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Perceived Addiction to Pornography, Level of Distress and Their Correlates

by

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### Abstract

Negative psychological states such as distress, shame and depression have been linked to problematic porn use. This is a proposal for a study that seeks to identify if perceived addiction to pornography and stress are correlated. In addition to this perceived addiction to porn, other perceived addictions (food, sex, alcohol, marijuana and cigarettes) will be tested to determine the level of comorbidity of addictions in people. The hypothesis of this study is: People that perceive themselves as having pornography addiction will have higher rates of other perceived addictions than those who do perceive themselves to be addicted to pornography; in addition the people with higher perceived addiction to porn are expected to have higher rate of distress.

## Perceived Addiction to Pornography, Level of Distress and Their Correlates

Fighting breaks out between a husband and his wife which raises stress levels in the room. In order to start coping the man turns to pornography as a source of relief. His usage only serves to exacerbate the couple's problems and the two keep fighting, meanwhile the husband's pornography usage increases to further work through the increased tension. The husband feels shame and guilt for viewing the material, but this only initiates a disconnection from him and his spouse; the man is slowly becoming emotionally withdrawn from the relationship. Eventually, the pornography usage becomes so frequent that his wife discovers what is happening and this cumulates into a divorce after several more heated fights. Losing his wife causes a downward spiral for the man that causes him to be depressed, lose friends and get fired from his job. What started as a coping mechanism developed into an obsession that couldn't be contained. This scenario is based on a case study where a man lost a great many things in his battle with pornography addiction (Dawson & Warren, 2012). While pornography usage doesn't equate to pathology (Cooper, Scherer, Boies, & Gordon, 1999), in cases like the scenario depicted above where it develops into an addiction that starts impacting the user's life to where they are experiencing distress it can (Dawson & Warren, 2012)

Pornography when not used excessively has been shown to have positive effects on many people (Hald & Malamuth, 2008). It should be emphasized that this study is looking for people that believe themselves to have an addiction and are experiencing problems because of their usage. A study concluded that many

people, who engage in moderate pornography usage, believe that it positively affects their lives (Hald & Malamuth, 2008).

The Internet is accessed by many people through means such as computers and other devices. In the United States alone of every household an estimated 78.5% possesses a desktop computer or laptop; in addition, 74% of the total number of households has access to the Internet as reported by the United States Census Bureau in 2013. Households in 2003 as reported by the United States Census Bureau in 2003 weren't as likely to access the Internet, as only 54.7% of all the households went online. This reveals not just the large number of people accessing the Internet, but how in just 10 years the prevalence of use increased 43.5% (Computer and Internet Use in the United States, 2013).

Naturally, with this increase of internet access and activity; pornography usage has also seen a rise. Pathological internet activity has become more commonplace in recent years, which has been in part due to this increased internet activity (Emmers-Sommer, Hertlein, & Kennedy, 2013; Grubbs, Volk, Exline, & Pargament, 2015).

Negative psychological states can develop in a person who excessively utilizes porn for purposes such as stress relief (Grubbs, Volk, Exline, & Pargament, 2015); these states include depression, anxiety, loneliness, shame, guilt and lack of motivation (Al Cooper, Delmonico, Griffin-Shelley, & Mathy, 2004; Alvin Cooper, Scherer, Boies, & Gordon, 1999; Kaess et al., 2014; Yoder, Virden, & Amin, 2005). This pornography use can cause vocational issues (Garofalo, Velotti, & Zavattini, 2016) and affect the home life of an individual (Manning, 2006). These stressful consequences of addiction can further harm the

person and create a cycle of addiction and loss (M. Adams, 2001). Sometimes people also feel pressure from society to keep their addiction to themselves, which increases their stress (Yoder, Virden, & Amin, 2005).

