

Does Attachment Theory Apply to Working with Pornographic Addiction in Men?

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2005

This dissertation is submitted to Auckland University of Technology in
partial fulfilment of the Degree of Master of Psychotherapy.

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ATTESTATION OF AUTHORSHIP

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.”

Signed

Jane Harris

ACKNOWLEDGMENTS

Thank you to my wonderful family and friends: although this project has been on my heart as something very important to me, without all your encouragement, love, practical support and patience I would not have completed this task.

Thank you to Elizabeth Martin, Timothy Martin, and Julie Dickinson for your editing assistance, and to Sepideh Sadeghi for assistance with graphics.

Thanks also to my clients, the special people I have the privilege of working with, and who were willing to share their lives to enrich this dissertation.

I would also like to thank Helen Packard, my supervisor for her constant encouragement and practical advice.

ABSTRACT

This research was conducted in order to explore the topic of pornographic addiction in men, and to discover whether attachment theory was applicable when working with this client group. A systematic literature review was undertaken to ensure an in-depth study of the material available. Definitions of pornography, pornographic addiction and shame are included. Topical data is used to indicate the increasing degree of public awareness occurring at present, and clinical vignettes are used as illustrative examples of points raised in this study.

Due to the lack of literature found on pornography as an addiction, I predominantly use literature on sexual addiction that discusses pornography. This is justified on the basis of understanding that pornographic addiction is a form of sexual addiction.

Through literature reviewed and my clinical experience, avoidant attachment style problems are found to be a factor in men with pornographic addiction. The predominant theme of “shame” is noted as the primary connecting issue between these. Shame and attachment theory’s significance for clinical application is then explored and elaborated on. Pertinent treatment factors are highlighted and a specific treatment plan is suggested.

The lack of empirical research in many areas is noted, as well as the possible challenges to the psychotherapy culture, due to the technological era of the 21st Century.

Key words: Pornography, sexual addiction, cybersex, attachment, and psychotherapy.

CHAPTER ONE

INTRODUCTION

1.1 Personal

My desire to investigate the topic of pornographic addiction, stems from both my personal experiences and professional development.

Historically, my interest in the subject of pornographic addiction in men was sparked by its impact on long-term personal relationships I knew of. Pornography appeared to be a significant factor in the dysfunction within these relationships. Furthermore I noted a significant lack of relevant therapeutic information available, and some questionable professional responses to the seriousness of this issue.

Having pursued psychotherapy as a career choice, I saw that this thesis gave me the opportunity to explore in depth the phenomenon of pornographic addiction. As my psychotherapy training has deepened, I have found myself adhering to the belief that attachment theory is indeed relevant in therapy for most clients. I wanted therefore, to see if it was also relevant to working with this particular client group.

Questions have been raised over moral bias, and I would like to acknowledge the reality that I have entered this research with a personal belief that, excessive use of pornographic material is detrimental to mental health and intimate relationships.

1.2 Professional

Addictions have become a major clinical issue in our work as psychotherapists, with various therapeutic methods employed for facilitating healing. Only recently has pornographic addiction begun to be taken seriously as a clinical issue, rather than a moral one. This is reflected in the paucity of literature around this topic.

In my work with addicted clients I have found that there appears to be a connection between insecure attachment and addictive behaviour. Therefore I felt the review might offer clearer insight into this connection, and in particular pornographic addiction.

I have worked with a number of clients with pornographic addiction, yet only one of these raised this as his presenting issue. In discussion with other therapists I have found that it is not a common primary presentation. However it does arise regularly, if not frequently, during the therapeutic encounter. My colleagues also note there is little literature specific to psychodynamic psychotherapy and attachment theory for pornographic addiction. Some believe, as I do, that pornographic addiction is going to increase as a clinical issue due to the impact of the Internet.

As secrecy is one of the key factors involved in this addiction, it has not been particularly surprising to me that there have been very few clients presenting with this problem. However, outside the therapy room I have found a keen interest shown by men, when I have discussed my thesis with them. My discouragement at the initial lack of literature I found on the subject, was overturned by the encouragement I received to pursue my course of interest. Furthermore, as I started to review the literature it became apparent that it was a topic that clients wanted researched further. Two reviews: one a meta-analysis of the published research on the effects of pornography (Oddone-Paulucci, Genuis, & Violato, 2000) and the other a literature review (Postel, 2003) of the effect Internet pornography has on men, also undergirded the inspiring journey into this research. The former concluded (and noted that the conclusion was consistent with previous meta-analyses) that “the results of the present meta-analysis suggest that exposure to pornography produces a variety of negative outcomes and ... puts one at increased risk for ... experiencing difficulties in one’s intimate relationships” (Oddone-Paulucci et al., 2000 p. 52). The latter was helpful both from its quantitative and qualitative components, particularly as the latter included interviews conducted in New Zealand.

1.3 Research Question

My research question, “Does attachment theory apply to working with pornographic addiction in men?” relates to the compulsive use of pornographic material as a sexual addiction. The definition of sexual addiction I use most clearly defines the forms of behaviour articulated in my review. It does not however, identify the addictive nature of this behaviour. It appears from my review, (as elaborated on in a later chapter) that this could be due to the lack of clinical consensus over how this problematic

behaviour should be described and classified. Consequently, I also refer, in 1.3.2 to other definitions, in order to deepen the understanding of sexual addiction. Shaeffer's (1991) definition of a sexual addiction is: "sexual behaviours that involve the exploitation of others – behaviours that are non-mutual, objectify people, are dissatisfying, involve shame, or are based on fear" (Schaeffer, 1991 p. 12). As mentioned above, this understanding of sexual addiction was prevalent in my review. For instance, Strager states categorically that pornography's exclusive focus is the depiction or facilitation of male pleasure, primarily in the form of masturbation, and women are therefore commodified to provide this (Strager, 2003). The use of pornography could therefore be an example of exploitation, as per the sexual addiction definition of objectification above. Corley and Schneider (2002) discuss exploitation of partners, non-mutuality and shame (Corley & Schneider, 2002) and Heilakka emphasizes that the sexual addict's primary driver is fear, equal in primacy to his search for intimacy (Heilakka, 1993).

My literature review included a meta-analysis of the published research on the effects of pornography, that contended: "exposure to pornography produces a variety of substantial negative outcomes" (Oddone-Paulucci et al., 2000 p. 52). They noted these negative outcomes as: committing sexual offences, relational intimacy difficulties, and accepting the rape myth (Oddone-Paulucci et al., 2000). Other research shows how pornographic addiction allows a man to live in a fantasy world where he controls his relationships and cannot experience rejection, yet often leaves him dissatisfied, fearful of attempting to enter a relationship or incapable of intimacy within an established relationship. There is further contention that it impacts on, adults' views of normal sex, proneness to deviant sexual behaviour, as well as reducing the desire to have children (Reed, 1994). Alternatively, as Schwartz and Southern suggest: "the fantasy world of cybersex is a dissociative experience in which a person escapes the demands of daily life, as well as the pain and shame of past trauma" (Schwartz & Southern, 2000 p. 127). I suggest from these research outcomes, that attachment theory is relevant to men for whom pornographic use has become an addiction, as they indicate specific, historical relationship difficulties.

I chose to restrict my research to men, as current research confirms that the greatest percentage of users of pornography, and in particular Internet pornography, is men

(A. Cooper, Putnam, Planchon, & Boies, 1999). The different issues around women's use of pornography I deemed too large to give adequate justice within the scope of this thesis (Pratarelli & Browne, 2002).

1.3.1 Definition of Pornography

Pornography is defined as “explicit presentation of sexual activity in literature, films etc., to stimulate erotic not aesthetic feelings”(Sykes, 1978 p. 689). It is a form of sexual fantasy, stimulating sexual behaviour, primarily in the form of masturbation (Strager, 2003; Tays, Earle, Wells, Murray, & Garret, 2000). I found in my reviewed literature differences in the understanding of the forms of pornography. For example, Fisher and Barak (2001) distinguish between pornography and erotica, describing pornography as sexually explicit, degrading, debasing, and dehumanising people (generally women) in a fashion that endorses degradation; and erotica as sexually explicit but non-degrading, and non-violent, consensual sexual activity (Fisher & Barak, 2001). On the other hand, Baumeister (2002) and (Zillman, Bryant, & Huston, 1994) refer to erotica and pornography synonymously, as both refer to depictions of sexual stimuli, which is in accordance with the dictionary definition (Baumeister & Twenge, 2002; Reed, 1994). I discuss this further in my next chapter.

1.3.2 Definition of Sexual Addiction

The Collins English Dictionary defines addiction as “the condition of being abnormally dependent on some habit” (Hanks, 1986 p. 17). When discussing sexual addiction, Griffin-Shelley notes that the word “addiction” has a root meaning of “to the dictator”, as a loss of freedom has occurred in association with the addictive behaviour (Griffin-Shelley, 1993 p. 5). According to Carnes, Delmonico, Griffin and Moriarity, addiction is a system that has its own escalating momentum, dependent on the frequency of engagement with the addictive behaviour. He states that this system has different components, the first being a belief system that encompasses core-beliefs about self, with delusional thought processes that impact the way addicts perceive reality (P. Carnes, Delmonico, Griffin, & Moriarity, 2001). The behaviour of a man with pornographic addiction not only fits the designation of sexual addiction, as given in my introduction: “sexual behaviours that involve the exploitation of others – behaviours that are non-mutual, objectify people, are dissatisfying, involve shame, or are based on fear”(Schaeffer, 1991 p. 12), but also suggests an increased experience

of lost freedom. This I believe to be an important key to diagnosing the use of pornography as an addiction, as opposed to chosen recreational use. This definition proposes that sexual addiction has both behavioural and psychological aspects to it, that are detrimental to self and others.

