

Religious, moral beliefs may exacerbate concerns about porn addiction

February 6 2020

Moral or religious beliefs may lead some people to believe they are addicted to pornography even when their porn use is low or average, according to new research published by the American Psychological Association.

"Self-reported addiction to pornography is probably deeply intertwined with religious and [moral beliefs](#) for some people," said lead researcher Joshua B. Grubbs, Ph.D., an assistant professor of psychology at Bowling Green State University.

"When people morally disapprove of pornography but still use it anyway, they are more likely to report that pornography is interfering with their lives."

In two studies with more than 3,500 participants, the researchers found that moral or religious beliefs may be a central contributing factor to distress over porn use. Such a view may complicate an accurate diagnosis of compulsive sexual behavior disorder (CSBD), which includes [porn addiction](#) and detrimental sexual behaviors such as patronizing prostitutes. The research was published online in the *Journal of Abnormal Psychology*.

In one experiment, 2,200 online participants who were selected to be representative of the U.S. population, along with 467 undergraduate students from Bowling Green State University, were surveyed about their porn use and their religious and moral beliefs. People who viewed pornography and believed pornography is morally wrong were more likely to report that they were addicted to porn than those who didn't find porn use to be morally objectionable. Participants who reported they were religious or who regularly attended [religious services](#) were more likely to believe they were addicted to porn, even if their porn use was the same as less religious participants who didn't believe their porn use was a problem.

In another online experiment, 850 U.S. adults who used porn were surveyed about their porn use and

religious beliefs and then were invited to complete follow-up surveys every four months for a year. The findings were similar, with more religious participants reporting an addiction to pornography. These feelings tracked together over time: Increases in feelings of moral disapproval of pornography corresponded to increases in feelings of addiction to [pornography](#).

"We are not suggesting that people need to change their moral or [religious beliefs](#), but it's not helpful for someone with a low or normal amount of porn use to be convinced that they have an addiction because they feel bad about it," Grubbs said. "However, if someone wants to reduce their porn use because it causes distress, then therapists should work with them in a non-judgmental way that doesn't induce shame."

CSBD has been controversial due to conflicting research on whether it is a distinct mental illness. CSBD is not included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association in 2013. In 2018, the World Health Organization included CSBD in the 11th edition of the International Classification of Diseases, a commonly used worldwide standard reference for [health conditions](#) and mental illnesses. In the International Classification of Diseases, CSBD is categorized as an impulse control disorder, which includes "a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behavior."

Grubbs said he supports a diagnosis for CSBD as a distinct mental illness, but mental health professionals must ensure their own biases don't lead to inaccurate diagnoses. Previous research has shown that therapists are less likely to diagnose LGBTQ people with CSBD, while religious therapists are more likely to view porn use as addictive and evidence of a mental illness.

Some people seeking treatment for CSBD may not meet the diagnostic criteria even if they are distressed about their porn use, Grubbs said. Clinicians will need to find objective measures, not just the subjective feelings of clients, to diagnose CSBD, such as failed attempts to stop using porn or impairment in job or family duties caused by [porn](#) use.

"This diagnosis enables access to care for people who need treatment," Grubbs said. "Just like cultural sensitivity is needed for any diagnosis, CSBD will require that clinicians and therapists be aware of and sensitive to the unique aspects of themselves and their clients that might influence how symptoms should be addressed."

More information: "Moral Incongruence and Compulsive Sexual Behavior: Results From Cross-Sectional Interactions and Parallel Growth Curve Analyses," *Journal of Abnormal Psychology* (2020).

Provided by American Psychological Association

APA citation: Religious, moral beliefs may exacerbate concerns about porn addiction (2020, February 6) retrieved 12 December 2022 from <https://medicalxpress.com/news/2020-02-religious-moral-beliefs-exacerbate-porn.html>

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