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РОЗДІЛ: СЕКСОЛОГІЯ ТА ГЕНДЕРНА ПСИХОЛОГІЯ

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HYPERSEXUALITY IN THE FORM OF PORNO ADDICTION: CLINICAL OBSERVATION

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The article reports on the categories, which are related to hypersexuality and contained in the International Classification of Diseases, 10th Revision (ICD-10) (1994), the American Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) and the ICD-11 project (Kraus Shane W. et al., 2018). Also, 4 conceptualizations of hypersexuality are named: obsessive-compulsive (Bancroft J., Vukadinovic Z., 2004), addictive (Carnes P., 1983), due to an impaired control of impulses (Kraus Shane W. et al., 2016) as well as associated with the persistent sexual arousal syndrome / the persistent genital arousal disorder and the restless genital syndrome (Kocharyan G.S., 2019). A clinical observation, made by the author, is presented; in his opinion, it corresponds with the model of hypersexuality as sexual addiction (porn addiction), though when comparing criteria of sexual addiction and compulsive disorder of sexual behaviour, which was included into the ICD-11 project (Kraus Shane W. et al., 2018), a conclusion can be drawn about their correspondence. During his first visit a 32-year-old man complained of continuously disturbing thoughts about sex and a difficult control of sex impulses, which were realized during masturbation, 80% of its cases occurring with use of Internet porn. He masturbated every day or on alternative days mostly at work, as he was alone at his place of work. He watched clips with different heterosexual plots (vaginal and oral sexual intercourses), sadomasochist and lesbian subject matters as well as clips where a woman copulated with a dog. Due to his problem, which appeared when he was 18, the patient felt constant depression since the age of 22. Interestingly, it was difficult for the patient to connect with females. His last sexual intercourse was at the age of 25. Hypnosuggestive therapy in the variant of programming was the basic method of treatment of the patient. Suggestions were made, they being focused on: reduction/elimination of the compulsion for masturbation and porn (particularly its non-normative variants); increase of the sexual drive to real women in real life; increase of a possible control over sexual addictive impulses; easiness in communication with women; mood improvement. All in all, 7 hypnosis sessions were conducted, as the patient could not continue his treatment due to objective reasons. It is noted that the patient had porn addiction, which was supported by his difficulty in connecting females. The above addiction was well controlled with help of hypnosuggestive therapy (the basic method of treatment) supplemented with reading of religious and philosophic literature, which made it possible to weaken addictive drives by distraction (an auxiliary therapeutic effect). The patient's set that it was necessary to keep almost complete sexual abstinence which, in his opinion, was useful for his organism, resulted in the situation that sexual drives and their realization, which appeared much less often than before the treatment and were even more than "within the normative line", were perceived by him as addictive, though really they were not any more. Due to an insufficient duration of the treatment one cannot exclude a possibility of the patient's gradual "sliding" into sexual addiction (porn addiction), this fact necessitating the control of his state.

KEY WORDS: hypersexuality, porn addiction, clinical observation, man, hypnosuggestive therapy.

The International Classification of Diseases, 10th Revision (ICD-10) (1994) has the category F52.7 – "Excessive sexual drive". Also, ICD-10 has the code F98.8 – "Excessive masturbation". The last American Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) (2013) does not contain any category that would correspond to excessive sexual drive. Nevertheless

there were suggestions to include hypersexual disorder as psychic pathology into the section of "Sexual Dysfunctions" of DSM-5, but it did not happen.

The ICD-11 project does not contain the diagnostic category "Sexual addiction" either. At the same time, the code 6C92 "Compulsive sexual behaviour disorder" (CSBD) was included into the

ICD-11 project; this disorder is characterized by a constant inability to control intense repeated sexual impulses or drives with resultant repeated sexual behaviour (Kraus Shane W. et al., 2018).

At present, there are several conceptualizations of pathologic hypersexuality: obsessive-compulsive (Bancroft J., Vukadinovic Z., 2004), addictive (Carnes P., 1983) and due to an impaired control of impulses (Kraus Shane W. et al., 2016). We have additionally isolated its conceptualization related to the persistent sexual arousal syndrome (PSAS) / persistent genital arousal disorder (PGAD) and restless genital syndrome (ReGS) (Kocharyan G.S., 2019).

