

# The Psychological and Interpersonal Relationship Consequences of Compulsive Sexual Behavior Disorder (CSBD); Problematic Pornography Use - A Literature Review

Kadek Ratih Pradnyaswari<sup>1</sup>, I Gde Yudhi Kurniawan<sup>2</sup>

<sup>1</sup>Intern Doctor Manah Santhi Mahottama Hospital Bangli, Bali

<sup>2</sup>Department of Psychiatry Manah Santhi Mahottama Hospital Bangli, Bali

DOI: <https://doi.org/10.5281/zenodo.16537383>

Published Date: 28-July-2025

---

**Abstract:** Background: Sex is inseparable from human being. In today's digital era, internet pornography have facilitated its widespread consumption, raising concerns regarding compulsive use patterns. Compulsive Sexual Behavior Disorder (CSBD), formally recognized in the International Classification of Diseases, 11th Revision (ICD-11), encompasses Problematic Pornography Use (PPU), may impact in adverse mental health and impaired interpersonal relationships. This literature review aims to synthesize current evidence on the psychological and relational impacts of CSBD, with a focus on online pornography addiction.

**Methods:** A structured literature review was conducted using databases such as PubMed and Google Scholar. Keywords included “compulsive sexual behavior disorder”, “compulsive sexual behavior”, “PPU”, and “hypersexuality.” Inclusion criteria comprised peer-reviewed articles and empirical studies published in national and international journals addressing mental health and interpersonal relationship outcomes associated with CSBD.

**Results:** Thirty five peer-reviewed studies were included. The findings consistently indicate that compulsive engagement with PPU is associated with adverse mental health outcomes, including heightened anxiety, depression, and emotional dysregulation. Furthermore, individuals with CSBD exhibit significant difficulties in establishing and maintaining healthy sexual relationships, characterized by diminished real-life sexual satisfaction and increased relational strain.

**Conclusion:** PPU as a manifestation of CSBD, is intricately linked to deteriorations in mental health and the erosion of intimate relationships. The desensitization to natural sexual stimuli contributes to emotional disengagement and relational discord, underscoring the necessity for early identification and therapeutic intervention strategies.

**Keywords:** Compulsive Sexual Behavior Disorder (CSBD), Problematic Pornography Use (PPU), Hypersexuality, Internet Pornography Addiction, Mental Health.

---

## I. INTRODUCTION

Sex is inseparable from human being. Triggering sexual arousal can be done by involving pornography. In today's digital era, the accessibility, affordability, and anonymity (“Triple A” factors) of internet pornography have facilitated its widespread consumption, raising concerns regarding compulsive use patterns.<sup>1</sup> Due to this era, pornography-related masturbation may be more frequent nowadays, but this is not necessarily a sign of pathology.<sup>2</sup> We know that a considerable proportion of young male population access Internet for pornography consumption<sup>3</sup> in fact, it is one of their key sources for sexual health.<sup>4</sup> Some have expressed concern about this, Problematic Pornography Use may impact in adverse mental health outcomes and impaired interpersonal relationships. Increased anxiety, depression, and impaired self-esteem, and also contributes to the breakdown of interpersonal relationships such as reduce levels of satisfaction in romantic relationships,

inhibit emotional intimacy, and trigger conflict and distrust between partners.<sup>5</sup> Repeated exposure can also desensitize individuals to real-life sexual stimuli, erectile dysfunction<sup>6</sup> which has spiked dramatically among young men in the past few years when compared to a couple decades ago<sup>7</sup>, as it now classified into Compulsive Sexual Behavior Disorder (CSBD), formally recognized in the International Classification of Diseases, 11th Revision (ICD-11).

This literature review aims to examine the various studies that have been conducted on the impact of pornography addiction on mental health and interpersonal sexual relationships. Through a critical analysis of previous findings, this paper is expected to provide a deeper understanding of the complexity of pornography addiction and its implications for individual and social life.

