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A PHENOMENOLOGICAL INVESTIGATION OF COUNSELORS' EXPERIENCES WITH
CLIENTS AFFECTED BY PROBLEMATIC INTERNET PORNOGRAPHY USE

by

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A Dissertation Submitted to the Faculty of Old Dominion University in Partial Fulfillment of the
Requirements for the Degree of

DOCTOR OF PHILOSOPHY

COUNSELOR EDUCATION AND SUPERVISION

OLD DOMINION UNIVERSITY
August 2020

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ABSTRACT

A PHENOMENOLOGICAL INVESTIGATION OF COUNSELORS' EXPERIENCES WORKING WITH CLIENTS AFFECTED BY PROBLEMATIC INTERNET PORNOGRAPHY USE

Kendall R. Sparks
Old Dominion University, 2020
Director: Tim Grothaus

The primary researcher conducted a phenomenological study examining the experiences of licensed professional counselors ($n = 8$) who have worked with clients affected by problematic Internet pornography use. There were five female participants with an average age of 49 and three males with an average age of 63. All eight participants identified as Christian. Four participants reported their highest level of education was a Master's degree, three participants reported holding a Ph.D. and one participant reported holding an Ed.S. Through semi-structured interviews, the primary researcher of this study sought to gain an understanding of how counselors were experiencing and navigating this phenomenon. The research team constructed three superordinate themes: confusion and discomfort, beliefs and biases and treatment challenges. In addition, the research team identified 14 themes and 9 subthemes through consensual coding of the data. The findings of this study may inform counselors, counselor educators and supervisors on how to ethically and effectively work with clients experiencing problematic Internet pornography use.

Key Words: pornography, counselor, training, treatment

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For Elle and June

May you follow your dreams and always believe in yourself

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To my husband, Derek, thank you for always telling me it was going to be ok when I was struggling to keep my head above water and for being there for our girls when I couldn't be. To my grandmother who loved me unconditionally and believed in me unequivocally my entire life. To my Dad for always being positive and cheering me on along the way. Finally, and most importantly to my mother who made this dream of mine a reality. Mom, thank you for the sacrifices you've made so that I could follow my dreams.

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Chapter I

Introduction

In this chapter, the study is introduced by providing my experience with the topic, a brief summary of the relevant literature, a discussion about the purpose of the study, and listing the research question that guided the study. Next, the conceptual underpinnings and the researcher's role in the study is summarized. Finally, a brief description of the methodology and definitions for key terms is shared.

When I started in private practice as a counselor nine years ago, I was aware of my areas of strength and growing edges and I was actively involved in continuing professional development through conferences, workshops, consultation with colleagues, and supervision. A challenging pattern soon began to emerge. I would be working with a client or clients long enough to discuss their concerns, build a strong working alliance, and begin working on their identified issues. What would then happen with relative frequency was that the client(s) would discuss how their Internet pornography use was causing problems in their life.

Regrettably, this was not a topic that received any content coverage during my counselor preparation program, nor was it addressed comprehensively in common resources (e.g., Diagnostic and Statistical Manual of Mental Conditions, Fifth Edition [DSM-5]) or in many professional development offerings. I also found my consultations usually revealed that colleagues were in a similar situation and local resources or experts regarding this topic were not readily available. Although a sound working relationship with clients experiencing this concern had usually been established and progress on their initially reported issues was being made, it was challenging to discern how to ethically and effectively handle each individual situation. Fast forward to now, I have grown significantly in my confidence and competence in working with

this client concern (but would not claim expert status). It appeared to still be the case that this real and distressing concern for a number of clients was under researched and resourced in the counseling field. While advocacy efforts were taking place to create common criteria, terminology, assessment, diagnosis, and empirically-based treatments for this client concern; counselors were currently working with clients absent the substantive guidance available for other client issues (e.g., substance abuse, depression). This study proposed to explore the lived experiences of counselors working with clients who struggle with problematic Internet pornography use. It was hoped that the conclusions of this investigation would assist with the counseling field's efforts to ethically and effectively work with clients experiencing these difficulties. Following was a brief examination of the extant literature on this topic.

Brief Summary of the Relevant Literature

While pornography can be traced back to prehistoric times, with the advent of the Internet, pornography consumption has reached its highest and broadest levels (Maddox, Rhoades & Markman, 2011; Rudgley, 2000). Internet pornography was a distinct genre because of the "Triple-A Engine" effect of Accessibility, Affordability and Anonymity (Cooper, 1998). Many believed these factors were the reason for the increase in Internet pornography consumption (Chisholm & Gall, 2015; Egan & Parmar, 2013; Harper & Hodgins, 2016). Counselors have also reported increasing numbers of clients who present with problematic Internet pornography use (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016)

Problematic Internet pornography use affects people from all different backgrounds and demographics. A study conducted in the relatively early days of widespread Internet usage found that women and gay men were the most high-risk demographic groups in terms of developing

sexually compulsive behavior (Cooper, Delmonico, & Burg, 2000). The researchers considered both groups to be disenfranchised and seeking sexual freedom without negative social consequences, highlighting their vulnerability to Internet pornography. Although research on race, ethnicity, and problematic Internet pornography was limited, one study found that urban, low-income, Black and Hispanic youth considered Internet pornography as the main source of their sexual education (Rothman, Kaczmarzky, Burke, Jansen, & Baughman, 2015).

In comparison to other cultural factors, the body of literature regarding problematic Internet pornography use and religion was relatively more robust. Some research implied that people of faith experience distress when their behavior does not align with their moral and religious beliefs and that people who identified as religious were more likely to feel that their Internet pornography use was problematic (Bradley, Grubbs, Uzdavines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs, Volk, Exline, & Pargament, 2015).

There was also a considerable amount of literature linking problematic Internet pornography use to negative life consequences and negative impacts on daily functioning (Hesse & Pedersen, 2017; Mitchell, Becker-Blease, & Finkelhor, 2005). Viewing Internet pornography alone and frequently seemed to increase the likelihood of negative consequences (French & Hamilton, 2018; Wright, Bridges, Sun, Ezzell, & Johnson, 2018). Negative effects such as loneliness, poor sexual body image, depression, poor decision-making, social isolation, damaged relationships, career loss, financial consequences, and a cycle of shame and guilt have been found to be associated with Internet pornography use (Butler, Pereyra, Draper, Leonhardt, & Skinner, 2018; Cranney, 2016; Gilliland, South, Carpenter, & Brand, 2011; Laier & Brand, 2017;

Negash, Van Ness Sheppard, Lambert, & Fincham, 2016; Schneider, 2000; Yoder, Virden III, & Amin, 2005).

Despite the documented increase in problematic Internet pornography, the DSM-5 does not recognize problematic Internet pornography use in any fashion (e.g., as a type of addiction) (American Psychiatric Association, 2013). The absence of a sanctioned diagnosis and set of criteria has left counselors to struggle with proper diagnosis and treatment for clients reporting this issue (Hagedorn, 2009).

Previous studies have indicated that training for helping professionals in this area was not usually emphasized in preparation programs (Hagedorn, 2009; Hinman, 2013; Love, Laier, Brand, Hatch, & Hajela, 2015). In fact, Hagedorn (2009) surveyed counselors who specialize in problematic Internet pornography use and over 90% reported a lack of training in this area. Additionally, Hinman (2013) interviewed counselors who specialize in this area. These counselors expressed concern about the lack of basic training in this area and some postulated that it caused counselors without specific training to feel incompetent when they encounter this population. The prevalence of clients with problematic Internet pornography use is growing and research shows that many counselors have felt that they are not prepared to treat this population (Chisholm & Gall, 2015; Egan & Parmar, 2013; Hagedorn, 2009; Harper & Hodgins, 2016; Hinman, 2013; Love et al., 2015). This study seeks to explore how counselors are managing this dilemma in order to shed light on this unique phenomenon in the counseling field.

Purpose of Study

The purpose of this study was to explore the experiences of counselors who work with clients experiencing problematic Internet pornography use but did not claim to specialize in this

area. The overall goal of the study was to assist counselors with their efforts to ethically and effectively work with clients experiencing these difficulties.

Research Question

This study sought to answer one overarching research question:

What are the lived experiences of counselors who have worked with clients experiencing problematic Internet pornography use but do not claim to specialize in this area?

Rationale for Phenomenological Study

A phenomenological study was used to explore the lived experiences of counselors who work with clients experiencing problematic Internet pornography use. The purpose of phenomenology is to “discover or describe the meaning or essence of participants’ lived experiences, or knowledge as it appears to consciousness” (Hays & Singh, 2012, p.50). Using a phenomenological lens, this study sought to give a voice to counselors experiencing this phenomenon in order to promote knowledge and awareness about the topic in the counseling field.

Role of the Researcher

I, the primary researcher, am a 33-year old Caucasian female who identifies as Christian. I work as a licensed professional counselor and registered supervisor in a private practice in a southeastern U.S. state. I adhere to a social constructivist perspective, believing that truth is relative and created in the context of social experiences. I also believe that research is impacted by values and that researcher’s assumptions and biases should be acknowledged, managed, and bracketed appropriately.

As a counselor, I have worked with people struggling with problematic Internet pornography use. My experience working with this population of people is what sparked my

interest in the topic. Through working with these clients, I realized the lack of basic training that I had in this area and was left to consider how this impacted my ability to treat these clients ethically and effectively. I am aware that my experiences in treating this population may be different from other counselors, yet the high proportion of my clientele that report experiencing this problem has inspired me to explore the issue further. Throughout the course of the study, I made an effort to be transparent about my own experiences, biases and assumptions in order to acknowledge and manage my subjectivity.

Overview of Methodology

I conducted semi-structured interviews with 8 participants before data saturation was achieved (Creswell, 2014; Flynn & Korcuska, 2018). Selection criteria required that participants be licensed professional counselors who work with or have worked with clients who experience problematic Internet pornography use but do not claim to specialize in this area. I used a professional pool of contacts from the workplace, professional conferences, and university settings, along with snowball sampling to recruit participants for the study.

Potential interviewees were contacted through email and given an introduction letter explaining the study. After signaling their informed consent, they were asked to complete a demographic questionnaire. Participants could choose to be interviewed in person or online via a secure Adobe Connect link in a secure location. Initial interviews lasted approximately 45-75 minutes in length and the range for the follow up interview was 15-30 minutes. The interviews were transcribed by a transcription company and given to participants for review before the follow-up interview took place (Creswell, 2014). During the follow up interview, participants were given the opportunity to clarify or add information based on the transcription from the first interview in order to promote trustworthiness in the study (Creswell, 2014).

The research team and I coded transcriptions using Moustakas' (1994) process for analyzing data in order to identify emerging themes and patterns across data. Textural-structural descriptions from the transcripts were used to illustrate codes and themes found in the data. An independent auditor was used in order to review the audit trail and give feedback regarding comprehensiveness and rigor of the study (Creswell, 2014; Hays & Singh, 2012).

Definition of Key Terms

CACREP- The Council for Accreditation of Counseling and Related Educational Programs is an accrediting body for master's and doctoral degree programs in counseling and its specialty areas that are offered by colleges and universities in the United States and around the world (CACREP, 2016).

Cybersex- Sexually motivated behaviors on the Internet, e.g. watching soft- or hardcore pornographic material; having sex chats or sex via webcam; reading sexually arousing literature online; or using online sex shops, dating sites, forums, or advisors for sexual practices or sexually transmitted diseases (STDs) (Laier, Pekal, & Brand, 2014).

Internet Pornography- sexually graphic material that is accessible over the Internet (Negash et al., 2016).

Pornography- Sexually explicit material used for the purpose of sexual arousal and stimulation (McKeown, Parry, & Light, 2018; Negash et al., 2016).

Problematic Internet Pornography Use- Use of Internet pornography that causes adverse life consequences for the user, negatively impacting daily functioning. Disturbances in social, occupational, financial, relational, and emotional functioning are considered effects of problematic Internet pornography use/behaviors (Hesse & Pedersen, 2017; Mitchell et al., 2005; Schneider, 2000).

Process or Behavioral Addictions- Addictions to specific behaviors that can powerfully alter brain chemistry, causing negative life consequences (Delmonico & Carnes, 1999; Kraus, Voon, & Potenza, 2016; Maltz, 2009).

Sexual Addiction- Loss of control over sexual feelings and behaviors along with persistent patterns of sexual behavior despite adverse social, psychological and biological consequences (Amparano, 1998; Ragan & Martin, 2000; Williams, 2017).

Sexually Compulsive Behavior- Difficulty in controlling sexual fantasies, urges/cravings or behaviors that generate subjective distress or impairment in one's daily functioning (Cooper, 1998; Kraus et al., 2016).

Summary

Internet pornography consumption is on the rise and people have reported experiencing problematic behaviors related to Internet pornography use (Maddox et al., 2011). Because of the myriad issues people with problematic Internet pornography use have experienced, counselors have been presented with clients who need help. Unfortunately, many counselors have reported that they do not feel adequately prepared to work with clients struggling with these issues (Hagedorn, 2009; Hinman, 2013). This study used a phenomenological approach to study the experiences of counselors who do not consider themselves experts in this area. By giving counselors a voice, this study sought to increase knowledge and awareness about this issue in the counseling field.

Chapter II

Literature Review

The purpose of this chapter is to examine the professional literature from counseling and related professions concerning problematic Internet pornography use. In addition, the experiences of clients and the helping professionals with whom they interact was reviewed. Finally, the unique factors that counselors are experiencing in treating this population were discussed.

Pornography

Depictions of a sexual nature date back to prehistoric times through rock art and Venus figurines (Rudgley, 2000). A vast array of artifacts illustrating sexual intercourse can be found from as early as the Mesopotamia era and span every historic era known (Black & Green, 1992). Though pornographic images can be dated back to the earliest days of humankind, pornography consumption has never been as high as it is today (Price, Patterson, Regenerus, & Walley, 2016). Additionally, research indicates a link between the advent of the Internet and increased pornography consumption (Cooper, Boies, Maheu, & Greenfield, 1999).

Pornography experiences have evolved over time from access in theaters to home video to Internet websites and to smart phones (Price et al., 2016). With the advent of the Internet, pornography consumption seems to be higher than it has ever been with 78.6% of men and 31.6% of women reporting that they view pornography alone and 44% of men and women reporting that they watch pornography sometimes with a partner (Cooper et al., 2000; Doornwaard et al., 2015; Klassen & Peter, 2015; Maddox et al., 2011; Schneider, 2003). Benefits may include enhanced sexual education and sexual health along with more options to meet romantic partners (Barak & Fisher, 2001; Cooper et al., 1999). However, there are also

significant risks associated with Internet pornography consumption, such as sexual addictions, sex trafficking and sex crime (Galbreath & Berlin, 2002). In fact, mental health experts have expressed concern that online sexual pursuits, such as Internet pornography consumption, are a public health hazard that is often ignored because very few are recognizing it or taking it seriously (Cooper, Delmonico, & Burg, 2000; Price et al., 2016).

There are several different ways in which pornography is consumed, such as print, video and Internet (Manning, 2006). For the purpose of this study, Internet pornography was the main focus. Internet pornography is defined as sexually graphic material that is accessible over the Internet (Negash, et al., 2016). Distribution methods for Internet pornography includes, but is not limited to websites, text, email and online chat rooms (McKeown, Parry, & Light, 2018).

Internet pornography is a distinct genre because of the “Triple-A Engine” effect of Accessibility, Affordability, and Anonymity (Cooper, 1998). These factors are widely believed to be responsible for the growing numbers of individuals who have consumed pornography (Chisholm & Gall, 2015; Egan & Parmar, 2013; Harper & Hodgins, 2016). Although much of the literature focuses on male consumption, Internet pornography use is also on the rise for all gender identities including women, children and adolescents. In fact, some research indicates that men and women are equally likely to develop problematic Internet pornography use based on both situational factors and the gratification hypothesis (conditioned sexual arousal leads to cue reactivity, craving, and recurrent cybersex) (Cooper et al., 1999; Doornwaard et al., 2015; Schneider, 2003). With pornography consumption on the rise for all demographics, counselors have reported seeing an increasing number of clients struggling with Internet pornography related problems (Hinman, 2013; Manning, 2006; Short, Wetterneck, Bistricky, Shutter, &

Chase, 2016). As such, some counselors found themselves unsure about appropriate terminology usage regarding problematic Internet pornography use (Hagedorn, 2009).

Terminology

A common limitation of many studies related to pornography is the challenge to define the term itself (Danebeck, Traeen, & Mansson, 2009). Pornography is an elusive term with a range of meanings, dependent not only on cultural, social, and historical contexts, but also on individuals' own experiences and beliefs (Ciclitira, 2002). The terminology used to describe problematic Internet pornography use varies. Researchers have referred to problematic Internet pornography use as: Internet pornography addiction, Internet pornography compulsivity, and online sexual compulsivity, cybersex, hypersexual disorder, problematic sexual behaviors, sexual compulsivity, sex addiction, Internet addiction, behavior addiction, and process addiction (Carnes, 2001; Cooper et al., 1999; Kraus, Voon, & Potenza, 2016; Laier, Pekal, & Brand, 2014; Love, Laier, Brand, Hatch, & Hajela, 2015; Williams, 2017).

One possible reason for the various terms regarding problematic Internet pornography usage is the lack of consensus regarding its classification. Goodman (1998) distinguished the umbrella term, sexual addiction, from other patterns of sexual behavior by the following key features (a) the individual is not reliably able to control their sexual behavior and (b) the sexual behavior has significant harmful consequences and continues despite these consequences. Carnes (2001) also adhered to the term, sexual addiction, and outlined the following addiction cycle 1. Preoccupation 2. Ritualization 3. Compulsive Sexual Behavior and 4. Despair. There have been qualitative works (Cavaglion, 2008, 2009) and self-report studies (Cooper et al., 2000) in which people reported feeling that they are addicted to Internet pornography, however not all in the field believed that there is empirical evidence that such an addiction exists (Ley, Prause, & Finn,

2014).

Another possible reason for inconsistent terminology regarding problematic Internet pornography use is the lack of diagnosis for this condition in the DSM-5. Hypersexual disorder was considered for inclusion among addiction disorders, however it was excluded due to lack of empirical data. Without a formal diagnosis or diagnostic umbrella, many have been left to create their own terminology for problematic Internet pornography use (Hagedorn, 2009). There is a lack of consensus regarding whether this is an addiction, along with a lack of formal diagnosis for the concerns associated with this topic. For the purpose of this study, the topic was referred to as problematic Internet pornography use.

Prevalence

With the advent of the Internet, pornography consumption seems to be higher than it has ever been with 78.6% of men and 31.6% of women reporting that they view pornography alone and 44% of men and women reporting that they watch pornography sometimes with a partner (Maddox et al., 2011). Internet pornography was one of the most searched topics on the Internet with 50% of men and 29% of women ages 18-23, reporting using pornography in the last month alone (Regnerus, Gordon, & Price, 2016). It was also estimated that that 30% of all Internet data was related to pornography, and that Internet pornography sites received more visitors than Amazon, Netflix, and Twitter combined (Kleinman, 2017).

Research indicated that with the advent of the Internet in the 1980s, the frequency of pornography use by men and women had steadily increased. In fact, while looking at overall pornography changes over time, Price et al., (2016) found that pornography use increased 10% among men and 7% among women who were born in the 1980s as opposed to previous birth cohorts. Additionally, high accessibility and increasing Internet speed may have accounted for

the growing numbers of Internet pornography users in the United States (Anthony, 2012). Another potential reason for high Internet pornography use is the ease and anonymity that it allows. Cooper et al., (1999) asserted that the dominant American culture tends to display discomfort with sex and thus the anonymity that Internet pornography provides was often an attractive way for individuals to explore their sexuality.

Cultural considerations

Cultural considerations for gender, race and ethnicity, sexuality, socio-economic status and religion are important to understand. In a study exploring sexual compulsiveness, Cooper et al., (2000) found that women and gay men were the most high-risk demographic groups in terms of developing sexually compulsive behavior. The researchers considered both groups to be disenfranchised and seeking sexual freedom without negative social consequences. This highlighted the potential vulnerability of sexually disenfranchised groups such as gay and female populations to Internet pornography.

Earlier research on gender and pornography suggested that women in pornography videos were often depicted as sexually subordinate and used for male pleasure, which could have a dehumanizing effect on women (Dworkin & MacKinnon, 1998). However, more current research suggested a shift in the way that Internet pornography depicts women. McKeown et al., (2018) found that pornography use allowed women to gain a better understanding of their sexual identities and learn about their sexual interests and desires. Although women continue to be cast in subordinate roles, objectification and professional/social status seemed to be fairly equal between men and women in online pornographic videos, a possible reason that women were consuming more pornography than ever before (Klaassen & Peter, 2015).

The literature regarding pornography and the LGBTQ+ community is limited. In fact, most of the literature on this topic was specific to the gay community alone and is more than a decade old. Some research has shown that gay men in particular are susceptible to cybersex addiction because, through the Internet, they were able to remain anonymous, shielding them from the shame they might have experienced in everyday life (Dew & Chaney, 2004; McCormack & Wignall, 2017). The Internet also offered a feeling of community in which gay men were allowed to be sexually authentic without fear of persecution (Dew & Chaney, 2004). It has also been posited that some gay men used pornography as a way to explore their sexuality without having to become sexually active (McCormack & Wignall, 2017). It seemed that the experience of gay men with pornography varied depending on what they were hoping to achieve by viewing it, along with psychosocial factors such as loneliness, feelings of isolation and depression (Dew & Chaney, 2004).

There is also little in the literature regarding Internet pornography and race and ethnicity. However, Rothman, Kaczmarzky, Burke, Jansen, and Baughman completed a qualitative study on pornography use among urban, low-income, Black and Latinx youth in 2015. A major finding was that many of the participants had easy access to Internet pornography at home and at school. Participants reported that Internet pornography was the main source of their sexual education and they often tried to emulate the sexual acts they saw in pornography in their own sexual endeavors (Rothman et al., 2015). Because of the lack of research regarding this topic, future research in this area may be beneficial for counselors working with racial and ethnic minorities.

In considering culture as it relates to individuals experiencing problematic Internet pornography use, religion has emerged as an important factor. There is a growing body of literature linking problematic pornography use to religious/spiritual struggle (Grubbs, Exline,

Pargament, Volk, & Lindberg, 2017). Some research implied that people of faith experience distress when their behavior does not align with their moral and religious beliefs and that people who identify as religious were more likely to feel that their Internet pornography use is problematic (Bradley, Grubbs, Uzdavines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs, Volk, Exline, & Pargament, 2015)

The cycle of problematic pornography use (initiation, maintenance and exacerbation of excessive pornography use) and rigid and legalistic religious backgrounds have been found to be precursors to religious/spiritual shame caused by problematic pornography use (Chisholm & Gall, 2015; Haney, 2006). Problematic pornography use can have other effects on religion and spirituality also. Perry and Hayward (2017) found that increases in pornography viewing were negatively related to religious service attendance, importance of faith, prayer frequency, and closeness to God, while positively related to religious doubts.

Negative Effects

Internet pornography use is considered a problem when it causes negative life consequences for the user, such as impacting daily functioning (Hesse & Pedersen, 2017; Mitchell, Becker-Blease, & Finkelhor, 2005). Many of the negative effects experienced from Internet pornography are associated with viewing it alone. Research indicated that when a couple used Internet pornography together, increased sexual satisfaction was often experienced, while solo Internet pornography use was associated with possible problematic outcomes (French & Hamilton, 2018). Additionally, the higher the frequency of Internet pornography use, the more negative effects were experienced (Wright, Bridges, Sun, Ezzell, & Johnson, 2018).

Negative effects such as loneliness, poor sexual body image, depression, poor decision-making, social isolation, damaged relationships, career loss, financial consequences, and a cycle

of shame and guilt have been found to be associated with Internet pornography use (Butler, Pereyra, Draper, Leonhardt, & Skinner, 2018; Cranney, 2016; Gilliland, South, Carpenter, & Brand, 2011; Laier & Brand, 2017; Negash, et al., 2016; Schneider, 2000; Yoder, Virden III, & Amin, 2005). Another significant negative effect often linked to Internet pornography was sexual problems in young men. There was a growing population of men under 40 who were using Internet pornography and struggling with sexual dysfunctions such as erectile dysfunction, difficulty with orgasm and low sexual desire (Wright et al., 2018). Frequency of use and accompanied masturbation were found to be factors of sexual dissatisfaction related to Internet pornography use (Carvalho, Traen, & Stulhofer, 2015; Wright et al., 2018). Some research indicated that when men abstained from using Internet pornography these symptoms often lessened (Park et al., 2016).