Sexuality is something that is not widely talked about in the United States and this removal of human sexuality from open discussion has given it a bad reputation. Many people believe that any pornography use is a very toxic behavior that will have negative consequences; these beliefs only go on to shame those who do engage in the behavior. Some organizations, such as certain religious institutions will very explicitly condemn the behavior (Howerton, 2013; Odlaug et al., 2013). This shame can devastate a person and bring a great deal of inner turmoil. While opening the discussion of pornography, halting the secrecy and ending the shame will not stop all the problems that can be created with pornography use, it would help in the treatment and research of this very important, albeit not well understood topic (Deneke, Knepper, Green, & Carnes, 2015). Besides opening up American culture to the discussion of their sexuality, another key factor is separating sexual behavior/pornography use from hypersexual tendencies and excessive pornography use. Most people that use pornography will not exhibit negative consequences, but most studies indicate a substantial portion (about 3-5%) of people are engaging in behaviors that are described as hypersexual, which can be harmful to their health if prolonged exposure takes place (Cooper, Delmonico, & Burg, 2000; Grubbs, Volk, Exline, & Pargament, 2015; Odlaug et al., 2013). In society there is a simple lack of understanding about sex addiction and its behavioral tendencies; there is an argument that would say hypersexuality isn't real and is then compared to drug

addiction, such as meth and heroin. Behavioral addiction is different than typical drug addictions. It is more comparable to gambling addiction, which is recognized as a real disorder (Crosby, 2012). These behavioral addictions are tied to the reward pathway of the brain and can become attached to stress reduction mechanisms in a person... this potential for addictive behaviors along with associations to negative psychological states makes the case for sex addiction being a very real disorder (Crosby, 2012).

Some theories attempted to explain these gender differences by looking at it through an evolutionary perspective, such as that men were more aggressive and this translates to more porn usage than women (Emmers-Sommer, Hertlein, & Kennedy, 2013). An issue presented by Emmers-Sommer et al reveals that it is difficult to pinpoint whether the influence is biological or social, such as if higher testosterone in males is affecting porn usage, or if it is influenced by cultural constraints placed on genders. No studies have been conducted to identify whether hypersexuality is heritable from parents to children; studies about drug addiction though have linked the passage of addiction utilizing adoption, twin and family studies (Ball, 2006.) Addiction to drugs and sexual activities has been shown to have a similar basis in past studies (such as low self-regulation,) so it is likely that there is a genetic basis for sexual addiction based upon the results of drug addiction studies (Deneke, Knepper, Green, & Carnes, 2015; Eisenman, Dantzker, & Ellis, 2004).

A problem that arises in the literature is figuring out the criteria to use to diagnose hypersexuality (Weinstein, 2014). This is because it is controversial whether chronic porn usage should be able to be viewed as an addiction; it is also

excluded from the DSM-V for this very purpose (Weinstein, 2014).

Hypersexuality has been revealed to be correlated with many negative psychological states such as anxiety, depression and increased stress levels within an individual (Cavaglione, 2009; Cooper, Delmonico, & Burg, 2000). High rates of compulsivity and dependence were correlated with these negative states (Odlaug et al., 2013). These correlations discovered in past studies indicate a need to determine the impact of a person's level of porn usage on their health. This leads to the need to define hypersexuality, which has been done in numerous ways. One of the original ways was to compare it other behavioral addictions, such as gambling; this is generally defined as a pattern of behavior that create negative consequences for the person engaging in them (Orford, 1978). An alternative explanation is a behavior that exhibits sexual compulsion in response to stressful stimuli, so that it produces euphoric effects while also reducing anxiety; most descriptions of sexual compulsion also add that the addiction will persist even through adverse consequences (Odlaug et al., 2013).

Many studies focus on the actual usage rate of porn in comparison to the potentially negative effects of it (Al Cooper, Delmonico, Griffin-Shelley, & Mathy, 2004; Alvin Cooper, Scherer, Boies, & Gordon, 1999). This type of assessment is hard to do without formal criteria to diagnose hypersexuality. In response, some recent studies (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015; Grubbs, Volk, Exline, & Pargament, 2015) have focused on levels of perceived use and perceived addiction in relations to negative psychological states, such as high distress. People who believe they have usage rates that are detrimental to themselves regardless of the actual frequency will experience negative symptoms



(Grubbs et al, 2015). This perceived addiction has been seen in other addiction studies, such as smoking (nicotine) addiction and has been shown to be more of a predictor in negative psychological outcomes than usage rates (Grubbs et al, 2015). Research regarding whether different addictions correlate with each other has been conducted, such as (Deneke, Knepper, Green, & Carnes, 2015; Eisenman, Dantzker, & Ellis, 2004), but these studies weren't looking at perceived addiction to porn in correlation to drug addictions such as cocaine and alcohol, rather they were basing addiction on factors such as how much a person engages in the behavior.