1.3.3 Definition of Pornographic Addiction

In my research question introduction, I describe pornographic addiction as a sexual addiction. As stated in the definition above, pornography is material that elicits an erotic or sexual response. For some men, the sexual stimulation when compulsively using pornographic material becomes addictive. For others, pornographic use becomes addictive as a coping mechanism for dealing with life. Pornography addiction, being a sexual addiction has commonalities with other sexual addictions, and can therefore be classified in the same way (Appendix B) (P. Carnes et al., 2001; Martin, 1989). However, perhaps the most useful description for sexual addiction to pornographic material, where men view people as objects for sexual gratification, can be taken from the definition found in the DSM-III-R “a pattern of sexual conquests of people who exist as things to be used” (Reed 1994, p. 262). For a pornography addict, I find this conquest exists in the fantasy world of the pornographic material, isolated from a real relationship and therefore suggest that avoidant attachment may be a factor relevant to this addiction.

1.3.4 Introduction to Attachment Theory

John Bowlby (1907-1990), a British psychoanalyst, introduced Attachment Theory to the mental health arena. His observations of the detrimental effects on children separated from their parents and placed in institutions, led him to research the impact on the mental health of a child as related to maternal care. Attachment Theory was the explanation that he formulated to account for this phenomenon and it bridged the gap between Freudian psychoanalysis and Piaget’s theories of development (Karen, 1994)

Bowlby’s personal research and study of others’ research reinforced Bowlby’s belief that an infant would be able to securely attach to its mother and grow into an independent man or woman, by experiencing a “warm, intimate, and continuous relationship... in which both find satisfaction and enjoyment” (Bowlby, 1952 p. 11).

Deprivation through separation or inappropriate forms of maternal response can perpetuate an insecure attachment style in the adult. The following is some of the behaviour that may result from an insecure attachment: lack of trust in the attachment figure, chronic anger and resentment towards him or her, inability to seek or use support from the attachment figure when such support is needed, compulsive care-giving, or an excessive sense of self-reliance and emphasis on independence from any need for an attachment figure or absence of feeling towards him or her, (Crittenden & Ainsworth, 1989); acute anxiety, guilt and depression, excessive need for love, powerful feelings of revenge (Bowlby, 1952).

Avoidant attachment style is the insecure attachment style that I explore in this thesis. Avoidant attachment styles can leave an adult with a dismissive, independent attitude. Defence processes are engaged that enable the adult to no longer feel the pain of rejection or their yearning for love (Karen, 1994). The use of pornography may be seen as one such process.

In conclusion to this introductory chapter, I would like to state again that I define the compulsive use of pornography in terms of being a sexual addiction, as the clinical phenomenon that I present in this dissertation. I introduce attachment theory as a possible contributor to the treatment of pornographic addiction, with shame being the significant dynamic that emerged from my literature review. Together these are the two main considerations of this dissertation, regarding pornographic addiction.

CHAPTER TWO

PORNOGRAPHIC USE EXPLORED

2.1 Introduction

In this chapter I present a précis of discussions over the classification of compulsive pornographic use, the increased interest in this topic as it is coupled with Internet use, and the possible pathologies related to the use of pornographic material.

2.2 Terminology regarding compulsive pornographic behaviour

Although I am using the terminology “pornographic addiction”, I acknowledge that there is not a consensus on this classification. Though sexual disorders are identified, there is not a sexual addiction classification in the fourth and current Diagnostic and Statistical Manual of Mental Disorders (DSMIV), (Stein, Black, Shapira, & Spitzer, 2001). Nor is the compulsive use of pornography specified - it can only be classified under sexual disorders not otherwise identified in DSM-IV.

This seems to be due to a lack of consensus regarding the most efficacious terminology that clinicians use to describe problematic sexual and pornographic behaviour. Terminology includes “addiction” (Goodman, 1998; Griffin-Shelley, 1993; Martin, 1989), “impulse control” (Hollander & Rosen, 2000), “trauma re-enactment” (Kenneth M. Adams, 1999; P. J. Carnes, 2001; Schwartz & Southern, 2000), “compulsivity” (M. Cooper & Lebo, 2001; Friedman, 1999; Pincus, 1990) and “intimacy disorder” (P. J. Carnes, 2001). In my review some authors move freely between describing sexual addiction and pornography use synonymously, without calling this use “pornographic addiction”(P. Carnes et al., 2001).

I found Gold and Heffner’s (1998) literature review on this issue useful. They not only clearly articulated varying clinical points of view but found, regardless of descriptive terminology for this behaviour, that there was a generally held belief in the progressive and cyclical nature of this behaviour, despite minimal empirical evidence (Gold & Heffner, 1998). For this reason, I find this statement most pertinent: “whether or not one accepts the conclusion that compulsive sexual behaviour is an addiction, the addictive model itself seems to be a useful one” (Pincus, 1990 p.66).

This encourages research around the phenomenon and treatment of intrusive pornographic use, rather than the possibly fruitless argument over the label for this behaviour.

As mentioned in my introductory chapter, some researchers define pornography and erotica on the basis of content. However useful some may find this, my professional experience suggests that erotica has no less a detrimental affect on men with pornographic addiction than pornography as defined by Fisher and Barak (2001). Furthermore, I believe their definition can be challenged from two angles. Firstly, I suggest men women or children used in pornographic material are objectified. Therefore, the material produced can therefore be seen as automatically degrading, debasing and dehumanising. Secondly, my literature review highlights researcher's interest in differences in the degree of effect of pornography, according to content, rather than making labelling distinctions. For instance, the effects of aggressive and non-aggressive pornography on men were identified in my review, along with the need for more research (Reed, 1994). I also surmise that should empirical evidence be found over differences of effect, this could possibly help with preventive strategies being formulated regarding pornographic addiction.

2.3 The escalating factor in pornographic addiction

I found little empirical data in my literature review on pornographic addiction and a frequent comment by researchers is the need for this to be addressed, so that increasing clinical experience can be validated (Gold & Heffner, 1998). Increased studies are occurring however, with reference to the access of pornographic material through the Internet. Utilised through the Internet this material is now classified as cyber-porn. This is a form of cyber-sex: the use of digitised sexual content (visual, auditory, or written), obtained for the purpose of sexual arousal and stimulation (Schneider and Weiss, 2001).

Research suggests that whereas in the past pornographic material was difficult or potentially embarrassing to view or obtain, the Internet provides an easily accessible, affordable and anonymous way of interacting with pornographic material. These three factors, coined the "Triple A" engine (Putnam & Maheu, 2000 p.93) appear to be contributing both to the increasing number of sexually addictive people and degree

of negative consequences, compared to when access to pornographic material was limited to paper literature, shops and shows (P. J. Carnes, 2001; Putnam & Maheu, 2000; Schneider, 2000; Stein et al., 2001).

Not only do I see these consequences include the traditionally viewed negative consequences on personal relationships¹, such as marital discord and shame (Schwartz & Southern, 2000), but also an intensification of these issues. For example, the perception of anonymity, regarding Internet pornography, is impacting on denial factors around pornography being an issue and its effect on relationships (P. J. Carnes, 2001; Griffiths, 2001, 2003; Putnam, 2000). Furthermore, due to cultural changes, specifically the technological demands of the 21st century, computers are increasingly being used at work. Thus employment productivity is being jeopardised by work rule violation and consequent decline in work performance (Griffiths, 2003; Schwartz & Southern, 2000).

2.4 Healthy and unhealthy use of pornography

I acknowledge that the use of pornographic material is described as both healthy and unhealthy in my review, with classifications ranging from recreational use to sexually compulsive use (P. Carnes et al., 2001). However, it is the unhealthy effect on men who use this medium that brings it into the clinical realm. Although I believe the argument over the adverse consequences of using any pornography is of relevance, it is not the core issue for the purpose of this dissertation.

I found, in my review, researchers emphasise the unhealthy use of pornography with acknowledgements given to an opposite understanding. For instance, researchers such as Cooper et al. (1999), contend, as I do, that, as the use of pornographic material does not require the maintenance of intimate connection with a partner, it can be an unhealthy form of sexuality. However, they suggest common ground can be found between those with opposing views where: “over time the focus on an object and a preference for using the Internet becomes a requisite for sexual arousal,” (A. Cooper et al., 1999 p. 81). Others acknowledge the personal right to choose to use

¹ It is suggested that this is due to the client's inability to develop healthy effective, adaptive systems of self-regulation, resulting in a defensive system that is organised around denial and externalisation (Goodman, 1993)

pornographic material, but warn that in light of the evidence, the initial choice may become over-ridden for some users, as it does after experimenting with anything that becomes addictive - for instance the first drink or gamble (Fisher & Barak, 2001). Putnam and Maheu (2000) note that those who were not necessarily at risk prior to Internet availability may become addicted to Internet pornography (Putnam & Maheu, 2000). I would question the latter on the basis of a clinical understanding of the compulsive need for pornographic interaction and encourage further research into this, such as Schneider's quoted below.

Carnes et al's (2001) research divides cybersex users into five categories: appropriate recreational, inappropriate recreational, discovery group, predisposed group and lifelong sexually compulsive group. They stated that the first two groups rarely displayed behaviour that was problematic and were noticeably different, from the perspective that they had no desire to hide their usage (P. Carnes et al., 2001).

However, other research into the impact of cybersex is raising the possibility that even recreational usage can be detrimental. Schneider did a qualitative study on cybersex participants and found that for some of the participants their current or previous sexual addiction was initiated through cybersex involvement (Schneider, 2000). As part of her research paper she supports her study results by quoting a significant study by Cooper, Putnam, Planchon and Boies (1999). They divided their survey of 9177 cybersex site participants into three categories: recreational, "at risk" and sexually compulsive users. "At risk" users were people who had no previous history of sexual compulsivity, yet when faced with the Triple A factor of the Internet, found cybersex to be the first expression of an addictive sexual disorder (Schneider, 2000). This group of people would in the past have been described as recreational users but the impact of their recreational or curiosity based use, meant they fell into a new category, as found by Putnam and Maheu quoted above.

