

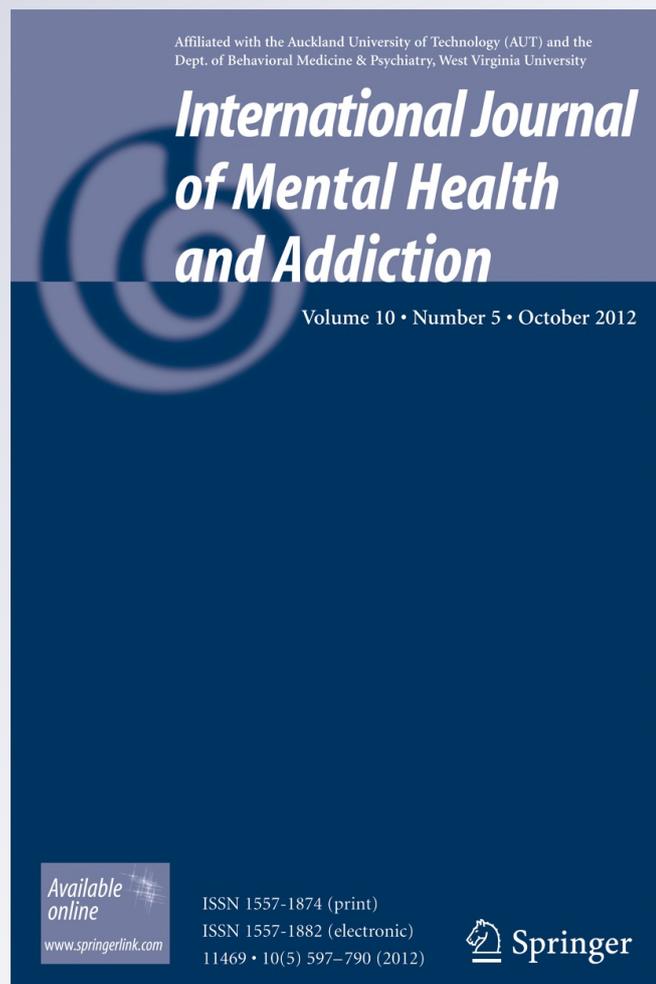
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**International Journal of Mental
Health and Addiction**

ISSN 1557-1874
Volume 10
Number 5

Int J Ment Health Addiction (2012)
10:770-777
DOI 10.1007/s11469-011-9371-0



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A Non-blaming Chance and Action Approach to Therapy with Sexually Explicit Media Overuse: A Case Study

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Published online: 17 January 2012
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Abstract In this clinical presentation a non-blaming, non-judgmental approach to overuse of sexually explicit media (SEM) is introduced. This approach normalizes the problem and sees it in the context of evolution and market forces. It is claimed that such an approach contributes to change and strengthens the therapeutic alliance. A new technique utilizing chance to determine ways of using SEM illustrates a possible application of such a perspective. The method is described and some hypotheses are raised to account for its success. Despite the limitations of the case-study method, this promising new technique, without any known side-effects deserves further exploration.

Keywords Pornography · Overuse · Chance · Sexuality · Media · Cards

The danger of sensuous pleasures is that they may become obsessions rather than fulfillments, that they may narrow sensibility and capacity or entirely disorganize a life. Irwin Edman, *Four ways of Philosophy*

This article consists of three parts. In the first part a new perspective on what is commonly known as “sex or pornography addiction” is offered. A world view cannot be proved scientifically and its acceptance or rejection can only be left to the individual’s consideration. One consideration in adopting a world view is its practical implications. In the second part, three guidelines for therapy in such cases are described. The third part consists of a case study illustrating the successful use of a technique derived from the former two sections.

A short review of the prevalent treatments of sexual addictions will highlight the differences between them and the approach recommended here. The existing treatments are based to a large extent on Patrick Carnes’ conceptualization of sex addiction (1990). The therapy and counseling offered to clients is usually one or more of the following four options:

Self Help and Support Groups Several 12-step programs for recovery from sex addiction are available, among them, *Sex Addicts Anonymous* (SAA), *Sexaholics Anonymous* (SA) and

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Sex and Love Addicts Anonymous (SLAA). Each one of them has a unique approach to ‘sexual sobriety’ yet they all share admitting powerlessness over their addictions, seeking the help of God or a higher power, following the required steps, seeking a sponsor and attending regularly the meetings (Myers 1995).

