



Pornography Addiction in Adolescent Boys: A Case Report

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Abstract

Background: Pornography addiction is the act of repeatedly seeing something that stimulates sexual desire and losing self-control to stop it. Today, with the rapid development of internet technology, teenagers find it easy to access pornographic sites and watch content that leads to pornography addiction. Behavioural addiction to pornography has been linked to anxiety problems, mood disorders, and stress.

Case Report: We identified a case of pornography addiction in a 17-year-old boy. In the last 1.5 years, the patient often watched pornographic videos, which resulted in the patient spending most of his time alone in his room. He also rarely sleeps, is not enthusiastic, does not socialize with family and friends, is irritable, lazy at school, and has poor concentration and academic performance. The patient cannot break the habit, and when he does not watch graphic porn, he feels anxious and keeps thinking about it. According to the patient, this is disturbing, but the patient cannot stop it.

Pornography addiction is the repetitive viewing of things that stimulate sexual desire and loss of self-control, which may be clinically significant distress or impairment in social work or other important areas of functioning. We concluded that watching porn videos predisposes patients to develop pornographic addictive behaviours. Therapy is effective and aggressively promises to reduce the problem.

Discussion: This diagnosis is confirmed in the interview. In the last 1.5 years, the patient often watched pornographic videos. Initially, patients only watch pornography videos for 1 hour per day. Over time, the viewing duration becomes 4-6 hours during the day and also at midnight between 3-6 a.m. or when the patient is alone in the bathroom. Patients often masturbate while watching pornographic videos. The patient finds it difficult to stop his habit; he begins to feel anxious because he keeps thinking about watching pornographic videos when he is not watching pornographic videos, which causes disturbances in sleep, concentration, and academic performance. The patient finds it difficult to stop his habits, causing problems with anxiety, mood disorders and stress. The patient was then treated with cognitive behavioural therapy.

Keywords: *Compulsive Pornography, Teen, Internet*

Introduction

Adolescence is the stage of life from childhood to adulthood, roughly between the ages of 10-19 years [1], [2]. The development that occurs is physical and emotional [3]. In the development of adolescence, several positive and negative behaviours result from the transition from childhood to adulthood. At this time, adolescents are also looking for an identity [4], [5]. Adolescents also have a high curiosity, one of which is related to sexuality. In addition, the current era of globalization has made it easier to access anything so that teenagers can access sexual video content or graphic porn [5]. In Indonesian Law number 44 of 2008 concerning pornography, pornographic content includes images, sketches, illustrations, photos, text, sounds, moving images, animations, cartoons, conversations, body movements or other forms of messages containing obscene acts or sexual exploitation that violates social norms and causes immorality [5]. Research conducted shows that there is a significant relationship between mental health and watching pornography [6], [7]. Addictive behaviours alter the brain and body, causing a person to feel compelled to continue using a substance or engage in dopamine-related activities [8]. Studies using magnetic resonance imaging (MRI) have shown that in patients who cannot control their sexual behaviour, the superior frontal area associated with addiction does not function and has difficulty when not allowed to do so. Graphic addiction is associated with anxiety, substance use, and sexual dysfunction [10].

Case Report

The patient is a 17-year-old male, unmarried, Javanese, with a high school education, and is not currently working. The patient was taken to hospital for the main reason that the patient often watched pornographic videos. This habit has been going on for 1.5 years, so the patient often spends time alone in his room, rarely sleeps, fights with his parents, is irritable, lazy at school, experiences a decline in performance and has difficulty concentrating. The patient's mother knows about the patient's habit of watching pornographic videos and feels suspicious of the patient, who rarely leaves his room. At one time, the patient's mother checked into the patient's room and found the patient watching pornographic videos. The patient's mother also checked the patient's cellphone and found pornographic videos and a history of pornographic sites on the patient's internet browser. The patient's mother also said that since the patient became addicted to watching pornographic videos, the patient often became alone in the room, irritable, did not care about the environment, was not enthusiastic, was irritable and was afraid of other people seeing his cell phone. The patient's mother also received reports from teachers at school that the patient's performance had decreased, and he often fell asleep in class and lacked concentration, so he often failed exams. His teacher also said that the patient became a loner at school and did not want to hang out with his friends. The patient said that he started watching pornographic videos by accident when he saw a pornographic advertisement on a website. The patient then felt curious and watched the pornographic video. Initially, he only watched porn videos for 1 hour per day; then gradually increased to 4-6 hours per day. The patient watches pornography during the day, in the middle of the night, or when the patient is alone in the bathroom. Patients frequently masturbate when viewing pornographic videos. The patient finds it difficult to stop this habit and continues to think about pornographic videos when he is not watching pornographic videos. The patient has no history of physical illness related to psychiatric disorders. During the psychiatric examination, the patient appeared unkempt and seemed unable to care for himself. The patient's psychomotor activity was normoactive, with a normal gait and normal body posture. Patient conversation is normal, productivity is average, and conversation content is relevant. The patient's attitude towards the examiner is cooperative. During examination, the patient's mood was euthymic with appropriate affect. General thought disorder and specific thought disorder were not found. The patient was found to have compulsive thinking. The patient's concentration and numeracy skills are impaired. The patient also experienced immediate memory impairment. However, the patient's impulse control was not impaired.

Discussion

The diagnosis of pornography addiction can be made from interviews with patients. In this case, the patient has frequently watched pornographic videos for the last 1.5 years. Initially, the patient only watched pornographic videos for about 1 hour a day, but over time, the patient's viewing duration increased to 4-6 hours per day. Patients also often masturbate while watching pornographic videos. Patients suffering from pornography addiction often have difficulty breaking the habit. Patients with this disorder also often feel anxious because they think about watching pornographic videos constantly when they are not watching pornographic videos. This disorder can also cause impaired social relationships, decreased concentration, irritable mood, decreased performance, and social withdrawal. People with this disorder often struggle to stop their habit; they tend to feel anxious when not watching pornographic videos. This disorder can then cause problems related to anxiety, mood disorders and stress. In this case, the patient is treated with cognitive behavioural therapy focusing on the symptoms. CBT can increase patient motivation to stop watching pornographic videos, choose the age to engage in sexual behaviour for the first time, reduce self-isolation, and engage in sexual abstinence.

Conclusion

Pornography addiction refers to repetitive viewing of sexually stimulating things and loss of self-control to prevent sexual desire, which can lead to clinically significant distress or impairment to social functioning, work, or other important areas. We concluded that watching pornographic videos resulted in addictive pornographic behaviour in patients. Cognitive behavioural therapy promises to reduce patient complaints.

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