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The Experiences of Participants in the Brigham Young University Sexual  
Concerns Groups: A Qualitative Study

Jason C. Ripplinger

A dissertation submitted to the faculty of  
Brigham Young University  
in partial fulfillment of the requirements for the degree of  
Doctor of Philosophy

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## ABSTRACT

### The Experiences of Participants in the Brigham Young University Sexual Concerns Groups: A Qualitative Study

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Doctor of Philosophy

There is no consensus in the research on how those in a mental health profession should view pornography use. Hence, clinicians have taken various approaches to working with clients presenting with problematic pornography use. For such clients, Brigham Young University has created the Sexual Concerns Groups. Seventeen current, previous, and future group members, along with four group leaders, participated in focus groups for this study. We used collaborative hermeneutic interpretation to understand the experience of participants in these groups, and we identified five main themes: Shift in the Therapeutic Focus, Confronting Sexual Avoidance, Spirituality, Interpersonal Relationships, and Self-Perception. We discuss implications for these groups and future research.

Keywords: pornography, values, sexuality, spirituality, group therapy

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## DESCRIPTION OF DISSERTATION STRUCTURE AND CONTENT

This dissertation, *The Experiences of Participants in the Brigham Young University Sexual Concerns Groups: A Qualitative Study*, is presented in a hybrid format that meets the traditional dissertation requirements in the structure expected of journal publications. The preliminary pages of the dissertation complete the requirements expected of submissions to the university. The dissertation report is presented in the style of journal articles and research reports in education journals. This format will assist in the submission process once an appropriate journal for publication has been identified.

The Appendix A included is the literature review. This literature review addresses pornography prevalence, pornography effects, addiction model, and pornography treatment. A second reference list is also provided for references in the literature review. The first reference list is for the journal-ready article. Appendix B consists of sample questions used in each of the focus groups. Approval by the Institutional Review Board for Human Subjects (IRB) was required for this research and their approval letter is found in Appendix C. The IRB-approved consent form template that was used in this study is included in Appendix D.

## Introduction

The pornography industry has boomed over time (Stack, Wasserman, & Kern, 2004) and that seems to be the only thing that the scientific community has universally acknowledged. Researchers have studied pornography use from various angles, often obtaining contradictory or inconclusive results. Even the estimates of pornography use are undergoing scrutiny (Regnerus, Gordon, & Price, 2016). There is a particularly pronounced lack of consensus in the literature regarding the effects of pornography on mental health (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015).

Research has identified several ways that pornography can have negative impacts. When looking at pornography effects before the advent of the internet, two of the most frequently cited researchers were Zillmann and Bryant who published several studies on the subject (e.g., Zillmann & Bryant, 1984; Zillmann & Bryant, 1986; Zillmann & Bryant, 1988). Building on the work of others, Manning summarized their research and found the effects of pornography to include “(a) increased callousness toward women; (b) trivialization of rape as a criminal offense; (c) distorted perceptions about sexuality; (d) increased appetite for more deviant and bizarre types of pornography (escalation and addiction); (e) devaluation of the importance of monogamy; (f) decreased satisfaction with partner’s sexual performance, affection, and physical appearance; (g) doubts about the value of marriage; (h) decreased desire to have children; and (i) viewing non-monogamous relationships as normal and natural behavior” (Manning, 2006, p. 135).

Over the past several years, several researchers have built upon the work of Zillmann and Bryant. Manning (2006) summarized the results of several meta-analyses, stating that “pornography consumption is associated with increased risk for (a) sexual deviancy, (b) sexual



perpetration, (c) experiencing difficulty in one's intimate relationships, (d) accepting rape myths, and (e) behavioral and sexual aggression" (p. 137). An additional meta-analysis has also supported the idea that pornography consumption is associated with sexual aggression (Wright, Tokunaga, & Kraus, 2015).

Owens, Behun, Manning, and Reid (2012) individually reviewed studies published since 2005 regarding the impact of internet pornography on adolescents. Some of the findings indicated frequent consumption of pornography to be correlated with higher levels of permissive sexual attitudes, sexual preoccupation, and earlier sexual experimentation. They also found a correlation between use of pornography depicting violence with increased sexually aggressive behavior. Their findings also suggest that pornography use in adolescents is correlated with "lower degrees of social integration, increases in conduct problems, higher levels of delinquent behavior, higher incidence of depressive symptoms, and decreased emotional bonding with caregivers" (p.116).

While many studies have shown that there are various negative effects associated with pornography use, there are others which have demonstrated positive impacts as well. For example, Kaufman, Silverberg, and Odette (2007) reported several positive effects of pornography use which included: various positive impacts on sexuality, increased happiness, and decreases in anxiety and depression. A study by Hald and Malamuth (2008) found that most pornography users report self-perceived improvements in their personal lives and intimate sex lives. Kingston and Malamuth (2010) in their critique of a study by Diamond, Jozifkova, and Weiss (2010) found that people claimed a liberating effect in their sense of identity resulting from discovering and asserting aspects of their sexuality through pornography use. Poulsen, Busby, and Galovan (2013) reported women having better sex lives through internet

pornography use. Several studies found that internet pornography has allowed sexual minorities more sexual exploration and validation (Broad, 2002; Correll, 1995; Koch & Schockman, 1998; McLelland, 2002).

While the scientific community remains undecided on the overall impact of pornography use and continues to contribute to the body of research by identifying both positive and negative outcomes associated with it, clients continue to present with perceived pornography problems and assumed addictions (Cavaglione, 2009; Dunn, Seaburne-May, & Gatter, 2012; Egan & Parmar, 2013; Grubbs, Exline, Pargament, Hook, & Carlisle, 2015; Grubbs, Sessoms, Wheeler, & Volk, 2010; Grubbs, Volk, Exline, & Pargament, 2015; Kalman, 2008; Mitchell, Becker-Blease, & Finkelhor, 2005; Mitchell & Wells, 2007; Pyle & Bridges, 2012). Hoping to alleviate clients' distress, clinicians have applied a variety of treatment approaches.

Some clinicians, particularly among highly religious populations, have adopted an addiction model to treat clients reporting problematic pornography use. Hecker, Trepper, Wetchler, and Fontaine (1995) found that clinicians of high religiosity were more likely to diagnose clients with a sexual addiction than their low religiosity counterparts. Others have made arguments stating that an addiction model is inappropriate. Several studies have shown patterns different from substance abuse models (Prause, Steele, Staley, Sabatinelli, & Hajcak, 2015; Steele, Staley, Fong, & Prause, 2013) and pointing out deficiencies in the research (Ley, Prause, & Finn, 2014). The Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition (DSM-5; American Psychiatric Association, 2013) has no diagnosis for pornography addiction (Sungur & Gündüz, 2014). When making edits from the previous edition, the diagnosis of Hypersexual Disorder, which would have included pornography addiction, was

rejected (Kafka, 2010; Piquet-Pessôa, Ferreira, Melca, & Fontenelle, 2014; Steele et al., 2013; Sungur & Gündüz, 2014).

The disagreement about whether an addiction model is appropriate to apply to problematic pornography use is illustrative of the fact that there are multiple treatment approaches and little agreement among practitioners about how to best serve those presenting for help with problematic pornography use. Swisher (1995) surveyed 248 professional counselors and found that the most frequently suggested treatment of problematic pornography use was a combination of individual and group therapies. Research that is more current appears to confirm that individual therapy and group therapy are important for treatment (Briken, Habermann, Berner, & Hill, 2007; Dominguez, Ferrell, & Kwee, 2007).

Therapists have used a variety of approaches in individual therapy when treating problematic pornography use. Research shows that individual counseling focused on problematic pornography use should address effective coping strategies for boredom proneness, social disconnectedness, and online dissociation (Chaney & Chang, 2005; Gana, Trouillet, Martin, & Toffart, 2001; Paul, 2009). Other important aspects of individual counseling discussed in the literature include reducing feelings of shame and guilt, normalizing the issue, respecting cultural norms, and counselors being aware of their own sexuality values (Hinman, 2014). Hagedorn and Juhnke (2005) identify a branch of treatment they label as cognitive-behavioral counseling that uses various techniques such as identification of erotic triggers, anxiety reduction, thought stopping, cognitive restructuring, and risk recognition. Cognitive behavior techniques have been shown to be effective (Philaretou, Mahfouz, & Allen, 2005; Twohig & Crosby, 2010) and are also most frequently recommended. Short, Wetterneck, Bistricky, Shutter, and Chase (2016) surveyed 183 mental health professionals and found that

58.8% endorsed cognitive behavioral therapy for problematic internet pornography use followed by 16.9% for eclectic and 8.8% endorsing a 12-step program.

While many have suggested the importance of using group therapy to treat pornography concerns, research on this modality is sparse. Some scholarly articles that do address the topic simply provide a model for such a group. For example, Hook, Hook, and Hines (2008) use a long-term process group modeled after principles from Yalom and Leszcz's (2005) book "The Theory and Practice of Group Psychotherapy." Osborne (2004) provides a different model, using a differentiation theory model for a 24-session weekly group.

There are very few studies examining the effectiveness of group therapy to treat problematic internet pornography use. The only research of this sort that we found was conducted by Orzack, Voluse, Wolf, and Hennen in 2007. They used a model that is a combination of Readiness to Change, Cognitive Behavior Therapy, and Motivational Interviewing. They found that their groups significantly increased members' quality of life and decreased the severity of their depressive symptoms, but did not decrease the participants' problematic internet pornography use.

While the research may be scarce, it is apparent that clinicians are using groups to treat problematic pornography use. A simple Google internet search for pornography support groups in the county in which we conducted the current study resulted in dozens of groups. They are apparently running with very little research to support how efficacious these groups are. Though they are not mentioned in the research literature, we found various structures for group treatment programs: some are modeled after the Alcoholics Anonymous' 12-step program (Addiction Recovery Program, 2017; Gilkerson, 2009; Resources for Overcoming Pornography Addiction, 2015), some use religious principles (Addiction Recovery Program, 2017; Resources for

Overcoming Pornography Addiction, 2015), some use eastern philosophy (Group Therapy, n.d.), and some use techniques from empirical interventions (Group Therapy, n.d.; Line & Cooper, 2002; Pornography Recovery Groups, 2010). Researchers have yet to examine the effectiveness of these group models. More research is needed in this area.

One such group model requiring more research is the Sexual Concerns (SC) group run by Counseling and Psychological Services (CAPS) at Brigham Young University (BYU). These semester-long SC groups are described as weekly meetings that have both didactic and process aspects while using "some religious principles, coupled with empirical psychological interventions, coupled with eastern philosophy" (Group Therapy, n.d., "Sexual Concerns Group," para. 1) with the intent to help group members "bring their behavior into harmony with their value system" (Group Therapy, n.d., "Sexual Concerns Group," para. 1). These groups use principles adapted from Acceptance and Commitment Therapy (ACT), such as cognitive fusion, values, and committed action (D. Griner, email, February 3, 2015). To help decrease the disparity of group research addressing problematic pornography use and to help ensure best practices, the intent of this study was to qualitatively explore the processes and outcomes of these SC groups.

### **Researchers' Positionality**

We conducted this study in collaboration with the Consortium for Group Research and Practice (C-GRP) at BYU. C-GRP is comprised of faculty and doctoral students interested in group therapy research from CAPS and BYU's Counseling Psychology and Clinical Psychology doctoral programs. C-GRP publications have expanded group psychotherapy research in various areas, including outcome-effectiveness, practice-based evidence, and measures of group treatment (e.g., Boardman et al., 2017; Burlingame et al., 2016; Gleave et al., 2017). Members

predominantly identify as white, male, and members of the Church of Jesus Christ of Latter-day Saints (LDS).

