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### Internet Pornography Addiction in the Treatment of Heterosexual Dyadic Relationships: A Literature Review

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INTERNET PORNOGRAPHY ADDICTION IN THE TREATMENT OF HETEROSEXUAL  
DYADIC RELATIONSHIPS: A LITERATURE REVIEW

A Dissertation

Presented to the Faculty of  
Antioch University New England

In partial fulfillment for the degree of  
DOCTOR OF PSYCHOLOGY

by

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December 2021

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This dissertation, by Sarah Ogier-Bloomer, has  
been approved by the committee members signed below  
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Antioch University New England  
in partial fulfillment of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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## ABSTRACT

### INTERNET PORNOGRAPHY ADDICTION IN THE TREATMENT OF HETEROSEXUAL DYADIC RELATIONSHIPS: A LITERATURE REVIEW

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The following dissertation provides a thorough literature review of internet pornography and internet pornography addiction for psychologists treating heterosexual couples in therapy and those training said clinicians. Factors that contribute to the development of compulsive sexual behavior are discussed, as well as how the addiction is maintained through reinforcing cycles. Factors including neuropsychological effects of neurotransmitters on the pleasure-reward system, insecure attachment, and childhood development provide insight into the manifestation of an addiction to pornography. Therefore, a thorough literature review on these aspects is necessary for current clinicians, as well as for those who are training clinicians. In addition, questionnaires that can aid clinicians in the assessment of couples in treatment will be addressed, followed by issues of clinical attention to be incorporated in the initial assessment process. Last, Emotion Focused Therapy and Gottman Method Couples Therapy will be explored as methods for treatment of couples with a partner who has an addiction to pornography. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

*Keywords:* pornography, addiction, emotion focused, Gottman method, couples therapy

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## INTRODUCTION

The current dissertation includes a thorough literature review about pornography addiction in an effort to help providers learn about clinical work with couples who may have a pornography addiction, and to help those training clinicians. Following an explanation of the problem, as well as the purpose of this dissertation, I present some basic information about pornography addiction. Next, I describe the methodological approach I utilized to review the literature, followed by the results gleaned from the review. Last, I explore recommendations, limitations, and avenues for future research.

### **Problem Statement**

The Internet has grown exponentially in the last decade, in both the quantity of consumption and the availability of access. The access to, and use of, the Internet is changing the way people communicate and connect. The online sex industry is a multi-billion-dollar business and has created a new host of presenting problems in the last several decades. The level of exposure to sexually explicit material has become so ubiquitous in the last few decades, almost no one can say that they have no connection to or experience with intentional or unintentional viewing, including myself at various developmental milestones. Despite the increasing rates of pornography use, such an activity is often absent from both theoretical and therapeutic conversations, making it more difficult for therapists and clients alike to talk about it. However, many marriage and family therapists find that it is common to treat couples presenting with problems related to one partner's pornography utilization. Indeed, the recent shift towards increased pornography should be challenged through discourse and dialogue, with acknowledgement of the impacts we are witnessing, as well as possible impacts that are yet



unknown. Thus, therapists need to be better prepared to engage in such discussions in therapy and to assess for when pornography use becomes problematic.

### **Statement of Purpose**

My dissertation presents an overview of Internet Pornography (IP) addiction: the current understanding, the historical and cultural antecedents, and the future implications for clinicians treating those struggling to manage pornography consumption. I discuss gaps in the literature regarding the definition, assessment, and treatment of Internet pornography addiction. I include discussion of questions plaguing researchers, such as: why many enjoy pornography, seemingly without explicit negative consequences, while others are unable to manage compulsive viewing of Internet pornography. Last, I explore recommendations for clinicians and for psychologists training new clinicians based on the literature review. I also include suggestions for future research. Through use of this thorough and exhaustive review of the literature, clinical psychologists will be better prepared to provide effective treatment to couples struggling with IP and to train future clinicians.

## **LITERATURE REVIEW**

### **Pornography Addiction**

Over the past decade, the Internet has grown exponentially in both the quantity of consumption and the availability of access. Although many do not consider the impact that the Internet will have on society, culture, or human social behavior, it “is altering patterns of social communication and interpersonal relationships” (Cooper, Delmonico, & Burg, 2000, p. 5). Many marriage and family therapists report that it is common to see couples that present with problems related to pornography consumption; however, a majority of clinicians received little or no formal training on compulsive sexual behavior while in graduate school (Ayres & Haddock, 2009; Ford et al., 2012; Goldberg et al., 2008). Despite the prevalence of couples in treatment that report problems with pornography, there is little empirical research concerning effective treatment recommendations and there is no universal definition of pornography (Ford et al., 2012). For the purposes of this paper, Internet Pornography is defined as “professionally produced or user-generated (audio)visual material on or from the Internet that typically intends to arouse the viewer and depicts sexual activities and (aroused) genitals in unconcealed ways” (Peter & Valkenburg, 2011, p. 751).