Stirling-Hastings acknowledges the traditional recommendation of some sex therapists on the use of pornography for healthy stimulation within a relationship. However, Stirling-Hastings then argues against it on the basis of her clinical experience, where pornography causes the man to dissociate firstly with self, and consequently with partners, minimising his ability to connect with his true sexuality

(Hastings, 1998). I would agree with this, as I have found clients expressing difficulty in sexual intimacy with their partners. This has been expressed from their partner's and their own response, as the pornography endorses fantasies that take him away from focusing on his partner (Neu, 2002; Schneider, 2000).

Clinical Vignette:

Cl: "My wife knows I use pornography"

Th: "How does that affect your relationship with her?"

Cl: "Well actually it creates a lot of tension. I want her to look at the stuff with me and she won't, what's more then she won't have sex with me 'cos she says I'll just be thinking of the women in the video"

Studies revealing a decrease in intimacy and identification of cybersex, as factoring significantly in separation and divorce, corroborates data being presented by lawyers, indicating that cybersex is now a major contributing dynamic in separation and divorce (Lyndon, 2004; Paterson, 2005; Paul, 2004).

I found the issues around female sexuality raised by Baumeister and Twenge interesting because they approach pornographic use from an economic angle: the economic power dynamics between men and women. They suggest that: "pornography... may offer men sexual stimulation. By satisfying some of the male demand for sex, these entertainment forms could undermine women's negotiating power, and so women would naturally have an interest in stifling them", and, "women benefit economically if men are starved for sex, whereas men benefit sexually if women are desperate for money and other resources"(Baumeister & Twenge, 2002 p. 102). I suggest, that in the wider context of society, this research supports my theory that the use of pornography is not something that enhances intimacy between men and women, even if it does meet some needs. I feel more research in this area could benefit societal relationships at a macro level, and thereby enhance community understanding of this and other associated issues.

The negative impact of pornographic use on men is being highlighted both for those of heterosexual and gay orientation. Virginia Braun, a psychologist at Auckland University, who has been researching the effects of pornography in men, is quoted as

saying, “I think viewing porn can still have negative impacts on heterosexual men’s ideas on sex... In terms of developing positive, egalitarian sexual relationships with women, it certainly was damaging” (Spence, 2003 p.10). Pincu identifies that gay men may sexualise their anxiety, leading to non-relational sexual behaviour that overrides intimate relationships (Pincu, 1990).

Although my experience is limited to non-criminal addiction, I believe it is important to note that in my review I find research predominantly suggesting that pornographic use, especially for those introduced to it an early age, is contributing to sexual offending². However, although I lean towards this argument I believe more research is needed as I felt that conclusions from research could be challenged. For instance, Social Learning Theory suggests that pornography can be pathological in its use, because a high proportion of rapists appear to have learned a negative response towards women through the use of pornography (Baumeister, Catanese, & Wallace, 2002). I could argue, however, that these men already had a reprehensible response towards women and that the use of pornography was their first acting out behaviour in regard to this. I could support this argument by raising research that suggests that pornographic addiction is a bonding issue (Martin, 1989; Schwartz & Brasted, 1985; Schwartz & Southern, 1999). I could therefore suggest that early attachment scenarios have already contributed to a man’s adverse attitude towards women.

2.5 Early use of pornography

In my clinical experience clients had access to pornographic material from as early an age as five. In my review there was a recurring observation that the majority of initial exposure to pornography occurs before the age of 21 and often in childhood (Donnerstein & Malamuth, 1997; Hunter, 1995; Oddone-Paulucci et al., 2000; Simons, Wurtele, & Heil, 2002). I find this observation concerning, not only in light of the research around the negative impact of pornographic use by sexual offenders (Burke & Sowerbutts, 2003), but because clinicians are reporting experiencing, with non-criminal clients, the effects of early exposure to pornography as increasing the intensity of negative impact. I surmise that with children’s current and increasing

² This appears to be why health professionals working with offenders do not want to see compulsive sexual behaviour described as an addiction. It can lend weight to a man not being responsible for his behaviour (Sowerbutts, 2004).

familiarity with computers and the Internet, initial exposure to pornography will be occurring more frequently and earlier in life than in previous generations. More empirical research on the impact of early exposure to pornographic material could be helpful in raising concern over this phenomenon.

Within New Zealand this concern is recognized in the education system. School children, with access to computers, have to sign declarations to the effect that they will only visit legal and educational Internet sites³. The New Zealand government contracts independent agencies to provide limited oversight and monitoring of school Internet usage, both by children and education providers. Public exposure of educationalists using pornography sites or holding pornographic material has been overt due to this process and concern.

The New Zealand governmental concerns appear to be supported by research such as Postel's and Kubey's: Postel (2003) presents evidence to support his belief that early exposure to pornography, (i.e. prior to the psyche being at a mature stage of development), changes the child into a premature adolescent with the possibility of later being a perpetual adolescent emotionally (Postel, 2003). Kubey's findings suggest that children's use of pornographic disks (that is a computer disk that has been downloaded with pornographic material,) can be detrimental to real relationships later in life, due to this data confusing expectations about what to expect from a woman when in relationship to her (Kubey, 1996). I think this is so because I have found my clients unable to communicate intimately in relationships, neither verbally nor physically, yet they mentally hold high expectations about their partner's role sexually. This appears to be one of the main factors blocking their ability to develop an intimate sexual relationship, even when a client is in a committed permanent relationship. Furthermore, the effect of years of satisfactory masturbation sometimes also appears to lead to dissatisfaction with a partner. There is an inability to experience sexual gratification as something mutual that deepens their relationship. The following clinical vignette is an illustration of this:

Th: "How is this frustrating for you?"

³ For example, Auckland Normal Intermediate School in Auckland, New Zealand call this declaration the "Student Communication Technologies Agreement".

Cl: “Well it’s different isn’t it”

Th: “In what way?”

Cl: “Well I can shut myself away in my room, flick on my favourite (girl) and I’m away. 15 minutes later it’s over and I feel great. With her it’s messy and sometimes I can’t get there.”

I also believe Kubey’s hypothesis is supported by later research showing that men’s perception of women can alter over a very short period of time after using pornography. This I suggest would be reinforced in a young man who has spent hours masturbating to a pornographic disk (Baumeister et al., 2002; Reed, 1994; Schneider, 2000).

In conclusion, I found in my literature review, a significant amount of literature suggesting the compulsive use of pornography was escalating and clinical observations indicating a corresponding increase in adverse consequences.

CHAPTER THREE

SHAME IN CONNECTION WITH SEXUAL ADDICTION

3.1 Introduction

As I undertook my review I found shame to be a major theme in the literature. Since I have established above that pornographic use can become an addiction, I will now look at the connection between shame and addiction. I will consider its definition, the scope of interest in this phenomenon with respect to pornographic/sexual addiction and the clinical understandings of shame's origin.

3.2 Definition of shame

Shame is defined in the Oxford Dictionary as humiliating or distressed feelings caused by consciousness of one's guilt, shortcomings, offensiveness, or folly; restraint imposed by, desire to avoid, capacity for experiencing, this feeling (Sykes, 1978 p. 834).

3.3 Shame identified as a significant effect in sexual addiction

Regardless of the medical or psychotherapeutic discipline from which they came, researchers when treating this client group, identified a specific interest in the role of shame, due to the significant impact it has on men with pornographic addiction: "Patients with sexually compulsive behaviours often have great shame related to their condition" (Hunter & Struve, 1998p. 143). For example, a clinical vignette:

Cl: "I feel ashamed that I use the pornography because it has affected the way my wife responds to me."

Th: "In what way?"

Cl: "Well if I want sex with her, sometimes she'll ask me who I've been looking at to make me want to have sex with her".

3.4 Shame as under-girding sexual addiction

I find both in my clinical experience and in my review, that people with pornographic addiction held a sense of shame and/or low self-worth as core beliefs (Canning, 1999; Fearing, 1998; Friedman, 1999; Schneider & Schneider, 1990). The prevalence of

this has resulted in shame being an identifying element in diagnostic questionnaires and a major component in treatment plans for sexual addiction (Kenneth M Adams & Robinson, 2001; Hastings, 1998).

I feel the power of shame, is a partial explanation for why this addiction is so well masked initially and why it is sometimes described as a hidden disease. Indeed in light of my review, I can understand why one researcher emphasises: “there is more shame around sex addiction than any other addiction and ... it is so well hidden and integrated into our society that it has historically remained untreated” (Wilson, 1998 p. 236). Various researchers describe this addiction in relationship to shame: “often there is considerable shame associated with much of the imagery that surfaces” (Wilson, 1998 p. 235); “the therapist might have a client *be* a part of the self that is conflicted or unexplored (e.g. sexuality, shame, anger)” (Friedman, 1999 p. 65) and illustrate the power of shame through case studies of those with sexual addiction (Friedman, 1999), sexual addiction within the medical model has been called a shame-based disease (Fearing, 1998; Wilson, 1998); emphasis is given to the client’s attempt to gain some form of self esteem i.e. a validated sense of self, due to the reality that: “current sexual behaviour can draw enormous energy from past wounds and experience” (P. J. Carnes, 2001 p. 49); therapeutic interventions are based around addressing the behaviour as not encompassing the whole person but rather as understanding the addictions as courtship distortions and deficits, not about defects in who they are i.e. shame based inferior beings (P. J. Carnes, 2001).

3.5 The origin of shame

In my review the origin of an addict’s shame was identified from various perspectives: shame that was guilt based, due to a personal sense of having done something wrong (Canning, 1999); shame over their self-defeating behaviour; shame that was felt from a social perspective, where the client felt he had crossed socially acceptable boundaries (Wolfe, 2001), shame that was culturally inculcated (Pincu, 1990); and most predominantly, an underlying shame sensed from childhood (Bergner, 2002; P. J. Carnes, 1987; Earle & Crow, 1990).

