

What Matters: Quantity or Quality of Pornography Use? Psychological and Behavioral Factors of Seeking Treatment for Problematic Pornography Use

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ABSTRACT

Introduction: Pornography has become popular with Internet technology. For most people, pornography use (PU) is entertainment; for some, it can result in seeking treatment for out-of-control behavior. Previous studies have suggested that PU can influence sexual behaviors, but the direct relation between frequency of PU and treatment-seeking behaviors has not been examined.

Aims: To investigate whether individuals seeking treatment as a consequence of their problematic PU do so because of their quantity of pornography consumption or because of more complex psychological and behavioral factors related to PU, such as the severity of negative symptoms associated with PU and/or subjective feeling of loss of control over one's behavior.

Methods: A survey study was conducted of 569 heterosexual Caucasian men 18 to 68 years old, including 132 seeking treatment for problematic PU (referred by psychotherapists after their initial visit).

Main Outcomes Measures: The main outcome measures were self-reported PU, its negative symptoms, and actual treatment-seeking behavior.

Results: We tested models explaining sources of seeking treatment for problematic PU with negative symptoms associated with PU and additional factors (eg, onset and number of years of PU, religiosity, age, dyadic sexual activity, and relationship status). Seeking treatment was significantly, yet weakly, correlated solely with the frequency of PU ($r = 0.21$, $P < .05$) and this relation was significantly mediated by negative symptoms associated with PU (strong, nearly full mediation effect size; $k^2 = 0.266$). The relation between PU and negative symptoms was significant and mediated by self-reported subjective religiosity (weak, partial mediation; $k^2 = 0.066$) in those not seeking treatment. Onset of PU and age appeared to be insignificant. Our model was fairly fitted (comparative fit index = 0.989; root mean square error of approximation = 0.06; standardized root mean square residual = 0.035) and explained 43% of the variance in treatment-seeking behavior (1% was explained by frequency of PU and 42% was explained by negative symptoms associated with PU).

Conclusion: Negative symptoms associated with PU more strongly predict seeking treatment than mere quantity of pornography consumption. Thus, treatment of problematic PU should address qualitative factors, rather than merely mitigating the frequency of the behavior, because frequency of PU might not be a core issue for all patients. Future diagnostic criteria for problematic PU should consider the complexity of this issue.

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Key Words: Hypersexual Behavior; Psychotherapy; Treatment Seeking; Pornography; Problematic Sexual Behavior

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INTRODUCTION

The development of broadband Internet technology has provided an accessible, affordable, and anonymous access to a wide range of pornography content.¹ Analysis of data obtained from a representative sample of 688 young (18- to 30-year-old) heterosexual Danish citizens showed that 67.6% of men and 18.3% of women use pornography on a regular basis (minimum once per week).² Furthermore, a study of 563 American college

students showed that 93.2% of men and 62.1% of women had been watching online pornography before 18 years of age.³ For most users, viewing pornography provides entertainment, excitement, and inspiration,^{4,5} but for some, frequent pornography use (PU) is a source of suffering (8% of 9177 users⁶) and a reason to seek treatment.^{7,8} PU, accompanied by masturbation, also is the most common behavior in men, meeting the criteria of hypersexual disorder^{9,10} proposed by Kafka⁹ for the *Diagnostic and Statistical Manual of Mental Disorder, Fourth Edition*.¹¹

Because the concept of hypersexual disorder was not accepted by the American Psychiatric Association owing to insufficient experimental data,^{12,13} currently, there are no universally recognized diagnostic criteria for various out-of-control sexual behaviors (eg, problematic PU, excessive masturbation, use of paid sexual services, frequent risky casual sex, etc). Researchers studying these behaviors use many different norms for discrimination of so-called clinical and control subjects. By analyzing studies on out-of-control sexual behaviors,^{14–16} one can see an attempt to define these behaviors based on quantity (ie, amount of PU^{15,16} or number of sexual partners^{17,18}) or through the role and consequences of sexual behavior (ie, “quality” of PU).

