

NEARI NEWS:

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Dear Colleague,

This month, we chose an article that steps firmly into the controversy of the term "Pornography Addiction." Ley, Prause and Finn (2014) take on the controversy about labeling adults who use way too much visual sexual stimuli (VSS) as addicts.

Their use of language is controversial, calling the treatment of porn addiction a "pseudoscientific practice" and a "lucrative, largely unregulated industry." However, we felt that their caution about labeling high frequency use of VSS as addiction as valid and support their suggestion that the clinician examines the factors that a client may present (e.g., negative emotional states, decreased life satisfaction) without pathologizing the individual or their use of VSS.

This approach may be especially important for adolescents where this more nuanced approach can be very helpful to determining the very best treatment plan.

As always, if you have any questions or suggestions for future newsletter topics, please don't hesitate to contact us.

Sincerely,

Joan Tabachnick and Steven Bengis

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What We Know & Don't Know About Addictions and Pornography

by Steven Bengis, David S. Prescott, and Joan Tabachnick

Question

Is the addiction model a useful tool to treat excessive pornography use?

The Research

David Ley, Nicole Prause, and Peter Finn offer a strong critique of the addiction model for the treatment of an adult's high frequency use of visual sexual stimulus (VSS, often also referred to as sexually explicit media). The authors note the widespread use of the term "porn addiction" by both professionals and the media, and challenge the concept as "pseudoscientific practices surrounding it. While the language in the article might be an issue for some readers, the authors raise some valid concerns. They challenge readers to consider the available research on use of VSS and cast doubt on whether the addiction model is the best way to work with an individual around VSS.

The addiction model is based in part upon the assumption that there are negative effects of high frequency use (such as erectile dysfunction, difficulty regulating sexual feelings, and neurobiology changes and treating the addiction will change these negative effects). The article suggests that it might be more useful for clinicians to consider the other issues that contribute to concerns about high VSS usage such as gender, sexual orientation, desire for sensation, mental health issues such as depression as well as inner or external conflicts with family or religious values to determine the best treatment for their client. The article suggests that moving away from the addiction model may offer new opportunities for clinicians to help their clients without pathologizing them or their use of VSS.

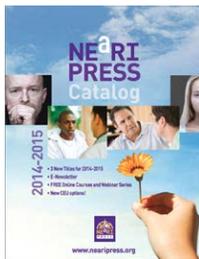
The authors highlight repeatedly that there is no scholarly research showing a causative link between high frequency VSS use and any health risk behaviors or negative consequences. In fact, they suggest that it might not be useful to pathologize these behaviors or assume an underlying addiction. The authors also suggest that by using the addiction model for all high frequency VSS use, the clinician may overlook some benefits of VSS use for their clients including improved attitudes towards sexuality, improved quality of life, some reduced health risk behaviors, and increased pleasure with long-term partners.

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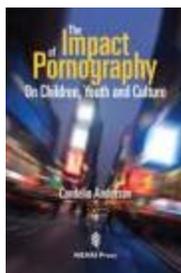
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by Cordelia Anderson

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The authors acknowledge that there is not a widespread definition of pornography, noting the famous 1964 statement by US Supreme Court Justice Potter Stewart, "I know it when I see it..." which makes research for VSS difficult. They offer suggestions for further research. Finally, the authors suggest that the popularity of the pornography addiction model may in part be a result of the use of the term in the media, the very real desire of clinicians to help their clients in pain about their VSS use and the "large, lucrative treatment industry" that benefits from such a diagnosis.

Implications for Professionals

While this article focuses upon adults, the author's concerns about labeling and pathologizing all individuals who use VSS frequently are applicable well beyond the addictions world. The authors offer a careful and critical perspective; it is essential that practitioners understand the purpose behind any behavior. After all, there have historically been many aspects of sexual behavior that have been pathologized despite their not being harmful to anyone. In the case of VSS, professionals might ask:

- What role does VSS play in an individual's life?
- Is it a substitute for his/her ability to manage feelings in another way?
- Does the client have the skills to "choose" an alternative?
- What trade-offs would be involved in substituting other behaviors so that viewing VSS is truly a choice?

For adolescents, it is also important to explore alternative options for "seeing" sexual material that may not come with the same negative impact as what is associated with more "hard core" on fringe aspects of pornography. Finally, when considering whether VSS is a problem in the life of an adolescent or young adult, how much of our concerns is related to our own or the adolescent's family's values? And how can we best separate these to arrive at conclusions that will be helpful to all?

Implications for the Field

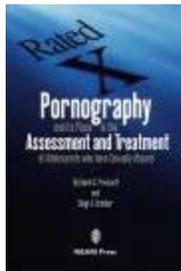
While the field seeks to better understand both a definition for and the impact of "pornography", we should also consider how we might guide adolescents towards sexual experiences that are ultimately more relationship-based, less misogynistic, and/or genitally focused. Helping to differentiate the erotic from the "pornographic" and to embrace passion and healthy sexuality is a challenging task. Using some of the language of the addictions world, even those who abuse sexually will not go "cold turkey" on sex. They need to find healthy-relationship solutions to a biological drive and learned social process. Saying "no" to abusive sex isn't enough. We need to be providing the field with the guidance on how and when to say "yes" and not be frightened by the arousal that may be generated by either the viewing of appropriately erotic material that is developmentally appropriate and or the discussion of this level of healthy sexuality.

Abstract

The addiction model is rarely used to describe high frequency use of visual sexual stimuli (VSS) in research, yet common in media and clinical practice. The theory and research behind 'pornography addiction' is hindered by poor experimental designs, limited methodological rigor, and lack of model specification. The history and limitations of addiction models are reviewed, including how VSS fails to meet standards of addiction. These include how VSS use can reduce health-risk behaviors. Proposed negative effects, including erectile problems, difficulty regulating sexual feelings, and neuro-adaptations are discussed as non-pathological evidence of learning. Individuals reporting 'addictive' use of VSS could be better conceptualized by considering issues such as gender, sexual

overview of the impact of pornography on children and youth. The author also describes the clear shifts in our culture that demonstrates how yesterday's pornography is part of today's mainstream advertising for children. This booklet also provides clear information and resources about what can be done to counter the harm to our children and teens and offers practical tips about how to focus on and promote sexual and relational health..

Cost: \$3.75 + S&H
ISBN: 978-1-929657-51-3
Catalog: 9971



[Pornography and its Place in the Assessment and Treatment of Adolescents who have Sexually Abused](#)

by David S. Prescott and Siegi Schuler

No one thinks that exposure to pornography is a good idea for adolescents who sexually abuse, but what do we actually know from research? How should this inform our clinical practice? In this groundbreaking booklet, David Prescott addresses the research findings of this controversial topic. Taking this information, they explore the implications of this research for the assessment, treatment intervention, and the risk management of adolescents living in a sexualized culture. Most importantly, the booklet covers how the clinician can work with an adolescent in treatment to help him or her build a healthier future.

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orientation, libido, desire for sensation, with internal and external conflicts influenced by religiosity and desire discrepancy. Since a large, lucrative industry has promised treatments for pornography addiction despite this poor evidence, scientific psychologists are called to declare the emperor (treatment industry) has no clothes (supporting evidence). When faced with such complaints, clinicians are encouraged to address behaviors without conjuring addiction labels.

Citation

- Ley, D., Prause, N & Finn, P. (2014, February). The emperor has no clothes: A review of the "pornography addiction" model. Current Sexual Health Report.

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