

Is sexual craving a sign of sex addiction?

There is increasing recognition of the significance of craving in the addiction field; however, there are differences between substance and behavioural cravings, such as sexual cravings. Further research is needed to quantify and differentiate between egodystonic and egosyntonic cravings, and psychophysiological measures could provide a deeper understanding of behavioural cravings. Pleasure and its relevance to addiction has been overlooked in mental health research and requires more attention.

Craving has a very long history in the addiction field. In the early days, many authors questioned the relevance of the craving concept for addictive behaviours [1, 2]. After decades of research into craving, however, studies have increasingly demonstrated the relevance of this concept for addictive behaviour. It is, for example, currently part of the DSM criteria [3, 4], and many studies have shown that craving is an important predictor of relapse [5, 6]. However, there are still many issues that are not fully understood or addressed. One such issue is whether craving for substances is similar in nature to craving associated with behavioural addictions. Miele and colleagues [7] ask an important but scarcely addressed question: what about behavioural cravings such as sexual cravings?

Although, as Miele *et al.* show, there are many similarities between substance craving and sexual craving, there are also differences. Unlike alcohol and drug addiction, sexual addiction has different characteristics because sexual desire is also, at least for most people, a normal and healthy behaviour. The authors aptly introduce the term 'egodystonic' to address this issue. I assume they are referring to desires that conflict with an individual's ideal self-concept. I would argue that future research should explore possible ways of further quantifying this construct. Is there really a difference between egodystonic or problematic cravings and egosyntonic or non-conflicting cravings? Are there mere quantitative differences in terms of frequency and intensity or are there also qualitative differences? I predict that it will be difficult to differentiate between egodystonic and egosyntonic sexual craving, especially in the field of sexual violence, where it is likely that craving will be presented as egodystonic. As sexual craving is still taboo and there are possible legal consequences, it will be unlikely that self-reports alone could reveal meaningful insights into this particular topic. For example, a sexual offender is likely to explain the offence by pointing towards an egodystonic ('I was not myself') rather than an egosyntonic mechanism.

Psychophysiological measures, such as electroencephalography (EEG) and functional magnetic resonance imaging (fMRI), could be employed to gain a richer understanding of the nature of behavioural cravings, including sexual craving. Although it is tempting to look for similarities, there is work showing remarkable differences between the psychophysiology associated with sexual craving and that associated with alcohol and drug craving. One notable difference was found in a study by Prause and colleagues [8], who found opposite results to the addiction models. That is, participants with problematic and 'excessive' viewing of visual sexual stimuli, who were reported to have higher sexual desire, had lower EEG responses to sexual images compared to non-sexual images. This may indicate some kind of habituation to addictive sexual stimuli rather than a sensitization, as seen in other addictions. The similarities and dissimilarities between problematic substance use and sexual addiction clearly need to be clarified.

Pleasure in general, including sexual pleasure, is poorly understood. Pleasure and pain play a fundamental role in motivating human behaviour. While pain and anxiety are extensively studied in psychology, pleasure is often neglected. The study of (lack of) pleasure has been largely overlooked in mental health research, including addiction. The challenge is to clearly define healthy/normal and distinguish it from unhealthy/problematic. Understanding these differences in the concept of pleasure is crucial to understanding complex human behaviours and disorders such as drug, alcohol and sexual addiction.

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Behavioural addictions, craving, pleasure, psychophysiology, reward, sexual addiction

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