In our opinion, each of the above conceptualizations (models) of pathologic hypersexuality is useful in certain cases as it characterizes better than others the state of the particular patient. It should be noted that these models can “cross” on one patient, their manifestations following one another in the dynamics of the course of hypersexuality (Kocharyan G.S., 2019).

Below we present our clinical observation that, as we believe, corresponds with the model of hypersexuality as sexual addiction (porn addiction), though when comparing criteria of sexual addiction and compulsive sexual behaviour disorder, which was included into the ICD-11 project, (Kraus Shane W. et al., 2016), we can draw a conclusion about their correspondence.

Patient T., aged 32, single, did not have a female sexual partner; had higher technical education; worked as a computer numerically controlled operator. He lived with his mother in a three-room flat. He sought medical advice on September 27, 2019.

Complaints and anamnesis. He complained of porn addiction as well as that he could not establish relations with women (it was difficult to get acquainted and maintain communication). He also felt anxious with constant thoughts about sex; it was difficult for him to suppress sexual impulses, which he realized via masturbation, it being combined with Internet porn in 80% of cases. He watched clips with different heterosexual plots (vaginal and oral sexual intercourses), sadomasochist and lesbian subject matters as well as clips where a woman copulated with a dog. When he watched sex with dogs, it resulted in the appearance of depression; therefore he tried to

restrain himself from watching such plots. As for clips with heterosexual content, women with any body build at the age of 20-40 years featured there. Mainly every day or on alternative days he masturbated to porn at work, as he was alone at his place of work and had much free time. At home, he masturbated once a week with involvement of sex fantasies. He intentionally disconnected Internet at home in order to control himself easier, though sometimes he connected it. Porn addiction, and sexual addiction in general, oppressed him that manifested with “depression”. He noted that he faced the above problem at the age of 18, when Internet appeared in his life. It was from that time that his attitude to the above addiction became negative.

He felt a constant feeling of depression since the age of 22, relating it to sexual addiction and a failure to get acquainted with a girl. His sleep was normal; after it he felt well-rested. He was calm, good-tempered and without any anxiety.

He had been *masturbating* since the age of 7. At first, he masturbated once a month. That frequency lasted till 18. Then he started masturbating once every 3 days. Later the frequency of masturbation depended on the fact how he managed to control his sexual impulses. He tried to reduce his masturbation frequency to once a month, but seldom succeeded in it. One time he refrained from masturbation during 45 days. Before he transferred to his last job (a little more than a month before) he masturbated more seldom, because there were not such conditions at work. Each masturbation lasted from 15 to 30 minutes, and 5-10 minutes later was followed with the first dry orgasm (at the age of 25 he learned to achieve an orgasm without ejaculation). During the whole period of masturbation he achieved 1-2 such orgasms. But if the desire existed he could ejaculate, as it depended utterly on him. He allowed himself to ejaculate once during half a year (he read in Internet that not to come was not harmful). He did not ejaculate as he believed that during ejaculation much energy was lost, and if he masturbated at work it additionally created problems with collection of sperm. He learned dry orgasm having read pertinent literature. At the moment of orgasm he contracted his pubococcygeal muscles, and no ejaculation occurred. During masturbation his erection was moderate; in his adolescence life it was better. The

more he refrained the better was his erection, even it could be full.

Nocturnal emissions were from his adolescence life.

The first ejaculation occurred at the age of 9 during masturbation, then “the first orgasm might happen”.

Platonic libido emerged at the age of 8. Then he fell in love with a girl, but never confessed his love to her. He tried to do it at the age of 12, but never did it. He told her, “Let’s be friends”, but the matter did not get any farther. He did not date her.

Erotic libido. He could not say exactly when it appeared.

Sexual libido. Fantasies about having a sexual intercourse developed in him from the age of 16 or so.

Erotic dreams. He remembered 3-5 such dreams during all his life. He did not remember when they appeared for the first time. At the age of 25 he had the following dream: “It was night, at a cemetery, under the moonlight; there was a grave there, and a young woman lay in it (neither dead nor alive). Behind her there was a cross. She sat up and asked him, “Why don’t you pay any attention to me?” Then she began to beat her back against the cross, and later her body broke into two parts at the level of her waist.” The woman (aged 20 to 30) wore a medieval dress. He kept that dream in mind very well. He did not remember any dreams at all after he was 25.