An addiction to pornography is defined as the continued engagement in a behavior despite considerable personal distress or substantial negative consequences (i.e., loss of relationships, family and/or friends, legal issues, or problems related to employment; Ford et al., 2012). Cooper, Griffin-Shelley, Delmonico, and Mathy (2001) proposed three factors to operationalize pornography addiction: (a) utilizing pornographic materials to cope with stress or negative emotion states, (b) as a result of exposure to pornography, the user participates in

activities they would not have otherwise (i.e., paraphilias), and (c) viewing more than 11 hours of pornography weekly.

### **Prevalence of Pornography Addiction**

It is estimated that of the 225 million Internet users in the United States and Canada, 31% (approximately 69.7 million people) participate in some form of online sexual activity (Cooper, Delmonico, & Burg, 2000). The National Council on Sexual Addiction and Compulsivity estimate that approximately 17% of online Internet pornography users are addicted (Cooper, Griffin-Shelley, et al., 2001). This statistic is likely an underestimate due to the denial and minimization of symptoms typical in those addicted to pornography; obtaining an accurate statistic poses a significant challenge.

## **The Impact of Pornography**

Erectile dysfunction (ED) historically plagued older men due to the vascular or endocrine system; increasingly however, physicians are reporting younger men seeking prescription aids. In 2005, erectile dysfunction in men aged 18–40 was between 3–5%; in 2015, ED in men aged 18–40 increased dramatically to 27–33% (Almond & Strayed, 2019a, 2019b). There is a considerable stigma around the use of sexually explicit material, but couples have reported that they occasionally enjoyed viewing and using pornographic images for healthy sexual expression (Cooper, Delmonico, & Burg, 2000; Cooper, Griffin-Shelley, et al., 2001). Married couples and single individuals have also reported that they had a positive experience with pornography, feeling that it was helpful in adding to their sexual repertoire. Additionally, researchers found that online sexually explicit material provides an opportunity for disenfranchised groups of people (i.e., gay or lesbian men and women) to communicate with others (Cooper, Delmonico, & Burg, 2000).

Some individuals, mostly women, found that as a result of their spouse viewing pornography, the partner changed sexual expectations to include more explicit sexual acts. Examples of these acts include anal penetration or ejaculating on the partner's face, which are common acts in mainstream pornography. Many women also report that they feel pressure to attain similar standards of beauty displayed by actresses in pornographic materials (Ayres & Haddock, 2009; Ford et al., 2012).

## METHODS

To understand the current research on internet pornography (IP) addiction and therapeutic treatment in couples therapy, I conducted searches of scholarly journals including but not limited to: *Marriage and Family Therapy*; *Sexual Addiction and Compulsivity*; *Family Theory and Review*; *Sexual and Marital Therapy*; and *Cyberpsychology, Behavior, and Social Networking*. I accessed printed works on sexual compulsive behaviors, compulsive online behaviors, as well as marriage and family therapy. Articles from respected resources, such as the *New York Times*, were assessed and synthesized. I also utilized podcasts as a resource to inform the current understanding of IP impacts on relationships. I organized the collected data by creating a structured Excel sheet to keep track of articles accessed. Then, I synthesized and distilled information gleaned. Based on this literature search, I developed recommendations for current and training psychologists, as well as identified areas that require further research.

## RESULTS

Following an extensive review of the literature, it is clear there is a dearth of empirical data and evidence-based treatment methods to treat those who struggle with IP. Throughout my search process, I developed an Excel spreadsheet to organize data from empirical journals, books, and podcasts by both clinicians and those in recovery (see Appendix A for Example of Literature Searched, taken from Excel regarding empirical journals and books). Examples of the podcasts include *Dear Sugar Radio* and *Death, Sex, & Money*. As a result, numerous topics arose as integral to the understanding and treatment of IP, as well as to the training of future psychologists. The links of IP with other addictions, the predictive factors of IP, the effects of IP on family systems and dyads, the assessment of IP, and the treatment of IP will be delineated. In terms of assessment, both questionnaires and the focus of treatment are addressed. Both individual and couples treatment are addressed in the treatment section.

### **Pornography and Other Addictions**

Pornography addiction is similar to other addictive or compulsive behaviors (i.e., gambling, substance use, etc.) and can meet universal diagnostic criteria for all addictive disorders (Ford et al., 2012). Similar to all addictive behaviors, individuals who suffer from pornography addiction also experience tolerance and withdrawal. Tolerance develops after prolonged exposure to pornography, when arousal and excitatory responses diminish and individuals with addiction seek increasingly graphic and novel types of pornography to achieve the same results (Ford et al., 2012). Over time, this may alter perceptions of sexuality and affect intimate relationships. Individuals who are addicted to pornography can experience withdrawal symptoms including “depression, irritability, anxiety, obsessive thoughts, and an intense longing for pornography” (Ford et al., 2012, p. 339).

