

Are there effective treatments for pornography and sexual addiction?

Christopher Hodge

Milligan College

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Introduction

With the advent of the internet, pornography use has largely become an online behavior for many males and females. Studies estimate that between 30% - 50% (Kraus, Meshberg-Cohen, Martino, Quinones, & Potenza, 2015) and as many as 70% (Gola & Potenza, 2016) of males watch pornography regularly. Of these, between 3% - 6% develop hypersexual behavior (Efrati & Gola, 2018). Compulsive pornography use is characterized by craving, behavior impulsivity, and social or occupational impairment (Kraus et al., 2015). As is the case with other addictions, the person struggling with pornography use can experience salience, where sexual behavior becomes the most important thing to the addict's life, as well as tolerance, withdrawal, and relapse (Van Gordon et al., 2016). This condition is frequently associated with intense shame and may be a reason why a lot of individuals struggling with these behaviors do not seek help for their issues. Typical interventions for pornography and sexual addiction include cognitive-behavior therapy, family therapy, 12-step support groups, and, more recently, psychopharmacology (Van Gordon et al., 2016). Considering the prevalence and potential for significant negative consequences associated with these behaviors, the decision was made to determine whether any of these treatments have been used with success.

Literature Search Process

The literature database ebscohost was used from the Milligan College online library. I searched for peer-reviewed journal articles within 20 years using the terms 'treatment', 'pornography' and 'sexual addiction'. I initially found nine articles but decided on seven as one was nearly 16 years old and another provided no actual treatments. Of these seven articles, four were either a case study or case series, two were full-length reports, and one was a review article.

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

An annotated bibliography is included at the end of this paper which gives an overview of each of these articles as well as strengths and limitations of the individual studies.

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Table Description

I have included two tables in this review article. The first details every article except the review article and includes outcomes measured, intervention and findings as well as sample size and sources. The second table is dedicated to the review article and individually sites the sources within the review and the associated findings of each study.

Table 1Interventions and findings with different treatment options for hypersexual disorder

Reference	Type of study	Sample Size	Outcomes measured	Intervention	Findings
Gola, M., & Potenza, M.N. (2016)	Case series	3	Frequency of pornography use, other sexual behaviors, anxiety	Paroxetine with concurrent cognitive-behavioral therapy	Less anxiety (self-reported), less frequency of pornography (not statistically significant), increase in new sexual behaviors
Kraus, S.W. et al. (2015)	Case report	1	Pornography use and urges to view pornography	Naltrexone	Decreased urges (statistically significant) and decreased pornography viewing (statistically significant)
Bostwick, J.M., & Bucci, J.A. (2008)	Case report	1	Mood and urge intensity	Naltrexone added to already prescribed sertraline	Self-reported decreases in sexual urges and depressive symptoms

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Table 1 cont'd.

Woods, J. (2013)	Peer-reviewed journal article	N/A	N/A	Group	Subjective clinical experience that it works if they stay in treatment
Efrati, Y., & Gola, M. (2018)	Full-length report	97	Severity of compulsive sexual behavior (CSB) symptoms, helplessness, treatment seeking behavior, self-control, social support	12-step program	With increased frequency of meetings and increased step number there were statistically significant correlated findings of lower severity of CSB, lack of control and less helplessness
Gordon, W.V. et al. (2016)	Case study	1	Time spent viewing pornography, time spent engaged in cyber-sex, frequency of paid sexual encounters, expenditure on escort services	Meditation Awareness Training	No pornography or online sex, 60% decrease in expenditure on sex escorts during treatment and 73% decrease at 6 month follow up, reduced unpaid casual sex partners from 10 to 3

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Table 2: Overview of treatments from Naficy et al. (2013) review

Kafka & Prentky (1992)	20	Sexual outlet inventory (SOI)	Fluoxetine	Reduction in hypersexual symptoms over time
Kafka (1994)	24	SOI	Sertraline	Limited due to side effects but reduction in HD symptoms
Kafka & Hennen (2000)	26	SOI	4 different SSRI's	Participants reported reduction in HD symptoms over time
Wainberg et al. (2006)	28	Yale Brown Obsessive Compulsive	Citalopram	Treatment arm did not report

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

			Scale – Compulsive Sexual Behavior (YBOCS- CSB)		greater improvement in HD symptoms than control arm
Kafka (1991)	10	SOI		fluoxetine, imipramine, Lithium, trazadone	90% of participants reported improvement in HD symptoms
Coleman et al. (2000)	14	Physician rating		Nefazadone	11 out of 14 reported good control or remission of HD symptoms
Raymond & Grant (2010)	19	Clinician rating		Naltrexone	17 out of 19 reported reduction of HD symptoms

Note: The SOI is a clinician rating scale of behaviors associated with HD.