Even though problematic Internet pornography use is often associated with a variety of negative effects, many people are using it as a learning tool in understanding human sexuality. Hesse and Pedersen (2017) found that many young people feel unsatisfied with the sexual education received in school and were using sexually explicit material to understand complicated sexual concepts such as sexual anatomy, physiology and behavior. Although people used Internet pornography as a form of sexual education, this type of material can produce unrealistic sexual expectations and therefore have negative effects on sexual relationships (Hesse & Pedersen, 2017). A study that explored counselors' experiences with clients who are struggling with negative effects from problematic Internet pornography use could shed light on potential effective counseling strategies for other counselors working with this population.

Clients with Problematic Pornography Use and Helping Professionals

With rising numbers of individuals struggling with problems related to Internet pornography use, it is important to assess how helping professionals have addressed the problem. Seventy eight percent of clinical psychologists surveyed by Reissing and Di Giulio (2010) reported being asked about sexual concerns by clients, however most doctoral and internships accredited by the American Psychological Association (APA) offered little training related to sexuality (Miller & Byers, 2010).

Due to the lack of training regarding sexual problems in many graduate psychology programs and internships, many practicing therapists felt incompetent when it comes to serving this population (Miller & Byers, 2010). Ng (2007) found that some counseling psychologists were hesitant to address sexuality with clients because they felt like they did not know how to do so appropriately, which was largely related to the void in training for psychologists (Miller & Byers, 2010).

Studies conducted regarding social workers and marriage and family therapists indicated that they also felt inadequately trained in sexuality, which was directly related to their comfort level in working with clients who presented with sexual concerns (Harris & Hays, 2008; Wells, Mitchell, Finkelhor, & Becker-Blease, 2005). Psychiatry is another field that has practiced under a limited scope of information with regards to treating process addictions, specifically with regards to sexual issues (Bostwick & Bucci, 2008). Therefore, psychiatrists have often treated sexual addiction issues like they would substance addiction and mental illness, prescribing medications like Naltrexone and anti-depressants (Bostwick & Bucci, 2008). Most of the research regarding how the helping professions have addressed problematic Internet pornography use is dated. More current research regarding how various helping professionals are addressing problematic Internet pornography use could be beneficial.

Clients with Problematic Pornography Use and Counseling

In terms of counselor development, it is quite typical for a novice counselor to feel anxiety due to lack of experience (Skovholt & Ronnestad, 1992). It is also common for counselors to feel more comfortable treating certain issues over others based on training and experience (Theriault, Gazzola, & Richardson, 2009). Novice counselors might lack confidence in treating problematic Internet pornography use in particular due to lack of training and experience with this issue (Hagedorn, 2009; Hinman, 2013; Walters & Spengler, 2016).

There are a variety of unique factors that make problematic Internet pornography use a particularly challenging issue for counselors. One of the unique factors is the varying attitudes and beliefs among counselors regarding pornography use. Some sexual disorder specialists believed that Internet pornography use had positive effects and clinical utility and used it in their practice with clients (Maltz, 2009; Kort, 2009; Short et al., 2016; Zitzman & Butler, 2005). Other mental health experts in the field were uncomfortable with the idea that Internet pornography could be positive (Cooper et al., 2000; Cooper et al., 1999; Hinman, 2013).

Many counselors seemed uncomfortable broaching issues related to sexuality with their clients due to their personal opinions on the topic (Hinman, 2013; Walters & Spengler, 2016). Some counselors may have religious, spiritual or ethical beliefs that have impacted their willingness to broach sexual issues such as Internet pornography use (Hertlein & Piercy, 2008). Factors such as these may have held counselors back from bringing sexual issues to the forefront, potentially limiting opportunity for clients to work through any issues they may have had (Harris & Hays, 2008; Hinman, 2013).

Another factor for counselors treating problematic Internet pornography use is that it is not a diagnosable condition in the DSM-5 (APA, 2013). As such, some counselors have reported

difficulty classifying the issue without having access to specific diagnostic criteria (Hagedorn, 2009). Along the same lines, many counselors reported feeling unsure how to treat this problem, as treatment protocols were sparse (Kellett, Simmonds-Buckley, & Totterdell, 2017). Typically, when counselors are unsure of how to handle unique client cases, consultation is a natural step (Levitt, Farry, & Mazzarella, 2015). Unfortunately, many counselors have found that other counselors in the field were also feeling unsure as to how to treat this population and experts in this area were few and far between (Ayers & Haddock, 2009; Hinman, 2013).

Additionally, problematic Internet pornography use was often comorbid with other mental health conditions (Cooper et al., 1999; Short et al., 2016). Because of the sensitive nature of problematic Internet pornography use, clients often felt uncomfortable disclosing it to their counselor in the beginning and often disclosed their problematic pornography use once they felt comfortable with their counselor (Halpern, 2009; Nasserzadeh, 2009). This factor creates a dilemma for counselors who have already established therapeutic relationships with their clients and must now decide how to proceed (Short et al., 2016). Some counselors had ethical concerns about treating a condition for which they have little to no training but referring a client at that point could cause harm (Halpern, 2009). This study sought to garner a better understanding about how counselors are navigating this complicated situation.

Assessment

Often people were uncomfortable or embarrassed to disclose issues related to sexuality, even in counseling (Nasserzadeh, 2009). Therefore Mitchell et al. (2005) recommended that counselors assess for these issues and provide a safe space for the client to discuss them. An evaluation with a mental status exam, which included conditions that are often comorbid, such as depression, anxiety, and substance abuse and a history of psychosocial and sexual development

should be completed (Cooper et al., 1999; Short et al., 2016). It was important that the counselor was comfortable with gathering specific details about the client's online sexual behavior so that the degree of sexual compulsivity was understood and an effective treatment plan could be put into place (Cooper et al., 1999; Mitchell et al., 2005).

In addition, few instruments to assess for Internet pornography use were available. There has also not been any comprehensive research delineating specific techniques to assess for problematic Internet pornography use (Grubbs et al., 2010). The most promising instruments used to assess for Internet pornography were the Pornography Consumption Inventory (Reid, Li, Gilliland, Steing, & Fong, 2011), the Cyber-Pornography Use Inventory (Grubbs et al., 2010) and the Internet Sex Screening Test (Delmonico & Miller, 2003). Using appropriate instruments for problematic Internet pornography is an important part of the assessment process. In fact, providing a safe environment, gathering pertinent background information, using relevant assessment instruments and conducting a psychological evaluation were identified as important steps toward providing effective treatment for clients (Cooper et al., 1999; Mitchell et al., 2005; Nasserzadeh, 2009).

Diagnosis

In 2012, criteria for Hypersexuality Disorder were proposed for possible inclusion in the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition. The American Psychiatric Association rejected the proposal due to lack of empirical research (Reid & Kafka, 2014). The lack of inclusion of a sexual addiction disorder in the DSM-V was concerning for those in the field advocating for the addiction classification. Lack of inclusion highlighted the need for more research in the area of sexual addiction (Reid & Kafka, 2014). The lack of a diagnosable condition for problematic Internet pornography use and related sexual addiction disorders may

also have a negative impact on counselor training emphasis in this area (Hagedorn, 2009). Further, without diagnostic criteria, many counselors have felt unsure about how to classify and also treat problematic Internet pornography use (Hagedorn, 2009).

Treatment

In the last few years, a variety of treatment modalities have been postulated for problematic Internet pornography use and similar sexual disorders, such as a Humanistic approach (Thomas, 2016), Acceptance and Commitment Therapy (Levin, Heninger, Pierce, & Twohig, 2017), Cognitive Analytic Therapy (Kellett, Simmonds-Buckley, & Totterdell, 2017), Structural Therapy (Ford, Durtschi, & Franklin, 2012), and Paroxetine treatment (Gola & Potenza, 2016). The aforementioned literature showed a decrease in pornography use for participants who underwent treatment, however not all expected outcomes were proven. For example, Levin et al., 2017 found a decrease in pornography use with participants undergoing Acceptance and Commitment therapy, but no difference in quality of life. It was found that Paroxetine treatment (Gola & Potenza, 2016) used with Cognitive Behavioral Therapy led to decreased pornography use but other concerning sexual behaviors may form over time. Investigations regarding treatment for problematic Internet pornography use were limited to case and pilot studies, therefore more research is needed. While researchers have begun to scratch the surface, there is not yet a consistent, streamlined approach to treating problematic Internet pornography use (Kellett et al., 2017).

There is also research which suggested that treatment of problematic Internet pornography use may be similar to substance addiction treatment (Cooper et al., 1999; Gola & Potenza, 2016). At a basic treatment level, Dew and Chaney (2004) recommended that counselors become knowledgeable about problematic Internet pornography use along with the

symptoms and secrecy that accompany it. Psychoeducation, group therapy, family therapy and individual therapy may also be considered in early treatment of problematic Internet pornography use (Briken, Habermann, Berner, & Hill, 2007). Professionals should also be aware that individuals who are prone to intrapsychic and interpersonal difficulties were more susceptible to problematic Internet pornography use (Cooper et al., 1999).

Training and Competency

Although problematic Internet pornography use is not a diagnosable condition according to the DSM-5, it was often seen as a problem that falls under the umbrella of process or behavior addictions (Hagedorn, 2009; Kraus, Voon, & Potenza, 2016). Some licensed counselors have found that their counselor training program did not provide them with an adequate amount of training needed for process and behavioral addictions' counseling concerns (Bray, 2014; Ford, Durtschi, & Frankin, 2012; Hagedorn, 2009; Hinman, 2013). For example, one survey found that 47% of counselors reported receiving no training in pornography during their graduate program work, while 31% reported little training on the topic (Ayers & Haddock, 2009). Additionally, through their review of the research, Love et al., (2015) found that problematic Internet pornography use and substance addiction were highly related neurologically, yet substance addiction was more emphasized than behavior or process addictions in many counselor education programs.

In 2009, Hagedorn studied counselors who specialized in addiction counseling and looked into their perception of preparedness and competency when assessing and treating clients with problematic Internet pornography use. The participants were divided into two groups: counselors who specialized in general addiction and counselors who specialized in sexual addiction, an umbrella under which problematic Internet pornography use falls. Overall, 92.5%

of participants reported that they did not receive training for working with clients who experience problematic sexual behaviors such as Internet pornography issues (Hagedorn, 2009). In addition, almost half (46.5%) of participants who specialized in general addictions reported feeling incompetent in treating sexual addiction, yet 57% of them reported treating one or more sexually addicted clients each week (Hagedorn, 2009). In addition, research indicated that there are not enough competently trained counselors to treat the amount of people struggling with Internet pornography use (Hagedorn, 2009; Hinman, 2013).

Since Hagedorn's study in 2009, there have been studies which examined counselor competency and training regarding problematic Internet pornography use. Miller and Byers (2010) quantitatively studied psychologists' sexual education and training in graduate school. They found that nearly all of the participants had received some type of sexuality training in graduate school but the breadth and depth of the training was limited. Many of the participants reported treating clients with sexual concerns even though they did not consider their training to be adequate (Miller & Byers, 2010). Although this study highlighted the discrepancy between psychologists' education and training and the sexual problems many of their clients faced, it did not include an investigation of counselor education and training. Further, this study was not specific to problematic Internet pornography use but instead studied the broader topic of sexual problems. A study that is more specific to counselors and to the topic of problematic Internet pornography use could garner more specific implications for the counseling field.

There have been studies that looked at clinicians' beliefs and experiences as they related to the treatment of clients with problematic Internet pornography use (Hinman, 2013; Short et al., 2016). Through their quantitative study, Short et al. (2016) found that the beliefs, experiences, and observations of mental health providers had an impact on their chosen treatment

modality when working with clients regarding Internet pornography use. For example, mental health providers who specialized in sexual addiction issues felt that Internet pornography could yield positive effects and had clinical utility (e.g. improving client-partner communication and reducing client misconceptions, anxiety and shame). On the other hand, mental health providers who were not specialists generally felt that Internet pornography yielded negative results and had no clinical utility. This study found that beliefs, observations and practices were related to professional discipline, specialization, and experiences treating this population of clients; the more training and experiences mental health providers had with this issue, the more comfortable and competent they felt (Short et al., 2016). Unfortunately, the study didn't address how mental health providers who are not specialists dealt with clients with problematic Internet pornography use. A study that explores how counselors who are not experts in this area deal with problematic Internet use in their everyday practice would shed light on this unique phenomenon.

Hinman (2013) conducted a mixed-methods analysis of the views, attitudes and perceived competencies among counselors who work with clients with problematic Internet pornography use. In the quantitative portion of the study, he found that counselors were generally unsatisfied with their training in the area of process addictions and sexual addictions. Participants also reported feeling generally incompetent when treating clients with problematic Internet pornography use (Hinman, 2013). The qualitative portion of the study garnered the opinions of counselors with expertise in the area of problematic Internet pornography use. The general consensus among these expert counselors suggested the need for more training in counselor education programs regarding problematic Internet pornography use (Hinman, 2013). While this study highlighted the feeling of incompetence and dissatisfaction with training among counselors, it didn't address how counselors are effectively practicing with their clients who

experienced this concern. Also, the qualitative portion of the study was done with participants who are experts on this topic. As Short et al. pointed out, counselors who specialize in this area did not always share the same beliefs and practices as counselors who did not specialize. A study in which counselors who do not claim to be experts could speak to what it is like to be confronted with clients experiencing problematic Internet pornography use would provide a perspective that has not yet been studied. Providing this perspective might inform the counseling field regarding ethical and effective work with clients experiencing these difficulties.

Summary

Since the advent of the Internet, pornography consumption has reached an all-time high (Kleinman, 2017; Maddox et al., 2011; Regnerus et al., 2016). As such, counselors have encountered more clients experiencing problematic Internet pornography use than ever before (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). Problematic Internet pornography use was often co-morbid with other mental health conditions and was associated with a myriad of negative effects (Cooper et al., 1999; Mitchell et al., 2005; Short et al., 2016). Unfortunately, research indicates that counselors and related helping professions often felt inadequately trained to address client concerns regarding Internet pornography use (Bray, 2014; Ford et al., 2012; Hagedorn, 2009; Hinman, 2013; Miller & Byers, 2010). Many counselors felt incompetent when it came to assessing, diagnosing and treating problematic Internet pornography use (Grubbs et al., 2010; Hagedorn, 2009; Kellett et al., 2017).

This study sought to explore the lived experiences of counselors who were not experts in dealing with problematic Internet pornography use but were working with these clients in practice. Although some studies have explored counselor training and competency regarding problematic Internet pornography use (e.g., Hagedorn, 2009; Hinman, 2013, Miller & Byers,

2010; Short et al., 2016) none have explored how counselors are handling this phenomenon. A study that can shed light on how some counselors are managing this issue could be beneficial to the counseling field as a whole.

Chapter III

Methodology

In this chapter, I describe the purpose of the study and gave a rationale for the use of qualitative research and a phenomenological approach. Next, I describe the methodological design of the study and addressed my role as the researcher in the study. Finally, I detail the research plan, data collection methods, sampling and interview procedures, data analysis and trustworthiness strategies.

Purpose

The purpose of this study was to explore the experiences of counselors who work with clients experiencing problematic Internet pornography use but do not claim to specialize in this area. The overall goal of the study was to assist counselors with their efforts to ethically and effectively work with clients experiencing these difficulties.

Rationale for Qualitative Research

In looking at the *how* and or *what*, qualitative research allows for exploration of a topic that has not been investigated or investigating a topic from a new angle (Hays & Singh, 2012). This study explored the experiences of counselors who were working with clients who struggle with problems related to Internet pornography use. Research indicated that some counselors did not feel competent to work with this population (Bray, 2014; Cooper et al., 2000; Hinman, 2013), however extant research did not explore how counselors are managing this situation. Through use of qualitative inquiry, I sought to gain a better understanding about what counselors have experienced when working with this specific population.

Qualitative research allows for a phenomenon to be investigated from a social constructivist paradigm, which acknowledges that truth and meaning are derived by one's cultural and social experiences (Moustakas, 1994). Emphasizing context and recognizing the various demographic variations that create unique experiences for people are strengths of qualitative research (Hays & Singh, 2012). Additionally, the use of inductive data analysis is used in qualitative research, allowing for development of themes and categories based on the data gathered (Creswell, 2014; Hays & Singh, 2012). Through this study, counselors in the field were given an opportunity to have their voices heard regarding working with clients experiencing problematic Internet pornography use.

Rationale for Phenomenology

Phenomenology is a qualitative research tradition that emphasizes how people consciously experience and interact with their reality, taking note of the inner dialogue between the participant and their world (Hays & Singh, 2012). Edward Husserl is seen as the father of phenomenology. He sought to better understand the social crisis in Europe after World War I, which led him to the belief that the human experience could not be adequately addressed through

a laboratory and that phenomena could not be understood with complete certainty (Groenewald, 2004; Hays & Singh, 2012). Instead, Husserl viewed phenomena as anything that was a product of direct, immediate experiences (Hays & Singh, 2012). The concept of phenomenology has evolved over time from analysis of intentional mental acts to an emphasis on the general essence of what is experienced, but the core value of subjective experience and the connection between self and world remains (Hays & Singh, 2012).

The purpose of phenomenology is to understand and describe the essence of participants' lived experiences or conscious knowledge (Hays & Singh, 2012). This research tradition emphasizes how people consciously experience and interact with their reality, taking note of the inner dialogue between the participant and their world. The phenomenological researcher seeks to describe and reflect on that experience without valuing it as good or bad (Overgaard, 2015). In order to portray the existential encounter of the person with their world while reducing researcher bias, the researcher utilizes epoche, the suspension of assumption or judgment (Overgaard, 2015). With epoche, the researcher approaches a phenomenon without framing it based on theories or frameworks found in the literature (Moustakas, 1994).

This study sought to explore and understand the lived experiences of counselors who have worked with people struggling with problematic Internet pornography use but didn't claim to specialize in this area. Through the lens of phenomenology, the participants (counselors) in this study were considered co-researchers and experts of their own experiences, providing valuable insight in relation to the phenomena (Hays & Singh, 2012). By examining a number of participant narratives, I looked for common and divergent themes, uncovering the tension between experiences that are unique and ones that are shared (Adams & van Manen, 2008; Cornett-Devito & Worley, 2005).

Research Question

This study sought to answer one overarching research question:

What are the lived experiences of counselors who have worked with clients experiencing problematic Internet pornography use but do not claim to specialize in this area?

Role of Researcher

In qualitative research, it is important that the researcher be authentic and able to reflexively identify their biases, values and personal background as it relates to interpretations formed in the study (Creswell, 2014). As a licensed professional counselor (LPC), I became interested in the topic of counselor competency in this area as a result of working with clients experiencing problematic Internet pornography use. I have worked as a counselor in private practice for nine years and I have come across many individuals, couples and families who are affected by problems related to Internet pornography use. Personally, I do not feel that I was adequately trained in my master's level counseling program for this important aspect of counseling work. Feeling underprepared has made it challenging for me to ethically and effectively treat these clients. In my practice, I have noticed that the number of clients reporting this problem is increasing. I began to wonder if other counselors might be having a similar experience and felt that it was important that this topic be explored.

I used various strategies to address subjectivity throughout the research process such as the use of bracketing, a reflexive journal, participant checks, a research team, and an independent auditor. Bracketing refers to the process of setting aside personal experiences, biases and preconceived notions about the research topic (Creswell, 2014; Hays & Singh, 2012). In order to achieve epoche (Moustakas, 1994), I used bracketing as a tool to help suspend and manage my personal judgment and bias, instead focusing on the participants' experiences of this

phenomenon. A reflexive journal was used before, during and after the research takes place in order to establish accountability, honesty and trust (Hays & Singh, 2012; Watt, 2007).

The relationships I had with participants, along with my professional connectedness with the topic were important factors addressed in my reflexivity journal. Through journaling, I sought to shed light on how my experiences as a counselor and any relationships I had with participants shaped my role as the researcher in this study. Participant member checks happened during and after each of the two interviews that took place. I provided participants with a transcription of both interviews that were conducted and invited feedback regarding the content. Member checking helped to ensure I captured the essence of their experiences (Hays & Singh, 2012; Moustakas, 1994). It was my hope that by being transparent regarding my background and experiences along with utilizing reflexivity and subjectivity strategies would adequately assist me in managing my biases as the researcher in this study.

Research Team

A research team was assembled to help maximize trustworthiness as team members served as a check on the biases and assumptions of the researcher during the data analysis process (McGinn, 2008). The research team was comprised of myself and two members who were interested in the study (Hays & Singh, 2012). Each team member had completed a doctoral level qualitative research course. To augment credibility, each member of the research team stated and discussed their suppositions in order to bracket assumptions. By bracketing assumptions, the team was better able to focus on the experiences of participants and the phenomena itself (Moustakas, 1994). The team periodically discussed how each of our biases might be impacting the data analysis process and all were encouraged to name bias when they believed it was occurring.

I, as the primary researcher, functioned as the team leader, provided the transcriptions, and give instructions on Moustakas' coding process described below. The research team coded transcripts individually then came together as a team to discuss emerging themes.

The primary researcher was a 33-year old Caucasian female who identified as Christian. The primary researcher has worked with clients experiencing problematic Internet pornography use but does not claim to specialize in this area. She held the assumption that counselors would feel generally underprepared to work with this population and may have struggled working with these clients because of it. Another research team member identified as a 28-year old Caucasian female who grew up Christian but now identifies as agnostic. She had no experience working with clients experiencing problematic Internet pornography use. She acknowledged that this topic is rarely discussed in counselor education programs. She assumed that many counselors felt underprepared in working with clients who have these concerns and they may seek additional professional development to supplement their graduate training. The final research team member was a 26-year old Asian female who identified as Buddhist and spiritual. She had no experience working with clients experiencing problematic Internet pornography use but had encountered adolescent boys with problematic Internet use at a residential treatment center. Her assumption was that counselors with substance use/addiction/rehab experience would feel relatively more comfortable working with clients with problematic Internet pornography use compared to counselors without a substance work background. She also assumed that many counselors would feel underprepared and under-trained to work with this population, based on her general observation of counselor education programs.

In an effort to increase rigor and trustworthiness in the study, an independent auditor was used. The auditor for this study was a 33-year old cisgender male who identified as agnostic. He

did not have any experience working with clients with problematic pornography use. He has completed a doctoral level qualitative research course and has also conducted a qualitative research study that has been published. The auditor reviewed the audit trail and gave feedback regarding comprehensiveness and rigor of the study (Creswell, 2014; Hays & Singh, 2012).

Research Plan

In order to explore the lived experiences of counselors who work with clients experiencing problematic Internet pornography use, phenomenological procedures were used. Before the study began, I obtained approval to pursue the investigation from the dissertation committee. A formal protocol outlining the investigation was then submitted to the Human Subjects Review Committee for the College of Education and Professional Studies at Old Dominion University. Once granted exempt status, I began the proposed investigation by seeking and selecting potential research participants.

I used purposeful sampling procedures, which allowed me to choose participants who have experienced the phenomena being studied. Specifically, I used convenience sampling by reaching out to professional colleagues who worked in private practice along with colleagues who I had met in other professional capacities such as professional conferences and graduate school (Hays & Singh, 2012). I also used snowball sampling by inviting counselors that I screened to refer counselors that they believed would be a good fit for the study (Creswell, 2014; Hays & Singh, 2012).

Selection criteria included holding a license in counseling, having worked with clients who have experienced problems related to Internet pornography use, and not considering this topic a specialty or area of expertise. Licensed counselors were chosen in order to ensure participants had experience practicing after their graduate program. Counselors who were not yet

licensed may not have had an adequate amount of experience to speak on the topic. Further, lack of confidence for novice counselors was typical, developmentally speaking; therefore, novice counselors may not have had the ability to represent this phenomenon accurately (Skovholt & Ronnestad, 1992; Walters & Spengler, 2016).

Creswell (2014) emphasized the importance of anticipating and effectively handling ethical issues that may arise in the research process. Every effort was made to respect participants, ensure confidentiality for interviewees and maintain trustworthiness in the study. All of the data and the audit trail was kept secure with a password protected USB flash drive and was made available for the purpose of replication of this study (Lincoln & Guba, 1985). Any changes that occurred throughout the course of the study were recorded and acknowledged. I adhered to the ACA code of the ethics through all phases of the investigation including data collection, analysis, and composing the final report of the study. The details of the research plan below were all designed with the ACA's ethical standards in mind.

Data Collection Methods

Once human subjects exempt status was obtained, the researcher sent an invitation to participate in the study via email to all potential participants (see Appendix C). Those who were willing to participate in the study received an informed consent form (see Appendix D). Once consent was given, they were asked to complete a demographic questionnaire (see Appendix A) electronically (Hays & Singh, 2012). The demographic questionnaire was comprised of questions regarding (a) age, (b) gender, (c) race/ethnicity, (d) religion/spiritual affiliation (e) level of education, (f) licenses and additional certifications held (g) years of experience as an LPC, (h) experience working with this population, and (i) whether they considered this topic a

specialty area in their professional practice. Interviewees chose a pseudonym for the purpose of final reporting.