An addict will replace an unhealthy relationship with an event or process for a healthy, functional relationship with others; the dysfunctional relationship becomes central to the addicted individual's life (Carnes et al., 2007). Viewing pornography while engaging in masturbation can solidify the behavior as a means of self-soothing and self-medication. When the pleasure center of the brain is activated, endorphins are released and pain is naturally reduced. Research has found that sex can provide symptom relief from migraines and even arthritis (Carnes, 1991). The neurobiological effects of viewing explicit sexual material and subsequent orgasm reinforce the addictive cycle.

The Triple-A Engine, suggested by Cooper (1998), proposes that three primary factors contribute to the prevalence online sexual activity: anonymity (an individual can hide their identity), accessibility (materials are typically available 24 hours per day, seven days weekly), and affordability (many sites are low cost or are free). The Triple-A Engine increases the likelihood that “the Internet will become problematic for those who either already have a problem with sexual compulsivity or those who have psychological vulnerabilities rendering them at risk for developing such compulsivity” (Cooper, Delmonico, & Burg, 2000, p. 7). Cooper, Delmonico, and Burg (2000) found that vulnerabilities to developing compulsive sexual behavior include a history of child abuse (physical and sexual), neglect, family history of addiction, insecure attachment, and low distress tolerance (Carnes et al., 2007).

### **Predictive Factors of Pornography Addiction**

Currently, researchers have not been able to come to a consensus on why some individuals become addicted to viewing pornography and others do not develop compulsive sexual behaviors. Environmental factors such as insecure and disorganized attachments with primary caregivers during early childhood, feelings of rejection, physical or sexual abuse, and

fears of abandonment by caregivers have been linked to Internet sex addiction (Carnes et al., 2007; Goldberg et al., 2008). In childhood, children who have loving, responsive caregivers develop secure attachment styles that create an internal working model for healthy, adult relationships. Insecure attachment develops when there is a lack of attention, love, and safety from the caregiver, which has an impact on how a person relates to others as an adult. In individuals, insecure attachment can manifest as avoidant (marked by hypoactivation and reduced engagement in relationships) or anxious (marked by hyperactivation and intense engagement in relationships) attachment, both of which stem from fears of rejection or abandonment. Insecurely attached couples often experience sexual dysfunction in either an avoidant deactivation or an anxious hyperactivation of their attachment system (Johnson & Zuccarini, 2011). Avoidant deactivation manifests in individuals having low sexual self-esteem, more communication difficulties, distorted perception, and are more likely to see sex as controlled by the other partner or by situational factors. Couples marked by a hyperactivation of attachment needs find an overprocessing of the partner's cues of accessibility during sexual contact or seeking out sexual contact to regulate feelings of distress. Many who struggle with IP addiction have poor distress tolerance and emotion regulation, which makes sense that the attachment wounds are played out with dysfunctional ways of connection to partners and pornography.

Individuals with insecure attachment are not doomed, however; there are pathways to earned-security that allow for healthy perceptions of self and others through alternative support figures (Saunders et al., 2011). Earned-security can be gained through healthy relationships based on mutual trust, understanding, and connection. The formation of attachment styles and child development factors are influential in the development of sexual addiction as the child's



perceptions of themselves and the world become core beliefs and part of the addictive cycle (Carnes, 2001). Carnes outlined the major core beliefs that become part of compulsive sexual behavior including, “self image - how children perceive themselves, relationships - how children perceive relationships with others, needs - how children perceive their own needs, [and] sexuality - how children perceive their own sexual feelings and needs” (Carnes, 2001, p. 97).

What is becoming increasingly apparent is that children are looking to pornography as a way to learn about sex. An article by Peggy Orenstein (2016) in *The New York Times*, asked the question, “When did porn become our sex education?” Orenstein found that many adolescents report having no sex education at all in school, that their parents are so uncomfortable talking about sex, and that the conversations are reduced to a few awkward jokes and uncomfortable glances. Many schools continue to teach abstinence-only curricula, barely acknowledging that students are experiencing significant changes, leaving them to seek their own answers to make sense of the hormonal and physical changes they are experiencing.

### **Effect of Pornography Addiction on Dyadic Relationships and Families**

There are significant effects on spouses and family members of an individual with a pornography addiction. There is a decrease in communication between partners and between children and the identified patient, increase in isolation and shame of partner with addiction, decrease in time spent with spouse and children, negative impact on work/finances, career loss or decreased job performance, increase in children’s likelihood of exposure to sexually explicit material (average age of exposure is 11 years, and in families with compulsive sex behavior, the age of exposure is younger), increase in children’s involvement in parental conflicts, increase in parental neglect or lack of attention towards children, increase in divorce or marital conflict, and increase in partner’s reactions as if infidelity or extradyadic relationships were engaged in

(virtual or physical; Carnes, 1991; Carnes et al., 2007). In the United States, 70% of teenagers reported having viewed internet pornography, and 66% of men will have viewed pornography in the past year by the time they are 14 years old (Rothman et al., 2015). Women have slightly lower rates of use, but they remain high. Partners of spouses with addiction often experience feelings of shame, blame, anger, sadness, hopeless, low self-esteem (often comparing self to actors in pornography), betrayal, rejection, abandonment, devastation, loneliness, isolation, humiliation, reduced intimacy, and jealousy (Carnes et al., 2007). Children are more likely to be exposed to IP if it is being consumed in the household.

