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LETTER TO THE EDITOR

CAN WE CONSIDER SEXUAL ADDICTION AS AN ADDICTIVE DISORDER?

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In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (APA 2013), the absence of a sexual addiction category within the "Substance-Related and Addictive Disorders" section is noteworthy. Schmidt (1992) stated that there are "*no scientific data to support a concept of sexual behaviour that can be considered addictive*". However, clinical descriptions of sexual addiction are growing. Moreover, many clinicians have observed common psychological and behavioural features (e.g., impulsivity, tolerance, and compulsivity) in both sexual and drug addicts.

According to Aviel Goodman, the term "sexual addiction" adequately describes a specific psychopathological subtype of the category of more general addiction disorder. This specific addictive category could be distinguished from similar syndromes characterised by abnormal sexual behaviours, such as hypersexuality, paraphilia, and perversions. Aviel Goodman (2001) defines sexual addiction as a particular behaviour that "(1) feels driven, (2) entails harmful or unpleasant consequences, (3) functions to reduce anxiety or other painful effects, and, unlike compulsive behaviour, (4) functions to produce pleasure or gratification. It can be argued that 'addiction' is the term that fits this description best. Drug addiction, for example, has the characteristics of feeling driven, entailing harmful consequences, and functioning both to relieve painful effects and produce pleasure" (p. 193).

Some researchers (Quadland 1985) prefer to use the term "sexual compulsivity", while Barth and Kinder (1987) proposed the term "sexual impulsivity".

Interestingly, Coleman and colleagues (2003) consider sexual addiction as a variant of obsessive-compulsive disorder (OCD). Following the footsteps of Goodman (2001, 1990), sexual obsessions, compulsions, and impulses may be categorized as obsessive-compulsive disorders (OCDs), especially if they are considerably different from sexual addiction. Indeed, in OCD, sexual obsessions—most often sexual fantasies—are generally not present; however, fears of acting on sexual impulses and anxiety about sexuality, which often require a (compulsive) control of sexual drive, are common in OCD. On the other hand, obsessions, compulsions, and impulses in sexual addiction are characterised by psychosomatic processes that are not linked to sexual pleasure. We agree with Goodman (2001), who proposes that this confusion between obsession, compulsion and impulsion in OCD and obsession, compulsion and impulsion in addictions is due to an unclear definition of addiction, or addictive disorder. One possible reason for this confusion is the lack of a clear distinction between addiction and drug dependence.

The lack of a clear distinction between addiction and drug dependence is indicated by the fact that two typical characteristics of drug dependence in the DSM-5 are withdrawal and tolerance, and several psychobiological studies have attributed little significance to these two physical features. For Aviel Goodman (2001), either withdrawal or tolerance is necessary but not sufficient for defining an addictive behaviour. Characteristics that are sufficient and necessary for identifying an addictive behaviour "are the (1) recurrent failure to control the use of one or more drugs and (2) continuation of drug use, despite substantial harmful consequences" (p. 195).

In our point of view, a diagnosis focused on these two physical features can be misleading because they suggest a strong association of the construct of addiction, excluding behavioural addictions (e.g., sexual addiction), with the use of some substances. Also, in behavioural addictions, these features are generally missing. Thus, a reformulation of addiction may be important for clarifying the involvement of these two physical features in addiction.

In line with this, Caretti and Craparo (2009) have proposed to link the term "addiction" to a feeling of irrepressible desire (craving) and uncontrollable need to repeat an act in a compulsive manner. It is well known that a craving is considered as a "syndromic base condition of the addiction, characterised by an appetitive urgency of pleasure seeking and an irreducible acting out, even if detrimental to the subject him/herself; or a visceral and overwhelming 'hunger' that underestimates the risks

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and neglects the possible negative consequences. The craving includes the following features: (1) the positive representations linked to the pleasure of the dependences, (2) the negative and painful representations of the abstinence, and (3) the positive representations of the reduction of the anxiety and the dysphoric mood with the acting out of the addiction behaviour" (Caretti et al. 2010). Caretti and Craparo (2009) have also proposed the following three diagnostic criteria for all types of addictions, including both the traditional drug addictions and behavioural addictions: **Obsessionality**: a) recursive thoughts and images concerning the dependence experiences or the ideations related to the dependence (e.g., excessive absorption in relieving past dependence experiences or in day dreaming or in planning future experiences of dependence). **Impulsiveness**: a) restlessness, anxiety, irritability, or nervousness when it is not possible to enact the dependence behaviour; b) recurrent failure to withstand and regulate the desire of the dependence and the impulses to put the behaviour of depression into act. **Compulsivity**: a) repetitive behaviours of dependence that the person feels forced to enact, even against his/her own will, despite the possible negative consequences of those behaviours, as a result of the recurrent fantasies of dependence and of the deficit in impulse control; b) compulsory behaviours or actions of dependence are directed towards avoiding or preventing states of uneasiness or relieving a dysphoric mood (e.g., feelings of impotence, irritability, inadequacy).

This description of addiction is focused on different psychological features: early trauma, alexithymia, and a tendency to dissociation. From this perspective, in sexual addiction (and in almost all types of addiction), "chronic relational traumatic experiences (e.g., emotional neglect) can lead to the structuring of unnameable and unsymbolized emotions residing in implicit memory that, when triggered by stressful conditions, elicits a state of disorientation, physiological hyperactivity, and inexplicable pain. This distressed state leads the patient to implement sexual behaviour of a dissociative nature. The reference to early trauma is therefore critical in the understanding of the aetiopathogenesis of sexual addiction" (Craparo 2014).

As sustained by Caretti and Craparo, obsessiveness, impulsiveness, and compulsiveness factors are expressions of a dissociative reaction linked to sexual addictive behaviour in individuals with alexithymic pathological traits. From this perspective, it is possible to assume the importance of the construct of sexual addiction for clinical treatment, which should help the patient to modulate his/her own traumatic emotions: modulation of affects is associated with a significant reduction of addictive behaviours (Craparo et al. 2014, Faraci et al. 2013). On the basis of these considerations, the inclusion of the diagnostic category of sexual addiction in one of the most widely used diagnostic systems (the APA's DSM-5, 2013) would appear to be necessary

Furthermore, a reformulation of the diagnostic criteria of addictions is needed to improve the treatment of these disorders and to enhance the effectiveness of the work being carried out in the field of mental health.

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