Individual interviews are the primary form of data collection for social research in general and phenomenological studies in particular, as it allows participants to describe in detail their lived experiences (Creswell, 2014; Hays & Singh, 2012). Creswell (2014) recommends interviewing 3-10 participants for phenomenological studies. As such, I interviewed 8 participants, at this point, the research team determined that saturation was reached (Flynn & Korcuska, 2018). A follow-up interview was conducted with each participant in order to clarify any previous statements and add additional insights that may have occurred after the initial interview. I asked open-ended questions (see Appendix B) in order to elicit depth and thorough understanding of the participants' lived experiences (Moustakas, 1994). I also asked follow up questions in order to garner an in-depth and accurate account of experiences. Additionally, I used participant quotes in order to capture the participant's lived experiences and decrease researcher bias (Overgaard, 2015).

Sampling Procedures

I used convenience and snowball sampling to access participants (Hays & Singh, 2012). I compiled an email list comprised of colleagues from work, graduate school colleagues and contacts I had made from professional conferences. I sent out an email inviting LPC's who potentially fit the criteria to participate in this study and to also request that they consider referring other LPC's who might fit the criteria as well. This email included a cover letter explaining the study along with the criteria for participation. The LPC's/therapists who expressed an interest in participating were asked to read and sign an informed consent document. Once that was complete, a demographic questionnaire was emailed to those who chose to

participate. Upon review of demographic questionnaires, eligibility of participation was determined. Those eligible were contacted to schedule their video or face-to-face interview. In order to allow participants time to consider the subject matter and their experiences, I emailed all participants the interview protocol 48 hours before the scheduled interview (James, 2014).

Interview Procedures

I used interviews as a primary data source in order to get the here and now experiences of participants (Lincoln & Guba, 1985). I conducted purposeful, semi-structured interviews in order to garner an understanding of the counselor's lived experiences when working with client's struggling with problematic pornography use. I also conducted follow-up interviews with each participant, allowing him or her to clarify any past remarks or add to information previously given (Creswell, 2014).

Gathering data in the participant's natural setting and developing a trusting relationship with participants are basic characteristics of qualitative research (Creswell, 2014). For participation in this study, participants were invited to choose a setting in which they felt most comfortable, such as their counseling office, my counseling office, or a neutral space. All interviews were audio recorded and transcribed by a transcription company. A transcription company was utilized in order to return transcripts to participants as quickly as possible for the purpose of member checking before the follow up interview occurs.

The interview protocol consisted of questions related to the counselor's experiences when working with clients who struggle with problematic Internet pornography use (see Appendix B). Questions asked in the follow-up interview were based on the participant's past remarks in an effort to ensure clarity and to probe for additional information in order to create a thick description of their experiences (Hays & Singh, 2012). The primary researcher conducted all

interviews. Interviews took place in a secure location in person or online, via Adobe Connect. The first interview lasted between 45-75 minutes and the second interview lasted between 15-30 minutes (Hays & Singh, 2012).

Data Analysis

The research team and I used Moustaka's (1994) process for analyzing data. Before transcripts were distributed to research team members, I instructed each team member on the coding of the transcripts based on Moustakas' (1994) data analysis procedures for phenomenological studies. Research team members were given participant transcripts as the primary researcher received them. Research team members began data analysis independently through the process of horizontalization. Horizontalization of data refers to the process where research team members identify participant statements of relevance, giving equal value to each statement (Moustakas, 1994). Research team members listed statements from participants' transcripts that were relevant to the experience (Hays & Singh, 2012).

Once horizontalization of the data is complete, team members individually engaged in reduction and elimination of codes in order to determine the invariant constituents. Invariant constituents emerged by identifying codes that are relevant and necessary in understanding the phenomena and eliminating codes that are overlapping, repetitive and vague. Invariant constituents were then clustered and thematized in order to grasp core themes of the experiences (Moustakas, 1994). Team members individually constructed themes based on patterns found in the codes. The identified themes described broader relationships between codes found in the data (Hays & Singh, 2012). Less prominent yet verifiable coding patterns were identified as subthemes (Creswell, 2014). A frequency count of the codes and themes were included in the manuscript to give a clear depiction of how many of the participants articulated a thought or

experience (Hays & Singh, 2012). Validation occurred next in order to finalize identification of the invariant constituent and themes. Research team members individually checked that invariant constituents were expressed explicitly in the transcription or that they were compatible. If invariant constituents were not explicit or compatible, they were not considered relevant and were deleted.

Textural descriptions, using verbatim excerpts and quotes from the participant, were constructed for validated invariant constituents and themes. Based on textural descriptions, structural descriptions were created by individual team members in order to develop a framework that represents participants' experiences. Finally, individual team members created textural-structural descriptions for each transcript, representing the essence of that participant's experiences. Once all transcripts were independently analyzed the research team met and compared meaning units for each individual transcript and then across all transcripts. This process involved the presentation of codes and themes complete with textural- structural descriptions from each individual transcript. Negative case analysis was then used in an attempt to acknowledge the diverse and potentially conflicting experiences of participants (Creswell, 2014; Morse, 2015). Textural- structural descriptions from each individual transcript were then used to create a composite description of the meanings and essences of the experience, representing the group as a whole (Moustakas, 1994).

The research team met multiple times throughout the course of data analysis, discussing the data in depth and checking on potential biases in interpretation of the data (Goodman-Scott & Grothaus, 2017). The research team met before analyzing data to ensure a thorough understanding of Moustakas' (1994) data analysis method. After the second transcript, all members met to ensure that the coding process is uniform. The research team met again after the

8th and final transcript. Multiple codebooks were created to serve as a reference guide as the research team navigated considerable amounts of data (Hays & Singh, 2012). A codebook was created from each research team meeting and they were compared after the data collection was complete in order to create a final codebook. Codebooks included codes, subcodes and themes identified by the research team throughout the course of data analysis. The research team examined previously constructed codes as part of the process to construct future codes. Themes were entered into the final codebook based on consensus coding, which required all three research team members to agree on a code (Lincoln & Guba, 1985). Additionally, at least two participants sharing a similar response were required for a theme or subtheme to be created in order to highlight its salience and increase the trustworthiness of the presentation of data (Hays & Singh, 2012).

Trustworthiness Strategies

In qualitative research, trustworthiness refers to the degree to which the findings are an accurate reflection of the participants' voices and perspectives (Hunt, 2011). This study adhered to the four criteria proposed by Guba (1981) that establishes trustworthiness: credibility, transferability, dependability and confirmability. Credibility refers to the research methodology authentically capturing the lived experiences of the participants. In order to ensure credibility, I used various methods such as: a credible data analysis protocol (Moustakas, 1994), initial and follow up interviews, bracketing of assumptions by research team members, use of thick descriptions, triangulation of researchers, and use of an independent auditor (Hays & Singh, 2012).

Transferability refers to the extent to which the findings of one study can be applied to other situations (Guba, 1981). I provided a thick description of the methodological process,

research participants and research process to aid in the discernment of the applicability of the results to a given location (Kline, 2008). The goal of establishing transferability was that consumers of this study could make decisions about the degree to which any findings are applicable to individuals or settings in which they worked (Hays & Singh, 2012).

Dependability refers to the reliability of the study, that is, if the study were to be re-created, similar results would be obtained (Guba, 1981). Adherence to established procedures for data gathering and analysis along with a thick description of the research design, its implementation, data gathering procedures and the methodological process was given to ensure dependability. This was made available to the research team and the auditor.

Confirmability refers to the description of the data as an accurate reflection of the experiences and ideas of the participants (Guba, 1981; Hays & Singh, 2012). In order to establish confirmability, I engaged in member checking through providing participants with transcripts and encouraged their feedback. I kept a reflexive journal throughout the entire process of the study (Guba, 1981). Thick descriptions were also provided in order to expound upon each code and theme (Jenson, 2008) and the research team used negative case analysis to disconfirm codes and themes created by the research team (Creswell, 2014; Jensen, 2008). This process entailed the research team discussing data that contradicted themes within the codebook in order to respect the unique lived experiences of all participants. Any data that contradicted identified themes were presented in the findings.

Summary

In this chapter, I presented a qualitative research process designed to explore the lived experiences of counselors who work with clients struggling with problematic Internet pornography use but do not claim to be specialists on this topic. A rationale for utilizing

qualitative methodology was offered and phenomenological procedures were described as the specific approach that is most appropriate for the purpose of this investigation. The role of the researcher, the research team and a detailed research plan, including methods of data collection, and analysis, were also discussed. Finally, trustworthiness strategies used to ensure accuracy of the research were described.

CHAPTER FOUR: RESULTS

This phenomenological study examined the experiences of counselors who have worked with clients experiencing problematic Internet pornography use. The overall goal of the study was to use the findings of this investigation to assist counselors with their efforts to ethically and effectively work with clients experiencing these difficulties. This study was guided by one research question: What are the lived experiences of counselors who have worked with clients experiencing problematic Internet pornography use but do not claim to specialize in this area?

Review of Data Collection and Analysis

I conducted individual interviews with eight licensed professional counselors who met the criteria for inclusion in the study, namely, these counselors worked with clients experiencing problematic internet pornography use but they did not consider themselves to be specialists in working with this concern. The interview protocol was emailed to participants two days prior to the initial and follow up interviews (James, 2014). The interviews were audio recorded and completed either in person or through a secure online video messaging system. A follow up interview was conducted with all participants. Audio recordings were transcribed and sent to the participants within one week after the first interview for the purpose of member checking. The research team believed that saturation was reached by the eighth set of interviews (initial and follow up).

The research team consisted of the primary researcher, one doctoral student and one assistant professor in counselor education at a university in the southern region of the United States. All research team members attempted to bracket their assumptions before reading and

then coding the transcripts. The research team members each individually coded the transcripts. The team met after the second and eighth transcripts for the purpose of identifying themes and subthemes, consensus coding, and the development of codebooks. At least two participants needed to make a statement of a similar thought or experience for the research team to consider coding it as a theme or subtheme.

After the research team identified clusters of themes and subthemes, superordinate themes were developed in order to more comprehensively categorize the data. Three superordinate themes were created from the analyzed data: *confusion and discomfort*, *beliefs and biases* and *treatment challenges*. In order to increase rigor and trustworthiness in the study, an independent auditor was used. The auditor reviewed the audit trail and concluded that the proposed procedures, as described in the preceding chapter, were followed.

Participant Demographic Profiles

There were eight participants in this study, five who identify as female and three as male. Six of them identified as White, one identified as Multiracial and one identified as Asian. Pseudonyms were used instead of their actual names for the purpose of anonymity. The ages of the participants ranged from their 30's to their 60's, with the average age being 55 for the group as a whole (49 for the female counselors and 63 for the males). All eight participants lived in one Southeastern U.S. state and identified as Christian. Four participants reported their highest level of education was a Master's degree, three participants reported holding a Ph.D. and one participant reported holding an Ed.S. All participants held a license in professional counseling. The average number of years as a Licensed Professional Counselor was 13 as a whole group, 7 for the females and 25 for the males (See Table 4.1 below for demographic data on the participants).

Table 4.1

Demographics Table

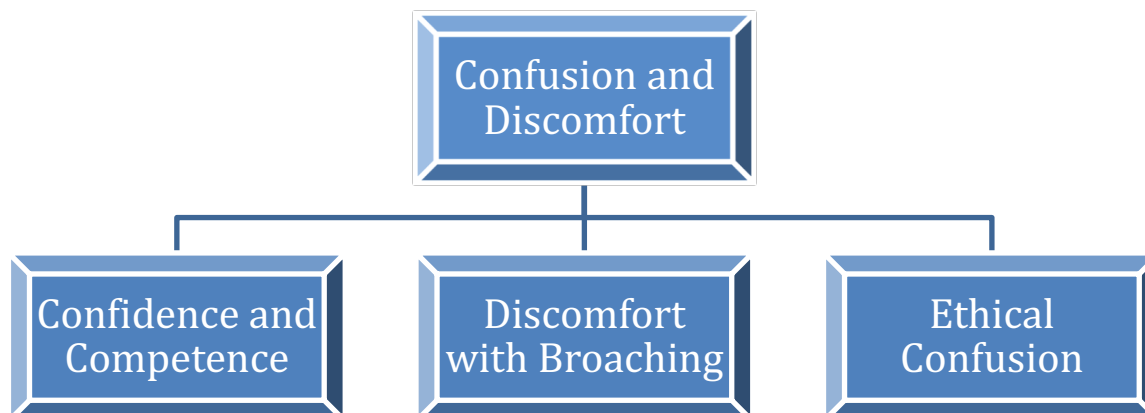
Pseudonym	Age Range	Gender	Race/Ethnicity	Religion/Spiritual Affiliation	Range of Years Licensed
Lisa	50-59	F	Multiracial	Christian	6-10
Carmichael	40-49	F	White	Christian	1-5
Elle	50-59	F	White	Christian	6-10
Sadie	60-69	F	White	Christian	6-10
Kate	30-39	F	White	Christian	6-10
Frank	60-69	M	White	Christian	26-30
Wayne	60-69	M	White	Christian	36-40
Tom	50-59	M	Asian	Christian	11-15

Themes

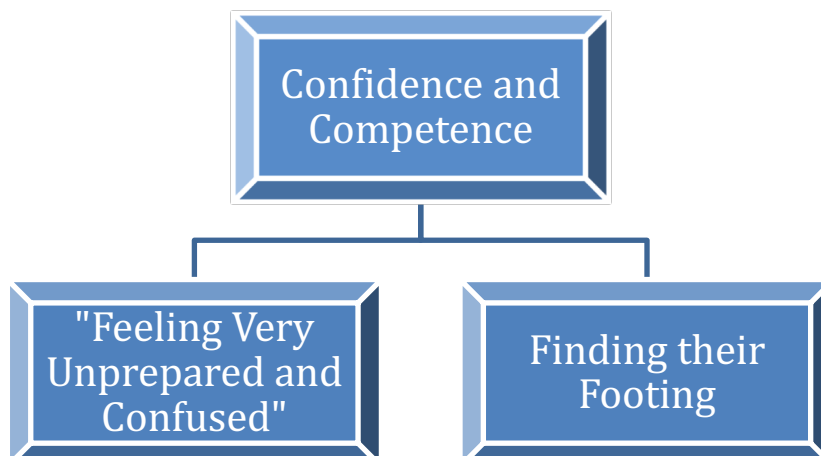
The research team identified three superordinate themes through data analysis: *confusion and discomfort, beliefs and biases* and *treatment challenges*.

Superordinate Theme One: Confusion and Discomfort

Feelings indicative of confusion and discomfort were experienced by at least three fourths of the participants while working with clients with problematic Internet pornography use. The research team identified three themes under this superordinate theme: *confidence and competence, discomfort with broaching* and *ethical confusion*.

Figure 4.1*Confusion and Discomfort*

1.1 Confidence and competence. Varying degrees of confidence and competence were experienced by participants when working with clients with problematic Internet pornography use. The research team identified two subthemes under *confidence and competence*: “*feeling very unprepared and confused,*” and *finding their footing*.

Figure 4.2*Confidence and Competence*

1.1.1 “Feeling very unprepared and confused.” The title of this subtheme is a quote taken from a participant when recalling what it was like when she first encountered clients with

problematic Internet pornography use. Carmichael said, “I found myself kind of feeling very unprepared, and confused...” Similarly, when Elle described her first encounter with a client with problematic Internet pornography use, she reported thinking, “Oh, my goodness. What do I do with this person?” This sentiment was a common finding among at least half of the participants.

When discussing her level of comfort with the topic, Elle expressed feelings of being unprepared, saying, “...I don't have much experience and I certainly haven't been trained in this.” Additionally, Lisa recalled feeling unprepared and unsure when being challenged by a client with problematic pornography use, stating:

I think one class it wasn't enough to really get into the nuances of addiction. I mean yeah, I understood the addiction cycle, but you know, when I've got, especially the pastor, when I had someone just actively combating me, like every step of the way and challenging everything I tried to do, it really made me like between sessions, really want to dig into like why is this ... Why should I try this?

More specifically, Carmichael noted her confusion regarding diagnosis and treatment planning stating:

It definitely creates some confusion for me as far as... I mean, even just charting, and creating a treatment plan, and stuff like that. I might note it in there, but you have to enter a diagnosis, you can't... that isn't a diagnosis, you know?

Discomfort related to working with clients of the opposite sex was also prevalent in the data. For example, Tom spoke about his discomfort in treating problematic Internet pornography with females, he said, “Not being a female, I really don't know how females function.” Likewise,

when discussing the possibility of her working with a male with problematic Internet pornography use, Kate said, "...I would need to be more adequate in the words and verbiage that I used."

1.1.2 Finding their footing. Feelings of confusion and unpreparedness prompted more than half of the participants to seek additional knowledge about the topic. Personal research, consultation and educational opportunities on the topic were resources that participants utilized to help increase their competency. Lisa explained how she decided to embark on her own research:

Once I got like one or two clients and I was like, Hmm, I think I need to know more about this, then I would say, okay, this particular month I'm going to start reading some articles. I'm going to look into research. I'm going to try to help increase my knowledge base in working with them.

Several participants spoke about how consultation with colleagues and experts in the field helped to increase their sense of their own competence in working with clients experiencing problematic Internet pornography use. For example, Kate stated: "I have a friend that is a sex therapist in the area, and she is my go-to when I have stuff, or issues, or concerns. She's been phenomenal about answering questions or trying to reframe my thinking about it." Elle also spoke about the importance of personal research and consultation, saying, "As far as consultation or supervision, absolutely. I reached out to other people in my field that I knew had some experience in it, and then I just did my own research..."

Seeking out educational opportunities was another resource that was mentioned by more than half of the participants. Lisa explained that she sought out CEs to help her understand more about the topic. Elle shared about a helpful workbook:

Probably my first client that talked about it, I told them that I was going to be consulting with a colleague and that colleague recommended a book, a workbook, and I purchased the book, downloaded the book, and had my client do the same, so we stayed together.

Tom explained that he sought out education on the topic but resources were sparse. Tom stated:

I've seen, sporadically, the educational seminars for the CEs as a part of some topic but not even the subject exclusively unto itself. I've never seen a specific seminar in that. I did look for a lot of books, and there are a number of books, but not as much as the more popular topics, such as anxiety, mood disorders, bipolar. I would say maybe 10:1 or 20:1 ratio when I try to find the books at the Barnes & Noble.

According to more than half of participants, seeking out their own educational resources helped them to find their footing, which aided in their ability to work with clients with problematic Internet pornography use.

1.2 Discomfort with broaching. More than half of the participants experienced discomfort with broaching problematic Internet pornography and felt their clients did too. Kate explained that broaching the topic with clients can be difficult, she stated:

I don't think I have a good way to ask if you have this problem, and it's more of a conversation. Maybe that's an area where I would like more skills. I think I understand how to ask if you're cutting, or if you're going to kill yourself... but maybe just it would be my own personal research... 'cause obviously I'm a therapist, and I always want to learn, so you have to be thinking, "This is the thing I'm not doing well."

Similarly, Elle described discomfort around broaching the issue, she said:

It's kind of tip-toed around and I've probably, frankly, tip-toed around it, too, because if they're not presenting with that as the main issue, not wanting to make that become my issue that I'm treating, if they haven't identified that as the issue that they're treating.

Along the same lines, participants experienced clients who seemed to struggle with broaching the issue in therapy as well, for example in Carmichael's experience, clients are more likely to disclose suicidal ideations than they are to disclose Internet pornography use, she said, "I still feel like people are more likely to tell me their suicidal thoughts, and ideations, and their anxiety and depressive thoughts, their homicidal things than to be upfront about porn use."

Likewise, Elle stated:

I think that it's probably not talked about nearly as often as it's happening. I just think through the clients that I've seen. It's just not something I think that they're entirely comfortable just putting on the table. The clients that I've seen, anyway, aren't.

More than half of the participants felt discomfort and noticed clients feeling similarly when broaching the topic of problematic Internet pornography use. Due to discomfort with

broaching, these participants felt the topic might not be explored with clients as often as it should be.

1.3 Ethical confusion. Based on data provided by the participants, the research team noticed confusion regarding ethical practices when working with clients with problematic Internet pornography use. When asked directly about ethical considerations, more than half of the participants reported that no ethical issues came to mind, however throughout the course of the interviews, participants discussed issues that appeared to have clear ethical implications while working with this population.

For example, one common discrepancy occurred when participants emphasized their lack of training on the topic but also reported no ethical concern. For example, when asked about her training, Elle said, “I don’t think I had any training at all,” and later when asked if she had any ethical concerns, she said, “I can’t think of anything.” Likewise, when asked if she’d had any training on this topic, Sadie reported having “none” but later in the interview said, “I don’t see any ethical issues.” Although, many participants didn’t acknowledge ethical concerns when asked directly, over half of the participants sought additional knowledge on the topic.

Another noticeable ethical discrepancy had to do with personal views on Internet pornography. More than half of the participants expressed negative personal thoughts and feelings related to Internet pornography use, however they did not seem to recognize this as an ethical concern. For example, Wayne clearly expressed his personal and religious beliefs when it came to Internet pornography, describing it as a “sin” however, when discussing ethical concerns in his work with clients with problematic Internet pornography use, he said, “it’s not a major ethical challenge.” Likewise, Frank believes that Internet pornography use is “always a problem”

but noted no ethical concerns in working with clients with problematic Internet pornography use because, “I’m not here to make someone do something they don’t want to do.” Clearly, Frank believed it to be unethical to push his opinions onto his clients, but he didn’t express how his personal feelings might have an effect on his work. Kate was more certain, she identified an ethical concern regarding the limits of challenging clients, stating that “the ethical concern would maybe be if I made it a problem for that client, and it wasn't.”

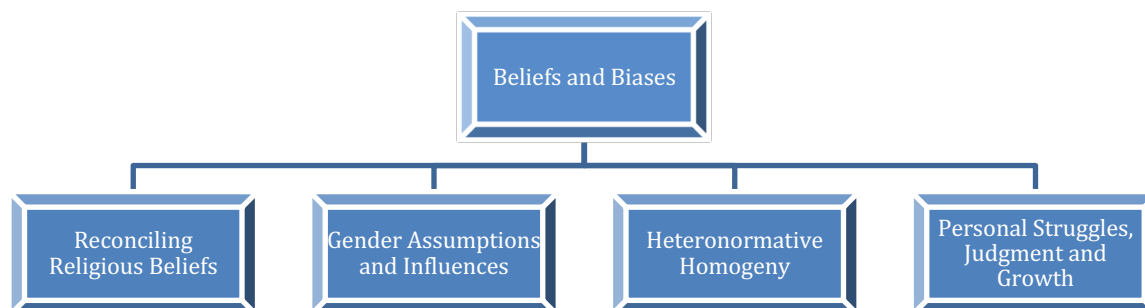
Although more than half of the participants did not report having ethical concerns, ethical issues came up often throughout their interviews. The research team felt that it was important to note the discrepancy between what was directly and indirectly reported.

Superordinate Theme Two: Beliefs and Biases

Participants expressed various beliefs and biases related to their work with clients with problematic Internet pornography use. The research team identified four themes under this superordinate theme: *reconciling religious beliefs, gender assumptions and influences, heteronormative homogeneity, and personal struggles, judgment and growth.*

Figure 4.3

Beliefs and Biases



2.1 Reconciling religious beliefs. The experiences of at least three fourths of the participants shed light on how their religious values impacted (or did not impact) their work with clients with problematic Internet pornography use. Some participants noted how they conceptualized the problem differently for Christian clients than they do for non-Christian clients. For example, Wayne stated:

There is a significant difference in dealing with a Christian and dealing with a non-Christian on this issue. Because one of the things that Christians need to understand is that God allows us to dive it into our sins until we get so disgusted with ourselves that we realize how much we need Him. And to talk to a Christian about that is a very different issue than talking to a non-Christian because they don't know God. And they don't have the Holy Spirit pushing them that we have. And so for any kind of sinful behavior, we have a very, very different understanding of how to deal with it.

Tom explained that he emphasizes a Christian standard when working with Christian clients and emphasizes character/moral standard when working with non-Christians, he said, “only by applying the highest Christian behavior standard or, for non-Christians, their own sense of a character standard, that gives the person a motivation to do something about it...” Lisa explained how being a Christian counselor might impact how she conceptualizes this client issue:

I think the only thing that would change maybe is an understanding of sin and grace. You know, like I said, when I see somebody that's in bondage, I have compassion for them. Because I feel like this is just one, an aspect of sin bubbling to the forefront and them maybe not realizing it, or them not knowing how sin works.