Researchers do not agree whether codependency is a set of disordered attachment behaviors or a form of addiction (Carnes, 1991; Carnes et al., 2007; Johnson & Zuccarini, 2011). Patrick Carnes (1991, 2001; Carnes et al., 2007) describes codependency as a preoccupation and obsession with the spouse's pornography addiction and their activities. Spouses often report feeling responsible for others, tasks, and situations they are not responsible for; denial or minimization of problem/addiction; symptoms of depression, emotional problems, social isolation, or harm to marriage; and use of sex to manipulate, control, or punish by becoming sexually anorexic or hypersexual (Carnes, 1991, 2001; Carnes et al., 2007). Many spouses who are codependent believe that they can control their spouse's behavior and hold the belief that they can cure the addiction. Many codependent partners experience a significant loss of sense of self, as they put their own needs after partner's. Attachment theory tends to view codependent behavior as a response to the dissolution of the attachment bond with their partner, who struggles with sexually explicit behaviors, and attempts to maintain this bond (Landau-North et al., 2011).

## **Treatment for Couples and Individuals**

In addition to consideration of evidence-based treatments, intervention for couples and individuals also necessarily involves an assessment process. First, I will describe two questionnaires that could be used in the assessment of pornography addiction. Although both questionnaires are dated, suggesting that more research should be conducted on updating them, they are still useful in the absence of more recent questionnaires. In addition, these questionnaires could be used as outcome measures, if they are administered throughout treatment to indicate changes in pornography use. Regularly administering these questionnaires would provide a baseline, an ongoing form of formative assessment (which may influence the treatment plan), and a summative assessment at the end of treatment of whether the treatment was effective. After describing these questionnaires, I delineate the focus of assessment. Then, I describe several treatments that would be beneficial to intervening with individuals and couples. Acceptance and Commitment Therapy, as well as 12-step programs, have been shown to be effective in the treatment of individuals with pornography addiction. Emotion Focused Couples Therapy and Gottman Method Couples Therapy would both be effective in treatment with couples.

### *Assessment of Couples*

The following content areas from the literature review delineate options for the assessment of couples. Questionnaires that will aid therapists in objectively assessing sexual pornography addiction are discussed. In addition, the ideal focus of assessment is delineated.

**Questionnaires.** Therapists can use questionnaires as part of the assessment conducted at the beginning of treatment to aid in the conceptualization of the couple's presenting problem and severity of the identified partner's addiction. Throughout treatment, assessment also provides quantitative data to aid the clinician in tracking progress. The Sexual Addiction Screening Test (SAST; Carnes, 1991) is useful as a screening tool to assist in the assessment of sexually compulsive behavior, which may indicate the presence of a sexual addiction. The Kalichman Sexual Compulsivity Scale (SCS; Kalichman et al., 1994) is a short, 10-item, self-report measure that assesses tendencies toward sexual preoccupation and hypersexuality. The SCS can aid the clinician in understanding the identified client's compulsive pornography use and likelihood of engaging in high-risk sexual behaviors (Cooper, Delmonico, & Burg, 2000). The Problematic Pornography Consumption Scale (PPCS) measures problematic internet pornography use with 18 items to assess salience, mood modification, conflict, tolerance, relapse, and withdrawal using a Likert scale (Chen & Jiang, 2020). Overall, few questionnaires are available that have substantial empirical validation with cut off scores that distinguish problematic from nonproblematic consumers of pornography. Assessment measures provide another area that should be examined for future research.

**Focus of Assessment.** In emotion focused couples therapy (EFT), the goal is to help partners in intimate relationships create secure attachment bonds, whereby increased connection and communication allow for more effective emotion regulation, which is a hallmark of IP

addiction. An EFT therapist must first identify the negative interaction “cycles of critical demanding and defensive withdrawal that underlie [the couple’s] relational distress” (Johnson & Zuccarini, 2011, p. 233). Individual interviews with each partner are then conducted. The therapist explores family history and family dynamics, sexual history and love maps, sociocultural influences, religious beliefs, and incidents of abuse or trauma. It is imperative for the clinician understand normal sexual development to prevent pathologizing behaviors that are healthy. The therapist should be aware of and sensitive to the prevalence of comorbidity in people addicted to pornography. Depression, anxiety, and sleep disorders are frequently experienced in conjunction with pornography addiction, as individuals often utilize pornography as a means of self-medication or coping mechanism (Carnes, 1991). Therefore, it is imperative to assess for depression, self-harm behaviors, violence, and anger management problems. In EFT, the presence of violent behaviors will preclude a couple from participating in therapy (Landau-North et al., 2011). If a couple is experiencing intimate partner violence, therapy is contraindicated as therapists may elicit information or initiate interventions that can escalate violence, putting the victim at greater risk.