## II. DISCUSSION

### A. Overview of CSBD

Hypersexual disorder or previously replaced the terms “nymphomania” and “satyriasis”<sup>8</sup> also terminated with Sexual Addiction, Porn Addiction, PPU, Sexual Compulsivity, and Out-of-Control Sexual Behavior, has been through a long debate about whether this syndrome should be included in disorders due to addictive behavior, along with gambling or gaming disorders, or included as a type of impulse control disorder. Other considerations are including it in obsessive-compulsive disorder (OCD) or sexual dysfunction. In the end, this syndrome was included in the subchapter of impulse control disorders and named it CSBD<sup>9</sup> which characterized as a persistent pattern of failure to control strong and recurrent sexual urges or desires that result in recurrent sexual behavior, which lasts for more than six months and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning.<sup>10</sup>

There are many sexual behaviors that can potentially lead to this diagnosis. Many argue that PPU is one of the most common in clinical settings.<sup>1</sup> In today's digital era, access to pornography has become very easy to obtain. Through the internet, With just a click, the consumer can indulge his fantasies in ways that would never be possible in real life, to the point of obscuring the passion for real sex itself with a potential for addiction considering the “triple A” influence (accessibility, affordability, anonymity)<sup>1</sup>

### 1. Differences and Overlaps between CSBD and Pornography Addiction

PPU falls into the category of behavioral addiction, which has similarities to other addictions such as gambling or internet addiction. Although not officially classified as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), pornography addiction has been recognized in the International Classification of Diseases (ICD-11) as part of Compulsive Sexual Behavior Disorder (CSBD)<sup>1</sup>

### 2. Prevalence and Demographics

Research consistently demonstrates that a substantial proportion of internet users regularly consume pornographic content. Studies reported prevalence rates for CSBD of 4.2–7% in men and 0–5.5% in women<sup>9,11</sup> and similarly for Problematic Pornography Use of 3–10% in men and from 1 to 7% in women.<sup>12–14</sup> A meta-analysis by Madigan et al. (2018) found that approximately 43% of adolescents had intentionally viewed pornography online, with rates significantly higher among males.<sup>15</sup>

The increased ease of access via smartphones and mobile applications has also contributed to more frequent use. A study indicated that over 60% of pornography viewers primarily use mobile devices, enabling discreet and on-demand access. Moreover, the Pornhub Insights report (2022) highlighted that mobile traffic accounts for over 85% of its global visits, illustrating the centrality of mobile technology in contemporary pornography consumption.<sup>10</sup>

In terms of gender differences, men are consistently found to consume pornography more frequently than women. Carroll et al. (2008) noted that 87% of college-aged men reported viewing pornography, compared to 31% of college-aged women, with frequency and duration also skewed higher among males.<sup>16</sup>

In Indonesia itself, data on the prevalence of PPU is still limited. However, several national surveys indicate that access to pornographic content, including by children and adolescents, is increasingly easy and widespread, especially through gadgets and social media. The lack of digital supervision, lack of sexual education, and social taboos attached to this topic are major challenges in measuring and addressing this phenomenon effectively

Furthermore, the overall scale of online pornography consumption is staggering. Estimated approximately 30% of all internet traffic is related to pornography, underscoring its prevalence and cultural saturation.<sup>17</sup>

### ***B. CSBD Impact on Mental Health***

Pornography addiction has a significant impact on an individual's psychological condition. Various studies have shown that compulsive and excessive use of pornography is closely related to increased symptoms of mental health disorders such as depression, anxiety, stress, self-image disorders, and feelings of guilt.<sup>6</sup> Perception of pornography dependency is a strong predictor of symptoms of depression and anxiety, even stronger than frequency of use. Individuals who feel "unable to stop" or have a sense of loss of control over their pornography use tend to experience greater emotional distress.<sup>6</sup> Anxiety can also arise from internal conflicts between personal values (eg religious values) and the behavior carried out, which in the literature is referred to as moral incongruence. This phenomenon can create a cycle of guilt and compulsive use that further worsens mental conditions.<sup>13</sup>

Neurologically, pornography addiction shows similar patterns to other addictions, such as increased tolerance, changes in the structure of the brain's reward system (especially dopamine), and withdrawal symptoms when not accessing pornographic content. This process can cause decreased sensitivity to natural stimuli, which ultimately worsens psychological conditions and reduces motivation in other aspects of life, such as work, education, and social relationships.<sup>18</sup>

To understand what might be happening in the brain with CSBD, especially how moral incongruence could increase sexual arousal, we need to understand how the brain controls sexual behavior. Sexual behavior involves both systems that excite and inhibit actions in the brain and spinal cord. This idea is known as the dual control model — where there's a balance between sexual desire and self-control. This system takes us through stages: from wanting, to doing, to feeling satisfied.