Conclusions

There was a wide variety of treatment options that were included in this systematic review paper. The most common medications that have been used as a possible therapy are the selective serotonin reuptake inhibitors (SSRIs). Nearly all of the articles included in the Naficy (2013) article included one or more SSRI and the Gola article did as well. Due to the fact that several mood disorders, like depression, can occur with hypersexual behavior, the SSRI's were some of the first medications used to try to combat the potential central serotonin dysregulation (Naficy, 2013). There is also the realization that SSRI's do have sexual side effects including decreased libido. While most of the studies in the review did show that participants reported improvement in their symptoms, specific SSRI's like paroxetine and sertraline showed causes for concern. Paroxetine use in the Gola (2016) study developed new, problematic sexual behaviors and sertraline use had to be stopped in nearly half of the participants in the Kafka (1994) study due to side effects. Gola postulates that the SSRIs only treat the anxiety aspect of the behavior and that the reward/impulse component is missed, which may be why paroxetine did not show effective results. It is also worth noting that the only placebo controlled, double blind study that included citalopram showed no difference between the treatment and placebo groups.

Naltrexone use was used in two studies with positive results. Naltrexone is an opiate receptor blocker currently approved by the FDA for alcoholism treatment. It blocks endogenous opioids from releasing dopamine in response to reward, hopefully extinguishing the reward's addictive power (Bostwick, 2008). In both cases, the urge to act out with compulsive sexual

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

behavior was significantly reduced and both participants had substantial gains in their quality of life.

In regards to group analytic therapy there is a non-directive stance from the group analyst that allows for free communication (Woods, 2013). This allows for the exploration of whatever is on the mind of each group member while still maintaining structure and boundaries to the treatment. Though there is not a study associated with this article, the group knows it is working because “we are the evidence” (Woods, 2013). If members stay in treatment, they stay out of trouble.

The meditation awareness training study was an interesting case. The participant had “out of control” behaviors that included excessive pornography use and spending approximately 500 dollars per week on escort services. After the treatment he was able to abstain from watching pornography and decreased his expenditures by 73% (Van Gordon, 2016).

Finally, the 12-step approach was evaluated by Efrati (2017) and studied 97 participants from Sexaholics Anonymous (SA). As expected, there were strong correlations between progression in the program (increased number of current step) and lower severity of compulsive sexual behavior, among other outcomes measured.

These results lead to several conclusions. The first is that there is promise for multiple modalities when deciding what treatment to choose for someone who presents with hypersexual behavior. There seems to be clear benefits about belonging to either a 12-step or analytic group for support and accountability. SSRI's have been studied longer but are not without side effects making their use limited in some conditions. The use of naltrexone seems to have great promise as it is already being treated in alcoholics and could be very helpful in calming the urges of the

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

compulsion. Finally, meditation awareness training could be an effective option if used and studied more in the future. These treatment options can give the therapist more confidence in their ability to treat someone who is struggling with these behaviors who believes they are “too far gone” and past the point of hope for their affliction. The variety of interventions also enables the patient and therapist to combine different options until they find the right combination that not only reduces their urges and behaviors but also returns them to an overall better state of mental health.

Strengths and Limitations

The first strength that deserves mention is simply the fact that these studies exist. For a long time, individuals with these issues were simply left to their own devices when it came to trying to correct their own behaviors. As more and more studies are done, the stigma and shame that almost always accompanies this condition can slowly and steadily be reduced so more people can seek help without fear of judgement and ridicule. That can also lead to the inclusion of females who engage in these behaviors, as all of the present studies only involve males, who, although make up the majority of treatment seekers, do not represent 100% of those afflicted.

Despite small sample sizes for most of the studies, the authors were frequently able to provide rationale for why they found what they did. For example, in the Gola (2016) study, the authors gave four possibilities to explain their findings and used neuronal mechanisms to substantiate their hypothesis. This not only gave possible explanations for the observed phenomena but also provided opportunities for further study based on the most probable explanation.

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

An obvious limitation is the lack of double blind, placebo-controlled, randomized control trials. There were correlations that could be drawn and subjective decreases in symptoms but the only placebo-controlled study failed to find any difference between the treatment and the control group. There is also no consistency in measurement instruments used, so comparing effects between studies is very difficult.

