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Understanding the Processes and Outcomes of the LDS Addiction Recovery Program's Pornography Addiction Support Groups

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Doctor of Philosophy

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ABSTRACT

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This study qualitatively investigated the processes and outcomes associated with the The Church of Jesus Christ of Latter-day Saints' (LDS) Addiction Recovery Program (ARP), with a specific focus on their Pornography Addiction Support Group (PASG) meetings. Researchers interviewed 24 (21 males, 3 females) individuals with varying experiences in PASG meetings. Their interview content was broken down into themes. Primary findings suggest that PASG participants experience a significant amount of shame due to their pornography use behaviors. Member-to-member sharing in meetings facilitates self-compassion and lessens shame. Participants reported strong spiritual process in PASG meetings and some spiritual outcomes. Attendance in PASG meetings impacts the way participants viewed their treatment conceptualization, problematic pornography use (PPU) behaviors, self, and God. Further, negative aspects of PASG meetings include the use of an addiction model, a focus on PPU behaviors, and some shaming experiences.

Keywords: addiction recovery program, pornography addiction, perceived pornography addiction, hypersexual disorder, 12-step, collaborative hermeneutics

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DESCRIPTION OF DISSERTATION STRUCTURE AND CONTENT

This dissertation, *Understanding the Processes and Outcomes of the LDS Addiction Recovery Program's Pornography Addiction Support Groups*, is written in a journal ready format. An extended review of literature is provided in Appendix A. Focus group questions used in data collection are provided in Appendix B. The consent forms are provided in Appendix C.

Introduction

Members of The Church of Jesus Christ of Latter-day Saints (LDS), a Christian religion, are taught that pornography use is not in accord with Christian values, objectifies women/men, and is a form of infidelity (Oaks, 2005). Yet, some LDS people find themselves participating in some level of pornography viewing that generates concerns such as guilt, shame, or difficulty ceasing pornography use behaviors. To address a variety of concerns of LDS people LDS-Family Services (LDS-FS), an organization belonging to The Church of Jesus Christ of Latter-day Saints that offers psychological services to LDS people, sponsors a program called the Addiction Recovery Program (ARP, The Church of Jesus Christ of Latter-day Saints, 2016). The ARP holds 12-step-adapted support groups for individuals with substance abuse problems, eating disorders, and pornography viewing concerns. The pornography viewing concerns groups are called Pornography Addiction Support Group (PASG) meetings. The ARP is a world-wide program that expands as needs of members of the LDS church emerge. To date, no public research has been conducted to evaluate the ARP, its process, its outcomes, or its efficacy. This study examines these ARP PASG meetings.

This pornography concern or addiction might be conceptualized as a Hypersexuality Disorder (HD), a frontrunner conceptualization for an excessive or compulsive non-paraphilic sexual concern (including pornography use). HD was proposed (Kafka, 2009) for inclusion in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) but was ultimately rejected due to a lack of established sexual behavioral norms (Winters, 2010), issues with false positives (Wakefield, 2012), potential increase of harm for those given HD diagnoses (Moser, 2013), potential for forensic abuse (Halpern, 2011), and general criticisms from those with differing theoretical approaches (Kafka & Krueger, 2011; Moser, 2011; Moser, 2013; Reid

& Kafka, 2014). Regardless of the lack of official diagnostic validity many appear to struggle with sexual concerns (Reid, 2013). While attempts to classify sexual concerns as HD may be problematic (e.g., sexual addiction, sexual compulsivity, sexual impulsivity, out-of-control sexual behaviors) this approach has proven to be controversial (Hilton, 2013; Twohig & Crosby, 2010). HD has been conceptualized as an addiction model by some (Hilton & Watts 2011; Kor, Fogel, Reid, & Potenza, 2013). Pornography viewing concerns began to be conceptualized with an addiction model beginning in the early 1980s (Thomas, 2016). Pornography use as an addiction has gained traction through the influence of Christian groups (Sumerau & Cragun, 2015a; Sumerau & Cragun, 2015b; Thomas, 2016) despite research indicating that pornography use concerns seem to differ from substance addictions (Prause, Steele, Staley, Sabatinelli, & Hajcak, 2015). This model of addiction leads to individuals, particularly conservative religious individuals, to use addiction language and even start identifying as pornography or sexual addicts, often regardless of the level of pornography use. Religious individuals are more likely than non-religious individuals, to perceive themselves as having a pornography addiction no matter what their actual pornography usage levels are (Grubbs, Exline, Pargarment, Hook, & Carlisle, 2015; Twohig, Crosby, & Cox, 2009). Those who view their pornography use as an addiction regardless of use levels seem to experience increased shame and a likelihood for increased generalized psychological distress (Bradley, Grubbs, Uzdavines, Exline, and Pargament, 2016; Volk, Thomas, Sosin, Jacob, & Moen, 2016). While individuals with perceived pornography addiction may not use pornography at levels that are considered "critical" by some, their pornography use is still distressing to them and this distress seems to warrant intervention. Concerns with pornography use have carried many names such as Hypersexual Disorder, pornography addiction, perceived pornography addiction, etc. We have decided to use

the term problematic pornography use (PPU) to describe concerns with pornography use. This term acknowledges that pornography use presents as a significant concern for some without buying in to the notion that an individual's pornography use is necessarily addictive in nature.

The following approaches have been used to treat sexual addictions, including PPU: cognitive-behavioral therapy, acceptance and commitment therapy, mindfulness, gestalt therapy, task-oriented approach programs, out-of-control sexual behavior treatment protocol, psychotherapeutic stage model, group therapies, family/couples therapy, and self-help groups or 12-step programs (Garcia et al., 2016; Levin, Lillis, & Hayes, 2012). Despite the vast amount of treatment approaches Garcia et al. (2016) state that "currently, the best practice in psychotherapeutic treatment of sexual addiction is based on a few uncontrolled studies and case reports. The level of evidence is the lowest possible and is based mostly on expert opinion" (p. 67). Thus, the evidence for treating sexual concerns is sparse. However, when an individual reports PPU it may become a clinical concern when an individual identifies it as distressing. Thus, the treatment of the distress, regardless of whether PPU fits other definitions of addiction and despite the lack of consensus on best practice for PPU, is important.

As stated, the LDS church has used the ARP to provide support to LDS individuals with PPU. Through personal correspondences with Douglas LeCheminant (November 25, 2014), a worker for LDS Family Services, a brief history of the LDS ARP is provided. In the late 1970's and early 1980's LDS individuals began meeting informally in LDS chapels as an alternative to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA). Reasons for doing so included the desire to specifically engage their religious beliefs in recovery as well as a desire to avoid coffee and tobacco consumption, a part of their health code. In the early 1990's the LDS church made efforts to formalize these meetings which were occurring in LDS chapels and meeting

houses. The LDS ARP gained its name in 2004, which also marked the emergence of PASG meetings as separate from general addiction meetings. In 2004, about 1,000 seats were filled in PASG meetings. In 2008, about 136,100 seats were filled in PASG meetings. The dramatic increase in seats filled for PASG meetings indicates increasing utilization of these support groups and points to PPU as a significant concern for some LDS people.

To help understand the format of the LDS ARP the following is included. The LDS ARP meetings includes group leaders, facilitators, and group members (The Church of Jesus Christ of Latter-day Saints, 2015). Meetings are divided into two portions: reading and sharing. Group leaders are LDS church volunteers who begin the meetings and lead out in a reading exercise. Readings include the mission statement of the program, all the LDS ARP adapted 12-steps, and specific material in the LDS ARP manual about one of the 12 steps. The second portion of the meetings is led by a facilitator, an appointed individual who has had a "successful" recovery experience defined as one year of abstinence from viewing pornography. The facilitator shares their own experience, makes comments, and then opens the meeting for others to share their experiences with PPU. Group leaders and facilitators work from an ARP Administrative Manual to assist in leading groups. While AA and similar 12-step programs provide sponsors to guide members through the recovery process, the LDS ARP does not include an official sponsor program. However, LDS ARP participants have created their own unofficial sponsorship program to guide individuals through the recovery process in conjunction with the LDS ARP.

Statement of Problem and Purpose

Many LDS individuals experience PPU and the LDS church has responded to this concern by sponsoring ARP PASG meetings. Additionally, PASG meetings are increasingly used by LDS members. To date there are no published studies which examine the efficacy of

these 12-step adapted support group for individuals with PPU nor the groups processes that lead to outcomes. To begin exploring the reported processes and outcomes of participants in this program designed to address PPU, a qualitative exploratory method is used.

Research Questions

The following research questions were designed to explore the processes and outcomes reported by participants in the PASG meetings:

1. What are the perceived outcomes of those who participate (members and group leaders) in PASG meetings?
2. What are the processes that PASG participants (members and group leaders) report having contributed to or detracted from outcomes?
3. What goals do clients and group leaders of PASG meetings report regarding PASG participation at outset? Did participation in the PASG meetings change those goals?
4. What else emerges as something significant for those involved in PASG meetings?

Method

Data was collected via focus groups and interviews from participants of PASG meetings in a Western state in the USA after approval from BYU's Institutional Review Board for Human Subjects. All participants provided explicit written consent prior to participation. Individuals with diverse ranges of involvement (e.g., completers, dropouts, current participators) in PASG meetings were interviewed to obtain a variety of experiences with PASG. Collaborative Hermeneutic Interpretation (CHI), a qualitative method, was used to analyze the data. Specifics of CHI are described below.

Participants

This study included 24 participants (21 males, three females) with some level of involvement in the LDS ARP as a participant or group leader in PASG meetings. Participants, not including group leaders, demonstrated difference in ages which differed based on the area they were recruited from, one area a larger city and the other a university setting. Participants from the university community had an average age of 22.52 years (SD=1.85). Of the four participants from the larger metropolitan city one participant's age was in the mid-20s, two participants' ages were in the early and mid-50s, and one participant's age was greater than 61 years old. The level of LDS ARP involvement of the 24 participants was separated categorically in to five groups (pre-participants, current participants, completers, drop-outs, and group leaders). The pre-participant was one male who planned to participate in PASG meetings and had yet to do so. The current participants included 14 males, four of whom were recruited from the larger metropolitan city, and two females. They reported that they were actively attending PASG meetings. The two completers were two male participants who had completed at least six meetings prior to ending attendance of PASG meeting. The cut off of six meetings as a full dose or course of treatment was a choice made by the researchers based on their clinical experiences in working with individuals in university counseling center settings. Two participants were considered PASG drop-outs as they attended less than six PASG meetings prior to ending attendance. There were three group leader participants (2 male, 1 female), two of whom were recruited in the university community.

The researcher team included a pool of experienced counseling psychologists and counseling psychology doctoral students. Recruitment efforts included direct face-to-face recruitment in ARP meetings and at a local university's counseling center (distributing fliers

with links to an online questionnaire). Participants were screened through an online questionnaire soliciting information about level of involvement in the LDS ARP to determine appropriate subgroup placement. Focus group participants were selected at random among the subgroups created from the online questionnaire. Those individuals were invited to participate in one of the designated focus groups. Group leader participants were contacted via email in the surrounding data collection areas rather than direct face-to-face recruitment.

Focus Groups

Nine semi-structured focus groups and interviews were held by licensed psychologists and doctoral level counseling psychology students. Focus groups lasted approximately 60 minutes and included a range of one to 10 individuals. The nine focus groups and interviews were divided (held separately) based on the participants' level of LDS ARP involvement, gender, and geographical location as described above in the participant section. Those who completed a focus group were compensated $20. The questions asked in the focus groups related to experiences in treatment, goals, expectations, group processes, individual outcomes, outside influences, and the role of spirituality. Example questions include, "What did you/leaders/other group members do that led to the group being helpful," "What plays the biggest role in your progress in group," and, "Have your goals and desired outcomes changed through participation in group? If so, how?" The focus group discussions were audio recorded, transcribed by undergraduate and graduate level students, and analyzed.

Data Analysis Procedures

The analysis of the transcriptions was conducted using a Collaborative Hermeneutic Interpretation (CHI). The qualitative approach and procedures used in this study are explained and modeled by McKenzie et al. (2013) and Kvale and Brinkmann (2009).

The adapted procedure used for analyzing the data was as follows:

1. Two primary CHI researchers independently read one transcript at a time to get a general understanding and feel for each transcript.
2. The researchers worked independently to highlight quotes from each transcript that seemed to be related to the research questions or emerged as significant.
3. The researchers met and reviewed each transcript and shared their highlighted quotes with each other.
4. Through continual dialogue the researchers then developed preliminary themes emerging for each transcript.
5. The researchers agreed on a final collaborative interpretation for each of the nine transcripts with themes and supporting quotes.
6. A group of secondary CHI researchers not involved in the initial CHI process (steps 1-5) were assigned one of the nine transcripts accompanied with their final collaborative interpretation (included collected themes and supporting quotes) to compare their interpretations of the data with the interpretation of the primary CHI researchers. Their feedback was given to the primary CHI researchers to reconsider interpretations if needed.
7. The primary CHI researchers then combined all emerging themes (using all transcripts), categorized them per the research question they addressed, and ranked them according to salience based on the researchers' collaborative insight.
8. The researchers used the insight gained from this process, the list of themes, and the ranking of the themes to identify macro level themes and to produce a final interpretation of the emerging themes and their potential relationships.