### ***Psychotherapeutic Intervention***

Researchers believe it is important for the partner with an addiction to pornography to seek individual therapy before beginning couples therapy, as couples therapy will be ineffective if the partner is unable to acknowledge their addiction (Landau-North et al., 2011). Variables to address in individual therapy include, admitting the addict is powerless and out of control in relation to their compulsive sexual behavior, the exploration of feelings of shame, fear, loneliness, abandonment, as well as feelings around infidelity or betrayal (Carnes, 1991;

Landau-North et al., 2011). The open and safe exploration of one's sexuality and relationship to sex, as well as experiences in childhood that impact current interpersonal relationships in individual therapy, provide a platform by which the couple is able to explore current relationship dynamics. Two therapeutic modalities are presented for psychologists providing treatment to couples struggling with internet pornography addiction. Emotion Focused Therapy (EFT) and Gottman Method Couples Therapy provide frameworks that assist clinicians in understanding the needs of the clients, meeting them where they are at, and supporting them in moving forward in a positive, healthy manner. Though beyond the scope of this dissertation, it is recognized that there are a multitude of therapeutic modalities that can be effective in treating couples with IP addiction and therapists should obtain additional training if needed.

**Acceptance and Commitment Therapy.** Acceptance and Commitment Therapy (ACT) can be helpful in the treatment of the identified partner who struggles with IP, as it is a process-based intervention, focused on decreasing experiential avoidance. Because it is a commonly held belief that addictions serve as a means of avoiding thoughts and/or feelings, a means to regulate emotions, or a means to provide relief from physical/psychological turmoil, ACT interventions directly address this issue. Research has found that intentional avoidance or suppression of thoughts can cause an increase in private thoughts that lead to urges and undesired pornography viewing (Fraumeni-McBride, 2019). Shame and guilt are often associated with compulsive pornography consumption, and ACT directly addresses the negative view of the self. ACT reduces self-loathing and criticism by encouraging acceptance and mindful awareness of urges. Participants are asked to watch addictive urges rise and fall mindfully, while embracing themselves in a kinder and less judgmental way, and moving toward valued actions (not control,

avoidance, and suppression). This provides a more cohesive sense of self with less shame and self-hatred (Fraumeni-McBride, 2019), allowing for increased connection with a partner.

**12 Step Groups.** 12 Step Groups can be very helpful for both the addicted partner and spouse. There are number of fellowship groups that are specifically centered on IP and sexual addiction. Examples of Fellowship Groups that would be helpful in recovery from pornography addiction include Recovering Couples Anonymous, Sex Addicts Anonymous, Sex and Love Addicts Anonymous, and Sexual Compulsives Anonymous (Carnes, 1991, 2001; Carnes et al., 2007).

**Emotion Focused Couples Therapy.** The fundamental goal of emotion-focused therapy (EFT) with couples is developing a secure attachment. A secure base is established that allows for effective coping and encourages the couple to turn toward his or her partner and relationships as a safe haven (Landau-North et al., 2011). Landau-North et al. (2011) suggest that secure attachment is “an antidote to addiction” (p. 195), as it promotes a healthy way to manage negative emotions, deal with stress, soothe pain, and hold a positive self-image.

EFT finds that a positive-incentive theory of addiction is most helpful (Landau-North et al., 2011). Positive-incentive theory holds that addiction is largely maintained by an anticipatory pleasure that those with addiction experience in the expectation of engaging in the addictive behavior. Individuals addicted to pornography experience an almost constant state of arousal that lasts longer than the actual viewing of sexually explicit materials or subsequent orgasm (Landau-North et al., 2011). In this theory, an emphasis is placed on the desire for pleasurable, mood-enhancing experiences that are consistent and reliable throughout the addicted individual’s life. As the addicted partner becomes consumed by the anticipatory pleasure associated with viewing pornography, they become more distant and emotionally unavailable, which creates and

perpetuates a chronic cycle by causing more strain on the relationship (Landau-North et al., 2011). As a result of the reciprocal causality in addiction and the subsequent erosion of intimate relationships, EFT also incorporates a systemic understanding of addiction in couples therapy. Systems theory proposes that a person's cognitions and behaviors are influenced and shaped by interpersonal and relational experiences (Landau-North et al., 2011).