The two principle researchers in this study are two doctoral students in BYU's Counseling Psychology program. Both researchers are white males who identify as LDS. One is 33 years old and single, and the other is 28 years old and married. They both have experience working in individual and group therapy settings with clients who present with concerns related to problematic pornography use. The two researchers have training and experience in both qualitative and quantitative research projects.

We recognize the various potentials for bias in this research. We conducted the research at a university affiliated with The Church of Jesus Christ of Latter-day Saints (LDS), and the majority of the researchers involved are white, LDS males. To be transparent, it is important to identify our personal views on the relationship between pornography and mental health. While we are morally against the use of pornography, we personally consider the distress associated with moral incongruence of one's behaviors and values to be the more important concern. We acknowledge these influences and believe that the trustworthiness of the study is intact due to the research design based in hermeneutics and the use of the hermeneutic circle as discussed below.

### **Research Questions**

This study sought to answer the following research questions:

1. What do the group participants hope to achieve by attending the SC group?
2. What outcomes are group participants reporting from their participation in an SC group?
3. What processes are happening in the SC groups to produce said outcomes?
4. What other significant themes do participants report from their involvement in an SC group?

## Methods

The following section outlines the methods and procedures followed to collect and analyze data to answer the research questions. All steps involved were submitted to and approved by the BYU Institutional Review Board.

### Participants

We drew the participants from various populations of BYU students, including those who (a) had participated in a SC group, (b) were currently participating in a SC group, (c) were about to participate in a SC group, and (d) enrolled in a SC group but stopped attending before the group terminated. We recruited participants by using CAPS' historical records to find individuals who fit the criteria above and by contacting them via email with an electronic survey to identify their willingness and availability to participate in a focus group.

We organized four focus groups, one for each population. Six people participated in the focus group for individuals who had completed a semester-long SC group. Eight people participated in the focus group for those currently enrolled in a SC group. Two people participated in the focus group for those about to participate in a SC group, and only one person who quit attending partway through a group was available and willing to be interviewed. All of the 17 focus group participants were male and fell between the ages of 19 and 33 (mean age was 23.65). Of them, 88.24% of them identified as white, 11.76% as Hispanic, Latino, or Spanish Origin, and 5.88% as multiracial. All participants were compensated \$20 for their participation.

SC group leaders were also recruited to participate in a focus group. Four of the six current leaders of these groups participated in this focus group. Two were unable to attend because of scheduling difficulties. Of the four who participated, three were male, and one was female. All identified as White. Three were licensed psychologists, and one was a licensed

marriage and family therapist. They had all led these groups for multiple years, and they were between the ages of 33 and 57, with an average age of 45.75.

Three interviewers conducted the focus groups: the two primary researchers listed above and a faculty member from C-GRP. The faculty member is a 61-year-old, White male who identifies as LDS. He is a licensed psychologist with a Ph.D. in Counseling Psychology, holds a joint-appointment faculty position with the Counseling Psychology program and CAPS, and has had previous qualitative research experience.

### **Procedure**

Because this is the first time these specific groups have been researched, we as a research team decided on a qualitative approach for the richness and depth it can provide in the data rather than a quantitative approach, which isolates specific variables. A qualitative approach rejects scientific objectivism which, according to Zimmermann, is "the view that science's empirical method leads to the highest form of knowledge" (p.117, 2015). While scientific objectivism does have strong benefits when exploring objective truths, it is not as appropriate for studies such as this that attempt to understand a subjective experience.

As noted above, we used focus groups to collect the qualitative data. Focus groups were approximately 60 minutes long and were semi-structured to help answer the research questions, while simultaneously allowing for exploration of unexpected significant themes. We developed and refined some sample questions through the collaborated efforts of the researchers. We created the questions to focus on research areas of interest and included questions such as "What was your experience in the group," "What was (not) helpful in the group," and "What plays the biggest role in your progress in group?" We audio recorded the focus groups to allow for transcription, which was completed by graduate and undergraduate student employees at CAPS.



All participants gave documented permission to audio record the focus groups, and all signed informed consent contracts. All identifying information was removed during the transcription process.

To analyze the data, we identified collaborative hermeneutic interpretation (CHI) as an appropriate method to answer the research questions and interpret the experience of the SC group participants (McKenzie, et al., 2013). CHI, as a hermeneutic qualitative research method set forth by McKenzie et al. (2013), is a process of gaining knowledge or understanding through the dialogue with the participants. It is founded in a relational ontology believing that “meaning is constituted in the interaction between the interviewer and the interviewee” (Bingham, Adolpho, Jackson, & Alexitch, 2014, p. 617) and uses the interviewing and interpretation principles of Kvale and Brinkmann (2009). CHI involves a process commonly referred to as a hermeneutic circle which involves discussions about the data as a team that require the individual researchers to "continually return to the data and consider the interviews from both micro and macro perspectives" (McKenzie et al., 2013, p. 6); understanding of the whole in terms of its parts and an understanding of the parts and how they fit into the whole.

We analyzed the transcripts through CHI using the following steps:

1. The two principle researchers individually read the transcripts of each focus group to get a general sense of the whole.
2. Each researcher reread the transcripts and, by using the hermeneutic process, identified specific parts and meaningful passages that related to the research questions.
3. The two researchers shared these passages with each other, discussing the individual parts and how they fit together as a whole.
4. The researchers identified and discussed emergent initial themes.

5. They then considered themes for fit during subsequent readings of the transcripts.
6. The two researchers then brought the transcripts, meaningful passages, and initial themes to the entire research team and discussed them. The purpose of this was to expand the hermeneutic circle for an additional level of collaboration.
7. The research group further scrutinized the identified themes for fit while considering other possible explanations and counter interpretations, as the research group came to consensus.
8. We then used the collected data to answer the research questions.

## Results

The analysis of the data revealed main themes detailing the SC participants' experiences. We describe each main theme in more depth through multiple sub-themes. The following five main themes were identified: Shift in the Therapeutic Focus, Confronting Sexual Avoidance, Spirituality, Interpersonal Relationships, and Self-Perception. Refer to *Figure 1* for the organization of themes and sub-themes.

Shift in Therapeutic Focus	Confronting Sexual Avoidance	Spirituality	Interpersonal Relationships	Self-Perception
<ul style="list-style-type: none"> <li>•Confusion</li> <li>•Perspective shift</li> <li>•Value living</li> <li>•Pornography as a coping mechanism</li> <li>•Changes in behavior</li> <li>•Positivity</li> </ul>	<ul style="list-style-type: none"> <li>•Difficulties talking about sex-related topics</li> <li>•Personal history activity</li> <li>•Sex psychoeducation</li> <li>•Normalization</li> </ul>	<ul style="list-style-type: none"> <li>•Spiritually frustrated</li> <li>•Non-spiritual group</li> <li>•Spiritual growth</li> </ul>	<ul style="list-style-type: none"> <li>•Importance of interpersonal relationships</li> <li>•Vulnerability</li> <li>•Open dialogue</li> <li>•Camaraderie</li> </ul>	<ul style="list-style-type: none"> <li>•Honesty</li> <li>•Decrease shame</li> <li>•Self-compassion</li> <li>•Defining the self</li> <li>•Self-confidence</li> </ul>

*Figure 1.* Organization of themes and sub-themes.

### Shift in the Therapeutic Focus

One prominent theme in the responses was how the group members were asked to change their goals. It is common for group members to expect the SC groups' main priority to be

decreasing their pornography use. Instead, group leaders ask them to work less on finding and implementing strategies to use pornography less and to work more on activities that align with their values. This shift is often difficult for group members and is met with confusion.

Sometimes this shift in focus results in a decrease in pornography use; however, it may even increase the behavior for others. Often group members find that their pornography use is a way they have dealt with underlying issues. Overall, group members tend to describe their involvement in the group as a positive experience, though it is typically not what they expected.

**Confusion.** When first starting the group, participants typically have the expectation and hope that the group will help them to decrease the frequency of their pornography use or even get rid of their sexual inclinations altogether. Concerning his hopes for the group, one participant stated:

Instant, permanent sobriety. That's what I thought. I thought it would instantly change my life and that the sexual concerns would go away and that I would become normal again. That's what I thought.

Group members described the pull towards pornography as inherently bad or evil – something to be feared. This was demonstrated in what a participant shared regarding what he hoped to gain by participating in an SC group:

Just to have more confidence that I have self-control and that I can...not be afraid to go home and be alone for hours at a time without being tempted to seek out pornography...Just more self-confidence in myself to overcome addictions and temptations.

The concept of self-control appeared often in their comments and appeared to be something the participants expected would help reduce the problematic behavior. Participants reported that

they sought out the SC groups as a way to increase their self-control. One said the following when addressing why he joined an SC group:

I just wanted to see if there's something else that could be better or something that would give me more incentive to have greater control, self-control.

Another subtheme that appeared in their expectations for the group was a concept of not having done enough or needing to find the right approach. Participants spoke about needing to do something more or try something new:

I guess something I was expecting going into it was just, here's your gold chore this is what's going to help you stop looking at pornography. I guess I never really found it while I was in the group.

The SC groups are different from what the participants have described in their expectations. Group leaders recognize this, and one stated:

It can in some ways that is a bit of a mismatch for, um, group members preconceptions of what they're gonna get from the group. I'm not saying that's good or bad - it's just kinda how it is.

With their expectations and goals being mainly focused on reducing their pornography use, participants are often initially met with feelings of confusion with the SC groups. The group leaders noticed this feeling among the group participants and one described it with the following statement:

And then there's one group member who really feels strongly, like look I feel a little bit more confused, like this doesn't fit with how I thought this was going to go and, you know, my behavior hasn't changed and I've gotten a few things that have been sort of useful - like don't beat myself up so much - but that's not what I

came to this group for. And sort of expressing frustration that the behavior hadn't changed for him and the ideas were sort of difficult for him to swallow.

Group leaders also seemed to describe this confusion as an important or helpful part of the group therapy:

Well, one thing that I'd say is that we never really do give them the formula... eventually some people are like come on, like let's get to it... No, really. Help us. help us here. Help us to stop this. Because, you know, attending the group and then like you know indulging in pornography, they come back, it's really hard to face. So that, I think the group becomes deeper when people express that and then they really start sharing more and more just how hard this is how difficult it is to feel like they're growing and learning but at the same time it's not just eliminating this behavior. I think you get to deeper levels of shame and a feeling of defeat and failure that they start sharing with each other. and I think the group really comes together even more at that point.

Group participants expressed their difficulties adjusting to the unfamiliar format of the group and the following is an example:

Well, for me at least, after the first couple of times, I still wasn't a hundred percent sure where it was going or what the purpose was going to be. So I can kind of see why some people would drop out within the first couple of weeks. I was told from the get go though, they recommended attending like 3 or 4 times, or something before you decided whether or not to. But those felt like there wasn't much of a direction at first. I mean I still stuck with it, but I can see why some

people might drop out at that point ... just kind of more an understanding of what's going to happen over the course of the semester, might have been nice.

**Perspective shift.** One of the big contributors to the feelings of confusion is the shift in focus that participants are asked to make. It is common for people in the LDS religion to equate abstinence from pornography with a sense of worthiness; worthiness is a requirement for participation in many LDS practices such as missionary service, partaking of the sacrament, priesthood duties, and access to temples (where portions of marriage rituals are performed). One group leader described not using abstinence from pornography as the measure of success and stated:

So I mean with most of the people who end up being group participants are there just with the goal to stop looking at porn or masturbating. So like, that's what they're interested in and that's how they enter the group seems like gauging their success on whether or not that happens. Which is different I think from my perspective of what success would be but it might be included in there as well.