Hermeneutics insists that all knowledge claims, or attempts at knowing, depend of the subjectivity, interpretation, and assumptions of the researcher(s). The main assumption behind this specific CHI method relies on a relational ontology. This ontology assumes, "that knowledge is produced, gained, and maintained through relationships" (McKenzie et al., 2013, p. 4; Gergen, 2009; Levinas, 2002; Oliver, 2001). The CHI procedure relies on a dialogical epistemology; through collaborative dialogue the data can be understood and known. Some have articulated dialogue as, "moving from entanglement in the 'cotton wool of daily life' to 'moments of being'" (Sidorkin, 1999, p. 14). Thus, the dialogue inherent in the CHI process helps the researchers move from entanglement in the data to an understanding and knowledge of the data, and in the case of this research, an understanding of the processes and outcomes of the PASG meetings. The primary mechanism of knowing in this CHI method relied on steps three, four, and five which has been described as the hermeneutic circle (McKenzie et al., 2013). The hermeneutic circle includes a dialogue process between at least two individuals in whom knowledge statements are eventually produced. The dialogue in this procedure, particularly data analysis procedure step four, included sharing, questioning, clarification, challenging, disagreeing, yielding, restructuring, and other dialogical processes.

This approach included a rejection of scientific objectivism (Zimmermann, 2015), which concludes that trusted knowledge comes by systematically removing the knower from the method or epistemology in order to eliminate bias. Those using a CHI method operate from a different assumption. They contend that knowledge is relational and that you cannot remove the researcher from the knowledge statement. This is shown through the ongoing conversations between the two primary CHI researchers in our method. The conversations included the presentation of diverse interpretations, ongoing evaluation of interpretations, and eventual

collaborative consensus of both micro and macro level themes. This act of dialogue and interpretation converges as a method that ensures validity to the raw data. It proposes that it is this very dialogue that creates the knowledge statement and that the method provides contextual sensitivity and leads to valid knowledge statements because of the relational perspective inherent in the dialogue and analysis.

A CHI approach rejects the assumption of scientific positivism (Zimmermann, 2015), that claims there is only one way for a correct knowledge statement to be made. CHI argues that there are many ways to make knowledge statements, one of which is using a scientific positivistic approach (which has its own limitations as a knowledge generating methodology). CHI, claims that there are various ways to make knowledge statements and that it is important to acknowledge the researcher's role in producing knowledge statements. The CHI method allows a certain type of exploration, with its own set of assumptions, and with the ability to examine phenomena in a different way than a purely scientific positivism approach would.

Steps six and seven in the CHI procedure offer "more traditional" methods of data analysis that generally may accompany assumptions of scientific objectivism and scientific positivism. In the eyes of the researchers step six was seen as a way to broaden the "hermeneutic circle" and gain further knowledge (McKenzie et al., 2013). Furthermore, step seven was used to impose structure and organization on the micro level themes and to ultimately prepare for the final collaborative dialogue found in step eight.

Collaborative Hermeneutic Interpretation Researchers

There were two main groups of researchers involved in the CHI process. The primary group included two individuals who engaged in all procedural steps listed above except for step six. The secondary group included five researchers who engaged solely in step six. As the

collaborative hermeneutic approach endorsed a relational interaction between the multiple researchers with each other it seemed appropriate to include some information about these researchers.

The primary group of researchers included two advanced doctoral level students in an APA-accredited Counseling Psychology program. They both identified as Caucasian males; one in his late 20's and the other in his early 30's. Both described their religious affiliation as LDS. Both individuals had familiarity in working with individuals with PPU concerns as well as various treatment or support options for these individuals. Both also had experience studying, observing, and/or leading psychotherapy groups of 8-10 participants.

The second group of researchers that participated in step six included a group of five individuals; four of them were licensed psychologists and one was a social worker, all working in university settings. These researchers' daily career tasks included clinical work at a university counseling center and/or academic tasks within their academic departments. These individuals all identified their religious affiliation as LDS. One identified as female while the remaining identified as male. All researchers in this group had considerable familiarity in working with individuals with PPU concerns as well as various treatment or support options for these individuals. All also had experience studying, observing, and/or leading small psychotherapy groups.

Results

Four broad macro level themes emerged after the eight step CHI process described above was completed. The macro level themes, in combination, helped answer the research questions and specifically helped identify some of the process and outcomes of the PASG meetings. The

analysis also provided insight into the initial goals of participants and how they may have changed. The four themes included:

- **Perspective Shifts**/Increased Self Compassion, Decreased Shame, Treatment Conceptualization, Less Focus on Behavior;
- **Interpersonal Connectedness**/Member to Member Cohesion, Comradery, Support, Sponsors, Member to Leader Cohesion, Vulnerability, Group Format;
- **Spiritual Processes and Outcomes**/Spiritual Nature of Meeting, Turning to God, Religious Milestones;
- **Shame**/Stigma in LDS Culture, Shame in ARP Meetings, Facilitator Shame.

Perspective Shifts

The theme of perspective shifts seemed to be a broad and important outcome for individuals attending the LDS ARP PASG meetings. It emerged as the most prevalent or significant outcome. Participants talked about a shift in how they viewed themselves as well as shifts in their treatment conceptualization and approach. The shifts included an increase in self-compassion, viewing treatment as long term rather than seeking a quick fix, and a decreased focus on pornography use behaviors as the main factor determining success or failure. Further, the way the participants viewed God and themselves became more important than a behavioral outcome (decreased pornography use).

Self-compassion. Participants communicated a significant shift in their view of self. They reported shifting from a drastic view of self as broken, defective, or worthless towards a sense of self-worth, preciousness, and acceptance. Meeting together in a homogenous group of individuals with PPU seemed to contribute to this change in self-conceptualization. One participant expressed this shift quite strongly:

> In Sunday school, especially when it comes to chastity, "it's the worst thing besides murder so don't ever do it," is pretty much where it stops. And then when we get together in ARP it's, "alright well we understand that we're all kind of stuck here and yes we know it's a bad thing." But, that doesn't mean you're a horrible person. We're all going to work together to fix this."

Another said:

> The way that they make it out in church is that you're the most vile person in the world because you've looked at pornography. And, that's just not the case. The guys that go to these meetings that are struggling with the same thing I am they're the greatest people that I know. They're probably some of the more spiritual people that I know too because they are really relying on the Lord to overcome their problem.

Another individual stated:

> For me the hope was coming from the realization that I can change who I am and that God still loves me no matter what I do. So, I think for me that's kind of what hope meant to me, not that eventually I would reach this goal, but that God loves me no matter what I do, that I'm of infinite worth, and I'm a precious soul to him.

Also, a female participant shared her shift towards broad self-acceptance:

> So instead it has turned into a quest to really form a relationship with my Savior, to really feel his grace in my life and to feel that healing. And also, to learn how to accept myself, forgive myself, and to move forward to eventual perfection, not get to the end of the program perfection. That has changed a lot. I'm just human and that's all. I can be that person who I want to be. But it takes time and work and this whole process has really put that into perspective for me.

Treatment conceptualization. Participants reported a type of "quick fix" mentality that they endorsed upon beginning the program. They thought they could attend as few meetings as possible to incite rapid behavioral changes with pornography use. The "quick fix" mentality represented the general goal of ARP participants going in to treatment. For most participants this mentality seemed to change early in the program and changed so that recovery process was viewed as slower and longer. Their level of distress diminished with this perspective of treatment. One individual said:

> And, something has really changed in my perspective. I thought there was going to be a point where I was like, "No, this is never going to bother me ever again. I did the program, checked the box, and we're good. Yay!" And, it doesn't work like that at all.

Another articulated the following:

> I think that there are some obvious outcomes that everybody who attends one of these meetings wants to have. And that is, I think, most of us start out wanting to be cured. I've morphed that to thinking about it as a long-term disease, wanting to be able to control it as opposed to thinking I'm never going to be tempted by these things again.

One individual talked about how attending the meetings helped him view his pornography use concerns with an increased gravity. This idea is also captured in step one of the 12 steps. The participant stated:

> For me it was very similar to that the first time I went. At that point I looked at my issue and I was like, "this is a small issue. It's not really a big deal." And, I figured I probably didn't really need these meetings. But, as I went to the meetings, was honest with them and myself, and started working in the program I began to realize that it's more than that. It's a lot bigger issue than I'm making it out to be.

Decreased focus on pornography use behaviors. Participants reported their primary initial goal of attending PASG meetings was to decrease their pornography use behavior. However, as they participated in the PASG meetings their goals seemed to deemphasize a focus on PPU behaviors and emphasize more the causes of PPU and strengthened commitment to important life values. One individual said:

> I see abstinence as part of the successful outcome but not abstinence alone. You can still take on a different addiction and never really address the deeper issues. I think abstinence is a huge part of recovering and what I see as success. But, I think more than that I see my ability to be aware of my feelings and my emotions and to have better relationships.

Another participant spoke of a desire to change his heart rather than focus on pornography use:

> To resolve the issues that are causing the malady rather than the symptoms. To me pornography and masturbation are just the symptoms. They're not what's going on in my heart.

Another spoke strongly of a new focus on personal relationships:

> With masturbation and pornography there's a deeper problem there and that to me is the outcome, to solve those deeper problems: solve my relationship with my father, solve my relationship with my brother, solve my relationship with my wife, which may never be solved, except for me accepting who she is and just loving her for who she is. I can't change her, I can't change my father, and I can't change my brother. To me that's it, to change myself in whatever ways I can, to accept life as it is, to love people, and to stop having expectations that are unrealistic.

In talking about goals, a participant shared their shift in goals:

> As far as goals going into it all I cared about was sobriety, just eliminating the behavior. Going along with that previous comment about the problem being a spiritual problem, after attending 12 steps for a while my goal changed from sobriety, of course sobriety is still a goal but not just sobriety for sobriety's sake, to actually developing and rebuilding that relationship with God and with others who I've hurt in the past.

Lastly, one participant talked about the negative impact of focusing on pornography use behaviors and relapse:

> I did not like the focus on relapse. I have experienced so much stress that has happened because I have focused on not relapsing in order to get a temple recommend. That one single thing has caused me more stress in my entire adult life than any other thing. I feel like the focus on that was like a laser beam that was attacking me.

The reference to a temple recommend, requiring a worthiness standard, helped demonstrate the depth of the negative focus this participant experienced. In LDS culture temples are considered a sacred place where LDS individuals can worship God and make sacred commitments with him. A temple recommend (small paper form that can fit in a wallet) is given to LDS individuals who have completed an in-person worthiness interview with their ecclesiastical leader. Their worthiness to enter the temple is assessed by adherence to specific commandments as well as their personal convictions to specific religious principles and beliefs.

Interpersonal Connectedness

The strongest process theme that emerged out of the CHI process was interpersonal connectedness. This theme took several forms. The primary form was at a group member to

group member level. Additionally, interpersonal processes were talked about at a group member to group leader level and at a group member to sponsor level.

Member to member cohesion, support, and comradery. Participants reported that the most helpful part of PASG meetings was the sense of comradery, support, and cohesion among each other. This theme was the most frequently talked about and prevalent of all the themes. Cohesion was identified by the researchers as the core process factor of PASG meetings. Several participants talked about features of the meetings and the sharing time that contributed to positive or negative cohesion. Those features included honesty, openness, vulnerability, cross talk, and the physical group structure. In regards to general member-to-member cohesion one participant said:

> One of the major helpful things is the blanket huge open invitation to the whole entire world to come to the meetings and to say this is a problem and lots of people have it. We have tons of groups. Like in [local town] there is a group every single night and every single night there's like thirty guys there. The number one thing that was most helpful for me was recognizing how much comradery there was to be had.

Others stated, "Together we are stronger than we are alone. I feel like the Gospel is meant to be lived in a group,"

And:

> It's whether I've got a friend that I could go to and tell him that my life is rough. He's someone I can talk to about intimacy and about those frustrations. To be accepted by another man who I know what his issues are. That level of intimacy most men don't have in their lives anymore.

A group leader said:

> The other day one of the participants came in and told everybody, “I’m at day zero.” He said, “four hours ago I observed pornography and I know that was bad, but I knew I still needed to be here because the brotherhood,” or the sisterhood, “you know what I’m going through and you will support me.”

Several participants mentioned how the member-to-member bonding of some ARP participants extended beyond formal group meetings. One participant said:

> The need to allow for better interaction for those that need support. The first time that I went to a group up in [other state] they said, “Okay the meetings over so let’s have the meeting after the meeting where you’re really going to have recovery.” I’ve never heard that in any other group. But they then congregated out there and got to know one another and started to create some friendships.

A group leader also observed:

> In one of the meetings that my companion and I direct it's probably a good half hour or 40 minutes after that the guys are still talking with each other. They then go from our meeting to a local restaurant and have dinner together. They exchange phone numbers. They keep in contact with each other throughout the week. It is that support that is really helpful for them.

Member-to-member cohesion, support, and comradery were facilitated by openness, honesty, vulnerability, and group homogeneity. One participant stated:

> For me it’s just getting out of my isolation. By coming forward and just being honest with other people and just saying, “hey look guys, I got a problem and it’s hurting me really bad and I need to do better.” As I’m doing that it becomes less of an issue for me.

> When it becomes more of an issue is when I don't go to the meetings or if I am not honest with my sponsor. When I keep everything to myself then I really struggle.

Another said:

> I think that honesty is really important and really helpful. When everyone is being sincere and they are not telling you the pat answers you hear in Sunday school or talks that we hear every week from the pulpit, "faith is like a little seed" or those rote things that we say all the time, but in group it is really honest. It's real so it's not always pleasant or positive emotions that are being shared, but its honest and so you can actually relate to it.

One individual also mentioned the importance of honesty about having struggles:

> We can all come together and be a little more honest about our struggles and frustrations instead of coming and giving this wonderful lesson with everybody going home thinking that everybody in the room is perfect but them even though they are all struggling with something.

