation of a new official diagnosis, Compulsive Sexual Behavior Disorder.

Addiction manifests in multiple forms. Traditionally, it has been posited that physical dependence, evidenced by withdrawal symptoms, is requisite for a diagnosis of an addiction disorder. However, it is critical to acknowledge that behavioral addictions—also called process addictions, can similarly result in detrimental life consequences, albeit without the physical manifestations commonly associated with substance abuse. Process addictions are delineated as behavioral issues characterized by diminished control, persistent engagement, and substantial harm, all occurring in the absence of an addictive substance. The International Journal of Preventive Medicine asserts that behavioral science experts contend that any stimulus capable of eliciting human response has the potential for addiction—when habitual behavior escalates into compulsion, it qualifies as an addiction [1].

Research indicates that numerous diagnostic symptoms are interchangeable between drug addiction and behavioral addiction,

albeit the latter pertains to behaviors or emotions engendered by the actions themselves rather than substance use. Although the physical indicators associated with drug addiction may be lacking, individuals with behavioral addictions experience consequences akin to those faced by individuals addicted to alcohol and drugs, often exhibiting additional obsessive activities. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), published by the American Psychiatric Association (APA), catalogues several hundred mental and behavioral health diagnoses recognized in the United States and several other countries. However, while the DSM accords recognition only to gambling as the sole process addiction, it does categorizs various atypical sexual behaviors under the umbrella term Paraphilias-- literally Abnormal Love in Greek. However, despite the considerable body of research advocating for the classification of various Compulsive Sexual Behaviors as distinct mental health disorders, the APA has yet to do so.

Globally, the International Classification of Diseases (ICD), published by the World Health Organization (WHO), serves as the authoritative guide to mental and behavioral health diagnoses. In its 11th edition, the ICD-11 has incorporated Compulsive Sexual Behavior Disorder (CSBD), designated as code 6C72, which refers to the inability to regulate sexual behavior despite adverse consequences [2]. This development signifies a consensus among global health authorities that such behaviors warrant formal diagnostic recognition, also referred to as Hypersexuality or Sex Addiction.

The Society for the Advancement of Sexual Health (SASH) is composed of professionals whose core work centers on advancing sexual and relational health. Members include

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therapists and counselors, researchers and educators, healthcare providers, coaches and advocates. In its policy statement, SASH recognizes that the available evidence supports several diagnostic models under investigation, each reflecting an underlying clinical condition necessitating thorough assessment and treatment. Among these are Sexual Addiction and Pornography Addiction, alongside additional categories such as Hypersexual Disorder, Out of Control Sexual Behavior, Unspecified Impulse Control Disorder, and Sexual Compulsivity. A burgeoning body of empirical research substantiates the clinical concerns these models address, including neuroscience studies that demonstrate addiction-related alterations in brain function among Internet pornography users and "sex addicts" at large [3].

SASH notes that contemporary neuroscience increasingly points to significant evidence of addiction-related neurological changes in consumers of Internet pornography, potentially attributable to the technology-enriched environment. Investigative studies indicate that the accessibility of streaming pornography may contribute to a surge in psychogenic sexual dysfunctions and diminished sexual desire in users, irrespective of their addiction status.

Contrarily, not all progressive organizations advocating for enlightened sexuality concur with SASH's findings or the WHO's decision to classify Compulsive Sexual Behavior Disorder in the ICD-11. The American Association of Sexual Educators, Counselors and Therapists (AASECT) highlights the physical, psychological, spiritual, and sexual health ramifications stemming from individuals' sexual urges, thoughts, or behaviors. However, AASECT contends that models which "pathologize" consensual sexual behaviors should not be employed and asserts that there is insufficient empirical evidence to support the classification of sex addiction or pornography addiction as mental health disorders. Consequently, AASECT posits that associating issues related to sexual urges within a pornographic or sexual addiction framework is not a viable standard within sexuality education, counseling, or therapy.