Group members are asked to concentrate less on the frequency of their pornography use and to stop seeking out ways to reduce the pull they feel towards pornography use. One group leader said:

So - I sort of highlight that - I'm not withholding anything, and they're not missing something, it's this is something that your whole life is going to be something to deal with and in other ways this is going to come up and like yeah, like [another group leader] was saying, like that feels more meaningful to me to talk about this in a much broader context than, yeah, my brother's wedding is in like three months and I want to be there so I need to stop looking at porn. That's super, I

mean I don't want to trivialize that either, that's so painful. And, oh gosh, like the pressure that's on them socially from family. And so like, I tease them but I don't - I try to never trivialize how painful it is.

Group participants described it in this way:

I think when I was first started out, I think my expectations were kind of unreal. I guess, almost what everyone's been talking about with, like, the bishop, you know, it's just something that, like, 'Go to the river and wash and it's gone.' But I think the biggest thing, it's not, you constantly have thoughts that go through your head, you constantly have situations, circumstances where things can happen. And I think, the biggest things is seeing it as a process and not just like, all of the sudden it's going to go away.

Another group member described how a group leader had a different perspective:

Our first meeting, [a group leader] was like, 'I don't really care about end of this semester [participant], I care about fifty-year-old [participant], I care about how you are able to deal with stress in the future, and how you are able to cope with life and sexuality.' He cares more about while we're in the process of becoming able to deal with sexuality and myself. I think my goal was like; I want to be clean, right? By the end of the semester I want to be able to serve a mission. Right, like that was my goal. But, then it's like, okay, no. I have a lot of other problems that I need to deal with and that's like, a lifelong process, right? I just need tools that I can work and practice with and that has changed my perspective a little bit.

While there was some confusion about this approach, as described earlier, there were also some feelings of relief. A group participant stated:

No shame, just talking. I was laughing earlier because there was sometimes I showed up to group and I was glad we did not do the accountability thing because I would have said, yea I have been clean for two hours so I was kind of glad about that. No shame thing.

**Value living.** As mentioned previously, group leaders asked participants to shift their focus from decreasing their pornography use to living a life that is more in line with their values.

One group leader described the shift in this way:

Right, to take a look at their motives again and to begin to disconnect this association between stopping pornography use and this is why I do these things is to get myself to stop - if they can dissociate that and do these things as the valued living part because I have a different motive, it's something I value, something I want to do, then we begin to break that connection. And I think that's really valuable and really more scary - more slippery for people.

Group participants described it in this way:

I remember like the main first metaphor, was like, they compared, they said, 'you fell into this hole right, and you're digging and like someone throws you a ladder to get out, and then you start digging with the ladder.' And so we kind of like went in the direction, like ok, everything is digging. Like, everything you've done to this point is digging, and I like, had a really hard time with that. So, after that I was really confused, like when I was doing things like at home, or spiritually, I was always thinking, 'Am I doing this because of pornography or am I doing this



because I really wanted to?' So I remember feeling kind of confused, I don't know if that was the point, to make us think about our priorities and our intentions, but there were a couple of weeks where I was just perturbed by it, I guess. Where I didn't know if what I was doing was helping me or hurting me, or if it had an effect, or what.

A major shift happened for group participants when they engaged in activities or behaviors with the motive of promoting certain values of their choosing rather than for the purpose of decreasing their inclinations toward pornography. Group leaders described this shift as follows:

Yeah, I get a lot more excited when I hear group members talk about like what I sort of said earlier like what group members saying, now I'm not sort of going to bed early so that I don't look at pornography, I'm going to bed earlier because it's healthier and I want to be healthier and I can get up earlier and I'm not late for things or I'm reading my scriptures and I'm praying not just because, oh it's (mumble), it's how I feel closer to my heavenly father and that's really a value that I hold really highly and that's why I'm doing this thing. That to me is like, nice. Like that's what I feel like, hey that was a good outcome.

Group participants describe this shift as follows:

Here is an example, so this morning I started to masturbate and so I think it helps me figure out how to make my life more workable. I like that, more workability. So I started masturbating and then I started to be more aware of body and how I was feeling and some the stresses we have been having. So my wife is pregnant, so we haven't been having sex as much as I would like. I mean she likes it too but anyway, she is tired all the time and a lot of stress. So I started thinking about this

and rather than having problems... it jumped out at me so in the past I would feel that way and then I would feel shame and guilt and get derailed from it. So today, instead, I started to think about what my values were. So you know, I made certain commitments to my wife and to my Heavenly Father and those are my values, so I stopped. So I left it at that instead of feeling guilt, and I was like you know what these are the things I am going to be working on for the rest of the day and the rest of the day has been great. And that in the past that has not been the same way so that became a cycle of guilt and shame the whole day. I would feel bad and like a horrible person and the pornography and masturbation would take over my life, so honestly I think group has helped have a much more workable life.

Along these lines, group leaders and participants noticed an increased sense of agency and freedom of choice. One group leader commented:

I can sort of get past this intense emotional shame and move forward to, okay now, what do I want, I mean, ideally the goal of my groups is what do I want to do with my life then - where do I want to go from here.

Group participants said:

I think that helps me own my own values because I am choosing it rather than it be imposed on me. I really like the idea of workability and that for me really hit home because I wasn't working for perfection or for what other people told me I was working for what works for me.

**Pornography as a coping mechanism.** It is a frequent occurrence for group members to discover that their pornography use has been a subconscious way to cope with distress.

Participants are asked to be more mindful: identifying what emotions or situations precede their pornography use, being less automatic with their behavior, and increasing their awareness of their self-talk. The following is one remark from a group leader that identified this:

And anecdotally, that's, I've heard that be a significant component of behavior, like, and I think that's reflected for me in the language that's often used I hear clients use all the time, oh, I slipped up, sort of like I was saying right, there's sort of no recognition of their inner experience or their physical experience of what leads to pornography, it's just sort of like, well, I just you know was all of a sudden looking at pornography, it like, it's not all of a sudden like - it's fairly easy now with the internet but it's not what's - and so that what I think a key piece of the mindfulness is and what I've heard with in terms of those that I have seen, oh this changed my behavior, is that like - okay - I'm noticing that I really have a desire to look at pornography. What's behind that and being able to step back and ok, that's, be mindful about that experience, I've heard over and over talked about like that's helping me with my behavior is a way that's really helpful.

Group participants described it as follows:

I like the mindfulness part of it to, every time we would start with mindfulness for five minutes and that was, I always kind of look forward to that, even if I really didn't want to go. I was like; at least we'll have this separate time just to be mindful, just to relax, just to think about whatever we're supposed to think about, I guess. But, I don't know, I really appreciate that, and kind of the, it always kind of almost, refreshed or restarted your emotional status I guess or thoughts or whatever. Every time I would leave from that meeting I always had not necessary

a better outlook, just a more aware of what was going on, aware of my feeling and my thoughts, so...That's what kept me going.

Often participants find that their pornography use is a coping strategy to resolve emotional pain. One group leader noted:

So, the um, the other piece that I see that is pretty key is helping the group members understand that their behavior, viewing porn, masturbation, hookups, whatever it is they're doing, is a symptom of other things going on. Very rare, well, it's hard to say for sure, but I think in a lot of cases it isn't about sex at all. It's just a way of coping with their own pain with whatever it is they're dealing with. So you have these guys enter into this group experience on one hand sharing this whole commonality of we all kinda do these behaviors and there's a lot of shame involved with that and that's you know, I think, in a lot of ways that does help kind of unite them but then as the group goes on and we start pointing out, well there's underlying things that are driving this behavior then they start looking a little different from one another so for someone it might be depression that they're dealing with, anxiety, you know, stress of school, this is how they manage that and avoid it is through these behaviors and so that can become very useful for them to see all these different ways how different they can be and how they experience their lives in very different ways. and I think is just a more useful way to look at you know what is really going on and how this all developed in their lives ... It's function. Yeah. In a way, the group, I view it as just kind of the beginning of a whole process that could take much longer. And so many times

SC group members will go off into general process groups or you know anxiety groups or other kinds of ... get other kinds of help than just let's stop the porn.

Group participants found similar trends, and one stated:

I've learned a lot about how my being makes me run to pornography and masturbation and those sorts of things for help. Other things that I have about me: flaws, character weaknesses, those are the things that are really propelling me towards the unhealthy back scratching of those problems, you know what I mean? And that's something that I had never suspected before. It's something that, especially as a teenager, in high school, when it was probably at its worst, I simply thought I did it because I was bored or curious or just a teenage boy. So I didn't think that there were other reasons.

**Changes in behavior.** With this shift in focus, there are often changes in the frequency of pornography use. Group leaders noticed that this shift in focus can lead to a decrease in pornography use.

And it's not coincidental that group members' pornography usage or masturbation decreases though, because they come in because they're feeling this conflict between their values and their behaviors. Right, and if you start moving towards values, those behaviors, it's not just like a byproduct, but just like, the stuff that conflicts with it just becomes less important. So it is an outcome, it's not like an accidental thing. But the way that you get there feels I think quite different for most group members.

The leaders are also aware that this is not the case for each group member.

And then there were the rest which I would say is the majority were, you know my behavior hasn't changed too much at this group, and I guess this was our seventh session, my behavior hasn't that much.

Group members commented on the lack of behavior change. Some even felt that their pornography use increased in frequency:

I've even discussed with my counselor and my most recent visit was like I thought going into it that like this would stop everything and it hasn't and that kind of scares me. In some regards, it's increased it. Like I feel like I've increased ... Because we don't talk about progress, because we don't report, I think every once in a while we still show up to group with a sense of shame and like somebody would say like "Oh, I'm getting married. And it's been three months since I've masturbated" or whatever and I'd be like it's been three hours. Like I feel awful, but I don't have to report this. And like I would feel bad because I'm like I feel like I'm increasing and the rest of the group is kind of decreasing. That's what was going on in my mind.

Other group members expressed that the group had been helpful to decrease the frequency of pornography use:

For me, usage has gotten better. I feel like I am working on other areas of my life rather than worrying about how much time it's been between usage.

**Positivity.** Though this shift in the therapeutic focus appears to have some difficult aspects to it, such as the confusion and mixed experiences with changes in frequency of behavior, group members describe this shift as having a positive focus that they found beneficial. One group participant described it in the following way:

I just feel that SC has been focused not on the issue but on some other good things about myself. I think that is part it and then the paradigm shift came when I felt better about myself...the positive focus was good.

### **Confronting Sexual Avoidance**

Group leaders found that group participants were uncomfortable with and avoidant of conversations related to sex. Group members seemed to have negative perceptions of their sexuality. Group leaders made efforts to include activities in the group structure to help address this avoidance and normalize sexuality. A personal account of group members' sexual history and psychoeducation about human sexuality were the two most prominent of such activities. The resulting normalization, while worrisome for a few, was one of the most important parts of the SC groups.

**Difficulties talking about sex-related topics.** One subtheme that seemed to be prominent among group participants was the difficulties they have in conversations related to sex. This topic seemed to be uncomfortable for them, and they frequently described sex – particularly pornography – as something they could not talk about. One group participant stated:

Because this is something personal, and stressful, that you want to talk about, but you can't have a conversation with, at least for me, can't talk to anybody about, so it was nice to come here and just be able to.

Group members noted that if the topic was ever approached in their lives, it was generally in a negative context. One group participant described their experience:

It was very unusual for me, because it was the first time where I was with a group of people, where we were all talking about the things that we had never talked about for years and years. Before that point the only time I ever talked to anyone

about it was because either I was in trouble with it, right? Or...well, actually that was pretty much it. I was just in trouble. Family knew, bishop knew, maybe a couple close friends knew, but really other than that it was really unusual to be in a group with people where it was a given that we were all working and struggling through the same things.

