

Study of Clergy Sexual Misconduct in Ministry and What Contributing Factors Lead to Sexually
Acting Out Behavior by The Clergy Member

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

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Abstract

The purpose of this phenomenological study was to understand and be able to describe the factors involved in what motivates and participates person of the clergy to engage in watching pornography or engaging in sexually immoral behavior. The theories guiding this study was a biopsychosocial approach introduced by Dr. George Engel and attachment theory by John Bowlby, as it explains how a person shows a proclivity toward immoral SAOB. Interviews were designed to investigate what experiences and actions were antecedents to clergy persons viewing pornography and engaging in extramarital sexual behavior. This transcendental phenomenological study aimed to understand the driving forces behind the behavior of clergy members whose core values and beliefs contradict SAOB. The problem of clergy sexual misconduct is daunting, just in terms of the sheer number of pastors likely caught up in its grasp. I investigated what situations or stressors contributed to them maintaining the SAOB. Clergy developed a pathological relationship with a mood-altering experience that grew into a dysfunctional coping mechanism. Clergy developed insecure attachments, experienced marital issues and ministry stress that contributed to their SAOB. The research showed what factors contributed to clergy maintaining SAOB. The final aspect of clergy sexual misconduct (CSM) revealed that recovery began when the clergy members were exposed.

Keywords: pornography, hypersexual behavior, sex addiction, sexual gratification, insecure attachment, clergy sexual misconduct, shame

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Dedication

I dedicate my dissertation work to my wife, Joni who has been my encouragement throughout the entire process. I thank my daughter Jamie who is my hero and her family for encouraging me. I also give thanks to my church family and pickleball friends who have prayed for and encouraged me through this journey. And I want to thank my Lord and Savior Jesus Christ who gave the inspiration for this dissertation.

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List of Abbreviations

Sexually Acting Out Behavior (SAOB)

Sex Addiction (SA)

Sexual Misconduct (SM)

Clergy Sexual Misconduct (CSM)

Sexually Acting Out (SAO)

Sexually Immoral (SIM)

Attachment Theory (AT)

Biopsychosocial Model (BPM)

Biopsychosocial (BP)

Biomedical Model (BMM)

Attachment Style (AS)

Hypersexual Behavior (HB)

Institutional Review Board (IRB)

Adverse Childhood Experiences (ACE)

Internet Pornography (IP)

Post-Traumatic Stress Disorder (PTSD)

Chapter One: Introduction

Overview

Chapter One examined the background of pornography and sexual acting out behavior (SAOB) in society. The research distinguished the background elements that helped contribute to a clergyperson engaging in SAOB, including pornography viewing and other SAOB. Research into this topic area is integral due to my personal experience with sex addiction (SA) and me currently being a pastor. The problem statement and purpose of the study described the factors involved in what motivates and participates a person of the clergy to engage in watching pornography or engaging in SAOB. The research's significance was to help those educating future clergy identify prospective pastors who may have a predisposition toward SAOB or are experiencing difficulties with SAOB. The chapter identified and defined important terminology in this area of study. The chapter concludes with a summary of the information collection mentioned above.

Background

This section of Chapter One provided foundational information concerning SAOB and how it relates to those who are in ministry. By providing information about how the phenomenon has evolved over time, its social context, and the theoretical principles that lay the groundwork, a better understanding of the study is possible.

Historical

Immoral SAOB has been around since the beginning of time. In the Hellenistic world, prostitution, pederasty, and males of the family having sexual access to anyone in the household, including enslaved people, except incest, was the norm for that period. Prostitution was legal during that time, and pederasty was a sexual expression between an adult male and a

prepubescent teen, usually of a lower rank (Hubbard, 2010). That culture was more liberal sexually than our culture today (Loader, 2018). Leaders of the Greco-Roman world lived depraved lives. Tiberius set up shrines on Capri for deviant sexual activities. Nero was also known for his depraved lifestyle (Hubbard, 2010).

Even clergy has a history of sexual misconduct (SM) dating back to the Old Testament. II Samuel 2:12 (*New Living Translation*, 2015) reports that the sons of the priest Eli misused their power to engage in SM with women serving at the Tent of Meeting (Garland & Argueta, 2013). A search of the Internet reveals case after case of pastors being accused of sexually abusing minors in their churches (Denney et al., 2018). Many clergy members in the modern age have committed SM with adults other than their spouses, which is classified as an abuse of power rather than an affair (Altaras, 2015). Clergy members have been accused of having sex with women who they have been counseling or sexually abusing minors in their churches. Clergy have been found to have frequented prostitutes and pornographic stores (Thoburn et al., 2017). Protestant clergy sexual misconduct (CSM) studies have shown that as high as 38.5 percent of all clergy from a wide range of Christian denominations have committed some form of SM while in the ministry (Denney et al., 2018; Ahmad et al., 2015). A 2016 Barna study found that 64 percent of youth pastors and 57 percent of pastors struggle with pornography or have in the past (Bowman, 2022). One article reported high percentages of clergy sexual contact with female church members, which shows the breadth of this situation (Gross-Schaefer et al., 2011). Blackmon's (1984) survey revealed that almost 40 percent of the clergy had inappropriate sexual contact with a church member, with over 75 percent of ministers knowing of other pastors who had sexual intercourse with a congregant (Thoburn et al., 2017). Protestant CSM, cited in studies, shows 14 percent of pastors report having had sexual contact with someone other than

their spouse, and over 30 percent have had extramarital experiences that they consider inappropriate, while over 15 percent of clergy consider themselves addicted to Internet pornography (Ahmad et al., 2015; Whitman, 2004 as cited in Birchard (ed.). Kurtz et al., (2017) stated that behaviors associated with CSM range from the use of pornography and masturbation to infidelity and romantic behaviors outside marriage. There are also instances of clergy verbally abusing women, making physical threats, and even rape of an individual (Kurtz et al., 2017).

Those who get caught have lost their ministries, and for some, their marriages have ended in divorce (McCall, 2002). The trust they had between themselves, and church members has been broken, creating confusion, feelings of coercion, and manipulation in the minds of the members of their church (Thoburn et al., 2017). Protestant CSM Birchard (2004), even before the invention of the Internet, stated that there has been sexual behavior unbecoming of a pastor. Since the introduction of the Internet, people who had not had pornography issues are now struggling with them (Denison, 2018). These articles presented to a reader can see that SAOB by clergy has become a problem that warrants investigation.

What causes a person to engage in SAO, especially in religious practice? Suppose a person has internal values and religious beliefs that teach that sex outside marriage or lusting after a woman other than your spouse is wrong. What compels them to continue to practice such behavior? What determines that SAOB is inappropriate? Society determines accepted sexual behavior, but that can change over time. As a Christian believer, the standard that dictates sexual behavior is the Holy Bible. Within the scriptures, Christians are given commands and principles that guide and dictate sexual behavior.

Genesis 2:24 (*New Living Translation*, 2015) states that God created sex and human sexuality. God instructed Adam and Eve to multiply and inhabit the Earth. Since God was the

originator of sex, God has the knowledge and authority to set the boundaries for how sex should function in the lives of those He has created. The Bible has much to say about SAO and gives examples of people who violated God's instructions in the Holy Bible, including the negative consequences incurred in Galatians 6:7-8, (*New Living Translation*, 2015). In the book of Hebrews 13:4 (*New Living Translation*, 2015) God tells us that sex in the confines of marriage is good to enjoy. People are to enjoy sex with their spouses, but persons are not to have sexual relations outside the boundaries of the marriage relationship. Marriage is defined as the union of a man and a woman. Sex is one of the physiological needs that is part of Maslow's hierarchy (Navy, 2020).

Pornography and SAOB have been around for many years. Written material and video material have been around for many years, but with the invention of the Internet, online pornography has given individuals the ability to access sexual material, unlike in past years. In the 1950s, the advent of 8-mm film put the power of pornography in anyone's hands—and launched the modern pornography industry. In the mid-1990s, websites began to appear. The availability of pornography websites accelerated from the mid-1990s until today when there are over 1.3 million pornography websites (Hall, 2018). The Internet and technology have made sexual services, anonymous hook-ups, and pornography available and accessible to all. Pornography is accessible within relative anonymity, hence bypassing the usual social inhibitors (Hall, 2018). The Internet also provides a means for individuals to access escort services and meet women for sexual encounters.

Social

Since the onset of the Internet, people have been overwhelmed with a plethora of online sexual material to view and avenues in which to meet other people interested in having sex. The

availability of sexual material has become prolific, with over 4.2 million pornographic websites that stimulate men to seek different ways of SAO (Denison, 2018). Four percent of all pornographic websites are in the US alone. There are 15,000 websites (Morichetta et al., 2021); the estimated revenue from the pornographic industry ranges from \$6 billion to \$15 billion (Paasonen, 2024). According to a report by the Barna Group, 64% of men are viewing pornography monthly (Bohon, 2019). Almost 33 percent of men between the ages of 18 and 30 believe they are addicted to pornography (Bohon, 2019). Even clergy experience desires and compulsions to consume pornography, as one study stated that 37 percent of clergy persons struggle with the temptation to view online movies of people having sex (Ahmad et al., 2015). The availability of Internet sexual material is overwhelming. Even those who are involved in Christian ministry are prone to becoming entangled in the grip of pornography due to the large amount of time spent in isolation (Ahmad et al., 2015).

More research is needed due to the Internet's onset, which has caused a proliferation of pornography to be available. Individuals can use pornography without the knowledge of others due to the anonymity of viewing (Ahmad et al., 2015). One can view whatever type of pornographic material in the privacy of their home, no matter how inappropriate, without anyone censoring its consumption. Even though pornography is consumed and viewed in private, the consequences of viewing the material can manifest themselves in many public ways, such as brain changes (Love et al., 2015) and negatively affected relationships with spouses (French & Hamilton, 2018), depression (Laier & Brand, 2017), and social isolation (Perry, 2019). Besides the results previously listed, individuals are viewing pornography, even when viewing violates values and religious beliefs (Denison, 2018). Individuals may attempt to stop viewing pornography but to no avail. Persons who view pornography regularly may develop tolerance,

which then leads to consuming more pornography and may lead to more deviant pornography or SAOB with others (Carnes & Adams, 2002). When one type of pornography fails to deliver the desired outcome, a person may turn to more hardcore pornography involving violent and degrading female behavior. Continued consistent viewing of pornography over time can cause changes in neural pathways that make the ceasing of pornography watching difficult (Carnes & Adams, 2018).

The viewing of pornography may not be considered a moral issue by some people. Non-believers and even some believers may accept this type of behavior. This study examined behavior by pastors who profess that pornography viewing and any sexual contact with women other than their wives is against the statutes and commandments of the Holy Bible in Matthew 5:27-28 (*New Living Translation*, 2015). A person raised or taught spiritual and biblical principles against these behaviors but still engages in the viewing of SAOB may experience incongruence. This incongruence in the interaction of use and moral disapproval could lead to negative emotions such as anxiety, depression, shame, and isolation (Perry, 2018).

Theoretical

The need for this research was to ascertain why pastors began watching pornography and why they continue to do so after entering the ministry (Miller, 2020). One of my theoretical frameworks was Attachment Theory (AT) developed by John Bowlby which stated that how a parent and child develop attachment will determine further behavior. Attachment research has shown that there is a relationship between addiction and unhealthy interpersonal attachment. Insecure attachment style shows that addicts relationships are usually maladaptive, manipulative and unsatisfying (Flores, 2004). The work of attachment theory shows that dysfunctional attachment styles interfere with a person's ability to gain satisfaction from interpersonal

relationships. If participants are having difficulty overcoming their insecure attachment style, they can become vulnerable to addictive compulsions (Flores, 2004).