Likewise, Wayne also emphasized sin as a root issue in how he feels about this issue personally:

Let me expand this a little bit because everybody is sexual. Everybody is sexual. Okay? Everybody has a sinful side of their sexuality. So, the issue isn't whether you're dealing with a sexual issue, it's how were you dealing with yourself? The sexuality is minimal compared to the sinful side. And to think about this as a sexual issue, compulsive sexuality is sinful. Pornographic sexuality is sinful.”

Regardless of his personal feelings about pornography, Frank emphasized the importance of not imposing his beliefs on clients, stating: “My personal view is that it is a spiritual issue, but dealing with it for individuals who are spiritual or not usually gets back to the same root causes and the same techniques.” Similarly, Kate said:

The Christian viewpoint is that when you even add pornography to your marriage or relationship, and again, this is my personal opinion, is like adding a third person. That is my personal opinion, but I can't always ... I try to keep that at bay and not let it impact the work that I do.

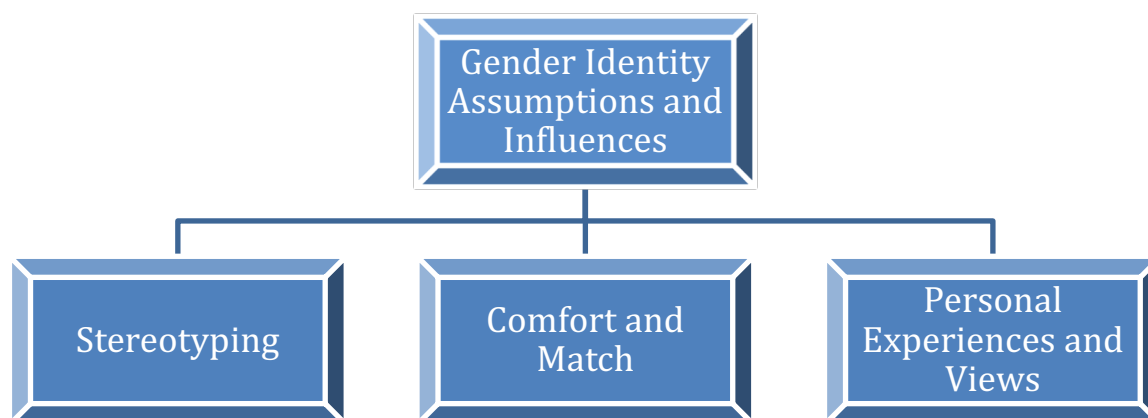
The participant’s religious beliefs seemed to fall on a continuum with regards to the extent it influenced their conceptualization of the concern and thus their work with clients experiencing problematic Internet pornography use.

2.2 Gender identity assumptions and influences. The research team found that the work of seven of the participants was influenced by gender identity assumptions and influences. The team created this theme and three subthemes to represent the participants’ experiences of *gender*

identity assumptions and influences: stereotyping, comfort and match, and personal experiences and views.

Figure 4.4

Gender Identity Assumptions and Influences



2.2.1. Stereotyping. As participants processed their experiences with clients related to problematic Internet pornography use, gender identity stereotyping became an evident pattern. For example, Tom said, “I’ve never heard of a husband complaining about the wife using. There are always husbands, male partners.” Elle also reported stereotyping problematic Internet pornography use as a male issue, saying:

I think the biggest surprise I had was when I had some teenage girls disclose, so that was surprising to me. And I guess if I had to search for anything, it would be surprise that it wasn't a male issue, but I think my first was a male and so I was just like, "Okay, yeah." I wasn't shocked by that. But I think more surprised by

young teenage females... Yeah, that's probably a bias or a stereotype, for sure. Just caught me off guard.

Wayne postulated that pornography looks different for men and women stating:

Romance books are women's pornography... Men are visual. We respond very strongly to visuals. Women are emotional. They respond to the emotional side of it. And so, it's normal. It's accepted in our society. But it's exactly the same thing.

According to Kate, even some of the most current literature she has on problematic Internet pornography assumes it's a male issue, she stated:

This is just from last year; it says that this is how to notice it in your husband. I'm like, it's not just a husband thing. I think that's some of the other stereotypical, like that it's just men that do this, and that is just not true we find out in lots of areas.

The participants above acknowledged that gender identity stereotypes exist based on experiences with clients, personal beliefs, and literature.

2.2.2 Comfort and match. Based on the experiences shared by participants, client-counselor gender identity matching appeared to be related to counselor comfort regarding work on pornography use. All three male participants shared that most of their experiences with problematic Internet pornography use were with males. For example, Frank said, "If it's a couple coming in, sometimes it's because, I'd say 99% of the time, it's the wife catching the husband, and they're coming in together for couples counseling."

Four female participants noted an increase in young female clients struggling with this issue. Elle shared about experiencing “teenage girls” with problematic Internet pornography use and Lisa explained how some of her female clients got started looking at Internet pornography, she said:

Because a couple of my clients had been young, and they were introduced, like the young ladies, were introduced to porn by a potential suitor who was basically trying to get them all revved up for sex... Then they in turn, started looking at it themselves, you know over and over. And I think that kind of, in those cases, appeared some of the young ladies were almost using porn as a way to normalize sex because they were uncomfortable having had sex.

Based on her experiences, Kate postulated that men may not feel comfortable talking with a female therapist about their problematic Internet pornography use, saying, “I just don't think a man is going to generally be comfortable talking to me about it...”

Additionally, Tom and Kate shared their own discomfort regarding working with clients of a different gender on this topic. Tom said, “Not being a female, I really don't know how females function.” In discussing the possibility of her working with a male with problematic Internet pornography use, Kate said, “...I would need to be more adequate in the words and verbiage that I used.”

The above data indicated that working with clients who identify as a different gender impacted the counselor's comfort level.

2.2.3 Personal experiences and views. Overall, female participants seemed less comfortable sharing their own personal feelings or experiences related to Internet pornography. All of the

participants shared opinions or beliefs about Internet pornography but more than half of the female participants made a point to note that Internet pornography did not have a place in their personal lives, while one female participant made it clear verbally and non-verbally that she did not wish to discuss her personal experiences with pornography. For example, Lisa said, "...personally, I've never been into porn, so I don't, you know what I mean? I never thought about that as a thing." Similarly, Carmichael stated, "...I personally am not a fan." Sadie seemed conflicted when it came to how she presented her comfort (or lack thereof) with Internet pornography. She said, "I did take a human sexuality class in my graduate studies, so I'm comfortable talking about it. And I know that it may not be something I struggle with, but it's still a real struggle for other people." Later in the interview Sadie mentioned having experiences with personal acquaintances who struggled with problematic Internet pornography but said, "...I am not comfortable talking about that."

Conversely, all of the male participants emphasized normalcy with men viewing Internet pornography. The male participants seemed much more willing to discuss their personal experience with the topic. For example, Tom said, "as a male, I'm not immune. I've had my own struggle in the past," and Wayne stated, "I don't know any guy who hasn't looked at pornography. Period. Including myself."

There was a noticeable distinction between the male participants and the female participants in regards to their comfort in sharing their personal experiences regarding Internet pornography.

2.3 Heteronormative homogeny. All of the participants in this study described the clients with whom they've worked on problematic Internet pornography use to be heterosexual cisgender individuals. For example, Sadie said about males struggling with this concern: "It's a serious

issue with affecting a person's judgment, affecting a person's relationships, intimate relationships, and skewing their attitude towards respect for women.”

Only one participant mentioned the possibility of a LGBTQ+ client, yet felt that this client was looking for validation of her heterosexuality. Lisa recalled this experience:

...it seemed to be a source of shame. And in that case, it was a heterosexual woman who was looking at gay porn. I think she ... Once she disclosed it to me, it appeared that she wanted someone else to affirm that she wasn't gay.

While a client's personal beliefs about sexuality might affect their outlook on pornography, the same could be said for some counselors. For example, Wayne stated:

Homosexual sexuality is sinful. Okay? Just about every other kind ... there's only one appropriate non-sinful sexual behavior. Okay? Everything else, biblically, is sinful. We all have to deal with it in one way or another. The question is how are you dealing with your sin.”

The experiences that were shared by participants in this study were based on their expressed perceptions that their clients were heterosexual and cisgender.

2.4 Personal struggles, judgment and growth. Personal views regarding Internet pornography use varied. More than half of the participants expressed negative thoughts and feelings regarding Internet pornography use, however all three male participants shared a mixed message, speaking negatively about Internet pornography use but then suggesting it was common or normal for men. In fact, one participant felt Internet pornography use could be appropriate depending on

how it was used, Wayne said, "I've had a couple of clients where the husband and wife both use the pornography together for education and sexual experience. That's not a problem. It's an appropriate use."

Three fourths of the participants also shared their experiences about casting judgment at one time or another on those who used Internet pornography. For example, when asked about her personal views, Elle stated: "I think it breaks up marriages. That's probably my view, is that it can be very disruptive."

Lisa explained that she used to struggle with negative feelings and judgment about people who used Internet pornography, saying:

Before I worked with them, I think my thoughts were you know, they were not professionally oriented. It was more on my personal belief, so I felt that since I did not see the appeal of pornography, or whatever, that it was something that was completely unnecessary, and it was an evil that maybe only degenerate people, sex trade or whatever.

Similarly, Carmichael stated:

I realized in my first time working with somebody, how strongly I don't respect particularly males with porn addiction issues. When it first came up, I realized... I kind of noted my initial disgust maybe, also maybe a little more judgy than with other addictions, even though I've never used drugs. I can understand them better, and things like that, you know? Even other sex addictions, I feel like they make more sense to me. It just... I found myself kind of feeling... a little more judgy than I liked.

For at least half of the participants, the personal struggles and judgment experienced at the onset of treating clients with problematic Internet pornography use evolved into feelings of compassion and understanding. For example, even though Carmichael originally felt “disgust” at encountering clients with problematic Internet pornography use, after working through her own feelings and spending more time with these clients, she said, “I think just the more people I talk to has been helpful... I think working through my own issues... Like I don't feel... I'm not uncomfortable, or anything when people mention it or anything anymore...”

Lisa also described the evolution of her feelings, saying:

After I started working with them, I think I had a little bit more compassion because then I started to see ... because in my mind I'm thinking, "Okay, I can binge Netflix, but I can't see someone just getting hooked on watching porn." I don't know if that was just naivete, but I felt like ... You know, just as if I see someone who's stuck on alcohol, or whatever, I start to have this compassion like, "Oh, this poor person can't ... They thought it was innocent or whatever, and they started looking at it but now they can't put it down." So I need to do something to help them realize that they don't have to stay a slave to this. They can move forward.

Frank noted the importance of suspending judgment and showing compassion, explaining:

Well, I'd go out of my way to show compassion and caring for clients who are struggling with it even though I personally am opposed to it outside of my profession. I make sure that they don't see any sense of judgment or rejection of

them because of it. Most of the time, they're coming in here because they're acknowledging it as a problem to begin with.

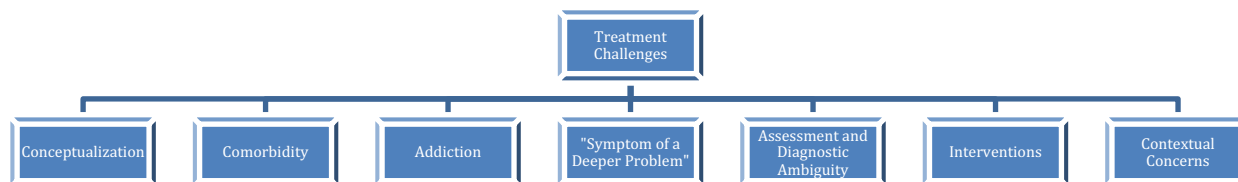
More than half of the participants expressed negative feelings regarding Internet pornography, while three participants felt that some Internet pornography use could be normal, specifically for males. Additionally, one participant believed use among married couples was appropriate. Struggling with their personal beliefs and judgment was an experience identified by three fourths of the participants. Time, experience and deeper understanding of the problem, however, helped to facilitate personal growth for more than half of the participants.

Superordinate Theme Three: Treatment Challenges

All of the participants experienced challenges when treating with clients with problematic Internet pornography use. The research team identified seven themes under treatment challenges, they are: *conceptualization, comorbidity, addiction, symptom of a deeper problem, assessment and diagnostic ambiguity, interventions, and contextual concerns.*

Figure 4.5

Treatment Challenges



3.1 Conceptualization. The process in which participants formed their understanding and view of problematic Internet pornography use was explored by all of the participants. More

specifically, participants shared how they determined when Internet pornography use was problematic for a client. Conceptualization of the problem seemed to fall on a continuum with two participants conceptualizing Internet pornography use as a problem only if the client considered it so. For example, when asked when she considers Internet pornography use to be problematic, Sadie replied, “when it’s a problem for the client.” Similarly, Elle said, “They've got to bring it to me, first off, and let me know that it's caused some sort of problem in their life.”

Further down the continuum more than half of the participants felt that Internet pornography was a problem when it impaired the client’s functioning in some capacity. For example, Lisa stated:

Well, first I consider if internet pornography is interfering with daily living functions, if it's to the point where they're getting in trouble at work because they're looking at it, or they're putting it on a work computer. Are they staying up all night and not able to get to work or get to other appointments on time? It's really kind of subjective based on the client's lifestyle, I think. Because like, say they don't work, it would be kind of hard to say, "Okay, this is interfering with your lifestyle," if that's all they do is lay around and look at porn. But I would also challenge that their inability to get up and go get a job, might be indications that it's a problem. But certainly, I think if it's interfering with their interpersonal relationships.

Similarly, Tom stated: “It always boils down to functionality, how much personal impairment one goes through.” More specifically, two participants conceptualized Internet pornography as problematic when it affected the client’s intimate relationships. For example,

Wayne stated: "It's problematic in terms of how it affects the family and the marriage." At the end of the continuum, Frank expressed his belief that Internet pornography use is always a problem, he said, "I always consider it problematic, especially in cases where someone is in a relationship with a person because it usually creates conflict, and the other person usually considers it an act of unfaithfulness."

Problematic Internet pornography use was conceptualized by participants on a continuum, from only considering pornography use problematic if the client does on one end to always considering pornography use problematic on the other end.

3.2 Comorbidity. The research team found that problematic Internet pornography use was generally comorbid with other mental health conditions. In fact, when estimating the frequency in which they've experienced clients with problematic Internet pornography use, half of the participants explained that it's rarely presented as the main problem. For example, Lisa stated:

I think that the clients that I have had, they've all, to a T, they've all come in for a different presenting problem. And it was only after getting to know them, I guess developing that therapeutic alliance where they felt comfortable to be like, "Oh, and by the way I'm also doing this." But they blame everything else on ... You know they blame whatever thing that they're coming in for, "I'm depressed," or, "I'm anxious," or, "I'm having a relationship problem." They blame that on other stuff and it's just like ... Like I said, "Oh, by the way I'm also doing this." But it really has nothing to do with anything else. Then we find out yeah it does.

Similarly, Kate stated:

I don't have anyone that has a problematic Internet pornography use that doesn't have a mental health issue. They impact one another in my opinion 100% of the time...usually I see depression, or I see anxiety. Generally speaking, I'll see anxiety about wanting to, and the obsession of wanting to, and once you've used, the depression hits. There's no research for any of that, but that is just what I see is happening.

According to three participants, there also seems to be pattern of problematic Internet pornography use amongst clients with trauma related conditions caused by sexual trauma as a child. For example, Lisa said:

I actually have another client who was like, oh my gosh, I think seven or eight, and she had been molested. And her grandmother was raising her, and the grandmother then found inappropriate stuff on her tablet. And I didn't even know this was a thing, but it was cartoon porn. It was graphic cartoon images engaging in sex, like a cartoon. And that's what the little girl was looking at. And the grandma was like so shocked and brought her into me and was like, "Fix her." And I'm like I didn't even know this was a thing. Like what is happening?

Kate shared about her experiences with young female clients using Internet pornography with trauma related conditions due to sexual abuse. When asked if she had encountered minor clients with problematic Internet pornography use, she replied:

You know what, now that you say it, yes. To typecast it, it's foster kids. Sometimes they have grown up in a situation where it was more free or they have

... And the largest amount of times I see it, which is actually cool that you asked the question, is with sexual abuse. They don't know that it's not okay to come home and to look up stuff, because that was their life. Something was happening to them, and happening, and I try to just normalize a lot of what's happening. A foster parent's like, "What, I walked in, and they were looking at this," or, "looked up this," and we try to normalize, like, "We don't know what happened."

Having clients who presented with problematic Internet pornography use and comorbid mental health conditions was an experience shared by all of the participants. Additionally, three participants had worked with clients with problematic Internet pornography use who had experienced sexual abuse during their childhood. Half of participants experienced clients presenting with mental health conditions other than problematic Internet pornography use, only reporting the Internet pornography use once comfortable with the counselor.

3.3 Addiction. When conceptualizing problematic Internet pornography use, all of the participants used the term “addiction” to describe it. For example, Lisa stated:

I use the language from the DSM as far as addiction, like, "You have withdrawal symptoms, and it affects you physiologically, and you have had some negative consequences, but you keep doing it. You need to do more and more."

Similarly, when asked about how she conceptualizes problematic Internet pornography use, Kate said, “I use a lot of the same terminology that you would use for addiction... I try to liken it and make it really similar to those kind of rules like we're looking at even with alcoholism or drug abuse.” Frank explained that training and education regarding problematic Internet pornography

use helps “people to recognize it as an addiction, as an obsessive-compulsive behavior.” Elle also viewed problematic Internet pornography use as a “compulsive behavior”, she said:

It has a lot of similarities to other addictions. Sort of that compulsive behavior. And that's me just searching for some part of my brain to put it in that makes sense to me. And that's just the background that I had, is to treat it like I would an addiction, without putting it into its own category.

Carmichael also explained how she conceptualizes problematic Internet pornography use as an addiction, she stated:

I guess I currently treat it more as... I kind of feel more like I do about other addictions, where I see it as an issue that they... Well, particularly, because a couple clients I have, have a stated issue. For them, they discuss the high that they get, and how it seems that when they're feeling really depressed, and down, that's what they do. One is a man, and one is a woman, and so both of them have discussed that they feel trapped in it, and stuff. That made more sense coming at it from a more... approaching it as other addictions.

Wayne brought up the importance of distinguishing between “use and abuse” when working with clients who use pornography, he said, “the difference between use and abuse in any addiction or potential addiction is something that we need to be able to define.”

Problematic Internet pornography use was also considered an addiction in terms of the challenge in treating it. For example, Tom stated: “pornography addiction is the same as the standard addiction treatment mold. But it is that emotional relationship, connection that is

different and is harder in the treatment process.” Sadie emphasized the importance of motivation to change, she said, “It’s an addiction and an addict has to come to a place where they’re willing to do whatever it takes to overcome the addiction. And usually when they’re coming to counseling, hopefully they’re willing to do whatever it takes.” Wayne explained the physical challenges the client may experience while in treatment for this issue:

With any addictive behavior I have to deal with how it affects you physically. Any addiction affects you physically. I don’t care what the addiction is. You have a physical reaction if you’re an addictive gambler, you have a physical reaction if you’re addicted to anything and you’ve got to deal with that first and help them understand that first before they go beyond dealing with the emotional issues.

Collectively, participants viewed problematic Internet pornography use through an addiction lens in terms of the language used, treatment approaches and challenges faced.

3.4 “Symptom of a deeper problem.” A prominent theme based on the experiences of the participants indicated that both problematic Internet pornography use and other comorbid mental health conditions were symptomatic of a deeper problem as stated by Frank below:

It’s helping them to recognize that the pornography is the *symptom of a deeper problem* and that they’ve not known how to or have been unwilling to address or going all the way back to childhood, they developed the habit in order ... It’s their own coping mechanism or form of self-medication to cope with a deeper problem...not unlike someone who drinks to relax or escape or drinks to the point

of inebriation in order to avoid or escape other negative emotions or issues in their life...

Similarly, Kate found it important for the client to uncover the underlying triggers causing people to turn to Internet pornography. Kate said, "I think I mentioned it again, so just the key parts were figuring out what's the trigger, what are the general triggers that would lead to someone wanting to turn on the Internet." Tom also viewed Internet pornography use as symptomatic of the problem, he stated:

It is a really symptomatic evil, not the evil unto itself, which being the base human struggle of emotion and stress management. Really, an existential problem. So, need is there, and the porn industry is happily supplying the need, and Internet is really normalizing.

Lisa explained that she tends to focus on the maladaptive thinking that might be contributing to problematic Internet pornography use and other conditions like depression, she said:

I do believe that their behavior, whether it's depression, or pornography, or whatever, is based on maladaptive thoughts... Is this maladaptive thought something new? Is this something entrenched? Is this something that was planted in them? Is this a childhood lie? Is this a self-esteem thing? Is it how they view God? Is it how they view themselves? You know, what is the basis of it? Then look at helping to refrain that thought, or give them alternative coping mechanisms to deal with whatever that nugget, or originating thing is.

Three fourths of the participants expressed how they felt Internet pornography use was associated with a deeper problem. Additionally, these participants felt Internet pornography use is merely a coping mechanism to ease the client's pain and/or discomfort.

3.5. Assessment and Diagnostic Ambiguity. There was a sense of ambiguity among participant beliefs when it came to assessing and diagnosing clients with problematic Internet pornography use. For example, two participants postulated the potential benefits of having more instruments to assess clients who might be struggling with problematic Internet pornography use. When asked if there was anything she would like to add during the follow-up interview, Carmichael said: "I don't know how much we could benefit from further tools, screening, more actual data on what to do rather than just data on the prolific use and such."

Similarly, when Kate was asked if there was anything she would like to add to the initial interview she said, "If you find some kind of measurement tool, that would be helpful... I want a tool that I can use that will let me go through and ask to know if this above what I'm able to do." In this case, Kate felt that a "measurement tool" would allow her to determine if the client's issue was within her scope or not.

Similar to the beliefs about assessments, there was sense of uncertainty among participants about whether or not a diagnosis for problematic Internet pornography use would be beneficial. In fact, participant experiences reflected varying thoughts regarding diagnosing clients who struggle with problematic Internet pornography use. Three participants felt the lack of a DSM diagnosis was a concern and the five participants felt that it wasn't. For example, Carmichael stated, "It's also hard to put as any sort of diagnosis. It's not there, so is it symptoms, or is it an issue in itself, or is it something I should be targeting by treating an underlying issue?"

Additionally, Elle expressed concern about not being able to bill insurance without a diagnostic code, she stated, “Yes, it's definitely problematic if you can't bill for your time, if that's what they're coming in for.” Wayne also mentioned concern about billing difficulty, he said, “Only if that is the primary reason they come in, I can't diagnose it. I have to find another diagnosis in order to get paid.”

Conversely, more than half of the participants felt they were able to get around the diagnosis issue due to problematic Internet pornography use often being comorbid with other diagnosable conditions. Frank stated: “It doesn't really affect it because usually, we very quickly we recognize and focus on other issues that bring them in that we focus on.” Likewise, Lisa said:

I guess it really hasn't affected me too bad, because like I said, every single person that comes in is coming in for something else. So I do have a diagnosis code to bill insurance or whatever, to be able to treat them. So it not being in the DSM specifically does not bother me because I don't need that diagnostic code to necessarily help them. But using the language from the DSM, I am able to show them from other addictions, why this is now become a problem for you.

Kate mentioned discomfort in using a diagnosis for this issue because she isn't a specialist, she said:

Even if there was a DSM code, I don't think I would use it. I don't use sexual disorder ones either because I'm not a specialist. That's just my opinion. I try to stay in my lane of what I know, and I diagnose things when I have enough evidence to believe that they're there.

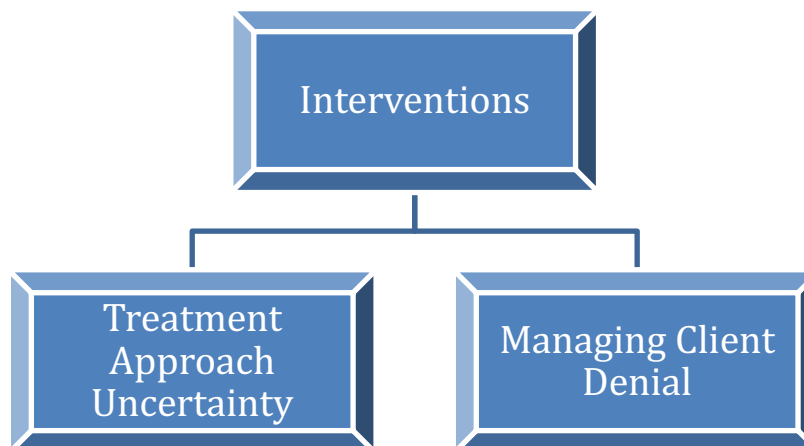
Although Lisa previously explained how she was able to get around the lack of DSM-5 diagnosis, she still felt adding the diagnosis to the DSM-5 should be considered. She said, “But yeah, I think that because it is becoming so prevalent and it is affecting lives, that's something that should be considered.”