Group leaders noticed that the avoidance of talking about sexuality was a common experience of the group participants. One of them remarked:

Wow, these guys are actually very sexually avoidant. They go in and they have this route but that route is so full of shame and secrecy that they have never felt comfortable and that they can really get this out on the table and talk about it is the majority of the men's experiences.

**Personal history activity.** One of the ways that group leaders confront sexual avoidance and help group members to normalize their sexuality is with an intervention referred to as the personal history activity. One group leader explained it in the following way:

One of the things that we do in group I think that has the most significance that we do early on, I shouldn't talk for other people, in the groups that I run, I always have them write down, and like legitimately write down, their history of pornography and masturbation and whatever other sexual concerns they are coming in for. And then everyone reads that to each other in the group. And then everyone gets a few minutes to process it.

This activity seems to have a big impact on the group. The group leader continues:



And that just changes the group dynamic from week one where we do some processing with the metaphors, introductions, and the rules and stuff and then week 2 everyone reads their histories, and then week 3 like the difference between week 1 and week 3 is night and day. Like the way they're interacting with each other and the way that I see them think about themselves. It's like immediately there is this reduction in shame, and you know, oh my gosh, I'm so alone and no one understands me. And lots of verbalization about that idea - oh I feel a lot more normal and more hopeful. I think there's - I see something happen when they see other people respond compassionately to their experience and have the opportunity to respond compassionately to others' experiences, and I think that drops the shame and really impacts the way they see themselves - they're no longer so alone and that creates a lot of hope and a lot of energy around just moving forward.

Group members also value the activity and describe it as one of the most impactful parts of the group. One member said the following statement when reflecting on the activity and his sexual avoidance:

I remember in the beginning one of the first assignments that we had was to write a miniature life history. This is the history of my life, especially in regard to my sexual concerns. And that is something that I had never really done before. So it was really, really interesting to get it down. As I started writing I was like—Whoa there's a lot more garbage in this dumpster than I thought there was. I would keep going, and I'd be like—oh yeah, and then I did all of that too. So, it was really interesting. So, doing new things like that, that had never been even an option of

something to do for myself before, it was interesting. So, I kept coming back, because I wanted to see what else I would do, I would learn...insights about myself.

Group members also noticed the normalizing effect this activity had and stated:

Yeah, like the two-page history that we did, I like - one, that's being vulnerable, just sharing your whole story and also I like how now everyone else can react like, oh yeah I've experienced that too. You just feel like this is normal and everyone else has experienced it. You just feel like, it's okay, you can share.

**Sex psychoeducation.** Group leaders also found it valuable to frame their group members' sexual urges as part of normal human development. One described it as follows:

So I started challenging them to talk about sex. And, man, to this day it is very uncomfortable for them to go there and to really start a conversation like that. They want to go, actually, to avoid sex more. That's the point of attending the group - paradoxically, right? It's not working. So getting there really out on the table it's a place you can go, we are going to learn about it, we are going to put it in the context of your own adult development. I think it just has a very freeing effect for people.

Another leader stated:

Group members seemed to be unaware of what a normal sexual response is and so even just to have that as a discussion that occurs in a group and not behind, you know, some scary closed door where you can't talk about this but to have it out in the open in the group process that became an important part of it too. I think that's a big thing and speaks to what [a group leader] was saying like the shared

humanity like let's just talk about life. Life. This is a real thing. It has an effect of not shaming but like really good information like oh, okay, this is really normal.

One of the group members described an assignment intended to promote seeing sexuality as a normal part of human development:

There was another thing that I remember, most of the guys in there were dating and if they didn't have a girlfriend they were still dating for fun. At the time, I was still dating a girl back home from High School, I'm from Texas, and I was one grade older than she was. She had no idea about this. She didn't know...and the assignment was to...it was kind of to research more about human sexuality from an objective stand point. So that there would be less enticement or less fantasizing about it because you knew exactly what it was about and it wasn't so unknown and curiosity...Does that make sense? It was kind of an open-ended assignment and at that point I took the opportunity to ask my girlfriend a couple of questions along that theme and it was good...helpful...it was useful. I never did end up telling her anything, and then I went on a mission and haven't really spoken too much since then. So assignments like that I thought were really useful from the group.

**Normalization.** Some group members found this normalization aspect to be worrying or uncomfortable:

And like, I know that like, it normalized it in a way that was good for me and like healthy for me and like okay don't be so hard on yourself but I fear that I've normalized it in the way of like don't be hard on yourself, do what you need to do, do what you want to do kind of thing.

Others have felt that normalizing their sexuality has been beneficial as seen in this member's statement:

I think I was looking for the extra strength and progress that would come with being open with more people because as I've become more and more comfortable with where I am at with my sexuality I've been able to be more and more open with people I come in contact with and I think I was seeing this as another venue where I could talk about these things but with a large group of people.

Most of the group members found that they were not feeling alone in their experience and that their experience was a common one. Here is an example of the many comments of the group participants:

Like I mentioned at the beginning, I didn't know what would happen to me if I said I had a problem. Because of that I figured that pretty much no one else must have had a problem growing up, or if they did, it was a one-time deal, they realized it was wrong, they stopped. So it was really, really good to be able to sit in a group, not be judged by other people, and listen to other people say what was going on with them. Adults, married guys, guys that were engaged, guys my age, guys from all walks of life. Not just a certain section, but different personalities, different hobbies and interests. You know, you had your Southern Californian boys in there, and you had your Midwestern guys and you had your nerds and your athletes in there. It was interesting to see that it kind of touched more people than I realized.

Group participants also shared the benefits they gained from normalizing their sexuality.

One thing for me, is just kind of more the mind set with just when I'm having like lustful thoughts and stuff like that, cause just my reaction in the past has always been like, thinking that the reason I'm feeling these sexual thoughts and images is because my choices in the past, when its more so just because that's the way we're built. So, usually in the past my reaction would be to get upset or angry, because I'm feeling any type of sexual feeling. When really, now it's just, yeah kind of it's the mindfulness stuff, just kind of take a step back and realize it's, like, oh I'm normal, that's happening, and just kind of move on from it. Instead of being upset that I feel any type of sexual anything, because I'm trying not to look at porn or masturbate or anything.

One group leader described the experience in these terms:

The way they're interacting with each other and the way that I see them think about themselves. It's like immediately there is this reduction in shame, and you know, oh my gosh, I'm so alone and no one understands me. And lots of verbalization about that idea - oh I feel a lot more normal and more hopeful. I think there's - I see something happen when they see other people respond compassionately to their experience and have the opportunity to respond compassionately to others' experiences, and I think that drops the shame and really impacts the way they see themselves - they're no longer so alone and that creates a lot of hope and a lot of energy around just moving forward.

### **Spirituality**

Group members tended to link their pornography use and their spirituality together. It was common for group members to hope that spiritual interventions would resolve their

problematic pornography use. Group members also expressed frustrations with ecclesiastical perspectives and the lack of success they had experienced with spiritual interventions. Though the SC groups are not specifically spiritual in nature, group leaders are sensitive to the spiritual beliefs of group members and group members reported experiencing spiritual growth.

**Spiritually frustrated.** It was very apparent that participants closely related their pornography use to their spirituality. Some expressed some hopes that spirituality would help them decrease their pornography use.

I think spirituality is something I'm really seeking at this time to build me up I guess and help protect me from problems, from relapsing.

Frequently participants described feeling frustrated in their attempts to reduce their pornography use through spirituality. One participant stated:

Before I was part of the group, I kind of felt like I wanted to write off the gospel or the church because I felt like I was doing things I was supposed to like going to the temple or reading the scriptures and yet I still had this major problem and was falling in major ways, and I was like, "well, that just didn't do what I needed it to do.

Some group participants even described frustrations with the way their ecclesiastical leaders tried to address their pornography concerns with them. Some expressed feeling that their leaders isolated their pornography use away from the context of their lives. One participant shared:

Plus with bishops is that you always feel that you always have to catch them up to speed. They are dealing with a lot of other people. Where this felt more involved, a lot more engrained...I think that bishops feel that ideally they help overall but really their focus is within the religion. But this was so many other parts of your

life and it was taking a bigger picture than the 20 minutes you get to sit down with your bishop.

Participants described feelings of shame and hopelessness after seeking support from ecclesiastical leaders. One participant compared his interactions with his bishop to his experience in the SC group:

One thing for me, that kept me coming, was, I knew that every time I go, I knew if wanted to I was going to get something valuable out of it for the next week. Because I really enjoy hearing other people's stories and opinions and metaphors they're using, or a different way to think. I knew that it was different than going to the bishop, because I knew that if I went to the bishop I'd come out of it feeling, not super happy with myself, cause I'd be reminded, "oh you still got this problem, let's not take sacrament for another few weeks, let's not think about the temple, or let's not do this. And so, coming out of group, literally for that day, when I left the group therapy session, I always felt uplifted, and ready to take on new challenges, and it was always a positive experience. When it was like, with my bishop, I almost knew I wasn't going to hear anything new, or maybe even anything, like, that helpful. Yeah, I would hear things like, 'read your scriptures more,' or 'think about the Savior more,' 'put up pictures', they all mention things like that, that I've heard so many times, but here it was like thinking on a different level that hadn't really got touched before, when I was just meeting with my bishop.

Group leaders also noticed these frustrations the group participants have with spiritual approaches to reducing pornography use. One group leader said:

I think that comes up in some of the most painful way for group members because they've been given blessings, they've been given promises, given a template and formula to follow and they have followed it to the T and it has not worked and it's devastating because either God is just not there for them or it means maybe this isn't something that is real that I thought was. It really can get into an existential kind of thing.

**Non-spiritual group.** When talking with those about to start an SC group for the first time, they stated that they expected that this group would not involve an aspect of spirituality.

I don't expect directly to have us read scripture and read quotes from the apostles and prophets, but I might be mistaken but I don't expect that...I think it'd be more of a psychological approach. That's what I expect.

After having participated in the SC groups, group participants shared how they felt appreciative that the SC group did not take an overtly spiritual approach.

Can I just say that for me the most helpful thing was that religion was understood but religion was never included in. So absolutely understanding our values and our beliefs but at the same time not using them as mechanism to make changes. It wasn't the motivation; it was for the individual, not for religious reasons.

It also seemed important that this group be run by professionals who could incorporate a spiritual sensitivity with their mental health expertise.

And I think it's also cool, because you have, like, a professional therapist, right, with like a psychological perspective. But, then you also have, like, everyone's, I think for the most part everyone here is members of the church, and so have like the cool combination of, you know, professional views and perspectives



combined with the gospel. So often at church we just get the gospel perspective and then psychology you just get the psychological perspective, but know here you get both. I think that's cool.

**Spiritual growth.** Interestingly, group participants noticed spiritual growth from participation in the SC groups where spiritual growth was not the focus.

Yea and somewhat counterintuitively because we didn't focus so much on religion quotes or quoting, it helped me gain more spiritual insight. For example, the word repentance before was... I'm not sure what it was but to look at things from a bigger picture, a wide perspective about my life that it is not just a behavior but it changes the way I thought about myself and God. It really helped me grow a lot more spiritually and we didn't talk about religion so it was kind of weird but kind of amazing too.

Group members reported feeling spiritually closer to other members of the group.

Along the lines of the camaraderie thing again, um, we read our personal story, like personal history kind of stories of just what we've been through with pornography, masturbation...and like, after each individual read their story, like, you could feel the love, like, everyone was almost in tears, like, every time. Just because we felt the spirit, we felt just that pure love of Christ for one another, and just kind of shows how Christ is able to succor his people, that, because he knows what they're going through. It's that kind of same experience, pretty humbling experience to know, "oh, that's what they're going through", I felt that, I have that, um, what's the word...that I have that empathy for them.