Additionally, one participant talked about the benefit of commonality and homogeneity in the group:

> There is a real benefit in having a place that you can talk to people that have, not the same experience because no two people's experiences are the same, but who have enough commonality of experience that they can understand and empathize with what you're going through because they have gone through a similar experience. That's very useful.

Several group leaders talked about the "no cross talk" rule in the PASG meetings. Cross talk in PASG meetings means to verbally interject when another group member is speaking. They also mentioned several experiences when there was cross talk in meetings. One group leader stated:

> Well there are times in a group meeting where someone expresses an accomplishment and the facilitator in the dialogue would say there is no cross talk so don't do anything. But, if somebody does something good the participants go beyond that by saying, "good job or way to go!" Someone will say too when they do their sharing, "I am really grateful for what got said. It really impacted me." Technically that may be cross talk. I don't know how it can be done but there needs to be communication among the participants during the session.

The same group leader stated a caution about cross talk amidst the various benefits by saying:

> Cross talk is a dual edge sword. It works both ways. It can be really disturbing and disruptive to the meeting or it could be really healing. If you got an individual, just beginning their recovery or in long term recovery, able to have that feedback from someone else who has been where they have been or is going through what they are going through then that creates an incredible change in that individual. It's a bonding thing. It's a healing process for them to know, "oh he's done it so I guess I can do it too." That then creates a group consciousness where the group becomes really cohesive and supportive which, more than anything else, brings people coming back week after week.

A female group leader mentioned the importance of sharing and the power of cross talk.

> In the woman's group during the sharing they share very positive and uplifting things. They talk about the things that help them and the victories that they've had that week. Those things are wonderful to hear. The other day in a meeting after we had the closing prayer the women stayed around because there was a new person who had some questions. We said, "well, we finished the meeting and you can cross talk now, you can talk amongst yourselves." I heard a different type of sharing at that point which was so

> helpful. The new women left with tools and ideas of what to do versus someone just saying it was a good week or a bad week or saying I'm grateful. Those things are wonderful to hear too but it was a different level after that prayer when they shared real stuff like, "this is what I did when I wanted to use," and, "I did this instead," and, "this is what helps me." I thought, "wow, let's do more of that in our sharing."

The member-to-member cohesion and comradery was also impacted by the structure of the meetings. One participant talked about how having the chairs in PASG meetings set up in a classroom format rather than an alternative format dampened member-to-member cohesion. The following quote described the intensity of the shame some individuals experienced that was exacerbated by the physical layout of the chairs. He stated:

> When I first went I thought, "this is great that I'm not the only person that struggles with pornography." In that sense it was eye opening. But, the way the meetings were held were kind of sad and depressing. I was here at [name of university], and it was a room full of guys and you're sitting in the chairs in the aisles and you don't look to your left and you don't look to your right. Nobody wanted to look at each other. It was like, "oh yeah, you look at porn," and it's like, "oh yeah me too." There was no bonding and it was kind of quiet.

Member-to-leader. A few participants mentioned the importance of the group leader. Group leaders of the PASG meetings are volunteer services missionaries from the LDS church. These volunteer missionaries are usually retired married couples. They may or may not have experience in working with individuals with PPU or mental health concerns. In general, they provide the structure for ARP meetings and enforce the group format and rules. One participant contrasted group leaders that were more helpful with those that were not:

> I've seen very different ends of the spectrum in regards to the missionaries. There are some that are very down to earth who get it, understand the program, and understand the importance of the first three steps of humility and accepting that life's out of control. Then there are missionaries that I think have never actually experienced anything like this. They don't understand it at all. Often, at least in the beginning they will just tell us to try harder which is not the point. I've noticed a big difference in missionaries, especially between the newer ones and the ones who have been there for a while. I found it more helpful with the missionaries who have really had experience and understand it coming in, the ones who have worked the program themselves in a meaningful way.

Another participant emphasized the benefit of having group leaders with their own personal experiences with addiction:

> I totally think the missionaries that have actually been through addiction themselves understand so much better. I love the other missionaries and I think they are the sweetest kindest people. But, they just don't get it. They try, which is neat. But, I find that of all the groups I go to that the ones where the missionaries that have been through some kind of addiction and are open to a certain extent, and I know they have to be careful, they're the ones that can really bring the spirit into that meeting and help that meeting to move forward.

Sponsors. Another type of interpersonal process that happens outside of the PASG meetings is contact with sponsors. The LDS ARP does not include an official sponsorship program. However, an unofficial sponsorship program has been created and remains an option for participants of ARP PASG meetings. Sponsors were generally mentioned as helpful and a

means for participants to be accountable for their treatment progress. One individual who preferred signing up for a sponsor stated:

> What really helped was when I finally got a sponsor. I did the arpsupport.org program where they have a 90 day challenge and they assign you a sponsor who helps you take all the steps. That was a huge help for me. I didn't make very much progress until I did that.

A female participant expressed the benefit of having a sponsor by saying:

> She holds me accountable. I could see myself definitely slacking off if I didn't have twice a day emails with her. I send her my step work in the morning and I send her a journal about my day at night. It's what keeps me more accountable. While I would be doing those things on my own I can see myself doing less or putting in less effort. It helps me keep the pace and maintain it. I'm really grateful for that because having done this before without meetings and without a sponsor, this makes it so much easier for me.

An older participant talked about how other participants benefitted from a sponsor, "For some of the guys who have had great success that has been one of their big keys, having someone else to call when they are tempted or having someone else who is supporting them." A group leader mentioned the following:

> They say the support person is probably one of the most important people in their life. If at two o'clock in the morning they're having a relapse coming they know that they can call this person and say, "I'm having problems," and this person has already been through the program most of the time. They can come back and say, "when I had hit this point here's what I did," during the day or just any time. They know that this person will

answer the phone and say, “let me help you. Let me help you get through this hard time.” So, I think a support person is very important too.

Spiritual Processes and Outcomes

Participants described spirituality as both a process and outcome, and even an evolving goal in attending ARP PASG meetings. This is not surprising understanding that the ARP was established by members of the LDS church as a place to receive support for their struggles in an environment supportive of their specific religious beliefs.

Spiritual nature of meetings. Participants talked about how the meetings had a spiritual presence and quality. LDS beliefs concerning God include a notion of the trinity (God the Father, Christ the Son, and the Holy Spirit) and specifically that the members of the trinity are separate beings. The Holy Spirit is considered a member of the Godhood that has no physical body and can thus be felt by mortal beings. The Holy Spirit is viewed as a means for communicating with God the Father. When participants talked about feeling the spirit in the meetings they alluded to the physical but non-seen presence of the Holy Spirit as well as to general spiritual feelings. They described the meetings as having a sacred quality which was beneficial to them. In regards to the presence of the spirit, an ARP participant mentioned why he began attending ARP PASG meetings: “I always wanted to attend a group that was sponsored by the church because I wanted the spirit and I think the spirit is a major part of changing one’s life.”

One group leader talked about the powerful spirit that is felt in ARP PASG meetings. He stated that spiritual experiences in ARP PASG meetings were just as powerful as or more powerful than his spiritual experiences in an LDS temple. LDS temples represent a pinnacle spiritual experience for LDS people. He said:

> When they come in they actually say in their testimonies, or in their sharing, "I know that I came back because the spirit will be here. Every one of you will say something about Christ and the Atonement and how it works in their lives, and I can feel that that is going to help me in my life too." I hate to say this but I think the spirit I feel is stronger than in the temple.

Another group leader stated:

> None of it would be possible without the spirit there. As you talk to individuals you will hear that the spirit is more powerful in those meetings than anywhere else that they or I have experienced in my entire life. That includes any scenario or any type of meeting anywhere. And that's the greatest blessing for these men who come in because they come in with their faults, their errors, and their poor choices and they feel the presence of the spirit which testifies that they are worthy individuals despite what they have done and that God loves them enough that he sends his spirit there. The 12-step program for me is the atonement in progress. That spiritual component is critical in any sort of healing because none of the participants can heal without the help of God and getting through that. I don't think they could do anything with the spiritual component or that they would make minimal progress in recovery.

Another participant described the importance of spirituality as part of the process, but also felt that there needed to be more than that as well:

> So I feel that throughout my life spirituality has been one of the most important things in my life. But, to deal with the issue of pornography, masturbation, and sexual concerns it's one of those things that spirituality can help with. But, just praying about it, just reading your scriptures, and just going to church is not the best approach to overcome the issue,

> deal with it, and be a healthy person. I feel that spirituality is still one of the most important things in my life, but I realize that it is not the source of solution for everything. For psychological issues it's important to take a psychological approach. Spirituality can help but it's not going to solve all the problems in my life.

Spiritual outcomes. In addition to the helpfulness of feeling a spiritual presence in meetings, a process factor, participants mentioned several spiritual outcomes that they were working towards or achieved. These outcomes included becoming more religiously converted, having a spiritual change, and turning towards God. These descriptions of the participants' spiritual outcomes led to an increased connection with God. A group leader mentioned this change in general:

> You can see this incredible change that occurs in their life over a period of time. And it's a physical change, it's a spiritual change, and it's one in which peace once again returns into their lives as they begin this process of recovery.

A current ARP participant added:

> I think the spiritual comes with each person telling of their progress and their experience. They're becoming more refined as a result of the challenges they're going through with different addictions that they might have. I think the spiritual side is them telling of how they're becoming more converted or more refined with their experience with it.

Additionally, two current ARP participants talked about their personal spiritual change:

> Spiritually for me and what made the biggest difference, going along with honesty, was when I finally understood step one and finally realized that it was out of my hands, that my life was out of control, and that my addiction was unmanageable. That humility I had to develop, admit to, and finally say it out loud to somebody for the first time forced me

> to start developing faith and hope. I realized I was stuck on my own. I could go nowhere on my own. That situation forced me to start having a more spiritual life because I realized that there was no other option than to do that.

And:

> I've realized that I need the Atonement to come and take all of that out of my life. Repentance, recovery, and healing are all the same for me because they are all about Jesus Christ and the Atonement. It's all about getting a new heart, a new life, and becoming that person that God wants me to be.

Also, a group leader stated, "They learn the ability to learn dependence on God." Another leader said, "They've learned how to turn to God and how to approach life in a healthy way."

Another spiritual outcome included the achievement of religious milestones. Achieving religious milestones can be seen as a rite of passage, wherein participants are able to participate in significant church activities and rituals. Rites of passage serve as a vehicle for belonging in the religious community. Examples of these include being judged as worthy to be called to serve a LDS proselyting or service mission, receiving a temple recommend, and being approved to begin taking the weekly sacrament at church services. Along with being symbols of belongingness, these milestones represent personal worthiness for LDS people. Personal worthiness, from an LDS viewpoint, makes connection with God a greater likelihood. Older participants mentioned this theme while younger participants did not, perhaps because these milestones have been something that has been missing for a time and preventing them from fully participating in community and religious family rituals. One group leader described this outcomes theme by saying, "There are those few rare instances where the progression leads to a temple sealing, a temple marriage, the renewal of temple covenants, or being able to get their

[temple] recommend back." Another group leader said, "I've seen a sister prepare to be able to go on a mission who when she first started didn't speak and didn't share but over weeks took baby steps." And, "I've had girls in tears, happy, and full of so much joy just to have the approval of their bishop to take the sacrament again."

Also:

> There have been three or four brothers that have come in and said they were excited because they got their temple recommend back and that a few of them started working in the temple. They said, "we didn't think it would ever happen."

Shame in Broader Culture and Meetings

The experience of shame was a significant phenomenon that participants talked about. The shame they experienced happened both outside of PASG meetings and during the PASG meetings.

Shame in broader culture. Participants talked about the experience of shame due to cultural pressures and forces outside of ARP PASG meetings. One female participant spoke of her experiences with shame and how this impacted her. She also mentioned the hope she gained from attending the meetings after seeing other women with her same concerns:

> I too felt like I was very defective and broken and that there was something so utterly wrong with me because the only time you hear pornography and masturbation talked about, well pornography only; I've never heard the word masturbation at church ever, was in relation to helping young men by dressing modestly and these types of things. And I think, "okay well hi! What about us? What am I supposed to do?" I felt like I couldn't talk to anybody about it or do anything. It was so abnormal because it was never

> addressed. And when I found out there are other people who struggle with this as well it made me feel so relieved and I think I had more hope.

Another female participant expressed her experience being a female with pornography and masturbation concerns:

> Struggling with a pornography masturbation issue as a female I felt really broken and there was something wrong with me because "this is a boy problem." Going to the group helped me realize that there are other women who struggle with this and it's just a thing.

One group leader talked about the impact of shame and how it leads to isolation:

> I think the embarrassment puts the isolation into effect. And, the more isolated you are the more chances Satan has of making it worse, making the isolation worse.

Additionally, a participant who dropped out shared his experience with stigma:

> Is it completely unnatural to want to see that? No. If you see it and you like it you are bad? No. There are a lot of the girls who are thinking, "oh you're looking at porn? You are going to rape me. I'm afraid."

Some participants implicitly and explicitly made a plea to the researchers to somehow help with the broad stigma they experienced as pornography users in an LDS context. One individual stated:

> Let's just talk about it. Let's just get rid of the hidden stuff. It's kind of the nature of the problem. But, if we got rid of this stigmatism that this is so bad I think you'd have a lot more people finding a lot more success because it's there, it's real, it's out there.

Another participant mentioned this in a more personal tone:

> I've talked with several other addicts who have a lot of resentment toward women in the church because of a warped perception of it. I feel like the approach needs to be more

> holistic to somehow include them. I don't know exactly how to do that but to help them understand what we are going through with sexual addictions. I think a lot of them have been taught that it's the second worst sin and so it makes it really hard for a lot of people to be honest about it because they think they're going to be judged and condemned immediately. I've been able to get past that with a lot of people, but that would really help open up the air for conversation in general.

