

ECHO IDAHO

Behavioral Health in Primary Care

PORNOGRAPHY ADDICTION *Fact or Fiction?*

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University of Idaho
School of Health and Medical
Professions



Learning Objectives

- Evaluate state of the research and professional position statements on “sexual addiction.”
- Review Acceptance and Commitment Therapy (ACT) treatment outcome studies.
- Identify four main pathological processes underlying problematic pornography viewing.
- Present rationale for process-oriented approach.

Who will you be listening to during this presentation?



HUFFPOST LOS ANGELES

ScienceDaily

Your source for the latest research news

"New Brain Study Questions Exist

"Is

"There's No Such Thing

"Is 'Sex A

NY
WS

Psychology Today

Sex Addiction A Myth?"

ys Maybe Not"

sex addiction"



Psych Central

& WORLD REPORT
News

msn health & fitness

Trivia Time!

How many studies exist examining the effectiveness of addiction approaches for unwanted pornography viewing?



The Answer...

O

Sexual addiction 25 years on: A systematic and methodological review of empirical literature and an agenda for future research



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HIGHLIGHTS

- Research related to sexual addiction and compulsive sexual behaviors has proliferated in recent years.
 - The ICD-11 has elected to include a novel diagnosis of Compulsive Sexual behavior Disorder.
 - A systematic review revealed 415 empirical studies of compulsive sexual behavior in the past 25 years.
 - The majority of studies made use of cross-sectional designs in non-clinical populations.
 - At present, there is almost no empirical basis for the treatment of compulsive sexual behaviors.
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ABSTRACT

In 1998, Gold and Heffner authored a landmark review in *Clinical Psychology Review* on the topic of sexual addiction that concluded that sexual addiction, though increasingly popular in mental health settings, was largely based on speculation, with virtually no empirical basis. In the more than two decades since that review, empirical research around compulsive sexual behaviors (which subsumes prior research about sexual addiction) has flourished, ultimately culminating in the inclusion of a novel diagnosis of Compulsive Sexual Behavior Disorder in the eleventh edition of the World Health Organization's *International Classification of Diseases*. The present work details a systematic review of empirical research published between January 1st, 1995 and August 1st, 2020 related to compulsive sexual behaviors, with a specific focus on evaluating the methodologies of that literature. This review yielded 371 papers detailing 415 individual studies. In general, the present review finds that, although research related to compulsive sexual behaviors has proliferated, much of this work is characterized by simplistic methodological designs, a lack of theoretical integration, and an absence of quality measurement. Moreover, the present review finds a virtual absence of high-quality treatment-related research published within this time frame. Implications of these findings for both clinical practice and future research are discussed.

Professional Position Statements on Sex Addiction Controversy



American Association of Sexuality Educators, Counselors and Therapists (AASECT)

November 29, 2016

AASECT recognizes that people may experience significant physical, psychological, spiritual and sexual health consequences related to their sexual urges, thoughts or behaviors. AASECT recommends that its members utilize models that do not unduly pathologize consensual sexual behaviors. AASECT **1) does not find sufficient empirical evidence to support the classification of sex addiction or porn addiction as a mental health disorder, and 2) does not find the sexual addiction training and treatment methods and educational pedagogies to be adequately informed by accurate human sexuality knowledge.** Therefore, it is the position of AASECT that linking problems related to sexual urges, thoughts or behaviors to a **porn/sexual addiction process cannot be advanced by AASECT as a standard of practice for sexuality education delivery, counseling or therapy.**

AASECT advocates for a collaborative movement to establish standards of care supported by science, public health consensus and the rigorous protection of sexual rights for consumers seeking treatment for problems related to consensual sexual urges, thoughts or behaviors.

Addiction to Sex and/or Pornography: A Position Statement from the Center for Positive Sexuality (CPS), The Alternative Sexualities Health Research Alliance (TASHRA), and the National Coalition for Sexual Freedom (NCSF)

Journal of Positive Sexuality 2017 3(3)

Reasons for this opposition include:

- (a) The American Psychiatric Association (APA) **does not identify sex/porn addiction as mental disorders.**
- (b) Existing studies supporting an addiction model **lack precise definitions and methodological rigor**, and rely on correlational data.
- (c) The sex/porn addiction model reflects **significant sociocultural biases.**
- (d) Research has shown that **religiosity and moral disapproval have a strong influence on perceived sex/porn addiction.**
- (e) The sex/porn addiction model assumes that sexual behaviors as a coping mechanism are an indicator of addiction, but it does not consider the possibility that sex may be a positive coping mechanism.

