**Harnessing Relational Intimacy to Reduce Pornography Use Among Christian Singles: A Practitioners Guide**  
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Abstract

This article will explore the specific needs of the Christian single who is struggling with problematic pornography use. This population often struggles with mixed messages and lack of integration of their spiritual beliefs in overcoming this perceived addiction. Additionally, the focus of counselors or church leaders typically centers on eliminating the behavior instead of meeting needs in a healthy way. Initially, the problem will be defined with a Christian single’s use of pornography along with laying out the specific needs they have in overcoming this issue. A practical guide will then be given through a treatment plan and case study. The counselor will be able to take the information laid out in this article and tailor it to their own practice to begin meeting the needs of the Christian single.

*Keywords:* Christian, singles, pornography, intimacy, case study

**Harnessing Relational Intimacy to Reduce Pornography Use Among Christian Singles: A Practitioners Guide**

For the last several years there has been an increase in the use of internet pornography within the United States. It is reported that nearly one in three Americans view internet pornography (IP) at least once a month (Barna Group, 2016). The growth itself would not be a concern for society at large without the many negative personal and social impacts to functioning that IP has been shown to cause (Grubbs, Stauner, Exline, Pargament, & Lindberg, 2015). Specifically, within the population of Christian singles, the use of internet pornography is of particular concern. These concerns stem from the high levels of moral incongruence that these individuals possess (Grubbs & Perry, 2017). Their spiritual beliefs speak directly against the use of these sexually explicit images and acts, yet they are drawn to them in a perceived addiction. In addition, as singe individuals (not married or romantically involved), their isolation and loneliness is potentially increased through pornography use (White & Kimball, 2009).

Because practicing Christians make up a large potion of the population in the United States, there is a great need for counselors to be able to work with this population in relation to their struggle with pornography use One in four individuals consider themselves a practicing Christian (Barna Group, 2016). These are individuals who call themselves Christian, hold their faith as a major part of their lives, and attend church at least once a month. The competencies outlined by the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) give some guidance into working with people of faith to integrate their spirituality into the counseling session. However, there is a potential gap in truly understanding the needs of Christians who are dealing with problematic pornography use. Singles present another unique challenge and are a population with a more intense struggle with pornography use due to the fact they have no outlet for their sex drive and are more prone to the loneliness and isolation that can create and enhance pornography use (White & Kimball, 2009; Yoder et a;., 2005). Thus, when a Christian single seeks out professional counseling to deal with their problematic pornography use, the counselor must be aware of all the factors influencing the use by this specific population. Through the lens of the ASERVIC competencies, the needs of the Christian single can be addressed and their beliefs utilized to mitigate the problematic pornography use. The following will detail what is known about Christian singles and their needs as a population, lay out a specific treatment plan for the counselor, and provide a specific example through a case study.

**A Review of the Literature**

In focusing on the ASERVIC competencies in working with Christian singles struggling with problematic pornography use, the literature found had some insights as well as some gaps. Some of the insights were the problem with pornography use, the challenges of being single, and how their Christian beliefs influence their thoughts and struggle. While there is a good amount of research on problematic internet pornography use among individuals in the United States (Braun-Courville & Rojas, 2009; Owens, Behun, Manning, & Reid, 2012), there is little research specifically addressing the reduction in use by Christian singles. These individuals are often overlooked in their needs perhaps due to lack of understanding of the moral incongruence they face considering their perceived addiction. Moral incongruence is the term used to describe the dilemma a person faces when their behaviors do not align with their closely held spiritual beliefs. They want to stop but continue to use. Adding to the confusion is the mixed messages there are within the literature as well. Some still argue for positive use of internet pornography (Watson & Smith, 2012). These mixed messages and lack of spiritual integration highlights the need for counselors to understand specific ways to help single Christians who are seeking help to stop a behavior they believe is counter to their faith.

An evaluation of this population will begin with the unique challenges of a single individual. For the sake of this discussion, a single individual will include any person not married or currently in a romantic relationship. Albright (2008) found that those who reported being married were 20% less likely to consume pornography than singles. However, there is confounding research to suggest that pornography use does not significantly relate to participants’ relational stage (Emmers-Sommer, Hertlein, & Kennedy, 2013; Peter & Valkenburg, 2011). Still, the truth remains that these individuals are more prone to isolation and loneliness due to their lack of strong attachments in healthy relationships (Gilliland et al., 2015). Thus, it can be argued that increasing intimacy among singles may reduce the unwanted use of internet pornography.

The single population that identifies as Christian must also be evaluated in light of their spiritual beliefs. Christians will often turn to their church for answers with issues of functioning before seeking professional help (Bornsheuer et al., 2012). Studies indicate that the messages they often get from the church can be condemning, shameful, and even misuse professional terms such as “addiction” (Thomas, 2013; Grubbs et al., 2015). Utilizing these clinical terms can lead to labeling and causing the client to apply a clinical diagnosis without the correct criteria. The shame and condemnation that can come with the messages from the church can even perpetuate the pornography use (Grubbs & Hook, 2016). If the Christian single then turns to professional counseling, there must be both help with the behavior and integration of their spiritual beliefs. The professional counselor then must have an understanding of their beliefs and an intentional integration in an ethical manner.

Integration of spiritual beliefs for the single Christian can be a great asset for the counselor working to reduce internet pornography use (Thomas, 2013). One of these tenets of Christianity that can be utilized is the need for strong social ties and relational support(Grubbs & Perry, 2017). Yoder et al. (2005) echoes this benefit of being socially connected. This study is the seminal and only study that attempts to link pornography use with an increase in loneliness. rom the other perspective, Butler et al. (2017) concluded that there is a causal link between loneliness and pornography use. They argue that the pleasure and soothing cycle of pornography use can be a coping skill to alleviate the negative thoughts and emotions stemming from the lack of attachment found in lonely individuals. Thus, having a close, secure relationship to turn to in times of distress is important and could be of great benefit for eliminating the behavioral cycle of pornography use. In order to begin to develop an intervention plan for Christian singles, the specific needs of this population must be addressed.

