

CASE REPORT

Phone Sex, Masturbatory Behaviour and Erectile Dysfunction: A Case Report on Pornography Addiction

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ABSTRACT

Pornography use is becoming more prevalent in the modern society. With the advent of internet and smartphone, pornography is more readily accessible and easily available than ever. Pornography use is commonly linked to negative effects such as marital disharmony, strained relationships and sexual dysfunction (SD). However, benefits of pornography had also been reported, for example in sexual education and as an adjunct therapy in the treatment of SD. We reported a case of a married man with excessive pornography use and sexting. His pornography addiction led to excessive masturbation during phone sex with random women he met online and inability to have satisfactory sexual intercourse with his wife. His idea of "fantasized partner vs. real partner" caused frustration when real-life sexual encounters did not live up to his fantasy. He sought medical help with his wife following marital relationship issues and his sexual problems were explored and addressed.

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INTRODUCTION

With the advent of internet and smartphone, pornography is becoming more readily accessible through online websites and links to pornographic materials regularly show up on the social media (1). Although the prevalence rates differ by age group, different research methodology and reporting of results, pornography use appears to be on the rise. For example, in the United States, it is estimated that almost 7 out of 10 men and 2 out of 5 women visit pornography sites, based on a Gallup poll (1, 2). Pornography is divisive, with 43% of men finding it morally acceptable compared to 25% of women. Pornography is the source of the largest discord between men and women (2).

Pornography addiction is said to occur when a person is unable to stop watching porn, even if they want to. The

compulsive behaviours associated with pornography addiction affect the individual's personal life, family life, work or other important areas of functioning (3). The use of pornography or online sexual activities (OSAs) is thought to be one of the potential causes of erectile dysfunction (ED), with the condition being coined as "porn-induced erectile dysfunction (PIED)" (3). Pornography use can stimulate the brain's dopamine reward system, leading to addiction-like behaviours. Repeated exposure to pornographic stimuli can desensitize the brain's reward system, making it harder to achieve arousal in real-life sexual encounters. Pornography often depicts unrealistic and idealized sexual encounters, leading to unrealistic expectations about sexual performance and arousal, which may cause anxiety and difficulty achieving erections in real-life relationships (4).

We aimed to describe and explore a case of a married man with an addiction to pornography and OSAs who engaged in phone sex and sexting with random women he met online, resulting in sexual and marital problems.

CASE REPORT

A 45-year-old man presented with history of ED 18 months ago. He noticed deterioration in his sexual performance as he was not able to achieve erection firm enough for satisfactory sexual intercourse (SI) around 8 months prior to his first medical consultation. He was prescribed with a phosphodiesterase-5 inhibitor (PDE-5i), tablet sildenafil 50 mg (The “blue pills”) by his general practitioner to help manage his inadequate erection. Initially, the medication improved his erection but after some time, he was not able to achieve an adequate erection for satisfactory SI due to the discrepancy between his “real self vs. fantasized self”. He claimed that his erection was “not good enough”, with or without the medication (PDE-5i). He reported to have adequate sexual desire, was sexually aroused and engaged in foreplay before SI. He was able to arouse his wife by cunnilingus. His performance deteriorated and became worse when he attempted to have sex without the “blue pills”. This had caused his wife to suspect him of having the thoughts of extramarital affair.

Reflecting on the attribution of his problems, he recounted a period of time about two years ago when he was transferred to another state in Malaysia for work. During this time, he lived alone in a rental house and felt lonely. He spent most of his time playing online games or watching television, online movies and YouTube videos after work. He incidentally stumbled upon chatting and dating apps while scrolling randomly and became amazed. He also spent a lot of time watching erotic movies with pornographic contents online. He liked Japanese or Korean heterosexual adult movies as their contents were “explicit, natural and clear in the picture resolution”. During and after watching the pornographic contents, he would fantasize about the women and masturbate. He masturbated using his hand until he achieved a firm erection and ejaculated. His masturbatory activities increased in frequency from one to three or four times a week as he did not have much to do after work. He enjoyed masturbation, stating that “I can do it whenever I like, in the morning, during the weekend or at night, and the fantasized woman is ‘right at my doorstep’”. He rarely fantasized about his wife and usually fantasized about the “Asian girls”, especially the “moans” and the “orgasmic release” he observed performed by the actresses in the adult movies.