The data suggests mixed feelings and uncertainty regarding the benefits or drawbacks of assessments and diagnosis for problematic Internet pornography use. The experiences of more than half of the participants indicated that assessment and diagnosis aren't necessarily vital, while three participants expressed a desire for the clarity and direction that measurement instruments and a diagnosis could offer.

3.6 Interventions. An evident part of the participants' experiences in treating clients with problematic Internet pornography was their thoughts regarding interventions to be used. The theme 'Interventions' was broken down into two subthemes, *treatment approach uncertainty*, and *managing client denial*.

Figure 4.6

Interventions



3.6.1 Treatment Approach Uncertainty. Treatment approaches used with clients with problematic Internet pornography use varied considerably amongst participants. There was no “right” approach postulated and more than half of the participants seemed to use approaches they were already comfortable with. When asked about his confidence and comfort in treating problematic Internet pornography use, Tom replied, “Confidence? Comfort? There is no effective method that is being taught. All the books I read, there is no magic formula.”

With no substantiated treatment approaches for problematic Internet pornography use, Lisa explained how she reverts to an approach she is comfortable with and uses often, she stated:

I'm kind of a CBT based gal... so, I try to approach it the same way and helping them to understand, you know to kind of go backwards to their thoughts and feelings and how that influences the behavior.

Similarly, Elle went back to an approach she has been trained on, she said, “as DBT trains me, I look at the behavior. You know, what behavior are we trying to shape? Breaking that down, and a lot of it runs ... There are similar patterns.” Likewise, Carmichael fell back on an approach she was comfortable with and used with other mental illnesses. She described how she utilized a Narrative Therapy approach with clients, she stated:

I mean, just in general, seeing it as... addressing it more for its symptoms, and the problems it's causing, and trying to understand what need is it meeting, or where is it coming from, and connecting back to their life, and their story, which that's how I work a lot with people with anxiety, and depression, the narrative. Kind of, "When did this come up? How did... What role has it had in your life? How has it

been helpful? How has it been harmful?" Similar to how I would, in that sense, approach somebody with any mental issue, or illness.

Kate explained how the existing literature seems to lump the treatment of problematic Internet pornography use with all other addictions, but she feels each addiction is individual and should have different approaches, saying, "I think that's what we've been doing, is putting them all together, but I do think there's a different way to treat each one of them". Without any literature on specific treatment approaches for problematic Internet pornography use, Kate uses approaches she is familiar with such as physical stimulation. She said, "What are other ways that we can give your body stimulation that's healthy? Can you get a pedicure, can you get a manicure? Can you go to masseuse? Healthy options." Lisa also spoke about a physical intervention that helped a particular client, she said:

You know, we finally got him on an anti-depressant, which was Wellbutrin. And that actually curbed some of his sexual desire. And he was like ... You know after he started taking the medicine and he felt that he didn't want it all the time, then he realized like, "I was being unreasonable."

The participants' experiences indicated no known treatment approach specific to treating problematic Internet pornography use. Instead, three fourths of participants fell back on approaches that they have used in the past and that they are comfortable with.

3.6.2 Managing Client Denial. At least three fourths of the participants spoke about experiencing clients who the counselors believed were in denial about their problematic Internet

pornography use. Managing the discrepancy between their conceptualization of the problem and the client's was identified as a challenge for participants. For example, Kate said:

I would say my number one challenge would be someone believing that they have a problem. I can't make what I believe moralistically to be an issue their issue. I can't make porn, sexting, things like that a problem if it's not something for them.

Similarly, Carmichael explained her experience with clients who are in denial about how Internet pornography affects their lives:

I'm not a sex therapist, I don't know exactly how it's impacting them, yet when they're just in complete denial like, "Oh, no. That doesn't have anything to do with my inability to have sex with my spouse... Not just couples, individuals and couples, but they flat out deny it...

Lisa stated:

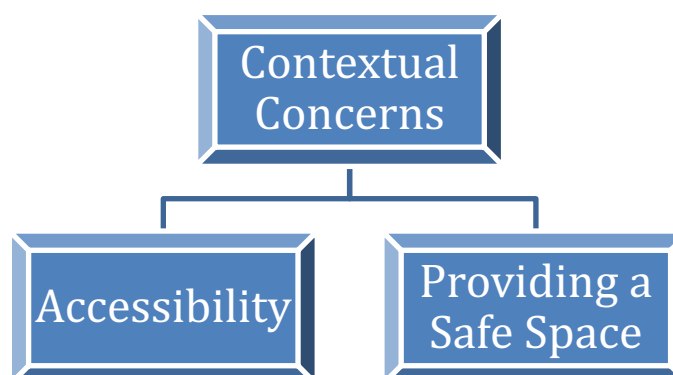
Like even though I think it's a problem, I think that it's harmful to them, I may explain, or try to educate them to how the frequent use of pornography is going to shape their views about sex, it's going to shape their views about intimacy, it's going to shape their views about what's attractive and not. Attractive and overall, it is going to affect their ability to have healthy relationships. But if they tell me it's not a problem or I don't want to go there, then I have to be willing to accept that.

Following the lead of the client and not forcing their opinions on clients seemed to be an important part of the participants' experiences. That being said, participants felt themselves being challenged when working with clients who might be in denial of their Internet pornography problem.

3.7 Contextual Concerns. The research team identified specific concerns that three fourths of participants experienced when working with clients struggling with problematic Internet pornography use. The theme 'contextual concerns' was broken down into two subthemes *accessibility*, and *providing a safe space*.

Figure 4.7

Contextual Concerns



3.7.1 Accessibility. A client's easy access to an ample amount of Internet pornography was identified as a major factor in treating this population. Frank began seeing significantly more clients with problematic pornography use with the advent of the Internet, he said, "it began when home Internet availability became regular 20 years ago. It just made it easier. It went from being an addiction to the crack cocaine of pornography." Tom explained how boundless access to Internet pornography makes it difficult for counselors to treat clients with this issue, he said,

“behavioral modification is so much harder because of accessibility, both the problem unto itself and controlling the conditional problem. That's what I have learned.”

More than half of the participants expressed that increased accessibility has also led to the normalization of Internet pornography use. For example, Tom said, “fundamentally, it's the normalization that I am come to realize and come clear now. It is so normalized, so routinized that it's not even a problem anymore.” Based on Tom’s experiences, Internet pornography use has become so “normal” that clients often don’t see it as a problem, which makes treatment difficult.

Carmichael pointed out that accessibility to Internet pornography use could also lead to other problems, which become treatment concerns. In her experiences with children and adolescents, Internet pornography use can lead to increased sexual activity, she said, “the exposure at a young age to porn, particularly on phones, and just kind of expecting that when your child is given a phone, that they're going to have sex rather quickly.” Similarly, Tom compared problematic Internet pornography use to a “gateway drug” that has incited inappropriate Internet relationships for clients. As such, counselors are not only faced with treating the problematic Internet pornography use, but the resulting issues as well.

According to more than half of the participants, the Internet has increased the accessibility of pornography for people. This is creating unique challenges for counselors.

3.7.2 Providing a Safe Space. Although participants shared concern about the ‘normalization’ of pornography due to increased access as well as expressing that they believed some of their clients were in denial about their pornography use, participants also experienced clients who felt ashamed of their pornography use. The word “shame” was often used to describe how

problematic Internet pornography use affected their clients. In fact, three fourths of the participants noted that shame can hinder a client's ability to be forthcoming about the issue. Elle explained how shame can hinder her ability to comprehensively conceptualize and treat her clients effectively, she said, "the secrecy, the shame, the honesty around it, whether or not they're giving you the full story. That would probably be the biggest thing." Similarly, Carmichael has struggled with how to help a client if the client is too ashamed to come forward about their pornography use, she said:

With porn, it's rarely been a stated issue, it usually comes out later, and then I've noticed... I mean, usually they're looking down. They just seem to have more shame associated with it...Trying to figure out some of that stuff has been a lot different than anxiety, and depression, which I think are less shameful.

Kate described an experience with a client with problematic Internet pornography who needed frequent assurance while working through the issue. Kate's experience illustrates the importance of positively affirming clients who are struggling with shame around the pornography use, she stated:

The client that I work more with, when shameful things do come up, she's even been like, "Do you not like me anymore?" "Why would I not like you? Why would I not want you to tell me the truth?" Reflecting back what she's needing in those moments. "Do you think less of me?" And even, maybe that's even pushing some of my own beliefs about myself." I'm like, "No, I always want to know the truth. I don't want you to lie. We've done that long enough. I want you to be better, and I want you to feel good about yourself, and that's always the goal."

Kate also emphasized the importance of counselors providing a safe space for clients to discuss whatever they need to. Based on Kate's experiences, providing a safe space allows clients to feel comfortable so that the counselor can address challenging topics the client might otherwise avoid. Referring to one of her clients, she stated:

I try to be very gentle knowing that she doesn't even let anyone else know. Then she'll be continuously like, "Are you okay with talking about this?" Then spends a lot of time doing that, which just means she is not okay with talking about it. I'm like, "Again, you can tell me whatever you want when you're here."

The participants were challenged regarding how to handle what they believed to be a feeling of shame experienced by some of their clients. Participant experiences illustrate the difficulty uncovering the pornography problem and providing a safe space that clients will allow it to be treated in.

Summary

The eight participants interviewed shared a range of experiences related to their work with clients with problematic Internet pornography use. To represent these experiences, the research team created three superordinate themes, fourteen themes and nine subthemes. Participants shared about the challenges and discomfort they've experienced along with personal and professional growth. Participants in this study did not view themselves as specialists in problematic Internet pornography use. The results of this study shed light on the personal and professional experiences of counselors who work with clients with problematic Internet pornography use.

List of Superordinate Themes, Themes and Subthemes

1. Confusion and Discomfort

- 1.1 Confidence and Competence
 - 1.1.1 “Feeling Very Unprepared and Confused”
 - 1.1.2 Finding their Footing
- 1.2 Discomfort with Broaching
- 1.3 Ethical Confusion
- 2. Beliefs and Biases
 - 2.1 Reconciling Religious Beliefs
 - 2.2 Gender Assumptions and Influences
 - 2.2.1 Stereotyping
 - 2.2.2 Comfort and Match
 - 2.2.3 Personal Experiences and Views
 - 2.3 Heteronormative Homogeny
 - 2.4 Personal Struggles, Judgment and Growth
- 3. Treatment Challenges
 - 3.1 Conceptualization
 - 3.2 Comorbidity
 - 3.3 Addiction
 - 3.4 “Symptom of a Deeper Problem”
 - 3.5 Assessment and Diagnostic Ambiguity
 - 3.6 Interventions
 - 3.6.1 Treatment Approach Uncertainty
 - 3.6.2 Managing Client Denial
 - 3.7 Contextual Concerns
 - 3.7.1 Accessibility
 - 3.7.2 Providing a Safe Space

Chapter Five: Discussion

The purpose of this study was to examine the lived experiences of counselors who have worked with clients with problematic Internet pornography use but do not claim to specialize in this area. Studies have shown the increasing prevalence of counselors encountering clients with problematic Internet pornography use (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). There have also been studies that have highlighted the lack of training and felt incompetence of counselors working with clients with this issue (Grubbs et al., 2010; Hagedorn, 2009; Hinman, 2013; Kellett et al., 2017; Miller & Byers, 2010; Short et al., 2016) Yet, there is an absence of counseling research examining how counselors are experiencing and managing this phenomenon.

This phenomenological study seeks to contribute to the body of counseling research regarding the experiences of counselors who work with clients with problematic Internet pornography use. It was guided by the research question: What are the lived experiences of counselors who have worked with clients experiencing problematic Internet pornography use but do not claim to specialize in this area?

I conducted semi-structured interviews with eight licensed professional counselors, inquiring about their lived experiences in working with clients with problematic Internet pornography use. The research team analyzed the data from these interviews and constructed three superordinate themes that were descriptive of the data: *confusion and discomfort*, *beliefs and biases* and *treatment challenges*.

Confusion and Discomfort

A prominent theme that emerged under the umbrella of confusion and discomfort was *confidence and competence*. The words “unprepared” and “confused” were used to describe most participants’ experiences when they first encountered clients with problematic Internet pornography use. Participants expressed concern regarding their lack of training and experience with the subject. Due to these factors, participants called into question their competency in working with this population. This finding is consistent with other research on the topic that has shown it to be common for counselors to feel more comfortable treating certain issues over others based on training and experience (Theriault, Gazzola, & Richardson, 2009). Participants found the more experience and information gained, the more competent they felt in treating problematic Internet pornography use. Likewise, studies have shown that novice counselors in particular might lack confidence in treating problematic Internet pornography use in particular due to lack of training and experience with this issue (Hagedorn, 2009; Hinman, 2013; Walters & Spengler, 2016).

More than half of the participants emphasized the need for counselors to receive basic training on the topic of problematic Internet pornography use. These participants expressed that they would feel more comfortable and competent with the topic if they had some basic training. One participant explained how helpful the sex therapy course he took in his doctoral program was, noting that it should be included in the curriculum for all counselors. Likewise, the participants in a study conducted by Miller and Byers (2010) felt their training on problematic Internet pornography use to be inadequate. Similarly, Hagedorn (2009) conducted a study in which 42.5% of addiction specialists felt incompetent in treating sexual addiction (an umbrella under which problematic Internet pornography use would fall), yet more than half of them reported treating one or more sexually addicted clients each week.

With a lack of foundational training on the topic, the majority of participants reported seeking external resources to increase their knowledge and competence. Resources such as: books, articles, continuing education seminars and consultation were used by participants to aid in working with clients with problematic Internet pornography use. Levitt, Farry and Mazzarella (2015) also found that consultation is a natural step for counselors who are unsure of how to handle unique client cases. Unfortunately, several participants found that resources were sparse, be it books, workshops, or experts, which is similar to existing research that showed counselors feeling unsure as to how to treat this population with few available resources (Ayers & Haddock, 2009; Hinman, 2013).

Another area of discomfort shared by more than half of the participants was *discomfort with broaching* problematic Internet pornography use with clients. Several participants experienced clients who also seemed to feel discomfort with broaching this topic in therapy. Participants also felt they didn't know of a good way to broach this topic and often tip-toed around it. This finding is congruent with the existing literature that shows some counselors feel uncomfortable broaching problematic Internet pornography use with their clients due to a variety of factors such as personal opinions and religious beliefs (Hinman, 2013; Hertlein & Piercy, 2008; Walters & Spengler, 2016). Additionally, this finding was consistent with research that found people were uncomfortable or embarrassed to disclose issues related to sexuality, even in counseling (Nasserzadeh, 2009). It is important that counselors are able broach potentially uncomfortable topics such as race/ethnicity and sexual issues in order to provide effective treatment for their clients (Day-Vines et al., 2007; Walters & Spengler, 2016).

Ethical confusion was a theme that emerged because of discrepancies between what was directly and indirectly reported by participants. Although participants emphasized their lack of

training and shared a variety of personal views on the topic, when asked about potential ethical concerns, more than half of the participants reported none. This was an interesting finding in light of a study by Halpern (2009) that found counselors had ethical concerns about treating a condition for which they had little to no training. Along the same lines, the ACA Code of Ethics (2014) emphasizes the importance of counselors practicing within the “boundaries of their competence based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience” (p. 8). Likewise, counselors should “practice in specialty areas new to them only after appropriate education, training, and supervised experience” (ACA, 2014, p.8).

Feeling unprepared to work with a client on a specific issue isn't a unique experience for counselors. In fact, Theriault, Gazzola, and Richardson (2009) conducted a study on feelings of incompetence in novice counselors. The results of the study yielded a variety of strategies for counselors managing this experience. Adjusting expectations of counselors' responsibility for client progress, relying on therapeutic guidelines, choosing not to see clients outside of their scope and focusing on the relationship with the client rather than the techniques themselves were all strategies counselors found to be helpful. On the other hand, participants in this study noted coping mechanisms such as: self- directed research, seeking educational opportunities and consultation with specialists. Additionally, three participants emphasized the importance of not imposing their personal views on their clients, which is consistent with the ACA Code of Ethics (2014) stating “counselors are aware of and avoid imposing their own values, attitudes, beliefs and behaviors (ACA, 2014, p.5).

Beliefs and Biases

All of the participants in this study identified as Christian and as they shared about their experiences in working with clients with problematic Internet pornography use, their personal beliefs and biases became evident. As such, *reconciling religious beliefs* became a clear theme based on the data. Existing studies have shown that those who identified as religious were more likely to feel that their Internet pornography use was immoral and problematic (Bradley, Grubbs, Uzdevines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs, Volk, Exline, & Pargament, 2015). Similarly, three fourths of participants in this study conceptualized Christian clients differently than they did non-Christian clients. In fact, one participant explained how he was able to apply a higher moral standard to clients who were Christian. Other participants in this study described Internet pornography use as a “sin” and “always problematic.” These participant experiences are consistent with other studies that have shown that differences in the way counselors approach clients with this issue based on religious beliefs could potentially limit the opportunity for clients to work through it (Harris & Hays, 2008; Hertlein & Percy, 2008; Hinman, 2013; Walters & Spengler, 2016).

Contradictory to the existing literature, one participant felt that her Christian beliefs helped her to have “grace” or compassion for clients dealing with problematic Internet pornography use. This finding indicates the possibility of positive effects for Christian identifying counselors who work with clients with problematic Internet pornography use.

Although the participants recognized the importance of their personal beliefs, half of them noted the importance of suspending their religious beliefs from their work with clients. These participants felt it was important not to push their beliefs onto their clients, ultimately meeting their clients where they were spiritually and otherwise.

Gender identity and assumptions became an evident theme based on the participant's experiences in working with clients with problematic Internet pornography use. Stereotyping the gender identity of clients who struggled most with problematic Internet pornography use was prevalent throughout the experiences shared by participants. Half of the participants felt that problematic Internet pornography was mostly a male issue, as they had only experienced male clients with this problem. Even though studies have shown that females were a high-risk demographic group in terms of developing sexually compulsive behavior and that female pornography consumption is on the rise (Cooper et al., 2000; Doornwaard et al.; Klassen & Peter, 2015; Maddox et al., 2011; Schneider, 2003), about half of the participants recalled feeling surprised when they encountered female clients with problematic Internet pornography use. According to one participant, gender identity stereotyping is even evident in her perception of some of the literature written for counselors working with clients with problematic Internet pornography use.

The subtheme *comfort and match* emerged from participants experiencing client-counselor matching based on gender-identity comfort level with the topic. The male participants generally only encountered male clients with this issue, while the female participants encountered increasing numbers of female clients with problematic Internet pornography use. Comfort on the part of the client and the counselor were postulated reasons for the experienced gender identity matching. One female participant didn't think male clients would be comfortable talking about this subject with her, while a male participant admitted that he is uncomfortable discussing the subject with a female client. These findings are congruent with other research, which studied client-counselor match based on racial/ethnic factors. These studies indicated that some clients prefer counselors from their own ethnic group (Diala... 2000; Whaley, 2001).

Likewise, the results of a study by Ferguson, Leach, Levy, Nicholson and Johnson (2008) indicated that both racial identity and racial attitudes were significant predictors of preferences for a counselor of the same race.

With regards to comfort on the part of the participants, the research team noticed that several of the female participants seemed uncomfortable sharing about the topic on a personal level, which garnered the subtheme, *personal experiences and views*. When asked about their personal feelings with regards to Internet pornography, the responses from the female participants were quite different than the responses of the male participants, which is a finding not evident in existing counseling literature. More than half of the female participants made it a point to express their disinterest in Internet pornography and make it clear that it has never been an “issue” for them. These responses seemed to be incongruent with literature that estimates that more than 30% of American females consume Internet pornography on a regular basis (Maddox, Rhoades, & Markman, 2011). On the other hand, the male participants seemed more open about the topic on a personal level. One participant shared that he didn’t know any male who hasn’t watched pornography, while another participant admitted to having a problem with it himself when he was younger. While it’s unclear why male and female participant responses were different, the research team felt it was important to note and potentially worthy of future research.

The theme, *heteronormative homogeny* is representative of participants’ experiences of only encountering clients that they perceived to be cisgender, heterosexual clients with problematic Internet pornography use. Male participants described most of their clients as heterosexual cisgender men who were married and who had wives that encouraged treatment. Female participants also experienced heterosexual cisgender men but noted an increase in

heterosexual cisgender female clients with problematic Internet pornography use. Only one female participant acknowledged encountering a client who was questioning her sexuality based on her pornography preferences. The research team felt that the perception of having a lack of LGBTQ+ clientele was noteworthy. Although there is not a large amount of research on the LGBTQ+ population with problematic Internet pornography use in counseling literature, there is research that highlights Internet pornography use among gay men (Dew & Chaney, 2004; McCormack & Wignall, 2017). That being said, the experience of the participants in this study is in contrast with the existing research that indicates a presence of LGBTQ+ users with Internet pornography. With all of the participants in this study identifying as Christians and one participant openly categorizing homosexuality as a “sin”, it’s possible that members of the LGBTQ+ community would feel uncomfortable discussing their sexual concerns with counselors who hold these views.

Based on the variety of feelings, attitudes and subsequent professional growth for participants regarding problematic Internet pornography use, the research team established the theme *personal struggles, judgment and growth*. The participants’ personal views regarding problematic Internet pornography use varied. Half of the participants felt negatively about Internet pornography use, even judgmental at times. These participants felt they couldn’t understand the draw of Internet pornography. For example, one participant felt she could understand drug abuse better than she could problematic Internet pornography use. These findings align with studies that have shown some counselors to have negative personal feelings regarding this topic (Cooper et al., 2000; Cooper et al., 1999; Hinman, 2013). Feelings about Internet pornography use seems to be nuanced in among the counseling community. In fact, some studies have shown that there can be positive benefits to pornography consumption. For

example, some sexual disorder specialists believed that Internet pornography use could be beneficial to some clients (Maltz, 2009; Kort, 2009; Short et al., 2016; Zitzman & Butler, 2005). Additionally, Hesse and Pedersen (2017) found that many young people in particular are unsatisfied with the sexual education they have received and are using Internet pornography as an educational tool. Other studies have indicated that couples using Internet pornography as a sexual aid is on the rise and that pornography use among couples can increase sexual satisfaction (Barak & Fisher, 2001; French & Hamilton, 2018; Maddox et al., 2011). Likewise, one participant in this study felt that Internet pornography use was appropriate when used by married couples.

There also seems to be a belief among some that Internet pornography consumption among men is normal. In this study, all three male participants felt it was “normal” for men to use Internet pornography, which existing literature has shown to be a common assumption (Klaassen & Peter, 2015; Maddox et al., 2011).

Although more than half of the participants struggled with personal feelings and judgment, gaining more experience in working with clients with Internet pornography helped participants to have a greater sense of understanding and compassion regarding the issue.

Treatment Challenges

All of the participants in this study shared about their experiences with regards to treatment challenges when working with clients with problematic Internet pornography use. *Conceptualization* was a salient theme that emerged from participants’ experiences forming an understanding and view of clients with problematic Internet pornography use. Conceptualization of the problem seemed to fall on a continuum. Two participants only viewed Internet pornography use as a problem if the client did, further down the continuum, half of the

participants felt that Internet pornography was a problem when it impaired the client's functioning, and at the end of the continuum one participant felt that Internet pornography is always a problem. Conceptualization varied considerably among the participants in this study, which is consistent with research on the topic, which is robust and also shows how conceptualization differed from counselor to counselor. For example, certain studies indicated that Internet pornography use is only considered a problem when it causes negative life consequences for the user, such as impacting daily functioning (Hesse & Pedersen, 2017; Mitchell, Becker-Blease, & Finkelhor, 2005). Similar to the participants in this study, additional research indicates that counselors' personal beliefs and opinions could negatively impact their conceptualization of the problem (Cooper et al., 2000; Cooper et al., 1999; Hinman, 2013). On the other hand, some sexual disorder specialists differed from non-specialists in that they believed that Internet pornography use had positive effects and clinical utility and used it in their practice with clients, specifically when pornography was used among couples (Maltz, 2009; Kort, 2009; Short et al., 2016; Zitzman & Butler, 2005).