Not only is this last insidious form of childhood shame a primary feature in pornographic addiction, I consider it to be *the* significant reason for attachment theory

being clinically relevant for treatment. Addiction theories include the idea that the aetiology of many addictive behaviours, are a response to trauma in the family of origin where the client has developed feelings of shame (M. Cooper & Lebo, 2001; Sprenkle, 2001). I elaborate further on this in my next chapter in relationship to attachment theory.

3.6 The psychological development of shame

I find the belief that “sex” addiction is primarily about psychological process (the inner world) and not behaviour, (Leedes, 2001 p. 216) to be the most frequently articulated understanding, used by clinicians in my review. They identify that although sexual in action, the behaviour is primarily a temporary panacea for unmet needs (Bergner, 2002; Earle, Dillon, & Jecmen, 1998; Levin, 2001; Putnam, 2000). Identifying shame as a major effect of pornographic addiction lends credence to this understanding and can be explained in terms of developmental psychology, for shame develops where the child’s needs are not met. If the child is not given the opportunity to develop his standing on his own two feet so that he achieves a healthy autonomy, the result will be shame and doubt (Erikson, 1995).

Shame can also be explained in light of attachment theory. A child whose parents communicate in such a way that he believes he, rather than his behaviour is bad or stupid, develop a sense of personal shame (Crittenden & Ainsworth, 1989). A pornography addict may therefore already feel shame prior to engaging with pornographic material, and his shame may be consequently intensified, if family or society disapproves of this behaviour (Dubrow-Eichel, 1993).

3.7 Theoretical understanding of shame

In my review, I find shame to be seen as pathological, with one exception. Freud understood the role of shame as healthy. He believed it to be a way of channelling the wish to look (voyeurism), from being expressed outside of an intimate relationship (Morrison, 1989). I note this exception and offer a clinical example of this unique perspective, as manifested by one of my clients:

Client: “If I stop using the porn then I am forced into risking a real sexual encounter with my wife. I usually feel better with my wife afterwards but have to go through so

much anxiety first because of my performance fears, that normally I prefer the shame of using the porn.”

In my review shame is identified in association with narcissism, where clients experience feelings of inferiority, depletion, boredom, powerlessness, loneliness, failure and helplessness, the unmet needs mentioned above (Morrison, 1989; Schwartz & Southern, 1999; Turken, 2001). Narcissistic behaviour can be caused by problematic upbringing where self-love and disregarding others compensates for inner self-doubts (Baumeister et al., 2002). This is common behaviour for avoidant attachment styles (Karen, 1994). Ensuing narcissistic behaviour, in the form of compulsive pornographic use, can be seen as an attempt at self-validation to combat these self-doubts, due to the self-soothing euphoria experienced through masturbation. Thus it is a defence mechanism, providing psychological relief from painful emotions of disconnection such as shame (Earle et al., 1998). This behaviour temporarily protects clients from their pain but interferes with their recovery from addiction (Canning, 1999).

I give two illustrations of this, the first from one of the increasing number of newspaper reports and the second from a personal clinical example:

Interviewee: “It’s not so much about needing to get a sexual fix. It’s more about boredom and self-loathing. I just want to look at really dirty porn when I’m feeling sad” (Spence, 2003 p. 8).

CI: “Masturbation makes me feel good, it comforts me because I feel so lonely and unlovable, I never should have existed but I feel shame because I use the porn to get it up”

3.8 Treating shame

Shame, as I have identified above, can be a fundamental block to treating sexual addiction, especially in light of its affecting intimacy (Kenneth M Adams & Robinson, 2001). Having highlighted the emphasis placed on the importance of recognising and understanding shame and its role for an addict, I consider it a vital component when producing a treatment plan. Its presence suggests support for a

belief that authentic intimacy is a primary goal of therapy (Earle et al., 1998; Schneider & Schneider, 1990).

Adams and Robinson's research of sexual addiction is focussed on attachment experiences that have left the client with an intimacy disorder, maintained by the developing self operating in a shroud of shame (Kenneth M Adams & Robinson, 2001). They have a multi-modal supportive approach but their treatment emphasis is on skill building designed to identify and regulate emotion. They emphasise the following: "Understand the origin of the shame and its function in the addictive system; differentiate between shame and guilt; identify the defences utilized to deny the painful feelings created by the shame; utilize specific shame reduction strategies at critical points in the treatment process; change negative core beliefs that reinforce shame" (Kenneth M Adams & Robinson, 2001 p. 25). For a pornography addict this could significantly aid his understanding of the role of shame and the process that led him to form a relationship with pornographic material: a lack of early healthy attachments (Leedes, 2000). It could also help address the core beliefs that play a part in keeping him from forming healthy relationships.

All these new understandings and strategies occur within the context of a relationship with the therapist. Within the process of personal psychotherapy, I believe it is important for a therapist to recognise the impact of shame on secrecy regarding sexual addiction (M. Cooper & Lebo, 2001; Putnam, 2000; Schneider & Schneider, 1990) and to have worked through his or her own issues of sexual shame (Hastings, 1998). This can prevent a countertransference in the client, where the therapist's shame is perceived and conversation impeded for the client by this knowledge (Symington, 1996), reinforcing his belief in this issue as shameful.

As the client has the opportunity to talk with the therapist about his feelings, two significant phenomena can occur: he risks further shaming but experiences a different response. This enables him to see that he can behave differently despite his fears and opens up the possibility in his mind that there may be an acceptable alternative response from a real character, as opposed to a fantasy. This is particularly important in pornographic addiction as the experience challenges the fantasy world he has made for himself.

From my literature review shame, in many forms and through many avenues, undergirds the life of a pornography addict. Shame, as highlighted in this chapter, is a significant factor that prevents men from being able to relate intimately with others and under-pins addictive behaviour. I believe therefore that shame needs specific attention when formulating a treatment plan for a client with pornographic addiction. The high presence of shame, I believe, reflects a significant reason for clients' tardiness regarding disclosure of this problem, mentioned in my introduction. Furthermore, I suggest the therapist work with a knowledge and understanding of the secrecy surrounding this addiction and find ways to gently unpack this problem without threatening the client's freedom for disclosure.

CHAPTER FOUR

ATTACHMENT THEORY

4.1 Attachment theory

I introduced John Bowlby as the psychoanalyst who brought Attachment Theory to the mental health arena last century. Bowlby built on the psychoanalyst Fairbairn's idea, that the self needs adequate attachment with the mother in order for adequate growth and development, and furthermore, inadequate care-giving lent itself to a deprivation of love that is felt as an emptiness (Seinfeld, 1996). Bowlby's work continues to be explored, elaborated on and applied to clinical situations today, in the 21st Century (Holmes, 2001).

In light of my developing clinical experience Bowlby's understanding of the necessity of a secure and uninterrupted attachment with a significant caregiver, for wholesome independence and adult intimacy, has lost none of its potency. Indeed as I progressed with my literature review, my awareness of the degree of self-worthlessness among pornographic addiction clients was profoundly reinforced.

4.2 Attachment theory and addiction

When working with substance and alcohol addiction, Seinfeld elaborated on Fairbairn's idea of an empty core as a psychic emptiness. To defend against this emptiness and fill this core, the addict internalizes another object in order to control, possess and transform that object (Seinfeld, 1996). I suggest this theory would seem equally apt for pornographic addiction. Pornographic images are felt by clients to be something they have power and control over and the fantasies that may accompany the picture use, changes the image into whatever the client needs.

It is well to note again that this addictive behaviour, although enslaving the client, provides an outlet for coping with their pain. Therefore addicted people are often deluded by the belief that their bondage is better than their freedom because of the sense of loss as their addiction is rejected. Consequently relapse is common during therapy (Levin, 2001). It takes time for addictive behaviour to be replaced by a new, satisfying relationship.

4.3 Attachment theory and shame

Attachment Theory is a developmental theory (Crittenden & Ainsworth, 1989; Karen, 1994; Stern, 1995). Treatment procedures for pornographic addiction, if applying attachment theory, should therefore take into account developmentally salient issues. Shame, identified in the previous chapter as a significant factor in pornographic addiction, is one such developmental feature.

As stated in the previous chapter, Erikson describes this developmental stage as: autonomy versus shame and doubt (Erikson, 1995). Affirming, encouraging responses to the child's new learning will promote autonomy, inappropriate responses will result in doubt and shame. Freud saw this stage, which he describes as the anal stage, as particularly important, being the first experience of the child's conscious attempts to develop control over themselves, to which the mother's response is critical (Corey, 2001). During this developmental stage, the mother and child learn to negotiate in such a way that the structure and function of the relationships is revealed (Stern, 1995). A mother who understands the need for a child to be contrary at this developmental point, will be less likely to subject the child to rejection, ridicule and accusation (Crain, 1992). In attachment terms, shame can be described as the "vicarious experience of the rejection" (Karen, 1994, p 246). The avoidant child tends to react by bypassing the shame of rejection and the accompanying sense of humiliated fury, by rejecting the mother (Karen, 1994).

Modern attachment theorists widen attachment beyond the mother to include other significant childhood figures in the earliest years, for instance between father and child. When these relationships go awry, deficits occur, which can also cause the child to be insecurely attached. Humiliating experiences with his primary attachment figures during this developmental stage, cause adaptive responses in order to find greater acceptance, both from self and others. Being subject to ridicule is an issue that clients have raised with me. For example, a clinical vignette that included the behaviour of both parents is as follows:

Th: "So what happens when you're feeling inadequate and turn to the pornography?"

Cl: "The pornography gives me a sense of control."

Th: "Control over what?"

Cl: “Not being laughed at.”

Th: “By who?”

Cl: “Mum and Dad, it’s like they’re still standing beside me, just like they did when I was a kid, I can still hear their laughter.”

4.4 Attachment theory and pornographic addiction

Sexual addiction is described by many clinicians as a disorder being rooted in early developmental attachment failure with primary caregivers (Kenneth M Adams & Robinson, 2001; P. Carnes et al., 2001; P. J. Carnes, 1987; Schwartz & Brasted, 1985; Walters, 1996). This failure appears to give rise to an insecure avoidant attachment style that manifests in pornography addicts. The development of isolative behaviour, that consequently prevents intimacy, is a significant feature of this attachment style (Karen, 1994) and a common problem for a pornographic addict. The isolative behaviour of compulsive pornographic use, can stymie the developmental stage of intimacy (Erikson, 1995) and the availability of Internet pornography appears to escalate the impact of this (A. Cooper et al., 1999).