Cognitive Behavioral Techniques In this action oriented interventions, factors that trigger and reinforce the addicted behavior are examined and changed by learning to stop inappropriate sexual thoughts and switching to alternative thoughts and activities. Other important components are anxiety reduction, cognitive restructuring, assertiveness training, and relapse prevention (Wolfe 2000).

Psychoeducation Didactic means such as reading Carnes’ (1991) popular *Don’t Call It Love: Recovery from Sexual Addictions* are used to increase awareness to the addictive process. Other media presentations and discussions with individuals, couples and groups are used to impart information about healthy sexuality, relationship enhancement, and social, intellectual and spiritual development.

Insight oriented (Psychodynamic) Therapies These approaches aims to increase the clients’ self esteem and impulse control and ameliorate mood difficulties, unsolved issues and the effects of past trauma that maintain the addictive behavior (Myers 1995).

Pornography Addiction or Overuse of Sexually Explicit Media

A clarification of this article’s title is needed. It is here contended that the word ‘pornography’ has moral connotations (bad, forbidden, sinful). So does the word ‘addiction’ (self-indulgence, recklessness, weakness). This is especially pertinent with clients seeking help for ‘pornography addiction.’ Most of them have already tried unsuccessfully different means, including special programs and therapies and are thus suffering from an additional tier of psychological problems consisting of guilt, shame, experiences of failures and low self-esteem.

In order to avoid moralizing, which only serves to antagonize clients and alienate therapists from them, descriptive terms will be used—‘overuse’ and, following Malamuth (1966), ‘sexually explicit media’ (SEM). Discussing the moral standing of pornography in and of itself is beyond the scope of this article. The calls for ‘willpower’ and ‘responsibility’ communicated in some attempts at helping are again in the moral realm, as they encourage feelings of shame (loss of control) and guilt (transgression) from which the clients suffer any how.

The approach presented here is much influenced by Nietzsche’s (1984/1886) ideas of irresponsibility and innocence, “Man’s complete lack of responsibility, for his behavior and for his nature, is the bitterest drop which the man of knowledge must swallow, if he had been in the habit of seeing responsibility and duty as humanity’s claim to nobility” (Section II, 107).

It is still an open and important question whether SEM overuse is an addiction or not (Griffiths 2001; Kingston and Firestone 2008). However, from a semantic perspective, this is a mute question, as General Semantics (Korzybski 1958) has already discarded the ‘is of identity’. Sexual behavior is something concrete and unique in each individual case, while ‘addiction’ is a word—an abstraction. This holds true for alternative terms like dependency, hyper sexuality, compulsiveness and obsession. To continue Korzybski’s Non-Aristotelian approach, it is not necessarily an ‘either or’

matter. It is quite feasible to posit that ‘addiction’ is a successful concept for scientists searching for effective medical treatment, and an unfortunate term for practitioners offering mental health help.

Thus, a more productive question would be what metaphor is helpful in understanding a problem and in generating help to solve it. Wernik (1990) has argued that explanatory terms in sexology can either pathologize by concentrating on differences (between the observers and the observed), or normalize, by looking at commonalities, and that a therapeutic act can only stem from empathy. This article aims to offer a different perspective on explaining overuse of SEM and uses a case study as an illustration of one possible technique that can be derived from it.

Overeating as a Metaphor for SEM Overuse

In the approach to treating SEM overuse suggested here, drug addiction is rejected as a useful metaphor to be substituted with overeating. Unlike drugs, sex and food share the following:

1. They are necessary for survival.
2. Their consumption patterns were changed in recent in human history.
3. Are dependent to a large degree on environmental-technological factors, such as fast and cheap food, advertising, the spread of the internet and digital media.
4. In most western countries their supply is legal and without any hindrance from the authorities.
5. Their consumption is growing steadily and spreading to the population of children and adolescents. The *National Health and Nutrition Examination Survey* in the United States for 2007–2008 (NHNES 2010) has found that 72.9% of the country’s population is overweight, obese, or extremely obese. *The Week* (2010), an Internet magazine, reported that 43% of all Internet users view pornographic material on line, while 75% of them report that they have “accidentally” viewed a pornographic site.