Existing multidisciplinary scholarship **does not warrant the application of an addiction model to frequent sexual behavior and/or pornography viewing.** Thus, regarding such behavior, **use of the term “addiction” is not valid and may be misleading and sometimes harmful to clients.** Helping professionals can effectively help clients who may be struggling with various sexual issues or problems by working from a positive sexuality perspective that utilizes multidisciplinary scholarship; applies high quality empirical research and critical analysis; and prioritizes sexual rights, diversity, and acceptance of a wide range of sexual interests, behaviors, and identities.

ICD-11 Compulsive Sexual Behaviour Disorder

Compulsive sexual behaviour disorder is characterized by a persistent pattern of **failure to control** intense, repetitive **sexual impulses or urges** resulting in **repetitive sexual behaviour**. Symptoms may include **repetitive sexual activities** becoming a central focus of the person's life to the point of neglecting health and personal care or other interests, activities and responsibilities; numerous **unsuccessful efforts** to significantly **reduce repetitive sexual behaviour**; and continued **repetitive sexual behaviour** despite **adverse consequences** or deriving **little or no satisfaction** from it. The pattern of failure to control intense, sexual impulses or urges and resulting **repetitive sexual behaviour** is manifested over an extended period of time (e.g., 6 months or more), and causes marked distress or **significant impairment** in personal, family, social, educational, occupational, or other important areas of functioning. **Distress that is entirely related to moral judgments and disapproval about sexual impulses, urges, or behaviours is not sufficient to meet this requirement.**

If addiction approaches aren't the answer, then what is?



ACCEPTANCE AND COMMITMENT THERAPY (ACT)

American Psychological Association,
Society of Clinical Psychology (Div. 12)

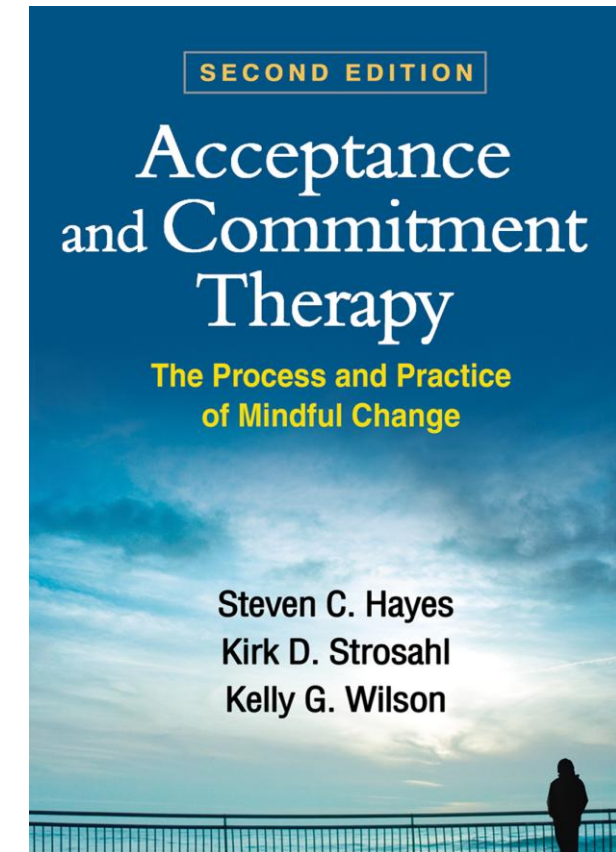
Research Supported Psychological Treatments:

Well-established
Chronic Pain

Probably efficacious
Depression
Mixed anxiety
Psychosis

Obsessive-Compulsive Disorder

Over 1,400 Randomized Controlled Trials since 1986!



Acceptance and Commitment Therapy for Problematic Internet Pornography Use: A Randomized Trial

(Crosby & Twohig, 2016)

- Randomized Clinical Trial
 - 28 adult males with problematic pornography viewing
 - Daily Pornography Viewing Questionnaire (DPVQ)
 - Assigned to 12 60 minute sessions of ACT or a waitlist control condition.
- Limitations
 - Religious affiliation (LDS)
 - Not compared to other Tx
 - All male sample
- Demographics
 - Age 29.3 (SD = 11.4)
 - Married (54%)
 - Caucasian (92%)
 - Problematic Viewing 13.6 years (SD = 11.8)
 - Attempts to stop viewing
 - Individual therapy (n = 13)
 - Group therapy (n = 4)
 - 12-step programs (n = 7)
 - Religious counseling (n = 6)
 - Self-help (n = 2).
 - Comorbid Dx
 - Major depressive disorder (5), bipolar disorder (1), generalized anxiety disorder (2), and OCD (1)

