

Addiction to Sex and/or Pornography: A Position Statement from the Center for Positive Sexuality (CPS), The Alternative Sexualities Health Research Alliance (TASHRA), and the National Coalition for Sexual Freedom (NCSF)

Over the last 30 years, there has been a slow but growing acceptance among some academics, professionals, policymakers, media, and members of the public regarding the popular concept of addiction to sex and/or pornography (Irvine, 1993, 1995; Reay, Attwood, & Gooder, 2013; Ley, Prause, & Finn, 2014; Voros, 2009). Although some academic and professional reports have supported the application of an addiction model to frequent sexual behavior and/or pornography viewing (i.e., Hilton & Watts, 2011; Kafka, 2010), others point out serious potential or actual problems with applying an addiction model to sexual behavior and pornography viewing (Ley, 2012; Ley, Prause, & Finn, 2014; Reid & Kafka, 2014; Giugliano, 2009; Hall, 2014; Karila et al., 2014; Moser, 2013; Kor, Fogel, Reid, & Potenza, 2013; Ley et al., 2014; Prause & Fong, 2015; Prause, Steele, Staley, Sabatinelli, & Hajcak, 2015). Despite serious disagreement among scholars, the concept of sex/porn addiction frequently is applied across multiple professional contexts, including various legal settings (Ley, Brovko, & Reid, 2015).

Based on existing research and scholarship, the Center for Positive Sexuality (CPS), The Alternative Sexualities Health Research Alliance (TASHRA), and the National Coalition for Sexual Freedom (NCSF) strongly oppose the addiction model when considering pornography viewing and frequent sexual behavior. Reasons for this opposition include:

- (a) The American Psychiatric Association (APA) does not identify sex/porn addiction as mental disorders. Similarly, the American Association of Sexuality Educators, Counselors, and Therapists (AASECT) does not recognize sex/porn addiction as mental disorders and has concluded that an addiction model “cannot be advanced as a standard of practice for sexuality education delivery, counseling, or therapy” (AASECT, 2017).
- (b) Existing studies supporting an addiction model lack precise definitions and methodological rigor, and rely on correlational data. Pre-existing psychological issues that could account for changes in sexual behavior and/or pornography viewing have not been considered. Studies are needed that utilize experimental designs and account for a range of potential extraneous variables (Ley et al., 2014). Although some people may incorrectly assume that increased dopaminergic activity during sex or pornography viewing (which is to be expected) is evidence for addiction, Prause, Steele, Staley, Sabatinelli, and Hajcak (2015) found in their controlled study that participants reporting hypersexual problems did not show the same neural response patterns consistent with other known addictions. There are many diverse reasons why people may engage in pornography viewing, and frequent and diverse sexual activities, which must be considered when assessing behavior (Ley, 2012; Ley et al., 2014).
- (c) The sex/porn addiction model reflects significant sociocultural biases (Klein, 2002; Williams, 2016), including specific measures of clinical assessment (Joannides, 2012). Socio-cultural biases include assumptions concerning normal sex drive, relationship styles, and erotic interests and practices. Thus, people with

alternative sexual identities are likely to face further marginalization and discrimination by those who support a sex/porn addiction model.

- (d) Research has shown that religiosity and moral disapproval have a strong influence on perceived sex/porn addiction. For example, Grubbs and colleagues (2010, 2015) found that religiosity and moral disapproval were strong predictors of perceived pornography addiction, even when actual pornography use was controlled. Other researchers have reported similar findings (Abell, Steenbergh, & Boivin, 2006; Kwee, Dominguez, & Ferrell, 2007; Leonhardt, Willoughby, & Young-Petersen, 2017). Regarding pornography use, Thomas (2013, 2016) applied archival analysis to trace the creation and deployment of the addiction framework among evangelical Christians. Other scholars have reported that the concept of sex addiction emerged in the 1980s as a socially conservative response to cultural anxieties, and has gained acceptance through its reliance on medicalization and popular culture visibility (Reay, Attwood, & Gooder, 2013; Voros, 2009).
- (e) The sex/porn addiction model assumes that sexual behaviors as a coping mechanism are an indicator of addiction, but it does not consider the possibility that sex may be a positive coping mechanism. However, scholars have realized that various sexual and erotic activities may function as legitimate leisure experience, which can be salubrious, rather than necessarily maladaptive, ways of coping (i.e., Berdychevsky & Nimrod, 2016; McCormick & Wignall, 2016; Meaney & Rye, 2007; Mock & Hummel, 2012; Mock, Plante, Reysen, & Gerbasi, 2013; Williams, Prior, Alvarado, Thomas, & Christensen, 2016). Indeed, sexuality scholars have recognized the need to expand professional understanding of sexuality and the importance of diversity and pleasure as pertaining to individual health (i.e., Anderson, 2013; Diamond & Huebner, 2012; Hull, 2008; Satcher, Hook III, & Coleman, 2015).

CPS, TASHRA, and NCSF recognize that many people may struggle with sexual issues, including issues that occur within their committed relationships, which are valid reasons for seeking professional help. We also believe that helping professionals should, as appropriate, seek to support client-initiated behavioral change in healthful ways that are consistent with clients' moral beliefs and worldviews. However, existing multidisciplinary scholarship does not warrant the application of an addiction model to frequent sexual behavior and/or pornography viewing. Thus, regarding such behavior, use of the term "addiction" is not valid and may be misleading and sometimes harmful to clients. Helping professionals can effectively help clients who may be struggling with various sexual issues or problems by working from a positive sexuality perspective that utilizes multidisciplinary scholarship; applies high quality empirical research and critical analysis; and prioritizes sexual rights, diversity, and acceptance of a wide range of sexual interests, behaviors, and identities.

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