Cutting Through the Fog: Helping Counselors Understand How Spirituality Impacts Pornography Use

CHRIS OSTRANDER, MA, LCMHC, LMHC

MELISSA OSTRANDER, MA, LCMHC, LMHC

BRANDON WAGGONER, MA, LPC, NCC

Learning Outcomes

Learn and understand	After hearing the research and statistics, participants will learn and understand the problem associated with responses to pornography use among religious clients.
Explore	After hearing the needs of these clients, participants will explore how to ethically conceptualize the faith-practice and pornography use among religious clients.
Apply	After working through the case study, participants will apply specific guidelines for future clients and clinical experience.

Problem

▶ 1 in 3 Americans view pornography at least once a month (Barna Group, 2016)

▶ 40% of males (aged 18-39) report using pornography at least weekly (Regnerus et al., 2016)

▶ 16% of women (aged 18-39) report weekly use (Regnerus et al., 2016)

Problem contd.

- 76 % of Americans are religious (Gallup, 2019)

- 57% of Americans believe that pornography is morally inacceptable (Dugan, 2018)

Spectrum

Religious Responses:

▶ Oversimplification (sin, evil, bad, etc.)

▶ Hijacking clinical terms ("addiction") (Thomas, 2013)

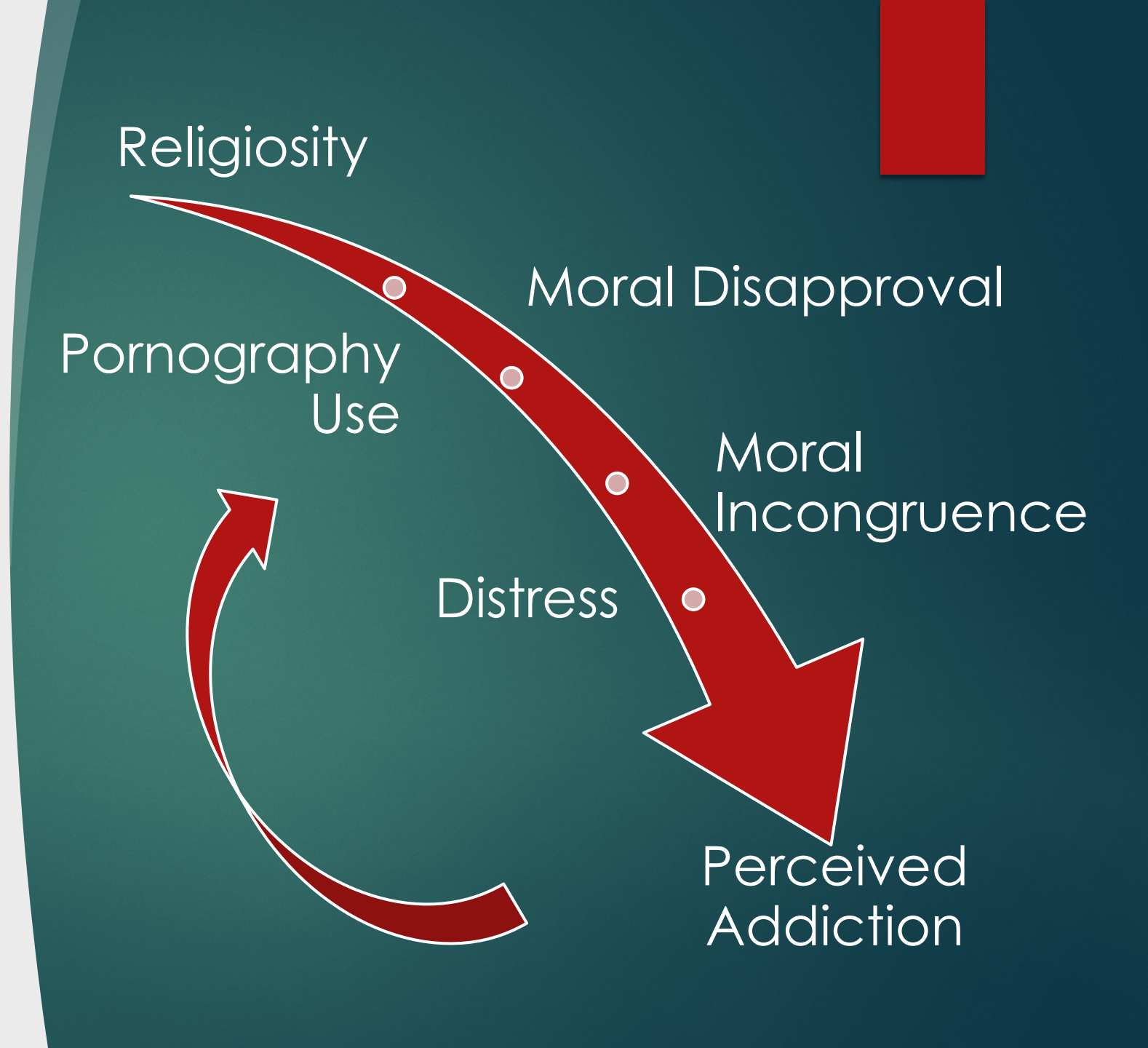▶ Furthering isolation and producing feelings of guilt and shame (Picone, 2015)