**Needs of Christian Singles**

As previously discussed, the Christian single who regularly uses pornography may carry with them a large amount of moral incongruence. Their faith is clear that this type of behavior is wrong, yet they continue to use. The perpetuation of this behavior leaves the individual with a feeling of perceived addiction to internet pornography. Since there are no DSM-5iagnostic criteria for this unwanted behavior, it can be difficult to diagnose and treat these individuals. Perceived addiction has become a popular method of describing and quantifying the desire to eliminate the use of pornography (Grubbs & Perry, 2017). However, simply looking at this perceived addiction as a clinical and diagnostic issue is to ignore several important aspects of this problem. It is argued that the clinician must be able address each need that a Christian single client has in dealing with internet pornography use. Pulling from the literature, there are three needs that will be focused on in this treatment plan. These needs include (a) the creation of a safe environment from which to discuss a difficult and potentially shame inducing subject (Minarcik, 2017), (b) the integration of their spiritual beliefs into counseling to bring peace from the moral incongruence (Grubbs & Perry, 2017), (c) and the understanding of the lack of intimate relationships and a process of increasing these social ties (Butler et al., 2018).

**A Safe Environment**

The admission of regular internet pornography use for Christian singles can be difficult due to the contradiction it places on their faith. The first step of seeking help is often one of hesitation and anxiety for being “found out” in their perceived sin (Bornsheuer et al., 2012). Thus, the counseling office should be one of acceptance and non-judgment in order to calm the anxiety that many Christian clients feel in dealing with this issue. Minarcik (2017) emphasizes the need for the safe environment and rapport to be built up with the client in order to begin any treatment of problematic pornography use. This non-judgmental approach can help the client begin the process of opening up and being vulnerable with the counselor (Grubbs et al., 2015). Creating this environment can be a difficult task for the counselor noting the isolation and loneliness these clients often face. Isolation and loneliness that this population often carries prevents them from possibly having close relationships from which to find healing from their struggles (Mesch, 2009). Based on these findings, it is reasonable to posit that providing a safe environment for this population is foundational to the treatment that follows.

**Spiritual Integration**

Perhaps the greatest need for increased competency in counseling Christian singles dealing with pornography use is the need for spiritual integration. Grubbs and Perry (2017) show that the moral incongruence these client’s experience is a negative obstacle that must be addressed for treatment to be successful. The ASERVIC competencies become a guide for the counselor to address the moral incongruence single Christians experience. These competencies include (a) culture and worldview, (b) counselor self-awareness, (c) human and spiritual development, (d) communication, (e) assessment, and (f) diagnosis and treatment (ASERVIC, 2009). Each of these competencies will aid the counselor in not only creating a safe environment for the Christian single struggling with pornography use, but also allow the counselor to harness some of the tenets of Christianity that can help reduce loneliness and thus pornography use. Understanding the client’s worldview and culture allows the counselor to understand that the spiritual beliefs of the individual are of high importance to many individuals. There are many variations of beliefs even within Christianity. However, there is benefit to the client if the counselor works to understand the role that faith plays in their life and the ability to define the terminology the client uses.

Counselor self-awareness is another competency that is of high importance. It is here in which the counselor will bracket their beliefs in order to fully understand the client’s perspective. Each individual can have very differing perspectives on faith and even Christianity. At times religion can be used as a weapon to control others or merely as a way to ground an individual in difficult times (Bornsheuer et al., 2012). Avoiding either extreme benefits the client and increases the development of a non-judgmental safe environment..

Finally, the other competencies are used to explore the beliefs of the client. This is done through communication that is accepting and sensitive, assessments that are comprehensive in understanding spirituality, and even setting goals that do not contradict their own values and spiritual beliefs (ASERVIC, 2009). The final need to be addressed focuses on the unique aspect of this population: being single.

**Intimate Relationships**

Close social ties have long been an important outcome to foster within the counseling process (Li & Persaud, 2018). The same message is echoed within the Christian faith to reach out to others for help and support (Thomas, 2013). (Galatians 6:2). However, single individuals from adolescents to early adulthood experience an increased amount of loneliness and difficulty in making connections with others (Bucher et al., 2019). These individuals are often seen as strange from the society at large, especially the longer they remain single into their adulthood. The focus continues to remain on romantic relationships as the primary method for overcoming loneliness and finding relational support. This is a transition from attachment to parents to a spouse. However, there has been little focus on non-romantic relationships as another healthy way to combat the loneliness that singles experience and that could create an environment that increases pornography use.

The concept of intimate relationships can be a difficult one to grasp outside of romance. The term intimacy has been hijacked by culture to mean sex and sexuality. Terms such as “intimates” can refer to underwear and “being intimate” contains the connotation of physicality (Robinson et al., 2018). However, considering intimacy from an emotional perspective allows the idea of a close friendship to also be emotionally intimate. Thus, for the sake of this article, intimate relationship will describe a close emotional relationship that is not romantic. The need for singles to know and be able to develop these types of relationships is strong (Bucher et al., 2019; Butler et al., 2018). Especially considering those in early adulthood who are transitioning their attachments from parents to others, there is the large potential for loneliness without direction (Braun-Courville & Rojas, 2009).

Gender can also play a role in the needs for developing intimate relationship as well. Studies indicate that men generally have a harder time developing intimate non-romantic relationships than women (Hruschka, 2010; Kring, & Gordon, 1998). While women also struggle to connect at times, close intimate female relationships are generally seen as culturally acceptable. Several factors can play into this lack of connectedness including social and cultural structure, fear of being labeled a homosexual, and lack of understanding how to become emotionally close with someone else(Robinson et al., 2018). Robinson et al. (2018) lays out several aspects of what they call a “bromance.” They argue that moving this term from the comedic undertones it has traditionally found in culture can benefit men in connecting intimately with other men. In order to develop this type of close relationship several characteristics were found. First, there was much emphasis placed on shared interests by all parties involved in the relationship. Next, emotional intimacy was highlighted as another important factor. This emotional intimacy contained the idea that each person should be vulnerable and be able to disclose information readily to each other. Trust and love were important factors necessary to develop this vulnerability. Finally, there were elements of physical intimacy found within these relationships. These displays of intimacy took the form of hugs and even casual nudity. The characteristics of these “bromances” for men boiled down to relationships that were free of judgement.

It is therefore reasonable to posit that there is need for the counselor working with Christian singles struggling with pornography use to address each of these needs within the individual. The counselor must work to create a safe environment that can be a safe haven free of judgement. There must be an understanding of the moral incongruence that the client is experiencing and be able to integrate their faith into the behavior change solution. Finally, based on the work of Mesch (2009), the counselor must work to help guide the client in learning and developing close intimate relationships which may lower the loneliness and isolation that has been shown to impact pornography use. The following outline will detail a specific treatment plan in working with a Christian single male struggling with pornography use. This plan will be followed by a brief case study in showing some of the practical applications of this guide for counselors working with this population.