Acceptance and Commitment Therapy for Problematic Internet Pornography Use: A Randomized Trial

(Crosby & Twohig, 2016)

Table 3
Means, Standard Deviations, and Effect Sizes for Combined Analyses

Variable	Pretreatment (<i>n</i> = 27)		Posttreatment (<i>n</i> = 26)			Follow Up (<i>n</i> = 25)		
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>d</i>	<i>M</i>	<i>SD</i>	<i>d</i>
Self-report hours viewing (per week)	5.65	4.01	0.47	0.80	1.79	0.77	1.10	1.66
Quality of life (QOLS)	78.37	12.42	85.77	9.98	0.65	84.32	12.06	0.48
Sexual compulsivity (SCS)	30.26	7.54	19.15	6.44	1.58	19.72	7.65	1.38
Cognitive outcomes (CBOSB)	38.79	5.22	29.65	5.76	1.65	28.8	5.7	1.83

Note. Cohen's *d* was calculated using pooled standard deviation. All effect sizes are based on change scores from pretreatment.

Results

- **93% reduction** in pornography viewing in the ACT condition compared to only 21% reduction in viewing in the waitlist condition.
- **54%** of the participants reported **no longer viewing** pornography at all.

After 3 months

- **86% reduction** in pornography viewing.
- **35% no longer viewed** pornography.

PATHOLOGICAL PROCESSES UNDERLYING PROBLEMATIC PORNOGRAPHY VIEWING

We'll review 4 of them...

Psychological Inflexibility

Examples of psychological inflexibility

- **Experiential avoidance** (attempts to avoid, escape, or otherwise control unwanted inner experiences)
- **Cognitive fusion** (thought or verbal rule governed behavior).
- Problematic behaviors are often worsened by a **rigid and controlling reaction to the urges** to act on the behavior.

The way individuals interact with urges (i.e., thoughts, feelings, physical sensations) to view pornography can result in increased distress and increased rate of viewing (Levin, Lillis, & Hayes, 2012; Twohig et al., 2009).

- **Psychological inflexibility predicts and mediates the severity of viewing** (Levin, Hildebrandt, et al., 2012; Levin, Lillis and Hayes, 2012; Twohig et al., 2009).
- Instead of trying to “**control**” urges, ACT shifts the focus to **increasing awareness** and **willingness** to experiences thoughts, feelings, and urges. This allows the individual to focus their efforts on engaging with their **values** and changing behavior **rather than controlling inner experiences** that are uncontrollable (Reid et al., 2013).

Psychological Inflexibility cont.

The reason one views pornography matters

- Viewing pornography **specifically for psychologically inflexible reasons** may account for **problematic** pornography viewing.
- **Psychological inflexibility scores were higher** among adults reporting greater **problematic** pornography viewing (Wetterneck, Burgess, Short, Smith, & Cervantes, 2012).
- Pornography use was **problematic** when individuals were **psychologically inflexible with their sexual thoughts/urges**, but not necessarily when frequency of viewing was high (Twohig et al., 2009).
- Pornography viewing frequency led to **great impairment** in quality of life among those **high in psychological inflexibility** (Levin, Lillis, & Hayes, 2012).
- Viewing pornography specifically as a **way to avoid emotions** fully mediates the relation between pornography frequency and negative outcomes (Levin, Lee, & Twohig, under review).

Psychological inflexibility may be a determining factor when frequent pornography viewing becomes problematic for some individuals.

- **ACT is effective in reducing psychological inflexibility** (Hayes, Levin, Plumb, Boulanger, & Pistorello, 2013; Hooper & Larsson, 2015).

Low Trait-Mindfulness

Mindfulness = **awareness** to the **present** moment including **willingness** (acceptance) to experience thoughts, emotions, and urges in a curious, nonjudgmental way

- Mindfulness associated with positive outcomes with substance use disorders (Dakwar & Levin, 2009).

Hypersexual Disorder Field Trial (Reid, Bramen, Anderson, & Cohen, 2013).

- Significant associations between emotional dysregulation, impulsivity, stress proneness, and **hypersexuality**.
- Mindfulness accounted for **unique variance in hypersexual behavior** beyond that found in above covariates.
- Mindfulness showed a significant **inverse relationship with hypersexuality**.