Shame in PASG meetings. Participants mentioned the unhelpful effect of experiencing shame even in the PASG meetings. This took two forms. First, was a general focus on pornography use behaviors during PASG meetings. The second included the requirement for group facilitators to maintain abstinence from pornography. Even one slip would mean they could no longer remain a group facilitator. The participants raised their concerns that if an ARP facilitator had to step down because they experienced a relapse, it was a shaming experience. They expressed that the one-year sobriety goal before becoming a facilitator was excessive. The following quotes reflect these concerns:

> We had a facilitator who had a year and half of sobriety and then he made one mistake. He bowed out as the facilitator and his whole life was just in shambles. You know, instead of saying, "I made one mistake in a year and a half, repent, go back," those things kind of set up these arbitrary, "oops, you're a failure, you can't keep going."

In regard to the one-year sobriety requirement for facilitators a participant stated:

> Perhaps they should ease off on those requirements to have a full year of sobriety. If you have six months you have a feel for what it feels like to be in recovery and perhaps you can make a facilitator.

Lastly, a group leader said:

> I also realized that the facilitator that we lost I loved so much. I think she didn't come because she relapsed so we had to release her from being a facilitator. And then, I think there's too much embarrassment because everyone in the group is used to her being the facilitator and all of the sudden she can't be the facilitator anymore and everyone is wondering why. It is very embarrassing. It's very humbling. If you're not ready to go to that place where you are humble enough to come back and say, "yeah I had a problem. I did relapse and it's embarrassing." I think we lose people to relapse just because it's embarrassing, they might have been coming for a long time, and you think they're doing really well and then they have a relapse and they're just too embarrassed to come back. It might be a few months down the road and maybe they will come back but they're kind of back down to a different place in their lives.

Beyond the shame that facilitators may experience, general PASG meeting participants were prone to experience shame if their PPU behaviors were compared among each other. One participant said, "I did not always like to say the number of days because sometimes it wasn't very long compared to others. I didn't like comparing myself to others and the shame and all that."

Relationships Between Themes

The four broad macro level themes of perspective shifts, interpersonal connectedness, spiritual processes and outcomes painted an interactive picture of the experience of PASG meeting participants. The themes unified in their interaction around the participants' efforts in establishing healthy connections with self, others, God, and their problems. For example, the perspective shifts occurred due to the primary process themes under interpersonal connectedness.

It appeared that the catalyst for the perspective changes and the reduction in shame came from the connections they made with others as they engaged in honest, revealing, and supportive relationships in PASG meetings. The member-to-member cohesion was an essential process of the PASG meetings. This finding suggests that any efforts to enhance that cohesion would contribute to helpful outcomes. Thus, the ability to engage in more "cross-talk" during these PASG meetings seems helpful, but currently it appears that is not emphasized in these meetings. Furthermore, perspective shifts and interpersonal connectedness themes related to the theme of shame. Reducing shame was facilitated through honest sharing and accepting responses that they received from each other that seemed to validate them. A bi-product of this open and honest environment was increased self-compassion. The interpersonal connectedness was a significant contributor to the spiritual nature of the PASG meetings. The experience of being in a setting where people are honest, supportive, and affirming built a strong sense of cohesion. That connection with others engendered a sense of being in touch with feelings they described as spiritual. These spiritual feelings included being inspired, feeling like they were worth something, that conversations felt sacred, and that they were uplifted. The spiritual nature of meetings also appeared related to increased self-compassion. However, based on our analysis we were not able to determine if the increase in self-compassion preceded the spiritual feeling of the group or whether the spiritual feelings experienced in the group helped foster self-compassion.

The four macro themes appeared to have a sequential interaction. Shame was a primary concern when participants began attending PASG meetings. As participants developed connectedness with other group members, group leaders, and with God, a sense of cohesion emerged which fostered a sacred or spiritual quality in the PASG meetings. As a result

participants changed how they viewed themselves, diminishing their critical evaluations of themselves, and they put more emphasis on commitment to their values, examining PPU causes, and wanting to more honest and decreased their focus on pornography use behaviors.

Discussion

The purpose of this study was to identify the perceived outcomes and processes of the LDS ARP PASG meetings. While the ARP is an LDS-sponsored program, this research may also shed light on how a 12-step support group may benefit other conservative religious individuals with PPU concerns. An understanding of the ARP PASG meetings is intended to help those who sponsor these type of programs, those who refer individuals to these type of programs, and those who research treatment approaches for conservative religious individuals with PPU concerns.

The most impactful process that occurs at ARP PASG meetings is member-to-member cohesion. Member-to-member cohesion creates a climate for reducing the shame associated with PPU, increasing self-compassion, and reducing critical thoughts about self. It is the milieu that creates the spiritual atmosphere participants reported. Religious individuals who perceive themselves as having a pornography addiction experience increased shame in comparison to non-religious individuals (Volk et al., 2016), largely due to the belief they are violating important standards. The transition from shame to self-compassion is transformative and facilitates a different view of self and PPU concerns which leads to less distress and a more honest assessment of self. Cohesion and support were also facilitated at member-to-leader level and a member-to-sponsor level. The significance of group cohesion's role in positive outcomes in treatment of PPU is not surprising given that small group psychotherapy research has established that cohesion is one of the most important and helpful therapeutic processes and is strongly

related to positive therapy outcomes (Burlingame, Fuhriman, & Johnson, 2004; Johnson, Burglingame, Olsen, Davies, & Gleave, 2005; Yalom & Leszca, 2005). Those who sponsor 12-step support groups for individuals with PPU concerns need to attend to how they will facilitate member-to-member cohesion, since it is essential to important group outcomes. While current PASG meetings produce helpful levels of cohesion among its members, our study found that cohesion may be further facilitated by encouraging cross-talk in meetings. This may be fostered by the way seating for group allows for greater face-to-face interactions and by making time for adequate unstructured sharing with one another, that is driven by the needs of group members.

Participants reported that PASG meetings help decrease shame, which helps them cope with the cultural forces that impact their view of self. These broader cultural forces even play out in PASG meetings. PASG meetings tend to help participants decrease their emphasis on pornography use behaviors. Yet, the addiction model used in PASG meetings and the focus on avoiding relapse, may contribute to increased shame, if people feel punished or embarrassed when relapse occurs. The fact that leaders may lose their ability to lead, even if they have only had one relapse event, can turn into a shaming experience. Elder Dallin Oaks (2015), a leader in The Church of Jesus Christ of Latter-day Saints, recently challenged the addiction model for PPU and pointed out inherent problems (e.g., decreased sense of agency, decreased hope, and increased shame) in maintaining the polarity of avoidance and identification as an addiction. If LDSFS considered dropping an addiction model in PASG meetings and instead framed the group as a general non-12-step support group they could limit participants' self-identification as a pornography addict which contributes to general psychological distress and shame (Bradley et al., 2016; Volk et al., 2016). It would be helpful to consider the language used and endorsed at these support groups (e.g., relapse, recovery, addiction, addict, addicted, user). Another related

adjustment that would address the issue of shame in PASG meetings includes changing the behavioral requirement for PASG meeting facilitators (requiring abstinence for a year and even one slip leads to loss of facilitator privilege). The PASG meetings in their current state do seem to help participants increase their self-compassion and change their focus away from pornography use behaviors and reduce distress. Our suggestions are provided as a way to enhance these helpful processes and outcomes.

The 12-step adapted model produced by LDS-FS adapts both an addiction and spiritual model for the LDS ARP. The spiritual aspects of PASG meetings are central to the processes and outcomes reported by participants. Participants talked about the sacred nature of PASG meetings in several ways. They mentioned that the spirit was present in meetings as well as having general spiritual moments in meetings. Some even reported that PASG meetings felt more spiritual than formal church meetings or attendance in LDS temples. Much of what was experienced as spiritual in these meetings was the honest sharing and caring present in the meeting. Pargament (2011) wrote of the importance of the sacred in integrating spirituality in psychotherapy. Researchers have found that important moments in therapy that are viewed as sacred by clients and therapists are associated with therapeutic gains for the client and a greater therapeutic relationship between client and therapist (Pargament, Lomax, McGee, & Gran, 2014). Participants reported sacred qualities of PASG meetings that were beneficial for them and their PPU concerns. These qualities include a sense of transcendence, ultimacy, boundlessness, interconnectedness, and spiritual emotions (Pargament et al., 2014). We are not suggesting that PASG meetings be designed as another form of worship. We are saying that the processes that facilitate spiritual feelings are strongly related to positive outcomes and were generated because members feel understood, supported, not judged, and very connected to one

another. Further understanding of how sacred qualities in PASG meetings or other therapeutic settings impact individuals with PPU concerns seems especially relevant for those working with individuals with PPU concerns.

Areas of further research that would be of interest to those who sponsor 12-step support groups, those who refer individuals to these programs, and those who work with individuals with PPU concerns include research comparing the PASG meetings with other therapeutic options (e.g., non-12-step general support groups and acceptance and commitment therapy based treatments). Such research may be prompted by specific questions such as: Which mode of therapy includes the most helpful types and amounts of processes for an individual struggling with PPU? Would other non-12-step treatment options include the strength of spiritual integrations? What impact do any of these treatment options have on behavior? Is it helpful or harmful to track PPU behaviors? Should individuals focus on their PPU behaviors, causes, or both?

One limitation of this study is the predominantly male participants. The study only included three females. It is unclear if the ratio of female to male in this sample is equal to that same ratio for those who participate in PASG meetings at-large. While the researchers did not have access to male/female participation ratios, from our experience it seems that PASG meetings are mostly populated with males. This data represents a male perspective with limited perspective from female participants from PASG meetings. From our limited sample of female participants, it appears that they are not taken seriously as individuals with PPU concerns. This may be one factor affecting the lack of representation of women in PASG meetings. Another limitation, due likely to where the samples were generated, was the average age of participants (mean age) is likely younger than might be expected in other PAGS meetings. There appeared to

be some differences by ages, such as the significance of religious milestones for older participants, so generalizing these results to older participants must be done with some caution. Lastly, participants were interviewed for a single one-hour interview which may have produced limited depth in understanding the processes and outcomes of the PASG meetings as well as their connections.

In summary, it appears that effective PASG meetings consist of deep connections at a member-to-member level and involve shifting the focus from just a behavioral orientation to a focus on the state of their hearts and the way they live their lives in a more honest and value consistent manner. Success was facilitated as individuals moved from a shame-based approach to their problems to a more self-compassionate view of themselves that allowed them to more fully value the gift of grace and the love of deity, given that this was a religiously-based population. This experience was described as spiritual and healing and led them to think of their issue well-beyond just stopping an unwanted behavior.

References

Bradley, D. F., Grubbs, J. B., Uzdavines, A., Exline, J. J., & Pargament, K. I. (2016). Perceived addiction to internet pornography among religious believers and nonbelievers. *Sexual Addiction & Compulsivity*, *23*(2-3), 225-243.

Burlingame, G. M., Fuhriman, A., & Johnson, J. E. (2004). Process and outcome in group counseling and psychotherapy. In Delucia-Waack, J., Kalodner C., Riva, M. (Eds.), *Handbook of Group Counseling and Psychotherapy* (pp. 49-61). London: Sage.

Garcia, F. D., Assumpção, A. A., Malloy-diniz, L., De Freitas, A. A. C., Delavenne, H., & Thibaut, F. (2016). A comprehensive review of psychotherapeutic treatment of sexual addiction. *Journal of Groups in Addiction & Recovery*, *11*(1), 59-71.

Gergen, K. J. (2009). *Relational being: Beyond self and community*. New York, NY: Oxford University Press.

Grubbs, J. B., Exline, J. J., Pargament, K. I., Hook, J. N., & Carlisle, R. D. (2015). Transgression as addiction: Religiosity and moral disapproval as predictors of perceived addiction to pornography. *Archives of Sexual Behavior*, *44*(1), 125-136.

Halpern, A. L. (2011). The proposed diagnosis of hypersexual disorder for inclusion in DSM-5: Unnecessary and harmful. *Archives of Sexual Behavior*, *40*(3), 487-488.

Hilton, D. L. (2013). Pornography addiction-a supranormal stimulus considered in the context of neuroplasticity. *Socioaffective Neuroscience & Psychology*, 3(1), 20767.

Hilton, D., & Watts, C. (2011). Pornography addiction: A neuroscience perspective. *Surgical Neurology International*, *2*(1), 19-27.

Johnson, J. E., Burlingame, G. M., Olsen, J. A., Davies, D. R., & Gleave, R. L. (2005). Group climate, cohesion, alliance, and empathy in group psychotherapy: Multilevel structural equation models. *Journal of Counseling Psychology*, *52*(3), 310–321.

Kafka, M. P. (2009). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, *39*(2), 377-400.

Kafka, M. P., & Krueger, R. B. (2011). Response to Moser's (2010) critique of hypersexual disorder for DSM-5. *Archives of Sexual Behavior*, *40*(2), 231-232.

Kor, A., Fogel, Y. A., Reid, R. C., & Potenza, M. N. (2013). Should hypersexual disorder be classified as an addiction? *Sexual Addiction & Compulsivity*, *20*(1-2), 27-47.

Kvale, S., & Brinkmann, S. (2009). *Interview: Learning the craft of qualitative research interviewing*. London: Sage.

Levin, M. E., Lillis, J., & Hayes, S. C. (2012). When is online pornography viewing problematic among college males? Examining the moderating role of experiential avoidance. *Sexual Addiction & Compulsivity*, *19*(3), 168-180.