Certain chemicals like dopamine and melanocortin help activate sexual desire and focus attention on sexual cues. Other chemicals like oxytocin and noradrenaline help increase blood flow to the genitals, creating physical arousal. During sexual activity, the sympathetic nervous system eventually triggers climax. The feeling of orgasm is likely caused by endorphins (natural opioids), while the relaxed state afterward may be linked to serotonin.

As sexual activity continues, the body becomes more aroused. Eventually, the spinal cord sends a signal that causes orgasm, which the brain experiences as a strong pleasure. This pleasure is probably caused by the release of natural opioids, while the calming feeling that follows is likely caused by serotonin. This post-orgasm state helps stop sexual desire for a while — a natural "cool-down" period. The dopamine system in the brain helps drive motivation and craving, not just for sex, but for all types of rewards. It doesn't create the feeling of reward itself, but it helps us stay focused on things that we think will give us pleasure — like sex, food, or even music. Mesolimbic dopamine release can be phasic or tonic in response to cues, and these release patterns correspond in sexual behavior to appetitive and consummatory processes, respectively. Thus, in this conceptualization, seeking out stimuli associated with a goal would be an appetitive response, whereas acting on the goal once it is obtained would be a consummatory response.

Some cues are prepotent, produce arousal, and are innately preferred (eg, visual sexual cues depicting primary and secondary sex characteristics, beautiful faces/bodies, stimulating or comforting auditory cues, music that gives one "chills," certain food- or fluid-related cues, preferred pet animals, smells). Preference for other cues is learned through their pairing with and thus prediction of arousal and pleasurable gratification. Dopamine helps decide how powerful these cues are. In the brain, areas like the amygdala and nucleus accumbens become more active when we see things that we've learned will bring sexual pleasure. Brain scans show that people who report having problems with porn or compulsive sexual behavior react more strongly to these sexual cues than people who don't. Another thing that boosts dopamine is a reward prediction error, when the reward we expected is stronger, weaker, or different than we thought. When that happens, dopamine increases, and our brain starts looking for clues to explain the difference.

In CSBD, guilt or trying to avoid sex can actually make those sexual thoughts stronger. For example, if someone wants to avoid porn but sees something sexual, their dopamine may spike, leading to more intrusive sexual thoughts. In turn, sexual pleasure in these moments can become even more desirable, which creates a loop. This cycle of guilt and sexual pleasure can become a pattern. Even though guilt can stop certain behaviors in the short term, it might make things worse over time. That's because the brain learns that guilt predicts strong pleasure, which makes sexual thoughts even more exciting.

This creates what's called intermittent reinforcement, sometimes you avoid the behavior, and sometimes you give in. This pattern makes the behavior harder to stop because the brain keeps looking for that big reward again. What keeps sexual behavior from becoming a full-blown addiction like drugs is the brain's natural cooldown system after orgasm. This is known as refractoriness, where the body and brain become less responsive to sexual cues for a while. After orgasm, the spinal cord helps relax the body by letting blood flow away from the genitals. This causes a natural break where the person

can't get aroused again right away. In the brain, chemicals like opioids and serotonin are released. These reduce dopamine for a while, which helps stop further sexual craving. But over time, opioids can make the brain more sensitive to sexual cues, making those cues feel even more exciting in the future.

This refractory period (natural sexual "pause") happens after real-life sexual experiences, not after drugs or artificial brain stimulation. That's why people don't usually feel withdrawal after sex like they do with drugs. For someone who believes they have porn-induced erectile dysfunction, the problem may go away if they stop watching porn and give their brain time to reset. Once they recover from that constant stimulation, their brain becomes more responsive to normal sexual cues again.

Over time, sexual arousal can become weaker if someone follows the same routine too much. This is called habituation, the brain gets used to the same things and they stop feeling exciting. Dishabituation happens when a new or stronger sexual stimulus wakes up the brain again. But if someone spends too much time chasing more and more exciting material, and starts ignoring other needs in life (like relationships or responsibilities), the behavior can start to look like OCD or addiction.