**Treatment and Assessment**

For the sake of this discussion, the focus will be addressing some guidelines for counselors working with this specific population. Much could be said about the difficulty to diagnose unwanted pornography use. The Diagnostic and Statistical Manual (DSM-5) gives little options to counselors wanting to give a diagnosis for this unwanted behavior. Still, there are specific steps and ways in which to build a treatment plan that will be of benefit to Christian singles. The importance of a treatment plan being empirically based and functional for the client is a foundation laid out by the American Counseling Association’s (ACA) code of ethics (American Counseling Association, 2014). However, the selection of the specific interventions and the tailoring of the treatment plan should be specific to the client. Based on the needs assessed in the previous section, the treatment plan for the Christian single has several unique qualities. Several aspects of the treatment plan should be enacted and fostered throughout the counseling process. Each session should contain elements addressing each need of the client. As seen above, the Christian client faces some unique needs which should all be addressed.

The example treatment plan is developed out of a cognitive-behavioral and developmental theoretical framework. This cognitive-behavioral approach has shown success in limiting pornography use (Minarcik, 2017). Throughout the counseling process, work will be done to change the thinking patterns that have been ingrained due to the pornography use. Additionally, from a developmental framework, focus will be on the growth and development of intimate relationships in whatever stage of life the client finds themselves. Within this theoretical framework, each presenting need of the Christian single must be addressed.

Beginning with establishing a safe environment, the counselor must ensure a non-judgmental tone from the very first session. The ability to successfully enact this step begins with the counselor’s ability to bracket off their own beliefs regarding pornography use. This bracketing can be accomplished through a self-exploration of the counselor’s beliefs. The counselor should evaluate their own moral stance and seek to set it aside for the sake of the client. The bracketing will allow the client to truly begin to understand the client’s perspective in an inviting way. The Christian client is perhaps facing many prior messages to his pornography use that may add to the confusion and moral dissonance. The counselor may begin by investigating the ways in which the unwanted pornography use has been framed in past counseling. Evaluation should also be made on how much shame or guilt the client is carrying with this unwanted behavior (Borgogna et al, 2020). The tone and rapport that is built between the counselor and client should be an ongoing process in order to create a safe environment for clients to disclose their struggle with such a topic (Sniewski & Farvid, 2019).

Assessment of the perceived addiction to internet pornography can be utilized to help to understand and integrate the client’s spiritual beliefs. As someone who identifies as being Christian, some assumptions can be made. However, these assumptions, such as the client’s view of pornography use as being wrong should be checked with the client. By utilizing the term “perceived addiction” the counselor avoids the specific diagnosis of addiction while also trying to describe the dilemma the client is facing. The Cyber Pornography Use Inventory – 9 (CPUI-9; Grubbs, Volk, Exline, & Pargament, 2015) is a simple scale that can be used to assess the perceived addiction within the client.

The CPUI-9 was developed as a nine-item measure which delineated the addictive patterns subscale into two categories: compulsivity and access efforts. The advantage to utilizing this assessment is in its length (being only nine items long) and in allowing the client to describe the struggle to quit pornography use in their own way. Additionally, the assessment focuses the client on the impacts that the use has on functioning, which is a common criteria for diagnosis of other disorders. The effects on functioning helps bring the moral struggle that a Christian faces with pornography use into the clinical setting. Without a specific diagnosis and criteria for an often suggested “hypersexual disorder” a counselor may struggle to know how to quantify or reduce the moral incongruence that a Christian client faces. Thus, utilizing a simple scale of compulsivity and efforts to stop, the counselor can begin to quantify the goals of the client in stopping pornography use. Here begins the integration of spirituality into the clinical setting. The client is empowered to state they perceive they are addicted without failing to meet clinical diagnosis. The counselor, in turn, can also meet the client where they are spiritually without lessening the struggle they are experiencing.

Ultimately, each of the above described items within the treatment plan are carried out within the counseling setting. They are important to begin to meet the needs of the Christian client. However, it is argued that the final need is the most critical in sustaining the goal of reducing and eliminating pornography use. Building and maintaining intimate relationships must be included and emphasized within the treatment plan for this client. However, assessing this need for the client can be difficult.

There are several assessments that can be utilized to determine the social support for a client including the Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1988). Yet, this scale among others fails to grasp the true intimacy and non-judgement that is needed for many clients and individuals. Social support focuses more on having people who would be there for you if needed for a physical or emotional need. After describing the need for intimate relationships for the Christian single, there is a sense of the deeper level of relationship that is needed. Until such a scale is developed and empirically evaluated, counselors have been left to assess and address this need for the client on their own. However, once this need is realized, a plan can begin even from the first session to foster growth in this area for the client.

Specifically, the treatment plan will focus on the three areas of need for the client. First, the problematic pornography use will be addressed through accountability and a cognitive behavioral theoretical (CBT) model of thought change. CBT has been found to be effective in treating problematic pornography use (Davis, 2001). Spiritual integration will be a beginning and ongoing treatment focus which will allow the client to begin to articulate how their spiritual beliefs impact their pornography use through journaling and talk therapy. Finally, the need for intimate relationships will be addressed through talk therapy on social interactions and role play (Heaney & Israel, 2008). While there can be many other empirically supported interventions to use for the client’s problematic pornography use, the focus of this discussion and treatment will focus on the building of intimate relationships. The goal of which would be to see the client’s social connectedness increase correspond with a reduction in pornography use as each of these needs are met. The following details the treatment plan and goals as well as an example of session formatting.

**Treatment Plan**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Problem or Concern** | **Measurable Treatment Goal** | **Treatment**  **Interventions (Be Specific)** | **Expected Number of Sessions Devoted to Reaching This Goal** | **Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal** | **Aftercare Plan/**  **Follow-Up**  **(Means of maintaining treatment gains) (Include titration of treatment dosage)** |
| Problematic pornography use | Elimination (sobriety) of pornography use | * Implementation of internet accountability software * Identification of accountability partner * Motivational review journal * Continued application of following treatments. * Psychoeducation | 10 | CPUI-9 score reduction | Accountability via software and partners |
| Spiritual Integration | Ability to articulate and integrate client’s spirituality. | * Psychoeducation * Journaling * Talk therapy | 2 | Journal entries | Spiritual connections through church or small groups |
| Social isolation / loneliness | Development of intimate relationships | * CBT to attack negative identified schemas regarding self-image and loneliness * 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 |

**Session Examples**

Session

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **1** | **2** | **3** | **4** | **5** |
| **Unwanted pornography use** | Assessment of use and exposure / previous attempts to quit | Identification of triggers / motivational review journal | Development of accountability partners / software | Evaluation | Guardrail evaluation |
| **Social isolation / loneliness** | Genogram and history of social support evaluation | Assessment of concentric circles model | Development of accountability partner / social groups | Role-playing | Role-playing |

Session

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **6** | **7** | **8** | **9** | **10** |
| **Unwanted pornography use** | Core value bank development | Evaluation | Adjustments / relapse prevention | Adjustments / relapse prevention | Graduation / evaluation |
| **Social isolation / loneliness** | Role-playing | Evaluation | Exposure through social activity | Exposure through social activity evaluation | Relapse / change support |

Specific interventions and practical applications to address the need for intimate relationships for Christian clients struggling with pornography use will be given in more detail within the following case study.