Levinas, I. (2002). *Otherwise than being: Or beyond essence* (A. Lingis, Trans.). Pittsburgh, PA: Duquesne University Press.

McKenzie, J., Jackson, A. P., Yazzie, R., Smith, S. A., Crotty, A. K., Baum, D., & Eldridge, D. B. L. (2013). Career dilemmas among Diné (Navajo) college graduates: An exploration of the Dinétah (Navajo Nation) brain drain. *International Indigenous Policy Journal*, *4*(4), 1-17. Retrieved from: http://ir.lib.uwo.ca/iipj/vol4/iss4/5

Moser, C. (2011). Hypersexual disorder: Just more muddled thinking. *Archives of Sexual Behavior*, *40*(2), 227-229.

Moser, C. (2013). Hypersexual disorder: Searching for clarity. *Sexual Addiction & Compulsivity*, *20*(1-2), 48-58.

Oaks, D. (2005). Pornography. https://www.lds.org/general-conference/2005/04/pornography?lang=eng&_r=1

Oaks, D. (2015). Recovering from the trap of pornography. https://www.lds.org/ensign/2015/10/recovering-from-the-trap-of-pornography?lang=eng

Oliver, K. (2001). *Witnessing: Beyond recognition*. Minneapolis, MN: University of Minnesota Press.

Pargament, K. I. (2011). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. New York, NY: Guilford Press.

Pargament, K. I., Lomax, J. W., McGee, J. S., & Fang, Q. (2014). Sacred moments in psychotherapy from the perspectives of mental health providers and clients: Prevalence, predictors, and consequences. *Spirituality in Clinical Practice*, *1*(4), 248-262.

Prause, N., Steele, V. R., Staley, C., Sabatinelli, D., & Hajcak, G. (2015). Modulation of late positive potentials by sexual images in problem users and controls inconsistent with "porn addiction." *Biological Psychology*, *109*(1), 192-199.

Reid, R. C. (2013). Personal perspectives on hypersexual disorder. *Sexual Addiction & Compulsivity*, *20*(1-2), 4-18.

Reid, R. C., & Kafka, M. P. (2014). Controversies about hypersexual disorder and the DSM-5. *Current Sexual Health Reports*, *6*(4), 259-264.

Sidorkin, A. M. (1999). *Beyond discourse: Education, the self, and dialogue*. Albany, NY: State University of New York Press.

Sumerau, J. E., & Cragun, R. T. (2015a). 'Don't push your immorals on me': Encouraging anti-porn advocacy in The Church of Jesus Christ of Latter-Day Saints. *Sexualities*, *18*(1-2), 57-79.

Sumerau, J. E., & Cragun, R. T. (2015b). "Avoid that pornographic playground": Teaching pornographic abstinence in The Church of Jesus Christ of Latter-day Saints. *Critical Research on Religion*, *3*(2), 168-188.

The Church of Jesus Christ of Latter-day Saints (2015). Group leader and facilitator training. Retrieved from https://addictionrecovery.lds.org/volunteers/addiction-recovery-program-training?lang=eng on January 29, 2015.

The Church of Jesus Christ of Latter-day Saints (2016). Addiction recovery program. Retrieved from https://addictionrecovery.lds.org/?lang=eng

Thomas, J. N. (2016). The development and deployment of the idea of pornography addiction within American evangelicalism. *Sexual Addiction & Compulsivity*, *23*(2-3), 182-195.

Twohig, M. P., & Crosby, J. M. (2010). Acceptance and commitment therapy as a treatment for problematic internet pornography viewing. *Behavior Therapy*, *41*(3), 285-295.

Twohig, M. P., Crosby, J. M., & Cox, J. M. (2009). Viewing Internet pornography: For whom is it problematic, how, and why? *Sexual Addiction & Compulsivity*, *16*(4), 253-266.

Volk, F., Thomas, J., Sosin, L., Jacob, V., & Moen, C. (2016). Religiosity, developmental context, and sexual shame in pornography users: A serial mediation model. *Sexual Addiction & Compulsivity*, *23*(2-3), 244-259.

Wakefield, J. C. (2012). The DSM-5's proposed new categories of sexual disorder: The problem of false positives in sexual diagnosis. *Clinical Social Work Journal*, *40*(2), 213-223.

Winters, J. (2010). Hypersexual disorder: A more cautious approach. *Archives of Sexual Behavior*, *39*(3), 594-596.

Yalom, I.D., & Leszcz, M. (2005). *Theory and practice of group psychotherapy*. New York: Basic Books.

Zimmermann, J. (2015). *Hermeneutics: A very short introduction*. New York: Oxford University Press.

APPENDIX A

Review of the Literature

In a U.S. nationally representative probability survey of 2,021 adults 82% of men and 60% of women reported watching sexually explicit videos or DVDs at some time in their life (Herbenick et al., 2017). That same study found that 79% of men and 54% of women had looked through a sexually explicit magazine at some time in their life while 57% of both men and women had read erotic stories at some time in their life (Herbenick et al., 2017). Another study sampling 813 university students across the U.S. found that 67% of young men and 49% of young women agreed that viewing pornography is acceptable (Carroll et al., 2008). While many individuals view sexually explicit material or agree that viewing such material is acceptable, others do not. Members of the Church of Jesus Christ of Latter-day Saints (LDS), a Christian religion, are taught that pornography use is not in accord with Christian values, objectifies women/men, and is a form of infidelity (Oaks, 2005). Yet, some members find themselves participating in some level of pornography viewing with potential concerns such as guilt, shame, or difficulty ceasing pornography use behaviors. Research shows that an incongruence between one's moral beliefs and pornography use behaviors (moral incongruence) is associated with greater distress around internet pornography usage, greater psychological distress in general, among other concerns (Grubbs & Perry, 2018). To address some of these concerns LDS-Family Services (LDS-FS), an organization belonging to The Church of Jesus Christ of Latter-day Saints that provides mental health services to members of the LDS church, sponsors a program called the Addiction Recovery Program. The ARP holds 12-step adapted support groups for individuals with substance abuse problems, eating disorders, and pornography viewing concerns. The group with individuals who have pornography concerns are called Pornography Addiction

Support Group (PASG) meetings. The ARP is a world-wide program that expands as needs of the LDS church emerge. To date, no published research has been performed to evaluate any aspect of the LDS ARP, its process, its outcomes, or its efficacy. Additionally, holding 12-step support groups for clients with pornography viewing concerns seems to be a new utilization of 12-step groups. Thus, this study focuses on studying these ARP PASG meetings.

As the ARP provides support groups for individuals with problematic pornography use (PPU) concerns it would be helpful to review the literature about a proposed DSM disorder, Hypersexuality Disorder (HD). HD has been the frontrunner conceptualization for excessive or compulsive non-paraphilic sexual concerns. As will be described further in this review, problems related to viewing pornography and its many conceptualizations fall best under the framework provided with HD.

Hypersexual Disorder in DSM-V

In 2009, Kafka performed a data review and proposed HD for inclusion in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). HD is described as "recurrent and intense sexual fantasies, sexual urges, or sexual behaviors," and includes a specification of the primary behavioral concerns: masturbation, pornography use, sexual behavior with consenting adults, cybersex, telephone sex, strip clubs, or other (Kafka, 2009). HD was initially proposed in the literature in 2001, with similar criterion, as a Nonparaphilic Hypersexual Disorder (Kafka, 2001). In response to the proposal (Kafka, 2009) a field study was performed assessing patients (N = 207), who were seeking help for hypersexual behaviors among other psychiatric concerns, for HD (Reid et al., 2012). This study showed high inter-rater reliability and high validity for HD criteria (Reid et al., 2012). Yet, HD was excluded from the DSM-V for the following reasons: lack of established sexual behavioral norms

(Winters, 2010), issues with false positives (Wakefield, 2012), potential increase of harm for those given HD diagnoses (Moser, 2013), potential for forensic abuse (Halpern, 2011), clear understanding between individuals what is considered pornographic (Willoughby & Busby, 2016), and general criticisms from those with differing theoretical approaches (Kafka & Krueger, 2011; Moser, 2011; Moser, 2013; Reid & Kafka, 2014). While HD was excluded from the DSM-V it still illuminates some significant clinical concerns for those whose sexual behaviors conflict with their values (Reid, 2013). Researchers have proposed alternative non-pathologizing ways to navigate HD within the current DSM-V (Kafka, 2014). Before HD can be considered as a diagnosable disorder further research is needed to understand and validate HD as well as address the implications that might arise with this diagnosis (Kafka, 2013). Interestingly, research done by Reid et al. (2012) found that pornography use (PU) concerns or the viewing of visual sexual stimuli concerns to be the most reported sexual concern among HD related concerns. Thus, the exploration of PU concerns and PU conceptualizations in the literature may have merit. Not only is there debate on creating a HD diagnosis, there are a variety of opinions regarding whether pornography use (PU) is a beneficial behavior or a behavior that promotes harm and negative effects and when it might be helpful or harmful in various conditions and with different populations. Attitudes regarding PU have changed significantly over time as views of sexuality have shifted, demonstrating the power of culture in determining what is considered problematic, normal, or even helpful.

Pornography Use and Culture

The issue of pornography, or sexually explicit viewing material, is part of an ongoing cultural debate. This debate in the USA has ebbed and flowed since the Civil War, including ideological splits of morality, sexuality, and gender (Meyerowitz, 1996). However, the issue of

what is pornographic and what should be available for public consumption has been a societal issue dating further back in time (Hyde, 1965). Probably the largest influence and most dramatic shift in this ongoing cultural debate over pornography use has been the emergence of the internet, creating private and anonymous ways to view pornography (Coopersmith, 1998; Cunningham-Engram, Guffey, & Smith, 2009). Internet pornography (IP) has now made pornography accessible to anyone with internet access across a wide range of devices (e.g., smart phones, laptops, tablets). Research shows that individuals born in the 1980s and onward tend to use porn more than those born prior to 1980, likely due to the emergence of the internet (Price, Patterson, Regnerus, & Walley, 2016). With the increase in accessibility to IP there seems to be an increase in response from political, religious, anti-pornography advocacy groups, and academic groups in the world. In April 19, 2016, Time magazine released an online article reporting on the Utah Governor's declaration of pornography as a public health crisis (Chan, 2016). Recently, the United States Republican Party also declared IP to be a public health crisis (Kopan, 2016). A total of 12 U.S. states have taken measures to declare pornography as a public health crisis (Holcombe, 2019). Some corporations are also addressing the issue of IP. For example, McDonald's is adding filters to internet in stores in the USA to block their customers from accessing IP (Isidore, 2016). The declaration of IP as a public health crisis and even the actions of some corporations to limit access to IP is based on multiple factors and not just a moral standard. However, others are skeptical of the multiple declarations of pornography as a public health crisis (Howard, 2016). The cultural aspects of pornography also seem to be displayed in research literature.

Researchers have found or implied negative effects of PU at both an individual and societal level. Adverse impacts of PU may include relationship problems (Lambert, Negash,

Stillman, Olmstead, & Fincham, 2012), marital and family concerns (Doran & Price, 2014; Fagan, 2009; Ford, Durtschi, & Franklin, 2012; Perry, 2016; Pyle & Bridges, 2012; Zillmann & Bryant, 1988), harm to adolescents (Bryant, 2010), aggression (Rothman, Kaczmarsky, Burke, Jansen, & Baughman, 2015), negative body image concerns (Tylka, 2015), various sexual dysfunctions (Park et al., 2016), and neurobiological changes/damage (Hilton & Watts, 2011). Hypersexuality has been found to be negatively related to measures of spiritual adjustment such as religious coping and seeking help from a friend or God (Karaga, Davis, Choe, & Hook, 2016). Some research (Hilton & Watts, 2011) has labeled PU as problematic and harmful by stating that when PU becomes a behavioral addiction it has costs to the individual and beyond. However, this appears to be an overreach lacking any significant evidence to back claims of PU causing brain damage or leading to addiction. Other research has found that the relationship between depression and pornography use increases with men whose pornography use is incongruent with their moral beliefs (Perry, 2018b). This shows a negative impact of pornography use but only if it produces a moral incongruence. Additionally, claims that PU instigates aggression in the wider culture (Rothman et al., 2015) was based on qualitative data, thus lacking the ability to make wide generalized claims of adverse effects of PU. However, it seems clear that PU may have the power to shape sexual norms and is an issue of gender and power (Gorman, Monk-Turner, & Fish 2010). Whether pornography viewing is a health crisis or problematic is still being examined and the research is inconclusive as to its overall effect and is not sophisticated enough to answer when it can be helpful, when it might be problematic and for whom.

Some researchers have highlighted some of the benefits of PU. These include sexual psychoeducation (McKee, 2007; Rhoades, 2007), sexual normalization, an increase of sexual arousal, increased sexual satisfaction for women (Poulsen, Busby, & Galovan, 2013), improved

sleep, and stress relief (Baltazar, Helm, McBride, Hopkins, & Stevens, 2010). Others criticize the use of pornography as an appropriate tool for sexual psychoeducation and claim that it creates violent and coercive sexual attitudes, and assert that it is not age appropriate for children (Flood, 2009). This would be concerning because some IP includes themes of violence, coercion, and aggression. However, Ferguson and Hartley (2009) have found that pornography consumption is not positively related to sexual aggression and that it is inversely related with rape rates. Further research supports that pornography use is not positively related with sex crimes (Diamond, 2009). It has also been found that pornography consumption influences an individual's sexual script in that the more pornography someone uses the more likely they are to use porn during sex, request specific sex acts with their partner, conjure images from porn during sex to maintain arousal, and have arousal and body image concerns (Sun, Bridges, Johnson, & Ezzell, 2016). This impact of sexual scripts also appears to lead to more frequent pornography viewing and "hooking up" (Braithwaite, Coulson, Keddington, & Fincham, 2015). Other research shows similar results in that exposure to pornography is related to an increase in casual sex behaviors, impacting an individual's sexual script (Wright, 2012). Further, research has found that younger, less religious, and non-white women tend to view pornography more than other women and that those women engage in sexual behaviors such as extramarital sex, adult premarital sex, and teenage sex (Wright, Bae, & Funk, 2013). Pornography use appears to be associated with various "liberal" sexual behaviors but does not appear related to sex crimes or other harmful behaviors. While both benefits and problems with PU have been discussed in the literature a complex and controversial picture is painted, that suggests the need for a more nuanced view of when and if pornography can be useful and when it is problematic. It is clear that the issue of PU seems to be a battle of morals, beliefs, and politics. The acceptability and

values around PU are impacted by the culture around them and currently there is a diversity of beliefs about IP.