I often find that pornographic addiction may be due to an inadequacy to love and feel loved. Consequently the pornographic addict may become accustomed to finding attachment briefly through external objects found in the pornographic material, as opposed to attachment with self, others or a Higher Power (Earle et al., 1998). However, (as described in 4.4) a pornographic addict may have an under-girding emotion of fury and research suggests that this may result in eroticised rage (P. J. Carnes, 2001; Martin, 1989). I give a clinical example later of a man who uses pornography for self-validation (4.6). He also has an avoidant insecure attachment where he has rejected family relationships. In therapy when describing his relationship with his father he arrives at a place where he can articulate just how angry he is. Later, as we continued to explore his anger he found, as well as his compulsion to use pornography, he had unfulfilled desires to “fuck” certain women. His previously inexplicable rage we found to be due to rage at his unavailable mother. His use of pornography, the sense of conquest and control, allows him to passively express some of the anger, providing a satisfying sense of revenge against women and a temporary feeling of psychological well-being. I found this helpful to explore in the context of the therapeutic relationship, especially as I am female.

4.5 Attachment relationship between the pornographic addict and therapist

The importance of secure attachment is articulated by McLean (1998): “The purpose of attachment is the same for children and adults; to provide protection from danger, ... there is nothing immature about forming an attachment relationship. It’s a perfectly appropriate desire from the cradle to the grave” (McLean, 1998 p. 25). In light of this, and the impact of secure versus insecure attachment described above, providing a positive attachment experience for a recovering pornography addict can be seen as an important feature for therapy, but one that will be challenged by the impact of insecure attachment and shame around the addiction.

4.6 The process of attachment

One of the impacts is the reality that in many cases, face to face encounters with a real person is an intimacy that the insecurely attached client has been actively trying to escape from (Mahalik, 2003). For pornography addicts the progressive use of unconnected and non-relational sex, lead to fear of vulnerability, and shame preventing intimacy in sexual relations (Mahalik, 2003). Bonding with the pornographic object may insulate men from anticipated or real relationships (Leedes, 2001; Schwartz & Southern, 2000). To illustrate this I give a clinical vignette of a man so dependent on his pornography for a relief from his life circumstances, he could not imagine finding other ways of coping:

Th: “Pornography seems very important to you despite the consequences you are worried about”

Cl: “Well I can’t cope without it, it’s a real stress relief”

Th: “Can you imagine us finding other coping strategies together?”

Cl: “I suppose I hope they’re there, but” – the latter accompanied by a sceptical shrug.

I suggest, as articulated by Walant, (1995), that between the therapist and client there therefore needs to be created, a capacity for attachment. Giving the client the opportunity to have a reparative relationship where the client can be validated, and learn to trust a real person, causing connection Walant, (1995). One of the ways that this can develop is through the intimacy of recounting emotionally vivid and meaningful experiences (Wolitzky, 1995).

Bowlby's understanding that attachment behaviour allows a person to attain or retain proximity to some other differentiated and preferred individual, usually conceived as stronger and/or wiser (Bowlby, 1977), may explain why a therapist is in an optimum position to create this. I have found generally that clients come to therapy with the belief expectation of professional expertise and the experience of a good rapport underpins successful therapeutic encounters. As rapport increases so does the client's ability to recount previously unexplored experiences and feelings. During this process of attachment, arrested developmental stages of childhood have the opportunity to mature, for "the child's understanding of relationships can only be from the relationships he's experienced" (Karen, 1998 p 195). A new attachment connection is created as the pornography addict finds an ability to communicate safely with a person, rather than a fantasy.

Strager's research highlights connection as a major factor for men with pornographic addiction: "the men in the booths and bedrooms and basements are also alone, but together, also hidden, yet exposed. In this pornographic formula as men look to each other for the secret, shared pleasure, to be separate is to be together, to be apart is to be a part" (Strager, 2003 p. 61).

Although Strager views this from the angle of homoerotic behaviour, I see this behaviour as more in keeping with Bowlby's and Weiss's deficits in attachment style. The behaviour is isolating, yet somehow connecting, non-relational and yet vital in the sense of being part of a community. Bowlby states that this type of behaviour is due to the fact that the adult who does not have a secure base to operate from, either family of origin or a new one he has created for himself, is rootless and intensely lonely (Bowlby, 1977).

Weiss broadens the understanding of loneliness as being divided into two distinct forms, one produced by absence of an attachment figure, the other produced by absence of relationships of community (Weiss, 1973). I believe therefore that this behaviour, identified by Strager above, could be accredited to both a lack in the primary attachment scenario and also a loss of community attachment.

In light of this, attachment to the therapist therefore can be the first step in enabling the client to re-attach to the wider community, the next effective and well documented step, being group therapy. This is endorsed by addiction specialists such as Terri Gorski who advocates group meetings as part of his bio/psycho/social model of recovery from addictions (Gorski, 1989).

An overtly empathic attachment relationship with the therapist can be seen as necessary to address the complex results of an insecure attachment (Iwakube, Rogan, & Stalikas, 2000). However, in the case of pornographic addiction, it is also important that the therapist is familiar with sexual addiction so that the client has a sense of being understood as well as empathized with (Corley & Schneider, 2002).

For example, as mentioned above, rage is often a potent affect for a pornography addict. It is helpful if rage, in the therapeutic encounter, is experienced as a response to his exploration and elaboration of phenomenon and feelings pertaining to his sexual addiction, rather than being directed at the therapist. The therapist's ability to adequately respond through empathy, accurate understanding and permission giving towards the clients emotive expression, facilitates this. This provides an alternative experience to the childhood one, where inadequate responses led to rage, either active or passive towards the primary attachment figure over the injustice of not having needs met (Iwakube et al., 2000). A clinical example of this follows:

Th: "You sound really angry with your father"

Cl: "I'm bloody angry"

Th: "What would you like to do if he were here now?"

Cl: "I'd like to kick him in the balls"

Here my client was able to feel that his anger was validated as okay and we were able to continue to explore his feelings, giving him opportunity to express his rage in hitherto forbidden ways. The client felt supported and understood by me, which increased his ability to delve deeper into aspects of his behaviour, despite the shame he felt as an addict.

Regarding childhood experience, although this review is not focussed on pornographic addiction in relationship to sexual offending, one area I consider pertinent is empirical evidence showing that a high proportion of offenders with pornographic addiction had experienced childhood sexual abuse and had high levels of rage (Baumeister & Twenge, 2002; Bingham & Piotrowski, 1996; Tays et al., 2000). Its relevance is in the reality that childhood sexual abuse was noted as a contributing factor in pornographic addiction (Schwartz & Southern, 1999) and Attachment Theory sees a direct connection between attachment deficits and childhood sexual abuse (Crittenden & Ainsworth, 1989). Furthermore, pornographic addiction can be seen as behaviour that is a re-enactment of childhood abuse. The pornography addict's use of voyeurism, allows him to intrude on the lives of others without discovery (Wilson, 1998).

In conclusion, attachment theory appears to apply most pertinently to men with pornography addiction. Whether childhood deficits or societal pressures have driven clients to this addictive coping strategy, a new attachment to a therapist could help. This new, secure attachment relationship could give hope for connection with self, significant others and the community at large. In particular it could help reduce shame, as an affect under-girding pornographic addiction.

CHAPTER FIVE

TREATMENT OF PORNOGRAPHIC ADDICTION

5.1 Introduction

Having identified pornography as a sexual addiction that can negatively impact upon normal sexual functioning, relational intimacy, employment and daily life in general, I consider the addictive model the most helpful place to start when considering treatment (Pincus, 1990). I acknowledge again that some researchers would prefer to consider this an obsessive/compulsive disorder (Gold & Heffner, 1998; Wolfe, 2001). However, concerns that aetiology and treatment plans are limited by taking the addictive labelling, I believe to be unfounded. Not only are comprehensive, holistic treatment plans needed to treat the multi-faceted angles of pornographic addiction (Gorski, 1989) but the efficacy of the addictive approach is indicated by the number of professionals using it with this client group. (Kenneth M Adams & Robinson, 2001; P. J. Carnes, 2001; M. Cooper & Lebo, 2001; Earle & Crow, 1990; Gold & Heffner, 1998; Gorski, 1989; Pincus, 1990).

5.2 Assessments

Treatment needs to start with an in-depth assessment of the problem through a “thorough evaluation of psychological, social, and sexual history and current functioning” (Putnam & Maheu, 2000). Questionnaires directly referring to sexual (e.g. Garos Behavioural Index), psychological (e.g. Beck Depression Index), and social (e.g. genograms), conditions and others such as sexual addiction criteria, are useful (P. J. Carnes, 2001; Garos & Stock, 1998; Schwartz & Southern, 2000; Wolfe, 2001).

This expansive manner of assessment will reveal co-morbid scenarios, as many addicts have more than one addiction (Putnam & Maheu, 2000), as well as providing opportunity for assessing the possible underlying needs, anxieties and unfinished childhood issues identified earlier (Pincus, 1990). This is important because the compulsive need of the pornographic addict is often misconstrued as a sexual need rather than a non-sexual one. Thus assessments help indicate the degree of pornographic addiction, to which the client has resorted to as an “illusory connection”

(Schwartz & Southern, 2000 p. 29) in order to have his physical and psychological needs met. (P. J. Carnes, 2001; Pincus, 1990; Orzack, 2000; Schwartz & Southern, 2000; Strager, 2003; Turken, 2001)''.