**Case Study**

A case study provides a way to practically apply the information learned above into a clinical setting. Now that the population of Christian singles has been identified and the needs of that population have been evaluated, the following case study can provide a template to follow for clinical application. The following study is one that is modeled from past clinical experience working with this population from a Christian counseling private practice.

**The Client**

The presenting client was a 23 year old Caucasian male. He had attended a Christian college locally for 3 years where he was studying to be a pastor. Pornography had been a struggle for him for many years beginning when he was 15. Stating that he had been a Christian since he was ten, he believed that viewing the pornography was wrong but had struggled to stop. His use was viewing pornographic images and videos on his phone about every other day. There had been times in which he had tried to quit, but it had never lasted more than a month of sobriety. In his desire to quit, he first reached out to his youth pastor in his senior year of high school. His pastor was understanding but told him he had to “work hard” to quit and to get rid of this “sin.” An accountability partner was quickly found for him from within the youth group and he was told to meet with this partner weekly. No more follow up was provided from the youth pastor and the meetings fizzled out after about 3 months. Not knowing where to turn, his parents recommended counseling once he revealed his struggle to them. He met with a counselor who at times worked with the client to not view the pornography use as a problem, saying that masturbation was good for someone at his age. Another high school friend he confided in stated that there was nothing wrong with him as “everyone does it.”

The client presented as being shy and somewhat reserved. He seemed hesitant to share his struggle with pornography use in the first session. He seemed to be uncertain of the reaction he would get. His appearance was well kept, he held eye contact, and could hold a conversation well. Nothing unusual was of note in his psycho-social-spiritual assessment. There was no past abuse, no past or current drug use, and no history of mental illness in the family. His medical examination did not reveal any abnormalities as well.

At the time, he was not in a dating relationship and his last relationship was his high school girlfriend whom he broke up with when he entered college. He reported having a good relationship with his parents, and was loving but not close with his older brother and younger sister. The friendships he did have were little to none. There was no one he spent time with after school and he felt very lonely since his brother graduated from the same college. He previously would only hang out with his brother and his friends. His brother knew about his pornography use struggle but he had no other friends who knew about it. When asked about hobbies or things he enjoys, he struggled to think of anything to say, reporting that he was “just not interesting.”

**The Process**

While there are many variables to this client as well as many theoretical positions to take, the process laid out will focus on meeting the specific needs of this client. These needs can be incorporated within the case conceptualization for the client that can be written out in a report. The counselor must work with the client to identify the needs as well as lay out the treatment plan for reaching the desired goals.

From the beginning, the client has stated a desire to reduce and eliminate his pornography use. Beyond that struggle, there is no other identified problem based on the client’s perspective. One could argue there are some isolation issues that the client has not seen as impairing his functioning. However, some psychoeducation would be needed from the beginning to show the link between isolation and loneliness and their impact on pornography use. This psychoeducation and goal setting for the client cannot be accomplished without meeting the first need for this client in the counseling setting: creating a safe environment.

As seen in the literature, there are many mixed messages that a single Christian receives regarding pornography use. From their church or religious organization they are a part of, the message can be particularly negative and condemning toward the persistent use. There often times is a message of “just try harder,” or even disgust about the use. These messages can cause the Christian single to shy away from disclosing the struggle and carrying much shame for using pornography when it is seen as a very shameful act. Thus, the counselor can do much to foster an environment that is non-judgmental. The body language and how to phrase the conversation around the pornography use are both important in creating a safe environment. Not looking shocked or sad when the client discloses the pornography use can help to reduce the amount of shame felt. Additionally, there can be a focus on the needs being met in the use rather than focusing on frequency and accountability. The counselor can join the client in the process of change by avoiding the trap of focusing on behavior and instead look at some of the underlying causes.

For this client, the counselor can work to reflect and paraphrase often in order to avoid any judgement toward the behavior. The initial sessions will work to understand the struggle at its essence. Questions can be asked such as: “How did you react to your pastor’s suggestions?” and “What emotions did you experience when your friend proposed the use as normal?” These types of focused questions allow the client to begin to open up and focus on the needs being met through the behavior and not the behavior itself.

Once the safe environment is established and fostered throughout the counseling process, the understanding and integration of spiritual beliefs can begin. Knowing that there is much moral incongruence with this client, the counselor must understand the underlying beliefs and utilize them instead of challenging them. The counselor can ask the client to “tell me about your spiritual beliefs and what they say about your struggle with pornography use.” This statement is different than the question “tell me why you think the use is wrong.” Even in this latter question, there still contains some element of assumption of the morality of the behavior. The prior question allows the client more freedom to express his own perceptions and even allows him to agree or disagree with the teachings of his faith. Additionally, it is within the client’s Christian beliefs that there can begin to be harnessed the importance of intimate relationships. The counselor can highlight the benefits of connection with others that is a strong pillar of the Christian faith. Once the spiritual beliefs are understood, the integration can be utilized to begin to grow the client’s social connections which are severely lacking for this client.

Building the client’s social connections and developing non-romantic intimate relationships remains the main goal for the client during counseling. By utilizing the benefits and needs of social connections from the client’s faith, the importance of such relationships can be communicated and highlighted for the client. Some psychoeducation can be utilized in order to help get the client “on board” with this goal. While there may be individuals who do possess loving, intimate relationships and still struggle with unwanted pornography use, the loneliness of this client present a need for close relationships with others. It is the focus of this treatment to address this need to mitigate the unwanted pornography use that the client is using as a potential substitute for intimacy.

Specifically for this presenting client, there may be some large obstacles to building these relationships. First, it appears that the client has little to no experience in developing and fostering these relationships in the past. He has no current close relationships and outside of family, has seemed to ride his brother’s ability to connect closely with others. Thus, there may be a hesitation to start something new and become vulnerable with others. There is risk here that the client may not be willing to take initially. The counselor can address these issues through some basic social skills education as well as role play. Role play could be of the most benefit to allow the client to experience social interactions, and process any emotions that hinder their ability to connect with others. The client’s negative thought patterns about himself and how others perceive him could also be addressed and changed at this stage. The goal of this process is to see the client develop close relationships with others. Ultimately, these relationships will allow the client individuals to “hang out” with and fill his large amounts of down time with social interactions. His familial relationships can be explored and utilized to provide an experience based relationship to begin learning what makes up an intimate relationship and how to begin to develop a new one.