This pattern is often driven by a strong dopamine response, especially when the brain is trying to fix a prediction error, when the expected reward isn't happening, so it keeps searching for something stronger. Drug withdrawal usually causes the opposite effects of the drug. For example, opioids numb pain. When someone stops taking them, they feel even more pain than normal. But with porn or sexual behavior, withdrawal doesn't work the same way. Instead of feeling weak or low, people may feel extra sexually aroused when they stop. People who stop using porn often report more sexual thoughts, stronger arousal, and less control over sexual urges, at least for a while. Although there are no a priori data predicting who will and will not display CSBD, some neuroanatomic correlates have emerged in brain studies of CSBD cases relative to non-CSBD cases. In addition to hyperresponsiveness of mesolimbic dopamine, there is a general finding that the regions in the left hemisphere that mediate excitation are hyperresponsive, whereas regions in the right hemisphere that mediate inhibition are hyporesponsive. This includes greater left amygdala volume in CSBDs and other OCDs and greater activation in the left striatum, inferior parietal lobe, dorsal anterior cingulate gyrus, thalamus, and dorsolateral prefrontal cortex in response to visual sexual stimuli in CSBDs relative to non-CSBDs

Conversely, more pornography consumption is correlated with lower right striatum volume (gray matter) and increased activation of the right striatum by visual sexual stimuli, although lower functional connectivity of the right striatum to the left dorsolateral prefrontal cortex is observed. However, it is not known whether functional differences in these neuroanatomic correlates mediate CSBD or hypersexual responses or whether they are caused by the experiential mechanisms previously described. Most important, finding increased activation of these sites or mesolimbic dopamine (DA) terminal regions, such as the nucleus accumbens, in response to visual sexual stimuli or fantasies is not by itself evidence of CSBD.

### ***C. Impact on Interpersonal Relationships***

Pornography addiction not only affects the individual's psychological condition, but also has a serious impact on interpersonal relationships, especially in the context of romantic relationships. Compulsive use of pornography can cause conflict, as well as disrupt emotional and sexual intimacy between partners.<sup>19</sup> Porn addiction can disrupt the process of forming and maintaining intimacy between partners. Individuals who are more sexually involved with pornographic content often become less emotionally involved with their partners. This creates emotional distance, reduces empathy, and weakens healthy interpersonal connections.<sup>6</sup>

In addition, sexual intimacy can also be disturbed. While some studies have found little evidence of the association between pornography use and sexual dysfunction,<sup>20</sup> others propose that the rise in pornography use may be the key factor explaining the sharp rise in erectile dysfunction among young people.<sup>1</sup>

Some partners of pornography addicts report that their partners show decreased sexual interest or experience sexual dysfunction, which is difficulty achieving satisfaction without visual stimulation from pornography, because when a user has conditioned his sexual arousal to Internet pornography, sex with real partners may register as "not meeting expectations", thus making all those dysfunction.<sup>18</sup>

The habit of secretly watching pornography often creates mistrust, feelings of betrayal, and suspicion in relationships, especially if the consumption is done secretly or is considered a form of "emotional infidelity." Some partners feel inadequate or replaced by the sexual object in pornography, which lowers self-esteem and increases relational conflict.<sup>21</sup>

#### ***D. Non-Adaptive Coping***

Some individuals use pornography as a way to escape negative emotions such as stress, anxiety, anger, or loneliness. This habit creates an unhealthy pattern of avoidance coping, where individuals prefer to avoid problems rather than face them directly. Using pornography as a means of emotional release risks worsening emotional dependency and limiting an individual's ability to build mental resilience.<sup>22</sup>

#### ***E. Clinical Implications***

##### ***1. Screening and Early Diagnosis of CSBD***

There are many screeners for uncontrolled sexual behavior. A very popular and clinically validated assessment is the Hypersexual Behavior Inventory-19 (HBI-19)<sup>23</sup> due to its development with and concordance with the criteria for Hypersexual Disorder. Another well-validated assessment of uncontrolled sexual behavior is the 13-item Compulsive Sexual Behavior Inventory (CSBI-13).<sup>24</sup> However, both the HBI-19 and CSBI-13 were developed before the CSBD criteria were proposed and include items that assess symptoms not included in the CSBD criteria. Another reported that another measurement tool that meets the ICD-11 CSBD criteria is the Compulsive Sexual Behavior Disorder Scale (CSBD-19).<sup>25</sup> In 2023, Grubbs et al. developed a concise, easy-to-administer, and quick-to-assess instrument that encompasses all symptoms of CSBD, called the Compulsive Sexual Behavior Disorder Diagnostic Inventory (CSBD-DI).<sup>26</sup>