Pornography Use and Religiosity

Conservative religious individuals tend to have greater opposition towards pornography (Perry, 2018a). Research has shown that religious individuals view pornography less than non-religious individuals (Short, Kasper, & Wetterneck, 2015). While it may be assumed that religious individuals have a higher social desirability bias when reporting pornography use recent research found that religious individuals do not have a higher social desirability bias than the irreligious when reporting pornography use (Rasmussen, Grubbs, Pargament, & Exline, 2018). Ironically, other research shows that states with more Evangelical Protestants, theists, and biblical literalists demonstrate higher google search frequencies of the word *porn* (Whitehead & Perry, 2018). The researchers offered several possible explanations for their results. First, religious individuals may use internet pornography as an individual outlet within a group cultural and moral context that prohibits various forms of sexual expression. Second, children of religious individuals may explain the higher internet search rates. Children of religious individuals may lack sex education. Third, because religious individuals evaluate pornography usage more negatively they may go through cycles of binging and abstinence from pornography. Previous research also demonstrated an association with state-level religiosity and general searching for sexual content (MacInnis & Hodson, 2016).

Some research demonstrates that pornography use may damage an individual's religiosity. Individuals who view pornography report more doubt with their religion, lower prayer frequency, lower religious service attendance, perceived closeness to God, and less religious salience (Perry, 2016; Perry & Hayward, 2017). Further, individuals who view

pornography spend less religious social time with their children, thus threatening the passing on of religious tradition to children (Perry, 2015). Considering this research and the fact that religious people do view pornography religious individuals and organizations are likely concerned with the impacts that pornography consumption may have on individuals and society.

Pornography Addiction

Attempts to identify and classify sexual concerns that may be problematic has proven to be controversial (Hilton, 2013; Twohig & Crosby, 2010). HD, has largely been tied to the use of an addiction model (Hilton, 2013; Kor, Fogel, Reid, & Potenza, 2013). Beginning in the early 1980's concerns related to pornography usage were frequently conceptualized using an addiction model (Thomas, 2016). The view of pornography as an addiction has gained traction with religious groups, specifically Christian groups (Sumerau & Cragun, 2015a; Sumerau & Cragun, 2015b; Thomas, 2016) despite research indicating that PU concerns seem to differ from substance addiction models (Prause, Steele, Staley, Sabatinelli, & Hajcak, 2015). Research from a U.S. nationally representative sample of 2,279 adults indicated that greater religious service attendance and frequency of prayer predict American men's affirmation that viewing pornography is always morally wrong despite those individuals viewing sexually explicit material in the previous year (Perry, 2018a). This demonstrates that engagement in religious services and prayer inform how religious men believe about pornography. Other research indicates that religious people in general seem to have high levels of opposition to pornography and lower levels of pornography acceptance (Grubbs, Sessoms, Wheeler, & Volk, 2010). Such attitudes may increase what researchers have referred to as a perceived addiction which is independent of actual pornography usage levels (Grubbs, Exline, Pargarment, Hook, & Carlisle,

2015; Twohig, Crosby, & Cox, 2009). Therefore, some individuals might view their IP use as an addiction and others would not.

In June of 2016, a special issue of the Journal of Sexual Addiction and Compulsivity focused on the intersection between religiosity, spirituality, and sexual addiction. Grubbs and Hook (2016) summarized research that demonstrated that higher levels of religiosity are associated with higher levels of perceived pornography addiction. Grubbs et al. (2015) studied the relationship between religiosity and a moral disapproval of pornography use. They found in two undergraduate student samples and one web-based sample that individuals who disapproved of PU were more religious. In another study based on a web user sample religious people find PU more concerning or problematic than other social issues (MacInnis & Hodson, 2016). Bradley, Grubbs, Uzdavines, Exline, and Pargament (2016) found in a sample of 713 individuals that people endorsing stronger religiosity are more susceptible to perceived addiction to internet pornography than non-religious people. Another study found that perceived pornography addiction and a moral disapproval of pornography to be positively associated with increased sexual shame (Volk, Thomas, Sosin, Jacob, & Moen, 2016). The increase in sexual shame for these individuals is problematic because other research has found that shame is related with increased hypersexuality, decreased motivation to change, and less proactive behavioral change (Gilliland et al., 2011). That same study found that the experience of guilt, not shame, was related to slightly less hypersexual behavior, an increase in motivation to change, and some proactive behavioral change (Gilliland et al., 2011). This highlights the concern that religious people are likely to have a higher susceptibility to perceived pornography addiction and are more susceptible to negative effects of their paradigms of PU. Recent research shows that identifying as a pornography addict is association with male gender, greater religiousness, greater moral

incongruence regarding porn use, and greater porn use (Grubbs, Kraus, & Perry, 2019). Recent research using a cross-sectional approach identified that perceived addiction to pornography predicted greater than average daily porn usage while longitudinally not predicting use over time (Grubbs, Wilt, Exline, & Pargament, 2018). This shows that perceived addiction to pornography is not a good indicator of behaviors or addiction. Bradley et al. (2016) found that individuals with perceived addiction to internet pornography, across believers and non-believers, possessed a mild likelihood for increased generalized psychological distress. Other research also found identification as a pornography addict was also related to increased psychological distress (Grubbs et al., 2015). Further research demonstrates that a perception of self as pornography addiction, rather than actual pornography use behaviors, increases an individual's relationship anxiety related to pornography use (Leonhardt, Willoughby, & Young-Petersen, 2018). These findings highlight the challenges that individuals with perceived pornography addiction face. Other impacts of perceived addiction to pornography include lower self-esteem, an increase in anger, and more anger directed towards God (Wilt, Cooper, Grubbs, Exline, & Pargament, 2016).

Problematic Pornography Use

Defining sexually maladaptive behaviors is strongly influenced by values individuals hold and those who believe in conservative religious values may consider some things maladaptive that other segments of society would not. Therefore, norming sexual behaviors appears problematic and the impact of viewing pornography may differ for various populations (Grubbs, Volk, Exline, & Pargament, 2015; Karaga et al., 2016). The current research is focused on a population that finds pornography viewing at almost any level to be problematic. Repeatedly viewing it, even when it goes against their norms, may lead them to believe they

have an addiction and impact their views of themselves and their ability to belong in a community of fellow believers. This study examines those who view themselves as addicted to IP viewing by their own standards and seek treatment for that addiction. We have chosen to use of the term problematic pornography use (PPU) for this population provides a validating definition, indicating a clinical concern about their pornography use, while acknowledging a general lack of consensus in what constitutes a pornography addiction. Additionally, this study acknowledges that perceived addiction to pornography is not necessarily correlated with PU. Furthermore, the term PPU provides space for the idea that for some individuals PU is still problematic and that this is generally true for religious individuals. The issue of whether PPU is an addiction is up for debate, but many of these individuals report feeling they cannot control their pornography viewing even though that behavior is discordant with their espoused values. Individuals seeking support and treatment options for PPU may seek help for potentially diverse reasons (e.g., behavioral concerns, emotional concerns, practical reasons, value-based reasons). The LDS church seemed to become more nuanced in their position on labeling PPU as an addiction. They have recently acknowledged various levels of pornography exposure and viewing and suggest that only the most frequent and repeated users who have experienced substantial consequences for their behavior may qualify their behavior as an "addiction" (Oaks, 2015). While conceptualizing PU as an addiction may be problematic and even harmful for some individuals who see themselves as addicted, it is likely these individuals will view pornography viewing as problematic and if it continues will seek help for their PPU concerns.

Treatment Approaches for PPU, Hypersexual Disorder, or Sexual Addiction

The following approaches have been used to treat sexual addictions (including PPU): cognitive-behavioral therapy (CBT), acceptance and commitment therapy (ACT), mindfulness,

gestalt therapy, task-oriented approach programs, out-of-control sexual behavior treatment protocol, psychotherapeutic stage model, group therapies, family/couples therapy, and self-help groups or 12-step programs (Garcia et al., 2016; Levin, Lillis, & Hayes, 2012; Twohig & Crosby, 2010). These treatment approaches are highly related to the ways PPU is conceptualized. Some conceptualize PPU as a neurobiological issue and treat it as a behavioral addiction (Hilton & Watts, 2011). Many researchers and clinicians conceptualize impulsive and compulsive pornography usage as an experiential avoidance behavior, with the individual avoiding unwanted sexual arousal (Wetterneck, Burgess, Short, Smith, & Cervantes, 2012). ACT approaches focus on the way clients related to their concerns and attend to self-compassion and self-acceptance and emphasize helping people identify and commit to more value-based living. Several researchers (Grubbs, Perry, Wilt, & Reid, 2018) conceptualize pornography problems with an integrate model accounting for dysregulation in pornography use behaviors as well as a moral incongruence between behaviors and moral values. In their model both a severe dysregulation in pornography use behavior and moral incongruence can create problematic pornography problems and even lead to psychological, interpersonal, and religious or spiritual distress. Others identify PPU as a sexual health problem falling between sexual disorders and sexual worries (Vigorito & Braun-Harvey, 2018). This approach seems useful as it identifies PPU as a concern without pathologizing an individual's PPU. This reframe also normalizes human sexuality which fights against shame and stigma around an individual's sexual experience.

Despite the vast amount of treatment approaches Garcia et al. (2016) state that "currently, the best practice in psychotherapeutic treatment of sexual addiction is based on a few uncontrolled studies and case reports. The level of evidence is the lowest possible and is based

mostly on expert opinion (p. 67)." Ley, Prause, and Finn (2014) criticize organizations or individuals providing treatment for "pornography addictions" without supporting evidence. However, individuals who identify PPU as a clinical concern deserve to have treatment that aligns with their values and either helps them diminish PPU behavior and/or experience less distress about the role it plays in their lives. This study evaluates a 12-step adapted program created to offer support to individuals with PPU who are mostly members of The Church of Jesus Christ of Latter-day Saints (LDS).

History of the LDS Addiction Recovery Program

The 12-step Alcoholics Anonymous model originally designed for the treatment of alcoholism has been adapted as a treatment model for numerous addictions or concerns beyond the treatment of alcoholism (Bufe, 1991; Finley, 2004). One adaptation of the Alcoholics Anonymous (AA) 12-step model was generated by lay people of the Latter-day Saint (LDS) faith and was later formalized by The Church of Jesus Christ of Latter-day Saints through their organization LDS Family Services (LDSFS). A brief history of LDS member's informal recovery groups and the transition to formal addiction support groups is provided based on personal correspondences with Douglas LeCheminant (L.C.S.W, November 25, 2014), who works for LDS-FS, a brief history of LDS member's informal recovery groups and the transition to formal addiction support groups is provided. In the late 1970's and early 1980's LDS church members who were attending AA and Narcotics Anonymous (NA) support groups requested to hold their own 12-step groups within LDS chapels separate from the mentioned organizations. Reasons for doing so included having a safe place to hold groups, the ability to be more specific about their beliefs and relationship with their "Higher Power," and a religious preference to distance self from coffee and tobacco consumption (which was considered an alternative

addiction for LDS individuals) which commonly occurs in AA and NA meetings. In the early 90's the LDS church made efforts to formalize these meetings which were being held in LDS chapels and meeting houses. This program has been called LDS Addiction Recovery Program since 2004. While most the group members were seeking support in their substance abuse concerns there were many group members struggling with PPU. As this population grew, the question of what to do with church members who presented with PPU concerns was raised. The official separation of pornography addiction groups from general addiction groups occurred in 2004. As part of the unification process LDSFS tracked the number of seats filled in each type of addiction meeting. For General Focus addiction meetings in 2004 there were 136,100 seats filled, and 1,000 of those seats were filled for Pornography Addiction Support meetings, thus.73 percent of the attendees were there for PPU. These numbers increased dramatically in the next four years and in 2008 the General Focus meetings filled 258,400 seats, while 74,500 seats were filled for Pornography Addiction Support meetings (28.8%). The dramatic increase in seats filled for ARP PASG meetings indicates increasing utilization of these support groups and points to PPU as a significant concern for some LDS people.

Format of LDS ARP

The LDS ARP meetings include group leaders, facilitators, and group members (The Church of Jesus Christ of Latter-day Saints, 2015). These meetings are divided into two portions: reading and sharing. The group leaders are LDS church volunteers who begin the meetings and lead out in reading. Reading includes the mission statement, a review of the 12-steps, and material in the LDS ARP manual specifically tailored to address one of the 12 steps. The second portion of the meetings is led by a facilitator, an appointed individual who has had a successful recovery experience defined as one year of abstinence. The facilitator leads the

sharing with their own experience, makes comments, and then opens the meeting for others to share. Group leaders and facilitators are provided an ARP Administrative Manual to assist in leading groups. While AA and similar 12-step programs incorporate sponsors to guide members through the recovery process the LDS ARP does not include an official sponsorship program. However, LDS ARP members sometimes create their own unofficial sponsorship program to guide individuals through the recovery process in conjunction with the LDS ARP.