### Negative Psychological States

Distress is a very vital to the process of prolonging the addiction progress, which can be seen in the scenario depicted earlier. Stress causes the need for people to relieve themselves and hypersexual behavior can develop from prolonged exposure to stress. Unfortunately, for people that suffer from this addiction, these people actually believe that their hypersexual activities are causing stress. So this means that stress can fuel their addiction and create more stress itself in a perpetually worsening cycle (Black, Kehrberg, Flumerfelt, & Schlosser, 1997). It should be noted that stress isn't the only thing that can cause hypersexual behaviors, the reward-pathway in the brain is enough to keep the mind wanting more of an activity and thus assisting in addictive behaviors; this means that when the brain recognizes an easy way to release pleasurable neurotransmitters it will cause the urge for the person to do again what caused the release of pleasurable neurotransmitters... in the case of sexual addiction the

brain creates a positive association of the euphoric experience with sexual behaviors (Goodman, 2008). This reward pathway can become very connected with distress to create an even more powerful addiction. If a person engages in hypersexual behaviors as a means to cope with stress then they are also associating the relief of stress with the euphoric effects of activating the reward pathway of the brain (Goodman, 2008). It would seem that this association would cause for a person to have the desire to engage in a sexual activity when exposed to any stress, which would lead to hypersexual behaviors.

Distress in the most of extreme conditions has been shown to be linked with problematic behaviors such as addiction. When soldiers returned from Iraq the rate of post-traumatic stress disorder was at a staggeringly high 20%; it was also discovered that alcohol abuse was associated with the rise of stress related disorders. This indicates a pattern of developing an addiction to cope with problems; while many soldiers can return and find healthy ways to cope with their experiences in the military, the data shows that the mere exposure to highly stressful situations can make it hard to find a healthy coping mechanism. Alcohol isn't the only thing that these people use to cope though... it can range from other drugs to gambling and to sex addiction (Howard, 2007). Pornography is a popular avenue to escape the troubles of life and soldiers might use it as a form of self-medication, but it is only distracting them from their problem and not actually helping them work through it. This isn't to say that pornography usage can't benefit people (it can) (Hald & Malamuth, 2008), but when the soothing aspect of pornography starts to produce negative symptoms and compulsive behaviors it can harm a person (Odlaug et al., 2013). Howard likens this reward

system that pornography viewing causes as similar to drugs that create a powerful association between the addictive substance and euphoria; brain scans have shown that people with the behavioral and drug addictions have a decreased supply of dopamine in their brain which is primary neurotransmitter in the reward pathway and the only way for people is to engage this reward pathway is through their addictions such as viewing pornography (Howard, 2007).

Isolation is another problem that arises from sex addiction and relying upon it to relieve stress. People who view pornography excessively tend to be ashamed of themselves for their behavior, which creates a negative image of themselves in their mind. These negative thoughts only cause stress and a need for them to engage in their behaviors. A study found that there is a significant correlation between loneliness and the viewing of pornography; when a person views pornography excessively, they stand a much greater chance of possessing high feelings of loneliness (Yoder, Virden, & Amin, 2005). Research that was performed in 2014 indicates a high correlation between depression and pathological internet use... people who use the internet too much may be setting themselves up to be at risk for social isolation and maybe even suicide (Kaess et al., 2014). There is research that suggests men with higher pornography usage have limited capacity to become emotionally involved with others; however this research is not purely correlational and does not imply causality (Yoder, Virden, & Amin, 2005).

Shame is connected to the inability to form an emotional connection when a person is suffering from hypersexual disorder. Shame could be a contributing spark that ignites the alienation that comes with sex addiction. The person with

the addiction may starts experiencing feelings that they are not adequate or they begin developing great contempt for themselves. Anything that the person does in life is going to be seen from these highly critical eyes that they have developed from shame and this will create emotional distance with others. This alienation from loved ones will just cause for the need for a person suffering from an addiction to rely upon the addiction even further (M. Adams, 2001). In addition to this shame, the person may begin experiencing emotional dysregulation, which can make a person seek comfort though behaviors that are prone to addiction when used to relieve stress. It is said that feelings of pleasure will combine with sadness, loneliness, shame and anger and develop into the mechanisms that begin the cycle of addiction. In this cycle it is revealed that shame and negative emotions will only create the further need to cope which will in turn create more shame (M. Adams, 2001). This experience of dealing with the consequences of addiction can be seen the case study the was presented earlier in the paper, although it can cause more than just friction and separation between a married couple; the impacts of the shame and loneliness can develop into such cognitively distorted thoughts that suicide seems like a solid plan to remove stress (Black, Kehrborg, Flumerfelt, & Schlosser, 1997).

