



Psychometric development of the Problematic Pornography Use Scale



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HIGHLIGHTS

- We report the development of the Problematic Pornography Use Scale.
- Scale showed high internal consistency, convergent validity, and construct validity.
- High scores were positively correlated with measures of psychopathology.
- Future research should explore problematic pornography use as a behavioral addiction.

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ABSTRACT

Despite the increased social acceptance and widespread use of pornography over the past few decades, reliable and valid instruments assessing problematic use of pornography are lacking. This paper reports the findings of three studies aimed at developing and validating a new scale measuring problematic pornography use. The Problematic Pornography Use Scale (PPUS) items showed high internal consistency, convergent validity, and construct validity. Exploratory and confirmatory factor analyses revealed four core factors relating to proposed domains of problematic pornography use. High PPUS scores were positively correlated with measures of psychopathology, low self-esteem and poor attachment. Although PPUS scores were related to other behavioral addictions, problematic pornography use as operationalized in the current paper appears to be uniquely distinguished from features of behavioral addictions relating to gambling and Internet use. Findings highlight the potential use of the PPUS for future research and possible clinical applications by defining problematic pornography use as a behavioral addiction.

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1. Introduction

Increased Internet use over the past few decades has been accompanied by an increased consumption and societal acceptance of pornography. Both trends may contribute to an increase in self-reported problematic pornography use, including what some have labeled “pornography addiction” (D’Orlando, 2011). Various conceptualizations about problematic pornography use and related behaviors (e.g., cybersex) have been proposed, and their clinical implications have been documented (e.g., Bensimon, 2007; Bostwick & Bucci, 2008; Cooper, Delmonico, & Burg, 2000; Delmonico & Miller, 2003; Schneider, 2000; Tarver, 2010). While research on this topic has increased over the past few decades (Voros, 2009), operational definitions or validated

measures have not been developed to capture what some have labeled pornography addiction (D’Orlando, 2011; Short, Black, Smith, Wetterneck, & Wells, 2012).

In the current article, we propose an operational definition of problematic use of pornography within an addiction framework. We identified specific features that may reflect addictive pornography use and then constructed a self-report instrument aimed at assessing these features. Based on four common characteristics of substance and non-substance addictions, a Problematic Pornography Use Scale (PPUS) was developed, tested and examined in relation to measures of mental health, attachment and excessive/addictive engagement in sex, Internet use, and gambling.

1.1. Defining pornography

Understanding patterns of excessive pornography use requires a definition of pornography; however, efforts to classify material as

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pornographic have been challenging, as others have noted (e.g., Ayres & Haddock, 2009; Daneback, Træen, & Sven-Axel, 2009; Ford, Durtschi, & Franklin, 2012; Haavio-Mannila & Kontula, 2003; Kingston, Malamuth, Fedoroff, & Marshall, 2009). Despite differences among evolving conceptualizations of pornography including those influenced by societal perspectives and the growth of the pornography industry (D'Orlando, 2011), most agree that it contains sexually explicit material depicting naked or semi-naked bodies engaged in genital stimulation or sexual acts (Davis & McCormick, 1997; Traeen, Sørheim-Nilsen, & Stigum, 2006). Moreover, pornography can be conveyed through a vast array of mediums including magazines, books, Internet sites, phone services and videos designed to sexually stimulate the consumer (e.g., Davis & McCormick, 1997; Flood, 2007; Ford et al., 2012). For the purposes of this study, material is considered pornographic if it: (1) creates or elicits sexual thoughts, feelings, or behaviors; and, (2) contains explicit images or descriptions of sexual acts involving the genitals (e.g., vaginal or anal intercourse, oral sex, or masturbation). This definition has been used among other sex researchers in operationalizing a working definition of pornography (Hald & Malamuth, 2008; Reid, Li, Gilliland, Stein, & Fong, 2011).

1.2. Internet pornography

The Internet has contributed significantly to increased consumption of pornography. Internet pornography differs from other forms of pornography in that it is easily accessible, anonymous, and often free. Cooper (1998) reported that the combined effect of these characteristics may drive the popularity of Internet pornography, and referred to them as the “Triple-A engine:” access, affordability, and anonymity.

The revolution in information and communication technology has not only made pornography more accessible, but also may have increased societal acceptance of pornography use (D'Orlando, 2011). Cooper et al. (2000) reported that up to 17% of individuals may experience moderate or greater levels of sexual compulsivity. In 2008, Carroll et al. (2008) reported that two thirds of young men and one half of young women claimed that viewing pornography is acceptable. However, the current prevalence of problematic pornography use is presently unknown.

Ropelato (2006) reported that approximately 40 million Americans visit pornography websites regularly. The Internet pornography industry revenues are larger than those of the top technology companies (e.g., Microsoft, Google, Amazon). They are also larger than the combined revenues of all professional football, baseball, and basketball franchises in the United States (Ropelato, 2006). Excessive pornography use was reported as the most prominent problem among 81% of patients assessed for the proposed DSM-5 criteria for hypersexual disorder in a field trial (Reid, Carpenter, et al., 2012; Reid, Garos and Fong, 2012). Furthermore, many clinicians report that pornography use is a frequent concern among people they see in treatment (e.g., Ayres & Haddock, 2009; Goldberg, Peterson, Rosen, & Sara, 2008; Wood, 2011), making the extent to which individuals engage in pornography viewing a potentially important health consideration.

