Even if pornography use is not inherently addictive, with most users reporting no negative consequences, distress, or functional impairment (Hald & Malamuth, 2008; Vaillancourt-Morel et al., 2017a), data-driven theoretical models focusing on when it may become problematic are sorely lacking. In fact, the burgeoning research on Internet pornography use, particularly that examining correlates of problematic use, has been largely atheoretical to date. This has led to the publication of an increasing number of often contradictory findings, which have fueled unsubstantiated claims about what constitutes problematic pornography use and its consequences. In the absence of a coherent, comprehensive conceptual framework to guide scientific inquiry, the search for etiological explanations has been polarized between dualistic views of pornography use as universally harmful or beneficial, delaying progress in a field where clinically relevant, rigorous research is urgently needed (Vaillancourt-Morel et al., 2017b). Grubbs, Perry, Wilt, and Reid’s (2018a) integrative model—supported by a systematic review and meta-analysis—fills this significant gap in the literature by organizing some of the predictors of self-perceived problematic pornography use into a dual-pathway conceptualization. The moral incongruence model suggests that mechanisms leading to self-perception of problematic pornography use and distress are (1) dysregulation in pornography use due to individual differences and/or (2) moral incongruence due to moral disapproval of pornography. Although their review and meta-analysis only focus on the moral incongruence pathway, their model suggests that self-perceived problematic pornography use is complex, with distinguishable underlying mechanisms (e.g., emotion dysregulation, moral disapproval of pornography) that may all contribute to the clinical manifestations of perceiving one’s use as problematic. We agree that identifying the conditions under which pornography use may be perceived as problematic is important for both understanding multiple etiologies and developing optimal targeted interventions. However, some components of this integrative model warrant additional consideration, particularly in light of future studies. In this comment, we will: (1) address the limitations of what Grubbs et al.’s model is predicting—self-perceived problematic use—followed by how it could be expanded upon by including: (2) other predictors of moral disapproval of pornography and (3) an interpersonal contextual view.

Self-Perceived Problematic Use as Opposed to Compulsive Pornography Use

Problematic pornography use or pornography addiction/compulsion is not yet recognized as a clinical disorder. Many researchers, including Grubbs et al. (2018a), use these terms interchangeably, when in fact problematic use and compulsive use do not refer to the same construct: Problematic pornography use may not necessarily be excessive, addictive, or compulsive. The compulsive sexual behavior disorder under consideration for the ICD-11 could include the problematic use of pornography, but only when viewing pornography is objectively intense, repetitive, and a source of distress or functional impairment. However, this clinical entity is not what Grubbs et al.’s model is predicting, as they specifically examined predictors of self-perceived problematic pornography use. Their focus is on what predicts this self-perception, rather than the objectively measured criteria or behaviors characterizing compulsive pornography use, such as low self-control of sexual behaviors, sexual behaviors leading to impairment in social or occupational functioning, use in response to anxiety or dysphoric mood, or...
addictive responses such as escalation of use or habituation. Self-identifying as having problematic pornography use is not—and should never be—enough to diagnose compulsive pornography use.

Some individuals with low-frequency pornography use may perceive their behavior as problematic, whereas a compulsive pornography user may perceive his/her use as only minimally problematic, despite functional impairments such as decreased productivity at work and even job loss, lack of sleep due to time spent using, or little motivation to relate to people, including a reduced social life and conflict with, or estrangement from, an intimate partner. Kraus, Martino, and Potenza (2016) found that 71% of men who expressed an interest in seeking treatment for their pornography use, hence probably perceiving their use as problematic and distressing, met the clinical cutoff of hypersexual disorder’s proposed criteria for DSM-5 (Kafka, 2010). However, around 17% of these men who were interested in treatment did not use pornography every week. In one of our studies examining profiles of Internet pornography users, two subgroups of individuals perceived their use as problematic (25% of the sample), but one profile reported low frequency of use (i.e., less than 180 min weekly with a mean of 17 min) with no sexual compulsivity feature, but high distress associated with their use (Vaillancourt-Morel et al., 2017a). Thus, perceiving one’s use as problematic may not necessarily reflect actual compulsive pornography use or hypersexual behaviors. In fact, in two longitudinal studies, Grubbs, Wilt, Exline, and Pargament (2018b) indicated that participants’ perceived problematic pornography use did not predict frequency of pornography use over time. As they concluded: “perceived addiction may not always be an accurate indicator of behavior or addiction.” In sum, Grubbs et al.’s (2018a) theoretical model is not designed to understand actual problematic pornography use or compulsive sexual behaviors, but rather focuses on self-perceived problematic use. This nuance is significant.