Group members reported that spirituality became less of a chore and had a different purpose.

You know one thing it did change, one of the boys talked about how to overcome pornography he...his scripture study was all very oriented, he read scriptures solely to gain power to resist temptation and things, and we talked about how he is changing focus and changing tactics and he wanted to read scriptures for spirituality sake not just for solely, it wasn't oriented within pornography, you know? Scripture study became kind of a different thing, and I like that because I had sort of seen that I've done that. So that was one way that it changed my spiritual condition.

### **Interpersonal Relationships**

The member to member dynamics that happened in the SC groups were seen as one of the most crucial aspects of the group. Group activities centered around building these relationships and establishing commonality among members. Participants described not getting as much out of the group experience when there was not a strong sense of connection to the other members. Vulnerability from the group members and open dialogue in the group structure were important parts of building strong interpersonal relationships within the group. Unique feelings of camaraderie were established.

**Importance of interpersonal relationships.** Group leaders felt that the relationships and interactions that happened between group members were a crucial part of the process. In reference to the member to member dynamics one group leader said:

I think that's the common factor between all the groups, you know. That you hear LDS whatever. Somebody's getting off their chair, getting off their couch,

coming to a place, doing something, confronting in a courageous manner, talking to other people, they're sharing similar experiences - what could be more powerful ultimately than that where people - I think that that's, you know, what helps people the most.

One group member described a group activity that helped build the bond between members with the following story:

One of my favorite that I remember, everyone was so weirded out, because we were all guys in there. We pulled up our chairs right up next to each other and we actually interlocked our knees or something like that we had our hands on the other person's leg, and we sat about this far apart from each other's faces. And we just took a minute, two minutes, ten years, I don't remember, but it felt like a long time and we just looked at each other. And the prompt was to look at the other person and practice thinking of them as another human being, like, what are their needs, what are their wants, what are they dealing with in life. And I almost found myself kind of praying for this other guy, that I knew at that point reasonably well.

Group members expressed that the SC groups felt unhelpful when the member to member relationships were jeopardized. One example of this that group members described was with the size of the groups. One member stated:

I kind of agree with him about how helpful they are is kind of dependent on the size of the group ... I think that as they get bigger - if it is too small it is not fun if there is two people and then if it is too big you don't have the opportunity to share

your own experiences which I think is very vital. You know to share how you feel and to connect to what is going on.

Another example of a threat to the member to member bond was how relevant they feel the subject matter was to their personal situation. One group member described:

I remember one class in particular ... where I really felt like it wasn't relevant to me and I wasn't sure how to respond to that. I'm still not sure how I feel about it. It was like 40 minutes we were talking about something and like 'I just went on a \_\_\_ binge. This isn't what I want to hear. This isn't what I'm interested in. This isn't helping me.' So, I don't know, maybe it was helping other people. But I don't know.

Another group member shared that, while he was using pornography at the time, his main concern was coming to terms with his sexual orientation. When discussing his decision to stop attending the group, he stated:

I didn't realize that it was going to be mostly pornography ... I did feel more like an observer at points.

**Vulnerability.** One characteristic that group participants are expected to embrace that helps build the interpersonal relationships within the group is vulnerability. A group leader responded with the following comments when asked about what contributes to the success of the participants:

I'd say the main characteristic is a willingness to fold into the group and be vulnerable... So getting them to write their stories right off the bat begins to immediately address that issue. We're going to put you in a vulnerable place right off and we'll see if you're up for that.

Group participants agreed and one shared the following:

I think the biggest thing for me is the vulnerability. I think that helps to facilitate the healing that occurs when people come together and they talk about what's going on with their week, their issues with pornography and masturbation. I think the talking about it and being able to ask questions and being able to answer, I think that vulnerability helps us to heal and it helps us to grow. So I think that's the biggest thing that helps.

Not only was vulnerability an important part that contributed to positive outcomes, but it was also developed through participation in the group. A group participant stated:

The openness and vulnerability of the group members helped me to feel like I could be open as well. Because they were accepting themselves even though they made mistakes with sexual concerns and so I could maybe accept myself a little bit more too. So I really appreciated the opportunity just to talk about it and in that environment where people still showed me love.

**Open dialogue.** Another aspect that helped build the interpersonal relationships between group members was the open dialogue structure of the group. One group leader described it in this way:

But I just want to highlight, one of the things that I think is key about the way that the SC groups here are run, is that in all the stuff we're talking about I would say well over half of at least in the groups that I run come from other group members that it's not me. And the fact that group members can talk to each other about - so one group member can say something and another group member responds and empathizes and shares their own experience and that sharing and empathizing is

so powerful and that is what like we talk about breaking down this world view when we're talking, like, hey you know maybe just don't beat yourself up so much as a group leader when I say, maybe not you know I don't say those words but maybe don't beat yourself up so much or that's the idea I'm presenting and for some people whose world view is built upon beating myself up is what my self-worth is based on to then have another group member one of their peers say yeah, actually I stopped beating myself up and I've noticed my life is a lot better and I haven't looked at pornography as much it's like oh, okay, sort of a two witnesses thing here. And that's much more powerful than sort of a top down, the group leaders telling you what to do and to hear other group members experiences of trying some of these principles and success that they've had - that is super powerful.

This view of open dialogue was also held by group participants. One stated:

That's true; I came in once with a problem, I was feeling down after a mess up and another participant, his experience, like he was just talking directly to me, it really helped me. So, it was just nice to get help from my peers, versus like a leader or even a counselor. It's just a lot more powerful.

Group members often compared their experience in the SC group to experiences they had had with other groups – one in particular, called the Addiction Recovery Program (ARP), is modelled after the 12-step program from Alcoholics Anonymous. One group member said the following to describe the differences between the two groups:

I apologize for bringing the ARP group a lot, but it is a point of reference... But it was almost like elders quorum, you couldn't say stuff because they said in the

beginning don't go into too much detail. Immediately that made me think oh I better not say very much because I don't know what much too much detail is. I didn't want to cross that line but being able to go into the detail and not have any judgement about what I should be sharing and not share. I liked it. And I also like the format where you didn't have to talk, you didn't go in a circle. It was sometimes just quiet for a minute and then we started talking, and it was that the conversation would just flow. And then I like how our guy, [group leader], if someone wanted to change the topic, it is okay to change it too. I really enjoyed the group. It was relaxing but not relaxing...but there wasn't all this stress and I appreciated that.

Another group participant explained it by comparing the groups to different meetings in The Church of Jesus Christ of Latter-day Saints:

I like ... just how candid we can be when we talk, and we can be straight forward and like have a conversation about it. ... I feel like this helped me better just being able to talk more openly about it and even in understanding things more on my spiritual level. The way I kind of look at it, is the 12-step program is kind of like sacrament meeting, in that there's just people talking and all you can do is listen and not say anything about it, whereas this is kind of more like Sunday School where there's someone who's kind of directing it, a discussion, and stuff like that, we're able to talk about it and learn from each other and figure out how to apply it just a little differently, so...yeah.

**Camaraderie.** As group members build relationships with other group members, they experience feelings of camaraderie marked by a sense of trust and belonging to the group. They talked about this kinship as something unique that doesn't exist in other relationships.

I think it goes back to camaraderie. The people in my group and soon as they walk in, it's "Hey! How are you guys!" So camaraderie and being safe and knowing that you can talk about things that you can't talk about anywhere else.

Some group members really appreciated associating with other people who could relate to them and felt connected through the shared experience:

Just really the camaraderie like every week you could go to group and guys who are pretty much going through the same things you're going through, and you can explain what you went through that day or what you went through that week and there's probably another guy who just did the same, went through the same thing. So it's really the camaraderie, has just helped me have a better outlook on life and been able to resonate with others.

One group member even compared his relationship with the other members of the group to the understanding and support from his ecclesiastical leader.

I had the experience talking to my bishop, in the middle of...while I was going to group, and I just realized that he had no idea what I was going through, I mean, my bishop's a great guy, but the understanding and the support that I felt from group was ten times what I felt going to talk to my bishop. So I guess that was a big reason, why I kept coming back.



One evidence of the strong connection between group members was their report about how it could be difficult when those relationships ended. The following is a statement by a participant that expresses his sentiments regarding the separation:

The saddest thing for me was watching the SC group ... and then slowly they all started dwindling off to the point where I was the only one remaining from my original SC 1 group and for that was really sad to see. And everyone had their reasons like their semester schedules were busier but I just felt there was that sense of camaraderie. I think that if we were more enthusiastic about it... it would be nice to get more people to do it and then stick with it and I don't know how that is done but I just felt bad when they would leave because it was like I care about them and I want to them to be happy and healthy and it is not like they can't be outside of group but.. that is probably what is best for them.

### **Self-Perception**

Group members reported that the SC groups changed the way they saw themselves and helped them to be more honest with themselves and others. They reported that the group assisted them in feeling less shame and more self-compassion. They also said that it helped them see themselves in a different way and not define themselves by their pornography use. Group members expressed that they came away feeling more confident.

**Honesty.** One of the fundamental aspects of the group that group members discussed was an ability to be honest. While some group members may have presented already valuing honesty, it was clearly something that increased through participation in the group. One group member stated:

There's no recovery without brutal personal honesty. If I'm lying to myself about how I'm doing when I'm at the group talking to the guys...If I say I'm somewhere and I'm not, I'm not going to get anywhere.

A group leader described this as well:

So maybe to extend a little bit about where I think we're describing here, is to really help them take ownership of their own life which includes their sexuality and what seems to work for them and for some that means that they have to tell an ecclesiastical leader in a pretty open way that what you're telling me does not work for me. I've been doing this for years. This is what works for me now. Can I at least educate you a little bit about what helps me? And usually what that is is an acceptance of where one's at, be able to lean into their sexuality and all discomforts there being a human.

**Decrease shame.** As the group members developed honesty and confronted their sexuality, the group also worked to decrease their shame. A leader said:

The first time, a lot of them, have ever shared this concern with anyone and the fear that they are going to be rejected and when that totally doesn't happen in fact the opposite happens there's this huge sigh of relief and okay, I can, let me, I can sort of get past this intense emotional shame and move forward...

A group member said:

Group was good. It helped me get over the guilt and shame that I had been repressing.

**Self-compassion.** The decrease in shame was often described in conjunction with an ability to respond with compassion. A group leader said:

Like the way they're interacting with each other and the way that I see them think about themselves. It's like immediately there is this reduction in shame, and you know, oh my gosh, I'm so alone and no one understands me. And lots of verbalization about that idea - oh I feel a lot more normal and more hopeful. I think there's - I see something happen when they see other people respond compassionately to their experience and have the opportunity to respond compassionately to others' experiences, and I think that drops the shame and really impacts the way they see themselves - they're no longer so alone and that creates a lot of hope and a lot of energy around just moving forward.

As a result of the group, members described seeing themselves in a more compassionate way.

One group member said:

My attitude has shifted significantly in that I don't beat myself up as much. I don't get angry at myself and everything now when I look at pornography or the term that is most commonly used is slip up. When I slip up, I don't beat myself up for the next week and sort of feel miserable and maybe I'll go to class, and now I sort of brush myself off, okay this isn't something I want to do anymore but it happened and move on with my life. And that has been a fairly significant positive change.

Some group members described developing compassion for themselves through their compassion for other members of the group. One group member described it in this way:

I was able to know the person and what it ultimately did for me was allow me to have empathy for people that were going through that, which I didn't have for myself prior to going to group. Once I was able to know the person and empathize

with what they are going through, I think that helped me turn to myself and have self-compassion.