Church can be a good starting point for this client since he is involved in his church and it can provide some safe initial relationships. Since the client struggles with starting new relationships outside of his family, role play again can be utilized to build self confidence in the risk of new relationships. Using a model of concentric circles, an illustration will be developed to show the client how people can move closer in intimacy. This model has many variations that can be tailored to the client. It consists of several circles drawn within each other forming layers. The outer circles are strangers or just acquaintances. Each layer moving toward the center represents more intimate relationships. The center of the model represents the client and hopefully their relationship with God.

The goal will be to see the client have several people move closer within the layers in order to begin meeting the need of the client for intimacy in a healthy way. The more individuals in the center and first layer, the more intimacy the client can have and thus, the need for pornography is reduced.

Once each of these needs are addressed through the treatment plan, the actual use of pornography will be addressed for the client. The safe environment allows the counselor to ask specific questions about use without the danger of shaming the client. Integrating his faith will add motivation to change. The client will be asked about his use and his perceived addiction to the use and tracked via the CPUI-9 scale. The goal for the client would be to see more individuals in his center concentric circles correspond with lower CPUI-9 scores. This would show the client is meeting his need for connection and intimacy outside of the use of pornography and meeting that need in a healthy way.

**Discussion**

While the above case study shows some specific ways to help the Christian single dealing with problematic pornography use, more research is needed on this population. There are limitations to this method. The differing beliefs and devotion even within the Christian faith could add variables to the implementation that each counselor should evaluate. Additionally, there could be benefit to understanding how this treatment model could be applied to other spiritual beliefs outside of the Christian faith. Further understanding could be applied to the many aspects of diversity such as gender differences, ethnicities, economic status, and the many cultural differences found within the United States and the world. However, there is still some benefit for integrating the spiritual beliefs of the client and knowing their ultimate needs. In doing so, the counselor will begin to align themselves with the ASERVIC competencies in order to develop into a more professional and ethical counselor. More work is still needed to see an increase in addressing spirituality in the professional counseling field. Yet, in this small area, a counselor can begin learning ways of spiritual integration as well as the importance of increasing relational intimacy for their clients. Each counselor should tailor these insights to their own counseling theory and practice. In doing so, the counselor can become the catalyst to change that this specific population often struggles to attain.

Each counseling client presents their own unique past and struggles they carry into the counseling process. This fact is the reason counseling can be of such a benefit to the individual. While not every problem has an easy solution, this article attempted to show the benefits of meeting the needs of the Christian single to reduce and eliminate problematic pornography use. By avoiding the mixed messages this population often hears in dealing with this problem, the counselor can begin to understand and meet the specific needs that have been seen through research and experience. A Christian single needs (a) the creation of a safe environment from which to discuss a difficult and potentially shame inducing subject, (b) the integration of their spiritual beliefs into counseling to bring peace from the moral incongruence, (c) and the understanding of the lack of intimate relationships and a process of increasing these social ties. Addressing each one of these needs will take the focus off of the behavior and onto healthy ways of meeting these needs in a compassionate way. Only then can hope of freedom begin and the client can begin living the way they want to live in alignment with their beliefs and with God.

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**Appendix A: Grading Rubric for Practical Article Submission I and II**

|  |  |  |
| --- | --- | --- |
|  | **CAREFULLY FOLLOW THE GENRE AND STYLE YOU FIND IN THE ARTICLES YOU DOWNLOAD FROM THE JOURNAL YOU SELECT** | Comments |
| 1 | Proper APA (6th Edition) Style: Title page through references and everything in between. | I used 7th edition formatting. |
| 2 | Paper Organization: Includes a clear, succinct abstract, introduction and conclusion that summarizes paper’s contents, and clearly articulated transitions between the primary sections of the paper. | I believe initially I had a good outline, but struggled as I would change it as I wrote. |
| 3 | Professional, Scholarly, Publishable Quality: Correct grammar, spelling, syntax, use of verbiage, tense, etc. | I need to work on eliminating my passive tense. |
| 4 | **ALL** points and facts presented in the paper are supported by proper use of citations and references to current empirical and theoretical literature. | I believe I did this well and do have some good support. |
| 5 | **Content, General Guidelines**  **Title** —It is specific and has a clear focus. It appropriately sets the readers’ expectations for what they will learn.  **Abstract** —It is a concise summary of the entire piece and not just a paragraph lifted from the manuscript. The abstract does the article justice and piques interest in reading the entire work without being cryptic.  **Introduction** —The introduction builds interest and strides confidently into the topic and focus.  **Pronouncement paragraph** —The manuscript includes a pronouncement paragraph and what is previewed there matches the main headings of the article.  **Main headings** —The headings are specific to the focus of the article and are consistent in format (e.g., all stated as questions, each begins with a verb; they effectively guide the reader through major shifts in the argument).  **Body of the manuscript** —There no more than 3–5 main headings that are evenly balanced in terms of length.  **Literature review** —The evidence base is current and authoritative with just a few classic sources. It uses original sources rather than textbooks. The review of the literature is thorough, current, persuasive, and synthesized.  **Transitions** —reading through the article, the transitions are smooth.  **Examples** —The examples provided resonate with the experience of counseling professionals. There are not too few or too many and they were not too long.  **Visual material**—Figures, tables, charts, graphs, and/or other visual material are helpful and worthy of publication. They are original and focused very specifically on the topic of the article.  **Length and clarity** —The manuscript is not too wordy in places (i.e., in need of condensing) nor are there places where the material requires further development (i.e., where not enough explanation is given).  **Conclusion** —The conclusion: (1) briefly “recaps” the main ideas (2) moves from specific to more general ideas (3) revisits the main thesis that was explained in the introduction (4) gives a genuine sense of wrapping everything up and sending readers on their way | I believe the body of the paper does flow, but I just didn’t have time to refine it as much as I would have liked. My initial outline was changed frequently as I read articles and could have done more and refined it better with some more time that most articles would necessitate. |
| 6 | Reference page is in proper APA style and citations throughout are ample and are primary (not secondary) sources. | Done. |
| 7 | Assignment is double spaced, 12 point, Times New Roman | Done. |
| 8 | Follow the author guidelines or what you see in the articles you download from the journal regarding use of first person. Either way (first or third person) it must be appropriately professional and scholarly. | The ASERVIC articles were all over the place and did not have much of an outline to follow. However, I do think I followed the guidelines. |
| 9 | Assignment is of proper length (18-22 pages) [not including title page, abstract, references and required appendices]) DO NOT EXCEED PAGE LIMIT. | 18 pages. |
| 10 | Few, if any, quotations that are brief and are in proper APA format. | No quotations. |
| 11 | Include a copy of the author guidelines for the article as an appendix item. Include a copy of the grading rubric filled out as a self-assessment as an appendix item (submission one only) | Done in Appendix B |
|  | Total Points (Points will vary based on quality of each section)- Submission I: 190 Submission II: 250 | 150/190 |

You’ve done some solid work on this paper Brandon. I know that this kind of writing is challenging; and you were short of time! In any case, I hope you find the feedback I provided helpful for developing your final version.