The privacy of cyberspace also allows individuals to indulge in fantasies that may be socially unacceptable to varying degrees, such as fetish, bondage, bestiality, and incest fantasies (e.g., Cooper, 1998; Young, 2008). While this might allow people to explore their sexuality in positive and unprecedented ways, the Triple-A engine effect may also create a diathesis leading some individuals to develop excessive patterns of problematic pornography use.

1.3. Clinical characteristics of pornography users

Hald, Smolenski, and Rosser (2013) discuss pornography use as possibly being a positive source of information and helping individuals confirm and understand their sexual orientation. However, significant psychological problems have also been associated with frequent use of

pornography. Individuals who report highly frequent use of pornography may be at increased risk for many negative health consequences, including engaging in risky sexual behavior such as unprotected sex with multiple partners, extramarital sex, and use of commercial sex workers (Reid, Carpenter, et al., 2012; Reid, Garos and Fong, 2012). As a result, they may also be at an increased risk of contracting sexually transmitted infections (e.g., Levert, 2007; Stack, Wasserman, & Kern, 2004; Wright & Randall, 2012). Individuals using pornography with violent or aggressive themes may increase their risk of engaging in sexual violence (e.g., Dines, Jensen, & Russo, 1998; Fisher, Belfry, & Lashambe, 1999; McKee, 2005; Russell, 1997) and develop negative perceptions about women (e.g., Fisher et al., 1999). People who report highly frequent use of pornography (versus non-users) are more likely to consume alcohol during sexual encounters (e.g., Braun-Courville & Rojas, 2009), to exhibit more delinquent behavior and substance use (e.g., Ybarra & Mitchell, 2005), and to report more dissatisfaction with life (e.g., Peter & Valkenburg, 2006), loneliness (e.g., Yoder, Virden, & Amin, 2005) and job-related problems (e.g., Hertlein & Piercy, 2008; Kafka, 2000; Wright & Randall, 2012). Excessive pornography use may also contribute to marriage distress, conflict, and attachment ruptures among couples in monogamous committed relationships (Bergner & Bridges, 2002; Bridges, Bergner, & Hesson-McInnis, 2003; Manning & Watson, 2007; Reid, Carpenter, & Draper, 2011; Reid, Carpenter, Draper, & Manning, 2010). Individuals who report highly frequent use of Internet pornography also tend to report a history of traumatic experiences, such as sexual, physical or emotional abuse (e.g., Levert, 2007). They also tend to report coming from rigidly disengaged families and to experience relatively low levels of emotional bonding with their caregivers (e.g., Levert, 2007; Wood, 2011; Ybarra & Mitchell, 2005). These individuals also tend to report lower self-esteem (e.g., Levert, 2007) and greater depressive symptoms than do non-users (Weaver et al., 2011), and some studies have suggested that individuals suffering from depression or anxiety disorders tend to use pornography to regulate sleep and pain and to cope with family and other interpersonal problems (e.g., Black, Kehrberg, Flumerfelt, & Schlosser, 1997; Carnes, 1991; Kafka, 2000; Kafka & Prentky, 1994, 1998). Individuals with excessive use of pornography may also suffer from Internet addiction or exhibit hypersexual behavior, both of which may be severely debilitating (Carli et al., 2013; Kor, Fogel, Reid, & Potenza, 2013; Reid, Carpenter, et al., 2012; Reid, Garos, & Fong, 2012).

Surprisingly, despite accumulated evidence on the problematic nature of excessive pornography use, there is no agreed-upon way to measure excessive pornography use. As a result, operational definitions of pornography use are varied and inconsistent (e.g., Fisher & Barak, 2001; Maddox, Rhoads, & Markman, 2011; Short et al., 2012). For example, a review of 42 quantitative studies on pornography use published during the past decade revealed 95% of studies used researcher-generated questions and only two of the studies used validated measures (Short et al., 2012). Moreover, pornography use was measured through several distinct indicators: some studies measured the frequency of use, others the duration of use, and others either the absence or presence of pornography use. Additionally, several studies were limited to young adults or high-school students (e.g., Braun-Courville & Rojas, 2009; Haggstrom-Nordin, Hanson, & Tyde'n, 2005; Wingood et al., 2001), raising questions about the generalizability of findings across age groups.

Insofar as a large percentage of individuals classified as having “hypersexual disorder” based on the DSM-5 proposed criteria reported problems with dysregulated pornography use, Reid, Carpenter, and Draper (2011) and Reid, Li, Gilliland, Stein, and Fong (2011) developed the *Pornography Consumption Inventory* (PCI) to assess the motivations for using pornography among this population (Reid, Li, Gilliland, Stein, & Fong, 2011). A four-factor solution for the PCI suggested that hypersexual individuals use pornography to avoid unpleasant affective states, for sexual curiosity, in response to a perception that pornography is exciting, and to facilitate sexual arousal. However, while high scores on the

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