An evolutionary perspective is quite adept at explaining the two domains. Such understanding promotes a less alarmed reaction to ‘natural’ phenomena and enables a non-blaming empathic treatment of the problems presented, be it overweight or over use of SEM. In this way the emphasis moves from the supposedly deviant or self-neglecting consumer to the economically powerful suppliers. Obesity is explained by the ‘thrifty phenotype’ hypothesis, indicating that humans evolved to adapt to food shortages. Power and Schulkin (2009) suggest that there is a mismatch between our evolved biology and our modern life of lowered physical activity and overflow of cheap addictive fast and junk food.

Similarly Malamuth (1966) argued that the consumption of sexually explicit media is, in part, the result of inherited male–female differences in evolved sexuality mechanisms interacting with environmental forces. Males and females have different mating strategies: those of males are based on visual cues, of youth and beauty, aiming to have intercourse with many fertile females. These strategies are constrained by environmental factors such as a compromise with female strategies, social demands for monogamy, fear of venereal diseases, rejection by females or limited resources. Exposure to SEM is not constrained and is not conceived as dangerous, therefore serving as a compromise.

Thus, rather than “blame” users of SEM, it makes more sense to see it, just like obesity, as a natural reaction to a given situation. One can even say that the question as to why some men do not consume SEM is actually more intriguing than why some do. Similarly, slimness in conditions of food overflow is not less surprising than obesity. This does not mean that the status quo is desirable. As changing human biological programming is not easily done, modifying the environment gains importance. This can be done on a national level by examining what can be done to curb the powers of SEM suppliers, without jeopardizing the freedom of information rights. On the individual level it could be translated into a good Internet content filtering program.

SEM has indeed turned into an industry. In its January 2006 issue, AVN (Adult Video Network) reported that the adult industry grossed \$12.6 billion in the U.S. in 2005, \$4.28 billion of which was from sales and rentals of videos and DVDs. In a Nov. 21, 2003, segment on “60 Minutes,” AVN President Paul Fishbein said that the adult industry grossed \$57 billion worldwide (Scura (2006)).

The suppliers cater to all tastes, and the possibilities and variations in content keep growing. In order to get customers, the sex content providers go to the extremes of beauty, size, violence and demonstrations of ecstasy. In former generations SEM as well as other sex services was something that only the affluent could afford. Later it became a commodity that necessitated visiting sleazy establishments in run-down neighborhoods. Fantasy becomes obsolete as with the ‘Triple A Engine’ consisting of accessibility, affordability and anonymity (Cooper 1998) and with a click of a mouse one can see things wilder than the wildest dream.

This is a clinical paper, and the semantic questions raised here, the emphases on evolutionary considerations and the market considerations on the supplier’s end of SEM are not merely academic, as they are communicated to clients, leading to different approach to therapy and therapist-client relationship.

Non-blaming Guidelines for Therapy

Under the above perspective, the following three motifs direct the therapist’s responses and suggestions. These themes are discussed and referred to along the mutual work with clients seeking to overcome their overuse of SEM. This holds true for cases where other techniques are chosen, or for one-time consultations:

Irresponsibility and Innocence

Clients are given to understand, in the light of the ideas mentioned above, that they are not responsible for the problem. The analogy with obesity is explored, resulting with the almost inevitable conclusion that we are all, in one way or another, victims of the environment we live in (This is life in the 21st century ...). Clients are reminded, quoting the favorite saying with narrative-psychotherapists, that “you are not the problem; the problem is the problem.”