##### ***2. Screening and Early Diagnosis of Pornography Addiction.***

Screening for problematic use of online pornography using the Problematic Pornography Use Scale,<sup>27</sup> Cyber-Pornography Use Inventory-4 (CPUI-4),<sup>28</sup> Brief Pornography Screen (BPS),<sup>29</sup> Problematic Pornography Consumption Scale-6 (PPCS-6).<sup>30</sup> Each of the above are well-validated brief screening measures intended to assess excessive, compulsive, or disordered pornography use, which is likely the most common form of compulsive sexual behavior.<sup>23,28</sup> The PPUS (12-item) has been widely used due to its coverage of key addiction components (i.e., salience, mood modification, conflict, relapse)<sup>31</sup> and its significant overlap with the proposed diagnostic criteria for hypersexual disorder<sup>32</sup> and CSBD.<sup>29</sup> The PPCS measures all six addiction factors (i.e., salience, mood modification, conflict, tolerance, withdrawal, relapse,<sup>33</sup> and provides a validated cutoff score to differentiate between problematic and non problematic pornography users. However, Fernandez and Griffiths (2019) outlined that the PPUS has strong psychometric properties, is smaller in number of items, assesses primary aspects of conflict (e.g., interpersonal) rather than secondary aspects (e.g., impact on sex life), and includes a question on “use despite harm,” which is considered the main definition of addiction. Based on these considerations, the PPUS scale was selected for psychometric evaluation for the assessment of problematic pornography use.<sup>31,33</sup>

##### ***3. Treatment***

CSBD is recognized as an impulse control disorder that manifests itself sexually. It deeply affects sexual well-being and the ability to form and maintain satisfactory emotional and sexual relationships; therefore, it should be treated with a trans-theoretical and multimodal approach to provide more holistic and individualized therapeutic care.<sup>9</sup> Clinicians have advanced several approaches to treatment that often integrate an eclectic strategy. These include Psychotherapy, Pharmacological approaches, and lifestyle changes (e.g., nutrition, physical exercise, adequate sleep).<sup>32</sup>

**Psychotherapy** treatment includes Mindfulness-Based Stress Reduction, Cognitive Behavioral Therapy (CBT), and neurofeedback. CBT is one of the most common and effective therapeutic approaches to treating behavioral addictions, including pornography addiction. It helps individuals identify dysfunctional thought patterns, modify irrational beliefs, and develop healthy coping strategies. CBT is also effective in managing emotional triggers such as stress, guilt, and anxiety that often underlie addictive behaviors.<sup>34</sup>

Mindfulness-based approaches teach individuals to recognize urges or impulses without immediately responding to them. Techniques such as mindful meditation and breathing exercises have been shown to reduce impulsive urges and increase self-awareness in the face of pornography urges.<sup>23</sup>

**Pharmacological** treatment of CSBD such as Selective Serotonin Re-uptake Inhibitors (SSRIs) that have been studied the most extensively; citalopram, sertraline and fluoxetine in particular have strong evidence bases. Naltrexone, an opioid antagonist, with doses ranging from 50 mg/day to 150 mg/day has earned some backing from existing evidence as have some mood stabilizing and anti convulsant drugs like Topiramate.<sup>35</sup>

**Couples or family therapy:** In cases where CSBD have significantly impacted intimate relationships or family dynamics, couples or family therapy can be valuable in addressing communication issues, rebuilding trust, and fostering healthier relationships.<sup>6</sup>

### III. CONCLUSION

Pornography addiction, the most common form of CSBD is a phenomenon that is increasingly gaining attention in psychology and interpersonal relationships, especially in the current digital era. This literature review shows that pornography addiction can have serious impacts on mental health, including increasing the risk of depression, anxiety, impaired self-esteem, and emotional coping dysfunction. In addition, this addiction also has negative impacts on interpersonal relationships, especially in the form of decreased relationship satisfaction, impaired intimacy, and increased conflict and distrust between partners. Based on many considerations, the PPUS scale was selected for psychometric evaluation for the assessment of Problematic Pornography Use. Treatment for CSBD including psychotherapy and pharmacological approach.