Historically, pornography has existed parallel to human artistic expression, with the term deriving from the Greek "pornē" (meaning "prostitute") and "grapho" (to write), originally artworks or literature depicting prostitution. The Venus of Willendorf, an ancient limestone figurine emphasizing fertility, dates back to approximately 25,000 BCE, with similar figures discovered in earlier archaeological contexts. Historical evidence underscores the existence of explicit sexual art forms throughout various cultures, including explicit carvings on the walls of Indian temples and early Japanese block prints and statuettes. In the US, pornography was outlawed from 1873-1957 under the Comstock Act, and prior to that was regulated by the individual states. The legal landscape surrounding pornography in the United States transformed significantly post-1957, following the Roth v. United States decision, which legalized pornography with constraints against depictions of minors [4]. Notably, the proliferation of "nudie magazines" such as Playboy, alongside the emergence of amateur pornographic 8mm films, facilitated by advances in technology, established the foundations for today's extensive, world-wide, multi-billion-dollar pornographic industry.

Currently, it is estimated that over 60% of men and 40% of women in the U.S. engage with pornography online monthly, with approximately 50% of all Internet traffic offering explicit sexual content [5]. While many users do not exhibit Compulsive Sexual Behavior Disorder, numerous therapists specializing in addiction report a noteworthy escalation in compulsive sexual behaviors over recent years, this includes many clients who want their partners to engage in the same activities as depicted on their screens. More problematic has been the worldwide proliferation of underage pornography, which indicates not only an expansive appetite for such material, but the atrocious exploitation of children at the service of this industry [6].

The Mayo Clinic identifies several indicators suggestive of compulsive sexual behavior, including intense sexual fantasies that dominate a person's time and sense of control, recurrent urges leading to guilt or regret, unsuccessful attempts to regulate sexual fantasies, utilization of sexual behaviors as coping mechanisms, and the continuation of these behaviors despite severe consequences [7].

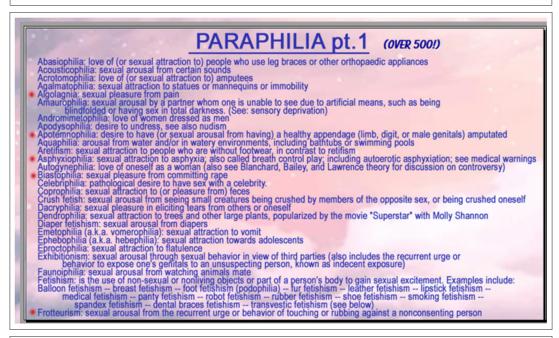
Compulsive Sexual Behavior Disorder, or Hypersexaul Disorder, was considered for inclusion in the DSM-5, but ultimately excluded. Many leading neuroscientists, as well as therapists who find these types of behaviors steadily increasing among their clientele, believe that this excljusion hinders prevention, research and treatment efforts, eaving American clinicians without a formal diagnosis for Compulsive Sexual Behavior Disorder [8].

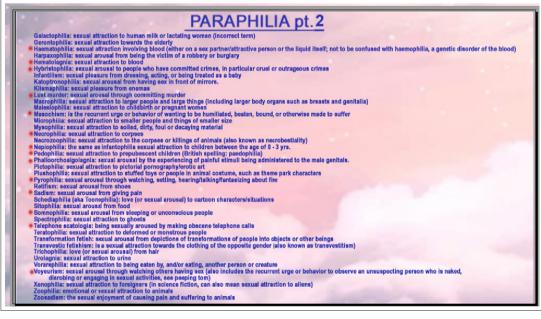
In conclusion, the DSM classifies eight types of Paraphilic Disorders, encompassing conditions such as pedophilia, exhibitionism, voyeurism, and others, which collectively encompass over 300 variations—some of which pose significant risks [9]. Given the potential dangers associated with certain paraphilic obsessions, the recognition of compulsive pornography viewing as an official diagnosis may catalyze improved treatment strategies for affected individuals.

The following is a list of hundreds of specific paraphillic behaviors defined by the American Psychiatric Association



Disorder	Description
Voyeuristic	Observing an unsuspecting person naked, disrobing, or engaged in sec
Fetishistic	Arousal to nonliving objects or specific nonsexual part of body
Exhibitionistic	Exposure of one's genitals to an unsuspecting stranger
Frotteuristic	Touching or rubbing against a nonconsenting person
Sexual masochism	Deriving sexual excitement from being humiliated, beaten, bound, or otherwise made to suffer
Sexual sadism	Urges or fantasies of acts in which psychological and/or physical suffering of the victim is sexually exciting
Transvestic	Urges and fantasies involving crossdressing
Pedophilic	Urges and fantasies involving sexual activity with prepubescent childre (age ≤13)
Other	Telephone scatologia, necrophilia, zoophilia, urophilia, coprophilia, klismaphilia





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