At the age of 14 he attempted to get acquainted with a girl, but the result was mixed, without any continuation. At the age of 18 he was dating a girl during 2 months. They kissed, hugged each other, but did not have any sexual intercourses. At the same age he tried to have a sexual intercourse with another girl of his age, but failed miserably because of absence of erection. He was not drunk and/or tired at that time, and he liked the girl. He got upset, but not too much. The girl comforted and cheered him up. She had a lot of sexual contacts before. At the age of 25 he got acquainted with a woman who was 7 years older than him. He was dating her for 5 months. During that time there were about 10 normal sexual intercourses. At the ages of 27 and 29 he tried to get acquainted with girls several times. Successful were the attempts, which took place in companies, but then he did not make any attempts to have a sexual intercourse. His last sexual intercourse occurred at the age of 25.

He explained the absence of his sex life by the fact that it was difficult for him to get acquainted with girls/women, “I don’t know what to tell them, it is difficult to put my feelings into words, and I don’t dare to approach them because I don’t know how to behave.”

He made a lot of attempts to get acquainted with help of dating sites. He dated girls/women about 10 times, but never got to a sexual intercourse. Once he got acquainted with a girl from another town. He went to her, she came to him, but without any sexual intercourses.

He did not smoke at the time of his visit. At the age from 8 to 16 he used to smoke or give up smoking. Up to the age of 12 he smoked without dragging. At first he smoked 3 cigarettes a day, and beginning from the age of 13-14 their number became 5. During two previous years he did not drink alcohol at all. Earlier he used to drink moderate amounts of alcohol, but not often. Between the ages of 18 and 30 approximately once a month he smoked cannabis that relaxed him, produced a flight of imagination and more vivid sensations during sexual daydreaming.

He got satisfactory and good grades at secondary and vocational schools, and had higher technical education (after extramural study).

His mother and father were always on bad terms, they often rowed with each other. The patient’s father was on bad terms with his father (the patient’s grandfather) too. The patient’s grandfather gave a bad time to his father, and once the latter said that if it went on he would kill the patient’s grandfather. When he was 15, his father left their family. His grandfather was captured by Germans. The patient did not know whether his grandfather was jailed later. After a long period of time his father and grandfather made up a quarrel. His father served a term of imprisonment during 2-3 years “for some trifle”. He committed suicide in 2016 (at the age of 73). His father felt like a failure and shunned by the patient’s mother. “His temper ranged from emotional abuse (he did not allow himself any physical coercion) to extremely ignominious sentimentality”. He abused his son (our patient) psychologically, they swore at each other. The patient was on good terms with his mother.

He refused having any chronic diseases; he did not have brain injuries.

Objective data. His height was 175 cm, the body mass was 68 kg, he was normosthenic; his

pubic hair growth corresponded to 6 points (by G.S. Vasilchenko's scale of vector determination of sexual constitution). The size of his penis and testes was normal, the glans penis easily opened. The scrotal folds and pigmentation were sufficient. On palpation, the epididymides were painless and not indurated.

Recommendations: hypnosuggestive and behavioural (use of unpleasant sounds, if addictive drives appeared) therapy.

3.08.2019. During the period after his initial examination he watched porn, but did not masturbate. We discussed how one should get acquainted with women. The following additional information was received. When he was born his father was 43, and his mother was 36; a caesarian section was used, but without any complications during delivery, he was born healthy. His father and other immediate family members were not followed up by psychiatrists (though it is worth reminding that the patient's father committed suicide).

3.08.2019. The 1st session of hypnosuggestive therapy was conducted. The made suggestions were focused on reduction and elimination of the compulsion for masturbation and porn (particularly its non-normative variants); increase of the sexual drive to real women in real life, it inclining towards caresses and kisses and having a sexual intercourse with them; increase of a possible control over sexual addictive impulses; mood improvement; easiness in communication with women and men.

10.08.2019. Next day after the first session of hypnosis (5.08.2019) the patient had an addictive relapse: he masturbated to porn, but used normative heterosexual clips. The desire to masturbate to porn appeared every day, but it was weak. The patient noted that the intensity of his desire depended upon the period of abstinence. Unpleasant sounds (the file "Ten hours of a continuous repair") were of little help, though he used to listen to them during 10-15 minutes). But he reported that reading of historical and religious literature was very helpful. He had been keen on such subjects for a long period of time. After the 1st session of hypnosis it became a little easier to control his sexual addictive impulses. It was recommended to allow himself to masturbate once a week and, finally, ejaculate at least every second time (after dry orgasm). It was recommended to use normative heterosexual plots-fantasies rather than porn, because "it cannot be

taken with you to bed". That suggestion did not produce a positive response of the patient, as he intended to exclude masturbation completely, though he did not have any female sex partners. In order to distract from sexual addictive impulses, another recommendation consisted in reading books that helped him in it and, besides, in choosing the most unpleasant concrete sounds rather than all sounds from the file "Ten hours of a continuous repair".