**Defining the self.** With this new sense of self-compassion, group members started perceiving themselves in a whole new light. One group member shared what they had gained from the group:

Also with that is kind of tearing down this black and white structure of, ‘oh when you mess up, or when you do this stuff, you’re bad.’ What if I’m always good and I’m just dealing with this?

Group members discussed how previously they referred to their pornography use as an “addiction” and saw themselves as “addicts,” and how it was helpful to abandon those terms.

One member stated:

Okay, so I was thinking something that was definitely helpful was breaking this idea that I am definitely an addict because I went to a group for a long time, and they were always reminding us that I am addicted to porn, masturbation, and anger, and I was like you know what, maybe I am ... So this approach just helped me get away from those labels because those labels make it more attaching to you like a sucker. As opposed to, okay this is who I am and I have negative days but am I willing to be aware of who I am and how I am feeling and all these chess pieces that are moving around me.

How group members perceived and defined themselves was quite significant, and, for some, it became the new way group members evaluated the successfulness of the group. One member said:

And then at the end we actually talk about, ok so what does success even mean? And I realized, like the results that I was seeing wasn't in like in the number, amount of times I was looking at pornography, but rather the thoughts, myself that changed. And how, I don't know, my method of thinking and thought process and how I respected myself more, loved myself more. So, it was different, but I'm totally ok with how that was different. Like I, in the end, I'm more glad that I have that than just the staying abstinent for a whole semester, and not having that.

**Self-confidence.** With this new perspective, group members noticed a new sense of self-confidence. One group member described it in this way:

I think, to see other people that I'm really impressed with, how they're dealing with it and insights they have makes me have, I think, a more realistic perspective of myself, right? Like, I really like all these people, what makes me different? Right? Like, I'm here too, and I'm working through the same thing, right? Like, it helps me with my self-confidence or something realizing that I'm similar to these people.

Another member described it as follows:

But it was just, like, the spiritual development that happened for me, was like realizing that I am enough and that when I'm enough for myself, I know I'm enough for Heavenly Father.

### **Discussion**

While various group therapy treatments exist for those seeking help for problematic pornography use, research on this modality is sparse. The purpose of this study was to provide more research regarding group models used to treat problematic pornography use. This study

qualitatively examined the model used by the SC groups run by CAPS at BYU and sought to answer the following research questions:

1. What do the group participants hope to achieve by attending the SC group?
2. What outcomes are group participants reporting from their participation in an SC group?
3. What processes are happening in the SC groups to produce said outcomes?
4. What other significant themes do participants report from their involvement in an SC group?

The focus groups with group leaders and current, former, and future group members revealed themes of a shift in the therapeutic focus, confronting sexual avoidance, spirituality, interpersonal relationships, and self-perception. Findings from this study have important implications that should be considered by researchers for future studies, mental health professionals for research-informed practice, and those looking to address problematic pornography use.

One of the most prominent themes to emerge from this study was how different the approach used in the SC groups was in comparison to how group members had addressed problematic pornography use in the past: less attention to behavior, emphasis on values, and spirituality not being the main focus. Members reported that, before attending the group, their goals and efforts were mainly focused on ceasing to use pornography and frequently used spiritually-based interventions with little success. Group members and leaders described the approach taken by SC groups as a shift away from this perspective to a more values-centered approach. Though group members reported that this shift ended up being helpful, it was often difficult and confusing during the initial sessions of the group and frequently led to attrition in the groups. Group members would benefit from education prior to attending the group and

additional support during the initial sessions of the group to address these difficulties and the adjustment to this new perspective. Some group members expressed wanting more direction to understand better what they could expect from the group experience.

Another prominent concept from the study was how group members viewed their sexuality. Group leaders described group members as sexually avoidant. Group members frequently denied having relationships where they felt comfortable to have conversations about sex-related topics, and the conversations they did have tended to be shaming of sexuality. Through open, honest, and vulnerable group conversations and sex psychoeducation, the SC groups helped to normalize sexuality as a healthy part of human development that fits within the framework of group members' values. Group members reported that this normalization increased their comfort with their sexuality and helped them to view it positively, decrease shame, increase feelings of connection and understanding, and increase hope. It seems important to include significant sexual education as part of any group developed to help people with problematic pornography use.

Some group members reported that the group helped them to discover that pornography use was a way they had coped with distress. This insight shifted group members' perspective to see that their problematic pornography use was more than just sexual expression. As they sought to change their behavior, group members found it helpful to address underlying concerns driving their behavior. Based on the results of this study, it is beneficial for group leaders to assist group members in learning new ways to address their distress, other than through pornography use. For example, it may be helpful to include interventions for distress tolerance or ways to deal with depression or loneliness. It is also important to consider that the group members' desire for clarity and direction regarding the confusion experienced with the shift to a values-centered

perspective may also be related to an inability to endure distress. Learning to navigate this confusion, and thereby increasing one's distress tolerance, may be a crucial part of making a value-guided decision.

Accounts from group members indicated that they found the SC groups to influence their self-perception. Group members also described honesty in their group involvement as important in this change in self-perception. Through being honest with themselves and others, group members reported a decrease in shame from experiencing acceptance and normalization from the group. As other group members responded with compassion, group members described a decrease in self-directed anger and an increased ability to be compassionate toward themselves. Some group members found it helpful to avoid adopting an "addict" label and defining themselves by their pornography involvement. These findings may aid group leaders in their case conceptualization of group members and provide suggestions for appropriate interventions.

Group members reported that interpersonal relationships within the group were one of the most impactful elements of the group. Not only did these relationships allow for the aforementioned conversations to normalize sexuality but also provided feelings of camaraderie and belonging. This cohesion was crucial in fostering self-compassion, understanding, and support, and group members reported that it often surpassed the benefit they received from support they received from ecclesiastical leaders. Connecting to other group members was so vital that group members and leaders reported that the lack of such connections made groups unhelpful and contributed to attrition. These findings suggest that group cohesion should be a priority for group leaders; incorporating interventions that foster bonding and being attentive to the connectedness of each group member.



Group members described both large and small groups as being problematic for connecting with other group members. Larger groups were described to have fewer opportunities for group members to share which left them feeling disconnected from the group. Smaller groups have fewer opportunities for connection and normalization and were described as less enjoyable. An ideal size may be between five to ten group members. Group members also indicated that they felt disconnected when the group concerns were not aligned with their personal concerns. The results of this study may inform clinicians involved with the group screening process to help ensure appropriate group size and clients' fit for group to help foster connectedness within groups.

While these SC groups have not been structured with spiritual interventions, group members described experiencing spiritual growth through their participation. Group members reported feeling spiritually frustrated with the lack of success from spiritual interventions and not feeling understood by religious leaders. They indicated that they looked to the SC groups as a non-spiritual approach but rather described group leaders as spiritually-sensitive. Yet, given this secular setting, group members reported feeling spiritually uplifted, gaining spiritual insights, and experiencing a renewed interest for spiritual rituals. Based on these findings, group leaders would do well to be familiar with the spiritual culture of group members and make other efforts to ensure spiritual sensitivity.

It is noteworthy that most of the themes and findings from this study were supportive of SC groups and in line with what may have been expected before proceeding with the study. In the responses we collected, there is a noticeable lack of observations that are critical of or negative about the SC groups. In fact, the findings of this study were somewhat harmonious and consistent with what SC group leaders reported prior to the study. This may have been an

artifact of the focus group format eliciting expected responses from the participants. It is also possible that this population is deferent and compliant and may not have been willing to voice their concerns or negative impression of the SC groups.

While the use of focus groups provided a richness in the topics we discussed, focus group participants may not have felt comfortable voicing experiences or opinions different from those shared by others in the focus group. There was also substantially less participation from group members who dropped out of group, and there may be aspects of their experience not reflected in this study. We also acknowledge potential bias on the part of the researchers which influenced the finding of themes and interpretation of results. For this reason, we have included biographical information about the researchers to be transparent regarding these biases. It was assumed that the researcher bias would not affect the trustworthiness of the results through the hermeneutic process.

This study is also limited in its scope with a sample of mainly White, college-age males who all sought services from one private, conservative, religious university's counseling center. While the sample of our study is representative of typical SC group composition at BYU CAPS, it is limited in its generalizability to similar groups in other settings. Our findings are also limited in their generalizability in that our study participants were nearly entirely males in their 20s who identified as straight, White, middle class members of The Church of Jesus Christ of Latter-day Saints. It is likely we would have obtained different results if our study included participants from different gender identities, age groups, racial/ethnic backgrounds, sexual identities, religious/spiritual beliefs, or socioeconomic classes. Though generalizability is limited, there is significant utility in studying these SC groups and this population and potentially comparing it to the efforts of other LDS services or other conservative, religious organizations

who are providing services to people seeking help with problematic pornography use. These findings may serve as a guide for future research in such organizations and can provide direction for further studies on the SC groups. The identified themes provide insight into areas for future quantitative research of the SC groups. Future studies could also include a comparison between the SC Groups and the LDS Addiction Recovery Program, two groups that were frequently compared by focus group participants.

In summary, the Sexual Concerns groups at Brigham Young University have worked to normalize the human sexuality of its members and shift their focus from an emphasis on decreasing behavior to their self-identified values. While this can be a confusing process for some, group members reported that they gained new perspective on the context of their pornography use and became more self-compassionate. They also reported finding great comfort and strength in relationships with other members and expressed that they discovered spiritual growth. The results of this study can help group members to have appropriate expectations of the group experience, group leaders to gain insight into leading such groups and being more aware of the group member experience, and researchers to have direction for future studies.

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## APPENDIX A

### Literature Review

#### **Pornography Prevalence**

The pornography industry has boomed in recent years. Stack, Wasserman, and Kern (2004) reported that hard-core video rentals went from 75 million in 1986 to 665 million in 1996. According to this research, they also found that the number of pornography websites jumped from 900 in 1997 to between 20,000-30,000 a year later. For the year 2016, the biggest pornography site in the world reported people watching 4.6 billion hours of pornography from their site alone (Challies, 2017). The growth of the pornography industry seems to be the only thing that researchers examining problematic pornography use have universally acknowledged.

Even the estimates of pornography use are undergoing scrutiny. Regnerus, Gordon, and Price (2016) explored why the estimates of pornography use in the United States have such variation. They used four nationally representative samples of adults to analyze how different survey approaches influenced the response rates. They analyzed 2,037 cases of 18 to 39 year-old men and women surveyed in 2008-2014 with the General Social Survey; 2,487 cases of 18 to 23 year-old men and women surveyed in 2007-2008 with the National Study of Youth and Religion survey; 2,921 cases of 18-39 year old men and women surveyed in 2012 by the New Family Structures Study survey; and 5,165 cases of men and women under age 40 surveyed in 2014 with the Relationships in America survey. They found that questions asking about general patterns of pornography use resulted in more survey completions but at the cost of precision. They found that respondents tended to justify their most recent usage as being atypical of their normal viewing patterns when doing so may be inaccurate. They reported that using the 'most-recent event' self-report style surveys produce the most valid estimates of pornography use patterns and

that some styles of surveying lead to inaccurate reports. With such variation in data gathering methods, it is difficult to create any kind of consensus about the pervasiveness of pornography use.