Mindfulness improves **affect regulation**, **stress coping**, and increasing **tolerance for sexual urges** (Reid et al., 2013)

- **ACT** aims to improve **awareness** and contact with the **present** moment through **mindfulness**.

Emotion Dysregulation

Deficits in emotional **awareness**, **acceptance** of emotions, controlling **impulsive behaviors**, and **goal directed** behaviors **when experiencing negative emotions** and use of appropriate **emotional regulation strategies** (Gratz & Roemer, 2004)

- Consistent with ICD-11 Compulsive Sexual Behavior Disorder (CSBD) features
- **4 of 6 criteria** for proposed **Hypersexual Disorder** referenced **emotion dysregulation**
 - Behaviors in response to dysphoric mood states, stressful life events, unsuccessful goal directed behaviors, disregarding risk for physical or emotional harm (Kafka, 2010)
- **Emotion dysregulation underlies** conditions **comorbid** with compulsive sexual behavior including:
 - **anxiety** (46-96%) and **mood** (39-81%) disorders (Black et al., 1997)
- Proneness to **boredom** (Chaney & Blalock, 2006)
- **Impulsivity** and **shame** (Reid, Garos, & Carpenter, 2011)
- **Interpersonal sensitivity**, **alexithymia** (no words for feelings), **loneliness**, and **low self-esteem** are associated with **hypersexual behavior** (Reid, Dhuffar, Parhami, & Fong, 2012).
- Compulsive Sexual Behavior and Dysregulation of Emotion (2019) Lew-Starowicz et al. *Sexual Medicine Reviews*
 - **Insecure attachment styles**, **emotional suppression & cognitive reappraisal (perspective taking)**
 - **High neuroticism**, **self-contempt**, **social withdrawal**, **shame**, **guilt**, **self-hostility**
 - **Low self-forgiveness**, **self-compassion**

Shame Predicts Sexual Desire

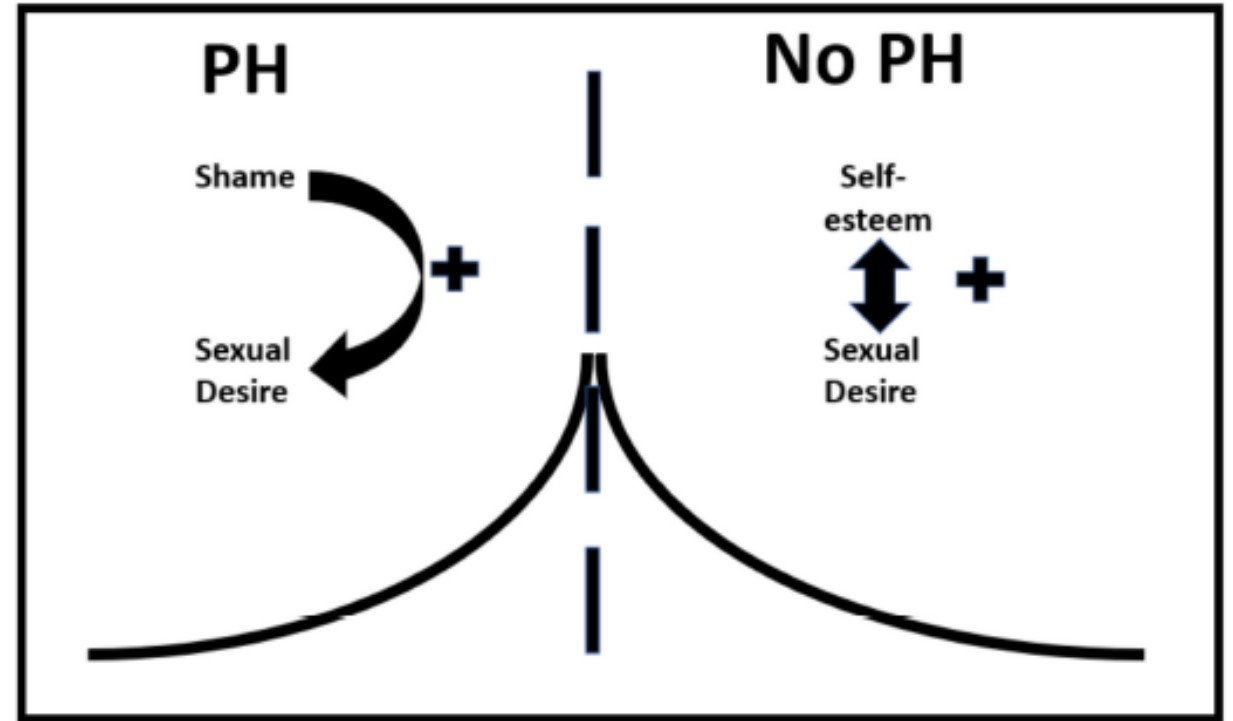
(van Tuijl, 2022)