**Gottman Method Couples Therapy.** Gottman Method Couples Therapy (GMCT) is well researched and well suited to IP addiction because it is an integrative, attachment-based approach that locates dysfunctional patterns and remedies them within the context of the relationship. As commonly reported in couples struggling with online sexual compulsivities, there are a great deal of feelings of pain and betrayal that reduce due to the GMCT approach of turning towards each other rather than away (i.e., when couples exist in isolative patterns of interaction that further increase the emotional distance between partners). GMCT identifies four corrosive factors that are detrimental to healthy relationships, known as the Four Horsemen: contempt, criticism, stonewalling, and defensiveness. All four of these factors often appear in couples struggling with IP addiction (Gottman, 2004; Saks, 2004). Gottman focuses on the creation of a sound foundation, by which the relationship is able to heal, reconnect, and sustain over time.

Clinicians using GMCT take a directive approach and identify problematic methods of interaction, assessing for the presence of the Four Horsemen (Saks, 2004). In addition to identifying the Four Horsemen, therapists help clients develop alternative strategies for engaging in conversation; these alternative strategies are called antidotes. *Contempt* involves mockery, ridicule, sarcasm, and other forms of disrespect when communicating. Contempt communicates a form of moral superiority over one's partner. The antidote to contempt is the building of a



culture of appreciation. Creating such a culture may involve couples reminding themselves of their positive qualities and engaging in gratitude for each other. *Criticism* is different than offering feedback or voicing a complaint. Rather, criticism involves an attack on the partner's personhood; a focus on who they are, rather than what they have done. Thus, therapy addressing criticism helps clients move away from criticism and towards complaints. The antidote to criticism is engagement in gentle start-ups, using "I" statements to discuss one's own feelings. *Stonewalling* is often enacted in response to contempt, and involves shutting down or withdrawing from the conversation. Stonewalling may involve tuning out, turning away, pretending to be busy, or engaging in distracting or obsessive activities. The antidote to stonewalling is physiological self-soothing. Taking a break and self-soothing can help partners to engage in the conversation more effectively once they return to it. Last, *defensiveness* is often a response to criticism and involves making excuses or blaming the critical partner. Although it can feel necessary to defend ourselves when unjustly blamed, engaging in defensiveness rarely has the intended effect, and rather pushes the blame on the critical partner, furthering the conflict. Instead, engaging in acceptance and understanding of the partner's complaints can lead to conflict resolution. Taking responsibility and working to understand the partner's perspective comprise the antidote to defensiveness (Gottman, 2004; Saks, 2004).

It is easy to imagine how these Four Horsemen would be relevant in conflicts centered on IP addiction. Either partner may engage in criticism and contempt when feeling misunderstood in the context of IP addiction, and the other partner may engage in stonewalling and defensiveness in response. Thus, GMCT treatment for those with IP addiction would include guiding couples towards identification of these Horsemen and helping them replace such behaviors with the antidotes. The therapist may use psychoeducation to teach partners individualized self-soothing

skills and softened start-up skills (Saks, 2004). The goal is to strengthen the fondness and admiration system to reverse negative sentiment. The therapist can provide the adjective checklist, which is a list of positive characteristics used to increase the couple's acknowledgement of positive qualities and encourage them to look at it several times weekly. Over time, this will increase the couple's ability to develop reciprocal patterns of turning towards each other (Gottman, 2004; Saks, 2004). The therapist may also engage the couple in the dreams-within-conflict intervention, where the couple has a discussion about each other's dreams within the relationship, dreams they have individually, and dreams they share as a couple. The therapist would take care to discuss and understand the fears, particularly fears around abandonment of both partners in a safe, non-threatening environment. Relapse prevention may be encouraged by planning for possible triggers and helping partners notice when a partner is beginning to get off track (Saks, 2004).

## **DISCUSSION**

After conducting this extensive review of the current literature, I provide specific recommendations for clinicians treating heterosexual couples, as well as recommendations for those who provide training to clinicians. I discuss the limitations of this study and the limitations within the available data. Last, I propose areas where future research is needed.

### **Recommendations for Clinicians**

Currently, psychologists receive no formal training for this growing population. Therefore, it is recommended that they begin learning the basics around IP addiction, including prevalence, as presented in this dissertation. For example, 31% of Americans participate in some form of online sexual activity (Cooper, Delmonico, & Burg, 2000), which suggests that clinicians will undoubtedly work with such individuals and will need to know how to assess whether such activity is affecting client functioning. In addition, clinicians must know about the normative development of sexuality, including for those who are neurodivergent or those who belong to minority gender and sexual identity groups, in order to understand and assess deviations from such. Given the dearth of research, it is imperative that further research be conducted by both current and future clinicians to expand the empirical database for addressing problematic internet pornography consumption.

Clinicians working with couples would benefit from understanding how IP addiction impacts the identified partner, their spouse, and their children. For example, understanding that the use of pornography to masturbate can become a primary source of distress tolerance could encourage clinicians to focus on helping clients develop alternative forms of distress tolerance and coping. Providers would also benefit greatly from understanding predictive factors that can lead to compulsive sexual behaviors, since they may be able to provide preventative treatment

when those predictive factors arise. It is recommended that therapists utilize assessment tools and questionnaires described above to aid in conceptualizing the couple's presenting problem.