In this approach looking for “psychological reasons” for SEM overuse is discouraged, as believing that they have a “mental problem” could either paralyze or conversely serve as alibi. Murphy’s Law, “If anything can go wrong, it will” is often mentioned, as a simple explanatory alternative in this context (It happened because you are a man, or a woman, that is persons with a sexual drive). In addition, even if the

overuse started out in some stressful situation, it is still a habit to be dealt with in the present. The non-blaming and responsibility relinquishing approach is an antidote to the tier of guilt and failure that was built after repeated failure to overcome the habit.

It is not a Matter of Willpower

Clients are told that the problem is bigger than them; that it is not under their voluntary control and not a matter of strong or weak will. It is as if practically an internal autonomous agency is now running the show. It is a case of a tail wagging the dog, albeit a very sneaky tail, adept at deceit and manipulation. This framework constitutes an invitation to an observation and study of the diverse ways this unit-agency has to enforce its wish.

Incidentally, the guidelines described here are equally applicable to the treatment of obesity and nicotine consumption, which gives support to using food as an appropriate metaphor for SEM.

Expecting Failures and Successes

With such adversaries perseverance is a must. The situation is similar to dieting or quitting smoking. Ups and downs should be expected and not immediate full successes. Another necessary ingredient is creativity and playfulness. The problem, or the 'autonomic agency' that runs it must be outsmarted; we should better count on some guerilla operations rather than a full-scale war; on bypassing, rather than struggle with it. The client that will be presented in an atypical way did not have to try too many times.

Trying to find ways to bypass this agency, clients are given the analogy of heart surgery, where heart and lungs functions are temporarily transferred to a machine. Rather than staying in a state of conflict between them (that is 'headquarters') and this agency, it would be more advantageous to transfer control to another external power. In any case it is made clear to the clients that they will never be requested to abstain from viewing SEM, but rather would be instructed, in a different way on how and when to watch them, if they so wished.

A Case Study

The client is a successful journalist. He is in his middle thirties, single with a rugged manly look. He was referred by his sister-in-law after 3 years of twice-a-week dynamic psychotherapy. He said that he now understood the reasons for his problem but was miserable as ever. He was a consumer of pornographic movies. Each day he would take out an x-rated video tape from an automatic rental machine, paying with his credit card. His preferences were not restricted to any one particular theme. He liked group sex, oral sex, 'extremes', domination and humiliation. There was one or two particular production companies whose tapes he found were better than others.

He has been doing this since he was 20 years old, while serving in the army. No one suspected what was going on, but things were not well and he felt closed in his own world. He was experiencing lack of confidence and tensions in his job, and was working only the

bare necessary hours, finding it difficult to concentrate on long term projects. Watching his videos had become a safe shelter for him.

The client had gradually become a recluse. SEM was like “a time sucking machine” leaving him depleted. He stopped meeting friends, avoided meeting his family and stopped dating. He would use all his free time to run and rerun his tapes, both forward and backwards, while masturbating to selected scenes. The whole process, accompanied by smoking five or six cigarette, took between one and a half to three hours daily.

Later, after a period of disgust and recuperation, he would again be overcome by the urge. He no longer had sexual relations with women. With the last partner he had experienced erectile difficulties. Somehow, real sex with a live partner looked extremely pale compared to the wild scenes in the movies.

The client used the words ‘obsession’, ‘compulsion’ and ‘addiction’ to describe his condition. He gave up trying to manage his habit; later he tried to establish some limits, but it didn’t work at all. He felt that he was not in control of his life; that he was living in the underground and becoming a freak; that he was down sliding into a future that looked even more frightening; and worst of all, he was discouraged and guilt-ridden, blaming himself for a lack of willpower and after the disappointing results of therapy, did not see how he could be helped anymore..

The work with this client was based on the three guidelines mentioned before. The first session was dedicated to hearing his story. The therapist had agreed with the client’s wish to go for results and suggested that if he could not identify any change, not even a 10% change in four sessions it would be wise for him to terminate the sessions.

Using Chance and Action

In the second session the client understood that chance or luck could be such a machine, dictating its wishes with the medium of cards. Informed consent was asked for and granted, understanding that the method offered was new, experimental and without any known negative side effects.