Problematic Hypersexuality (PH)

- Shame increased sexual desire 1 to 2 hours later
- Sexual desire used to counter feelings of sexual shame

No PH

- Increase in sexual desire associated with positive feelings about oneself



Moral Disapproval

- Individuals who are **religious** are more likely to **perceive** themselves as “**addicted**” to pornography even when they are **not viewing pornography at a higher rate** than less religious individuals (Abell et al., 2006; Grubbs et al., 2010; Levert, 2007).
 - **Religious upbringing and socialization** can influence whether or not you **perceive** yourself as being addicted even if pornography use is otherwise unproblematic (Grubbs, Volk, Exline, & Pargament, 2015).
 - **Moral disapproval** of pornography was related to both **religiosity** and **perceived addiction** (Grubbs et al., 2015).
 - **Perceived addiction** to pornography has been linked to **psychological distress** among emerging adults (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015)
 - **Guilt** and **shame** have been consistently associated with hypersexual behavior, in part because of **perceived violation of one’s moral values** (Gilliland, South, Carpenter, & Hardy, 2011).
 - **Religiousness** appears to contribute to **perceived addiction** indirectly by fostering a sense of **moral disapproval** toward one’s use of pornography (Grubbs, Exline, Pargament, Hook, & Carlisle, 2015).
- Importantly, individuals who **perceive** themselves as “**addicted**” may lead to **increased viewing pornography** (Grubbs et al., 2015).

Moral Disapproval cont.

- **Religious individuals** may be motivated to **embrace** the idea of **pornography addiction** specifically because it helps **relieve a sense of moral responsibility** for their pornography use which **mitigates feelings of shame** (Thomas, 2016)
- **Therapists who are religious** are more likely to **perceive** their clients as being **addicted** to pornography than their less religious therapists (Hecker, Trepper, Wetchler, & Fontaine, 1995).
- Associations between **hypersexual behavior** and **spiritual struggles** depended on **sexual congruence** (Griffin et al., 2016).
 - **Interpersonal conflicts** around religion were associated with hypersexual behavior only for those who perceived their **behavior** and **values** as **incongruent**.
 - **Hypersexual behavior** was positively associated with **moral struggle** only for individuals who consider their sexual **values** and **behavior** to be **incongruent**.
 - **Hypersexual behavior** was negatively related to **sexual esteem** only for individuals who reported **sexual incongruence**
- **ACT** focuses on helping clients **clarify their values** including religious beliefs, spirituality, relationships, and sexuality.

Reframing the Problem

How does **Acceptance and Commitment Therapy (ACT)** Differ from **Traditional** Therapy Approaches for Unwanted Pornography Viewing Concerns?

Traditional

The Problem is: viewing sexual images leads to an addiction.

Addiction: results in unhealthy biological changes in your brain.

Focus on: controlling sexual urges to reduce pornography viewing.

Insufficient Outward Self-Control: leads to ongoing pornography viewing.

Unwanted Pornography Viewing: is a sexual concern.

Sexuality: can become pathological if not properly controlled.

The Goal: is to eliminate pornography viewing.

ACT

The Problem is: control, low mindfulness, emotion dysregulation, and values conflicts.

Addiction: is a word that convinces us we are powerless over our actions and impacts our identity.

Focus on: experiencing sexual urges without needing to act on them.

Rigid Internal Self-Control: of uncomfortable thoughts, emotions, and sexual urges leads to ongoing pornography viewing behavior.

Unwanted Pornography Viewing: is more of a mental health concern.