Regarding his OSAs, he preferred watching a threesome involving a man and two women to the conventional heterosexual sex. He frequently imagined that he was the “lucky one”, i.e., the man in the movie. Besides watching sexually explicit contents, he came across an online sex chat forum and started to engage in random sex chat. He enjoyed this as the women online were “always desiring” him even though he was “overweight and unattractive” in the real world. His day-to-day boredom was “released” as he can talk in a sexually

explicit manner without inhibition on the dating apps. He also engaged in phone sex with random women he met online to explore novel sexual experiences and increase his sexual gratification. He limited the conversations to audio-only as he feared the possibility of getting caught and he used phone sex primarily for sexual gratification through masturbation.

After he relocated back to his hometown and started having sex with his wife again, he noticed that he had more desire than before and thought that his wife could be the same as the actresses in the adult movies, i.e., “always ready for sex and being sexually desired all the time”, but later felt frustrated as his sexual expectations were not matched in real life. He had difficulties stopping his cravings for pornography and tried to hide his sex chats by deleting the text messages. He had sexual problems with his wife as his erection was described as “like a peeled-off banana in consistency” when penetrating his wife. He had morning erection. He did not have premature ejaculation or homosexual fantasy.

In terms of medical history, he was diagnosed with essential hypertension and was on tablet tenormin 50 mg nocte for the past two years. He was obese with Body Mass Index of 35 kg/m². He did not have other metabolic syndrome conditions or cardiovascular disease.

DISCUSSION

The prevalence of ED in men is high and the aetiology of ED is multifactorial. Biological factors of ED include cardiovascular disease, blood vessel disease, hypertension, obesity, diabetes mellitus, neurological diseases such as Parkinson’s disease, injuries to the penis or spinal cord, excessive alcohol use and medications such as antidepressants and antihypertensives. Psychosocial risk factors of ED include stress, anxiety, depression, performance anxiety and relationship problems. Risk factors of ED identified in this patient include hypertension, obesity and antihypertensive medication use.

An international study conducted in 2019-2020 reported that 21.48% of the sexually-active participants had some degree of ED. The study also reported a significant association between ED and OSAs or pornography addiction (3).

The unique quality of internet pornography such as its limitless novelty, potential for step up to more intense material and the video format may be potent enough to condition sexual arousal to aspects of internet pornography that do not readily transition to sexual encounters in real life, such that sex with real-life partners may not register as meeting expectations and arousal decreases (5). This could be a likely explanation

for this patient's experience.

The patient is considered addicted to pornography as he was unable to reduce or stop watching porn, or suppress his cravings for pornography despite the harmful effects on his marriage. The patient likely developed PIED following excessive porn use. Frequent exposure to novel and intense pornography contents and the escalation in his pornography use for sexual stimulation may have led to the need for increasing stimulation for sexual arousal that real-life sexual encounters could not match. The psychological conflicts arising from the incongruence between his sexual fantasy and real-life sexual encounters might have also contributed to his sexual problems.

It is important to address the issues related to his sexual fantasy, i.e., "the real self vs. fantasized self" in psychotherapy (Figure 1).

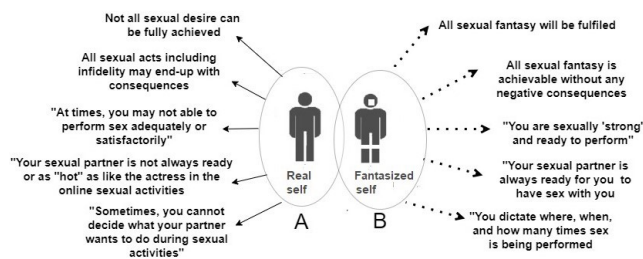


Figure 1: The Real self vs. Fantasized self

CONCLUSION

Management for PIED includes excluding physical causes and identifying psychological factors and other factors such as relationship problems and partner factors. Intervention strategies involve reducing or eliminating pornography use and addressing any underlying psychological factors.

For this patient, therapeutic alliance with a therapist with the aims to reduce his exposure to OSAs and to channel his energy into activities like physical exercise that would improve his overall health and fitness should be prioritized. Changing his antihypertensive medication to the Sartans group with less potential sexual side effects

may be beneficial. Psychotherapy to support and help him explore and reconcile his "fantasized self" with his "real self" and his "fantasized partner" with his "real partner" may be pivotal in the treatment of the sexual problems in this man.

We counselled the patient i.e., to be more relaxed during his sexual encounters with his partner and advised both him and his partner to sexually stimulate each other to enhance the effect of PDE-5i. No formal psychotherapy was done during the session and we intended to do a supportive psychotherapy in the next session. Unfortunately, the patient did not come again for follow-up and we do not know the progress of the patient.

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