Beyond the big negative psychological states associated (distress, isolation and shame) with hypersexuality, some of the other states include: impulsivity, anxiety, a lowered self-esteem and interpersonal conflicts (Odlag et al., 2013). People that report higher sexually compulsive behavior tend to have higher chances of experiencing anxiety and in turn have a greater chance of developing generalized anxiety disorder (Odlag et al., 2013). This anxious behavior

develops stress which as discussed earlier can help in the perpetuation of the addiction/stress cycle (Goodman, 2008; Howard, 2007). Lowered self-esteem is likely created out of a combination of the above psychological states... social isolation, shame and anxiety can cause some huge emotional problems that make a person believe that they are not a worthy person of anything (M. Adams, 2001) The impulsive nature created from addiction is tied into how the reward pathway works; there is a lack of dopamine stimulation when the person is not engaging in their addictive behavior and this leads to the person seeking something to produce that feeling of euphoria/satisfaction associated with dopamine release (Goodman, 2008). This impulsive nature is also linked with the higher chance of the person with sex addiction of also having addictions to other things such as drugs and gambling (Eisenman, Dantzker, & Ellis, 2004). This indicates that addictions possess some type of underlying mechanism, such as lowered self-control and the reward pathway that allows for an addiction to develop; multiple drug correlation studies have come to a similar conclusion (Deneke, Knepper, Green, & Carnes, 2015; Eisenman, Dantzker, & Ellis, 2004; Goodman, 2008). Most of these negative psychological states that are created are not mutually exclusive; many of these mental states interact and together create internal struggles for the person suffering from addiction to work through.

### Hypothesis

This is a proposal for a study that will build upon a previously conducted experiment that identifies perceived addiction to porn as having a strong correlation to high distress (Grubbs, Stauner, Exline, Pargament, & Lindberg,

2015). This study will attempt to recreate those results linking stress and porn usage by utilizing the same methods to measure perceived porn usage/addiction and stress; in addition, it will be using another measure of perceived porn usage to determine its effectiveness. Next, it will determine how well other addictions correlate with perceived addiction to pornography. The other perceived addictions to be included are food, sex, alcohol, marijuana and cigarettes. It is predicted that perceived stress levels and perceived porn addiction will have a positive relationship. It is also predicted that if perceived addiction to pornography is high for an individual they will also be more likely to score high in addiction/usage levels of food, sex, alcohol, marijuana and cigarettes.

## Methods

The participants of this proposed study will be gathered by utilizing a database called Amazon's Mechanical Turk. Participants gathered using this population has shown to be effective and reliable in past research studies (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015). This study will likely gather a sample that is around 40-100 participants who will be compensated upon completion for an award of 50 cents, which is done anonymously through the Amazon Turk system. The participants of this study based upon a previous study researching a similar topic with similar methods (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015) will likely consist of an equal representation of men and women. An Institutional Review Board (IRB) will need to approve this study to ensure that it is safe to conduct on a given population; to ensure

approval, I will need to make sure there is a minimal risk to participants and that informed consent waivers will be provided.

Two measures from an experiment that this current study is drawing upon will be utilized, those being: the Cyber Pornography Use Inventory-9, which contains nine items and draws upon perceived compulsivity (how often does a person view porn,) emotional distress (does a person feel shame for using porn) and access efforts (how much does a person go out of their way to view pornography) (Grubbs, Stauner et al, 2015), and the Perceived Stress Scale, which averages responses to various prompts (Grubbs, Stauner et al, 2015). Two more questions that will determine the level of perceived porn use will be employed and then be compared to the previous measure to determine effectiveness; the questions will be worded like “Do you believe yourself to be addicted to pornography” and pair it with a scale from 1-100 (with 100 being the highest usage,) so a user can identify their perceived level of use; this question-scale combo will be further utilized to determine the level of use/addiction in food, sex, alcohol, marijuana and cigarettes (Eisenman, Dantzker, & Ellis, 2004).