Another limitation deals with confounding variables. For many of the studies there was behavioral therapy that accompanied the intervention so at least part if not most of the effects could have been due to the individual therapy and not the specific intervention.

It is also important to acknowledge the potential side effects of the medications used in the articles, particularly the SSRI's. With the known sexual side effects associated with the SSRI's, it is fair to question whether the results are due to the wanted decreases in urges and activities and not the unwanted consequences of the medication. Maintaining a functional physiologic capacity for healthy sexual behavior is of great importance in this condition as the development of intimacy and healthy relationship practices are often reduced or not even present with many individuals with compulsive sexual behavior.

Annotated Bibliography

Bostwick, J. M., & Bucci, J. A. (2008). Internet sex addiction treated with naltrexone. *Mayo*

Clinic Proceedings, (2), 226. Retrieved from <https://search-ebSCOhost-com.milligan.idm.oclc.org/login.aspx?direct=true&db=edsgao&AN=edsgcl.175025315&site=eds-live&scope=site>

These authors take a very scientific approach after discussing a case study where one of their patients struggled for years to change his problematic behaviors and was only finally able to get a grasp of them after he started and continued naltrexone in addition to his sertraline. They discussed his previous attempts at sobriety and his dropping in and out of treatment before being able to resist his urges on the medication. While it is thorough, most readers may struggle with the level of neuroanatomy and physiology discussed. However, the science is relevant and they do a thorough job portraying how overwhelming the patient's compulsions had become despite knowledge of the negative consequences associated with them.

Efrati, Y., & Gola, M. (2018). Compulsive sexual behavior: A twelve-step therapeutic

approach. *Journal of Behavioral Addictions*, (2), 445. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.7.2018.26>

This recently published article examines the role of the 12-step therapeutic approach in the treatment of compulsive sexual behavior (CSB). Their directional hypothesis suggested that advancement in the recovery process (longer duration, frequent meetings, and especially step number progressed to) will be accompanied by a lower severity of CSB symptoms, helplessness, and sexual suppression. They also

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

hypothesized they would find better mental health, self-control and social support regardless of country of birth, socioeconomic status, or education. Using various questionnaires, they were able to correlate numerous outcomes with advancement in the program, specifically progression through the steps. Though they were able to correlate these findings, there are no casual conclusions that can be done and many of their tables were challenging to read and understand.

Gola, M., & Potenza, M. N. (2016). Paroxetine treatment of problematic pornography use: A case series. *Journal of Behavioral Addictions*, (3), 529. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.5.2016.046>

In this short case series, the authors set out to see if the use of paroxetine had an effect on problematic pornography use in three cases. They report that while initially effective in reducing anxiety and frequency of pornography use, the appearance of new sexual behaviors (affair and paid sexual services) emerged in all three cases. They discussed numerous mechanisms by which this may have occurred including the thought that because pornography use decreased that it compelled patients to pursue higher risk sexual behaviors. They conclude by discussing the neuroscientific findings regarding how paroxetine treatment only targeted the anxiety-related aspects but failed to address the impulse/reward component of problematic pornography use. While they seem set on this last explanation of why the new behaviors started they cannot completely rule out other causes including the one listed above.

Kraus, S. W., Meshberg-Cohen, S., Martino, S., Quinones, L. J., & Potenza, M. N. (2015).

Treatment of compulsive pornography use with naltrexone: A case report. *The American*

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Journal of Psychiatry, 172(12), 1260–1261. <https://doi-org.milligan.idm.oclc.org/10.1176/appi.ajp.2015.15060843>

In this very brief case report, the authors describe how adjunctive treatment with naltrexone faired for a particular individual struggling with compulsive pornography use. He had viewed pornography nearly daily for 10 years and began receiving weekly cognitive behavior therapy. Despite decreasing his baseline use of pornography, he still reported strong urges so he was placed on naltrexone after 10 weeks. He then reported significant decreases in his urges and continued to view pornography less often. This report is very short and needs to be viewed in the context of other studies.