The other framework used was the biopsychosocial model (BPM) developed by George Engel. A biopsychosocial approach was justified by looking at internal and external factors that lead to SAOB (Shimoni et al., 2018). The theory authored by Dr. George Engel offered a new model that assumed that physical, psychological, and social systems interact, affect each other, and was affected by each other (Engel, 1978). The BPM includes the dimensions of personal, emotional, family, and community, in addition to the biological diseases that affect patients (Smith, 2002). The areas of marriage, ministry, and family of origin all play a factor in the clergy's continuation in SAOB. The continuance of SAOB by a pastor may be attributed to the condition of their marriage. When a person's marriage is in disarray and communication has broken down, the individual in the ministry may seek out ways to get validation. Clergy are also under a lot of stress in the church, and sexually acting out may be a way to cope with the stress. Loneliness coupled with a poor marital relationship can cause clergy to seek comfort and affection from people other than a spouse. The BPM offers an advantage working with clients who exhibit hypersexual behavior (HB) by providing a comprehensive approach instead of focusing on just one model or school of thought (Samenow, 2010). According to Hall (2011), a vital advantage of the BPM is that it allows the counselor to consider psychological and social constructs in the problem beyond the traditional medical model.

Situation to Self

I am motivated by past experiences and my current occupation as a pastor to pursue research into the world of sexually immoral behavior (SIM) by pastors. I had experiences from an early age viewing and reading pornographic material and engaging in SAOB. I also was

sexually abused by a step-grandfather at the age of eight. I grew up in a dysfunctional home with much conflict. Research has shown that early exposure to sexually explicit material, childhood trauma, sexual abuse, and emotional dysregulation can lead someone to develop a sex addiction (SA) (Jha & Banerjee, 2022). Also, personality factors can help explain SA but cannot explain it exclusively (Hegbe et al., 2021). A biopsychosocial approach is justified by looking at internal and external factors that lead to SAO (Shimoni et al., 2018). I have in my past struggled with the preoccupation and compulsion to act out sexually by viewing pornography and engaging in sex with women other than my spouse.

As a pastor, I understand that that behavior is unacceptable to a person in my position. From reading books on SA and taking the SAST-R test, I fit the criteria of someone who had developed a sexual addiction. I have not engaged in that type of behavior in 18 years. During my addicted years, I had moral beliefs and values that were in opposition to my SAO, creating moral incongruence. There was a preoccupation and compulsion that increased my tolerance, which required more SAO and more extreme risk-taking behavior. My thoughts and energy were consumed with planning and engaging in sexual SAO. Any attempts to stop were unsuccessful, even when confronted with negative consequences. When temptations came, I felt that there was no way out and believed the only option was to engage in sexual behavior to stop the temptation. This just led to guilt and shame, which led to more SAO to soothe my emotions. I engaged in watching pornography, phone sex, chat rooms to meet women for sex, cruising for prostitutes, and other risky SAO. As a pastor, I believe that SAO is unacceptable and that behavior can have a negative impact on a pastor's ministry and family and lead to dire personal consequences such as depression, anxiety, and suicidal thoughts.

Problem Statement

The problem is a lack of qualitative research looking at what factors precipitate clergy to violate their beliefs and theological training to engage in SAO. “The problem might be defined as the issue that exists in the literature, theory, or practice that leads to a need for the study” (Creswell, 1994, p. 50). The study included examining a person's family of origin, history of trauma, marriage situation, and the stressors of their ministry. The topics from their family of origin were examined and consisted of attachment style developed, physical abuse, sexual abuse, forms of trauma, and early exposure to pornography. According to Carnes and Adams (2022), SAO in pastors and sex addicts is consistent with showing a history of abuse, with 81 percent having suffered sexual trauma, 74 percent being survivors of physical trauma, and 94 percent having experienced some form of emotional trauma. In addressing the pornography problem, the Archdiocese of Kansas City reported the availability of sexual material has become prolific, with over 4.2 million pornographic websites (Denison, 2018). The research also examined the quality of a clergy's marital relationship and what impact that may have on clergy SAO. The pressure of being a pastor comes from the many expectations of the church, which was examined as a preceptory factor.

Many vulnerable women come to the pastor for counsel, presenting an opportunity for transference to develop into a sexual relationship between the congregant and the pastor. Due to the power dynamics, the pastor possessing power in the relationship, and the female congregant being in a vulnerable position, the pastor can sexually take advantage of the situation. Being vulnerable, the counselee may seek comfort in a relationship, satisfying a need they are not receiving from their spouse. The issue is that clergy SAO affects about 37% of the clergy. The problem is SAOB affects their person, family, and church community (Ahmad et al., 2015).

The adverse effects are personal consequences to the clergy, negative consequences to the family system, and violation of the trust by the faith community. When that trust established between clergy, their spouse, and the church family is violated, significant damage is endured by all. A pastor preaches and teaches biblical principles that state that SAO outside marriage is wrong. The New Testament teaches that immorality and lusting after women other than the spouse are against God's standards. Thus, there is a conflict when the pastor engages in SAO since the pastor violates the church's teachings. Therefore, research needs to be done to find out what factors participate clergy sexual acting behavior and who is susceptible to falling into this type of behavior (Buford, 2022).

The population sample was pastors involved in ministry who lost their ministry, were put on a leave of absence due to SAOB, and then continued into a recovery program.

Purpose Statement

The purpose of this phenomenological study was to find what motivated and participated a person of the clergy to engage in watching pornography or engaging in SAOB. It explored and was able to describe the factors involved in what motivates and participates a person of the clergy to engage in watching pornography or engaging in SAOB. At this stage in the research, the central phenomenon of the study was to interview the clergy in their environment. The pastors were defined as persons who have engaged in SAOB and then overcame it that was contrary to their moral values and religious beliefs.

The theory guiding this study was a Biopsychosocial Addiction Model first theorized by George L. Engel at the University of Rochester (1977). The advantage of using such a model was it allows a therapist to use an integrative approach, focus on the client, and encourage a comprehensive approach examining the physical, emotional, and social aspects of treating the

individual (Hall, 2017). Another theory that drove the research is AT, which was first formulated by John Bowlby in 1958. Bowlby believed that a child's attachment bond with their caregivers affects the person throughout their life. He postulated that a young child needed to have experienced a warm, intimate, and lasting relationship with his mother to grow mentally healthy (Bretherton, 1992).

Significance of the Study

The study of this discipline contributed to the knowledge of why clergy engage in SAOB when clergy themselves have preached messages opposed to such behavior and verbalized their beliefs as opposed to it. Being exposed can result in a job loss, loss of a marriage, loss of reputation, and others. This study sought to assist pastors in identifying crucial factors that contributed to a person acting in a SAOB contrary to what they believe. It may save a person's marriage, ministry and improve the family situation. Clergy who engages in SAOB when exposed can negatively affect members of their faith community. It can cause people to question their spiritual beliefs; some could permanently leave the church.

Research Questions

In this section, I listed some of the research questions that have been answered from the research section.

1. What meaning did clergy members ascribe to their SAOB?

The interview is a controlled process in which the researcher draws out pre-existing information from the past experiences of the participants (Gaudet & Robert, 2018).

2. How did clergy members describe their experiences from their family of origin that would contribute later to sexually acting out behavior?

What traumatic events occurred in the participants' early childhood? Carnes (1992) did research with over a thousand sex addicts and found that 97 percent of them admitted having suffered emotional abuse in their childhood. Seventy-four percent of sex addicts admitted that they had been physically abused, and 81 percent said they had been sexually abused (Lasser, 2004). Through face-to-face interviews the researcher collected information about a subject's family of origin experiences (Creswell & Poth, 2018).

3. How did clergy members describe the quality of their marriage relationship and how it may relate to their sexually acting behavior?

Research takes advantage of sub-questions that help to further refine the central question (Creswell & Poth, 2018).

4. How did clergy members describe their responsibilities in their church roles that may contribute to their SAOB?

In individual interviews, in the qualitative process, developing the relationship with the participants helped understand the participants' world (Gaudet & Robert, 2018).

Definitions

1. Pornography – sexually explicit material intended to arouse (McKee et al., 2020).
2. Hypersexual Disorder – Over six months, a person engages in sexual fantasies, urges, or behaviors in response to anxiety or depression. Repetitively engaging in the behavior mentioned above in response to stressful situations. Unsuccessful attempts to control or reduce sexual fantasies, urges, or behaviors. The person also continues engaging in the abovementioned behaviors despite harmful consequences. The result is distress and impairment in essential areas of their lives, such as social, occupational, and other vital areas (Kaplan & Krueger, 2010).

3. Trauma- Any disturbing experience that causes fear, confusion, helplessness, dissociation, or other disturbing feelings that cause a long-lasting negative impact on a person's attitudes, behaviors, or any other aspect of a person's functioning (Schupp, 2015).
4. Compulsive Sexual behavior- excessive sexual behavior or sexual thoughts lead to subjective distress, social or occupational impairment, or legal and financial consequences (Raymond et al., 2002). Compulsive sexual behavior disorder is characterized by persistent and repetitive sexual impulses or urges that are experienced as irresistible or uncontrollable, leading to repetitive sexual behaviors, along with additional indicators such as sexual activities becoming a central focus of the person's life to the point of neglecting health and personal care or other activities, unsuccessful efforts to control or reduce sexual behaviors, or continuing to engage in repetitive sexual behavior despite adverse consequences (e.g., relationship disruption, occupational effects, negative impact on health) (Krueger, 2016).
5. Behavioral Addiction - A repeated behavior leading to significant harm or distress. The behavior is not reduced by the person and persists over a considerable period. The damage or distress is functionally impairing (Kardefelt-Winther et al., 2017).
6. Sex Addiction (SA) – When a person continually engages in sexual behavior that results in adverse consequences and behavior that is compulsive and out of control (Carnes & Adams, 2002). An ongoing pattern of sexual behavior has three principal characteristics: 1) inability to stop the sexually acting behavior, 2) continuing the behavior despite adverse consequences, and 3) obsessive quality to the pursuit of the

- sexual behavior. The behavior is unmanageable, chaotic, and unstoppable (Birchard, 2004).
7. Internet addiction – is demonstrated by poorly controlled preoccupations, behaviors, and urges in using the computer and Internet access that leads to impairment and distress (Shaw & Black, 2008).
 8. Insecure Attachment (IA) – Children with absent, inconsistent, or frustrating caregivers develop an IS whereby their caregiver does not meet their needs, leading to maladaptive adult relationships (Gunderson, 1996).
 9. Attachment Theory – A set of parental behaviors designed to provide proximity and comfort when there is actual or potential distress. Children feel secure knowing they can go to their caregivers for comfort and protection (Cassidy & Shaver, 2016).
 10. Shame is a painful feeling or belief that we are flawed and unworthy of love and belonging (Brown, 2010).
 11. Guilt – Feeling bad about doing something wrong (Brown, 2010).
 12. Clergy Misconduct – It is the exploitation of an adult by a clergy member. (Celenza, 2004). Clergy sexual misconduct is defined as sexual or romantic contact that occurs concurrently with the clergy-congregant relationship (Gross-Schaefer et al., 2011).
 13. Sexually Acting Out – is used to control painful effects, avoid feelings of loneliness, and fight off the dread of non-being (Birchard, 2004).
 14. Internet infidelity – This includes not only sexual and emotional infidelity but also infidelity is defined by secrecy, deceit, and betrayal (Vossler & Moller, 2020).

