



**Mini Review**

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# Pornography Addiction: Conceptual and Methodological Approaches in the Post-Pandemic Era. Mini-Review



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## Abstract

The significant increase in pornography consumption observed in recent years has generated a growing interest in its investigation. Matters such as what constitutes use, abuse, or addiction are central to its comprehension, both initially and subsequently in the therapeutic context. This mini review delves into the current status of the issue of pornography addiction, providing an overview of the primary challenges related to its conceptual framework, assessment, and treatment. To date, published studies have yielded inconsistent results, likely due to the lack of consensus in their conclusions. This disorder has not yet been included in the Diagnostic and Statistical Manual of Mental Disorders (DSM). However, it has recently been incorporated into the 11th edition of the International Classification of Diseases (ICD-11). This review outlines as future directions in this regard, the standardization of existing definitions concerning pornography addiction, the exploration of available methodological instruments for its assessment, and the examination of therapeutic approaches and their effectiveness in the treatment of this addiction.

## Introduction

### Behavioral Addictions

In 2011, the American Society of Addiction Medicine defined addiction as ‘a primary, chronic disease of the brain that stimulates the reward, motivation, and memory circuits, encompassing both substance and behavioral addictions’[1]. Among the behavioral disorders included in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, revised (DSM-5-TR), there are provisions for conditions such as shopping addiction, exercise addiction, internet addiction, work addiction, sex addiction, and video game addiction (the latter categorized under ‘Substance-Related and Addictive Disorders’). However, there is no explicit reference to pornography addiction in the manual [2].

The lack of sufficient evidence to establish diagnostic criteria appears to be the primary argument used to exclude certain behavioral addictions from this diagnostic taxonomy. This exclusion is due to the absence of representative prevalence surveys using validated diagnostic instruments, compounded by the bias resulting from the lack of consensus in defining

these conditions [3]. Recently, behavioral addictions have garnered increasing interest and have begun to be defined as ‘any compulsive, repetitive, and persistent behavior that leads to significant harm or distress and is functionally impairing’[4]. This debate is not new; as early as 2009, behavioral addictions were recognized as an emerging phenomenon, and discussions had already begun regarding the use and abuse of internet-related technologies, which the DSM-5 at the time considered as a group of disorders that needed more scientific evidence [5,6].

It has been proposed that individuals who suffer from behavioral addictions share a series of common traits: (1) they lose control over the chosen activity and continue to engage in it despite the negative consequences (irresistibility and impulsivity), (2) these addictions typically start voluntarily but can progress to become compulsive, (3) these behaviors have the potential to alter the individual’s mood, and (4) the neurobiological changes observed are also present in individuals with compulsive internet use [7]. More specifically, neuropathological alterations have been observed in Internet gaming disorder and pornography

addiction. Studies have shown the similarity in the underlying neural processes among various types of addictions, leading to the current acceptance that they share a common neurobiological substrate [1].

### Sex and pornography addiction

As early as 2000, authors like Carnes [8], defined a set of diagnostic criteria for sex addiction that, however, have not been included in the DSM-5 [9]. Nevertheless, they have been incorporated into the 11th revision of the International Classification of Diseases (ICD-11). The DSM-5 includes the term 'hypersexuality' as a tentative approach to the phenomenon of pornography [10]. It is believed that in future editions of the DSM, both sex addiction and pornography addiction will be included. However, there is still an ongoing scientific debate regarding the magnitude and issues associated with these behaviors. Some authors view them as a derivative of normal sexual behavior, related to leisure, while others highlight their negative consequences as an argument in favor of considering them as addictions and, therefore, mental disorders [11].

One behavioral addiction that is receiving increasing attention is Compulsive Sexual Behavior Disorder (CSBD), of which a subtype is Internet pornography addiction or Problematic Pornography Use (PPU). Recently, the following definition of pornography has been proposed: 'Material deemed sexual, given the context, with the primary intention of sexually arousing the consumer, and produced and distributed with the consent of all involved parties'. Thus, while the vast majority of studies on pornography have not established a clear definition of it, this poses a problem when it comes to generalizing results or drawing conclusions [12,13]. Moreover, the social desirability bias, which has been sparsely considered by researchers, could potentially contaminate the estimation of the magnitude of the problem, as survey respondents may provide answers that are socially accepted [14]. Problematic Pornography Use (PPU) could be understood as 'persistent, uncontrollable patterns of pornography consumption, despite personal distress and functional impairment across various areas of life' [13]. The significant challenge at this point is determining when it is considered problematic use [15]. Due to the absence of a uniform definition of PPU and the connotations associated with this concept, some authors propose discussing self-perceived PPU, where the individual consuming pornography identifies their own use as excessive [16,17]. Given that the consequences of pornography consumption differ depending on the individual context, it is essential to distinguish between non-problematic pornography consumption and PPU to avoid the stigma associated with pornography consumption itself [18].

Sex addiction and/or pornography addiction could be grouped under the term 'sexual addictions' as they share characteristics like obsessiveness and compulsion [9]. Current neurological data provide strong evidence to consider problematic pornography consumption as a behavioral addiction, and it has indeed been

included in the ICD-11, not without significant controversy [4]. One of the primary reasons for this controversy is the alleged stigmatization experienced by individuals diagnosed with this disorder, as it is assumed that such behaviors deviate from socially accepted sexual norms. Furthermore, as mentioned earlier, evidence in this regard is still limited, and there are variables that could influence diagnostic criteria, such as an individual's religiosity or sexual orientation [9].