Method

A blank pack of cards with a distinctive design on their back was purchased in a stationary store. Usually stores that cater to kindergartens will carry such cards. It is always possible to “do it yourself” with cardboard or with stickers pasted on standard cards. Therapist and client then sat down to write a first batch of cards, including only assignments that according to his judgment would be easy to carry out. The challenge presented was to invent assignments that are playful, enriching and not vindictive. In a mutual creative process, during the next few sessions, cards were added and modified, to arrive finally at a deck of 18 cards, shown at Table 1. He was instructed to shuffle his deck before going to sleep, and pick randomly a card. The message on the card will indicate how to go about viewing on the next day, his sex tapes. The client cooperated fully and even took the deck with him, when staying out of town.

Results

The client had four once weekly sessions and later a session every 2 or 3 weeks for additional 5 month. He experienced and the therapist witnessed magic in action. A week

Table 1 Chance and action cards

Do 20 push-ups	You must fetch a videotape at 10:17 and start watching it at 22:17.	Walk (and not drive) to fetch a tape.
Before you start watching.		Watch it sitting on a stool and not on an arm chair.
You can watch a tape only after self-initiated social activity.	No smoking while watching.	Have a break after 30 minutes of watching, prepare and eat a large vegetable salad.
Pick the seventh tape down the column at the automat, disregarding its title.	Run the tape fast forward and review from end to beginning only.	Watch a tape without masturbating.
You have only 60 minutes to finish watching and masturbating.	Joker: Decide how to go about it yourself.	“Double header”: Fetch a tape, masturbate, and immediately return to take a new one and masturbate again.
Before beginning to watch your tape, find a significant paragraph the Bible, and read it.	Before watching, imagine with closed eyes an attractive woman you know, and masturbate while thinking about her.	Fetch a tape at 04:00 and start watching it within 15 minutes.
Have at least two hours of creative activity before you can watch a tape.	Before starting, think about the desired way to use x-rated movies.	You can only watch half a tape.

after he started playing cards he reported only two instances of SEM viewing. Later it was reduced to once a week or 2 weeks. A 3 month period without any viewing followed. He was in great physical shape; started socializing; had sex with a woman colleague; had a girl friend for a while; his family was delighted with him again; he did very well at his job. The client was then sent by his paper as correspondent to a distant country, without publicly available video machines. To be on the safe side, he ordered anti SEM filter from his internet supplier and took his cards with him.

Discussion

This technique has no negative side effects: the very enumeration of constructive activities is beneficial, even if patients decline to carry out the assignments dictated by luck. This approach does not blame the client (victim) for his problem, and on the contrary shows empathy to his or her ‘bad luck’ of being stuck with the consequences of SEM overuse. The positive results can be explained in terms of paradoxical intervention, negative practice, chaos theory (emergence of change from small butts of action) and ego-parts therapy. Yet, all these explanations are given post-hoc and therefore can only serve as hypotheses in need of further work.

Wampold (2001) who investigated the effectiveness of psychotherapy found that the type of treatment and the theoretical bases of the techniques used were not factors. In contradistinction the therapist’s strength of belief in the efficacy of the technique and the therapist as a person were large factors, while the therapeutic alliance was the most important one. The approach presented here introduces acceptance, collaboration and playfulness into the relationship.

As the cards are designed individually, it will be almost impossible to run a controlled experiment on their use. Wernik (2010) offers some accumulative validation,

demonstrating successful use of similar chance and action techniques to solve habitual problems of over eating, posture, obsessive-compulsive behaviors, smoking and panic attacks. With the well-known limitations of the case study method notwithstanding, the successful results at least suggest that firstly, this article's perspective on overuse of SEM is productive and innovative interventions can be based on it. Secondly, that using chance and action together with a playful approach is worthy of further exploration and adaption to other problem areas.

Finally, the intervention suggested would be unsuitable to treat addictions or compulsive habits that involve illegal activity such as the use of unlawful drugs or kleptomania. It would also be inapplicable to self-harm causing behaviors, such as exaggerated abuse of alcohol. A mental health practitioner cannot even tacitly agree to these behaviors.

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