Summary

The chapter looked at the background behavior of clergy and the influences in a person's life that lead a person to engage in SAO. The study looked at the impact of the Internet and the availability, anonymity, and affordability of material available to be viewed by persons, even the clergy. The Internet also connected people to people looking to engage in SAOB. The chapter also examined the historical aspects of clergy misconduct. I have stated why the subject matter was personally essential and why the subject was paramount to the effects on the culture. The purpose was to explore and be able to describe the factors involved in what motivates and a person of the clergy to engage in watching pornography or engaging in SAOB. This chapter also discussed the research questions that are relevant to the study. Essential definitions are also provided in this chapter. So, the first chapter stated the problem and what factors contribute to the proliferation of CSM in society. Chapter Two examined the literature supporting the comments in Chapter One.

Chapter Two: Literature Review

Chapter Two elaborates on the three A's (accessibility, anonymity, and affordability) mentioned in Chapter One. This chapter provides a review of the literature on two areas of pornography: Internet usage and how it contributes to clergy sexual misconduct (CSM). There is also a review of the literature that examines how pornography affects the different areas of a person's life. The literature in this chapter was examined and demonstrates how the theoretical framework of Attachment Theory shows how childhood experiences affect adult relationships and emotional health. The biopsychosocial (BP) literature demonstrates how sexuality encompasses all areas of an individual's life in how one gets involved in SAOB and the recovery process. Next, pornography was thoroughly examined to demonstrate how it impacts members' lifestyles and can lead to SAOB.

Theoretical Framework

The theory authored by Dr. George Engel in 1977 offered a new model that assumed that physical, psychological, and social systems interact, affect each other, and was affected by each other. For centuries, the biomedical model (BMM) physician's approach to Western science was used (Engel, 1978). Engel identified limitations to the BMM and proposed an alternative model called a biopsychosocial model (BPM). The BPM is a scientific model that considers the missing aspects of the BMM. The BPM includes the dimensions of personal, emotional, family, and community, in addition to the biological diseases that affect patients (Smith, 2002). Those experienced in addiction studies have seen that it is nearly impossible to maintain healthy interpersonal relationships when one experiences addiction (Flores, 2004). Unhealthy attachment styles have shown researchers that it is difficult or almost impossible for someone to maintain and achieve satisfaction from relationships when unable to regulate one's emotional state

(Flores, 2004). Therefore, all aspects of a person's makeup (physical, emotional, spiritual, social) interact and affect another person's makeup and are affected by each trait, with a reductionist model that focuses on the science and the treatment of disease and not on patient and their environment (Engel, 1980). The BMM has some deficiencies, such as viewing biochemical abnormalities as the cause of any illness and addressing the biochemical problem, which solved the problem (Skewes & Gonzalez, 2013). The BPM puts the patient at the forefront of the process, with the doctor using a doctor-centered and patient-centered interview process. This approach enhanced patient- and doctor-centered improvements in the patient-doctor relationship (Smith, 2002).

The BPM offers an advantage working with clients who exhibit hypersexual behavior (HB) by providing a comprehensive approach instead of focusing on just one model or school of thought (Samenow, 2010). According to Hall (2011), a vital advantage of the BPM is that it allows the counselor to consider psychological and social constructs in the problem beyond the traditional medical model. Another benefit of this model is that it enables counselors to focus on the individual client instead of viewing the client from a theoretical model or the counselor's understanding (Hall, 2011). Using a BPM allows the counselor to focus not only on reducing or eliminating behavioral symptoms but also on underlying psychological issues and examining a person's social environment and how it contributes to the problem (Garofalo et al., 2016). The BPM of addiction states that physical, genetic, psychological, and social factors all play a part in the addiction process and, therefore, must be considered in prevention and treatment methods (Skewes & Gonzalez, 2013). The BPM also recognizes natural recovery without the necessity of professional treatment. Due to accessing all aspects of one's external environment, studies have shown many participants can change when the person with an addiction experiences a religious

or spiritual experience, has support from family and friends, or suffers a loss and injury related to their addiction (Skewes & Gonzalez, 2013). Some skills can be taught to individuals, such as building a social support system, learning effective coping skills, stress management techniques, and understanding and avoiding triggers (Skewes & Gonzalez, 2013). Utilizing these learned skills and techniques facilitated a person's success in changing addictive behavior patterns.

Attachment Theory was first introduced by John Bowlby in the 1940s and 50s and later by Mary Ainsworth in the 1960s and 70s (Cassidy & Shaver, 2016). The development of Attachment Theory differed from the current theory used by psychoanalysts. A psychoanalytic theory attempts to explain personality in terms of ontogenesis as opposed to Attachment Theory, which observes childhood response patterns that occur in early childhood and are used to predict later personality (Bowlby, 1969). The main contribution made by Bowlby was to see the biologically based necessity of attachment of a child to its caregiver (Wallin, 2007). An infant must be close to its mother/caregiver to establish emotional security. From infancy, babies develop either a secure or one type of insecure attachment style (AS), which can have long-term effects. These ASs are found to be associated with positive or negative outcomes in adolescence and adulthood (Wallin, 2007). Bowlby stated that the loss of an attachment figure can be a contributing factor in juvenile delinquency (Cassidy & Shaver, 2016). Lack of developing a secure attachment to a mother/caregiver can lead to psychopathology later in life (Cassidy & Shaver, 2016). Also, due to a lack of attachment to their mother/caregiver and combined with trauma, a person has a diminished capacity to regulate emotions, which can lead to SAOB (Wallin, 2007; Xu et al., 2020). A study has also shown that exhibiting an insecure AS can cause sexual distress within the marital relationship (Garofalo et al., 2015).

A child who develops a secure attachment generally exhibits greater self-esteem, ego resilience, good emotional health, and competence in social situations. A child who exhibits an insecure-avoidant attachment has been shown to victimize others. They feel traumatized by the lack of comfort or care, so the child exhibiting insecure ambivalent attachment has been known to become a victim. Finally, people who develop a disorganized AS are prone to be at a significant risk factor for developing psychopathology from childhood into adulthood (Wallin, 2017). According to Wallin, the impact of a person's first relationships establishes behavior, communication, and affect regulation, which is maintained by the continual reinforcement of the parents, or the attachment patterns may be internalized as structured patterns in the mind. This could mean that biologically driven interactions may show up psychologically as mental representations regardless of whether the parents are physically present in the child's life (Wallin, 2017).

About 50 percent of adults are believed to have developed a secure attachment, leaving the other 50 percent to develop an insecure attachment, lacking resilience, self-esteem, and the ability to seek intimacy (Jamil et al., 2020). This avoidance of intimacy due to insecure ASs is a strategy that leads to using technology such as pornography to meet sexual needs, which requires no intimacy. This is characteristic of compulsive pornography usage (Cundy, 2014; Niazof et al., 2019). Insecure attachment produces feelings of anxiety, which contributes to excessive use of online pornography (Niazof et al., 2019). Attachment Theory tells the researchers that childhood interactions with parents/caregivers contribute to the development of future intimate and sexual relationships. Those people who develop an insecure AS may be led to behavior that seeks to validate their self-esteem. An avoidant AS may lead a person to avoid close intimate relations and instead seek brief, casual relationships.

In contrast, an anxious AS may make a person anxious due to rejection issues (Varfi, 2019). Due to the different insecure attachment styles, a person may engage in unhealthy behavior, such as risky sexual experiences. These intimate behaviors seek to fulfill the needs of rejection, abandonment, and lack of intimate relationships (Varfi, 2019). Individuals who have developed an anxious attachment have found pornography a threat to their relationship with their spouse due to fear of being rejected by their partner (Gouvernet et al., 2017). Attachment style appears from the research to demonstrate how important a secure attachment with caregivers is in a person's adult life.

Accessibility

The use of pornography has become increasingly acceptable in Western culture (Ferron et al., 2017). A Barna Group survey stated that 64 percent of men in America view pornography every month (Bohon, 2019). Men continue to consume more pornography than women (Gouvernet et al., 2017). This increase in the viewing of pornography is due to the accessibility, anonymity, and affordability of pornography (Ahmad et al., 2015). Millions of people today have access to the Internet, including 51 percent of households in the United States (Ahmad et al., 2015). Ahmad said prior research has reported that 37 percent of Protestant clergy members struggle with the temptation of viewing. Men consume the most significant quantity of pornography, and Black men demonstrate a higher percentage of Black men viewing pornography than white men. This trend of more Black men consuming pornography than white men come despite a higher rate of male Black Americans attending church each month and more male Black Americans identifying with being conservative protestants (Perry & Schleifer, 2019). The research over the last 43 years has shown that male Black Americans and white women have shown an increase in pornography viewership (Perry & Schleifer, 2019). The rate

of women viewing pornography has increased significantly among female college students, with nearly half of them reporting viewing pornography in the past six months (Kernsmith & Kernsmith, 2009). Grubbs, Stauner et al. (2015) stated that usage could be high, with 87 percent of young adult males and 34 percent of young adult women viewing pornography regularly. Pornography use among female college students has become widespread and commonplace today on university campuses (Maas & Dewey, 2018). Recent estimates state that during an average week, 46 percent of men and 16 percent of women consume (Carroll et al., 2016). Individuals ranging in age from 18-30 show that approximately 70 percent of males and 20 percent of females use pornography weekly (Gola et al., 2017). Among teenagers aged under 18, 90 percent of boys and 60 percent of girls have tried (Gola et al., 2017). Due to inadvertent exposure to pornography, children under the age of 12 show that 12 percent of them are being exposed to pornography (Gola et al., 2017). This statistic is probably low due to the inability to do much study on minors. According to statistics acquired from a top-ranking porn site in the world, 23 percent of their viewers were women, with 15 percent of women in the United States (Fradd, 2017). The increase in viewing of pornography by women has increased due to the accessibility of the Internet. In past years, pornography films were only available in theaters but are now available on the Internet, where men and women can watch pornographic films in the privacy and comfort of their own homes (Fradd, 2017).

Based on the findings from many neuroscience studies, researchers were able to link to the established addiction model of substance abuse (Love et al., 2015). Neuroscientific research has shown that pornography has the same underlying neural processes as evidenced in substance addiction (Love et al., 2015). Addiction is seen as a chronic disease of the brain in which substance and behavior addictions both exhibit brain reward, motivation, and memory, which

leads to dysfunction in a person, manifesting uncharacteristic psychological, social, spiritual, and physical behaviors (Love et al., 2015). Love and other researchers stated that there are many similarities between abuse of substances and behavioral addictions. Those similarities would include preoccupation, craving withdrawal, binge/intoxication, and negative affect stages for compulsive sexual behavior (Love et al., 2015). Studies have shown that compulsive sexual behavior and substance addiction share a neurobiological link, as evidenced by neuroimaging, genetic studies, and treatment research (Love et al., 2015). The American Society of Addiction Medicine changed its definition of addiction. They stated that addiction is primarily a chronic brain disease in which brain reward, motivation, memory, and other brain circuitry are involved. Due to this change in the definition of addiction, sex/pornography addiction may be included due to a sex addict in a pathological search for rewards (Fradd, 2017). Neuroscientists reported that the overuse of dopamine causes addiction due to it acting as a reward mechanism (Fradd, 2017).