Please carefully read and follow these directions for your next submission:

* Use this copy of your paper to revise and write your next paper.
* Leave my comments in and reply to each one indicating how you addressed my feedback in the document.
* Use track changes to keep track of all revisions.
* You can delete what you want as long as you use track changes so I can track what you revised and deleted.
* Highlight in the document where you made changes
* Include a table at the end of your paper that includes each of my comments and how you addressed them in the paper.

Let me know if you have questions Brandon. Again, I know this is a very challenging assignment. However, academic writing is one of the most important skills you need as a counselor educator. Publication is usually expected.

I look forward to reading your next version! Many blessings for much success Brandon!

**Submission II Rubric**

|  |  |  |
| --- | --- | --- |
|  | **CAREFULLY FOLLOW THE GENRE AND STYLE YOU FIND IN THE ARTICLES YOU DOWNLOAD FROM THE JOURNAL YOU SELECT** | Comments |
| 1 | Proper APA (6th Edition) Style: Title page through references and everything in between. | Used 7th edition |
| 2 | Paper Organization: Includes a clear, succinct abstract, introduction and conclusion that summarizes paper’s contents, and clearly articulated transitions between the primary sections of the paper. | Some more polishing needs done, but the paper does flow better. |
| 3 | Professional, Scholarly, Publishable Quality: Correct grammar, spelling, syntax, use of verbiage, tense, etc. | Tense changed in areas and other minor errors corrected. |
| 4 | **ALL** points and facts presented in the paper are supported by proper use of citations and references to current empirical and theoretical literature. | Added more citations to back up statements and facts given. |
| 5 | **Content, General Guidelines**  **Title** —It is specific and has a clear focus. It appropriately sets the readers’ expectations for what they will learn.  **Abstract** —It is a concise summary of the entire piece. It should be counselor professional identity focused.  **Introduction** —The introduction contains a six-point argument for the paper:  1. The topic of the paper  2. Why the topic is important.  3. Brief review of what is known about this topic based on the literature  4. Highlights what is not known.  5. How your manuscript addresses this knowledge gap.  6. A brief statement describing the theoretical framework you use in the manuscript and why.  **Main headings** —The headings are specific to the focus of the article and are consistent in format (APA formatted headings)  **Body of the manuscript** —There no more than 3–5 main headings that are evenly balanced in terms of length.  **Literature review** —The evidence base is current and authoritative with just a few classic sources. It uses original sources rather than textbooks. The review of the literature is thorough, current, persuasive, and synthesized. It is specific to the theoretical framework you stated you were applying in the introduction.  **Transitions** —reading through the article, the transitions are smooth (I suggest you read it out loud to check for flow).  **Examples** —The examples provided resonate with the experience of counseling professionals. There are not too few or too many and they are not too long.  **Visual material**—Figures, tables, charts, graphs, and/or other visual material are helpful and worthy of publication. They are original and focused very specifically on the topic of the article.  **Length and clarity** —The manuscript is not too wordy in places (i.e., in need of condensing) nor are there places where the material requires further development (i.e., where not enough explanation is given). Sections are not one long paragraph but broken down into paragraphs.  **Discussion** — (1) briefly “recaps” the main ideas (2) revisits the main thesis that was explained in the introduction (3) provides implications specific to the field of counseling and counselor education (this is the practical piece) (4) provides recommendations for research related to your practical (5) gives a genuine sense of wrapping everything up and sending readers on their way | Significant changes in this area and each item addressed within the paper. |
| 6 | Reference page is in proper APA style and citations throughout are ample and are primary (not secondary) sources. | More citations added |
| 7 | Assignment is double spaced, 12 point, Times New Roman | Correct |
| 8 | Follow the author guidelines or what you see in the articles you download from the journal regarding use of first person. Either way (first or third person) it must be appropriately professional and scholarly. | Third person used and guidelines followed. |
| 9 | Assignment is of proper length (18-22 pages) [not including title page, abstract, references and required appendices]) DO NOT EXCEED PAGE LIMIT. | Page limit increased but still within guidelines. |
| 10 | Few, if any, quotations that are brief and are in proper APA format. | No quotations used. |
| 11 | Include a copy of the author guidelines for the article as an appendix item. Include a copy of the grading rubric filled out as a self-assessment as an appendix item (submission one only) | Included. |
|  | Total Points (Points will vary based on quality of each section)- Submission I: 190 Submission II: 250 | 245/250 |