It is important to see pornography addiction not just as a moral or behavioral issue, but as a complex condition that requires an empathetic, scientific, and integrated approach from various disciplines.

### REFERENCES

- [1] Jacobs T, Geysmans B, Van Hal G, Glazemakers I, Fog-Poulsen K, Vermandel A, et al. Associations Between Online Pornography Consumption and Sexual Dysfunction in Young Men: Multivariate Analysis Based on an International Web-Based Survey. *JMIR Public Health Surveill.* 2021;7:e32542.
- [2] Keane H. Technological change and sexual disorder. *Addiction.* 2016;111:2108–9.
- [3] Harper C, Hodgins DC. Examining Correlates of Problematic Internet Pornography Use Among University Students. *J Behav Addict.* 2016;5:179–91.
- [4] Litras A, Latreille S, Temple-Smith M. Dr Google, porn and friend-of-a-friend: where are young men really getting their sexual health information? *Sex Health.* 2015;12:488–94.
- [5] Mennig M, Tennie S, Barke A. Self-Perceived Problematic Use of Online Pornography Is Linked to Clinically Relevant Levels of Psychological Distress and Psychopathological Symptoms. *Arch Sex Behav.* 2022;51:1313–21.
- [6] Tiwari S. Hypersexual Disorder: A Comprehensive Review of Conceptualization, Etiology, Assessment and Treatment. *Arch Pharm Pharm Sci.* 2023;007:054–63.
- [7] Mialon A, Berchtold A, Michaud PA, Gmel G, Suris JC. Sexual Dysfunctions Among Young Men: Prevalence and Associated Factors. *J Adolesc Health.* 2012;51:25–31.
- [8] Perrotta G. The Concept of “Hypersexuality” in the Boundary between Physiological and Pathological Sexuality. *Int J Environ Res Public Health.* 2023;20:5844.
- [9] Briken P, Bóthe B, Carvalho J, Coleman E, Giraldi A, Kraus SW, et al. Assessment and treatment of compulsive sexual behavior disorder: a sexual medicine perspective. *Sex Med Rev.* 2024;12:355–70.
- [10] Ballester-Arnal R, Castro-Calvo J, Giménez-García C, Gil-Juliá B, Gil-Llario MD. Psychiatric comorbidity in compulsive sexual behavior disorder (CSBD). *Addict Behav.* 2020;107:106384.
- [11] Bóthe B, Baumgartner C, Schaub MP, Demetrovics Z, Orosz G. Hands-off: Feasibility and preliminary results of a two-armed randomized controlled trial of a web-based self-help tool to reduce problematic pornography use. 2021 [cited 2025 Jun 10]; Available from: <https://akjournals.com/view/journals/2006/10/4/article-p1015.xml>
- [12] Bóthe B, Tóth-Király I, Potenza MN, Orosz G, Demetrovics Z. High-Frequency Pornography Use May Not Always Be Problematic. *J Sex Med.* 2020;17:793–811.
- [13] Grubbs JB, Kraus SW, Perry SL. Self-reported addiction to pornography in a nationally representative sample: The roles of use habits, religiousness, and moral incongruence. *J Behav Addict.* 2019;8:88–93.
- [14] Lewczuk K, Glica A, Nowakowska I, Gola M, Grubbs JB. Evaluating Pornography Problems Due to Moral Incongruence Model. *J Sex Med.* 2020;17:300–11.
- [15] Madigan S, Villani V, Azzopardi C, Laut D, Smith T, Temple JR, et al. The Prevalence of Unwanted Online Sexual Exposure and Solicitation Among Youth: A Meta-Analysis. *J Adolesc Health.* 2018;63:133–41.