There has been a dramatic increase in the viewing of pornography due to the accessibility of the Internet, therefore making pornography easily accessed. Bohon (2019) showed that inquiries on the Internet of pornography made up 13 percent of all inquiries into Internet websites. The appeal for pornographic material has been evident since ancient Greece, but several factors have restricted access to it. In today's society, with many devices able to access the Internet, pornography is easily accessible (Siranni & Vishwanath, 2016). Due to privacy and easy access to the Internet, pornography usage in the United States has become prevalent, with up to 33 percent of Americans viewing pornography at least once a month (Perry, 2016). Pornography has become mobile as people can access pornography on their mobile devices. Pornography has become near mainstream in the lives of emerging adults aged 18-25. The

frequent consumption of pornography by individuals has led some researchers to be concerned about potential negative influences of pornography (Rasmussen et al., 2016). In 2005, there were 420 million pornographic websites, which was 30 times the number of pornographic websites in 1998 (Thomas, 2014). Exposure to pornography usually starts by age 11 with most times young people accidentally accessing it (Thomas, 2014). With 90 percent of youth having access to the Internet between the ages of 11 and 18, it has enabled persons to access the Internet through not only a computer but also via laptops, mobile phones, video game consoles, and other electronic devices (Bohon, 2019). The use of technological tools, such as laptops and cell phones, has made pornography more accessible than ever, and exposure to pornography is therefore beginning at a much earlier age.

The scope of pornographic material has expanded, creating a wide variety of material available to anyone seeking pornographic content. The content ranges from nude pictures to soft-core pornography to hard pornography and, finally, violent pornography toward women. Children and youth are also accidentally coming across pornography when surfing the Internet for other types of content. Rasmussen et al. (2016) reported that pornography consumption among emerging adults is a behavior that is seen as typical. When emerging adults see viewing pornography as normal, they are likely to engage in the viewing of pornography (Rasmussen et al., 2016). A study also linked male exposure to other sexual behaviors, such as the number of sex partners in one's life, paying for sex, and having extramarital affairs (Wright & Randall, 2012). Exposure to leads to risky behavior, which, as an adult, can negatively impact an adult's marital relationship, family life, and vocation. Therapists have seen the prevalence of pornography in society in couples counseling as marriages are falling apart and in the offices of attorneys where couples are seeking divorce. Research studies show that those who watch

pornography are 25 percent more likely to be divorced and 10 percent more likely to have had an extramarital affair.

Anonymity

Another reason for the increase in viewing pornography among persons is anonymity. The problematic use of pornography is hard to determine due to anonymity, which makes pornography viewing so prevalent in our society, setting up persons to engage in the use of pornography (Alarcon et al., 2019). Shim and Paul (2014) showed that people exposed to pop-up commercials of pornographic material were more willing to view hardcore pornography because viewing would remain anonymous from other people, knowing that they were viewing such material on the Internet. Shim and Paul (2014) found that one's exposure to online pornography was mainly unwanted, with 66 percent of children aged 10 to 17 reporting they experienced accidental exposure to nude pictures of people or people having sex.

This inadvertent exposure to nude pictures or clips of people having sex leads to curiosity, especially among young adolescents who have little or no exposure to the sexual experience. Due to anonymity, individuals are more likely not to pay attention to social norms and view hardcore pornography when otherwise they would not view it (Shim & Paul, 2014). When a person knows others do not know what they are watching on their computer, laptops, tablets, game consoles, or mobile phones, it allows a person's curiosity to empower them to continue to view nude pictures of people having sex without fear of being exposed to parents or friends. This freedom to engage in pornography consumption can lead to a chronic habit of years of viewing pornography.

Affordability

The Internet offers free pornography, nude pictures of women, and short clips of people having sex. Due to being free on many websites, access for adolescents and adult males is readily available. “The Internet provides a cost-effective and private venue for access to sexual material and behaviors” (Ahmad et al., 2015, p. 347). Even joining websites that offer videos of people having sex can be somewhat inexpensive. There is a wide range of different types of pornography that are affordable in cost to the users of the Internet.

Once a person gets addicted to online pornography and compulsively starts watching, they begin to spend more money on larger quantities of sexual material. Free pornography is just a gateway or a teaser into the desire for more stimulating sexual material. Once a person finds pornography they are watching is not satisfying, they sought more stimulating material, requiring the person to use their credit cards to purchase the more stimulating sexual material. The cost of online pornography is a more affordable alternative for sexual stimulation than the price of prostitutes or sexual materials (Ahmad et al., 2015).

Effects of Pornography Use

Negative Effects on Individuals

The viewing of affects all areas of an individual’s life. A biopsychosocial approach to evaluating and treating sexually compulsive behavior would be beneficial. People are currently presenting themselves to therapists, saying that their sexual behaviors feel out of control. Duffy et al. (2016) reported that there has been an increase in the number of people who are seeking treatment for problematic pornography usage. This creates a feeling of having out-of-control sexual behavior. Crocker (2015) stated that there is a lack of understanding of what motivates or drives these sexual behaviors to become out of control. Wery et al. (2019) suggested that pornography use may be used as a maladaptive coping strategy to help an individual cope with

unresolved relationship trauma, feelings of loneliness, and negative beliefs about oneself. This causes a person's life out of balance, leading to disconnection from others. Men more than women consume pornography, are exposed to it at a younger age, use it during masturbation, and view hardcore pornography that is devoid of relational context (Hald & Malamuth, 2008). This can result in isolation and despair, ending with hopelessness (Crocker, 2015). According to research and clinical studies, it appears that problematic pornography viewing is likely going to continue to be a concern to therapists (Borgogna et al., 2018). Kafka (2010) reported:

Hypersexual Disorder, as operationally defined in this review, is not synonymous with sex addiction, sexual compulsivity, or paraphilia-related disorder. All of these aforementioned designations describe increased and intensified sexual fantasies, urges, and behaviors with significant adverse personal and social consequences. (p. 394).

Given the brain's neuroplasticity, the physical cannot be separated from an individual's psychological and social aspects. When a person understands the neurobiology of sex addiction/hypersexual behavior, it can provide the person with a better understanding of their behavior's psychological and emotional components. There are a few chemicals that are released in the brain during the watching of pornography and masturbation. Dopamine, a neurotransmitter, is involved in the brain's reward system and allows the individual to experience excitement energy. Norepinephrine is another transmitter that plays a significant part in how an individual relates to pornography (Struthers, 2009). The release of these chemicals in a person's brain during the viewing of pornography has an after-effect that determines whether an individual continues to view pornography and possibly continue to consume it habitually. Suppose a person combines pornography viewing with the behavior of masturbation. In that case, the sexual release is connected to intense feelings of euphoria, acts as a reward to an

individual's sexual drive, and propels one to continue engaging in that behavior. This could lead to addictive behavior (Struthers, 2009). As an individual continues watching pornography, the person may build up a tolerance, which then can lead to more pornography consumption required to achieve the heightened sexual satisfaction they had experienced. In the last several years, there have been over 50 research papers on the topic of neuroscience concerning sex and pornography addiction. Results have shown that SA follows a similar path to chemical addiction that affects the brain. Addiction follows a characteristic pattern of tolerance, escalation, increased craving, reduced cognitive control, and withdrawal (Hall, 2019). Researchers estimated that up to six percent of the adult population may experience sexual addiction, which manifests itself in a person's life in late teens or early adulthood (Giordano, 2018). Understanding one's behavior and biological aspects can help reduce shame and confusion in an individual's life (Hall, 2019).

One of the most adverse reactions to viewing when there is moral incongruence is shame. Shame is a result of consuming pornography that is contrary to social norms and religious standards. Shame is shown to promote HB when viewing pornography is against one's values. As a result of these feelings, an individual consumes pornography to soothe feelings of shame and guilt. Shame and guilt appear to lead to the maintenance of HB (Sniewski et al., 2018). Shame is a critical issue with people who struggle with pornography. Shame comes from one's core beliefs that form the foundation for shame (Gilliland et al., 2011).

The addictive cycle of HB produces guilt and shame, which produces more guilt and shame when the action is completed. The difference between shame and guilt needs to be pointed out to people. "Most shame researchers and clinicians agree that the difference between shame and guilt is best understood as the difference between 'I am bad' and I did something bad" (Brown, 2012, p. 71). Shame has been shown to influence the initiation, maintenance, and

excessive use of pornography. Shame plays an essential role in an addictive cycle. People who feel shame feel hopeless to change and continue to use pornography to soothe the psychic pain they experience from the use of pornography (Chisholm & Gall, 2015). Floyd et al. (2020) showed that those who morally disapprove of pornography use exhibit increased sexual shame. Grubbs, Exline et al. (2015) hypothesized that religiosity would predict that an individual would perceive their pornography usage as a pornography addiction. Grubbs et al. (2017), found that perceived pornography addiction was associated with religious and spiritual struggles.

Involvement in sexual activities and pornography viewing is considered taboo by some people, resulting in rejection and judgment (Sniewski & Farvid, 2020). Shame plays a part in motivating someone to engage in HB and perpetuating peoples continued use of pornography. The shame encourages a person to remain silent about their pornography use, leading people not to seek treatment. Anonymity is the hidden aspect of hypersexual behavior. To break the cycle of compulsive use, one must confront shame (Adams & Robinson, 2001). When facing rejection or judgment, it is hard for someone to do so alone, making them retreat into shame and hiding. This is when the person needs the most support and nonjudgmental listening to share their story and relieve themselves of their burden.

Depression was found to be a predictor of problematic pornography use (Borgogna et al., 2018). Depression could lead people to engage in viewing to soothe the depressive symptoms in their lives. One study showed that those individuals viewing a higher frequency of pornography who morally disapprove of pornography use could have increased levels of depression and anxiety (Guidry et al., 2020). In interviewing men, Borgogna (2018) found that the triggers that contributed to them continuing their pornography use were similar. There were different forms of affective states that they found challenging to manage. Pornography was used to soothe these

moods. Intervention with the men in treatment showed that accountability and nonjudgmental space where men can open up and communicate their feelings helped to deal with the shame. Viewing pornographic material has been linked to mental health issues both as predictors and outcomes (Borgogna et al., 2018). When the negative consequences of pornography are associated with religious population pornography, negative results are more pronounced (Borogona et al., 2018). In some studies, it was unclear what strategies were effective in treatment (Sniewshi & Farvid, 2019).

Depression could also result from pornography viewing when it violates a person's values or belief system. Brand et al. (2019) stated that whether a person has a sexual addiction or pornography problems due to moral incongruence does not matter because men who experience either one experience emotional pain, psychological suffering, and significant interpersonal consequences (Brand et al., 2019). People are identifying themselves as sexual or pornography addicts without meeting the criteria for addiction. Perceived addiction should still be a concern to health professionals due to it being linked to anxiety, neuroticism, hopelessness, and other general psychological problems (Grubbs et al., 2017). Violating one's moral beliefs creates psychic costs, which include negative relational consequences and self-isolating (Perry, 2018).