When considering the issue of pornography's impact on mental health, the lack of consensus in the literature is even more pronounced. Allen, D'Alessio, and Brezgel (1995) conducted a meta-analytic review of research through 1990 and reported contrasting conclusions about the nature of the effect of exposure to pornography. For example, among the 30 studies they reviewed, they found research that demonstrated both an absence of and support for a link between pornography use and antisocial outcomes. Allen and colleagues further argued that the inconsistencies in the research, "based on examination of laboratory, field, and historical data, create an inability to find a unifying voice from the scientific community." (p. 259)

### **Pornography Effects**

Researchers have identified many negative effects of pornography use. Manning (2006) underwent a review of the research to examine the impact of internet pornography and discovered negative trends that he organized into two distinct categories: pornography before the internet and more recent research. When looking at pornography effects before the internet, two of the most frequently cited researchers were Zillmann and Bryant who published several studies on the subject (e.g., Zillmann & Bryant, 1984; Zillmann & Bryant, 1986; Zillmann & Bryant, 1988). In the research from 1984 and 1988 involving over 202 men and women, the effects of pornography were found to include "(a) increased callousness toward women; (b) trivialization of rape as a criminal offense; (c) distorted perceptions about sexuality; (d) increased appetite for more deviant and bizarre types of pornography (escalation and addiction); (e) devaluation of the importance of monogamy; (f) decreased satisfaction with partner's sexual

performance, affection, and physical appearance; (g) doubts about the value of marriage; (h) decreased desire to have children; and (i) viewing non-monogamous relationships as normal and natural behavior” (Manning, 2006, p. 135).

Manning’s (2006) investigation of more recent research included several meta-analyses. One of these, conducted by Oddone-Paolucci, Genuis, and Violato (2000), examined 46 studies published between 1962 and 1995 and included 12,323 individuals. They analyzed the effects of pornography on sexual deviancy, sexual perpetration, attitudes regarding intimate relationships, and attitudes regarding the rape myth. They found evidence of a link between increased risk for negative development and pornography exposure. Allen et al. (1995) examined 30 studies published between 1971 and 1985 that included 2,040 individuals. This study examined the effect of pornography use on aggressive behavior. They concluded that both pictorial nudity and material depicting nonviolent sexual activity were correlated with an increase in aggressive behavior. The study also found that media depicting violent sexual activity generated more aggression than media depicting nonviolent sexual activity. Malamuth, Addison, and Koss (2000) analyzed a compilation of various meta-analyses they believed met rigorous standards. They then conducted a study of their own that included 2,972 college-aged males. They concluded that both violent attitudes and behaviors were effected by nonviolent pornography and more so by violent pornography. Allen, Emmers, Gebhardt, and Giery (1995) examined 24 studies between 1980 and 1993 involving 4,268 individuals. This study found a positive correlation between pornography exposure and acceptance of rape myths – this was found to be true of both violent and nonviolent pornography. Manning summarizes these studies with the following statement: “pornography consumption is associated with increased risk for (a) sexual

deviancy, (b) sexual perpetration, (c) experiencing difficulty in one's intimate relationships, (d) accepting rape myths, and (e) behavioral and sexual aggression" (Manning, 2006, p. 137).

In a more recent meta-analysis, Wright, Tokunaga, and Kraus (2015) obtained similar results. Their meta-analysis included 22 general population studies from 7 different countries involving 20,820 individuals. They found that there was a positive correlation between consumption of pornography and committing actual acts of sexual aggression. They did not find biological sex to moderate the association between pornography consumption and sexual aggression, nor did they find the correlation to change as a function of age groups. Also, there was no significant difference between findings from studies conducted in the United States compared to those conducted internationally. Violent pornography did have a stronger correlation with sexual aggression than nonviolent pornography, but the difference was not significant.

Among the more recent literature, Owens, Behun, Manning, and Reid, (2012) individually reviewed studies published since 2005 regarding the impact of internet pornography on adolescents. Some of their findings indicated frequent consumption of pornography to be correlated with higher levels of permissive sexual attitudes, sexual preoccupation, and earlier sexual experimentation. They also found a correlation between the use of pornography depicting violence and increased sexually aggressive behavior. Their findings also suggested that pornography use in adolescents correlated to "lower degrees of social integration, increases in conduct problems, higher levels of delinquent behavior, higher incidence of depressive symptoms, and decreased emotional bonding with caregivers" (p.116).

While the literature includes many studies that show the negative nature of pornography, there are reports suggesting that there are some positive effects of pornography use as well. In



their book about sex for those with disabilities, pain, illness, or chronic conditions, Kaufman, Silverberg, and Odette (2007) found positive effects of pornography use that included: various positive impacts on sexuality, increases in happiness, and decreases in anxiety and depression.

Another example is a study by Hald and Malamuth (2008), involving 688 Danish men and women between the ages of 18 and 30. These individuals responded to a survey asking about self-perceived effects of hardcore pornography consumption. They were asked about how pornography use affected their sex life, attitudes toward sex, sexual knowledge, life in general, and attitudes toward and perceptions of the opposite gender. Results showed that most pornography users reported improvements in their personal lives and intimate sex lives. Both men and women reported significantly larger positive than negative effects of consumption overall and with sex life, life in general, and attitudes towards sex. They also found a significant positive correlation in men between the amount of pornography consumed and the perceived positive effects.

Weinberg, Williams, Kleiner, and Irizarry (2010) administered close-ended questions to 172 college-age men and women in interviews to assess frequency of pornography use, normalization, and empowerment. They also administered an open-ended questionnaire to 73 college-age men and women to gain more depth in the data of the effects of pornography. They found a positive correlation between increased pornography viewing and the expansiveness of their sexuality when considering appealing sexual acts. The study also found people claiming a liberating effect in their sense of identity resulting from discovering and asserting aspects of their sexuality through pornography use. One woman claimed, "Pornography allowed me to see that these variations are ok, more normal, and often very enjoyable. I have become more open, accepting, and interested in most sexual acts because of porn." (p. 1395)

Poulsen, Busby, and Galovan (2013) conducted a study of 617 heterosexual couples. Respondents ranged in age from 17 to 58. Data gathered was part of a larger questionnaire, the RELATionships Evaluation, that has over 300 questions. The results included reports of women having better sex lives through internet pornography use. One possible explanation the authors provide for this is that this may indicate couple pornography use and not individual female use itself that helps increase the sexual quality. Using pornography as a couple may help avoid the negative effects of pornography and bring benefits to the quality of the sexual relationship.

Several studies have found benefits to pornography use among sexual minorities. McLelland (2002) provided a narrative of his experience studying the gay culture in Japan. Correll (1995) shared the results of her ethnographic study of an electronic lesbian bar. Koch and Schockman (1998) studied 7,210 individuals with a mean age of 34 years old that were part of an online lesbian, gay, and bisexual community called the Queer Cyber Center. Broad (2002) collected data from field research, interviews, and observation to explore transgender activism. All of these studies found that internet pornography has allowed sexual minorities more sexual exploration and validation.

Researchers have found both positive and negative effects of pornography use. Because there is no clear consensus on the role of pornography in mental health, it is unclear whether it should be endorsed, avoided, or treated. Research should continue to expand to help clarify how pornography interacts with mental health.

### **Addiction Model**

While the scientific community continues to contribute to the vast body of research and wade through the ambiguity in hopes of coming to some sort of consensus, clients continue to present for treatment, seeking help for problematic pornography use and assumed addictions

(Cavaglioni, 2009; Dunn, Seaburne-May, & Gatter, 2012; Egan & Parmar, 2013; Grubbs, Exline, Pargament, Hook, & Carlisle, 2015; Grubbs, Sessoms, Wheeler, & Volk, 2010; Grubbs, Volk, Exline, & Pargament, 2015; Kalman, 2008; Mitchell, Becker-Blease, & Finkelhor, 2005; Mitchell & Wells, 2007; Pyle & Bridges, 2012). Some clinicians, particularly among highly religious populations, have adopted an addiction model. Hecker, Trepper, Wetchler, and Fontaine (1995) found in a survey of 199 mental health professionals that clinicians of high religiosity were more likely to diagnose clients with a sexual addiction than their low religiosity counterparts.

Several models exist which conceptualize pornography as an addiction. Grubbs et al. (2010) put forth a brief history of models attempting to address online pornography addiction. The first identified model was the Triple-A Engine by Cooper, Delmonico, and Burg in 2000 that has three parts: accessibility (millions of sites easily accessed at any time), affordability (access to these sites are free or very inexpensive), and anonymity (users believe they will not be identified). Bensimon's historical account (2007) claims that other models, which build on but only slightly differ from this Triple-A Engine model, have been proposed. Bensimon takes it a step further and proposes a new two-step model: 1) compulsive dependence, where cybersex use gets out of control and 2) repeated failure to stop even when faced with negative consequences. Young (2008) conceptualizes the addiction process as a progressive set of stages: discovery, experimentation, escalation, compulsion, and hopelessness. Grubbs et al. (2010) remarks on the similarities between both Bensimon's and Young's models and both substance dependence and impulse control disorders, stating that all models include the escalation of and inability to stop the behavior.

Some have made arguments stating that an addiction model is inappropriate. Prause, Steele, Staley, Sabatinelli, and Hajcak, (2015) conducted a study of 122 men and women who reported problems regulating their viewing of sexual images with a comparison group of 67 individuals who denied problems regulating their pornography use. Participants were shown unpleasant, nonsexual pleasant, sexual pleasant, and neutral stimuli while electroencephalographic (EEG) recordings were made and event-related potential data was collected including the late positive potential (LLP). Some addiction models would predict a larger difference between sexual and non-sexual LLP, but this was not the case. The difference between sexual and non-sexual LLP in the problem group was smaller – opposite of what one would expect using an addiction model. This research provides evidence that problematic pornography use exhibits patterns different from those in substance abuse models.

Steele, Staley, Fong, and Prause (2013) also collected EEG data from 52 individuals who reported problems regulating their pornography viewing. This study failed to provide evidence for pathological hypersexuality models. Ley, Prause, and Finn (2014) in their review of the pornography addiction model pointed to deficiencies in the research and stated that without more research showing similarities to substance addictions, claiming that pornography is an addiction is inappropriate.

The Diagnostic and Statistical Manual of Mental Disorders—Fifth Edition (DSM-5; American Psychiatric Association, 2013) has no diagnosis for pornography addiction (Sungur & Gündüz, 2014). When making edits from the previous edition, the diagnosis of Hypersexual Disorder, which would have included pornography addiction, was rejected due to lack of research support (Kafka, 2010; Piquet- Pessôa, Ferreira, Melca, & Fontenelle, 2014; Steele, et al., 2013; Sungur & Gündüz, 2014).

## **Pornography Treatment**

Researchers have provided some insights for the treatment of problematic pornography use. Swisher (1995) found through surveying 248 professional counselors that the most frequently suggested treatment was a combination of individual and group therapies. Research that is more current appears to agree that individual therapy and group therapy are important for treatment (Briken, Habermann, Berner, & Hill, 2007; Dominguez, Ferrell, & Kwee, 2007).

When it comes to individual therapy, researchers have suggested a variety of approaches. Research has shown that individual counseling should address finding effective coping strategies for boredom proneness, social disconnectedness, and online dissociation (Chaney & Chang, 2005; Gana, Trouillet, Martin, & Toffart, 2001; Paul, 2009). Other important themes in the literature have included reducing feelings of shame and guilt, normalizing the issue, respecting cultural norms, and counselors being aware of their own sexuality values (Hinman, 2014). Hagedorn and Juhnke (2005) identified a branch of treatment they labeled as cognitive-behavioral counseling that uses various techniques such as identification of erotic triggers, anxiety reduction, thought stopping, cognitive restructuring, and risk recognition. Cognitive behavioral techniques have been shown to be effective (Philaretou, Mahfouz, & Allen, 2005; Twohig & Crosby, 2010). They are also most frequently recommended. Short, Wetterneck, Bistricky, Shutter, and Chase (2016) surveyed 183 mental health professionals and found that 58.8% endorsed cognitive behavioral therapy for problematic internet pornography use, followed by 16.9% for eclectic and 8.8% endorsing a 12-step program.