### Consequences of Problematic Pornography Use

#### Societal Impact

Pornography consumption is a common behavioral pattern in developed countries [19]. Websites featuring pornography are among the top 50 most visited sites worldwide. Spain is one of the 20 countries contributing to nearly 80% of Pornhub's traffic, with the majority originating from the United States, primarily due to its larger population [20]. Some authors suggest the 'rule of the three 'A's' (accessibility, affordability, and anonymity) as significant factors influencing the use and proliferation of these behaviors [21].

In recent years, due to the rapid and continuous development of social media and the internet, there has been a substantial rise in pornography consumption, which has impacted individuals, couples, and society at large [9]. Online platforms have emerged (e.g., Reboot Nation or Your Brain on Porn) where individuals affected by this problem can share their experiences and seek help [17]. Concerning risk factors, including difficulties in emotional regulation and loneliness, have been suggested [22].

Adolescents who consume pornography, particularly online, show reduced levels of social integration, increased behavioral problems, higher delinquent behavior rates, a heightened incidence of depressive symptoms, and weaker emotional bonds with their caregivers [1]. It is also associated with issues of life dissatisfaction, loneliness, and work-related problems.

Regarding mental health, traits of neuroticism or obsessive tendencies have been described in relation to the perceived compulsivity of Internet pornography use, and a link has been proposed between perceived addiction to Internet pornography and indicators of poor mental health [15] among these indicators, anxiety and depression are particularly noteworthy. Nonetheless, there is a scarcity of studies that have investigated the association between pornography consumption and consumers' mental health or the consequences of pornography abstinence. Physiological problems have also been observed, including difficulties during sexual relations with partners, erectile dysfunction, and anorgasmia, among others [11].

#### Mental and Physiological Health

During and after the COVID-19 pandemic, a notable surge in online pornography consumption was observed. This, combined with the mental health challenges resulting from lockdowns and

social restrictions, contributed to heightened emotional distress in many individuals. The scarcity of clinical recognition can lead to an inadequate understanding of the issue. The potential risks associated with increased pornography consumption require substantial attention, comprehensive assessment, and a call to action to shield the most vulnerable populations from premature exposure [23].

It is surprising that, despite the available evidence concerning the problematic nature of excessive pornography consumption, there is no universally agreed-upon way to measure it, and operational definitions of problematic pornography use are diverse and inconsistent. Some studies have measured usage frequency, while others have focused on usage duration, content, mode of access, or demographic aspects such as the age group of consumers (youth or adults) [24]. Moreover, the methodological approach in these studies often lacks rigor, as many rely on narrative reviews or systematic reviews and meta-analyses based on small sample sizes [25].

## Diagnostic Instruments

### Existing tools

Validated instruments for diagnosing pornography addiction are limited, as most tools created are primarily intended for detecting sex addiction. Many of the existing scales lack a solid theoretical foundation and only assess consumption frequency or time spent. In the early 2000s, questionnaires and scales were developed that included the issue of problematic online pornography consumption. However, these instruments focused on broader concepts such as sexual addiction, cybersex, or the use of the Internet for sexual purposes. Furthermore, none of the validated instruments to date have considered the qualitative perspective in their theoretical construct. This absence of qualitative insight could introduce bias in the approach to the studied phenomenon. Qualitative paradigms offer valuable opportunities for gaining a better understanding of this issue [26].

Depending on the variables to be measured, the following instruments are currently available [1,11,15,24,27]: *Addiction*. Some existing questionnaires use an addiction framework to conceptualize problematic pornography consumption. Four of them were adapted from pre-existing internet addiction measures to assess online sexual behavior, including the Compulsive Internet Use Scale adapted for Sexually Explicit Media (CIUS-Adapted), Compulsive Use of Sexually Explicit Internet Material, Internet Addiction Test-Sex (IAT-Sex), and Short-Internet Addiction Test-Sex (s-IAT-Sex). The Griffiths' Components Model of Addiction (2005) was the most commonly used theoretical addiction model, involving a total of three scales (CIUS-Adapted, Compulsive Use of Sexually Explicit Internet Material, and Problematic Pornography Consumption Scale [PPCS]).

*Compulsive behavior*. Two instruments are available: Compulsive Pornography Consumption and Scale and Cyberporn

Compulsivity Scale.

*Hypersexual behavior*. Pornography Consumption Inventory.

*Deficient self-regulation*. Three scales have been proposed: the Habit Strength Scale, Deficient Self-Regulation Scale, and Negative Consequences Scale.

*Negative effects*. Three additional instruments are described: the Pornography Consumption Effects Scale (PCES), PCES Short-Form (PCES-SF), and PCES-Revised (PCES-R).

The information presented highlights the availability of instruments for measuring hypersexuality, online behaviors, and attitudes towards pornography. However, there is a gap in the development of tools specifically designed to assess an individual's perceived addiction to online pornography or to consider the issue from a qualitative perspective.

## Therapeutic Approaches

The treatment of sex addiction presents distinct challenges, some of which stem from the limited practical experience in addressing this disorder. Various psychological interventions have shown promise in treating behavioral addictions and could potentially form the basis for empirically validated treatments effective in managing pornography addiction [1]. These interventions include the Multilevel Counselling Program (MLC), Solution-Focused Brief Therapy (SFBT), Cognitive Therapy (CT), and Reality Therapy (RT).

## Conclusions

It remains unclear whether these disorders should be classified as addictive, compulsive, or impulsive. Addressing this challenge is essential for establishing effective conceptual, methodological, and therapeutic foundations for the treatment of these conditions. To date, there has been limited exploration of pornography addiction, and the availability of reliable diagnostic instruments is lacking. Additionally, effective treatment protocols are yet to be established. Once again, it is possible that some of the obstacles encountered are related to factors previously mentioned, such as the absence of consensus regarding the conceptual framework or approach to this addiction.

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