Negative Effects on Marital Relationships

The marriage relationship is vital to one's satisfaction. Disruption in that relationship can lead people to seek out other methods of satisfaction. One reason for this can be the attachment issues and cognitive schemas a person has learned from childhood. Those individuals who have developed negative fundamental views of themselves and others may be hindered in how they perceive and respond to experiences in their relationships (Twine, 2015). Another reason is that men have consumed pornography since they were prepubescent boys. The continued long-term

viewing shapes how people think about sex and their views about how women should act sexually (Pierce, 2016). Pornography users, in their attempt to gain intimacy, consume pornography because substituting pornography lessens their experience of risk, threat, and anxiety that can result from romantic or sexual rejection (Twine, 2015). A person's learned attachment styles from their childhood experiences with their caregivers may play a significant role in how they attach and are intimate with their marriage partner (Twine, 2015).

Since the 1940s, researchers have seen a rise in acts of infidelity, with various studies showing that 11-23 percent of married individuals have engaged in an act of infidelity (Behar, 2017). Due to the use of pornography and acts of infidelity, counselors are seeing more clients who are suffering from depression, anxiety, and domestic violence due to infidelity in marriages (Behar, 2017). Brown (2017) looked at pornography usage in relationships of one spouse in the relationship. When one partner engages in individual auto-erotic experiences, it negatively impacts the marriage. The women's use of pornography in the relationship may be their attempt to please the husband or feel pressured to engage in sexual acts shown in pornographic movies (Brown et al., 2017; Huntington et al., 2021). This indicates that although pornography has become increasingly acceptable in Western culture, its consumption can lead to couple dissatisfaction, infidelity, and even reduced sexual attractiveness to one's partner (Ferron et al., 2017). Doran and Price (2014) showed that pornography use was negatively correlated with marital satisfaction and positively correlated with infidelity. The results from Ferron et al. (2017) showed that lower marriage quality is a result of increased cyber infidelity by one partner. A woman may view pornography use by their partner as infidelity, which negatively impacts the relationship (Ferron et al., 2017; Grov et al., 2011).

Gardner (2001) reported that spouses spoke of being willing to be open and vulnerable but not being the one who polices their spouse's activity. Gardner found that viewing sexually explicit material was common among young unmarried couples. The study also reported that couples where no sexually explicit material was considered in those relationships, reported higher sexual satisfaction and lowered negative communication. Not viewing pornography also resulted in half of the infidelity rate coming from those who viewed sexually explicit material (Maddox et al., 2011).

Newstrom and Harris (2016) presented the results of a 15-year review of research on how pornography has affected a couple's relationships and sexual intimacy. Individuals not viewing pornography showed better rates of positive communication. These couples also demonstrated a higher degree of relationship adjustment than couples who used pornography alone. Higher sexual satisfaction was reported by couples who did not view pornography alone. Studies have shown that couples that view pornography together show an increased relationship in quality for both men and women (Huntington, 2021; Twine, 2015) viewing pornography together as a couple has shown positive impacts such as better sexual communication and higher sexual comfort levels. The negative consequences of pornography watching in a couple's relationship are unrealistic expectations, personal insecurity on the part of the spouse, and decreased interest in sex (Kohut et al., 2017). When one member of a marriage views pornography alone, there are negative consequences (Kohut et al., 2018).

Couples who viewed pornography also reported less commitment, infidelity, and flirting than couples who did not view pornography (Newstrom & Harris, 2016). Perry (2017) was the first to test for directionality using nationally representative, longitudinal data, which provided results that more frequent pornography viewing negatively affect marriage quality over time for

a male. Viewing pornography frequently leads to lower levels of marital quality. Those religiously devout spouses who view pornography as infidelity reveal a more significant negative relationship between viewing pornography and marital quality. A spouse who is religiously devout and married to a person who views pornography may feel guiltier, which may cause interpersonal confrontation over the use of pornography. A more religious spouse may be more sexually inhibited or frigid (Perry, 2016). The viewing of pornography frequently by the male partner can cause inner confusion and conflict in the female partner. This results in the female partner's life, work, and relationship problems. Szymanski (2015) said that the loss of trust due to their partner's pornography use leads to marital dissatisfaction and psychological distress. It was noted that pornography use correlates with being permissive in sexual habits, living together when not married, and being associated with less marital stability in the marriage relationship (Carroll et al., 2008). Personality traits such as extraversion and neuroticism have been shown in studies to be predictors of people who exhibit a proclivity for engaging in acts of infidelity (Behar, 2017). If rated low, the quality of a marital relationship can increase the likeliness of infidelity being committed in the relationship (Behar, 2017). Perry (2020) stated that pornography use either tends to have no association with relationship quality or is associated with poorer relationship quality. From Perry's research, it is also uncertain whether pornography results in poorer relationship quality or a poor relationship results in pornography use to deal with relationship struggles. Wright et al. (2014) found that frequent pornography consumption leads to a positive view of extramarital sex, which then leads people to engage in extramarital sex, which leads to more cases of divorce. In 2009, the word Facebook was listed in 989 of 5000 divorce petitions in one company in the UK, showing that this media source is a vehicle for people to have sexual relationships (Valenzuela et al., 2014).

Negative Effects on Family Systems

It has been stated that SAOB should be taken seriously and not minimize its effects on individuals, families, or marriages (Manning & Watson, 2007). They explained that more frequent viewing of pornography might negatively influence the religious socialization of children. Parents who more frequently view pornography tend to engage their children less in the discussion of religion (Perry, 2015). This study is one of the few that studies the relationship between pornography consumption and parent-child relationship quality. Parents, particularly men who view pornography more frequently, eat less at the dinner table with their children, as well as yell at them more often. Therefore, as pornography viewing negatively affects the marital relationship, it can also affect the parent-child relationship. Those who are more religious still view pornography as causing shame and negatively impacting the parent-child relationship (Perry & Shawder, 2017). Past research has shown that pornography use by one of the parents, it is primarily male usage, can disrupt the family system by upsetting the relationship between parent and child.

Sex and Pornography Use by Clergy

Fifteen percent of clergy members admit to experiencing sexual attraction to a member of their congregation daily, and 21 percent admit to a sexual attraction every week (Thoburn et al., 2017). Prior research based on surveys has reported that 37 percent of Protestant clergy indicate a current temptation to (Ahmad et al., 2015). Many studies nationwide have shown that Internet searches for pornography material are more prevalent in areas of the United States considered more religious and conservative (Borgogna et al., 2018). If 600,000 clergies and 10–14 percent are acting out, 60,000 to 75,000 clergy need intervention (Thoburn et al., 2017). Clergy sexual misconduct can be defined as an overt or covert action by a clergy member toward a

congregational member of the opposite sex. The behavior exhibited would be feelings or gestures of a sexual nature and is perceived by the church member as sexual (Thoburn et al., 2017).

Pastors engaged in extramarital sexual activity demonstrate characteristics of age (42), personality type (narcissism), damaging quality of the marital relationship, and feelings of isolation (Ahmad et al., 2015). There are several forms of SAOB, and many terms thrown around, such as sex/pornography addiction or hypersexuality, to name a few.

The above terms to be considered are problematic pornography use, hypersexual behavior, and SA, which describe sexual behavior that has become out of control and problematic, causing distress in the life and ministry of a clergy member. SAOB is a term that consists of preoccupation with sex, the ritualization of sexual activity, and the inability to stop or decrease one's preoccupation with sex. Despite negative consequences, there is increased tolerance, which results in increased usage or viewing of pornography. Withdrawal symptoms, such as dysphoric mood, when behavior is stopped, lead to continued sexual behavior of some sort (Cashwell et al., 2016). But SAOB is just a symptom of an underlying problem. A clergy member may be involved in just viewing pornography. The viewing of pornography becomes problematic when it interferes with daily activities. Hypersexual behavior involves excessive indulgence in sexual activity. The media is then used to lead to masturbation. Some clergy may find this type of activity unfulfilling after a while, leading to the use of more complex pornographic material or engaging in sexual acts with women other than their wives. In any case, for a clergy person, any use of sexual material or sexual acting out with women can be detrimental to their ministry when it is discovered or uncovered. When viewed from a power analytical approach, the clergy member is seen as someone who exhibits power over another

person. This places the entire responsibility on the clergy member and does not share it with the victim (Kleiven, 2018).

Lasser (2003) examined common factors of pastors that can contribute to sex addiction. Pastors who come from a family where they experienced some forms of abuse are more prone to become engaged in viewing pornography and progress to acting out sexually, even leading to sexual addiction. As a result, pastors have difficulty distinguishing between guilt and shame (Lasser, 2003). All sex addicts have this issue, but pastors theologize this and do not feel they are worthy of God's grace.

Another factor contributing to a pastor acting out is a victim of rigid spiritual formation that developed from their family of origin or training in their denomination (Lasser, 2003). They feel inferior in the sight of God. A distorted identity of the role of being a pastor and certain parts of a pastor's role contribute to sex addiction. Due to their role in the church, pastors tend to live in isolation with little accountability. Pastors are also trusted to be spiritual giants due to their role (Lasser, 2003). Without a background of training in sexual ethics and constant accountability from other men, it becomes very enticing for men to step through to get entangled in sexual behavior.

Lasser and Gregorie (2010) stated four traits of addiction pertain to the clergy. First, continued use of pornography viewing can cause a clergy's behavior to become unmanageable. Second, continued viewing can result in the development of tolerance, leading to the third trait, escalation. The fourth trait is that the brain produces a neurochemical response that medicates a person's mood.

Clergy-viewing pornography can display immature behavior and narcissistic behavior. Repressed anger can manifest itself in passive-aggressive behavior (Lasser & Gregorie, 2010).

McCall (2002) stated that when clergy struggle with sexual behavior, it manifests in trauma and negative consequences for the family and church. Carnes (1991), a pioneer in the field of SA, suggests part of CSM, which is compulsive or addictive, develops into a dysfunctional coping mechanism for dealing with past childhood trauma and/or dysfunctional dynamics in the clergy member's family of origin. Other researchers suggested that sexual misconduct by clergy is power-driven and manipulated. This is due to clergy being mostly unsupervised and carrying positions of influence and authority, plus having intimate knowledge of members of their congregation (Garland 2006).

Stephens (2013) has shown that pastors struggle with fleshly lust and sexuality, but they need to know that there is help available for leaders. It has been well established that shame plays a big part in persons not seeking treatment. It is necessary to recognize the allure of sex or moral failure may follow. It demonstrates a need to train men preparing for the ministry to prepare them for the temptations they encounter. Men new to the ministry need to have a working knowledge of professional ethics and sexuality in ministry. They need to be trained to practice healthy life and work choices. The person in ministry needs to be comfortable talking about sexuality as well as being aware of their sexuality and sexual needs. Another alternative for clergy training would be an extended internship with supervised training (Seat et al., 1993). The first step would be to ensure clergy know of the services available. There are many ways to show support for clergy by offering time off, prayer support groups, retreats, and other services (Trihub et al., 2010).