5.3 Therapist Understanding

I believe the therapist's understanding of pornographic addiction is a fundamental issue for formulating an efficacious treatment plan. Until recently pornographic use has predominantly been seen as a moral, rather than medical issue (Oddone-Paulucci et al., 2000; Wolfe, 2001). The increased incidence of this as an addiction, in particular regarding Internet addiction to pornography, is challenging this opinion and emphasising the necessity for the magnitude of this problem to be taken seriously as a clinical issue (P. Carnes et al., 2001; A. Cooper et al., 1999; Fisher & Barak, 2001; Oddone-Paulucci et al., 2000; Orzack & Ross, 2000; Schneider, 2000 ; Stein et al., 2001).

As I am suggesting that compulsive pornographic use is an addiction, it can be helpful for a therapist to understand the character of addiction. This includes: its sequential and cyclical nature (Gold & Heffner, 1998); its impact in terms of cognitive, sexual arousal and affective responses, at both conscious and unconscious levels, especially secrecy and denial (P. J. Carnes, 2001; Fisher & Barak, 2001; Schwartz & Brasted, 1985); the role of shame; how education can be an important clinical intervention that can also help to minimise both client's and therapist's shame (Hastings, 1998).

This knowledge can help a therapist focus on their relationship with the client, as they will automatically know the conditions and scenarios likely to pertain specifically to the addiction itself. The relationship is where the more unique factors enter the therapy, as the attachment relationship with the therapist needs to take into account the many varied childhood experiences of the client. I attach appendix A to indicate some of these (Adams and Robinson, 2001).

I believe a secure attachment experience for the client is vital for the long-term development of the recovering pornography addict. Through the psychotherapeutic relationship one can provide this significant form of genuine intimacy, as opposed to fantasy, and thereby potentiate a distinctive break in the addiction cycle.

One area I believe to be important for a therapist in this process, is resolution regarding personal sexuality, and in particular any area of sexual shame (Corley & Schneider, 2002; Goodman, 1998; Hastings, 1998; Parish & Eagle, 2003; Turken, 2001)). Resolution in this area will allow the client to experience the authentic self of the therapist, who is able to maintain an “attitude of sustained empathic inquiry” (Turken, 2001 p. 188) regarding their sexual addiction. This helps provide a safe base for exploration of past and present experience, so that a secure attachment to the therapist can ensue (Parish & Eagle, 2003).

By providing this safe holding environment, where a secure attachment can develop, the client can increasingly express previously unacceptable feelings. For example he can rage, be contemptuous, strive for power over the therapist, meet the reality of a therapist’s imperfections, be drawn into a relationship and out of self (Iwakube et al., 2000). Thus he can learn to face his behaviour without condemnation from self or other, and the power of shame can be manifoldly reduced (Kenneth M Adams & Robinson, 2001).

An example from my practice is an experience whilst working in a bi-cultural centre. Here it is etiquette to offer a cup of tea or coffee to a client upon arrival. For a few weeks I had been making a client black tea, but on this particular occasion I made it with milk. At the end of the session he apologetically explained why he had not drunk his tea. At his next session I remembered to make his tea black, providing him with a different experience to childhood where I knew he felt neither heard nor heeded. This allowed him to explore this particular scenario of my failure, in particular because I had not criticised him for pointing out my error and saying what he needed. This safe environment allowed him to go deeper into his own processes which revealed: his contempt for women, an expectation that women would always let him down and a fear of punishment for presenting his own needs. The outcome was a deepening of attachment and a new sense of hope regarding relationships with women in the future.

5.4 Client education and participation

The client’s understanding of pornographic addiction may be seen as no less important than the therapist’s. It encourages the client to be fully involved with his

own recovery. The acclaimed 12 step model for addiction emphasises this aspect of recovery strongly (Gorski, 1989).

Education around addiction can happen through personal therapy, (as discussed in 5.3) group therapy and community groups (Schwartz & Southern, 2000). For Internet pornography addicts, therapists maintaining web sites for information about pornography addiction and availability of treatment could also be invaluable. Indeed this could be the first step for helping an Internet pornography addict recognise his addiction and seek treatment due to his familiarity with this medium (Putnam & Maheu, 2000).

Education helps the man to not only identify the different scenarios and patterns that have contributed to his addiction but also become aware of the affective responses that both lead to and are part of his addictive behaviour. (Bergner, 2002; Fisher & Barak, 2001; Gold & Heffner, 1998; Schwartz & Brasted, 1985).

This is important because once these scenarios are identified; pertinent treatment plans can be developed and activated. Qualitative research helps to establish patterns for the scenarios that lead to pornographic addiction (M. Cooper & Lebo, 2001). In my clinical practice I have found various scenarios expressed by my clients and present these as illustrative:

Cl: “I find it is a way of making myself feel better about myself”

- the self-soothing method

Cl: “When I find myself feeling really pressured at university and the stress is eating me, the porn helps me relax”

- stress reduction compulsion

Cl: “My dad said it was a good way to be introduced to what women were really like”

- modelling

Cl: “ When you’re in active combat, there’s no counselling for killing the enemy, so you numb out with the porn, getting laid and the drugs”

- behavioural response

5.5 Conclusion

I present my suggested treatment plan, a modified version of “The Cycle of Transformation” (see page 39) for compulsive sexual behaviour, as an ideal model for recovery from pornography addiction. This plan incorporates all the factors identified in my review as possible contributors to this addiction, and in particular gives opportunity for both: attachment issues, in the form of reparative relationships, and shame, to be addressed (Warren & Green, 1995).

Although there are six separate components to this cycle, addressing specific areas, each component overlaps and impacts on the achievement of the goals in each of the others. The following is the specific function of each component:

Containment - understanding and beginning management of the addiction

Denial - addressing the first major stumbling block to recovery in addiction

Core Beliefs - uncovering the unconscious and conscious processes undergirding the addiction

Empathy - a learning process of relating to others (often a vital part of the cycle for an avoidantly attached pornography addict, who is frequently a high achiever and lives an isolated lifestyle)

Self-development - creating an environment for the self to heal and grow (specifically addressing shameful feelings)

Attachment - trauma resolution and facilitation of secure relationship experiences, that can be used as a springboard for deepening intimacy with self, others, community and spirituality

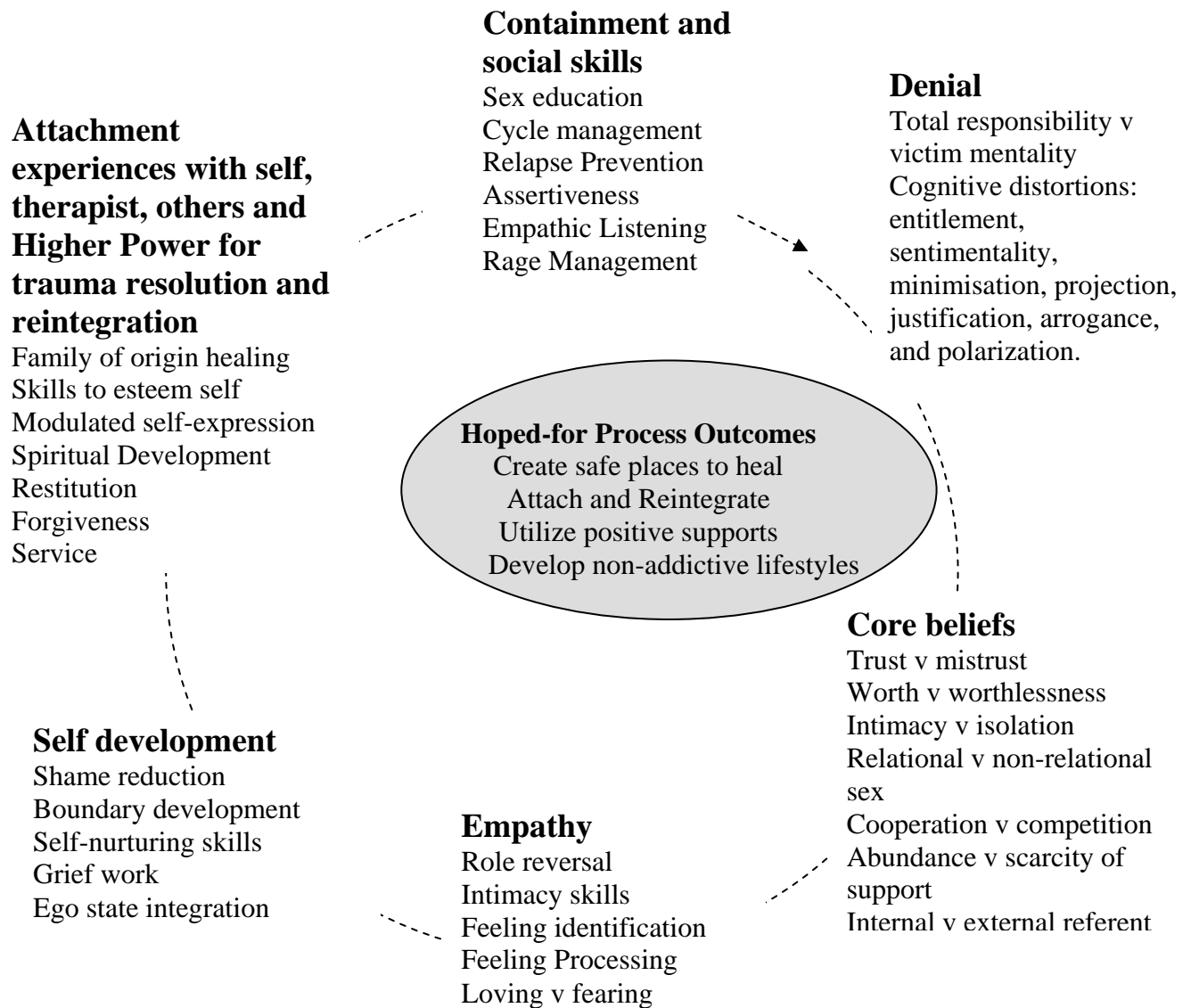
From an attachment perspective each of the cycle’s components helps to achieve a secure attachment with the therapist. A client with an insecure attachment style has not experienced an adequate combination of wisdom, non-punitive personal accountability, trustworthiness, empathy and encouraged self expression, affirmation and connection. As the client experiences these, through working together on the cycles with their therapist, new experiences in the above areas can provide the catalyst for a secure attachment phenomenon. For example in component one, the opportunity to talk without shame about sexual issues can bring huge relief to a pornography addict. A clinical example of one such interaction is that of a client who learned to understand a positive function of his addiction as a previously successful coping

mechanism, but one that no longer functioned helpfully for him. This counteracted his self-condemnation and sense of failure at having engaged in this behaviour. It also furthered his trust in me, along with a belief that if we continued to explore his sexual pornography addiction we might be able to find other healthy coping mechanisms.