Comorbidity emerged as a distinct theme based on participant experiences in which problematic Internet pornography use was often, if not always, comorbid with other mental health conditions. Many of the participants explained that clients often presented with other (comorbid) problems initially and over time clients would divulge their problematic Internet pornography use. Comorbid conditions noted by participants included anxiety, depression and trauma related conditions. Aside from trauma related conditions, this finding is consistent with other studies that have shown anxiety and depression along with substance abuse to be comorbid with problematic Internet pornography use (Cooper et al., 1999; Short et al., 2016). There is little research on how mental health conditions affect Internet pornography use and vice versa,

however some studies have established that there is a connection (Cooper et al., 1999; Short et al., 2016).

Another theme under treatment challenges was *addiction*. All of the participants conceptualized problematic Internet pornography use as a type of addiction. Several participants noted that they use language from other addictions in the DSM-5 to help them conceptualize and describe problematic Internet pornography use. In their experiences, participants also recognized traits of problematic Internet pornography use and other addictions that were similar such as, compulsive behavior, euphoria and using it as a mental escape. Participants also felt that treatment challenges regarding problematic Internet pornography use were similar to those of other addictions. Being “willing to do whatever it takes” and physiological factors like withdrawal were some of the similar treatment challenges mentioned. Similarly, Love et al., (2015) found that problematic Internet pornography use and substance addiction were highly related neurologically while other studies have suggested that treatment of problematic Internet pornography use may be similar to substance addiction treatment (Cooper et al., 1999; Gola & Potenza, 2016).

Additionally, three fourths of the participants felt that problematic Internet pornography use was a symptom of a *deeper issue*. The pornography use was seen as a mechanism to cope with a deeper problem. Participants emphasized the importance of uncovering the deeper issue that is causing the problematic Internet pornography use and other potential comorbid conditions such as anxiety or depression. Some examples of deeper issues were: childhood sexual abuse, low self-esteem and maladaptive thinking, potentially brought on by events such as childhood trauma. This finding seems to be unique in that there is no known counseling research that explores the impact of deeper issues on problematic Internet pornography use.

The next theme, *assessment and diagnostic ambiguity* represents participant feelings of ambiguity regarding assessing and diagnosing clients with problematic Internet pornography use. Two participants mentioned that having access to assessment tools might be beneficial for screening clients. This is congruent with literature that recommends counselors use relevant assessments in order to provide effective treatment for clients (Mitchell et al., 2005). Although there are a few available instruments to assess for problematic Internet pornography use (Delmonico & Miller, 2003; Grubbs et al., 2010; Reid, Li, Gilliland, Steing, & Fong, 2011), participants didn't seem to be aware of them. It is imperative that counselors are educated about assessments options in order to provide effective treatment for clients with problematic Internet pornography use.

Also similar to existing research (Reid & Kafka, 2014), the lack of diagnosis for problematic Internet pornography use in the DSM-5 was a problem for some participants but not for others. About half of the participants reported feeling unbothered by the lack of diagnosis since problematic Internet pornography use is often comorbid with other mental health conditions, therefore they can still bill insurance for their services. The other half of the participants reported that the lack of diagnosis was concerning because if it was the only presenting issue, they would not be able to bill insurance for their services. The participants who seemed unbothered by the lack of diagnosis were also the participants with the most counseling experience, while those that were concerned about the lack of diagnosis had completed training programs more recently. Additionally, one participant felt that the lack of diagnosis was connected to the lack of treatment protocols for problematic Internet pornography use. This participant's feeling was consistent with other studies, which have found that without diagnostic

criteria, many counselors have felt unsure about how to classify and also treat problematic Internet pornography use (Hagedorn, 2009; Kellett et al., 2017; Reid & Kafka, 2014).

All of the participants shared their experiences regarding *interventions* used with clients with problematic Internet pornography use. Treatment approaches used by participants with clients with problematic Internet pornography use varied. Participants seemed uncertain about treatment protocols specific to problematic Internet pornography use and often fell back on modalities they were comfortable with. This finding is congruent with a study by Kellett et al. (2017) that found that there is no streamlined treatment approach for problematic Internet pornography use. Cognitive Behavior Therapy, Dialectical Behavior Therapy and Narrative therapy were all treatment modalities participants reported using with these clients. These treatment modalities are inconsistent with treatment modalities postulated in the existing counseling literature. Humanistic approach (Thomas, 2016), Acceptance and Commitment Therapy (Levin, Heninger, Pierce, & Twohig, 2017), Cognitive Analytic Therapy (Kellett, Simmonds-Buckley, & Totterdell, 2017), Structural Therapy (Ford, Durtschi, & Franklin, 2012), and Paroxetine treatment (Gola & Potenza, 2016) are treatment modalities that were included in the counseling literature.

A few participants believed that their lack of training left them without knowledge of a specific treatment protocol to use with problematic Internet pornography use, which is consistent with other studies that show this connection (Hagedorn, 2009; Hinman, 2013). Without training on appropriate treatment modalities, several participants treated clients with problematic Internet pornography use the same way they would with any other addiction. This finding aligns with existing research that shows the treatment of problematic Internet pornography use may be similar to substance addiction treatment (Cooper et al., 1999; Gola & Potenza, 2016).

Unfortunately, there is no known literature on the potential differences in treating problematic Internet pornography use compared to other addictions.

Another challenge presented by participants was managing client denial. Participants shared experiences in which the client did not feel they had a problem with Internet pornography, even though it was clear to the counselor that they did. The term “denial” was used often by participants when describing this experience. Client denial of the problem could stem from various sources such as positive beliefs about pornography or embarrassment but according to some participants, it could get in the way of helping the client. Clients having positive beliefs about pornography is congruent with other studies that have shown positive effects of pornography use such as Hesse and Pedersen (2017) who found that individuals used Internet pornography as an educational tool and other studies that indicated positive effects for couples using it (Barak & Fisher, 2001; French & Hamilton, 2018; Maddox et al., 2011). Therefore, clients who regard their pornography use positively may not feel they have a problem, even if their counselor does.

Participants were also challenged by certain *contextual concerns* when working with clients with problematic Internet pornography use. The first concern that was identified was accessibility. The “Triple-A Engine” effect was a term coined by Cooper (1998) to describe the variables believed to be responsible for the increase in Internet pornography consumption, they were: accessibility, affordability and anonymity. Several studies have validated the notion that the aforementioned trio are major factors behind the growing numbers of Internet pornography users in the United States (Anthony, 2012; Chisholm & Gall, 2015; Egan & Parmar, 2013; Harper & Hodgins, 2016). Similarly, participants in this study felt that the Internet created an accessibility to pornography that wasn’t present before. Participants felt that the accessibility of

Internet pornography was a major reason the frequency of encountering clients with this problem was increasing. Additionally, participant experiences indicated that easy accessibility created challenges for counselors implementing treatment approaches such as behavioral modification.

Not only was accessibility a contextual concern, clients who felt shameful about their problematic Internet pornography use was also a concern for many participants. According to participants, clients seemed to feel more comfortable sharing about other mental health issues, even suicidal feelings, than they did sharing about the Internet pornography use. A couple of participants shared their experiences with clients who felt ashamed of the pornography use and looked to their counselor (the participant) for reassurance that they were still liked and thought of highly. Existing research is consistent with these findings in that shame can be pervasive amongst those with problematic Internet pornography use. Gilliland et al. (2011) found that shame positively predicts hypersexual behavior such as Internet pornography use. Shame has also been found to create feelings of hopelessness to change and incite the continuation of Internet pornography use to provide temporary relief from negative feelings (Chisholm & Gall, 2015).

Haney (2006) emphasized the importance of counselors being supportive and non-judgmental of clients struggling with Internet pornography use. Consistent with Haney's (2006) findings, the shame and subsequent withholding of information by clients challenged participants to create a safe space in which clients would feel comfortable sharing. A couple of participants emphasized the importance of creating a safe space that was warm and free of judgment. According to these participants, when clients felt safe, they were comfortable enough to work through their concerns regarding problematic Internet pornography use. This finding is consistent

with other studies that recommended that counselors provide a safe space due to discomfort or embarrassment by the client. (Mitchell et al., 2005; Nasserzadeh, 2009).

The research team felt that it was important to note the relative absence of participants noting or addressing cultural factors with their clients. Participants' sharing about cultural aspects of their experiences was predominantly limited to: being Christian or not, and use of stereotyped gender identity and expression which was limited to cisgender heterosexual individuals. However, there was no exploration of cultural factors such as: race, ethnicity and socio-economic status and little exploration of LGBTQ+ clients with problematic Internet pornography use. Likewise, there is limited research on these cultural factors in counseling literature related to problematic Internet pornography use. One study looked at pornography use among urban, low-income, Black and Latinx youth and found that the desire for more sexual education was a major factor for pornography consumption among this population (Rothman et al., 2015). Regarding the LGBTQ+ population, two studies were conducted, which looked at gay men and internet pornography consumption. One study found that the Internet offered a feeling of community in which gay men were allowed to be sexually authentic without fear of persecution (Dew & Chaney, 2004). Another study found that some gay men used pornography as a way to explore their sexuality without having to become sexually active (McCormack & Wignall, 2017). While these studies are beneficial to the counseling community, more research should be done on cultural factors and clients with problematic Internet pornography use.

Implications

The results of this study suggest several implications for counselor educators, supervisors and the counseling field as a whole. The first is the need for counselor training on the topic of problematic Internet pornography use. Consistent with existing literature (Ayers & Haddock,

2009; Bray, 2014; Ford et al., 2012; Hagedorn, 2009; Hinman, 2013; Love et al., 2015), participants in this study indicated they received very little basic training on this topic, if any. Additionally, the participants encountered an increasing number of clients with problematic Internet pornography use over time yet they had very little knowledge or understanding of the issue when they first started working with these clients, which is also congruent with findings of existing research (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). Similar to the findings of other studies (Grubbs et al., 2010; Hagedorn, 2009; Kellett et al., 2017) lack of knowledge and understanding led more than half of the participants in this study to feel inadequate and/or incompetent at times. It is imperative that the counseling field as a whole take notice of the lack of training on problematic Internet pornography use in order to decrease feelings of incompetency for counselors and provide them with the knowledge and tools they need to treat this population.

Additionally, participants in this study discussed how they defined the term “problematic Internet pornography use” because there was not a specific term for this client problem. There are a variety of terms used in the literature to describe problematic Internet pornography use, but there is no consistent term being used in the counseling field (Carnes, 2001; Cooper et al., 1999; Kraus, Voon, & Potenza, 2016; Laier, Pekal, & Brand, 2014; Love, Laier, Brand, Hatch, & Hajela, 2015; Williams, 2017). All of the participants in this study considered problematic Internet pornography use as an addiction and often referred to it as “pornography addiction.” This is consistent with research that indicates problematic Internet pornography use is an addiction and should be classified as a process or behavioral addiction (Hagedorn, 2009; Kraus, Voon, & Potenza, 2016). Contrary to the beliefs of the participants in this study, some research indicates there is not enough evidence to consider problematic Internet pornography use as an

addiction (Ley, Prause, & Finn, 2014). The counseling field would benefit from more research on problematic Internet pornography use as an addiction (or not) in order to develop a comprehensive term that best describes this condition.

Similar to the dissent in the counseling community regarding terminology, diagnosis of problematic Internet pornography use is a topic of disagreement among counselors (Hagedorn, 2009; Reid & Kafka, 2014). Participants in this study also had differing views on the utility of a formal diagnosis for problematic Internet pornography use. Three participants in this study felt that a formal DSM diagnosis would be helpful for counselors in terms of conceptualization of the problem, billing insurance and potential treatment protocols that could stem from a diagnosis. On the other hand, five participants felt that a formal diagnosis wasn't necessary, specifically for billing purposes, because most clients presented with a comorbid condition that could be billed for. These participants also felt that problematic Internet pornography use was symptomatic of a deeper problem and therefore didn't need to be formally diagnosed. The research team felt it's important to note that (as previously mentioned) all of the participants in this study considered problematic Internet pornography use to be an addiction, but only three felt there should be a formal diagnosis. Could there be a difference in pornography addiction as compared to other addictions in the DSM-5, and if so, what are they? More research on the benefits or lack thereof of a formal diagnosis for problematic Internet pornography use needs to be conducted so that counselors have a better idea how to categorize and treat the condition.

In addition, two participants in this study felt that more assessments, specifically for screening purposes, would be helpful when treating problematic Internet pornography use. Participants felt that assessment tools such as questionnaires regarding pornography use could help the counselor better broach the topic and conceptualize the problem. Although there are a

few screening instruments for problematic Internet pornography (Grubbs et al., 2010), the participants in this study weren't aware they existed. It is important that counselors are educated regarding the resources that are available, in order to help counselors screen for this issue (Mitchell et al., 2005).

Congruent with the Kellett et al. (2017) findings that indicated no consistent, streamlined treatment approach, participants in this study used a variety of treatment modalities to treat problematic Internet pornography use. More than half of the participants used treatment modalities for which they had previously received training but that had no evidence of efficacy in treating problematic Internet pornography use. The findings in this study and others (Hagedorn, 2009; Hinman, 2013) show that not having a substantiated treatment protocol is adding to counselors' feelings of incompetence. It is imperative that counselors become trained on how to appropriately treat problematic Internet pornography use with their clients so that these clients receive the effective treatment they are needing (Harris & Hays, 2008; Hinman, 2013).

Counselor Educators and Training Programs

The results of this study and others show that counselors are feeling undertrained and at times uncomfortable with their level of competence in treating clients with problematic Internet pornography use. Many felt this is a direct result of a lack of education on this topic in counselor education programs (Bray, 2014; Ford et al., 2012; Grubbs et al., 2010; Hagedorn, 2009; Hinman, 2013; Kellett et al., 2017; Miller & Byers, 2010). Additionally, the findings of this study are consistent with other studies that have shown counselors' personal feelings and beliefs affect their work with clients with problematic Internet pornography use (Cooper et al., 2000; Cooper et al., 1999; Harris & Hays, 2008; Hertlein & Piercy, 2008; Hinman, 2013; Walters &

Spengler, 2016). Feeling uneducated on the topic coupled with personal feelings that counselors may experience about it, many counselors appear to be having difficulty approaching the issue with their clients.

In order for training programs to emphasize education on problematic Internet pornography use, accrediting bodies must do the same. The Council for Accreditation of Counseling and Related Education Programs (CACREP) “accredits master’s and doctoral degree programs in counseling and it’s specialties that are offered by colleges and universities in the United States and throughout the world” (CACREP, 2020). It is important that accrediting bodies, such as CACREP take notice of the pervasive issue of problematic Internet pornography use and emphasize training in this area. Additionally, CACREP should emphasize training on value impositions, helping counselors to work through personal biases they might have.

The most recent CACREP (2016) standards include certain addiction training standards under the core competency of Human Growth and Development and under Entry Level Specialty Areas such as Clinical Mental Health Counseling. CACREP (2016) also identifies Addiction Counseling as a specialty area and provides standards for programs that offer this counseling specialty. Although CACREP provides standards for an addiction counseling specialty, some counselors have expressed concern regarding the limited emphasis on sexual addiction in the standards (Bray, 2014; Hagedorn, 2009; Hinman, 2013).

Consistent with the above literature, several participants in this study reported taking an addictions class in their training programs but learned little if anything about sexual addictions or problematic Internet pornography use. Likewise, Love et al. (2015) found that counselors reported an emphasis on substance addiction training but very little training on behavioral or

process addictions in their training programs. Two of the participants in this study reported taking a sex therapy class in graduate school and felt that it was helpful in terms of treating problematic Internet pornography use. In fact, more training during counselor training programs or even in the workplace was suggested by half of the participants. Additionally, every state determines the courses are required for licensure in that state, some include a sexuality course among the required coursework. Based on the results in this study, it is imperative that counselor training in addiction goes beyond substance abuse and is inclusive of behavioral/process addictions and human sexuality. Accrediting bodies such as CACREP and licensing agencies such as state counseling boards should increase training requirements for counselors with regards to behavioral and process addictions. Requiring a course in human sexuality and prominent sexual addiction training in addiction coursework for all accredited programs would promote awareness and clinical skills for counselors who might encounter clients with problematic Internet pornography use.

Supervisors

Counselor education and training doesn't always take place in the classroom. Counselor supervision is an effective way to teach counselors skills, allow them to practice skills and provide a safe place for counselor to process their own feelings (Bernard & Goodyear, 2014). It is important that supervisors are aware of problematic Internet pornography use as a pervasive issue affecting many people (Hagedorn, 2009). Because of the increasing amount of people affected by this issue, counselors are encountering more clients that ever with problematic Internet pornography use (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). Supervisors should become as educated as possible on the topic in order to be a knowledgeable source for their supervisees. It is also important that supervisors are able to

provide a safe, non-judgmental atmosphere where counselors can process their feelings about working with the issue and practice the skills needed to work with these clients. Access to trainings and workshops that teach supervisors how to create a safe space for their supervisees could be beneficial.

Licensed Professional Counselors

It is important for counselors to be aware that some of the clients they will encounter with problematic Internet pornography use might be experiencing shame or guilt. The findings of this study are consistent with existing research that showed individuals with problematic Internet pornography use struggled with a cycle of shame and guilt, especially those who held themselves to a high religious or moral standard (Chisholm & Gall, 2015). Counselors should be aware of this factor and work to provide a safe, non-judgmental atmosphere for the client (Mitchell et al., 2005).

In an effort to provide a safe space for clients, counselors must be aware of their own biases regarding pornography and bracket these feelings so as not to reinforce feelings of shame for the client (Hertlein & Piercy, 2008; Hinman, 2013; Walters & Spengler, 2016). All of the participants in this study identified as Christian and some felt their religious beliefs impacted how they conceptualized and treated their clients. Further, all of the participants engaged held certain gender assumptions about clients with problematic Internet pornography use. As such, it is important that counselors acknowledge and uphold the ACA Code of Ethics (2014), which states, “counselors are aware of and avoid imposing their own values, attitudes, beliefs and behaviors” (ACA, 2014, p.5).

Additionally, personal views and comfort can impact a counselor’s ability to broach the topic effectively (Hinman, 2013; Walters & Spengler, 2016). Likewise, several participants in

this study felt unsure and uncomfortable broaching this topic with clients and believed assessment instruments might help to initiate a discussion about this topic with their clients. Some studies have shown that increased knowledge and education promotes counselor comfort related to broaching (Hertlein & Piercy, 2008; Hinman, 2013; Walters & Spengler, 2016). As such, counselors should strive to increase their knowledge on problematic Internet pornography use in order to increase their comfort in broaching and screening for this issue.

Counselors should also seek to be transparent with clients about their training (or lack thereof) on problematic Internet pornography use. Being transparent about training, experience and scope of practice with clients will help them to make important decisions about their mental healthcare. If a counselor finds himself/herself working with a client with problematic Internet pornography use and they feel unsure how to treat this issue, the counselor should consider referring to another professional or they should seek resources such as: books, articles, workshops, and consultation to increase their comfort and competency. Not only does increased knowledge about the topic help with counselor comfort and competence, it can also decrease feelings of judgment among counselors (Short et al., 2016). Participants in this study felt self-education was not only helpful, but necessary in treating clients with problematic Internet pornography use.

Counselors should be careful about stereotyping clients with problematic Internet pornography use. For example, the participants in this study seemed to initially (and/or currently) believe that problematic Internet pornography only affects cisgender, heterosexual males. The findings of this study and others indicate that problematic Internet pornography use is on the rise for men and women. Half of the participants in this study noticed an increase in the volume of female clients they are seeing with problematic Internet pornography use (Cooper et al., 1999;

Doornwaard et al., 2015; Maddox et al., 2011; Schneider, 2003). Additionally, although only one participant in this study mentioned a potential LGBTQ+ client with problematic Internet pornography use, existing research indicates that problematic Internet pornography use affects the LGBTQ+ population (Dew & Chaney, 2004; McCormack & Wignall, 2017). In fact, women and gay men were found to be particularly vulnerable populations with regards to problematic Internet pornography use (Cooper et al., 2000).

Along the same lines, counselors should work be able to competently and comfortably work with clients who identify on the gender spectrum differently than they do. A couple of participants of this study indicated discomfort in working with clients who identified as a different gender than they did. One participant felt that clients who identified as a different gender than her would be uncomfortable, which in turn created feelings of discomfort for her. Another participant felt he was not educated enough on how to work with clients who identified as a different gender than him and struggle with problematic Internet pornography use. Based on these findings, more education and experience for counselors on how to treat clients of different gender identities with problematic Internet pornography use would be beneficial, as would supervision to address what could be an ethical concern.

While the research is limited on ethical considerations when treating problematic Internet pornography use, Halpern (2009) found that some counselors experienced ethical concerns regarding treating clients with problematic Internet pornography use when they had little to no training on the topic. When asked about ethical concerns directly, more than half of the participants in this study could not think of any, however throughout the course of interviews, participants brought up issues that appeared to have clear ethical implications while working with this population. For example, several participants mentioned the importance of not pushing

their beliefs about pornography use being problematic on clients who didn't think it was. Experiences related to lack of training were discussed but didn't seem to be considered an ethical issue. It's important that counselors who work with clients with problematic Internet pornography use consider all ethical implications related to this work in order to provide safe and effective treatment.

Limitations

The research team recognized several limitations to this phenomenological study. There is always the potential for researcher bias to influence the study at various points. As a counselor who has worked with clients with problematic Internet pornography use, it's possible that I could have inadvertently inserted biases into the study. At points that I was aware of my internal reactions to participant statements, I was careful not to ask leading questions or insert my own opinions into the conversation, allowing for organic responses from participants. I also attempted to prevent researcher bias through member checking, follow-up interviews, bracketing of assumptions by myself and other research team members and the use of an independent auditor.

A potential limitation of this study was that all three research team members were female, under the age of 40 and shared relatively similar educational backgrounds. It is possible that our responses to the data may be a result of our gender identity, age and educational backgrounds. In an effort to check researcher bias, the research team met throughout the study multiple times and engaged in in-depth conversations regarding the data and potential biases.

Since the data collection was based solely on self-report, the possibility of social desirability should be considered as participants may have answered questions in ways that they believed would be acceptable to the researcher and others involved during the study. This is a factor that might have been exacerbated by the fact the primary researcher knew some of the

participants (in a professional capacity) before they participated in this study. It's possible that participants may have answered in ways that they felt would be pleasing to me or to the study.

Finally, a transcription company was used to transcribe all interviews with participants. I used a transcription company in the interest of time and efficiency, however, using a transcription company limited my immersion in the data.

Future Research

There have been some studies conducted regarding treatment approaches for problematic Internet pornography use and similar sexual disorders, however they were limited to case and pilot studies (Ford, Durtschi, & Franklin, 2012; Gola & Potenza, 2016; Kellett, Simmonds-Buckley, & Totterdell, 2017; Levin, Heninger, Pierce, & Twohig, 2017; Thomas, 2016). Because of this, there is not yet a consistent or streamlined approach to treat clients with problematic Internet pornography use (Kellett et al., 2017). Participants in this study reported feeling “confused” and “inadequate” due to lack of treatment knowledge with this issue. More research to help determine effective treatment approaches for this population would be beneficial for the counselor and the client.

Lack of assessments to screen for problematic Internet pornography use came up as a concern. There have been few instruments to assess for problematic Internet pornography use (Delmonico & Miller, 2003; Grubbs et al., 2010; Reid, Li, Gilliland, Steing, & Fong, 2011). Further, there has also not been any comprehensive research delineating specific techniques to assess for problematic Internet pornography use (Grubbs et al., 2010). An effective assessment instrument could help counselors determine severity of problematic Internet use and aid in treatment planning.

Participants in this study expressed mixed experiences and opinions regarding the lack of diagnosis for problematic Internet pornography use in the DSM-5. Some felt that the lack of diagnosis left them unsure of how to conceptualize and treat the issue, while others felt they didn't need a diagnosis to treat the issue. It was the experience of some participants that problematic Internet pornography use was often comorbid with other mental health conditions, therefore they were able to bill insurance using the comorbid condition. These findings are similar to existing research that has shown mixed feelings from the counseling field regarding a diagnosis for problematic Internet pornography use (Reid & Kafka, 2014). Additionally, the American Psychiatric Association rejected the proposal to include a sexual addiction disorder in the Diagnostic and Statistical Manual of Mental Disorder, Fifth Edition due to lack of empirical research (Reid & Kafka, 2014). More research on how the lack of diagnosis in the DSM-5 affects counselors and the treatment of clients with problematic Internet pornography use could be beneficial.

Another area of future research that could be beneficial for counselors working with clients with problematic Internet pornography use is the impact religious belief may have on counselors and clients. The findings of this study were mixed regarding how counselors felt their religious beliefs did or did not impact their work with clients with this issue. Not only is research needed regarding counselors and how their beliefs impact their work with this population, more research is needed regarding clients and how their religious beliefs shape their view on this issue. Some participants reported that their religious clients were much more inclined to feel their pornography use was problematic than clients who did not claim to be religious. While there are a few existing studies that have found similar results, (Bradley, Grubbs, Uzdavines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs,

Volk, Exline, & Pargament, 2015) additional research on this issue could be beneficial for counselors working with this population.