Clergy Misconduct

Clergy Use of Pornography

Sexual addiction is an intimacy disorder that is characterized by the development of early insecure attachment. The disorder is seen in individuals who do not adequately experience bonding and attachment in their relationships with primary caregivers (Adams & Robinson, 2001). Reworking their intimate sexual relationships may help individuals reorder their AS, thereby helping them experience more satisfying marital relationships (Zapf et al., 2008). The family of origin suggests that clergy may come from a background of abuse. Carnes (1991) found that a high percentage of sex addicts are victims of emotional and sexual abuse (as cited in Laaser, 2003). One's history of emotional and sexual abuse leaves a pastor shame-based and dependent. Another childhood factor is family-assigned roles and identities that set one up to become a pastor (Laaser, 2003). College students may have a higher prevalence of addictive sexual behavior due to stress, large amounts of unstructured time, and online access, which corresponds to the characteristics of a pastor (Cashwell et al., 2017). Pastor's view pornography due to isolation, the pressure to lead moral lives, the job's emotional stress, and the demands put on their marriages (Gardner, 2001). Riemersma and Sytsma (2013) suggested that current SAOB is the result of chronicity, content, and culture, which, when exposed to sexually graphic material regularly, plus living in a sexually charged culture, can result in addictive sexual behavior. Classic SAOB is an addiction driven by trauma, abuse, attachment disorder, shame-based thinking, and impulse control (Riemersma & Sytsma, 2013). Past trauma and poor attachment in one's family of origin can set one up to look for maladaptive ways to soothe wounded emotions. That is one reason why it is important to discuss openly sexual matters in the training of men preparing for the ministry. New clergy need to know professional ethics and sexuality in ministry (Stephens, 2013). Also, when leaders do not feel adequate love from spouses, it encourages

temptation. Clergy already feel isolated in their ministry. Feeling little love and support from their spouses is a contributing factor, along with early exposure to sex, abuse, or pornography, leading to HB (Onongha, 2018).

Garland and Argueta (2010) identified characteristics of clergy who offend sexually. They identified these clergy as reasonably successful, narcissistic, sexually compulsive, and needing affirmation. Clergy also has power without supervision, access, and accessibility, power of knowledge of church members, and leading people to view them with awe. When clergy have power without supervision, it is a recipe for abuse of power. In helping these clergy, it is essential to address the issues of their sexual conduct and the issue of power that they have as a clergy member (Garland & Argueta, 2010). Sexual addiction is an intimacy disorder that is characterized by the development of early insecure attachment. The disorder is seen in individuals who do not adequately experience bonding and attachment in their relationships with primary caregivers (Adams & Robinson, 2001). The participants create the possibility for clergy to engage in moral misconduct.

Sexual Misconduct

Flynn (2008) discussed cases of women who clergy have been sexually abused. Some felt that the institutional church had failed to protect them. Some lost connection with God, who rules the world, and the God preached in religion. But they maintained a relationship with a personal God. There was a shift away from a pastoral hierarchical spirituality, which depended on church structure due to the church not meeting its needs. They found connection and renewed spiritual strength through family and friends and found God through those human connections (Flynn, 2008). Kurtz et al. (2017) looked at the clergy's spouse and the impact that the clergy's time away and pressures had on the relationship. Clergy spouses experienced grief over the

erosion of the marriage and even felt a betrayal of marriage vows. Some spouses felt the clergy and their spouse's gap was too significant to repair the gap (Kurtz et al., 2017). So, not only does the SAOB affect the person who was involved with the pastor, but also the spouse of the pastor who must deal with a sense of betrayal. This disease affects the individual, spouse, family, and faith community.

Clergy Recovery

The community of faith/believers needs to be compassionate towards clergy who are found to have engaged in SAOB. The church must provide a way of redemption and a road to recovery. Some options in dealing with clergy misconduct are distancing from the pastors or doing nothing. The best option is for the church to work through the issue with transparency, honesty, and compassion. The church and staff need to work through feelings of grief and betrayal. The church should be encouraged to look at the pastors through a gospel lens that offers grace and redemption (Hamilton, 2013). Responsibility for a clergy member's self-care, but also should be the responsibility of the denomination to provide support from stress and isolation (Davies, 2003). Failure to break the compulsive cycle is characterized by self-contempt, shame, and affect dysregulation. To successfully treat sexual addiction/hypersexual behavior, one must develop affect-regulation strategies, confront shame, and develop sexual boundaries (Adams & Robinson, 2001). In a review of treatments, cognitive-behavioral treatment was deemed the most effective method outside pharmacological therapy (Garofalo et al., 2016). There is also a need for ongoing accountability for fallen church leaders in restoring the person to ministry or helping the person transition out of ministry (Laaser & Gregoire, 2010).

A professional with knowledge and experience working with this population must be consulted. Not all counselors are trained in the treatment of HB or sexual addiction. Treatment

must also be provided for the clergy and spouse. If another person was involved with the pastor, they must be treated by a trained counselor. Assistance has existed, but pastors have not sought it out due to shame. The availability of aid has been limited, but in today's society, it is more available.

A pastor needs to be assessed by someone competent to see if SAOB is present. There may not be an addiction, but problematic sexual behavior may be present and needs to be treated. A pastor may feel shame based on internal unworthiness as God sees them (Ahmad et al., 2015). Shame should be the first item discussed in treatment after establishing a trusting relationship with the client. Research by Brand et al. (2019) states that whether a person has a sexual addiction or pornography problems due to moral incongruence does not matter because men who experience either one experience emotional pain, psychological suffering, and significant interpersonal consequences (Brand et al., 2019). The development of secure attachment is essential in the development of healthy relationships. The development of insecure attachment styles leads to a fear of attachment in a relationship, and a person used attachment avoidance, sometimes manifested in out-of-control sexual behavior. With a high level of attachment avoidance, one may rely on themselves and engage in out-of-control sexual behavior.

Out-of-control sexual behavior has also been connected to affect dysregulation (Crocker, 2015). Clergy misconduct should be seen as more than evil intentions or sinful deeds. It is more than a question of right or wrong. Consideration should be given to how the environment plays a part in clergy behavior (Dagmang, 2012). Edger (2010) stated that people praying to God to change them do not take responsibility for their actions. The change in their behavior is their responsibility (Edger, 2010). McCall (2002) made it clear that clergy, like other non-clergy, struggle with the issue of sex and sexual behaviors. This results in trauma and fallout to the

family and the church when the leader falls (McCall, 2002). How to interrupt the misuse of power in clergy misconduct is essential.

The church must listen to the one abused by the leader's power (Kleiven, 2018). Ovwigho et al. (2016) studied spiritual practices and how they affected a person's involvement in moral behavior. The only factor that significantly contributed to a person not engaging in drinking, sex outside marriage, and viewing pornography was Bible engagement. (Ovwigho et al., 2016). In a relationship in which the man commits adultery, recovery starts with forgiveness based on love with a commitment to God and their partner. Then, they introduced religious activity back into the marriage. The couple's willingness to commit and be motivated to healing is essential (Sauerheber & Ponton, 2017). Clergy need to be trained to practice a healthy life and make work choices. Clergy needs to be comfortable talking about sexuality and being aware of their sexuality and sexual needs (Stephens, 2013). The shame and reluctance to discuss sexual issues due to the shame and uncomfortableness attached to sexual matters create problems in educating clergy and helping clergy in dealing with any sexual issues they bring into the ministry.

The church needs to proactively assess and educate individuals entering the ministry. Those persons training for the ministry in seminaries need to be assessed for psychological health and educated about sexual health. Those training clergy must be aware of signs of unhealthy sexuality and utilize community resources to assist in decreasing the chances of CSM (Gregoire & Jungers, 2004). The denominations need to be proactive and provide the training for the ministry education necessary to help individuals avoid falling into SAOB to minimize the need for treatment for CSM. Education goals must include teaching the individual to understand healthy interpersonal boundaries and sexual ethics and recognizing the proper use of power a

clergy member has over their congregants (Stephens, 2013). There needs to be open dialogue in training about sexual issues that may occur while in ministry. There are few or no elective comprehensive courses on sexual issues required (Stephens, 2013). Clergy need to be educated about professional ethics, and these subjects need to be included in the coursework required for each student. Institutions must have policies, such as solid screening programs, background checks, mandatory reporting, and complaint procedures (Garland, 2006).

Recovery for the offending clergy begins with a reasonable assessment by a team of assessors, as it is easy for someone who has narcissistic personality traits to fool one person. Besides a psychosocial interview, the team of assessors should use testing and addiction screening tools to gain a more complete picture of an individual (Carnes & Adams, 2020). Full disclosure is also necessary on the part of the pastor. Telling the truth starts the process of setting the person free. Addiction and SAOB always involve lying to a spouse, so being open and honest begins the healing process (Corley & Schneider, 2012). That is why having a mentor and a group of men dealing with similar issues is essential for helping keep the individual honest with himself and others. The recovery process also includes examining one's core beliefs and how the clergy member perceives themselves. A vital part of therapy is processing any lifelong trauma, loss, and issues of shame and inferiority (Denison, 2019).

After disclosure of their past behavior, relationship counseling is needed along with support for the spouse of the offending clergy member. An essential component of recovery is support for the recovering individual, and a mentor and accountability partner should be required for the fallen clergy member. More than one person is needed as a group of people who have experienced moral failure, which would benefit the individual so they can see that they are not alone in their suffering and recovery (Denison, 2019).

Summary

More than enough evidence shows that clergy are succumbing to sexual temptations while in the ministry. Future research should focus on use by Christians and the consequences for Christians, especially clergy (Baltazar et al., 2010). Because of different factors in a person's background, being a minister does not exempt them from being tempted and falling prey to the devil's attacks. The cause may be trauma or abuse in one's family of origin, insecure attachment from childhood coupled with stress, loneliness, lack of accountability, and moral failure in the clergy's life. There needs to be proper clergy training, which includes open communication about a person's sexual attitudes, ideas, and past sexual behaviors to prevent or diminish the chances of this happening. There also needs to be proper support with systems to assist clergy in staying strong in times of temptation. They need to make pastors aware of these services and that they are confidential. The more sexual matters are avoided, the more pastors fall prey to sexual encounters.

The need for this research is imperative as sexual clergy misconduct appears to be a growing problem, as seen by more reports of clergy misconduct has increased dramatically since 1983 (Schiltz, 2003). The investigation into sexual misconduct among clergy has been minimal. Some gaps and limitations in the research include neglect of the systemic impact and effect on persons outside of the clergy's intrapersonal system. There needs to be more research into how mental health can interact and either exacerbate or buffer problematic pornography-viewing tendencies (Borogona et al., 2018). Instead, the study focuses on the psychological factors related to clergy members themselves (Kurtz et al., 2017). The clergy's profession explicitly needs to examine the various aspects of marital dissatisfaction that can contribute to marital affairs. Another question is why some clergy couples stay together compared to those that

separate, which could provide insight into the best practices for repairing and recovering clergy relationships (Kurtz et al., 2017). The study asked whether a non-church affair is as impactful as a church-related affair. Looking at the clergy of various denominations and religions would be essential. All research is to better inform religious institutions on how to provide training and counseling for clergy to help prevent CSM (Thoburn & Whitman, 2004). The pressures that church ministry puts upon clergy are specific to that occupation.

From the gaps in the research and the questions raised by previous studies, the questions needing to be answered are how one's childhood background plays a part in identifying some problem areas that could be addressed before a person enters the clergy and what personality types can be identified in potential clergy members that can raise red flags before a denomination ordains an individual. Even though HB has been described as the inability to demonstrate healthy intimacy, there is little research on intimacy and attachment patterns about sexual acting out behavior (Crocker, 2015).

In 1993, a survey showed that 70 percent of those surveyed stated they knew of a minister who had had sexual contact with one of their church members (Gross-Schaefer et al., 2011). In 1984, a survey showed that 40 percent of the clergy had sexual contact with a church member, and over 75 percent of ministers knew of a fellow clergy member who had had sex with a church member (Gross-Schaefer et al., 2011).