10.08.2019. The 2nd session of hypnosuggestive therapy was conducted. The same suggestions, as during its first session, were made.

17.08.2019. He noted that within a week before he came once during masturbation (he masturbated at home). He did not use porn, but used heterosexual fantasies. Second time he masturbated at work (he could not restrain himself) to heterosexual porn, but without both orgasm and ejaculation (he did not drive himself to orgasm). He said that after the beginning of his treatment it became easier to restrain his sexual impulses, and it resulted in a decreased frequency of acts of masturbation.

17.08.2019. The 3rd session of hypnosuggestive therapy was conducted. Suggestions were focused on elimination of the drive to masturbation and use of porn; acquisition of control over sexual impulses; mood improvement; easiness in communication with people (women and men) combined with confidence and feeling of comfort. It was emphasized that people needed communication that enjoyed them.

24.08.2019. On Monday (19.08.2019) he watched normative heterosexual porn, but did not masturbate (it was at work). On the day of his visit he masturbated taking a shower to normative heterosexual fantasies. During that week sexual compulsions for masturbation came more seldom and were less intense. Yet he was not comfortable with the fact that he masturbated once a week, though I told him that it was normal. He wanted to reduce the frequency of masturbation to once a fortnight.

24.08.2019. The 4th session of hypnosuggestive therapy was conducted. The made suggestions were focused on elimination of his drive to masturbation and watching of porn materials; acquisition of control over sexual addictive impulses, strengthening of his willpower that would make the above possible; mood improvement;

easiness in communication with women, including those whom he considered as potential sex partners; confidence that he deserved them and could convey that message to them in communication.

31.08.2019. During the previous week he watched classic heterosexual porn only once at work, but did not masturbate even one time. He noted that sexual impulses emerged more seldom, with less intensity and were significantly controlled. After our talk about a possible harm of a total block of the onset of ejaculation during masturbation and that it was quite reasonable to masturbate once a week, as there were no sexual intercourses with women, the patient said again that it was reasonable for him to masturbate with subsequent ejaculation not oftener than once a fortnight.

31.08.2019. The 5th session of hypnosuggestive therapy was conducted. The same suggestions, as during the previous session, were made.

7.09.2019. During the past week no addictive relapses occurred. He did not masturbate. Mild addictive impulses took place two times, but he coped with them relatively easily. He did not watch porn. He noted that he did not sleep well; it was caused by the fact that his employer did not want to pay taxes for him and therefore did not put him officially on the staff, though offered a place on programming courses (on the job) as well as to pay for the training, which cost much. The patient said about his heavy utility payments. He was dissatisfied that he did not receive a subsidy at that time, because he was not put officially on the staff. Before, when he worked in other organizations, he received a subsidy. Then he was put officially on the staff.

7.09.2019. The 6th session of hypnosuggestive therapy was conducted. The same suggestions, as during the previous session, were made, but besides they were supplemented with a suggestion focused on getting rid of anxiety and nervousness, saturation of the organism with rest, its therapeutic action and normalization of nocturnal sleep.

14.09.2019. During the past week he masturbated once on 8.09.2019 to normative heterosexual fantasies, and on 10.09.2019 watched normative heterosexual porn, but did not masturbate. As for the above mentioned situation at work, he resigned himself to it. His sleep improved a little, as besides the suggestions made during the previous hypnosis session he followed our

recommendation and began taking 2 pills of valerian before going to bed.

14.09.2019. The 7th session of hypnosuggestive therapy was conducted. The same suggestions, as during the fourth session, were made together with a suggestion focused on saturation of the organism with rest, fixing its therapeutic influence on the organism and normalization of nocturnal sleep. Besides, it was suggested that in communication with the women whom he regarded as possible sex partners he was calm, self-confident and felt comfort.