The 12-steps of the LDS ARP are similar to the 12 steps of AA with several adjustments to align with LDS doctrine and practices. These adjustments include specifications of the concept of God to match LDS doctrine (Steps 2, 3, 5, 7, 11, & 12), specific changes to follow LDS repentance and confession practices (Step 5), broader verbiage to encompass all addictions rather than alcohol addiction (Steps 1 & 12), directing the steps towards the individual rather than the group (Steps 1-12), and slight variations in wording not mentioned previously (Steps 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, & 12; LDS Family Services, 2005; Smith, 2019; The Church of Jesus Christ of Latter-day Saints, 2015). Although the ARP PASG meetings are based on the 12-step program, it is unclear whether the helpful processes and outcomes that are reported can be attributed to adherence to the 12-step program.

References

Baltazar, A., Helm, H. W., Jr., McBride, D., Hopkins, G., & Stevens Jr, J. V. (2010). Internet pornography use in the context of external and internal religiosity. *Journal of Psychology and Theology*, *38*(1), 32-40.

Bradley, D. F., Grubbs, J. B., Uzdavines, A., Exline, J. J., & Pargament, K. I. (2016). Perceived addiction to internet pornography among religious believers and nonbelievers. *Sexual Addiction & Compulsivity*, *23*(2-3), 225-243.

Braithwaite, S. R., Coulson, G., Keddington, K., & Fincham, F. D. (2015). The influence of pornography on sexual scripts and hooking up among emerging adults in college. *Archives of Sexual Behavior*, *44*(1), 111-123.

Bryant, C. (2010). Adolescence, pornography and harm. *Youth Studies Australia*, *29*(1), 18-26.

Bufe, C. (1991). *Alcoholics Anonymous: Cult or cure?* Tucson: See Sharp Press.

Carroll, J. S., Padilla-Walker, L. M., Nelson, L. J., Olson, C. D., McNamara Barry, C., & Madsen, S. D. (2008). Generation XXX: Pornography acceptance and use among emerging adults. *Journal of Adolescent Research*, *23*(1), 6-30.

Chan, M. (2016, April 19). Utah governor declares pornography a public health crisis. *Time*. Retrieved from http://time.com/4299919/utah-porn-public-health-crisis/?iid=sr-link1

Coopersmith, J. (1998). Pornography, technology and progress. *Icon*, *4*(1998), 94-125.

Cunningham-Engram, V. G., Guffey, G. C., & Smith, K. C. (2009). The influence of technology on sexual content in mass media in the United States, China, and India. *Intercultural Communication Studies*, *18*(2), 26.

Diamond, M. (2009). Pornography, public acceptance and sex related crime: A review. *International Journal of Law and Psychiatry*, *32*(5), 304-314.

Doran, K., & Price, J. (2014). Pornography and marriage. *Journal of Family and Economic Issues*, *35*(4), 489-498.

Fagan, P. F. (2009). The effects of pornography on individuals, marriage, family and community. *Marriage and Religion Research Institute*, 1-26. Retrieved from: https://marri.us/wp-content/uploads/The-Effects-of-Pornography-on-Individuals-Marriage-Family-and-Community.pdf

Ferguson, C. J., & Hartley, R. D. (2009). The pleasure is momentary… the expense damnable?: The influence of pornography on rape and sexual assault. *Aggression and Violent Behavior*, *14*(5), 323-329.

Finley, J. R. (2004). *Integrating the 12 steps into addiction therapy: A resource collection and guide for promoting recovery*. Hoboken: John Wiley & Sons, Inc.

Flood, M. (2009). The harms of pornography exposure among children and young people. *Child Abuse Review, 18*(6), 384-400.

Ford, J. J., Durtschi, J. A., & Franklin, D. L. (2012). Structural therapy with a couple battling pornography addiction. *The American Journal of Family Therapy*, *40*(4), 336-348.

Garcia, F. D., Assumpção, A. A., Malloy-diniz, L., De Freitas, A. A. C., Delavenne, H., & Thibaut, F. (2016). A comprehensive review of psychotherapeutic treatment of sexual addiction. *Journal of Groups in Addiction & Recovery*, *11*(1), 59-71.

Gilliland, R., South, M., Carpenter, B. N., & Hardy, S. A. (2011). The roles of shame and guilt in hypersexual behavior. *Sexual Addiction & Compulsivity*, *18*(1), 12-29.

Gorman, S., Monk-Turner, E., & Fish, J. N. (2010). Free adult Internet web sites: How prevalent are degrading acts? *Gender Issues*, *27*(3-4), 131-145.

Grubbs, J. B., Exline, J. J., Pargament, K. I., Hook, J. N., & Carlisle, R. D. (2015). Transgression as addiction: Religiosity and moral disapproval as predictors of perceived addiction to pornography. *Archives of Sexual Behavior*, *44*(1), 125-136.

Grubbs, J. B., & Hook, J. N. (2016). Religion, spirituality, and sexual addiction: A critical evaluation of converging fields. *Sexual Addiction & Compulsivity*, *23*(2-3), 155-166.

Grubbs, J. B., Kraus, S. W., & Perry, S. L. (2019). Self-reported addiction to pornography in a nationally representative sample: The roles of use habits, religiousness, and moral incongruence. *Journal of Behavioral Addictions*, 8(1), 88-93.

Grubbs, J. B., & Perry, S. L. (2018). Moral incongruence and pornography use: A critical review and integration. *The Journal of Sex Research*, 56(1), 29-37.

Grubbs, J. B., Perry, S. L., Wilt, J. A., & Reid, R. C. (2018). Pornography problems due to moral incongruence: An integrative model with a systematic review and meta-analysis. *Archives of Sexual Behavior*, *48*(2), 397-415.

Grubbs, J. B., Sessoms, J., Wheeler, D. M., & Volk, F. (2010). The Cyber-Pornography Use Inventory: The development of a new assessment instrument. *Sexual Addiction & Compulsivity*, *17*(2), 106-126.

Grubbs, J. B., Volk, F., Exline, J. J., & Pargament, K. I. (2015). Internet pornography use: Perceived addiction, psychological distress, and the validation of a brief measure. *Journal of Sex & Marital Therapy*, *41*(1), 83-106.

Grubbs, J. B., Wilt, J. A., Exline, J. J., & Pargament, K. I. (2018). Predicting pornography use over time: Does self-reported "addiction" matter? *Addictive Behaviors*, *82*(1), 57-64.

Halpern, A. L. (2011). The proposed diagnosis of hypersexual disorder for inclusion in DSM-5: Unnecessary and harmful. *Archives of Sexual Behavior*, *40*(3), 487-488.

Herbenick, D., Bowling, J., Fu, T. C. J., Dodge, B., Guerra-Reyes, L., & Sanders, S. (2017). Sexual diversity in the United States: Results from a nationally representative probability sample of adult women and men. *PloS One*, *12*(7), e0181198.

Hilton, D. L. (2013). Pornography addiction-a supranormal stimulus considered in the context of neuroplasticity. *Socioaffective Neuroscience & Psychology*, 3(1), 20767.

Hilton, D., & Watts, C. (2011). Pornography addiction: A neuroscience perspective. *Surgical Neurology International*, *2*(1), 19-27.

Holcombe, M. (2019, February 9). Arizona considers calling porn a public health crisis. *CNN*. Retrieved from https://www.cnn.com/2019/02/09/health/arizona-porn-public-health/index.html

Howard, J. (2016, July 15). Republicans are calling porn a 'public health crisis," but is it really? *CNN*. Retrieved from http://www.cnn.com/2016/07/15/health/porn-public-health-crisis/index.html

Hyde, H. M. (1965). *A history of pornography*. London, UK: Heinemann.

Isidore, C. (2016, July 15). Starbucks and McDonald's move to block porn from their Wi-Fi networks. *CNN*. Retrieved from http://money.cnn.com/2016/07/15/news/companies/starbucks-mcdonalds-wifi-porn/index.html

Kafka, M. P. (2001). The paraphilia-related disorders: A proposal for a unified classification of nonparaphilic hypersexuality disorders. *Sexual Addiction &Compulsivity: The Journal of Treatment and Prevention*, *8*(3-4), 227-239.

Kafka, M. P. (2009). Hypersexual disorder: A proposed diagnosis for DSM-V. *Archives of Sexual Behavior*, *39*(2), 377-400.

Kafka, M. P. (2013). The development and evolution of the criteria for a newly proposed diagnosis for DSM-5: Hypersexual disorder. *Sexual Addiction & Compulsivity*, *20*(1-2), 19-26.

Kafka, M. P. (2014). What happened to hypersexual disorder? *Archives of sexual behavior*, *43*(7), 1259.

Kafka, M. P., & Krueger, R. B. (2011). Response to Moser's (2010) critique of hypersexual disorder for DSM-5. *Archives of Sexual Behavior*, *40*(2), 231-232.

Karaga, S., Davis, D. E., Choe, E., & Hook, J. N. (2016). Hypersexuality and religion/spirituality: A qualitative review. *Sexual Addiction & Compulsivity*, *23*(2-3), 167-181.

Kopan, T. (2016, July 11). GOP platform draft declares pornography 'public health crisis.' *CNN*. http://www.cnn.com/2016/07/11/politics/gop-platform-republican-convention-internet-pornography/index.html

Kor, A., Fogel, Y. A., Reid, R. C., & Potenza, M. N. (2013). Should hypersexual disorder be classified as an addiction? *Sexual Addiction & Compulsivity*, *20*(1-2), 27-47.

Lambert, N. M., Negash, S., Stillman, T. F., Olmstead, S. B., & Fincham, F. D. (2012). A love that doesn't last: Pornography consumption and weakened commitment to one's romantic partner. *Journal of Social and Clinical Psychology*, *31*(4), 410.

LDS Family Services. (2005). Addiction recovery program: A guide to addiction recovery and healing. Salt Lake City, UT: The Church of Jesus Christ of Latter-day Saints.

Leonhardt, N. D., Willoughby, B. J., & Young-Petersen, B. (2018). Damaged goods: Perception of pornography addiction as a mediator between religiosity and relationship anxiety surrounding pornography use. *The Journal of Sex Research*, *55*(3), 357-368.

Levin, M. E., Lillis, J., & Hayes, S. C. (2012). When is online pornography viewing problematic among college males? Examining the moderating role of experiential avoidance. *Sexual Addiction & Compulsivity*, *19*(3), 168-180.

Ley, D., Prause, N., & Finn, P. (2014). The emperor has no clothes: A review of the 'pornography addiction' model. *Current Sexual Health Reports*, *6*, 94-105.

MacInnis, C. C., & Hodson, G. (2016). Surfing for sexual sin: Relations between religiousness and viewing sexual content online. *Sexual Addiction & Compulsivity*, *23*(2-3), 196-210.

McKee, A. (2007). 'Saying you've been at dad's porn book is part of growing up': Youth, pornography and education. *Metro Magazine: Media & Education Magazine*, *2007*(155), 118-122.

Meyerowitz, J. (1996). Women, cheesecake, and borderline material: Responses to girlie pictures in the mid-twentieth-century US. *Journal of Women's History*, *8*(3), 9-35.

Moser, C. (2011). Hypersexual disorder: Just more muddled thinking. *Archives of Sexual Behavior*, *40*(2), 227-229.

Moser, C. (2013). Hypersexual disorder: Searching for clarity. *Sexual Addiction & Compulsivity*, *20*(1-2), 48-58.

Oaks, D. (2005). Pornography. https://www.lds.org/general-conference/2005/04/pornography?lang=eng&_r=1

Oaks, D. (2015). Recovering from the trap of pornography. https://www.lds.org/ensign/2015/10/recovering-from-the-trap-of-pornography?lang=eng

Park, B. Y., Wilson, G., Berger, J., Christman, M., Reina, B., Bishop, F., ... & Doan, A. P. (2016). Is Internet pornography causing sexual dysfunctions? A review with clinical reports. *Behavioral Sciences*, *6*(17), 3434-3442.

Perry, S. L. (2015). Pornography consumption as a threat to religious socialization. *Sociology of Religion*, *76*(4), 436-458.

Perry, S. L. (2016). From bad to worse? Pornography consumption, spousal religiosity, gender, and marital quality. *Sociological Forum, 31*(2), 441-464.

Perry, S. L. (2018a). Not practicing what you preach: Religion and incongruence between pornography beliefs and usage. *The Journal of Sex Research*, *55*(3), 369-380.

Perry, S. L. (2018b). Pornography use and depressive symptoms: Examining the role of moral incongruence. *Society and Mental Health*, *8*(3), 195-213.

Perry, S. L., & Hayward, G. M. (2017). Seeing is (not) believing: How viewing pornography shapes the religious lives of young Americans. *Social Forces*, *95*(4), 1757-1788.

Poulsen, F. O., Busby, D. M., & Galovan, A. M. (2013). Pornography use: Who uses it and how it is associated with couple outcomes. *Journal of Sex Research*, *50*(1), 72-83.

Prause, N., Steele, V. R., Staley, C., Sabatinelli, D., & Hajcak, G. (2015). Modulation of late positive potentials by sexual images in problem users and controls inconsistent with "porn addiction." *Biological Psychology*, *109*(1), 192-199.

Price, J., Patterson, R., Regnerus, M., & Walley, J. (2016). How much more XXX is Generation X consuming? Evidence of changing attitudes and behaviors related to pornography since 1973. *The Journal of Sex Research*, *53*(1), 12-20.