Chapter Three: Methodology

Overview

This study explored the SAOB of the clergy, which included viewing Internet pornography, masturbation, and sexual misconduct with women who were not the marriage partners of the clergyperson. A transcendental phenomenological methodology was utilized for the study. This approach describes the everyday experience of the phenomena being studied. It attempts to understand the structures of the behavior or the phenomenon. The subject matter is to discover and describe the world in which the subjects work and live (Heppner et al., 2016). The study aimed to determine how the participants' behavior affects themselves, their congregation, and their family.

The study looked at what factors predicated or contributed to a clergyperson's beginning to engage in viewing pornography or sexual misconduct behavior. The purpose of this research was to examine, explore and be able to describe the factors involved in what motivates and predicates a person of the clergy to engage in SAOB. The study examined the factors in their childhood or adolescent years in their family of origin that contributed to them entering a lifestyle of SAOB. This examined any history of trauma, abuse (emotional, physical, or sexual), and attachment style. The study also investigated how the behavior was maintained during their adult years and ministry. The research examined other factors in an individual's life, such as personality and marital relationships. The study used a phenomenological methodology to discuss their behavior's effect on themselves, their ministry, and their family. The study finally determined how the SAOB was overcome.

Design

The study was qualitative with a transcendental phenomenological approach due to the nature of the information sought by the researcher and the method used to gather the information, which is an interview process. I gathered information about the subject's family of origin, a history of trauma, possible past physical, emotional, or sexual abuse, and a prior history before going into church ministry and engaging in the sexual acting-out behavior of the participants. I also gathered information regarding the subject's current ministry situation and the state of their marital relationship. The information collected provided the necessary information to seek out patterns of behavior that led to SAOB by clergy members.

The term phenomenology was used by Hegel, who came up with a well-defined technical meaning of the term. Phenomenology is to gain knowledge from one's consciousness by asking the subject to describe what the subject perceives, senses, and knows about the experiences of which they are aware (Moustakas, 1994). Descartes, not Hegel, greatly influenced Edmund Husserl in developing a conceptual framework of transcendental phenomenology and the concept of epoché. Epoché is a concept whereby the researcher seeks to eliminate suppositions, prejudgments, and biases and nullify previous knowledge and experience. I identified my suppositions, prejudgments, and biases to identify if they came into play during data collection and analysis. The study sought to gather information objectively from the participants' experiences without biases or my past experiences tainting or altering the information collected from the participants. I was looking for those experiences that may have contributed to the person being traumatized and being exposed to sexual situations in their lives. Husserl sought to elicit from the participants what they thought, felt, and perceived of a phenomenon (Moustakas, 1994). This was my goal as I interviewed the participants.

Research Questions

1. How would participants describe their experience in terms of the phenomenon?
2. What contexts or situations would participants say influenced or affected their experiences of the phenomenon?
3. What meaning would clergy members ascribe to their SAOB?
4. How do clergy members describe their experiences from their family of origin that would contribute later to SAOB?
5. How do clergy members describe the quality of their marriage relationship and how it may relate to their sexually acting behavior?
6. How do clergy members describe the responsibilities in their church roles that may contribute to their SAOB?

As a phenomenological researcher, my research questions were constructed to elicit information from the participants to provide an understanding of the everyday lived experience of the persons being interviewed. The data was elicited through semi-structured interviews in which open-ended questions were posted to the participants, and follow-up clarification questions were based on the structured questions' answers. The interview also contained some specific questions to gather more concrete answers. All the questions collected information on what it was like to live in their experience. I allowed the participants to use their language and ask for clarification. The goal was to learn what the individual had experienced and become an observer of that person's life.

Appendices A and B contain the initial questions that were asked of the participants. The first several questions in Appendix A were specifically closed-ended to gather specific data about the individual's demographic information. After that was complete, the participants were

asked open-ended questions, which helped them understand the everyday lived experiences of the phenomenon and what those experiences meant to that individual (see Appendix B). Data collecting aimed to describe the essence of the experience, not to offer theories or interpretations. There were at least one to two interviews, one to one and a half hours, to ask questions even when more than one person related a similar experience. I asked more probing questions to explore all aspects of a particular topic to ensure that all aspects were exhausted, and no more perspectives were found.

Setting

The setting was in my office, as all the interviews were conducted via Zoom/Microsoft Teams or telephone. Most participants were in other states than where I am. Once the participants were enrolled in the study, times were scheduled to conduct the interviews. I preferred to conduct an in-person interview on Microsoft Teams to observe the participants' bodily reactions. The participants were individuals who have been clergy in a Protestant denomination. I thought I would discover that the individuals were no longer engaged in religious or church ministry but found that some had returned to church ministry. Great care was taken to keep their names and organizations confidential and secure. Pseudonyms for all individuals and institutions are provided in this section as well.

Participants

Recruitment of Pastor Sample

A sample size of nine participants was recruited from current or former clergy members from Protestant denominations who were recruited from referrals from Christian counseling organizations or other sources that had worked with clergy who had incidents with SAOB or been diagnosed with sexual addiction. I had networked with people who, when told what I was

writing about, told me to contact them when I was ready to recruit participants for my study, and they would put me in contact with possible candidates for this study. The participants were over 25 and married for at least five years. These requirements provided enough time to gather enough information about SAOB in a participants' life. The five-year marriage requirement provided enough information about the participants' marital relationship. Those who self-identified with a Protestant denomination and met the diagnostic criteria for HB or SA took the Sex Addiction Screening Test-Revised (SAST-R). From the scoring criteria, anything over an eight indicated SA issues. The test evaluated addictive dimensions such as preoccupation, loss of control, relationship disturbance and affect disturbance. The participants took an online screening test in the privacy of their own homes and reported the score to me via email. They emailed me a score that was not specific, so confidentiality was not compromised.

The participants entered the research study voluntarily. The participants signed the consent and confidentiality forms permitting participation in the study before the interview began. The participants in the survey were individuals who have stopped the compulsive sexual practice or addiction to HB. Given the nature of qualitative research, pseudonyms were provided. After the initial brief interview, the researcher determined if the individual qualified for the study. Attachment styles and trauma (physical, emotional, sexual) were clearly explained to the participants. The participants were able to articulate the lived experience of their SAOB, history of trauma, and other childhood experiences pertinent to the study to be eligible for the study, which was determined during the initial brief interview.

Results suggested that the SAST-R measured a single construct with excellent reliability and acceptable convergent and divergent validity. The SAST-R is an assessment tool with 45 questions. If the individual scored eight or more on the assessment tool, they qualified to

participate in the study. The person was then offered an invitation to take part in the study. They were interviewed using a semi-structured interview regarding their childhood background, past SAOB, and a discussion of how they stopped their SAOB—due to the length of the process of gathering information from the participants' examined many aspects of their lives. The interview process was divided into two possible semi-structured interviews that lasted one to one and a half hours. The participants were not compensated for their participation in the research study.

Procedures

Each participant was interviewed individually once or twice for the study due to the information being collected. During the interviews, the structure was semi-structured. The first part of the interview process was introductions, rapport-building, trust-building, and early family history. The second part of the interview process included specific open-ended questions that were asked in this part of the interview (see Appendix A). There was a time for the participants to share further information or experiences. Each session lasted approximately one to two hours. The sessions were audio recorded, and notes were taken of any observations (body language, tone of voice, etc.) I noticed this during the interview. The interviews were recorded and transcribed via Microsoft Teams. The transcriptions of the interview are securely locked in a safe.

The purpose of this research was to explore and be able to describe the factors involved in what motivates a person of the clergy to engage in watching pornography or engaging in SAOB. The behavior exhibited contradicted biblical principles and the code of conduct for a person in the pastoral ministry. I wanted to understand how an individual in the pastoral ministry could be in ministry and continue to exhibit HB, in which a phenomenological methodology was used. Phenomenology aims to "produce an exhaustive description of the phenomena of everyday

experience, thus arriving at an understanding of the essential structures of the 'thing itself,' the phenomenon" (Heppner et al., 2016, p. 388).

As a person who, in the past, struggled with HB, I am expected to set aside feelings, preexisting knowledge, experiences, and judgments about the phenomenon. I attempted to have a fresh and unbiased view of the subject (Heppner et al., 2016). A researcher cannot be impartial but must be aware that the researcher must consider biases when collecting and analyzing information because of one's past experiences. This was a part of the framework of the study. The goal was to attempt to focus on the pastors' lived experiences being interviewed to see the phenomena from their perspective.

The study used purposive sampling. I started with specific perspectives concerning the study. Therefore, I sought individuals to fulfill the study's full range of perspectives. According to the study's framework, contacts referred participants to alleviate bias on the researcher's part. The interviews took place via media such as Zoom/Microsoft Teams or phone interviews. Each participant was guaranteed that the information they provided in the study would be kept locked away in a safe place to ensure their confidentiality, and details in the paper would be written not to reveal any identities.

Researcher's Role

My role as the researcher was to ask the participants questions that stimulated storytelling in which they detailed their experiences and perception of their experiences going from childhood to the present time. The participants talked about their childhood experiences and any forms of abuse or trauma. They outlined their history of SAOB and their perceptions and feelings regarding their SAOB. Each statement was of equal value, and the nonrepetitive and nonoverlapping statements were meaningful discretions of the participants' experiences.

My experiences of struggling with an SA for over twenty-five years allowed me to understand the struggles of the clergy involved in this study. I put aside any preconceived ideas of the shared experiences between the participants and me in the study. During the data collection, one way of not influencing information collection was to refrain from asking leading questions designed to elicit information I thought was necessary or like my own experiences. My goal was to provide space for participants to tell their stories from their point of view without my influencing what content or direction the story took. During the interviews, I remained cognizant of my biases, prejudices, and beliefs.

Data Collection

Information was also gathered from the results of the SAST-R. Next, the bulk of the data was collected using one or two extensive semi-structured interviews. The written letters were possibly used to stimulate further discussion, and some individuals articulated better in written form than verbally.

Interviews

The interviews with the participants were conducted via phone or other mediums such as Microsoft Teams or Zoom. The interviews were recorded, transcribed, and stored safely to protect confidentiality. The participants engaged in one or two hour or one-and-a-half-hour individual interviews with the researcher. The first session began by establishing rapport with the participants and asking some of the research questions listed in Appendix A. The second session, if necessary, included asking the rest of the questions in Appendix A. An interview is a social interaction based on a conversation between an interviewer and an interviewee to attempt to understand the world through the participants' point of view (Creswell & Poth, 2018). During the

interview, I attempted to hear from the interviewee how he has experienced his world and phenomenon.

Interview Questions

1. Please introduce yourself to me as if we just met one another.
2. Please walk me through your worldview development timeline.
3. Which formative experiences you identified on your timeline were the most significant?
4. What made the experiences significant?
5. Is there something else you would like to add to your timeline that you have not disclosed?
6. Experts suggest that people are often unaware of their worldview and its influence on their lives and choices. On a scale of one to five, with one being very unaware and five being completely aware, how aware are you of your worldview and its influence on your life choices?
7. Describe your worldview.
8. Describe in detail your first sexual experience on the computer. With another person?
9. Describe in detail your relationship with your mother.
10. Describe in detail your relationship with your father.
11. Describe in detail any trauma (physical or emotional) you may have experienced in your childhood, if any. Define trauma to the participants.
12. Did you ever experience any trauma (sexual) by a family member, or someone known by the family? If so, please describe.
13. What was your first sexual experience with another person, and at what age?

