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David J Ley Ph.D.
Women Who Stray

Your Belief in Porn Addiction Makes Things Worse

The label of "porn addict" causes depression but porn watching doesn't.

Posted Sep 15, 2015



Porn addiction is the idea that people (namely men) can become addicted to the widespread pornography, now so easily available on the Internet. You can't turn over a rock these days, without finding some article, website, advocacy group, or therapist, claiming that porn addiction is a dangerous public health problem. The concept of porn addiction has a self-sustaining momentum, with online self-help groups, websites, TED talks, nonprofit groups, discussion boards and television shows, all promoting the idea that pornography triggers reward processes in the brain, and thus has the potential to become an addictive, destructive behavior. But, in recent years, chips have begun to appear in the facade of this monolithic morally-based concept.

In January 2015, Joshua Grubbs of Case Western, published a powerful research showing that seeing oneself as a porn addict was predicted not by how much porn one views, but by the degree of religiosity and moral attitudes towards sex. Now, Grubbs has published explosive follow-up research, demonstrating that believing oneself is addicted to porn actually causes pain and psychological problems, in contrast to the idea that identifying as a porn addict is a part of a road to recovery.

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Grubbs is a careful and thorough researcher, whose research is not a "one and done" kind of researcher. Instead, his research often involves multiple connected studies, which serve to demonstrate the replicability of his



Snake-oil tonics and treatments - not a thing of the past.

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findings, and offer the ability to follow threads of causality and theory through multiple groups and strategies. This study is no exception.

Grubbs started with a large cross-section of adults (1,047 total; 619 women, 422 men, six prefer not to say) drawn from Amazon's Mechanical Turk workforce database. 713 of these participants acknowledged using porn in the past year (338 women, 370 men, five prefer not to say). Researchers then assessed frequency of pornography use and perceived addiction to pornography, by looking at self-perceived compulsivity, how much effort the person puts into viewing porn, and degree of emotional distress related to porn use. Next, researchers identified several components of psychological distress, including

depression, stress and anxiety. Finally, they measured personality traits, to ensure that they could rule out effects of personality, from the effects of pornography, and perceived porn addiction.

In these data, daily porn use was weakly related to feelings of anger. But, seeing oneself as a porn addict was strongly correlated with depression, anxiety, anger and stress. The effects of personality traits such as neuroticism, which would predict higher levels of negative emotional states, regardless of other issues, were statistically managed to assure that the effects detected were related to the variables of perceived porn addiction.

Grubbs' team then replicated this study with another cross-sectional pool of participants, this time from three different universities. Out of 3,055 students assessed, 1,215 (396 women, 816 men, three prefer not to say) admitted to using porn in the past year. Results supported again that actual porn use had no reliable relationship to emotional issues, but perceiving oneself as addicted to porn did (again, anxiety, anger, stress, and especially depression were predicted by how strongly someone felt they were addicted to porn).

Cross-sectional research design is a common limitation to interpreting causality, especially in research with porn or sex. Cross-sectional research only allows a "snapshot in time" and cannot truly reveal causation or "what came first, the chicken or the egg?" So, Grubbs' team then did a one-year follow-up on the students. Longitudinal research in this manner is the gold-standard for better understanding what things actually cause the problems, as opposed to merely finding a correlation.

392 of the students were eligible for the one year follow-up, and 106 completed the follow-up assessment. While that might seem like a small number for follow-up, analyses between this group and the other baseline participants showed that there were no significant differences. Thus, this followed-up sample is a good representation of the larger group.

Analyses confirmed that the self-perception as a porn addict predicted distress one year later, where either porn use or personality characteristics did not. If someone believed they were a sex addict, this belief predicted downstream psychological suffering, no matter how much, or how little, porn they were actually using.

This means that the large-scale promotion of the concept of “porn addiction,” in the media, on the Internet, by self-proclaimed experts and by an industry that preys off of an unrecognized disorder, appear to actually be hurting people. By telling people that their use of porn constitutes a disease, they are promulgating suffering and anxiety, instilling into people that their use of pornography means there is something wrong with them, and that this use has potentially dire consequences.

The word *iatrogenic* describes illnesses or damages that are acquired as a result of treatment. If you go into a hospital for an appendectomy, and get a staph infection in the hospital, that’s iatrogenic harm. The porn addiction treatment model is iatrogenic, creating harm under the guise of providing treatment and support.

The model of porn addiction is one which serves many people, those who sell treatments for it, those who believe that sex and porn should be feared or controlled, and those who believe that they are helping others by spreading the word about the dangers of porn addiction. Unfortunately, this concept is now shown to do a disservice to the very people it purports to help.