Clinicians would benefit from using the assessments described previously (the PPCS, SAST, and the SCS) to increase their understanding of the gravity of the identified partner's addiction.

Clinicians may also choose to use these questionnaires as a form of measuring outcomes, thereby administering them regularly to inform the treatment plan.

Providers may need to seek out additional training in areas such as Emotion Focused Therapy and Gottman Method Couples Therapy. These modalities are well-suited for treating the relational pain caused from IP addiction. In addition, ACT and 12 Steps programs can be helpful for individual treatment. Clinicians must actively reflect on their personal biases, values, judgments, and belief systems related to pornography and addiction. Puritanical values, which are normative in the United States culture, may lead a clinician to react more harshly to normative pornography use and sexual development. Alternatively, a clinician's biases may also lead them to dismiss pornography use that is, in fact, negatively affecting the client's functioning. Thus, when providing any of the described assessments or treatments, clinicians must understand their own past experiences, personal preferences, and potential areas of bias in the hopes of providing non-judgmental, ethical treatment that is suited to the individual client's needs.

### **Recommendations for Training Clinicians**

Training of new clinicians must be centered on basic information about IP, prevalence of IP, and predictive factors of IP, as presented in this literature review. Coursework focused on psychopathology and addiction should include a module regarding problematic use of internet pornography. In addition, clinicians must be trained regarding the normative development of

sexuality, including for those who are neurodivergent or those who belong to minority gender and sexual identity groups, in order to understand and assess deviations from such. The dearth of research suggests that more research will be necessary. Such research could be conducted by doctoral students under the advisement of psychologists.

Psychologists would benefit from being trained to assess an individual's relationship to pornography. Understanding how to use questionnaires and assessment tools to provide a framework and point of reference is important for providers working with couples. Coursework regarding the use of assessment measures in the context of intervention and the use of outcome measures should include attention to assessments of internet pornography use. In addition, this focus should be included in supervision and training seminars.

Training should also include attention to treatment models for individuals and couples facing pornography addiction. The use of ACT, Emotion Focused Therapy, and the Gottman Method will help clinicians address pornography addiction. Thus, inclusion of such models in coursework regarding treatment for couples is imperative. New clinicians would also benefit from supervisors providing scaffolding and feedback at training sites as they practice these treatment modalities.

It is clear that therapists must engage in self-reflection and understand their own thoughts and feelings regarding pornography use if they hope to provide ethical, client-centered treatments. For those psychologists who are training clinicians, understanding one's own assumptions, values, and biases is imperative, as they provide the professional template for safe, open communication in treatment. In addition, the new clinicians themselves must also engage in self-reflection when providing the previously described assessments and treatments.

## **Limitations and Future Research**

Due to the lack of empirical data, significantly more research needs to be collected and analyzed as pornography continues to be accessible and affordable. Currently, there are various conceptualizations of compulsive online sexual behaviors and no validated diagnostic guidelines, which limits our capacity to conduct research and truly elucidate this phenomenon. This study was limited to monogamous, heterosexual dyadic relationships, but it is important that research include how IP addiction uniquely impacts individuals with minority gender and sexual identities, those in open/polyamorous relationships and those from multicultural populations.

This dissertation was also limited to the impact of IP on those residing in the United States. Given that the sociopolitical sphere in the United States tends to be marked by puritanical values, American views on sex and pornography likely differ from those in other countries. Thus, pornography addiction, including how it is defined and its relationship to sexuality, should be explored in other countries. An additional limitation of this dissertation is that there is not an analysis of different types of pornography, such as those that are intended for male gaze versus those that are female-directed, as well as those that represent consensual bondage, leather, and so forth. Rather, I chose to focus on the mainstream IP that is the most prevalent and utilized. Thus, future research investigating the presence and quality of pornography addiction across different forms of sexually explicit materials would likely be useful in our further understanding of this topic.

## **Conclusion**

As our work and social lives become increasingly conducted online, the issues with internet pornography will continue to impact children, families, and the greater society. During the current novel coronavirus (COVID-19) era, we have all been tasked with adapting our work

and social lives to be remote and virtual. However, human beings are social creatures that seek connection and meaning. Connecting online alters the limbic connection felt when two individuals connect in person. Instead of interacting with our whole bodies, we are interacting from the shoulders up. Similarly, internet pornography has become the sexual educator of our youth, without providing a template for the intimacy and interaction that is at the core of relationships. In addition to the increased amount of time spent on computers undoubtedly leading towards more pornography use, internet pornography also mimics the ways in which online connection is not a replacement for in-person connection. Pornography is not a replacement for in-person sex and intimacy. Yet, no one individual (or group of individuals) can compete with the dopamine release associated with viewing an endless stream of graphic, sexually explicit material that internet pornography presents. This endless stream, therefore, conditions our brains to seek increasingly high levels of stimulation, which in turn makes it more difficult for individuals to naturally seek in-person intimacy and connection. Thus, if internet pornography is our children's new classroom and curriculum, these unrealistic virtual examples of sexuality and relating will undoubtedly affect both individuals' understanding of what sex and intimacy involve, as well as individuals' likelihood to seek out in-person interactions.