Statistical analyses will be employed to discover correlations between distress and perceived addiction and all the addictions in relation to perceived addiction to online sexual activities. Basic demographic questions, including age, gender, education level and religion will be asked on the questionnaire.

Differences and similarities between the genders and various age groups will be identified and put into context of previous literature. The two measures of perceived level of porn use/addiction will also be compared to determine their effectiveness.

## Results

The results of this proposed study will be put into tables to show the results. They can be broken down into various sections that look at different variables. One section will show the results on gender to reveal if there is any significant difference in addiction levels. The expected results will be that men will engage in more pathological porn use than women; for the men and women that score themselves high in perceived addiction, the predicted results are that both genders will have higher rates of multiple addictions, than those that do not believe they have a pornography problem. Another section can compare if there is a significant correlation between perceived pornography addiction and the other perceived addictions (food, sex, marijuana, alcohol and cigarettes.) This section is predicted to yield results that show co-addictions are more likely than having just one addiction. The other demographics will of course be looked at to see if any differences are correlated based on religion, education and age. It is expected based on previous studies that there will be a correlation between perceived pornography addiction and distress (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015; Grubbs, Volk, Exline, & Pargament, 2015).

## Discussion

Results from this study could help indicate if there is an underlying mechanism that is causing these various addictions to take place. If there is such a mechanism then that could be the focal point of future pornography addiction research. One possibility might be that the people are experiencing low self-



control and that this is causing them to fall into an addiction cycle. Finding the correct treatment for this addiction is vital for the well-being of these individuals who have become extremely distressed (Crosby, 2012; M. Adams, 2001).

It is clear that there are negative psychological impacts on people who excessively engage in hypersexual behaviors. This creates a need for recognition of hypersexuality as a real disorder. Sex addiction is very real and if left untreated and under-researched a large number of people in the population (roughly 5%) will be at risk of greater struggles caused from their addiction (Black, Kehrberg, Flumerfelt, & Schlosser, 1997). Hypersexuality is not included in the DSM-V, but has been shown in the majority of studies to present real issues that can harm person who is engaging in the behavior. If taken seriously and approved as a real addiction then people can be validated in that they feel their addiction is acknowledged. Being inserted in the DSM would also allow for the addiction to be researched, funded and even possibly included in insurance policies (Black, Kehrberg, Flumerfelt, & Schlosser, 1997; Kor, Fogel, Reid, & Potenza, 2013; Weinstein, 2014). More opportunities for professionals to help those in need would be created by expanding the research into areas that impact a significant portion of a person's life (their sexual life).

It seems that there is a bit of a weird cultural stigma against people openly talking about sex, which can put limits on what sex addicts will share with those close to them and to professionals. People may become extremely shameful and embarrassed due to their addiction, but open communication is what is needed most in their situations (Crosby, 2012). There is a low amount of research done on the treatment, as sex addiction isn't a diagnosable disorder as of yet, which

makes it rather hard to research (Weinstein, 2014). One study that was done found that acceptance and commitment therapy was one of the most promising therapies available right now; this is a type of cognitive behavioral therapy, which is all about learning about oneself, their feelings and their behaviors by increasing their mindfulness and acceptance. This study resulted in high drops in sexual behavior for people outside the control group. This form of therapy helps a person become aware of their maladaptive emotions/distress (Crosby, 2012). With the knowledge that there is negative psychological states caused from hypersexuality and there are promising therapy techniques to assist those in need, it only makes sense to take this behavioral disorder seriously and create an official diagnosis of the disorder.

One limitations of this study is that the expected sample size is rather small; this can be combatted, by recruiting a larger sample size. Another issue is that the measure used to rate the addictions of food, sex, alcohol, marijuana and cigarettes isn't as good a measure as the one used to determine perceived pornography use (Eisenman, Dantzker, & Ellis, 2004; Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015). The focus of this study was to take an initial look at the correlations of addictions to determine if any significant result arises; in the future studies should look to make a more comprehensive measure that can look at multiple perceived addictions.

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