Internet Sex Addiction

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Internet sex addiction stoked controversy when it was discussed in a recent review article. The authors concluded that the concept of Internet sex addiction produced a fundamental attribution error (Nick et al., 2012). It was also highlighted that only 1 case study was published in an American Psychiatric Association journal (Bostwick and Bucci, 2008); there were no other articles published on the subject matter in any Royal College of Psychiatrists journal. This report will illustrate a clinical case of sex addiction linked with the Internet use.

THE CASE

All steps have been taken to ensure that any identifying details of patient have been removed from this report. Mr. X is a 22-year-old man serving national military service. In Singapore, it is mandatory for every eligible male to serve national military service at the age of 18 years. He had been referred by the army medical officer for management of his addiction to pornography. Mr. X is a homosexual and has made the daily habit of surfing Internet for gay pornography since he was 16 years old. He had signed up with various social networking Web sites to exchange gay pornography with other members. This activity initially held his attention for several hours a day but had grown steadily to 10 hours a day over a period of 2 to 3 years. He expressed a need to spend almost all his waking hours surfing Internet pornography. Indulging in pornography would take precedence over all other activities, including meal times and family gatherings. As his addiction worsened, Mr. X could not satiate his sexual appetite with mere Web site surfing. His sexual escapades evolved into meeting like-minded voyeurs on social networks. Using Web cameras, he would watch in real time while other members performed sexually explicit acts. Because of his fear of self-identification, he refrained from performing these acts to all and sundry.

As Mr. X sought out greater sexual gratification, he decided to contact fellow gay men online for public sex. This would usually happen in public toilets, and he would engage in oral or anal sex as the recipient. Such sexual encounters occurred once to twice a week, with the use of condoms.

His routine of obtaining sex was interrupted upon military enlistment. Mr. X was required to be in camp from 8 AM to 5 PM on weekdays, but his thoughts never strayed far from his next sexual intercourse with other homosexual men. He did not approach his camp mates for sexual favors, as he was unsure of their sexual orientation. However, he did not have such misgivings on online social networks as he was certain the people he met on gay forums were homosexuals too.

The hours spent in camp would be punctuated by frustrated moods due to his inability to engage in sexual activities. This resulted in poor job concentration and neglect of his military duties. After office hours, Mr. X would overcompensate by taking his sexual indulgence into the wee hours of the morning. The disruption of his sleep cycle culminated in physical and mental fatigue and tardiness in turning up for military duties.

Mr. X finally decided to seek help at the medical center, as he felt his sexual needs were getting out of control and affecting his national service. His psychiatric assessment revealed no sex identity disorder, as he firmly believed himself to be a male biologically. There were also no paraphilias or psychiatric comorbidities.

DISCUSSION

Mr. X’s preoccupation with sex began at the age of 16 years. His initial addiction to pornographic Web sites quickly progressed to soliciting for sex online. There was a gradual building up of tolerance toward achieving sexual gratification. Besides tolerance, Mr. X also displayed features of sexual preoccupation, with primacy of sexual activities over
all else. Withdrawal from such pursuits was characterized by restlessness and irritability. Mr. X had been concealing his problems from his loved ones, and his attempts at abstaining from sexual indulgence had so far been unsuccessful. The sociooccupational dysfunction was seen in his poor school performance and the subpar appraisal during his national service.

With regard to Mr. X's sexual addiction, it is important to discuss the role of the Internet. In terms of classification, it is not a pure Internet addiction. The Internet is but a means to an end for his sexual gratification, and there is no description in the case regarding the use of Internet for other interests, for example, gaming. His sexual addiction is likely to have been aggravated by how readily available pornographic material is on the Internet. The increasing intensity of sexual activities online has quickly built up the tolerance level in his addiction. The important questions that need to be asked are as follows:

1. Would Mr. X have reached current levels of sex addiction severity without the use of the Internet?
2. Could Mr. X have gone straight to soliciting for sexual partners without the use of the Internet?
3. Does the Internet continue to play a role toward his sex addiction, or has it become independent of Internet usage?

Retrospective postulation is inherently difficult. From the history, it seems plausible that his condition might not have reached the stage it is today, if not for the vast resources of the Internet. This is evident in the solicitation of sexual partners online, especially the ease in doing so. Historical cases of pornography addiction have involved the use of stored videos in disc (VCDs) or tape format. Such materials are comparatively harder to gain access to before the advent of the Internet. Furthermore, Mr. X has a withdrawn personality that limits blatant seeking of sexual adventures in person; he is not willing to broach this sensitive subject with his camp mates. The masking of his identity online has allowed him to overcome his initial reservations, and to succumb to his sexual wants without inhibitions. Online forums and chat rooms have designated intents that leave no need for second guessing. Mr. X has been able to quickly ascertain the desired group profile, that is, homosexual men, for his sexual misdemeanors. It is hard to envision him deteriorating to his current condition without the availability of the Internet, or for him to reach out to like-minded sex addicts with such convenience.

The last question is partly rhetorical. The Internet will continue to play a crucial role in satisfying his urges, by aiding his search for sexual partners online. Regulating Mr. X’s use of the Internet is hence an essential part of the management program. Moderating his urge to seek out sexual escapades, even without the use of the Internet, might be far more problematic. As he has already tasted the forbidden fruit, the Internet is but a tool he can wholly give up by directly going to the source of pleasure.

There are many subclasses of Internet addiction that are possible, for example, Internet shopping addiction, Internet gaming addiction. It is arbitrary at this stage to determine the validity of Internet sex addiction as a diagnosis, and if there is a need to medicalize this condition. Questions have been asked as to whether such a diagnosis will falsely medicalize all seemingly pleasurable activities.

**MANAGEMENT**

Much evidence points toward behavioral addictions as being similar to substance addictions, in terms of both phenomenology and the underlying neurochemistry involved (Grant et al., 2010). Dopaminergic neurotransmission and the endogenous opioid systems appear to be similarly involved in both sexual behavior and substance abuse (Karim and Chaudhri, 2012). Patients with Parkinson disease receiving dopamine agonist treatments can exhibit impulse control disorders such as compulsive gambling and hypersexual behavior (Frascella et al., 2010). It has also been shown that naltrexone use can potentially improve compulsive sex behavior (Raymond et al., 2010) and Internet sex addiction (Bostwick and Bucci, 2008), albeit in a limited number of studies. This is similar to the treatment of various substance dependence such as opiate and alcohol dependence. Psychosocial treatments such as cognitive-behavioral therapy, 12-step approaches, and motivational enhancement therapy, which are used to treat substance addictions have also been shown to be useful in the treatment of behavioral addictions, such as hypersexual behavior and pathological gambling (Grant et al., 2010).

Cybersex addiction and compulsive Internet use for erotic have been stressed in journals specializing in the subject matter (Delmonico and Carnes, 1999; Meerkerk et al., 2006), but the concept has been much debated in the field of psychiatry. The author hopes that through this case report, profiles of patients such as Mr. X will be given more attention. This could warrant a novel approach into treating this particular condition.

**REFERENCES**


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