Further, the content of mainstream pornography has countless effects on our society's views towards women. A majority of mainstream pornography consumed by our youth depicts violence against women, degrades and objectifies women, and attends only to the man's pleasure. Thus, internet pornography has an impact on the perpetuation of rape culture and violence against women. We need to engage in dialogue that challenges assumptions, including those informed by rape culture. The lack of dialogue about pornography use and addiction further perpetuates the shame and distress associated with IP addiction. I was exposed to

pornography at a very young age and dialogue about what messages I may have received from it would have helped me integrate those experiences earlier in my life. I was lucky enough to have supportive and healthy attachment relationships that allowed me to understand the impact and potential for negative experiences; not all youth who are exposed to sexually explicit materials are as lucky, and improving the societal dialogue would hopefully help.

As the number of hours individuals spend on their computer increases, the chasm created by interpersonal disconnection continues to widen. Enhanced understanding of these phenomena will allow us to continue providing more effective treatment for those suffering with IP-related distress or impairment. In addition, we can continue training future clinicians to address these topics with social responsiveness and clinical judgment.



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**APPENDIX A: EXAMPLE OF LITERATURE SEARCHED**

<b>Database</b>	<b>Citation</b>	<b>Access to Article</b>
JSTOR	Griffin-Shelley, E. (2003). The internet and sexuality: A literature Review--1983-2002. <i>Sexual and Relationship Therapy</i> , 18(3), 355–370.	<a href="https://doi.org/10.1080/1468199031000153955">https://doi.org/10.1080/1468199031000153955</a>
ProQuest	Reay, B., Attwood, N., & Gooder, C. (2012). Inventing sex: The short history of sex addiction. <i>Sexuality &amp; Culture</i> , 17(1), 1–19.	<a href="https://doi.org/10.1007/s12119-012-9136-3">https://doi.org/10.1007/s12119-012-9136-3</a>
SagePub	Coleman-Kennedy, C., & Pendley, A. (2002). Assessment and diagnosis of sexual addiction. <i>Journal of the American Psychiatric Nurses Association</i> , 8(5), 143–151.	<a href="http://jap.sagepub.com/content/8/5/143">http://jap.sagepub.com/content/8/5/143</a>
SpringerLink	Ferguson, C. J. (Ed.). (2013). <i>Adolescents, crime, and the media: A critical analysis</i> . Springer Science + Business Media.	<a href="https://doi.org/10.1007/978-1-4614-6741-0">https://doi.org/10.1007/978-1-4614-6741-0</a>
Taylor & Francis Online	Carnes, P. (2003). The anatomy of arousal: three Internet portals. <i>Sexual and Relationship Therapy</i> , 18(3), 309–328.	<a href="https://doi.org/10.1080/14681990310153937">https://doi.org/10.1080/14681990310153937</a>
Taylor & Francis Online	Jones, K. E., & Tuttle, A. E. (2012). Clinical and ethical considerations for the treatment of cybersex addiction for marriage and family	<a href="https://www.tandfonline.com/doi/abs/10.1080/1532691.2012.718967">https://www.tandfonline.com/doi/abs/10.1080/1532691.2012.718967</a>

	therapists. <i>Journal of Couple &amp; Relationship Therapy</i> , 11(4), 274–290.	
Taylor & Francis Online	Cravens, J. D. & Whiting, J. B. (2014). Clinical implications of internet infidelity: Where Facebook fits in. <i>The American Journal of Family Therapy</i> , 42(4), 325–339.	<a href="http://dx.doi.org/10.1080/01926187.2013.874211">http://dx.doi.org/10.1080/01926187.2013.874211</a>
Taylor & Francis Online	Delmonico, D., & Miller, J. (2003). The internet sex screening test: A comparison of sexual compulsives versus non-sexual compulsives. <i>Sexual and Relationship Therapy</i> , 18(3), 261–276.	<a href="https://doi.org/10.1080/1468199031000153900">https://doi.org/10.1080/1468199031000153900</a>
Taylor & Francis Online	Zitzman, S. T., & Butler, M. H. (2005). Attachment, addiction, and recovery: Conjoint marital therapy for recovery from a sexual addiction. <i>Sexual Addiction &amp; Compulsivity</i> , 12(4), 311–337.	<a href="https://doi.org/10.1080/10720160500362652">https://doi.org/10.1080/10720160500362652</a>