- [16] Carroll J, Padilla-Walker L, Nelson L, Olson C, Barry C, Madsen S. Generation XXX: Pornography Acceptance and Use Among Emerging Adults. *Fac Publ [Internet]*. 2008; Available from: <https://scholarsarchive.byu.edu/facpub/4342>
- [17] Lim MSC, Agius PA, Carrotte ER, Vella AM, Hellard ME. Young Australians' use of pornography and associations with sexual risk behaviours. *Aust N Z J Public Health*. 2017;41:438–43.
- [18] Park B, Wilson G, Berger J, Christman M, Reina B, Bishop F, et al. Is Internet Pornography Causing Sexual Dysfunctions? A Review with Clinical Reports. *Behav Sci*. 2016;6:17.
- [19] Privara M, Bob P. Pornography Consumption and Cognitive-Affective Distress. *J Nerv Ment Dis*. 2023;211:641–6.
- [20] Landripet I, Štulhofer A. Is Pornography Use Associated with Sexual Difficulties and Dysfunctions among Younger Heterosexual Men? *J Sex Med*. 2015;12:1136–9.
- [21] Lambert NM, Negash S, Stillman TF, Olmstead SB, Fincham FD. A Love That Doesn't Last: Pornography Consumption and Weakened Commitment to One's Romantic Partner. *J Soc Clin Psychol*. 2012;31:410–38.
- [22] Vescan M, Flack M, Caudwell KM. Loneliness and problematic pornography Use: What is the role of emotion regulation and interaction with content Creators? *Addict Behav Rep*. 2024;19:100550.
- [23] Reid RC, Garos S, Carpenter BN. Reliability, Validity, and Psychometric Development of the Hypersexual Behavior Inventory in an Outpatient Sample of Men. *Sex Addict Compulsivity*. 2011;18:30–51.
- [24] Miner MH, Raymond N, Coleman E, Swinburne Romine R. Investigating Clinically and Scientifically Useful Cut Points on the Compulsive Sexual Behavior Inventory. *J Sex Med*. 2017;14:715–20.
- [25] Bóthe B, Potenza MN, Griffiths MD, Kraus SW, Klein V, Fuss J, et al. The development of the Compulsive Sexual Behavior Disorder Scale (CSBD-19): An ICD-11 based screening measure across three languages. *J Behav Addict*. 2020;9:247–58.
- [26] Grubbs JB, Reid RC, Bóthe B, Demetrovics Z, Coleman E, Gleason N, et al. Assessing compulsive sexual behavior disorder: The development and international validation of the compulsive sexual behavior disorder-diagnostic inventory (CSBD-DI). *J Behav Addict*. 2023;12:242–60.
- [27] Kor A, Zilcha-Mano S, Fogel YA, Mikulincer M, Reid RC, Potenza MN. Psychometric development of the Problematic Pornography Use Scale. *Addict Behav*. 2014;39:861–8.
- [28] Grubbs JB, Gola M. Is Pornography Use Related to Erectile Functioning? Results From Cross-Sectional and Latent Growth Curve Analyses. *J Sex Med*. 2019;16:111–25.
- [29] Kraus SW, Gola M, Grubbs JB, Kowalewska E, Hoff RA, Lew-Starowicz M, et al. Validation of a Brief Pornography Screen across multiple samples. *J Behav Addict*. 2020;9:259–71.
- [30] Bóthe B, Tóth-Király I, Demetrovics Z, Orosz G. The Short Version of the Problematic Pornography Consumption Scale (PPCS-6): A Reliable and Valid Measure in General and Treatment-Seeking Populations. *J Sex Res*. 2021;58:342–52.
- [31] Fernandez DP, Griffiths MD. Psychometric Instruments for Problematic Pornography Use: A Systematic Review. *Eval Health Prof*. 2021;44:111–41.
- [32] Reid R, Grubbs J, Kraus S. Prevention and Treatment of Sex Addiction. *Camb Handb Subst Behav Addict*. 2020;254–61.
- [33] Griffiths MD. The evolution of the 'components model of addiction' and the need for a confirmatory approach in conceptualizing behavioral addictions. *Dusunen Adam J Psychiatry Neurol Sci [Internet]*. 2020 [cited 2025 Jun 10]; Available from: <https://dusunenadamdergisi.org/article/26>
- [34] Schwebel FJ, Korecki JR, Witkiewitz K. Addictive Behavior Change and Mindfulness-Based Interventions: Current Research and Future Directions. *Curr Addict Rep*. 2020;7:117–24.
- [35] Sheffler ZM, Patel P, Abdijadid S. Antidepressants. In: *StatPearls [Internet]*. Treasure Island (FL): StatPearls Publishing; 2025 [cited 2025 Jun 10]. Available from: <http://www.ncbi.nlm.nih.gov/books/NBK538182/>