Naficy, H., Samenow, C., & Fong, T. (2013). A Review of Pharmacological Treatments for Hypersexual Disorder. *Sexual Addiction & Compulsivity*, 20(1/2), 139–153. <https://doi-org.milligan.idm.oclc.org/10.1080/10720162.2013.769843>

In this article, the authors reviewed pharmacologic treatments for hypersexual disorder in the literature. They found seven relevant articles that discussed treatment with SSRI's, antidepressant/mood stabilizers, and opiate antagonist. Each study was effectively summarized including the methods used and the results obtained. While six of the seven studies showed positive outcomes with the different treatments, the only double-blind, placebo control study failed to show a difference with the treatment compared to placebo and only showed one significant secondary outcome of a reduction in sexual desire/drive. This article was very east to understand and provided a great discussion that included several limitations of each of the studies that were reviewed.

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Van Gordon, W., Shonin, E., & Griffiths, M. D. (2016). Meditation Awareness Training for the treatment of sex addiction: A case study. *Journal of Behavioral Addictions, 5*(2), 363–372. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.5.2016.034>

This case study explores the effect that meditation awareness training (MAT) had on a specific individual suffering from sexual addiction. The authors distinguish that MAT is a second-generation mindfulness-based intervention (SG-MBI) and not a first-generation MBI which would focus on paying attention in the here and now non-judgmentally. Instead, SG-MBI is the process of engaging a full, direct and active awareness of experienced phenomena that is spiritual in aspect and maintained from one moment to the next. This encourages participants to be ethically aware of both the short- and long-term consequences of their actions. The participant completed the program and reported less symptoms on the sexual addiction screening test and lower frequency of paid sexual encounters. The authors went into appropriate detail regarding the specifics of the treatment and presented their findings in a clear and concise way.

Woods, J. (2013). Group analytic therapy for compulsive users of internet pornography.

Psychoanalytic Psychotherapy, 27(4), 306–318. <https://doi-org.milligan.idm.oclc.org/10.1080/02668734.2013.853907>

This article explores the role that group therapy has on compulsive users of internet pornography. The author uses his own experiences at the Portman Clinic in describing how a group like this can promote intimacy of a non-sexual kind and how for a lot of patients this is the first time they will experience this kind of intimacy. While he mostly uses examples from offenders (sexual violence, child sex abuse) the point is made that the group has benefits for both legal and non-legal participants. The main aspect of

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

this type of group is the allowance of free communication between members instead of a more directive, cognitive-behavior model. There is no study or outcomes measured here but instead an acceptance that the evidence comes from the members themselves, who know they have no other option but to stop their problematic behavior.

References

- Bostwick, J. M., & Bucci, J. A. (2008). Internet sex addiction treated with naltrexone. *Mayo Clinic Proceedings*, (2), 226. Retrieved from <https://search-ebSCOhost-com.milligan.idm.oclc.org/login.aspx?direct=true&db=edsgao&AN=edsgcl.175025315&site=eds-live&scope=site>
- Efrati, Y., & Gola, M. (2018). Compulsive sexual behavior: A twelve-step therapeutic approach. *Journal of Behavioral Addictions*, (2), 445. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.7.2018.26>
- Gola, M., & Potenza, M. N. (2016). Paroxetine treatment of problematic pornography use: A case series. *Journal of Behavioral Addictions*, (3), 529. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.5.2016.046>
- Kraus, S. W., Meshberg-Cohen, S., Martino, S., Quinones, L. J., & Potenza, M. N. (2015). Treatment of compulsive pornography use with naltrexone: A case report. *The American Journal of Psychiatry*, 172(12), 1260–1261. <https://doi-org.milligan.idm.oclc.org/10.1176/appi.ajp.2015.15060843>
- Naficy, H., Samenow, C., & Fong, T. (2013). A Review of Pharmacological Treatments for Hypersexual Disorder. *Sexual Addiction & Compulsivity*, 20(1/2), 139–153. <https://doi-org.milligan.idm.oclc.org/10.1080/10720162.2013.769843>
- Van Gordon, W., Shonin, E., & Griffiths, M. D. (2016). Meditation Awareness Training for the treatment of sex addiction: A case study. *Journal of Behavioral Addictions*, 5(2), 363–372. <https://doi-org.milligan.idm.oclc.org/10.1556/2006.5.2016.034>

ARE THERE EFFECTIVE TREATMENTS FOR PORNOGRAPHY AND SEXUAL ADDICTION

Woods, J. (2013). Group analytic therapy for compulsive users of internet pornography.

Psychoanalytic Psychotherapy, 27(4), 306–318. <https://doi->

[org.milligan.idm.oclc.org/10.1080/02668734.2013.853907](https://doi-org.milligan.idm.oclc.org/10.1080/02668734.2013.853907)