28.09.2019. A telephone conversation. During two previous weeks "there was a relapse" in the form of masturbation, using normative heterosexual porn, with ejaculation. It was a week before. Also one day within the period after 14.09.2019 he additionally watched the same kind of porn one time, but it was not accompanied by masturbation. He noted that addictive impulses increased a week after the session of hypnosuggestive therapy, but their intensity was considerably less than before the start of treatment and he could control them. He informed that he could not visit the physician any more due to objective reasons.

30.10.2019. A telephone conversation. During the previous month he masturbated twice and finished with ejaculation. Periodically sexual "addictive" drives appeared, but he easily coped with them. He said that his "addiction" was on the decline.

Thus, the patient had porn addiction, which was supported by a difficulty in connecting females. The above addiction was well controlled with help of hypnosuggestive therapy (the basic method of treatment) supplemented with reading of religious and philosophic literature, which made it possible to weaken addictive drives by distraction (an auxiliary therapeutic effect). The patient's set that it was necessary to keep almost complete sexual abstinence which, in his opinion, was useful for his organism, resulted in the situation that sexual drives and their realization, which appeared much less often than before the treatment and were even more than "within the normative line", were perceived by him as addictive, though really they were not any more. Due to an insufficient duration of the treatment one cannot exclude a possibility of the patient's gradual "sliding" into sexual addiction (porn addiction), this fact necessitating the control of his state.

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ГИПЕРСЕКСУАЛЬНОСТЬ У ФОРМІ ПОРНОАДИКЦІЇ: КЛІНІЧНЕ СПОСТЕРЕЖЕННЯ

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У статті повідомляється про рубрики, що мають відношення до гіперсексуальності, які містяться в Міжнародній класифікації хвороб 10-го перегляду (МКХ-10) (1994), американському діагностичному і статистичному посібнику по психічним розладам 5-го перегляду (2013) і проєкті МКХ-11 (Kraus Shane W. et al., 2018). Також названі 4 концептуалізації гіперсексуальності: obsесивно-компульсивна (Bancroft J., Vukadinovic Z., 2004), адиктивна (Carnes P., 1983), зумовлена порушенням контролю імпульсів (Kraus Shane W. et al., 2016), а також пов'язана з синдромом постійного сексуального збудження / розладом у формі постійного генітального збудження і синдромом роздратованих геніталій (Кочарян Г.С., 2019). Наведено клінічне спостереження автора, яке, на його думку, кореспондується з моделлю гіперсексуальності як сексуальної адикції (порноадикції), хоча при порівнянні критеріїв сексуальної адикції і критеріїв компульсивного розладу сексуальної поведінки, який увійшов у проєкт МКХ-11 (Kraus Shane W. et al., 2018), можна зробити висновок про їх відповідність. При первинному зверненні чоловік 32 років пред'являв скарги на постійні думки про секс, які його турбують, труднощі контролю сексуальних імпульсів, що реалізуються при мастурбації і в 80% випадків здійснюються з використанням інтернет-порно. Мастурбує щодня або через день в основному на роботі, так як на робочому місці знаходиться один. Дивиться ролики з різними гетеросексуальними сюжетами (вагінальні і оральні статеві акти), садомазохістською і лейсбійською тематикою, а також ролики, де жінка здійснює статевий акт з собакою. У зв'язку зі своєю проблемою, яка виникла в 18 років, з 22 років відзначає постійне відчуття депресії. Звертає на себе увагу те, що хворому важко встановлювати контакти з особами жіночої статі. Останній статевий акт був у 25 років. Основним методом лікування цього пацієнта була гіпноугестивна терапія, яка проводилася в варіанті програмування. Робилися навіювання, спрямовані на зменшення / ліквідацію тяги до мастурбації і порно (особливо до його ненормативних варіантів); посилення сексуального потягу до реальних жінок у реальному житті; посилення спроможності контролю сексуальних адиктивних імпульсів; легкість спілкування з жінками; поліпшення настрою. Всього було проведено 7 сеансів гіпнозу, так як з об'єктивних причин хворий не зміг продовжити лікування. Відзначається, що у пацієнта мала місце порноадикція, яка підтримувалася труднощами встановлення ним контактів з особами жіночої статі. Дана адикція добре купірувалася за допомогою гіпноугестивної терапії (основний метод лікування), що доповнювалося читанням літератури релігійно-філософського змісту, яка дозволяла послаблювати адиктивні спонукання шляхом переключення уваги (допоміжний терапевтичний вплив). Установка пацієнта на необхідність дотримання практично повного сексуального утримання, яке, на його думку, є корисним для організму, призвела до того, що сексуальні спонукання і їх реалізація, які стали виникати у нього набагато рідше, ніж до лікування, і більш ніж «вклалися в нормативний ряд», сприймалися ним як адиктивні, хоча насправді такими вже й не були. У зв'язку з недостатньою тривалістю лікування не можна виключити можливість поступового «сповзання» пацієнта в сексуальну адикцію (порноадикцію), що диктує необхідність контролю його стану.