Quantitative norms for human sexual behaviors are very difficult (if possible) to define. Problematic PU also might be difficult to define through quantitative aspects. Our clinical experience shows that subjects seeking treatment for problematic PU exhibit high variability of PU quantity. This variability also is visible in recent experimental studies. Voon et al¹⁴ and Mechelman et al¹⁹ reported 1.75 hours per week (SD = 3.36) of PU for the control group and 13.21 hours per week (SD = 9.85; information presented by Voon et al during the American Psychological Science conference in 2015) for subjects meeting hypersexual disorder criteria.⁹ However, Prause et al¹⁵ reported 0.6 hour per week of PU (SD = 1.5) for control subjects and 3.8 hours per week (SD = 1.3) for subjects labeled “hypersexual” (subjects were not examined for hypersexual disorder criteria but for self-reported problematic PU). Kühn and Gallinat¹⁶ showed that individuals using pornography for 0 to 19.5 hours per week (mean = 4.09 hours per week, SD = 3.9) do not meet the problematic PU criteria set by the Internet Sex Screening Test.²⁰ In our opinion, these data suggest that the mere frequency of PU might be only weakly associated with self-perceived problems and treatment-seeking behaviors.

During the long-lasting debates on the nature of out-of-control sexual behaviors (for reviews, see Kor et al²¹ and Ley et al²² or Short et al²³ specifically about pornography), most definitions have focused on the subjective experience of the individual, such as impact on everyday life, negative consequences, role of the behavior in mood regulation,^{9,24,25} or perceived lack of control and distress.²⁶ Recent studies have shown that frequent PU is negatively related to the enjoyment of sexually intimate behaviors with a partner²⁷ and positively associated with frequent distraction by sexual thoughts,²⁸ frequency of masturbation, and sexual boredom in the relationship.²⁹ Some data have shown that such

boredom can be compensated by the increase in different sexual behaviors, with their contents related directly to the scripts watched in pornographic videos.^{27,30} Although we need to be careful about causal interpretations, because these studies show only correlations, each of such negative symptoms related to PU could play a crucial role in seeking treatment.

These observations bring up the question of whether individuals seeking treatment for problematic PU do so because of excessive consumption of pornography (quantity) or because of more complex psychological and behavioral factors related to PU, such as associated habits, their functions, negative consequences, and/or subjective feelings of loss of control over one's behavior. To address this question, we propose a theoretical mediation model (Figure 1). This simple model assumes that high frequency of PU can lead to treatment-seeking behaviors (path A) or negative symptoms (mediator) that consequently lead to treatment-seeking behavior (path B). To analyze the pattern of mutual relations between measured variables, one can use path analysis.³¹ This statistical procedure tests whether a gathered set of data fits well with a created a priori complex theoretical model of causal relations between particular variables. The analysis is done by conducting simultaneous multiple linear regressions and presented graphically using path diagrams (Figures 2 and 3).³²

Taking advantage of path analysis methodology, we explored the roles of other variables suggested in the literature as potentially important for problematic PU. Studies on addictive behaviors, such as substance abuse³³ and pathologic gambling,³⁴ have indicated that the age of onset of the behavior is related to the severity of symptoms and places individuals at higher risk of comorbid disorders. Similar correlations have been found for the duration of such an addictive behavior.³⁵ For these reasons, we find it important to verify what role symptom severity and behavior duration play in problematic PU.

Recent publications on PU have suggested religiosity as having an important role for self-perceiving problematic PU. However, the nature of this relation remains unclear. Grubbs et al³⁶ demonstrated that in college students and adults (not seeking treatment), self-perceived addiction to Internet pornography was positively associated with religiosity, but religiosity was unrelated to the actual amount of PU. Martyniuk et al³⁷ presented contradictory results, showing a negative relation to the amount of PU in female students and a positive relation in male students. According to our understanding, the factor of religiosity could mediate a relation between PU and perceived negative symptoms (Figure 3). Usually, religious norms depict PU and extramarital sexual activity as morally reprehensible; therefore, people who are more religious might perceive their PU as having more morally troubling consequences. In other words, we propose that religiosity can amplify the experienced consequences of PU (Figure 3).

Moreover, we argue that age should be considered because studies have shown decreasing sexual desire and activity with

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