Even if it would not—and should not—correspond to a proposed diagnosis, identifying predictors of self-perceived problematic pornography use remains worthwhile as individuals that perceive their use as problematic are those who will seek treatment. Many clinical concerns do not meet criteria for disorders in DSM-5 or ICD-11 and for clinicians, the diagnosis may be relatively unimportant when a patient is reporting distress. However, without objective indicators of self-perceived problematic pornography, the risk of pathologizing some sexual desires or fantasies without understanding and addressing the underlying context and issues is high. Moral concerns of the patient, the partner, the clinician, or society at large should not be used to guide a diagnosis or pathologize a sexual behavior that aims at fulfilling sexual needs and preferences without harm to self or others. Doing so only strengthens negative perceptions and stigma surrounding pornography use and hence, amplify patient distress. Even if self-perceived problematic pornography use deserves clinicians’ and researchers’ attention, individuals who perceive their use as problematic should be distinguished from those who engage in actual sexual behaviors that are driven by compulsive mechanisms and result in observable, significant functional impairments in multiple life domains.

**Predictors of Moral Disapproval of Pornography**

In their integrative model, Grubbs et al. (2018a) suggest that self-perceived problematic pornography use is the result of dysregulation or moral incongruence. When self-perceived problematic pornography use is due to moral incongruence, the resolution of the internal conflicts between individuals’ current sexual behaviors and moral values would require an assessment of the underlying source of these negative attitudes toward pornography and of the motivations driving their sexual behaviors. Grubbs et al. suggest that strong moral prohibitions of the use of pornography are religious based. Hence, it would be the simultaneous presence of this religious proscription and the use of pornography despite it that would lead to moral incongruence.

What is striking is the unique focus on religiosity as the predictor of moral disapproval and thus of moral incongruence. This is a relatively restrictive way of conceptualizing moral values and how they develop or evolve over time, particularly with regards to attitudes toward pornography. The risk with this narrow view is that religious faith and its associated moral values become the only problematic factor in the equation (Ley, 2017). To support religiosity as the cause of moral incongruence, Grubbs et al. reviewed the associations between religiousness and moral incongruence, pointing toward a medium to strong association. These results only suggest that the likelihood of reporting moral incongruence when being religious and using pornography is high. What is the proportion of moral disapproval of pornography, or of moral incongruence’s variance explained by religiosity, in the general population, particularly in countries with lower religiosity indices than the U.S. (WIN/Gallup International, 2015), where most studies reviewed by Grubbs et al. (2018a) were conducted? Moral disapproval is likely more complex and stems from various sources, not solely from religiosity.

Value systems are a complex dynamic interplay between a set of human values that vary in importance and serve as guiding principles in people’s attitudes and behaviors. Actions may conflict with one’s value, but be compatible with the pursuit of another value type (Schwartz, 1996). What leads an individual to prioritize one value over another, potentially leading to value or moral incongruence, is influenced by a variety of individual
and social factors including genetic heritage, ethnicity, gender, sexual orientation, age cohort, social class, occupation/education, family background, personal experiences, and religion. Structural and cultural shifts may also play out within individuals’ value systems and lead to change in attitudes over time (Hitlin & Piliavin, 2004). Applied to moral values or attitudes toward pornography, these sets of individual and social factors may all be at play, including some specific to sex education and history. Together with Grubbs et al., we note that religiosity is the most empirically supported predictor, but this does not mean that it is the only predictor.

Cultural characteristics, outside of religiosity, may influence negative attitudes toward pornography. Gender, and social construction associated with gender, may shape individuals’ views of pornography. Research has consistently reported that men have more positive attitudes toward pornography than women (Evans-DeCicco & Cowan, 2001; Johansson & Hammare, 2007). The way most pornographic content portrays men and women may interact with gender norms to influence differentially men and women’s attitudes toward pornography. Women reduced to sex objects in a degrading and often violent way has been frequently criticized by feminists opposed to pornography as sustaining negative attitudes toward pornography in women (Ciclitira, 2004). This gender gap in attitudes may be understood within the broader cultural and societal context, and not only the religious one. Moreover, opposition to pornography in the U.S. has declined between 1975 and 2012, which is interpreted as the result of changes in the mainstream cultural context, including social attitudes about gender and liberalization of sexuality (Lykke & Cohen, 2015). Attitudes about pornography may also vary across countries with different legal practices or conservative values. In addition, media portrayals of pornography can influence an individual’s acceptance of pornography use: A review has shown that popular media’s headlines and conclusions disseminate mainly negative messages about pornography (Montgomery-Graham, Kohut, Fisher, & Campbell, 2015). Thus, attitudes toward pornography appear more complex than what Grubbs et al. are proposing. They probably develop in complex dynamic interactions between values promoted within the family, gender norms, as well as moral beliefs conveyed by cultural and religious contexts. They may further evolve over time as social movements and cultural shifts occur, or as the individual’s relational context changes.