More than half of the participants in this study did not seem to recognize the ethical dilemma of treating clients with problematic Internet pornography use with little to no training on the topic. The participants acknowledged the lack of training in the topic but didn't seem to consider it an ethical concern. Almost all of participants of this study, along with other investigations (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016), reported an increasing volume of clients with problematic Internet pornography use, yet it is not uncommon for counselors to feel inadequately trained on the topic (Bray, 2014; Ford et al., 2012; Hagedorn, 2009; Hinman, 2013; Miller & Byers, 2010). Additionally, there is no known existing research on ethical considerations for counselors treating clients with problematic Internet pornography use. Research on ethical considerations when treating problematic Internet pornography use would be helpful in terms of alerting counselors to the potential ethical issues that come with treating this condition.

Another area that would benefit from more research is examinations of counselor bias regarding their gender identity and their client's gender identity and expression. Half of the counselors in this study engaged in gender identity stereotyping, assuming that problematic Internet pornography use was only a male problem. Additionally, client-counselor gender identity matching appeared to be related to participants' lack of comfort regarding working on this topic with a client who didn't share their gender identity. Despite some of the participants' conceptions to the contrary, there is existing research that indicates that problematic Internet pornography use is not just a male issue and that the numbers of women using it are on the rise (Cooper et al., 2000; Doornwaard et al.; Klassen & Peter, 2015; Maddox et al., 2011; Schneider,

2003), however there is no known research that explores how gender identity stereotypes and views of counselors impact their work with clients with problematic Internet pornography use. Research on this topic could be useful for counselors to explore potential gender identity biases they might possess.

A concern that many participants in this study raised pertained to problematic Internet pornography use with children and adolescents. Participants reported seeing an increasing number of children and adolescents with problematic Internet pornography use. They explained that sometimes this issue presented with parents/guardians bringing in their children because they caught them using Internet pornography. Participants reported wanting more information about why children and adolescents were turning to pornography use and how it would affect them short and long term. While there are some studies that have investigated gender differences and risk factors for children and adolescents using Internet pornography, most are more than 10 years old and none have examined short and long-term effects (Benedek & Brown, 1999; Doornwaard et al., 2015; Haney, 2006). More research on Internet pornography use among children and adolescents could help counselors to provide better psychoeducation and treatment to minor clients who are dealing with problematic Internet pornography use.

A salient finding in this study and others is that problematic Internet pornography use is often comorbid with other conditions such as anxiety, depression, trauma and substance abuse (Cooper et al., 1999; Short et al., 2016). Participants in this study also experienced clients with problematic Internet pornography use that had been sexually abused. More research is needed as there is only one study in the last decade of comorbidity and problematic Internet pornography use (Short et al., 2016) and no known counseling studies on sexual abuse and problematic Internet pornography use. It's possible there is a link between problematic Internet pornography

use and particular comorbid conditions along with past sexual abuse. Future research exploring how problematic Internet pornography use is related to other conditions could be beneficial, specifically for counselors who are screening for this issue.

Summary

This study examined the lived experiences of eight licensed professional counselors who have worked with clients affected by problematic Internet pornography use. The results of this study substantiated existing research that counselors are treating increasing numbers of clients with problematic Internet pornography use, yet many do not feel competent to do so, at least initially (Grubbs et al., 2010; Hagedorn, 2009; Hinman, 2013; Kellett et al., 2017; Miller & Byers, 2010; Short et al., 2016). Participants reported feeling undertrained, which at times led to feelings of inadequacy and incompetence. Seeking out resources such as: literature on the topic, workshops and consulting with experts seemed to increase counselor competence, though some participants felt resources on problematic Internet pornography use were lacking. Additionally, the results of this study highlighted the impact of counselors' personal values on their work with clients affected by problematic Internet pornography use.

The findings of this study suggested that counselors vary in their conceptualization of problematic Internet pornography use. Likewise, there does not seem to be an agreed upon treatment approach to use with clients dealing with this issue. There are also unique factors that make problematic Internet pornography use a challenging issue for counselors to work with. The accessibility of Internet pornography coupled with the shame some clients experience can make it a difficult issue for counselors to treat. The majority of participants felt that more training on this topic would have better prepared them to understand and treat such a complicated client

issue. The results of this study emphasize the need for more awareness, education, and research on the topic of problematic Internet pornography use.

MANUSCRIPT

A Phenomenological Investigation of Counselors' Experiences with Clients Affected by
Problematic Internet Pornography Use

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Abstract

The primary researcher conducted a phenomenological study examining the experiences of licensed professional counselors ($n = 8$) who have worked with clients affected by problematic Internet pornography use. There were five female participants with an average age of 49 and three males with an average age of 63. All eight participants identified as Christian. Four participants reported their highest level of education was a Master's degree, three participants

reported holding a Ph.D. and one participant reported holding an Ed.S. Through semi-structured interviews, the primary researcher of this study sought to gain an understanding of how counselors were experiencing and navigating this phenomenon. The research team constructed three superordinate themes: confusion and discomfort, beliefs and biases and treatment challenges. In addition, the research team identified 14 themes and 9 subthemes through consensual coding of the data. The findings of this study may inform counselors, counselor educators and supervisors on how to ethically and effectively work with clients experiencing problematic Internet pornography use.

Key Words: pornography, counselor, training, treatment

Since the advent of the Internet, pornography consumption has reached an all-time high (Kleinman, 2017; Maddox et al., 2011; Regnerus et al., 2016). As such, counselors have encountered more clients experiencing problematic Internet pornography use than ever before (Hagedorn, 2009; Hinman, 2013; Short et al., 2016). Unfortunately, research indicates that counselors and related helping professions often felt inadequately trained to address client concerns regarding Internet pornography use (Bray, 2014; Ford et al., 2012; Hagedorn, 2009; Hinman, 2013; Miller & Byers, 2010). Many counselors felt incompetent when it came to assessing, diagnosing and treating problematic Internet pornography use (Grubbs et al., 2010; Hagedorn, 2009; Kellett et al., 2017).

This study explored the lived experiences of counselors who are not experts in dealing with problematic Internet pornography use but are working with these clients in practice. Although some studies explored counselor training and competency regarding problematic

Internet pornography use (e.g., Hagedorn, 2009; Hinman, 2013, Miller & Byers, 2010; Short et al., 2016), none explored how counselors are handling this phenomenon. In an effort to aid counselors to ethically and effectively work with clients with problematic Internet pornography use, this study sheds light on how some counselors are managing this issue.

Cultural Considerations

Problematic Internet pornography use affects people from all different backgrounds and demographics. A study conducted in the relatively early days of widespread Internet usage found that women and gay men were the most high-risk demographic groups in terms of developing sexually compulsive behavior (Cooper, Delmonico, & Burg, 2000). The researchers considered both groups to be disenfranchised and seeking sexual freedom without negative social consequences, highlighting their vulnerability to Internet pornography. Although research on race, ethnicity, and problematic Internet pornography is limited, one study found that urban, low-income, Black and Hispanic youth considered Internet pornography as the main source of their sexual education (Rothman, Kaczmarzky, Burke, Jansen, & Baughman, 2015).

In comparison to other cultural factors, the body of literature regarding problematic Internet pornography use and religion was relatively more robust. Some research implied that people of faith experience distress when their behavior does not align with their moral and religious beliefs and that people who identified as religious were more likely to feel that their Internet pornography use was problematic (Bradley, Grubbs, Uzdavines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs, Volk, Exline, & Pargament, 2015).

Clients with Problematic Pornography Use and Counseling

There was also a considerable amount of literature linking problematic Internet pornography use to negative life consequences and negative impacts on daily functioning (Hesse & Pedersen, 2017; Mitchell, Becker-Blease, & Finkelhor, 2005). Viewing Internet pornography alone and frequently seemed to increase the likelihood of negative consequences (French & Hamilton, 2018; Wright, Bridges, Sun, Ezzell, & Johnson, 2018). Negative effects such as loneliness, poor sexual body image, depression, poor decision-making, social isolation, damaged relationships, career loss, financial consequences, and a cycle of shame and guilt have been found to be associated with Internet pornography use (Butler, Pereyra, Draper, Leonhardt, & Skinner, 2018; Cranney, 2016; Gilliland, South, Carpenter, & Brand, 2011; Laier & Brand, 2017; Negash, Van Ness Sheppard, Lambert, & Fincham, 2016; Schneider, 2000; Yoder, Virden III, & Amin, 2005).

There are a variety of unique factors that make problematic Internet pornography use a particularly challenging issue for counselors. One of the unique factors is the varying attitudes and beliefs among counselors regarding pornography use. Some sexual disorder specialists believed that Internet pornography use had positive effects and clinical utility and used it in their practice with clients (Maltz, 2009; Kort, 2009; Short et al., 2016; Zitzman & Butler, 2005). Other mental health experts in the field were uncomfortable with the idea that Internet pornography could be positive (Cooper et al., 2000; Cooper et al., 1999; Hinman, 2013).

Many counselors seemed uncomfortable broaching issues related to sexuality with their clients due to their personal opinions on the topic (Hinman, 2013; Walters & Spengler, 2016). Some counselors may have religious, spiritual or ethical beliefs that have impacted their willingness to broach sexual issues such as Internet pornography use (Hertlein & Piercy, 2008). Factors such as these may have held counselors back from bringing sexual issues to the forefront,

potentially limiting opportunity for clients to work through any issues they may have had (Harris & Hays, 2008; Hinman, 2013).

Another factor for counselors treating problematic Internet pornography use is that it is not a diagnosable condition in the DSM-5 (APA, 2013). As such, some counselors have reported difficulty classifying the issue without having access to specific diagnostic criteria (Hagedorn, 2009). Along the same lines, many counselors reported feeling unsure how to assess and treat this problem, as assessment and treatment protocols are sparse (Grubbs et al., 2010; Kellett et al., 2017). Typically, when counselors are unsure of how to handle unique client cases, consultation is a natural step (Levitt et al., 2015). Unfortunately, many counselors have found that other counselors in the field were also feeling unsure as to how to treat this population and experts in this area were few and far between (Ayers & Haddock, 2009; Hinman, 2013).

Additionally, problematic Internet pornography use was often comorbid with other mental health conditions (Cooper et al., 1999; Short et al., 2016). Because of the sensitive nature of problematic Internet pornography use, clients often felt uncomfortable disclosing it to their counselor in the beginning and often disclosed their problematic pornography use once they felt comfortable with their counselor (Halpern, 2009; Nasserzadeh, 2009). This factor creates a dilemma for counselors who have already established therapeutic relationships with their clients and must now decide how to proceed (Short et al., 2016). Some counselors had ethical concerns about treating a condition for which they have little to no training, but referring a client at that point could cause harm (Halpern, 2009).

Counselor Training and Competency

Previous studies have indicated that training for helping professionals in this area is not usually emphasized in preparation programs (Hagedorn, 2009; Hinman, 2013; Love et al., 2015).

In fact, Hagedorn (2009) surveyed counselors who specialize in problematic Internet pornography use and over 90% reported a lack of training in this area. Additionally, Hinman (2013) interviewed counselors who specialize in this area. These counselors expressed concern about the lack of basic training in this area and some postulated that it caused counselors without specific training to feel incompetent when they encounter this population. The prevalence of clients with problematic Internet pornography use is growing and research shows that many counselors have felt that they are not prepared to treat this population (Chisholm & Gall, 2015; Egan & Parmar, 2013; Hagedorn, 2009; Harper & Hodgins, 2016; Hinman, 2013; Love et al., 2015).

Methodology

The primary researcher chose to conduct a phenomenological study to explore the lived experiences of counselors who work with clients experiencing problematic Internet pornography use. The purpose of phenomenology is to “discover or describe the meaning or essence of participants’ lived experiences, or knowledge as it appears to consciousness” (Hays & Singh, 2012, p.50). Using a phenomenological lens, this study examined the experiences of eight licensed professional counselors who are not specialists but have worked with clients with problematic Internet pornography use. The overall goal of the study was to assist counselors with their efforts to ethically and effectively work with clients experiencing these difficulties.

This dissertation study was guided by one overarching research question: What are the lived experiences of counselors who have worked with clients experiencing problematic Internet pornography use but do not claim to specialize in this area?

Role of the Researcher

I, the primary researcher, am a 33-year old Caucasian female who identifies as Christian. I work as a licensed professional counselor and registered supervisor in a private practice in a southeastern state in the U.S. I adhere to a social constructivist perspective, believing that truth is relative and created in the context of social experiences. I also believe that research is impacted by values and that researcher's assumptions and biases should be acknowledged, managed, and bracketed appropriately.

I am aware that my experiences in treating this population may be different from other counselors, yet the high proportion of my clientele that report experiencing this problem has inspired me to explore the issue further. Throughout the course of this study, I sought to be transparent about my own experiences, biases and assumptions in order to acknowledge and manage my subjectivity. Further I used various strategies to address subjectivity throughout the research process such as: bracketing, a reflexive journal, participant checks, a research team, and an independent auditor.

Participants

There were eight participants in this study, five who identify as female and three as male. Six of them identified as White, one identified as Multiracial and one identified as Asian. Pseudonyms were used instead of their actual names for the purpose of anonymity. The ages of the participants ranged from their 30's to their 60's, with the average age being 55 for the group as a whole (49 for the female counselors and 63 for the males). All eight participants identified as Christian. Four participants reported their highest level of education was a Master's degree, three participants reported holding a Ph.D. and one participant reported holding an Ed.S. All participants held a license in professional counseling. The average number of years as a Licensed

Professional Counselor was 13 as a whole group, 7 for the females and 25 for the males. All of the participants lived and practiced in the same Southeastern U.S. state in the southeastern U.S.

Procedure

The research team concluded that saturation was reached after analysis of both sets of interviews with eight participants (Creswell, 2014; Flynn & Korcuska, 2018). Selection criteria required that participants be licensed professional counselors who work with or have worked with clients who experience problematic Internet pornography use but do not claim to specialize in this area. I used a professional pool of contacts from the workplace, professional conferences, and university settings, along with snowball sampling to recruit participants for the study.

Potential interviewees were contacted through email and given an introduction letter explaining the study. After signing their informed consent, they were asked to complete a demographic questionnaire. Participants chose to be interviewed in person or online via a secure Adobe Connect link in a secure location. Initial interviews lasted approximately 45-75 minutes in length and secondary interviews lasted from 15 to 30 minutes. The initial interviews were transcribed and given to participants for review before the follow-up interview took place. During the follow up interview, participants were given the opportunity to clarify or add information based on the transcription from the first interview in order to promote trustworthiness in the study (Creswell, 2014).

The research team independently coded each transcription using Moustakas' (1994) process for analyzing data in order to identify emerging themes and patterns across data. Textural-structural descriptions from the transcripts were used to illustrate codes and themes found in the data. Once all transcripts had been independently analyzed the research team met and compared meaning units for each individual transcript and then across all transcripts.

Negative case analysis was then used in an attempt to acknowledge the diverse and potentially conflicting experiences of participants (Creswell, 2014; Morse, 2015).

In terms of trustworthiness, this study sought to address the four criteria proposed by Guba (1981): credibility, transferability, dependability and confirmability. In order to ensure credibility, I used various methods such as: a credible data analysis protocol (Moustakas, 1994), initial and follow up interviews, bracketing of assumptions by research team members, use of thick descriptions, triangulation of researchers, and use of an independent auditor (Hays & Singh, 2012). To establish transferability, I provided a thick description of the methodological process, research participants and research process to aid in the discernment of the applicability of the results to a given location (Kline, 2008). As for dependability, adherence to established procedures for data gathering and analysis along with a thick description of the research design, its implementation, data gathering procedures and the methodological process were given. Finally, in order to establish confirmability, I engaged in member checking through providing participants with transcripts and encouraging their feedback. I kept a reflexive journal throughout the entire process of the study (Guba, 1981). Thick descriptions were also provided in order to expound upon each code and theme (Jenson, 2008) and the research team used negative case analysis to disconfirm codes and themes created by the research team (Creswell, 2014; Jensen, 2008).

Results

Themes

Superordinate Theme One: Confusion and Discomfort

Feelings indicative of confusion and discomfort were experienced by at least three fourths of the participants while working with clients with problematic Internet pornography use. The research

team identified three themes under this superordinate theme: *confidence and competence*, *discomfort with broaching* and *ethical confusion*.

1.1 Confidence and competence. Varying degrees of confidence and competence were experienced by participants when working with clients with problematic Internet pornography use. The research team identified two subthemes under *confidence and competence*: “*feeling very unprepared and confused*,” and *finding their footing*.

1.1.1 “Feeling very unprepared and confused.” The title of this subtheme is a quote taken from a participant when recalling what it was like when she first encountered clients with problematic Internet pornography use. Carmichael said, “I found myself kind of feeling very unprepared, and confused...” Similarly, when Elle described her first encounter with a client with problematic Internet pornography use, she reported thinking, “Oh, my goodness. What do I do with this person?” This sentiment was a common finding among at least half of the participants.

1.1.2 Finding their footing. Feelings of confusion and unpreparedness prompted more than half of the participants to seek additional knowledge about the topic. Personal research, consultation and educational opportunities on the topic were resources that participants utilized to help increase their competency. For example, Lisa explained how she decided to embark on her own research, “I would say, okay, this particular month I'm going to start reading some articles. I'm going to look into research. I'm going to try to help increase my knowledge base in working with them.”

Unfortunately, one participant noted that he had trouble finding educational resources on the topic of problematic Internet pornography use. He found seminars to be “sporadic” and found very few books on the topic.

1.2 Discomfort with broaching. More than half of the participants experienced discomfort with broaching problematic Internet pornography and felt their clients did too. Kate explained that broaching the topic with clients can be difficult, saying, “I don't think I have a good way to ask if you have this problem... maybe that's an area where I would like more skills.” Likewise, Elle felt she often “tip-toed” around the issue of problematic Internet pornography use with clients.

Along the same lines, participants experienced clients who seemed to struggle with broaching the issue in therapy also. For example, Carmichael said, “I still feel like people are more likely to tell me their suicidal thoughts, and ideations, and their anxiety and depressive thoughts, their homicidal things than to be upfront about porn use.”

1.3 Ethical confusion. Based on data provided by the participants, the research team noticed confusion regarding ethical practices when working with clients with problematic Internet pornography use. When asked directly about ethical considerations, more than half of the participants reported that no ethical issues came to mind, however throughout the course of the interviews, participants discussed issues that appeared to have clear ethical implications while working with this population.

For example, one common discrepancy occurred when participants emphasized their lack of training on the topic but also reported no ethical concern. For example, when asked about her training, Elle said, “I don't think I had any training at all,” and later when asked if she had any ethical concerns, she said, “I can't think of anything.” Another noticeable ethical discrepancy had to do with personal views on Internet pornography. For example, Wayne clearly expressed his personal and religious beliefs when it came to Internet pornography, describing it as a “sin”

however, when discussing ethical concerns in his work with clients with problematic Internet pornography use, he said, “it’s not a major ethical challenge.”

Superordinate Theme Two: Beliefs and Biases

Participants expressed various beliefs and biases related to their work with clients with problematic Internet pornography use. The research team identified four themes under this superordinate theme: *reconciling religious beliefs, gender assumptions and influences, heteronormative homogeneity, and personal struggles, judgment and growth.*

2.1 Reconciling religious beliefs. The experiences of at least three fourths of the participants shed light on how their religious values impacted (or did not impact) their work with clients with problematic Internet pornography use. Some participants noted how they conceptualized the problem differently for Christian clients than they do for non-Christian clients, for example, Wayne said, “There is a significant difference in dealing with a Christian and dealing with a non-Christian on this issue... to talk to a Christian about that is a very different issue than talking to a non-Christian because they don't know God.” On the other hand, Frank said, “my personal view is that it is a spiritual issue, but dealing with it for individuals who are spiritual or not usually gets back to the same root causes and the same techniques.” The participant’s religious beliefs seemed to fall on a continuum with regards to the extent it influenced their conceptualization of the concern and thus their work with clients experiencing problematic Internet pornography use.

2.2 Gender identity assumptions and influences. The research team found that the work of seven of the participants was influenced by gender identity assumptions and influences. The team created this theme and three subthemes to represent the participants’ experiences of *gender*

identity assumptions and influences: stereotyping, comfort and match, and personal experiences and views.

2.2.1. Stereotyping. As participants processed their experiences with clients related to problematic Internet pornography use, gender identity stereotyping became an evident pattern. For example, Tom said, “I’ve never heard of a husband complaining about the wife using. There are always husbands, male partners.” Elle also reported stereotyping problematic Internet pornography use as a male issue, she said, “I think the biggest surprise I had was when I had some teenage girls disclose... And I guess if I had to search for anything, it would be surprise that it wasn't a male issue.”

Additionally, Wayne felt that pornography looked different for men and women and that he considered romance books to be “women’s pornography” because women are more “emotional.” Kate pointed out that stereotypes exist in current counseling literature on problematic Internet pornography use with language such as “husbands” to describe pornography users. These participants acknowledged that gender identity stereotypes exist based on experiences with clients, personal beliefs, and literature.

2.2.2 Comfort and match. Also, client-counselor gender identity matching appeared to be related to counselor comfort regarding work on pornography use. All three male participants shared that most of their experiences with problematic Internet pornography use were with males. For example, Frank said, “If it's a couple coming in, sometimes it's because, I'd say 99% of the time, it's the wife catching the husband, and they're coming in together for couples counseling.” Likewise, four female participants noted an increase in young female clients struggling with this issue. Kate postulated that men may not feel comfortable talking with a

female therapist about their problematic Internet pornography use, saying, “I just don't think a man is going to generally be comfortable talking to me about it...” Additionally, Tom shared his discomfort regarding working with clients of a different gender on this topic. Tom said, “Not being a female, I really don't know how females function.”

This data indicated that working with clients who identify as a different gender impacted the counselor's comfort level.

2.2.3 Personal experiences and views. Overall, female participants seemed less comfortable sharing personal feelings or experiences related to Internet pornography. All of the participants shared opinions or beliefs about Internet pornography but more than half of the female participants made a point to note that Internet pornography did not have a place in their personal lives, while one female participant made it clear verbally and non-verbally that she did not wish to discuss her personal experiences with pornography. For example, Lisa said, “...personally, I've never been into porn, so I don't, you know what I mean? I never thought about that as a thing.” Similarly, Carmichael stated, “...I personally am not a fan.” Finally, Sadie mentioned that she had experience with pornography and a “personal acquaintance” but that was “not comfortable talking about that.”

Conversely, all of the male participants emphasized normalcy with men viewing Internet pornography. The male participants seemed much more willing to discuss their personal experience with the topic. For example, Tom said, “as a male, I'm not immune. I've had my own struggle in the past,” and Wayne stated, “I don't know any guy who hasn't looked at pornography. Period. Including myself.”

There was a noticeable distinction between the male participants and the female participants with regards to their comfort in sharing their personal experiences regarding Internet pornography.

2.3 Heteronormative homogeny. All of the participants in this study described the clients with whom they've worked on problematic Internet pornography use to be heterosexual cisgender individuals. For example, Sadie said about males struggling with this concern: "It's a serious issue with affecting a person's judgment, affecting a person's relationships, intimate relationships, and skewing their attitude towards respect for women." Additionally, Wayne said, homosexual sexuality is sinful. Okay? Just about every other kind... there's only one appropriate non-sinful sexual behavior."

In terms of LGBTQ+ clients, only one participant mentioned the possibility of a LGBTQ+ client and felt this client was looking for validation of her heterosexuality. The experiences that were shared by participants in this study were based on their perception that their clients were heterosexual and cisgender.

2.4 Personal struggles, judgment and growth. More than half of the participants expressed negative feelings regarding Internet pornography, while three participants felt that some Internet pornography use could be normal, specifically for males. Additionally, one participant believed use among married couples was appropriate. Struggling with their personal beliefs and judgment was an experience identified by three fourths of the participants. For example, Carmichael said "when it first came up, I realized... I kind of noted my initial disgust maybe, also maybe a little more judgy than with other addictions, even though I've never used drugs. I can understand them better..."

Time, experience and deeper understanding of the problem helped to facilitate personal growth for more than half of the participants. For instance, Lisa described the evolution of her feelings, saying:

After I started working with them, I think I had a little bit more compassion because... you know, just as if I see someone who's stuck on alcohol, or whatever, I start to have this compassion like, "Oh, this poor person can't ... They thought it was innocent or whatever, and they started looking at it but now they can't put it down."