Poor Clinical Responses:

▶ No moral framework

▶ Encouraging acceptance (Watson & Smith, 2012)

▶ No longer client centered

Pornography Problems due to Moral Incongruence An Integrative Model

(Grubbs et al., 2018)

Religiosity

Pornography Use

Moral Disapproval

Moral Incongruence

Distress

Perceived Addiction

Religious Client Needs

▶ Integration of spirituality (ACA, 2014)

▶ Moral congruence (Grubbs et al. 2015)

▶ Identify underlying need for use

▶ Safe environment

Top Five Reasons for Use

▶ Arousal & Enhancement

▶ Curiosity & Information Seeking

▶ Intimacy & Coupling Motives

▶ Coping

▶ Boredom

(Grubbs et al., 2019b)

Additional Considerations

- Fantasy will never equal reality

- Affirmation seeking

- It's not pathological…yet

- Once the affirmation or intimacy is met elsewhere pornography is no longer needed

Ethical Responsibility

- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)
  - Committed to valuing the spiritual and religious practices of an individual.
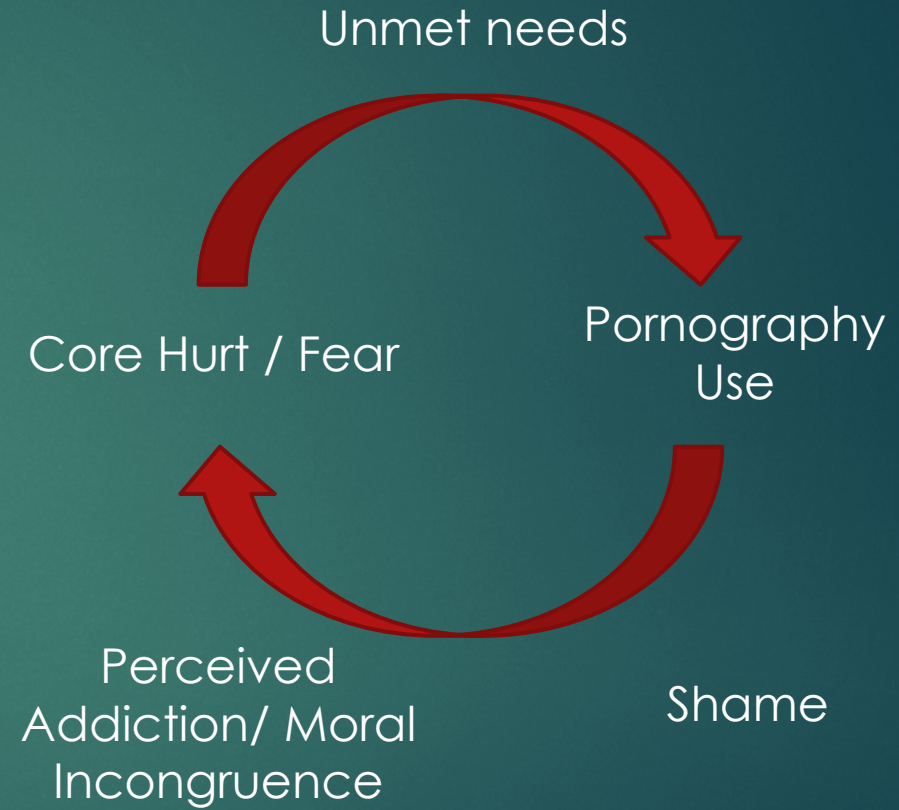
Clinical Implications

- ▶ Bracket the counselor's beliefs

- ▶ Assess the client beliefs

- ▶ Provide a safe environment through building rapport

- ▶ Use client's beliefs as an asset (grace, forgiveness, etc.)