I see the advantage of this treatment plan being a cycle, in that the therapist does not have to start with the containment component. The therapist can start with the component that fits most comfortably with their modality and the relationship they are building with their client. For example, a psychotherapist who works primarily with cognitive behavioural therapy may choose to start with the “Core beliefs” component.

I personally like to start with the “Containment” component. I have found that it provides hope for change, by facilitating a new understanding of the addict’s condition and recovery process. Furthermore, I have found male clients are encouraged when they have a practical focus. I have observed two significant positive results of this: the early development of a trusting working alliance between myself and the client, and an increased willingness to address emotional issues integral to the addiction.

The Cycle of Transformation



DISCUSSION AND CONCLUSION

In my systematic literature review I set out to explore pornographic addiction from an Attachment Theory perspective. Although literature specifically on the childhood of men with pornographic addiction was scarce, a significant proportion of the literature described behaviour indicative of insecure attachment styles, in particular avoidant attachment. This has however left me with wonderings around the role of other attachment styles such as ambivalent, with reference to pornographic addiction.

As articulated earlier, I found, throughout the literature, shame to be a connecting theme between pornographic addiction and a lack of secure attachment and conclude that both shame and attachment theory are clinically pertinent to this addiction as part of a comprehensive treatment plan.

I noted, that with the exception of pornographic use in association with criminal sex offenders, there was little literature that was evidence based and even then this evidence was still being debated from various perspectives. I believe, however, that some of the research on sex offenders could be a useful starting point for research. The diversity of men within this homogenous sample, suggest that some results could be generalised if research studies were modified for research on non-criminal pornography addicts.

As my review was undertaken it became apparent that there was a real need for pornographic addiction both to be taken seriously as an escalating clinical issue, due to the impact of the Internet but I, like other authors frequently encountered a lack of empirical research.

I present six specific areas that I believe could be beneficial in the research of pornographic addiction and its treatment. They are divided into two groups: the first three specifically relate to my research topic of attachment and pornographic addiction. The second three are raised in light of the impact of the Internet on pornographic addiction.

Firstly, I found shame to have an integral part in pornography addiction. I believe it is important that therapists have resolved their own sexual shame, in order to facilitate successful therapy with their clients, in minimising shame. More qualitative research will help clarify the degree of expertise and personal resolution regarding sexual shame needed by therapists.

Secondly, the issue of therapist authenticity in the therapeutic encounter with a pornographic addict. As pornographic addiction, in some scenarios, is under-girded by the client's inability to connect in an authentic healthy way with self and others, I see authenticity as important to counteract the addict's fantasy world. However, I question research that suggests that for sexually compulsive clients, the therapist's personal history should be minimised, with metaphors and case examples provided, to prevent the client from feeling merged with the therapist (Corley & Schneider, 2002). My understanding is that men with pornographic addiction do not know how to attach, as their connection is with a fantasy object. I surmise therefore that they would be unlikely to merge their own problems with those of the therapists. I would like to see research as to the impact of "personal versus metaphors and case examples" undertaken to see whether an either/or, or both are more helpful for treating pornographic addiction.

This leads to my third observation. I found a secure attachment between therapist and client a helpful contributor to recovering from pornographic addiction. However, I identified a lack of clinical observation about the intimacy of a secure attachment, producing a sexual attraction between client and therapist. As the relationship between pornographic client and therapist may be the first form of real intimacy that the client has experienced I suspect that this could be an issue. Research into this phenomenon would be helpful both to clarify its incidence and raise suggestions as to how this is best managed for this client group.

The next three areas regard the increase of clients addicted to Internet pornography. It is not clear from my review whether an existing pornographic addiction propagated Internet addiction, or vice versa. The suggestion by some researchers that clients previously not at risk of becoming addicted do become addicted to Internet pornography, could suggest that Internet addiction may be a new pre-cursor to

pornographic addiction. The connection between Internet use and pornography addiction could yield interesting information in this area for two reasons: identifying a possible preventative intervention for pornographic addiction and providing more empirical evidence regarding addictions such as pornography and Internet addiction as behavioural addictions.

In light of the reality that pornographic addiction, is currently considered a behavioural addiction I would also like to see more research undertaken regarding possible neurological involvement in this addiction, as empirical data is lacking.

Finally, because of the impact of technology on our society I believe research into psychotherapy using the medium of the Internet, would be advantageous. The area I consider most threatened by this in the therapeutic encounter are the phenomena of transference and countertransference and would recommend studies initially focusing on this.

I would like to conclude by saying that I have learned much about pornographic addiction and consequently now firmly believe that secure attachment between therapist and a pornography addict is a therapeutically sound intervention. It aids recovery from this addiction, by helping to address underlying deficits that have created shame and by developing genuine intimacy. Both are needed to positively challenge the fantasy world that has trapped the addict. I also hope that my research undertaken and suggested, will contribute to a fuller understanding and assessment of practice within the therapeutic community, regarding the mental health of pornographic addicts.

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APPENDIX A
FACTORS PERTINENT TO THE REPARATIVE ATTACHMENT
RELATIONSHIP

- Erratic and inappropriate responses to a child's private experiences.
- Responding in extremes, that is, either over-responding or under-responding to emotional distress
- Insensitivity, unresponsiveness, or punitive reactions to communications of thought, feeling, or preference
- Strongly emphasizing the importance of controlling emotional expressiveness (especially negative emotion)
- Trivialising painful emotional experiences that are then attributed to personal flaws in the individual, in this case, the child
- A family system that is restrictive and often dismissive to the demands placed upon it by its members
- A family system that discriminates on the basis of arbitrary characteristics
- Using punishment, from criticism to sexual, physical, or emotional abuse, to control behavior.
- Displaying extreme inhibition or disinhibition

APPENDIX B
SEXUAL ADDICTION CRITERIA

1. Activity is no longer sufficient
2. Severe mood changes around sexual activity
3. A pattern of out-of-control sexual behaviour
4. Severe consequences due to sexual behaviour
5. Inability to stop despite adverse consequences
6. Persistent pursuit of self-destructive or high risk behaviour
7. Ongoing desire of effort to limit sexual behaviour
8. Sexual obsession and fantasy as a primary coping strategy
9. Increasing amounts of sexual experience because of the current level of
Inordinate amounts of time spent in obtaining sex, being sexual, or recovering
from sexual experience
10. Neglect of important social, occupational or recreational activities because of
sexual behaviour

APPENDIX C

METHODOLOGY

My dissertation is a systematic literature review. As such it follows standard review practice. My research topic in question is focused and clinical. Its focus is on the phenomenon of pornographic addiction and its clinical question relates to the application of attachment theory to treating this addiction.

To research this topic I use a comprehensive and explicit search strategy in order to apprehend my sources of information from relevant literature. The selection of documents from the literature is criterion based and uniformly applied. Appraisal is both rigorous and critical. My synthesis of findings is expressed in a quantitative summary; the inferences drawn are evidence based. However my literature review digresses from this pattern in two ways due to the reality that narrative plays a vital role in psychotherapy research, as mentioned above.

The first digression regards the scope of the question. Initially its scope was broad. “Is attachment theory relevant when treating pornographic addiction?” However, once the literature review commenced it was apparent that this needed to become more specific in order to narrow the focus and accommodate the available literature. The research question became gender specific “Does Attachment Theory apply to working with pornographic addiction in men?”

The second digression was the reality that as I synthesize the findings I may have a qualitative summary and consequently draw inferences that are only sometimes strictly evidence based. Hence I have to qualify one of the steps in the pattern, because much of the literature found is qualitative or single case studies, which do not fit the criteria of a systematic review. Although primary studies, they do not contain explicit statements of objectives, materials and methods, nor may the methodology be replicable so I can only claim “rigorous and critical appraisal” where possible (Greenhalgh, 1997).

Despite the above, the review is of literature that predominantly has been published by accredited scholars and researchers. I also include literature from more popular sources, interspersed with some clinical vignettes, which will not constitute evidence in an empirical sense, but rather serve as illustrations to the points emerging from the review. I hope in this way that my analyst reader has a means of assessing this data as plausible. That is, that you too can picture or identify with what I am writing, in such a way that the descriptions and conceptualisations make more sense to you, than when previously reflected upon (Schlesinger, 1995). I hope therefore that the outcome of my research does indeed have practical ramifications in the field under study (Greenhalgh, 1997).

My initial desire to research this topic was as an exploration of scientific literature that focussed on the first seven years of childhood of clients with pornographic addiction. I wished to see if there was a predominant attachment style evidenced with this client group and how this related to the compulsive use of pornographic material. I also wanted to research as to whether there are any particular nuances in the relationship between the therapist and the client, pertinent to clients with this addiction.

My initial desire was thwarted by a lack of scientific literature. It appears that there is a significant gap in research in this area, in particular qualitative studies on the childhood of men with pornographic addiction. Although there is some limited literature regarding the early life of male criminal violent and/or sex offenders, where the use of pornographic material has been identified as significant, I feel that this group's experience cannot validly be generalised without supporting evidence. Furthermore my personal experience is limited to non-criminal clients. For my literature review I had to be content with exploring attachment style in light of adult phenomena.