While many have suggested the importance of using group therapy to treat pornography concerns, research on this modality is sparse. Some research articles that do address the topic simply provide a model for such a group. For example, Hook, Hook, and Hines (2008) use a

long-term process group modeled after principles from Yalom and Leszcz's (2005) book, *The Theory and Practice of Group Psychotherapy*. Osborne (2004) provides a different model, using a differentiation theory model for a 24-session weekly group.

There have been very few studies looking into the effectiveness of group therapy to treat problematic internet pornography use. The only research of this sort that we found was conducted by Orzack, Voluse, Wolf, and Hennen in 2007. They used a model that was a combination of Readiness to Change, Cognitive Behavior Therapy, and Motivational Interviewing. These closed groups ran for 16 weeks. The study included 35 individuals with an average age of 44.5 years old and used three different scales: the Orzack Time Intensity Survey, the Behavior and Symptom Identification Scale 32, and the Beck Depression Inventory. They found that their groups significantly increased members' quality of life and decreased the severity of their depressive symptoms, but did not decrease the participants' inappropriate computer use.

While the research may be scarce, it is apparent that therapy groups addressing problematic pornography use exist. A simple Google internet search for pornography support groups in the county in which we conducted the research resulted in dozens of groups. Therapists are apparently running these groups with very little research to support their efficacy. These groups have various structures, including some not mentioned in the literature. Some are modeled after the Alcoholics Anonymous 12-step program (Addiction Recovery Program, 2017; Gilkerson, 2009; Resources for Overcoming Pornography Addiction, 2015). Others use religious principles (Addiction Recovery Program, 2017; Resources for Overcoming Pornography Addiction, 2015) or eastern philosophy (Group Therapy, n.d.). Still others use techniques from empirical interventions (Group Therapy, n.d.; Line & Cooper, 2002; Pornography Recovery

Groups, 2010). However, none have yet studied their effectiveness. More research is needed in this area.

One such group model requiring more research is the Sexual Concerns (SC) group run by Counseling and Psychological Services (CAPS) at Brigham Young University (BYU). These semester-long SC groups are described as weekly meetings that have both didactic and process aspects while using "some religious principles, coupled with empirical psychological interventions, coupled with eastern philosophy" (Group Therapy, n.d., "Sexual Concerns Group," para. 1) with the intent to help group members "bring their behavior into harmony with their value system" (Group Therapy, n.d., "Sexual Concerns Group," para. 1). These groups use principles adapted from Acceptance and Commitment Therapy (ACT), such as cognitive fusion, values, and committed action (D. Griner, email, February 3, 2015). To help decrease the disparity of group research addressing problematic pornography use and to help ensure best practices, the intent of this study is to qualitatively explore the processes and outcomes of these SC groups.

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## APPENDIX B

**Focus Group Sample Questions**Successful Completers

1. What was your experience in group treatment?
2. What made you want to come back to treatment?
3. Before starting or seeking treatment what was your goal or desired outcome?
4. What did you expect the group experience to be?
5. How did your goals and desired outcomes change through participation in group?
6. What played the biggest role in you completing this group?
7. What role did spirituality play in your experience?
8. What was helpful in the group?
9. What was not helpful in the group?
10. What did you/leaders/other group members do that led to the group being helpful?
11. Who (if anyone) played a role in you coming to group?
12. Are there any other comments you want to make regarding your experience?
13. Are you open to being contacted after the end of the focus group so we can verify our data analysis?

Unsuccessful Completers/Dropouts

1. What was your experience in group treatment?
2. What contributed most to you discontinuing treatment?
3. Before starting or seeking treatment what was your goal or desired outcome?
4. What did you expect the group experience to be?



5. How did goals and desired outcomes change through participation in group?
6. What do you wish was different in the group?
7. What other treatment options have you sought out? How do they compare?
8. What role does spirituality play in your experience with addressing concerns with pornography and masturbation?
9. Who (if anyone) played a role in you coming to group?
10. Are there any other comments you want to make regarding your experience?
11. Are you open to being contacted after the end of the focus group so we can verify our data analysis?

#### About to Start

1. What has been your experience in planning to take part in group treatment?
2. What other treatment avenues have you sought out?
3. Why are you choosing this treatment?
4. Who (if anyone) played a role in your planning to seek group treatment?
5. What do you expect the group experience to be?
6. What are your goals or desired outcomes for treatment?
7. What would cause you to quit group treatment?
8. What role do you expect spirituality to play in group treatment?
9. How do you anticipate group treatment will be different than other treatment options?
10. Are there any other comments you want to make regarding your experience?
11. Are you open to being contacted after the end of the focus group so we can verify our data analysis?

### In Progress

1. What has been your experience in group treatment so far?
2. What keeps you coming back to treatment?
3. What did you expect the group experience to be?
4. Before starting or seeking treatment what was your goal or desired outcome?
5. Have your goals and desired outcomes changed through participation in group? If so, how?
6. What plays the biggest role in your progress in group?
7. What role does spirituality play in your experience?
8. What is helpful in the group?
9. What is not helpful in the group?
10. What do you/leaders/other group members do that leads to the group being helpful?
11. Who (if anyone) played a role in you coming to group?
12. Are there any other comments you want to make regarding your experience?
13. Are you open to being contacted after the end of the focus group so we can verify our data analysis?

### Group Leaders

1. What do you see as successful outcomes for your clients?
2. What do you see as contributing the most to clients having success?
3. What are the biggest barriers to success you have seen in group treatment?
4. What differentiates clients who stay in the group from clients who drop out?
5. What client characteristics makes them suitable for group treatment?

6. What is the role of spirituality in your groups?
7. What outcomes are most important to you for the clients in your group?
8. Are there any other comments you want to make regarding your experience?
9. Are you open to being contacted after the end of the focus group so we can verify our data analysis?

## APPENDIX C

**Institutional Review Board for Human Subjects Letter of Approval**

Institutional Review Board  
for Human Subjects



Brigham Young University  
A-285 ASB Provo, Utah 84602  
(801) 422-3841 / Fax: (801) 422-0620

March 9, 2015

Professor Robert Gleave  
1500 WSC  
Campus Mail

Re: Understanding the therapeutic processes and outcomes of BYU's Sexual Concern Groups and the LDS Addiction Recovery Program

Dear Professor Robert Gleave

This is to inform you that Brigham Young University's IRB has approved the above research study.

The approval period is from 3-9-2015 to 3-8-2016. Your study number is X14502. Please be sure to reference this number in any correspondence with the IRB.

Continued approval is conditional upon your compliance with the following requirements.

1. A copy of the 'Informed Consent Document' approved as of 3-9-2015 is enclosed. No other consent form should be used. It must be signed by each subject prior to initiation of any protocol procedures. In addition, each subject must be given a copy of the signed consent form.
2. All protocol amendments and changes to approved research must be submitted to the IRB and not be implemented until approved by the IRB.
3. The enclosed recruitment advertisement has been approved. Advertisements, letters, Internet postings and any other media for subject recruitment must be submitted to IRB and approved prior to use.
4. A few months before this date we will send out a continuing review form. There will only be two reminders. Please fill this form out in a timely manner to ensure that there is not a lapse in your approval.

If you have any questions, please do not hesitate to call me.

Sincerely,

Allen Parcell, PhD., Chair  
Sandee M.P. Munoz, Administrator  
Institutional Review Board for Human Subjects

## APPENDIX D

**Focus Group Consent Forms**Focus Group Consent (Group Leaders)**Introduction:**

This research study is being conducted by Robert Gleave and a team of other researchers from Brigham Young University and in conjunction with LDS Family Services to determine the outcomes of the LDS Addiction Recovery Program and BYU Sexual Concerns Groups. You were selected to participate in focus groups based on your leadership involvement in at least one of these treatment groups.

**Procedures:**

If you continue to participate in this research study, the following will/may occur:

- You will be asked questions about your perceptions and experiences of the treatment groups. This process will take approximately sixty minutes (60).
- You will be audio recorded to accurately record your statements and responses.
- The researcher may contact you later to clarify your interview answers for potentially fifteen (15) minutes.
- The total participation time will be between sixty (60) and seventy five (75) minutes.
- There will be approximately 8-10 participants in a focus group.

**Risk/Discomforts:**

This study carries certain risks. While most are very minimal, this study will ask you about sensitive topics regarding your leadership experiences for treatment groups of pornography and masturbation. If you feel you need additional counseling or psychological services due to discomfort as a result of this research or otherwise you can seek out services from:

Brigham Young University  
Counseling and Psychological Center  
WSC 1500  
801-422-3035

LDS Family Services  
1190 N 900 E  
Provo, Utah 84604  
801-422-7759

Also, because focus groups include discussion of personal opinions, extra measures will be taken to protect each participant's privacy. The researcher will begin and end the focus group by asking each participant to agree to keep information discussed in the focus group confidential.



**Benefits:**

There will be no direct benefits to you for participation in focus groups. It is hoped, however, that through your participation researchers may learn about viewpoints and beliefs and may be able to assist BYU and LDS Family Services in improving their Sexual Concerns Groups and Addiction Recovery Program.

**Confidentiality:**

The audio recorded data from this focus group will be kept in a secure locked location in the primary researcher's office. Transcribed research data will be kept in a secure, password-protected account and only the researchers will have access to the data. At the conclusion of the study, all identifying information will be destroyed and the data will be kept in the researcher's locked office. While anonymous de-identified transcribed data may be kept and maintained, audio recordings of the focus groups and data identifiers will be destroyed at the conclusion of the research project.

**Compensation:**

At the end of the focus group you will receive \$20 compensation for your participation in the focus group.

**Participation:**

Participation in this research study is voluntary and will not jeopardize your standing with the university or other organizations. You have the right to withdraw at any time or refuse to participate entirely without jeopardy to your standing with the university or other organization. Also, refusing to answer questions or removing yourself from the study will not affect your ability to access counseling services at BYU or at LDS Family Services.

**Questions about Research and Rights as a Participant**

If you have questions regarding this study or your rights as a participant please ask the focus group leader now, or you can contact Robert Gleave at (801) 422-3035 or robert\_gleave@byu.edu. You may also contact the IRB office from Brigham Young University, A-285 ASB, (801) 422-3841, irb@byu.edu to discuss your rights as a research participant.

I have read the above description of the research and give my express written consent that I voluntarily am participating to be a participant research.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Focus Group Consent

**Introduction:**

This research study is being conducted by Robert Gleave and a team of other researchers from Brigham Young University and in conjunction with LDS Family Services to determine the outcomes of the LDS Addiction Recovery Program and BYU Sexual Concerns Groups. You were selected to participate in focus groups based on your responses to a questionnaire regarding your plans to participate in or participation in at least one of those treatment groups.

**Procedures:**

If you continue to participate in this research study, the following will/may occur:

- You will be asked questions about your perceptions and experiences of the treatment groups. This process will take approximately sixty minutes (60).
- You will be audio recorded to accurately record your statements and responses.
- The researcher may contact you later to clarify your interview answers for potentially fifteen (15) minutes.
- The total participation time will be between sixty (60) and seventy five (75) minutes.
- There will be approximately 8-10 participants in a focus group.

**Risk/Discomforts:**

This study carries certain risks. While most are very minimal, this study will ask you about sensitive topics regarding your participation or plans for treatment for pornography and masturbation. If you feel you need additional counseling or psychological services due to discomfort as a result of this research or other purposes you can seek out services from:

Brigham Young University  
Counseling and Psychological Center  
WSC 1500  
801-422-3035

LDS Family Services  
1190 N 900 E  
Provo, Utah 84604  
801-422-7759

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I have read the above description of the research and give my express written consent that I voluntarily am participating to be a participant research.

Name (Printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