КЛЮЧОВІ СЛОВА: гіперсексуальність, порноадикція, клінічне спостереження, чоловік, гіпноугестивна терапія.

ГИПЕРСЕКСУАЛЬНОСТЬ В ФОРМЕ ПОРНОАДИКЦИИ: КЛИНИЧЕСКОЕ НАБЛЮДЕНИЕ

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В статье сообщается о рубриках, имеющих отношение к гиперсексуальности и содержащихся в Международной классификации болезней 10-го пересмотра (МКБ-10) (1994), американском диагностическом и статистическом руководстве по психическим расстройствам 5-го пересмотра (2013) и проєкте МКБ-11 (Kraus Shane W. et al., 2018). Также названы 4 концептуализации гиперсексуальности: obsесивно-компульсивная (Bancroft J., Vukadinovic Z., 2004), аддиктивная (Carnes P., 1983), обусловленная нарушением контроля импульсов (Kraus Shane W. et al., 2016), а также связанная с

синдромом постоянного сексуального возбуждения / расстройством в форме постоянного генитального возбуждения и синдромом раздраженных гениталий (Кочарян Г.С., 2019). Приведено клиническое наблюдение автора, которое, по его мнению, корреспондируется с моделью гиперсексуальности как сексуальной аддикции (порноаддикции), хотя при сравнении критериев сексуальной аддикции и компульсивного расстройства сексуального поведения, вошедшего в проект МКБ-11 (Kraus Shane W. et al., 2018), можно сделать вывод об их соответствии. При первичном обращении мужчина 32 лет предъявлял жалобы на беспокоящие его постоянные мысли о сексе и трудность контроля сексуальных импульсов, которые реализуются при мастурбации, в 80% случаев осуществляемой с использованием интернет-порно. Мастурбирует ежедневно или через день в основном на работе, так как на рабочем месте находится один. Смотрит ролики с различными гетеросексуальными сюжетами (вагинальные и оральные половые акты), садомазохистской и лесбийской тематикой, а также ролики, где женщина осуществляет половой акт с собакой. В связи со своей проблемой, которая возникла в 18 лет, с 22 лет отмечает постоянное чувство депрессии. Обращает на себя внимание то, что больному трудно устанавливать контакты с лицами женского пола. Последний половой акт был в 25 лет. Основным методом лечения этого пациента была гипносуггестивная терапия, которая проводилась в варианте программирования. Делались внушения, направленные на: уменьшение/ликвидацию тяги к мастурбации и порно (особенно к его ненормативным вариантам); усиление сексуального влечения к реальным женщинам в реальной жизни; усиление возможности контроля сексуальных аддиктивных импульсов; легкость общения с женщинами; улучшение настроения. Всего было проведено 7 сеансов гипноза, так как по объективным причинам больной не смог продолжить лечение. Отмечается, что у пациента имела место порноаддикция, которая поддерживалась трудностью установления им контактов с лицами женского пола. Данная аддикция хорошо купировалась с помощью гипносуггестивной терапии (основной метод лечения), что дополнялось чтением литературы религиозно-философского содержания, позволявшей ослаблять аддиктивные побуждения путем переключения внимания (вспомогательное терапевтическое воздействие). Установка пациента на необходимость соблюдения практически полного сексуального воздержания, которое, по его мнению, является полезным для организма, привела к тому, что сексуальные побуждения и их реализация, которые стали возникать у него гораздо реже, чем до лечения, и более чем «укладывались в нормативный ряд», воспринимались им как аддиктивные, хотя на самом деле таковыми уже и не являлись. В связи с недостаточной продолжительностью лечения нельзя исключить возможность постепенного «сползания» пациента в сексуальную аддикцию (порноаддикцию), что диктует необходимость контроля его состояния.

КЛЮЧЕВЫЕ СЛОВА: гиперсексуальность, порноаддикция, клиническое наблюдение, мужчина, гипносуггестивная терапия.