- ▶ Build self-efficacy for the client

Case Study

Client is a 24-year-old white male. He is coming to you in order to "stop his addiction of pornography use." He reports viewing internet pornography through his phone about once a week. Three years ago, he sought the advice from his pastor where he has attended church weekly since he was in middle school. His pastor gave him a book to read, partnered him with an accountability partner, and suggested a filtering and monitoring internet service. These interventions did not reduce the pornography use. He sought out professional counseling last year and was referred to you when the pornography viewing still did not stop. Recently, a close friend he opened up to about his use asked "What is wrong with viewing every once and a while? It sounds pretty normal to me."

Theoretical Model

Unmet needs

Pornography Use

Shame

Perceived Addiction/ Moral Incongruence

Core Hurt / Fear

Theoretical Model

Healing

Behavior and thoughts to meet needs

Core Hurt / Fear

Pornography Use

Treatment Plan Example

Problem or Concern	Measurable Treatment Goal	Treatment Interventions	Expected Number of Sessions Devoted to Reaching This Goal	Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal	Aftercare Plan/ Follow-Up
Unwanted pornography use	Reduction of pornography use	• Implementation of internet accountability software • Identification of accountability partner • Psychoeducation • Development of core value bank (Stosny, 2004)	10	CPUI-9 score reduction	Accountability via software and partners
Social isolation / loneliness	Development of support system via friend group	• CBT to attack negative identified schemas regarding self-image • Exposure therapy via role playing to develop social skills	5	Identification of 2 or more friends in the core or outer core segment of the concentric circle model	Healthy involvement in a local church / social group
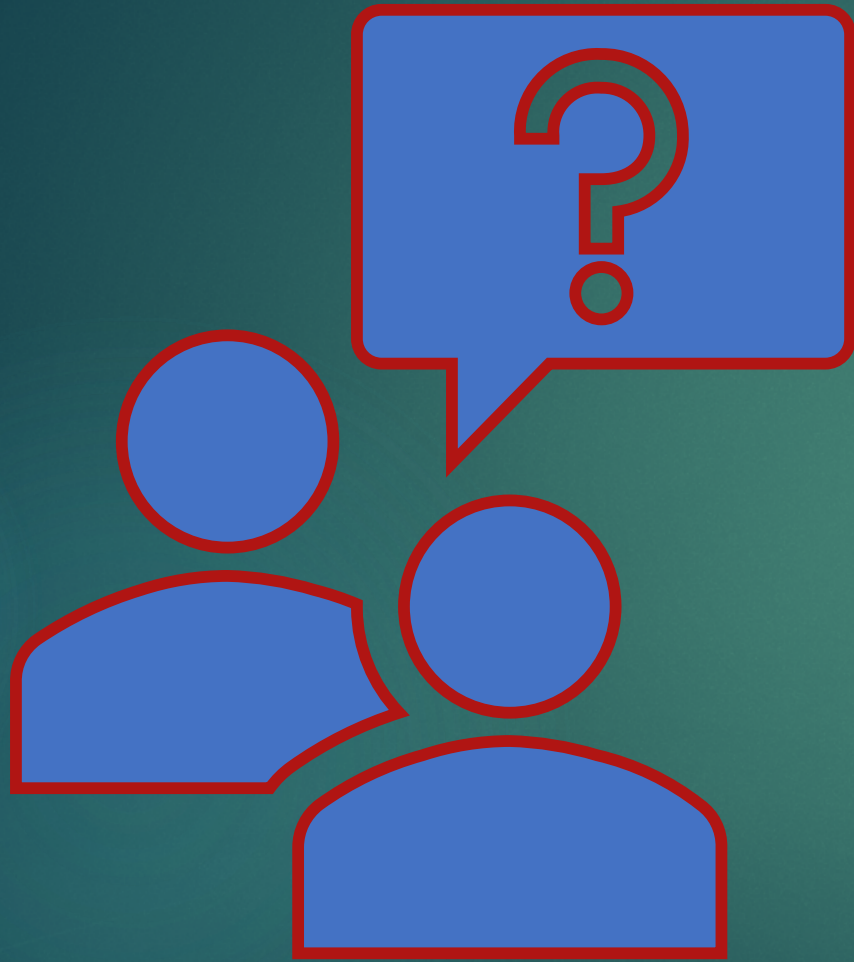
Questions?

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