My key words were assessed in order to narrow down my research. However, my initial key words, which were a pairing of the following words: pornography, psychotherapy, attachment theory and pornographic addiction yielded very little literature. Therefore after further research I expanded these key words to include: sexual addiction and cyber-sex. I found little literature on this topic relating

specifically to the early years of men with pornographic addiction and research was continued on the basis of clinical literature relating to adult phenomena.

Inclusion and exclusion criteria

Exclusions

Family and group therapy -

I excluded this literature as my focus was on attachment relationship, within the one to one therapeutic encounter with a psychotherapist

Medical interventions and prevention strategies -

This literature was excluded where it was the sole focus of an article, as it is outside the scope of attachment theory

Female addicts.

I chose to restrict my research to men as research confirms at present that the greatest percentage of users of pornography and in particular Internet pornography, are men (Cooper et al 1999). The different issues around women's use of pornography I deemed too large to give adequate justice to within the scope of this thesis (Pratarelli & Browne, 2002).

Literature on sex offenders with the exception of literature that refers to compulsive pornographic use.

Literature that use non-English language

Literature that discuss pornography only as a moral issue. This regardless of whether the authors are for or against its use, as the clinical scenarios are the focus of my research.

Inclusions

Literature that refers to sexual addiction and pornography-

There was too little research on the use of pornography as an addiction.

I access my literature through various databases found in the AUT library. In particular accessing the electronic library databases PsycInfo, PsychArticles, EbscoHost – Medline, Psychology and Behavioural Science Collection, Masterfile Preview, Clinical Reference System. I present my findings from these sources in table form as appendix VI.

Furthermore I visited Mr Bruce Richards at SAFE NZ. SAFE is a clinic for treating sexual offenders. Bruce introduced me to the work of Dr Patrick Carnes and Mr Shawn Sowerbutts. Dr Carnes has become renowned for his work on sexual addiction over the last 20 years. I found frequent references to his books and articles as I undertook my review. His criteria for sexual addiction are widely used and his holistic attitude to this addiction, including spirituality, has been helpful in my formulating an ideal treatment plan for pornographic addiction. Bruce's personal introduction to Shawn, a clinical psychologist working with sex offenders in Australia, allowed me to benefit from informative, email correspondence with him. I also undertook to review literature that was referenced from that found in my review, where it met the inclusion/exclusion criteria.

My review is covered ethically by AUTEK number 1/33, 2004.

Ethical consideration was given to clients in the use of informed consent for the presentation of clinical vignettes. Autec approval and both the participant's information letter and an example of the consent letter, are included as appendices.

APPENDIX D

CONSENT TO PARTICIPATION IN RESEARCH

Title of project	Literature Review with Clinical Illustration
Principle Project Supervisor:	Andrew Duncan PhD
Supervisor:	Helen Packard
Researcher:	Jane Harris

- I have read and understood the information provided about this research project
- I have had an opportunity to ask questions and to have them answered. I know whom to contact if I have any questions about this study
- I understand that my sessions will be audiotapes or videotaped and partly may be transcribed
- I understand that I may withdraw myself or any information that I have provided for the project at any time prior to completion of data collection, without being disadvantaged in any way and withdrawing will in no way affect my future healthcare. If I withdraw, I understand that all relevant tapes and transcripts, or parts thereof, will be destroyed except those required to be kept as part of my health record.
- I understand that my participation in this study is confidential and that no material, which could identify me will be used in any reports on this study.
- I agree to take part in this research.

Participant signature: -----

Participant name: -----

Date: -----

(A copy of this form to be retained by the participant)

Project Supervisor Contact Details: Andrew J. Duncan, PhD. 917-999 ext.7744

Approved by the Auckland University of Technology Ethics Committee on

Autec Reference Number

APENDIX E

PARTICIPANT INFORMATION SHEET

Principal Supervisor: Andrew Duncan, PhD.
 Project Supervisor: Name of Dissertation Supervisor and contact information
 Student: Student name and contact information.

Department of Psychotherapy and Applied Psychology, AUT,
 Private Bag 92006, Auckland 1020

Invitation

I would like to invite you to participate in my dissertation research. I will be studying the therapeutic relationship in order to understand the process and facilitate more effective psychotherapy. Participation is entirely voluntary and your free choice. If you do agree to take part you are free to withdraw from the study at any time, without having to give a reason and you may withdraw any information you have provided up until the completion of data collection. Non-participation will not affect any future care or treatment you currently receive. There will be no costs to you for taking part in this study. There are also no financial benefits for you by taking part in this study. Please sign the consent form if you are interested in being a participant.

What is the purpose of the study?

The research is part of my studies for a Master Health Science in Psychotherapy. Its purpose is to improve understanding of the therapeutic relationship, to further my education and training as a psychotherapist and to improve our psychotherapeutic relationship.

How was a person chosen to be asked to be part of the study?

All of my clients are being asked if there are willing to participate. If you consent then you may be in the study. Participation will involve use of excerpts from our psychotherapy in my dissertation.

What happens in the study?

I will be reading about and analysing an issue related to the therapeutic relationship and using illustration from my work with clients in my research. The illustrations will be descriptions of interactions between us. These descriptions will come from tapes of our sessions and my notes. My understandings about these interactions and perhaps our conversation about them will be used to help explain the issue under discussion. I will use the concepts and theories of psychotherapy to further this understanding. This work will be supervised by senior staff in the Department of Psychotherapy and Applied Psychology and discussed with my fellow students in order to improve my understand and our psychotherapy. The study will not change the focus of our work or where we meet. The study will run during 2002 unless I ask for your agreement to extend it. The tapes and notes will be held securely for six years according AUT regulations and then destroyed (except parts which are considered part of your health record which according to health regulations must be kept for 10 years). The study will not affect the length of your psychotherapy.

What are the discomforts and risks?

There are not risks

What are the benefits?

The research will contribute to the value of your psychotherapy by looking carefully at the process of your psychotherapy

What compensation is available for injury or negligence?

In the unlikely event of a physical injury as a result of your participation in this study, you will be covered by the accident compensation legislation with its limits.

How is my privacy protected?

Your name will not be used in the research. Any information gathered will be strictly confidential and seen only by fellow students and supervisors. No material that could personally identify you will be used in any reports on this study. If necessary, descriptions may be changed to protect your anonymity.

Costs of Participating

None

Participant Concerns –

Please ask me any questions you have about the project and take any time you need to consider this invitation.

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor. Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTECH, Madeline Banda, madeline.banda@aut.ac.nz, 917 9999 ext 8044

Consumer Advocate

If you wish to talk to a consumer advocate for any reason you may contact the Health Advocates Trust, Ph 0800 20 55 55.

Approved by the Auckland University of Technology Ethics Committee on <date> for <period of approval>, AUTECH Reference number <ref no.>

APPENDIX F

ELECTRONIC DATA SEARCH INFORMATION

Database researched	Key words used	Number of literary articles found	Number of articles that met criteria
PsychoInfo	Pornography and attachment and psychotherapy	1	1
	Pornography and attachment	7	4
	Pornography and psychotherapy	21	12
	Attachment and cybersex	0	0
	Psychotherapy and cybersex	2	2
	Attachment and sexual addiction	10	9
	Psychotherapy and sexual addiction	40	25
EbscoHost - Medline	Pornography and attachment and psychotherapy	0	0
	Pornography and attachment	0	0
	Pornography and psychotherapy	4	0
	Attachment and cybersex	0	0
	Psychotherapy and cybersex	1	0
	Attachment and sexual addiction	0	0
	Psychotherapy and sexual addiction	4	3
Psychology and Behavioural Science Collection	Pornography and attachment and psychotherapy	0	0
	Pornography and attachment	2	1
	Pornography and psychotherapy	2	1
	Attachment and cybersex	0	0
	Psychotherapy and cybersex	0	0
	Attachment and sexual addiction	3	3
	Psychotherapy and	9	4

	sexual addiction		
Clinical Reference System	Pornography and attachment and psychotherapy	0	0
	Pornography and attachment	0	0
	Pornography and psychotherapy	0	0
	Attachment and cybersex	0	0
	Psychotherapy and cybersex	0	0
	Attachment and sexual addiction	0	0
	Psychotherapy and sexual addiction	0	0
Maserfile Preview	Pornography and attachment and psychotherapy	0	0
	Pornography and attachment	5	3
	Pornography and psychotherapy	1	0
	Attachment and cybersex	1	0
	Psychotherapy and cybersex	0	0
	Attachment and sexual addiction	0	0
	Psychotherapy and sexual addiction	1	1
PsychArticles	Pornography and attachment and psychotherapy	4	3
	Pornography and attachment	13	5
	Pornography and psychotherapy	26	12
	Attachment and cybersex	0	0
	Psychotherapy and cybersex	2	2
	Attachment and sexual addiction	5	1
	Psychotherapy and sexual addiction	7	2

APPENDIX G**AUTEC APPROVAL****M E M O R A N D U M****Student Services Group – Academic Services**

To: Andrew Duncan
 From: Madeline Banda
 Date: 28 April 2004
 Subject: 02/33 Disseration 588869: The therapeutic relationship: A literature review with clinical illustrations

Dear Andrew

Your application for an extension to your ethics approval for paper "588869, Dissertation" was considered by AUTEC at their meeting on 27/04/04.

Your application was approved for a further period of three years until 27/04/07.

You are required to submit the following to AUTEC:

- A brief annual progress report (using Form EA7) indicating compliance with the ethical approval given, providing details of names of students, titles of projects undertaken, nature of projects, noting any issues that arose during the research.
- A brief statement on the status of the project at the end of the period of approval or on completion of the project, whichever comes sooner.
- A request for renewal of approval if the project has not been completed by the end of the period of approval.

Please note that the Committee grants ethical approval only. If management approval from an institution/organisation is required, it is your responsibility to obtain this.

The Committee wishes you well with your research.

Please include the application number and study title in all correspondence and telephone queries.

Yours sincerely

Madeline Banda
 Executive Secretary
 AUTEC
 Cc:

From the desk of ...
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 Academic Services
 Student Services Group

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 New Zealand
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