Pyle, T. M., & Bridges, A. J. (2012). Perceptions of relationship satisfaction and addictive behavior: Comparing pornography and marijuana use. *Journal of Behavioral Addictions*, *1*(4), 171-179.

Rasmussen, K. R., Grubbs, J. B., Pargament, K. I., & Exline, J. J. (2018). Social desirability bias in pornography-related self-reports: The role of religion. *The Journal of Sex Research*, *55*(3), 381-394.

Reid, R. C. (2013). Personal perspectives on hypersexual disorder. *Sexual Addiction & Compulsivity*, *20*(1-2), 4-18.

Reid, R. C., & Kafka, M. P. (2014). Controversies about hypersexual disorder and the DSM-5. *Current Sexual Health Reports*, *6*(4), 259-264.

Reid, R. C., Carpenter, B. N., Hook, J. N., Garos, S., Manning, J. C., Gilliland, R., & Fong, T. (2012). Report of findings in a DSM-5 field trial for hypersexual disorder. *The Journal of Sexual Medicine*, *9*(11), 2868-2877.

Rhoades, C. (2007). Ethical considerations in the use of sexually explicit visuals as an instructional methodology in college sexuality courses. *American Journal of Sexuality Education*, *2*(4), 5-23.

Rothman, E. F., Kaczmarsky, C., Burke, N., Jansen, E., & Baughman, A. (2015). "Without porn… I wouldn't know half the things I know now": A qualitative study of pornography use among a sample of urban, low-income, Black and Hispanic youth. *The Journal of Sex Research*, *52*(7), 736-746.

Short, M. B., Kasper, T. E., & Wetterneck, C. T. (2015). The relationship between religiosity and internet pornography use. *Journal of Religion and Health*, *54*(2), 571-583.

Smith, J. (2019). *The Articles of Faith of the Church of Jesus Christ of Latter-Day Saints*. The Church of Jesus Christ of Latter-day Saints. Retrieved from https://www.churchofjesuschrist.org/study/scriptures/pgp/a-of-f/1.11?lang=eng

Sumerau, J. E., & Cragun, R. T. (2015a). 'Don't push your immorals on me': Encouraging anti-porn advocacy in The Church of Jesus Christ of Latter-Day Saints. *Sexualities*, *18*(1-2), 57-79.

Sumerau, J. E., & Cragun, R. T. (2015b). "Avoid that pornographic playground": Teaching pornographic abstinence in The Church of Jesus Christ of Latter-day Saints. *Critical Research on Religion*, *3*(2), 168-188.

Sun, C., Bridges, A., Johnson, J. A., & Ezzell, M. B. (2016). Pornography and the male sexual script: An analysis of consumption and sexual relations. *Archives of Sexual Behavior*, *45*(4), 983-994.

The Church of Jesus Christ of Latter-day Saints (2015b). Group leader and facilitator training. Retrieved from https://addictionrecovery.lds.org/volunteers/addiction-recovery-program-training?lang=eng on January 29, 2015.

Thomas, J. N. (2016). The development and deployment of the idea of pornography addiction within American evangelicalism. *Sexual Addiction & Compulsivity*, *23*(2-3), 182-195.

Twohig, M. P., & Crosby, J. M. (2010). Acceptance and commitment therapy as a treatment for problematic internet pornography viewing. *Behavior Therapy*, *41*(3), 285-295.

Twohig, M. P., Crosby, J. M., & Cox, J. M. (2009). Viewing Internet pornography: For whom is it problematic, how, and why? *Sexual Addiction & Compulsivity*, *16*(4), 253-266.

Tylka, T. L. (2015). No harm in looking, right? Men's pornography consumption, body image, and well-being. *Psychology of Men & Masculinity*, *16*(1), 97.

Vigorito, M. A., & Braun-Harvey, D. (2018). Out of control sexual behavior. A sexual health problem. In T. Birchard, & J. Benfield (Eds.), *The Routledge international handbook of sexual addiction* (pp. 413-426). New York, NY: Routledge.

Volk, F., Thomas, J., Sosin, L., Jacob, V., & Moen, C. (2016). Religiosity, developmental context, and sexual shame in pornography users: A serial mediation model. *Sexual Addiction & Compulsivity*, *23*(2-3), 244-259.

Wakefield, J. C. (2012). The DSM-5's proposed new categories of sexual disorder: The problem of false positives in sexual diagnosis. *Clinical Social Work Journal*, *40*(2), 213-223.

Wetterneck, C. T., Burgess, A. J., Short, M. B., Smith, A. H., & Cervantes, M. E. (2012). The role of sexual compulsivity, impulsivity, and experiential avoidance in internet pornography use. *The Psychological Record*, *62*(1), 3-18.

Whitehead, A. L., & Perry, S. L. (2018). Unbuckling the Bible belt: A state-level analysis of religious factors and Google searches for porn. *The Journal of Sex Research*, *55*(3), 273-283.

Willoughby, B. J., & Busby, D. M. (2016). In the eye of the beholder: Exploring variations in the perceptions of pornography. *The Journal of Sex Research*, *53*(6), 678-688.

Wilt, J. A., Cooper, E. B., Grubbs, J. B., Exline, J. J., & Pargament, K. I. (2016). Associations of perceived addiction to internet pornography with religious/spiritual and psychological functioning. *Sexual Addiction & Compulsivity*, *23*(2-3), 260-278.

Winters, J. (2010). Hypersexual disorder: A more cautious approach. *Archives of Sexual Behavior*, *39*(3), 594-596.

Wright, P. J. (2012). A longitudinal analysis of US adults' pornography exposure. *Journal of Media Psychology, 24*(2)*,* 67-76.

Wright, P. J., Bae, S., & Funk, M. (2013). United States women and pornography through four decades: Exposure, attitudes, behaviors, individual differences. *Archives of sexual behavior*, *42*(7), 1131-1144.

Zillmann, D., & Bryant, J. (1988). Pornography's impact on sexual satisfaction. *Journal of Applied Social Psychology*, *18*(5), 438-453.

APPENDIX B

Focus Group Questions

The following questions were asked to the focus group/interview participants. The questions for the various level of involvement in the ARP differed and are all included below. During the focus groups/interviews the researchers took initiative in asking clarifying questions and other non-scripted questions in reaction to participant responses and considering the research questions.

Successful Completers:

- What was your experience in group treatment?
- What made you want to come back to treatment?
- Before starting or seeking treatment what was your goal or desired outcome?
- What did you expect the group experience to be?
- How did your goals and desired outcomes change through participation in group?
- What played the biggest role in you completing this group?
- What role did spirituality play in your experience?
- What was helpful in the group?
- What was not helpful in the group?
- What did you/leaders/other group members do that led to the group being helpful?
- Who (if anyone) played a role in you coming to group?
- Are there any other comments you want to make regarding your experience?

Unsuccessful Completers/Dropouts:

- What was your experience in group treatment?
- What contributed most to you discontinuing treatment?
- Before starting or seeking treatment what was your goal or desired outcome?
- What did you expect the group experience to be?
- How did goals and desired outcomes change through participation in group?
- What do you wish was different in the group?

- What other treatment options have you sought out? How do they compare?
- What role does spirituality play in your experience with addressing concerns with pornography and masturbation?
- Who (if anyone) played a role in you coming to group?
- Are there any other comments you want to make regarding your experience?

Pre-participation:

- What has been your experience in planning to take part in group treatment?
- What other treatment avenues have you sought out?
- Why are you choosing this treatment?
- Who (if anyone) played a role in your planning to seek group treatment?
- What do you expect the group experience to be?
- What are your goals or desired outcomes for treatment?
- What would cause you to quit group treatment?
- What role do you expect spirituality to play in group treatment?
- How do you anticipate group treatment will be different than other treatment options?
- Are there any other comments you want to make regarding your experience?

Currently Participating:

- What has been your experience in group treatment so far?
- What keeps you coming back to treatment?
- What did you expect the group experience to be?
- Before starting or seeking treatment what was your goal or desired outcome?
- Have your goals and desired outcomes changed through participation in group? If so, how?
- What plays the biggest role in your progress in group?
- What role does spirituality play in your experience?
- What is helpful in the group?
- What is not helpful in the group?

- What do you/leaders/other group members do that leads to the group being helpful?
- Who (if anyone) played a role in you coming to group?
- Are there any other comments you want to make regarding your experience?

Group Leaders:

- What do you see as successful outcomes for your clients?
- What do you see as contributing the most to clients having success?
- What are the biggest barriers to success you have seen in group treatment?
- What differentiates clients who stay in the group from clients who drop out?
- What client characteristics makes them suitable for group treatment?
- What is the role of spirituality in your groups?
- What outcomes are most important to you for the clients in your group?
- Are there any other comments you want to make regarding your experience?

APPENDIX C

Consent Forms

Online Questionnaire Consent Form

Introduction
This research study is being conducted by Robert Gleave and the C-Group Research Team at Brigham Young University and LDS Family Services to determine the outcomes of the LDS Addiction Recovery Program and BYU Sexual Concerns Groups.

Procedures
If you agree to participate in this research study, the following will/may occur:

- you will take a questionnaire that will take approximately less than three (3) minutes about pornography groups.
- you may be selected to participate in a focus group lasting one hour about pornography groups. If selected, you will be contacted via email or phone.

Risks/Discomforts
This study carries certain risks. While most are very minimal, this study will ask you about sensitive topics regarding pornography and masturbation and your participation in treatment. The realistic risks of the study may include emotional discomfort or embarrassment. The researcher will provide referral information to counseling services at the end of your participation. Only the researchers will have access to the data collected. Identifiable information will be destroy upon completion of the project.

Benefits
There will be no direct benefits to you. It is hoped, however, that through your participation researchers may learn about viewpoints and beliefs and may be able to assist BYU and LDS Family Services in improving their Sexual Concerns Groups and Addiction Recovery Program.

Confidentiality
The research data will be kept in a secure, password-protected account and only the researcher will have access to the data. At the conclusion of the study, all identifying information will be removed and the data will be kept in the researcher's locked office.

Compensation
Those who do not wish to participate in the research or are not selected to participate in focus groups will not be compensated. Focus group participants will receive $20 for their participation; compensation will not be prorated.

Participation
Participation in this research study is voluntary and will not jeopardize your standing with the university or other organizations. You have the right to withdraw at any time or refuse to participate entirely without jeopardy to your standing with the university or other organizations.

Questions about the Research If you have questions regarding this study, you may contact Robert Gleave at robert_gleave@byu.edu or (801) 422-3035 for further information. Ver. 12/12

Questions about Your Rights as Research Participants
If you have questions regarding your rights as a research participant contact the IRB Office at (801) 422-3841; A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu.

Statement of Consent
I have read, understood, and received a copy of the above consent and desire of my own free will to participate in this study.
Name (Printed): _____Signature: _____Date: _____

Focus Group Consent

Introduction
This research study is being conducted by Robert Gleave and a team of other researchers from Brigham Young University and in conjunction with LDS Family Services to determine the outcomes of the LDS Addiction Recovery Program and BYU Sexual Concerns Groups. You were selected to participate in focus groups based on your responses to a questionnaire regarding your plans to participate in or participation in at least one of those treatment groups.

Procedures
If you continue to participate in this research study, the following will/may occur:

- You will be asked questions about your perceptions and experiences of the treatment groups. This process with take approximately sixty minutes (60).
- You will be audio recorded to accurately record your statements and responses.
- The researcher may contact you later to clarify your interview answers for potentially fifteen (15) minutes.
- The total participation time will be between sixty (60) and seventy five (75) minutes.
- There will be approximately 8-10 participants in a focus group.

Risk/Discomforts
This study carries certain risks. While most are very minimal, this study will ask you about sensitive topics regarding your participation or plans for treatment for pornography and masturbation. If you feel you need additional counseling or psychological services due to discomfort as a result of this research or other purposes you can seek out services from:

Brigham Young University
Counseling and Psychological Center
WSC 1500
801-422-3035

LDS Family Services
1190 N 900 E
Provo, Utah 84604
801-422-7759

Also, because focus groups include discussion of personal opinions, extra measures will be taken to protect each participant's privacy. The researcher will begin and end the focus group by asking each participant to agree to keep information discussed in the focus group confidential.

Benefits

There will be no direct benefits to you for participation in focus groups. It is hoped, however, that through your participation researchers may learn about viewpoints and beliefs and may be able to assist BYU and LDS Family Services in improving their Sexual Concerns Groups and Addiction Recovery Program.

Confidentiality

The audio recorded data from this focus group will be kept in a secure locked location in the primary researcher's office. Transcribed research data will be kept in a secure, password-protected account and only the researchers will have access to the data. At the conclusion of the study, all identifying information will be destroyed and the data will be kept in the researcher's locked office. While anonymous de-identified transcribed data may be kept and maintained, audio recordings of the focus groups and data identifiers will be destroyed at the conclusion of the research project.

Compensation

At the end of the focus group you will receive $20 compensation for your participation in the focus group.

Participation

Participation in this research study is voluntary and will not jeopardize your standing with the university or other organizations. You have the right to withdraw at any time or refuse to participate entirely without jeopardy to your standing with the university or other organization. Also, refusing to answer questions or removing yourself from the study will not affect your ability to access counseling services at BYU or at LDS Family Services.

Questions about Research and Rights as a Participants

If you have questions regarding this study or your rights as a participant please ask the focus group leader now, or you can contact Robert Gleave at (801) 422-3035 or robert_gleave@byu.edu. You may also contact the IRB office from Brigham Young University, A-285 ASB, (801) 422-3841, irb@byu.edu to discuss your rights as a research participant.

I have read the above description of the research and give my express written consent that I voluntarily am participating to be a participant research.

Name (Printed):_____ Signature: _____ Date: _____