Superordinate Theme Three: Treatment Challenges

All of the participants experienced challenges when treating with clients with problematic Internet pornography use. The research team identified seven themes under treatment challenges, they are: *conceptualization, comorbidity, addiction, symptom of a deeper problem, assessment and diagnostic ambiguity, interventions, and contextual concerns.*

3.1 Conceptualization. Participants shared how they determined when Internet pornography use was problematic for a client. Conceptualization of the problem seemed to fall on a continuum with two participants only conceptualizing Internet pornography use as a problem if the client did. For example, when asked when she considers Internet pornography use to be problematic, Sadie replied, "when it's a problem for the client."

Further down the continuum more than half of the participants felt that Internet pornography was a problem when it impaired the client's functioning in some capacity. For example, Tom stated: "It always boils down to functionality, how much personal impairment one

goes through.” At the end of the continuum, Frank expressed his belief that problematic Internet pornography is always a problem, he said, “I always consider it problematic.”

3.2 Comorbidity. The research team found that problematic Internet pornography use was seen by participants as generally comorbid with other mental health conditions. In fact, half of the participants explained that it’s rarely presented as the main problem. For example, Lisa stated:

I think that the clients that I have had, they've all, to a T, they've all come in for a different presenting problem. And it was only after getting to know them, I guess developing that therapeutic alliance where they felt comfortable to be like, "Oh, and by the way I'm also doing this."

Anxiety and depression were comorbid conditions specifically experienced by participants working with clients with problematic Internet pornography use. Additionally, three participants have worked with clients with problematic Internet pornography use who had experienced sexual abuse during their childhood.

3.3 Addiction. All of the participants used the term “addiction” to describe problematic internet pornography use. For example, Lisa stated:

I use the language from the DSM as far as addiction, like, "You have withdrawal symptoms, and it affects you physiologically, and you have had some negative consequences, but you keep doing it. You need to do more and more."

Problematic Internet pornography use was also considered an addiction in terms of the challenge in treating it. For example, Tom stated: “pornography addiction is the same as the

standard addiction treatment mold. But it is that emotional relationship, connection that is different and is harder in the treatment process.”

3.4 “Symptom of a deeper problem.” Problematic Internet pornography use was perceived by three fourths of to be symptomatic of a deeper problem. For example, Frank stated:

It's helping them to recognize that the pornography is the *symptom of a deeper problem* and that they've not known how to or have been unwilling to address or going all the way back to childhood...It's their own coping mechanism or form of self-medication to cope with a deeper problem.

Similarly, Kate found it important for the client to uncover the underlying triggers causing people to turn to Internet pornography. Kate said, “the key parts were figuring out what's the trigger, what are the general triggers that would lead to someone wanting to turn on the Internet.” Lisa explained that she tends to focus on the “maladaptive thinking” that might be contributing to problematic Internet pornography use and other conditions like depression.

3.5. Assessment and Diagnostic Ambiguity. There was a sense of ambiguity among participant thoughts when it came to assessing and diagnosing clients with problematic Internet pornography use. For example, two participants postulated the potential benefits of having more instruments to assess clients who might be struggling with problematic Internet pornography use. Carmichael said: “I don't know how much we could benefit from further tools, screening, more actual data on what to do rather than just data on the prolific use and such.”

There was also a sense of uncertainty among participants about whether or not a diagnosis for problematic Internet pornography use would be beneficial. For instance, Elle

expressed concern about not being able to bill insurance without a diagnostic code, she stated, “Yes, it's definitely problematic if you can't bill for your time, if that's what they're coming in for.” On the other hand, Frank said, “It doesn't really affect it because usually, we very quickly we recognize and focus on other issues that bring them in that we focus on.”

The experiences of more than half of the participants indicated that having assessment tools and a diagnosis aren't necessarily vital, while three participants expressed a desire for the clarity and direction that measurement instruments and a diagnosis could offer.

3.6 Interventions. The theme ‘Interventions’ was broken down into two subthemes, *treatment approach uncertainty*, and *managing client denial*.

3.6.1 Treatment Approach Uncertainty. Treatment approaches used with clients with problematic Internet pornography use varied considerably amongst participants. There was no “right” approach postulated and more than half of the participants seemed to use approaches with which they were comfortable. When asked about his confidence and comfort in treating problematic Internet pornography use, Tom replied, “Confidence? Comfort? There is no effective method that is being taught. All the books I read, there is no magic formula.”

Lisa explained how she reverts to an approach she is comfortable with and uses often, she stated:

I'm kind of a CBT based gal... so, I try to approach it the same way and helping them to understand, you know to kind of go backwards to their thoughts and feelings and how that influences the behavior.

Kate explained how the existing literature seems to lump the treatment of problematic Internet pornography use with all other addictions, but she feels each addiction is individual and should have different approaches, saying, “I think that’s what we’ve been doing, is putting them all together, but I do think there’s a different way to treat each one of them.”

Three fourths of participants fell back on approaches that they have used in the past with which they were comfortable.

3.6.2 Managing Client Denial. At least three fourths of the participants spoke about experiencing clients who they believed were in denial about their problematic Internet pornography use. Managing the discrepancy between their conceptualization of the problem and the client’s was identified as a challenge for participants. For example, Kate said:

I would say my number one challenge would be someone believing that they have a problem. I can't make what I believe moralistically to be an issue their issue. I can't make porn, sexting, things like that a problem if it's not something for them.

Likewise, Frank explained that he could only help clients who want it, he said, “I'm not here to make someone do something they don't want to do. If they're seeking help, I'm here to give them help.”

Following the lead of the client and not forcing their opinions on clients seemed to be an important part of a few of the participants’ experiences. That being said, participants felt themselves being challenged when working with clients who might be in denial of their Internet pornography problem.

3.7 Contextual Concerns. The research team identified specific concerns that three fourths of participants experienced when working with clients struggling with problematic Internet pornography use. The theme ‘contextual concerns’ was broken down into two subthemes *accessibility* and *providing a safe space*.

3.7.1 Accessibility. A client’s easy accessibility to an ample amount of Internet pornography was identified as a major factor in treating this population. Frank began seeing significantly more clients with problematic pornography use with the advent of the Internet, he said, “it began when home Internet availability became regular 20 years ago. It just made it easier. It went from being an addiction to the crack cocaine of pornography.” Tom explained how boundless access to Internet pornography makes it difficult for counselors to treat clients with this issue, he said, “behavioral modification is so much harder because of accessibility, both the problem unto itself and controlling the conditional problem. That's what I have learned.”

High accessibility to Internet pornography creates other challenges for counselors such as normalization of use, which according to Tom affects the way clients conceptualize their use. According to more than half of the participants, the Internet has increased the accessibility of pornography for people. This is creating unique challenges for counselors.

3.7.2 Providing a Safe Space. Although participants shared concern about the ‘normalization’ of pornography due to increased access as well as expressing that they believed some of their clients were in denial about their pornography use, participants also experienced clients who felt ashamed of their pornography use. In fact, three fourths of the participants noted that shame can hinder a client’s ability to be forthcoming about the issue. Elle explained how shame can hinder her ability to comprehensively conceptualize and treat her clients effectively, she said, “the

secrecy, the shame, the honesty around it, whether or not they're giving you the full story. That would probably be the biggest thing.”

Based on Kate’s experiences, providing a safe space allows clients to feel comfortable so that the counselor can address challenging topics the client might otherwise avoid. Kate gave examples of how she approaches clients potentially feeling shame saying things like, "are you okay with talking about this" and "again, you can tell me whatever you want when you're here."

The participants were challenged regarding how to handle what they believed to be a feeling of shame experienced by some of their clients. Participant experiences illustrate the difficulty uncovering the pornography problem and providing a safe space that clients will allow it to be treated in.

Implications

The participants in this study encountered an increasing number of clients with problematic Internet pornography use over time yet they had very little knowledge or understanding of the issue when they first started working with these clients, which is congruent with findings of existing research (Hagedorn, 2009; Hinman, 2013; Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). Similar to the findings of other studies (Grubbs et al., 2010; Hagedorn, 2009; Kellett et al., 2017), lack of knowledge and understanding led more than half of the participants in this study to feel inadequate and/or incompetent at times. It is imperative that the counseling field as a whole take notice of the increasing prevalence of clients with problematic Internet pornography and attend to increasing awareness and knowledge and subsequently decrease feelings of incompetency for counselors.

Additionally, there are a variety of terms used in the literature to describe problematic Internet pornography use, but there is no consistent term being used in the counseling field (Carnes, 2001; Cooper et al., 1999; Kraus, Voon, & Potenza, 2016; Laier, Pekal, & Brand, 2014; Love, Laier, Brand, Hatch, & Hajela, 2015; Williams, 2017). All of the participants in this study considered problematic Internet pornography use as an addiction and often referred to it as “pornography addiction.” This is consistent with research that indicates problematic Internet pornography use is an addiction and should be classified as a process or behavioral addiction (Hagedorn, 2009; Kraus, Voon, & Potenza, 2016). Contrary to the beliefs of the participants in this study, some research indicates there is not enough evidence to consider problematic Internet pornography use as an addiction (Ley, Prause, & Finn, 2014). The counseling field would benefit from more research on problematic Internet pornography use as an addiction in order to develop a comprehensive term that best describes this condition.

Similarly, diagnosis of problematic Internet pornography use is a topic of disagreement among mental health professionals (Hagedorn, 2009; Reid & Kafka, 2014). For example, the research team felt it was important to note that all of the participants in this study considered problematic Internet pornography use to be an addiction, but only three felt there should be a formal diagnosis. Could there be differences in pornography addiction as compared to other addictions in the DSM-5, and if so, what are they? More research on the benefits or lack thereof of a formal diagnosis for problematic Internet pornography use needs to be conducted so that counselors have a better idea how to categorize and treat the condition.

Congruent with the Kellett et al., (2017) findings that indicated no consistent, streamlined treatment approach, more than half of the participants used treatment modalities for which they had previously received training but that had no evidence of efficacy in treating problematic

Internet pornography use. The findings in this study and others (Hagedorn, 2009; Hinman, 2013) show that not having a substantiated treatment protocol is adding to counselors' feelings of incompetence. It is imperative that counselors become trained on how to appropriately treat problematic Internet pornography use with their clients so that these clients receive the effective treatment they are needing (Harris & Hays, 2008; Hinman, 2013).

Counselor Educators and Training Programs

The results of this study and others show that counselors are feeling undertrained and at times uncomfortable with their level of competence in treating clients with problematic Internet pornography use. Many felt this is a direct result of a lack of education on this topic in counselor education programs (Bray, 2014; Ford et al., 2012; Grubbs et al., 2010; Hagedorn, 2009; Hinman, 2013; Kellett et al., 2017; Miller & Byers, 2010). It is important that accrediting and licensing bodies, such as CACREP and state boards of counseling licensure take notice of the pervasive issue of problematic Internet pornography use and emphasize or require training in this area. Although CACREP provides standards for an addiction counseling specialty (along with limited notice elsewhere), counselors have expressed concern regarding the limited emphasis on sexual addiction in the standards (Bray, 2014; Hagedorn, 2009; Hinman, 2013).

Likewise, Love et al. (2015) found that counselors reported an emphasis on substance addiction training but very little training on behavioral or process addictions in their training programs. It is imperative that counselor training in addiction goes beyond substance abuse and is inclusive of behavioral and process addictions as well. Accrediting bodies such as CACREP and state licensing boards should increase training requirements for counselors in regards to behavioral and process addictions, specifically sexual addictions.

Supervisors

It is important that supervisors are aware of problematic Internet pornography use as a pervasive issue affecting many people (Hagedorn, 2009). Supervisors should become as educated as possible on the topic in order to be a knowledgeable source for their supervisees. It is also important that supervisors are able to provide a safe, non-judgmental atmosphere where counselors can process their feelings about working with the issue and practice the skills needed to work with these clients.

Licensed Professional Counselors

It is important for counselors to be aware that some of the clients they will encounter with problematic Internet pornography use might be experiencing shame or guilt, especially those who held themselves to a high religious or moral standard (Chisholm & Gall, 2015). Counselors should be aware of this factor and work to provide a safe, non-judgmental atmosphere for the client (Mitchell et al., 2005).

In an effort to provide a safe space for clients, counselors must be aware of their own biases regarding pornography and bracket these feelings so as not to reinforce feelings of shame for the client (Hertlein & Piercy, 2008; Hinman, 2013; Walters & Spengler, 2016). Counselors should also seek to be transparent with clients about their training (or lack thereof) on problematic Internet pornography use. Being transparent about training, experience and scope of practice with clients will help them to make important decisions about their mental healthcare. If a counselor finds himself/herself working with a client with problematic Internet pornography use and they feel unsure how to treat this issue, the counselor should either secure a referral for the client or seek resources such as: books, articles, workshops, and consultation to increase their comfort and competency. Not only does increased knowledge about the topic help with counselor comfort and competence, it can also decrease feelings of judgment among counselors

(Short et al., 2016). In addition, more knowledge and available resources might help counselors be able to better broach the topic with their clients (Hertlein & Piercy, 2008; Hinman, 2013; Walters & Spengler, 2016).

Counselors should also be aware of their biases and stereotypes on the topic. The findings of this study and others indicate that problematic Internet pornography use is on the rise for men and women. For example, although only one participant in this study mentioned a potential LGBTQ+ client with problematic Internet pornography use, existing research indicates that problematic Internet pornography use affects the LGBTQ+ population (Dew & Chaney, 2004; McCormack & Wignall, 2017). In fact, women and gay men were found to be particularly vulnerable populations in regards to problematic Internet pornography use (Cooper et al., 2000). Additionally, a couple of participants of this study indicated discomfort in working with clients who identified as a different gender than they did. More education and experience for counselors on how to treat clients of different gender identities with problematic Internet pornography use would appear to be beneficial, as would supervision to address what could be an ethical concern.

Halpern (2009) found that some counselors experienced ethical concerns regarding treating clients with problematic Internet pornography use when they had little to no training on the topic. When asked about ethical concerns directly, more than half of the participants in this study could not think of any, however throughout the course of interviews, participants brought up issues that appeared to have clear ethical implications while working with this population. It's important that counselors who work with clients with problematic Internet pornography use consider all ethical implications related to this work in order to provide safe and effective treatment.

Limitations

There is always the potential for researcher bias to influence the study. I attempted to prevent researcher bias through member checking, follow-up interviews, bracketing of assumptions by research team members and use of an independent auditor.

Also, all three research team members identified as female, under the age of 40 and shared relatively similar educational backgrounds. In an effort to check researcher bias, the research team met throughout the study multiple times and engaged in in-depth conversations regarding the data and potential biases.

Since the data collection was based solely on self-report, the possibility of social desirability should be considered as participants may have answered questions in ways that they believed would be acceptable to the researcher and others involved during the study. This is a factor that might have been exacerbated by the fact the primary researcher knew some of the participants (in a professional capacity) before they participated in this study. It's possible that participants may have answered in ways that they felt would be pleasing to me or to the study.

Future Research

There have been some studies conducted regarding treatment approaches for problematic Internet pornography use and similar sexual disorders, however they were limited to case and pilot studies (Ford, Durtschi, & Franklin, 2012; Gola & Potenza, 2016; Kellett, Simmonds-Buckley, & Totterdell, 2017; Levin, Heninger, Pierce, & Twohig, 2017; Thomas, 2016), yet there is not yet a consistent or streamlined approach to treat clients with problematic Internet pornography use (Kellett et al., 2017). More research to help determine effective treatment approaches for this population would be beneficial for the counselor and the client. In addition, more research on how the lack of diagnosis in the DSM-5 affects counselors and the treatment of clients with problematic Internet pornography use could be beneficial.

Another area of future research that could be beneficial for counselors working with clients with problematic Internet pornography use is the impact religious belief may have on counselors and clients. Not only is research needed regarding counselors and how their beliefs impact their work with this population, more research is needed regarding clients and how their religious beliefs shape their view on this issue. While there are a few existing studies, (e.g., Bradley, Grubbs, Uzdavines, Exline, & Pargament, 2016; Exline, Pargament, Grubbs, & Yali, 2014; Exline & Rose, 2013; Grubbs, Volk, Exline, & Pargament, 2015), additional research on this issue could be beneficial for counselors working with this population.

Another area that would benefit from more research is ethical considerations when treating problematic Internet pornography use, such as examinations of counselor bias regarding their gender identity and their client's gender identity and expression. There is no known research that explores how gender identity stereotypes and views of counselors impact their work with clients with problematic Internet pornography use. Research on this topic could be useful for counselors to explore potential gender identity biases they might possess.

Participants reported wanting more information about why children and adolescents were turning to pornography use and how it would affect them short and long term. While there are some studies that have investigated gender differences and risk factors for children and adolescents using Internet pornography, most are more than 10 years old and none have examined short and long-term effects (Benedek & Brown, 1999; Doornwaard et al., 2015; Haney, 2006).

Finally, examining the comorbidity of concerns such as anxiety, depression, substance abuse, and surviving sexual abuse and problematic Internet pornography use could be beneficial.

Summary

This study examined the lived experiences of eight licensed professional counselors who have worked with clients affected by problematic Internet pornography use. The results of this study substantiated much of the somewhat limited existing research and also introduced some novel findings, such as counselor confusion and discomfort, the existence of counselor bias, differences in counselor beliefs based on gender identity, and various treatment challenges. Additionally, there is confusion among counselors regarding ethical considerations when working with clients with problematic Internet pornography use. The results of this study emphasize the need for more awareness, education, and research on the topic of problematic Internet pornography use.

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APPENDIX A

Demographic Questionnaire

Pseudonym (please choose a name other than your own): _____

Age: _____

Gender Identity: _____

Race/Ethnicity: _____

Religious/ Spiritual Affiliation (if any): _____

What is your highest level of education? _____

List all current professional licenses and certifications held:

How many years have you held a license in professional counseling? _____

Have you ever worked with clients who were experiencing problematic Internet pornography use? _____

Do you specialize in problematic Internet pornography use or consider yourself to be an expert in this area? _____

APPENDIX B

Interview Protocol

First Interview:

1. In your professional opinion, when, if ever is Internet pornography use considered 'problematic' by you in your work with clients? What helps you decide whether it is problematic or not?
2. How frequently do you work with clients who are dealing with problematic Internet pornography use?
3. Please describe the thoughts and feelings you experienced when you first worked with a client with problematic Internet pornography use. Describe your thoughts and feelings when you work with clients dealing with this issue currently.

*The following questions were asked if they were not answered by the above questions:

4. What, if anything, do you find challenging about working with clients experiencing problematic Internet pornography use?

5. What, if anything, has been helpful for you in developing your sense of competence and comfort with this issue?
6. Please share if there is anything you have learned through your experience(s) working with clients with Internet pornography use.
7. In your experience, how, if at all, is working with problematic Internet pornography use similar and/or different from working with issues such as anxiety and depression?
8. How, if at all, might your personal views about pornography influence or impact your work with clients dealing with problematic Internet pornography use?
9. What ethical concerns (if any) do you have about working with clients experiencing problematic Internet pornography use?
10. Please describe the training and/or supervision you've received regarding treating clients with problematic Internet pornography use, including during your preparation program.
11. How, if at all, does the lack of diagnosis in the DSM-5 affect (or not affect) your work in this area?
12. Is there anything that you would like to add regarding counselors who work with clients with problematic Internet pornography use?

Second Interview:

1. [Researcher gives summary of last session] Is there anything from our last session that you would like to add? Thoughts you've had since our last interview?
2. If a novice counselor asked you for insights and strategies regarding working with clients with problematic Internet pornography use, what might you share with them?
3. What was it like for you to participate in the interviews?

APPENDIX C

Letter of Invitation

Sample Participant Request

Dear _____,

I am a practicing LPC and also a Doctoral candidate in Counselor Education and Supervision at Old Dominion University in Norfolk, VA. I am conducting a research study, under the supervision of Dr. Tim Grothaus on the experience of counselors who work with clients struggling with problematic Internet pornography use. If you work with this population, I would like the opportunity to interview you in person or online via a secure Adobe Connect link.

The first interview will be approximately 45 to 75 minutes long. I will arrange with you a convenient time and place to conduct the interview in a space that is private and confidential. I am interested in your thoughts and experiences concerning your work with clients struggling with problematic Internet pornography use. After the first interview I would like to do a second interview within a week of the first to ask a few follow up questions. The second interview will be approximately 15 to 30 minutes. If you participate in this study, you may choose to not answer any questions or discontinue the interview at any time. I will take all known reasonable steps to keep private information, such as identifying information, confidential.

Please respond to this email if you are willing to participate and share the days and times which you might be available for the interview. If willing to participate, you will be given an informed consent form to sign and a demographic questionnaire to complete. I appreciate your time and consideration.

Sincerely,

Kendall Sparks, M.A., LPC, NCC (Primary Researcher)
Doctoral Candidate
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APPENDIX D

INFORMED CONSENT DOCUMENT OLD DOMINION UNIVERSITY PROJECT

TITLE: The experiences of counselors who work with clients with problematic Internet pornography use

INTRODUCTION

The purposes of this form are to give you information that may affect your decision whether to say YES or NO to participation in this research, and to record the consent of those who say YES. This qualitative study's purpose is to better understand the lived experiences of counselors who work with clients with problematic Internet pornography use.

RESEARCHER

Kendall Sparks, M.A., LPC, NCC (Primary Researcher)

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DESCRIPTION OF RESEARCH STUDY

The purpose of this study is to explore the lived experiences of counselors who work with clients with problematic Internet pornography use. This is a dissertation study for the PhD program in the Counseling and Human Services department in the College of Education and Professional Studies at Old Dominion University.

If you decide to participate, then you will join a study, which involves discussing your experience as a counselor working with clients with problematic Internet pornography use. If you say YES, then you will be interviewed twice. The first interview will last approximately 45 to 75 minutes and the second interview will likely take between 15 and 30 minutes. At least eight counselors will be involved in this research study.

EXCLUSIONARY CRITERIA

You should hold a license in counseling and have worked with or work with clients experiencing problematic Internet pornography use. You should not identify as an expert in the area of problematic Internet pornography use. To the best of your knowledge, you should not have any conflict of interests that would keep you from participating in this study.

RISKS AND BENEFITS

RISKS: If you decide to participate in this study, then you may face a risk of discussing potentially uncomfortable topics. The researcher will attempt to reduce these risks by allowing

you to choose not to answer any question that you do not feel comfortable answering. As with any research, there is some possibility that you may be subject to risks that have not yet been identified.

BENEFITS: There are no known direct benefits to your engagement in this study.

COSTS AND PAYMENTS

The researchers are unable to give you any payment for participating in this study.

NEW INFORMATION

If the researchers find new information during this study that would reasonably change your decision about participating, they will share it with you.

CONFIDENTIALITY

The researchers will take every known reasonable step to keep private information, such as identifying information, confidential. The results of this study may be used in reports, presentations, and publications but the researcher will not share the information in a fashion that will identify you. Although unlikely, the information from the study may be subpoenaed by court order or inspected by government bodies with oversight authority.

WITHDRAWAL PRIVILEGE

It is OK for you to say NO. Even if you say YES now, you are free to say NO later, and walk away or withdraw from the study at any time. Your decision will not affect your relationship with Old Dominion University or otherwise cause a loss of benefits to which you might otherwise be entitled. The researchers reserve the right to withdraw your participation in this study at any time if they observe potential problems with your continued participation.

COMPENSATION FOR ILLNESS AND INJURY

If you say YES, then your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Old Dominion University nor the researchers are able to give you any money, insurance coverage, free medical care, or any other compensation for such injury. In the event that you suffer injury as a result of participation in any research project, you may contact Kendall Sparks at (757) 373-9288 or Dr. Laura Chezan, current Chair of the Darden College of Education Human Subjects Review Committee at lchezan@odu.edu.

VOLUNTARY CONSENT

By signing this form, you are saying several things. You are saying that you have read this form or have had it read to you, that you are satisfied that you understand this form, the research study, and its risks and benefits. The researchers should have answered any questions you may have had about the research. If you have any questions later on, then the researchers should be able to answer them.

Kendall Sparks, M.A., LPC, NCC

(757) 373-9288
 kbagw001@odu.edu

And importantly, by signing below, you are telling the researcher YES, that you agree to participate in this study. The researcher should give you a copy of this form for your records.

Participant's Printed Name	
Participant's Signature (if Applicable)	Date

INVESTIGATOR'S STATEMENT

I certify that I have explained to this subject the nature and purpose of this research, including benefits, risks, costs, and any experimental procedures. I have described the rights and protections afforded to human subjects and have done nothing to pressure, coerce, or falsely entice this subject into participating. I am aware of my obligations under state and federal laws and promise compliance. I have answered the subject's questions and have encouraged him/her to ask additional questions at any time during the course of this study.

Investigator's Printed Name & Signature	Date
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