It’s no surprise to me that the label of porn addicts predicts fear, distress, depression and anger. Over recent years, I’ve seen many vulnerable people call themselves a porn addict, with much shame and fear, despite using less porn than many other people. As with Grubbs’ research, I’ve found that this self-imposed label has much to do with moral values about sex and pornography, and often comes from an impoverished understanding of human sexuality. People walk into my office reporting this, and contact me online, after they’ve been shamed and labelled in online discussion groups. When one has little



Source: By Nik Azwaa Azmi from Ampang, Malaysia (Snake Oil) [CC BY 2.0 (<http://creativecommons.org/licenses/by/2.0>)], via Wikimedia Commons

understanding that ALL people struggle at times with their sexual desires, it's very easy to listen to moralizing proclaimers of doom, and declare one's sexual desires to be abnormal and unhealthy.

The large industry of intertwined media, therapists, coaches and advocates who have obsessively and gleefully promoted the idea that porn is addictive, claim that they help people by providing an explanation and an intervention for the problems related to porn. In response to Grubbs' findings, it's now their obligation to demonstrate empirically that their label, their treatments and their theories are beneficial. Because right now, the evidence suggests that their treatment is hurting people.

The people who are making money and fame from the idea of porn addiction may claim that science hasn't looked at their theories the right way - or looked at the right people. They may try to discredit the work done by Grubbs, and challenge his findings. These proponents of porn addiction treatment will have to produce real research that supports their actual work, rather than mere extrapolations from other findings. Until then, the model of porn addiction is an unethical, harmful treatment which exploits people, just like the hucksters who sold snake oil and things like radioactive materials as medicine were engaged in harmful, dangerous and illegal practice.

The evidence is strong that that proponents of porn addiction treatment are actually causing psychological

suffering. People who listen to them, and who fall into believing that porn is addictive, actually get worse. Medicine is supposed to help people — “first, do no harm.” The idea of porn addiction is hurting people. It’s time to pull the curtain away, expose the charlatany and snake-oils of this industry, and prevent them from infecting more people with their iatrogenic model.

People who believe themselves to be porn addicts need help with understanding what their use of porn means, and why they may have problems around their sexuality. They deserve help unpacking the conflicts between their sexual desires, and the moral/religious society around them. They also need help to understand how and why porn use is not an addiction, and how viewing themselves as a porn addict may affect their self-image and emotional health. These men (and some women) deserve help in understanding their sexuality and their porn use. They don't need the shame and stigma that comes along with the "addiction" label.

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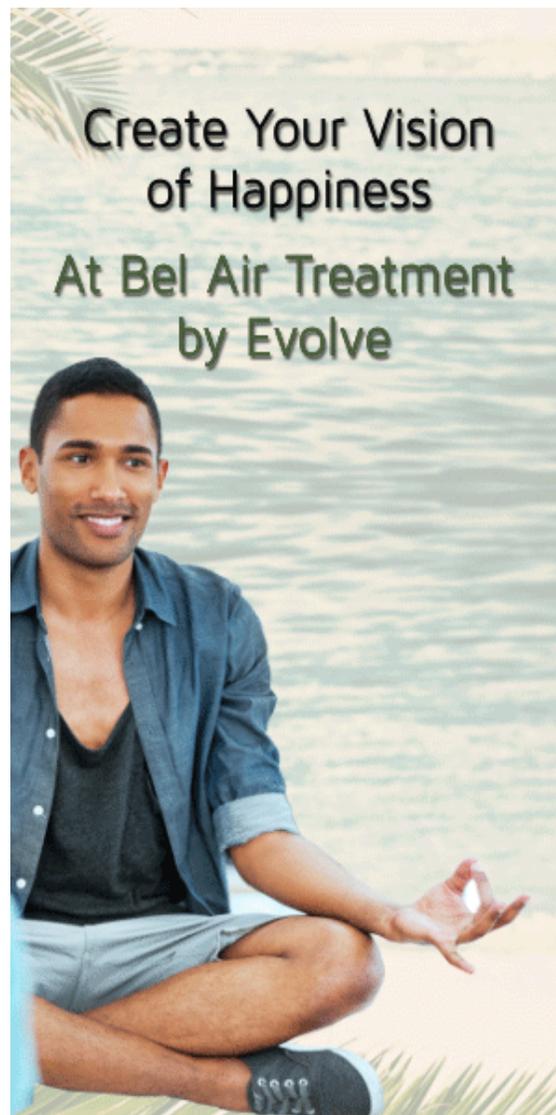
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