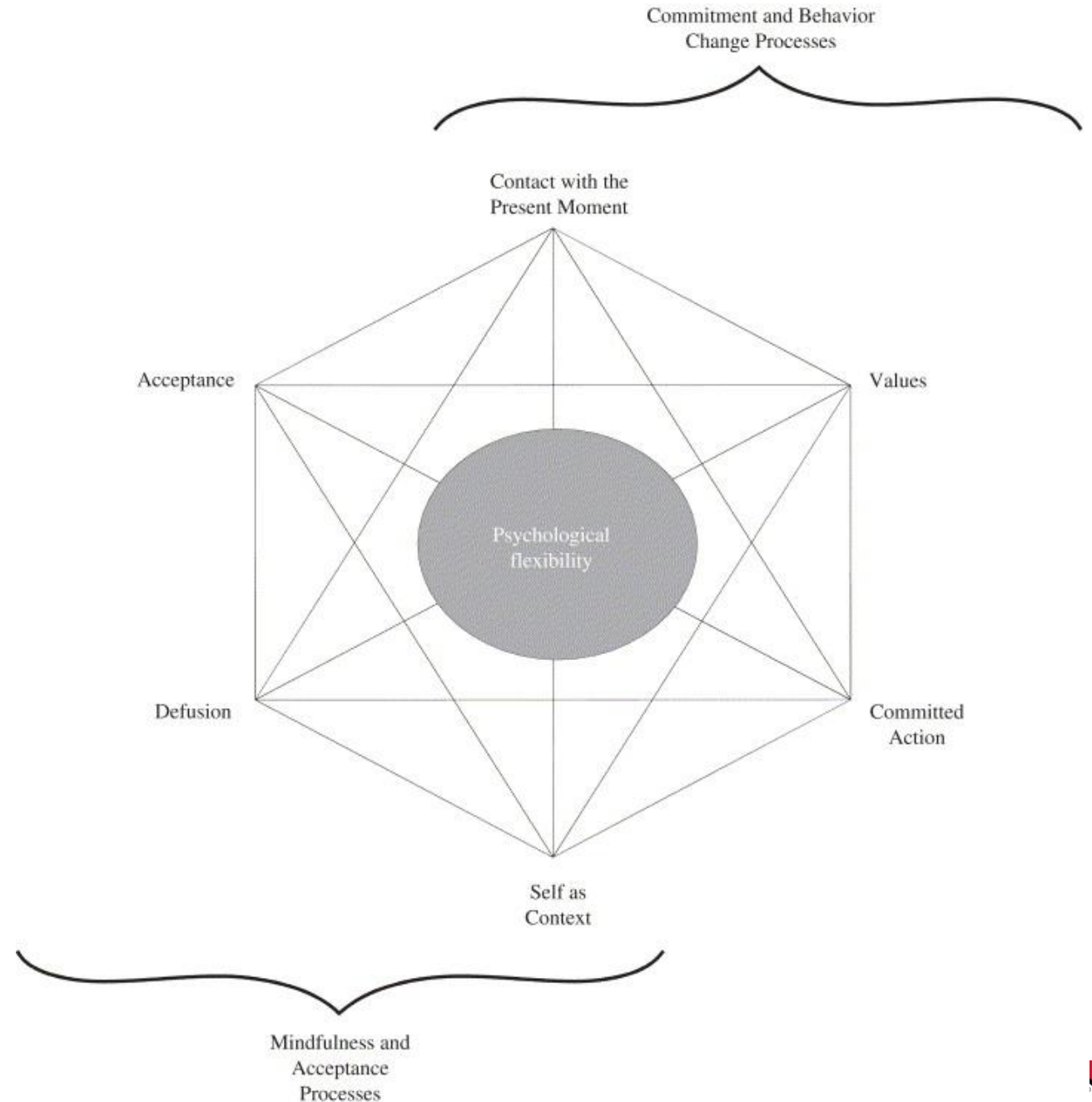
Sexuality: is a healthy developmental learning process.

The Goal: is to cultivate mental and sexual health by living consistent with your values.

6 Core ACT Processes

Goal:
Increase Psychological
Flexibility

- Ability to contact the present moment and to adapt or persist in value consistent behavior (Hayes et al., 2006).



3 Pillars of Flexibility

- **Open** – *notice and name*
 - Acceptance of thoughts, emotions, urges, experiences, attitudes, realizing how our mind works while not reacting to internal content
 - *Acceptance, Defusion*
- **Aware** – *attention with intention*
 - Flexibly shifting attention to the present, describing internal experiences, continuity of consciousness, observer self, perspective taking
 - *Being Present, Self as Context*
- **Engaged** – *approaching values*
 - Living consistent with values despite unpleasant internal or external events
 - *Values, Committed Action*

Key Points

- Evidence based treatments for problematic pornography viewing exist!
- How we frame the problem matters.
- Acceptance and Commitment Therapy (ACT) addresses the underlying process that contribute to unwanted viewing.
- Process vs outcome approach



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