**Interpersonal Contextual View of Pornography Use**

Grubbs et al.’s (2018a) model focuses on intra-individual processes, conceptuallyizing attitudes toward pornography as a stable individual feature, yet neglecting interpersonal contextual factors. This major limitation has been underlined in the broader sex research domain, with recent calls for examining sexual behavior within its multifaceted personal and relational context (Dewitte, 2014). Indeed, research has shown that sexual distress and sexual satisfaction may arise from partner responses or values, and incompatibilities in preferences or needs (Rosen, Bergeron, Glowacka, Delisle, & Baxter, 2012; Witting et al., 2008). One could argue that pornography use is different than other sexual behaviors, as it is mainly a solitary sexual activity. However, it occurs in past and current relationship contexts. For example, many individuals using pornography are choosing not to fulfill some of their sexual needs with a potential future partner or with their current partner. Moreover, relationship disturbances are often a reason to seek professional help for pornography use (Gola, Lewczuk, & Skoroko, 2016). Pornography use may also become compulsive when used to deal with or escape negative emotions arising from relationship conflicts (Daspe, Vaillancourt-Morel, Lussier, Sabourin, & Ferron, 2018). Thus, examining the relational context that could lead an individual to perceive their pornography use as problematic is essential to creating a valid integrative model.

Specifically applied to Grubbs et al.’s model, an interpersonal contextual view may help to understand how moral values surrounding pornography use develop or progress over time. Research suggests that attitudes toward pornography and particularly moral incongruence may be situational, being influenced by the current relationship context. Around one-quarter of men and women viewed pornography use as unacceptable because of being in a committed relationship (Olmstead, Negash, Pasley, & Fincham, 2013). Pornography use is sometimes perceived by both men and women as a form of infidelity (Negy, Plaza, Reig-Ferrer, & Fernandez-Pascual, 2018). This perception of pornography may explain how currently being in a relationship may influence moral disapproval of pornography. Moral incongruence may also stem from partner negative attitudes or disapproval of pornography use regardless of one’s own positive view of pornography. In a recent dyadic study, only 14% of mixed-sex couples reported a similar level of acceptance of pornography; in most couples, the female partner was less accepting of pornography than her male partner (Willoughby, Carroll, Busby, & Brown, 2016). Approximately one-third of women ascribed highly negative meanings to their partner’s use of pornography (Bridges, Bergner, & McInnis, 2003). In these cases, the pornography user may come to reframe pornography use as an immoral activity, at odds with his family, security, and conformity values. An alternative, in line with Grubbs et al.’s moral incongruence pathway, is that the pornography user continues using pornography despite the partner’s moral disapproval. This may lead to secret use, which is associated with shame and guilt, leading to self-perceiving pornography use as problematic. Willoughby et al. (2016)
indicated that the negative effects of higher male pornography use were stronger when acceptance of pornography was low from female partners. Thus, relational context and partner attitudes toward pornography may influence one’s own moral disapproval or lead directly to moral incongruence.

Model Expansion and Future Studies

Grubbs et al.’s (2018a) moral incongruence model, systematic review, and meta-analysis offer a novel perspective that holds high heuristic value. The search for a parsimonious model sometimes simplifies the concept under examination, which can be a slippery slope in an area still under debate, where conflicting positions rapidly become heated and polarized. We should be cautious to adequately capture, both theoretically and empirically, how problematic pornography use represents a heterogeneous and complex phenomenon, and not only a self-perception problem explained by current negative religious attitudes toward pornography. Further research and conceptual refinement would be beneficial to improve our understanding of the complexity of problematic pornography use in all its manifestations.

As discussed in this Commentary, we believe that the moral incongruence model could be expanded upon in three major directions. First, including both self-perceived problematic pornography use and indicators of compulsive use would allow the study of which pathway or predictor is associated with different groupings of: (1) self-perceiving or not pornography use as problematic and (2) presence/absence of excessive or compulsive behaviors based on objective criteria. Second, numerous societal and cultural factors should be examined as precursors of moral disapproval and incongruence to broaden the model’s sociocultural relevance to westernized societies and beyond, reduce its relatively narrow focus on religiosity in American populations, and better take into account the role of gender in its conceptualization of moral incongruence, in addition to guiding research on the evolution of these factors over time. Third, the study of pornography use and of self-perceived problematic pornography use should be conducted within the interpersonal context in which it occurs. Future studies could include how current relational status and other relationship characteristics influence changes in acceptance of pornography use, or how a partner’s moral values influence one’s own moral incongruence, using dyadic designs and data analytic strategies.

Nevertheless, the moral incongruence model represents a major advancement in the field of pornography research that will guide and inform future research efforts. Next steps could include examining negative attitudes toward pornography more thoroughly, to understand what individuals are disapproving of: the frequency of use, the use of pornography instead of engaging in partnered sex, or the content of pornographic materials? Moreover, as Grubbs et al. underlined, both pathways could coexist or influence one another. Indeed, distress caused by moral incongruence may also fuel a compulsive cycle. Shame, self-disgust, isolation, or depressive symptom following pornography use arising from the internal conflict between actual behavior, even if not compulsive, and an individual’s moral values, may in turn contribute to that individual returning to pornography to relieve these negative emotions, thus setting the table for the compulsive cycle. In summary, Grubbs et al.’s dual-pathway model is promising for its potential to offer a straightforward organization of predictors of a heterogeneous clinical concern—self-perceived problematic pornography use—and may serve as a stepping stone for the development of more complex models of compulsive pornography use.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

References