**Appendix B: ASERVIC Submission Guidelines**

Guidelines for Authors Counseling and Values: Spirituality, Ethics, and Religion in Counseling (CVJ) is a professional journal of theory, research, and practice on the intersection of religion, spirituality, and ethics in the counseling process, with a particular emphasis on the competent and ethical integration of religion and spirituality into counseling. Its mission is to promote free intellectual inquiry across these domains. Its vision is to attract a diverse readership reflective of a growing diversity in the membership of the Association for Spiritual, Ethical, and Religious Values in Counseling and to effect change leading to the continuing growth and development of a more genuinely civil society. Sections within the journal include the following: • Research and Theory. Manuscripts that provide empirical data related to ethical, religious, or spiritual issues in counseling will be featured. CVJ is open to myriad designs related to counseling research (e.g., quantitative, qualitative, mixed method, single case). • Issues and Insights. Manuscripts that offer philosophical, theoretical, and practical applications of ethical, religious, or spiritual issues in counseling will be featured. Manuscripts must be clearly referenced and represent an author’s attempt to offer fresh information. • Techniques for Spiritual, Ethical, and Religious Counseling (TSERC). Manuscripts that focus on practical issues related to (a) development or adaptation of existing techniques for working with spiritual, ethical, and/or religious values in counseling and/or (b) experience related to the effectiveness of techniques in work with clients and client systems will be featured. For authors interested in submitting manuscripts for peer review and possible publication in the TSERC section of CVJ, follow the additional formatting instructions listed below (in addition to the remaining guidelines that follow): 1. Begin the TSERC manuscript with an introduction to the technique/procedure that includes a theoretical rationale. In addition, include any available direct or derivative research supporting the use of the technique/procedure. 2. Provide a detailed description of the technique/procedure. Be specific and clear enough that readers will understand how to implement the technique/procedure with clients. 3. Following the description of the technique/procedure, provide a brief case study demonstrating the use of the technique/procedure. 4. Provide a short conclusion. Submission of Manuscripts Manuscripts are to be submitted electronically (in one attachment) in Microsoft Word format (.doc) to https:// mc.manuscriptcentral.com/cvj. Full instructions and support are available on the site and a user ID and password can be obtained on the first visit. Support can be contacted by phone (888-503-1050), or via the red Get Help Now link in the upper right-hand corner of the log-in screen. For additional inquiries, contact the journal field editor: Abigail H. Conley, CVJ Editor, Department of Counseling and Special Education, Virginia Commonwealth University, 1015 West Main Street, Box 842020, Richmond, VA 23284-2020; phone: 804-828-3738; email: ahconley@vcu.edu. Manuscripts are reviewed by at least two editorial board members and typically undergo revision before final acceptance. Two or 3 months may elapse between acknowledgment of receipt of a manuscript and notification of its disposition. The Editor makes final decisions regarding publication.All submissions are blind peer reviewed. Therefore, authors must submit a manuscript that contains no clues to the authors’ identity. Citations that may reveal the authors’ identities (e.g., “in an extension of our previous work [citation of work with authors’ names]”) should be masked (e.g., [“Authors, 2011”]). The authors’ names, positions or titles, places of employment, and mailing addresses should appear on one cover title page only, not in an author footnote. Other subsequent pages should include only the manuscript title in the header. Authors submitting manuscripts to the journal should not simultaneously submit them to another journal, nor should manuscripts have been published elsewhere in substantially similar form or with substantially similar content. Preparation of Manuscripts Authors should carefully prepare their manuscripts in accordance with the following instructions. All manuscripts should be prepared according to the Publication Manual of the American Psychological Association (6th ed.; American Psychological Association [APA], 2010). Manuscripts should be as concise as possible, yet sufficiently detailed to permit adequate communication and critical review. Consult the APA Publication Manual for specific guidelines regarding the format of the manuscript, abstract, citations and references, tables and figures, and other matters of editorial style. Tables and figures should be used only when essential. Selected Sections for Manuscript Submissions Title Page: The first page of the manuscript should be masked and contain only the title of the manuscript.\* \*Note. Prepare a separate, supplemental file labeled “Title Page” and upload at the above website in addition to the blinded manuscript. This title page document should contain the article title, the names and affiliations of all coauthors, author notes or acknowledgments, and complete contact information of the corresponding author who will review page proofs (including complete mailing address and email) in the following format: (Continued on next page)

CVJ Guidelines for Authors (Continued) Author(s) Name only (i.e., no degrees or position titles listed), Department Name, University Name, at City (if applicable). Author Name is now at Department Name, University Name, at City (if changed from above listing). Correspondence concerning this article should be addressed to Author Name, full mailing (including street or PO Box) address, City, State (using postal abbreviation), zip code (email: name@name.edu). Abstract: The abstract should express the central idea of the manuscript in nontechnical language. It should be on page 2 and is limited to 100 words. Keywords: Keywords should follow the abstract on page 2 and should include 5 words. Tables and Figures: No more than 3 tables and 2 figures with each manuscript will be accepted. Please be sure to indicate the table or figure callouts within the manuscripts. However, do not embed tables or figures within the body of the manuscript. Each table or figure should be placed on a separate page following the reference list. Figure captions are to be on an attached page, as required by APA style. Figures (graphs, illustrations, line drawings) must be supplied in electronic format with a minimum resolution of 600 dots per inch (dpi) up to 1200 dpi. Halftone line screens should be a minimum of 300 dpi. JPEG or PDF files are preferred. (See APA Publication Manual, pp. 128–150, for more detailed information on table preparation and pp. 150–167 for further details on figure preparation.) References: References should follow the style detailed in the APA Publication Manual. Check all references for completeness, including year, volume number, and pages for journal citations. Make sure that all references mentioned in the text are listed in the reference section and vice versa and that the spelling of author names and years is consistent. Footnotes or Endnotes: Do not use. Incorporate any information within the body of the manuscript. Other: Authors must also carefully follow APA Publication Manual guidelines for nondiscriminatory language regarding gender, sexual orientation, racial and ethnic identity, disabilities, and age. In addition, the terms counseling, counselor, and client are preferred, rather than their many synonyms. Page Limitations Manuscripts are typically between 8 and 20 double-spaced pages. This does not include title page, abstract, and references. Permission Requirements Lengthy quotations (generally 500 cumulative words or more from one source) require written permission from the copyright holder for reproduction. Previously published tables or figures that are used in their entirety, in part, or adapted also require written permission from the copyright holder for reproduction. It is the author’s responsibility to secure such permission, and a copy of the publisher’s written permission must be provided to the Editor immediately upon acceptance for publication. Accepted Articles Authors will receive information for submitting a final copy of their article upon acceptance from the journal field editor. This final version of the article should have any previously masked author references and in-text citations reinstated, and include all author names with their departmental and university affiliations. Full contact information should be included for the designated corresponding author (CA). Once the article is in production with the ACA Publications team, the CA will receive copyedited PDF page proofs for review via email. Please note, the article cannot be published until the publisher (Wiley) has received a signed copyright license agreement. The CA will be contacted by Wiley via email to log into the Wiley Author Services (WAS) portal and electronically sign the licensing agreement. This Wiley email request will be sent approximately 2 weeks after the review of the page proofs. The CA is responsible for signing the licensing agreement on behalf of any coauthors. Receipt of Final PDF File Upon Publication At the time the CA is prompted to log into the WAS site to execute the licensing agreement, they will need to select the option to receive an email alert when the issue is published. Once the article is published, the CA will be able to download a free PDF offprint through the WAS site with information on the terms and conditions regarding its use. Promote Your Work After publication, it is important to try to increase your article’s visibility by making it easier for people to find, read, comment on, and cite. Wiley and ACA provide helpful resources with the Author Promotional Toolkit.

**Appendix C: Comments and Changes**

|  |  |
| --- | --- |
| **Comment** | **Correction** |
| Wording needs correction | I reworded in order to flow better from the previous sentence |
| Would “as single individuals” read better? | Yes, corrected. |
| This is a solid start for the pronouncement of the problem Brandon. However, it needs some tightening up. Per the revised rubric I sent everyone (which I also pasted in below), the opening part of the paper should provide a clear argument with:  1. The topic of the paper  2. Why the topic is important.  3. Brief review of what is known about the topic based on the literature  4. Highlights what is not known.  5. How your manuscript addresses this knowledge gap.  6. A brief statement describing the theoretical framework you use in the manuscript and why.  When you revise your paper, please develop this opening stronger.  Be sure to provide a strong rationale for focusing on the Christian and the “single” person. Why is it crucial for professional counselors to develop competency in this area? Remember to lay this foundation for your paper from a specifically counselor professional identity perspective using verbiage that is sensitive to multi-culturalism and diversity factors. | Changed and restructured. See revision. |
| Include an introduction to the section that presents what literature will be reviewed. This should be based on the theoretical lens you introduce in #6 above. | Added an introduction summarizing the three areas focused on in the literature. |
| See if you can present this more scholarly, for example, “Studies indicate that the messages…” and focus on the impact this has. | Corrected per given example. |
| Right. But I think some wording needs to be tweaked so that you are stating this more effectively Brandon. | Reworded to: “If the Christian single then turns to professional counseling, there must be both help with the behavior and integration of their spiritual beliefs. The professional counselor then must have and understanding of their beliefs and an intentional integration in an ethical manner.” |
| Citations needed. | (Thomas, 2013) |
| Rather than cite Christian scriptures, which non-Christian readers may not be familiar with, briefly delineate what people of this faith believe based on these scriptures, citing counseling scholars/integration scholarship. | Re-worded and added scholarly citation: “One of these tenets of Christianity that can be utilized is the need for strong social ties and relational support (Grubbs & Perry, 2017).” |
| This doesn’t seem to follow from the above. There needs to be a clearer and academically based bridge from the sentence before this to a discussion of loneliness. It seems to take an unfounded leap. | Re-worded and added the link to the previous statement to: “Yoder et al. (2005) echoes this benefit of being socially connected.” |
| Unclear what you mean here by “enabling loneliness.” | Re-worded to: “This study is the seminal and only study that attempts to link pornography use with an increase in loneliness.” |
| I wouldn’t state this as definitive for all Christians. How about stating, studies indicate that some Christians who… may. | Changed to “may carry” to eliminate the definitive statement. |
| It is written as DSM-5 | Changed |
| What studies/literature can you cite to support integrating these three factors into the treatment? This belongs in the literature review. Then you can introduce a model, based on the literature. Each component should have research support. | Added a phrase to point to the literature and gave a scholarly reference for each need addressed within the treatment plan. |
| This is full of important information. However, it needs some development in terms of presentation Brandon. After you make the revisions requested above, I think you will be able to bring this section up the developmental ladder too. Each aspect of treatment you recommend should reference the literature and include (1). A literature-based definition; (2) What do studies report is important regarding creating a safe environment? | Worked the research into each section to make each need reference based and coming from the research. |
| I don’t think you need this here because you write about it in the next section. Unless the ASERVIC competencies directly address “A Safe Environment” it presents a sequencing problem to discuss them in this section. | Section deleted |
| Again, good content, but it reads more like what you’d find in a class paper and not a journal manuscript. | Re-worded:” Based on these findings, it is reasonable to posit that providing a safe environment for this population is foundational to the treatment that follows.” |
| Purposeful points, all of which need to include citations. You just don’t see explication such as this in journal articles without plenteous references to the literature. | Adjusted the tone of the paragraph to be less definitive and more directed out of the literature. |
| Same feedback as above, where you referenced the other scriptures | Corrected by adding scholarly citation. |
| Credible and insightful, but it reads more like you are sharing your own thoughts vs. a scholarly clarification based on the scholarship in the field. | Added citations to back up each statement. |
| I am unsure how this citation establishes this:  Robinson, S., Anderson, E., & White, A. (2018). The bromance: Undergraduate male friendships and the expansion of contemporary homosocial boundaries. Sex Roles, 78(1-2), 94-106. https://doi.org/10.1007/s11199-017-0768-5  I suggest citing several studies when making a generalization like this. Moreover, use verbiage such as “Studies indicate that…” | Found more credible citations to back up this statement. |
| Again, this is based on an over-generalization. | Statement deleted. |
| Each of these “several factors” need to be cited. | All of these factors came from the same source (Robinson et al., 2018); citation was added. |
| The problem that I see Brandon is that you’ve assumed that at large, the pornography use by single Christians is primarily due to loneliness. However, I don’t see that clearly established in what you’ve written above. | Adjusted the wording to be based on the literature and allow the literature to make the argument for me. |
| Is there literature to support these practices?  I suggest doing much more literature review Brandon. Please do a quick search in Ebsco-Host with the following key terms and read several of these articles on treatments of problematic pornography use to integrate in:  Problematic Pornography Use and Psychotherapy or Therapy or Counseling  As you review these articles, study the genre, the voice, the number and kind of citations, etc. This will help you further develop your piece. | Added appropriate literature to address the benefits of these intervention practices. |
| Primarily you’ve discussed assessment in this section and breezed over the actual treatment. I think far more is needed on the treatment, even though you mention it as flexible in terms of foundational models you integrate it into.  In an article that explicates a new treatment model, or integrating a process into evidence-based treatment, more detail is given to the phases of treatment. After clearly describing the phases of the treatment, there usually is a table delineating the protocol as a whole. The methods you use in each phase of the treatment need to be detailed and the change mechanisms each intervention is based on should be described prior to the case study. | Added the treatment description and two charts to detail the treatment protocol. |
| Write the case in the past tense | Changed to past tense. |
| Is this assumed for every client? What about folks who have very loving, intimate friendships who still struggle with pornography use? | Good questions, I addressed this question in the re-write of this paragraph. |
| Figures need to be labeled in proper APA style. Moreover, they need to be described prior to being placed. Note that in published manuscripts you wouldn’t find a figure from someone else’s work without permission from the author. I suggest removing the figure and describing it instead. | Removed and described |
| Although interesting and I am sure it took you time to develop, which I appreciate, I don’t see the issue of pornography really being addressed or treated in the case Brandon. | Added a paragraph to address this more specifically. This treatment is also based on the assumption that the client is getting his need for intimacy met in pornography use, which also has other confounds that were addressed in the next section. |
| This section needs further development. It should be more specifically counselor professional identity focused and provide deeper discourse on implications for the counseling field, limitations to your presentation, and research recommendations. In your revision, also include diversity factors. Are Christians the only population who suffer in this way? How would the model apply to other faiths and populations? | Worked to develop this further, changes were made based on the questions and tied to counselor’s identity in ASERVIC competencies. |