14. Did you view pornography? If so, when was your first time viewing it?
15. Do you believe that you have used sexual acting out as a coping mechanism? If so, how have you used sexual acting out as a coping mechanism?
16. What was a triggering event that participated the onset of your sexual acting-out behavior?
17. Describe your marital relationship with your wife. Has it affected your SAOB? If so, how?
18. Did the role of the pastor in the church play a part in your SAOB? If so, what role?
19. Describe in detail circumstances in your ministry or life that contributed to maintaining your sexual acting-out behavior.
20. Describe in detail your sexual acting-out behavior.
21. What circumstances led to your seeking help with your sexually acting out behavior?
22. Is there anything else about what we talked about today that you want to add to our discussion?

Questions one through seven were knowledge questions designed as follow-up questions to the worldview development timeline previously created and submitted by the participants. These straightforward and non-threatening questions established rapport between the participants and me. The questions were adapted as necessary for each participant based on the data received from their timelines. Questions eight through thirteen give me a history of their past sexual experiences and a history of their family of origin. Question fourteen invited the participants to reflect on his SAOB as a coping mechanism to deal with stress and numb any feelings of trauma. Question fifteen invited the participants to look at his SAOB and what events or thoughts triggered their SAOB. Question sixteen allowed the participants to discuss his marital

relationship and how it may have contributed to his SAOB. Question seventeen let the participants verbalize how the stress and responsibility of being a church pastor contributed to his SAOB. Question eighteen allowed the participants to voice any other factors or life events that may have contributed to their SAOB. Question nineteen allows the participants to fill out the details of the SAOB. Question twenty let the participants tell the story of what prompted their recovery and what steps were taken to begin the recovery process.

Data Analysis

In interpreting the data, I was aware of any perceived biases I brought into the research. In phenomenological data analysis, the researcher begins with a situation experienced by the participants. Through intentional analysis, I attempted to exhibit an empathic understanding of the individual's lived experiences (Heppner et al., 2016). I was receptive to every statement made by the participants and gave equal value to every statement (Moustakas, 1994). I needed to decide which tradition to follow when conducting their analyses and clearly state the steps of the analytic method in their research methodology section (Heppner et al., 2016).

This research intended to gather information about the participants regarding the starting of HB and what compulsions maintained this behavior even when confronted with cognitive dissonance as the behavior violated their values and beliefs. The research intended to find the underlying causes and motivations that began the SAOB and what contributed to maintaining the behavior despite many opportunities to stop the behavior. The HB is just the symptom, but many underlying issues fuel the action.

In analyzing the data, phenomenological researchers examine the phenomenon of interest from every possible angle to fully describe the phenomenon's essence (Heppner et al., 2016). Statements of meaning were put into themes. I then synthesized the meaning units and themes to

describe the experience. I constructed a composite of all the participants' experiences from all the individuals' descriptions. I integrated all the descriptions into a universal description of the expertise representing the whole group (Moustakas, 1994).

The exhaustive descriptions provide the readers with an understanding of the lived experiences' essence and represent a phenomenon's unifying structure (Heppner et al., 2016). The goal was to describe the themes that surfaced in the individuals' stories in the study. This was done by building on the data from the research questions and highlighting significant statements, sentences, or quotes from the participants that expressed their experiences of the phenomenon (Creswell & Poth, 2018). I then used the statements to find themes to write a description of what the subjects experienced, which is called textual description. Creswell and Poth stated that they were also used to write a description of the context or setting that influenced how the participants experienced the phenomenon, which is called structural description or imaginative variation (Creswell & Poth, 2018). I also used invariant constituents to analyze all the participants' experiences... "to determine the significant, relevant, and invariant meanings that provide living descriptions or highlights of the experience" (Moustakas, 1994).

Moustakas suggested that researchers write about their experiences with context and situations that have influenced their experiences (Creswell & Poth, 2018). Using a phenomenological approach, I obtained a complete description of my experience of the phenomenon (Moustakas, 1994).

Trustworthiness

The trustworthiness of this study was based on the validity and reliability of the data collected from the participants. The information gathered from the participants interviews was analyzed to establish credibility, transferability, confirmability, and dependability. I conducted

the research rigorously and methodically in a precise, consistent, and exhaustive manner to yield meaningful results (Nowell et al., 2017).

Credibility

For the researcher to be confident that the research findings are valid, the data triangulation method was used. I tested one source of data from one subject against data from others. I also looked for patterns of thought and behavior among the subjects with thick descriptions (Creswell & Poth, 2018). Creswell stated, "When qualitative researchers locate evidence to document a code or theme in different data sources, they are triangulating information and providing validity to their findings" (Creswell & Poth, 2018). I utilized the member checking strategy to support credibility by sharing with the participants the final draft of the dissertation to make sure their ideas were recorded accurately.

Dependability and Confirmability

To establish dependability in the research, I used an inquiry audit called an external audit. I enlisted a fellow knowledgeable in data collection and analysis to examine and review the research process and data analysis to ensure the findings were repeated and consistent. The conformability of the research was based on the responses elicited from the participants. Based on my background and experience, I refrained from any bias based on my previous background and experience in this area of SAOB and SA. An audit trail was provided to ensure that my bias did not occur, demonstrating that every step of the data analysis was made to provide a rationale for any decisions I made.

Transferability

Due to the explicit details in the methodology section, the qualitative study's methods and results apply to other studies in other contexts. The participants interpreted a thick description of

physical behaviors and their context. The methods section detailed each step taken and the rationale for each step. A future researcher can follow the methods used to choose the study participants. The research questions were specific and reproducible, and the data analysis methods were clear and precise so that future researchers could duplicate the methods, resulting in a reproducible study.

Ethical Considerations

Ethical practices were incorporated throughout the entire process of conducting the different phases of this study to ensure the safety of the participants. First, I sought approval from the university's Institutional Review Board (IRB) by submitting the proper forms. Once approved, participants sought through networking established through my relationships. I contacted possible participants and informed them of the study's general purpose. The study was designed to gain valuable information and knowledge of what induces a clergyperson to engage in watching pornography or engaging in SAOB. The participants were informed that they were not pressured to participate in this study and that their participation was voluntary (Creswell & Poth, 2018). The participants were asked to sign an informed consent form for IRB purposes that delineated the risks and benefits inherent in the study. (Creswell & Poth, 2018). Participants were informed they could withdraw from the study without penalty or reprisal.

Effort was made to store data and materials using appropriate security measures. Every effort was made not to disclose any information that would be hard for any participants (Creswell & Poth, 2018). All sites were maintained as interviews were conducted via phone or other outlets such as Microsoft Teams or Zoom. No deception was used to convey to the participants the nature of the study. Full disclosure and transparency were transmitted to the participants. Each participant was offered an opportunity to obtain a summary of the research

findings and verification of the participants' data. The principle of beneficence was achieved by all participants being cognizant of and in agreement with all participation requirements of the study. During the study, I was aware of both internal (awareness of self) and external (observation of participants) behaviors that might have caused concern to the participants (Lemmon, 2018).

Summary

This study was a qualitative one with a transcendental phenomenology approach. The purpose of this research was to explore and be able to describe the factors involved in what motivated a person of the clergy to in SAOB. The study examined the predicting factors that lead a clergy member to behave contrary to their belief system and values. Prospective participants were evaluated to be eligible for the study through a 45-question test and a short interview with me. The space was my office, and the interviews were conducted via Zoom/Microsoft Teams or telephone. The information was gathered through a series of set questions in two or three semi-structured interviews. Every effort was made to ensure confidentiality and the validity of the information collected through the interviews. I sought IRB approval, and my interactions with the participants were honest and transparent.

Chapter Four: Findings

Overview

The purpose of this phenomenological study was to understand and be able to describe the factors involved in what motivated a person of the clergy to engage in sexually immoral behavior. The nine participants in my study were all men and current pastors or former pastors who described a history of their lives in which they were involved in sexual behavior unbecoming of a clergy member. The sexual acting out behavior (SAOB) is incongruent with the teachings that they espouse in their preaching and teaching to their congregations. The sexual misconduct ranged from an addiction to pornography to physical, sexual encounters with women and men other than their wives. The other sexual behaviors included voyeurism, sexting, chatting, meeting with prostitutes, masturbation, sexual fantasy and homosexual behavior.

There were nine participants (see Table 1). The nine participants ranged in age from 46 to 73. All nine participants were married. Seven of the participants have only been married once. The other two have been married at least twice. The male participants were pastors or former pastors from various protestant denominations, including Southern Baptist, Methodist, Assemblies of God, Salvation Army and Nazarene.

The participants' family of origins ranged from unstable, non-loving homes to stable, loving homes, with some being emotionally abusive and dysfunctional homes. Some of the participants had experienced sexual abuse in their childhood. Many of the participants entered adulthood with an insecure attachment, having developed it in childhood and the teen years. The causes of the insecure attachment ranged from an emotionally distant parent to a chaotic household environment. A few participants reported being raised in a household where they described having two loving and supportive parents.

Table 1*Demographics*

Name	Age	Times Married	Religion	Stable Home	Sex Abuse	Secure Insecure	Still Pastor	Physical Abuse
Gene	59	Two	Southern Baptist	No	No	Insecure	No	No
Roger	49	One	Assembly of God	Yes	No	Secure	No	No
George	55	One	Baptist	No	Yes	Insecure	Yes	No
Nathan	43	One	Baptist	Yes	Yes	Secure	Yes	No
Sam	56	One	Free Will Baptist	No	No	Insecure	No	No
David	73	One	Nazarene	Yes	Yes	Insecure	No	No
Fred	52	Two	Salvation Army	No	Yes	Insecure	Yes	No
Lonnie	63	One	Southern Baptist	Yes	Yes	Insecure	No	Yes
John	46	Three	Methodist	Yes	No	Insecure	Yes	No

The introduction of the Internet opened the door for more SAOB as pornographic material was more readily available, affordable, and anonymous (Hall, 2018). There are examples of SAOB (see Table 2). Two of the participants reported talking in chat rooms with women. This resulted in meeting the women for sex. Three of the participants engaged in sexting, where they exchanged pictures and had video sex. Five of the nine participants were addicted to pornography. The other participants utilized pornography occasionally but mainly used the Internet to chat with women in chat rooms and arrange meetings for intimate sexual relationships. Two of the participants were intrigued by prostitutes and used them for sexual pleasures. Other SAOBs exhibited by the participants on occasion were phone sex, masturbation, sex video and watching videos in an adult bookstore. One participant had a three-year affair with someone on the staff of their church.

None of the participants admitted to their SAOB and only sought recovery after they had been exposed. The participants' SAOB was exposed through their spouses discovering

incriminating material on their phones or computers. Three participants were discovered by people outside their family or the church, who contacted church leaders and exposed them. One participant was exposed by a staff member who took the information to the church leaders. One of the participants was exposed by being arrested in a prostitution sting raid. Two of the participants were threatened with exposure to the texts and pictures they shared.

Table 2*Examples of Sexually Acting Out Behavior*

	1	2	3	4	5	6	7	8	9	10	11	12
1 Name												
2 Porn												
3 Chat Rooms												
4 Sexting												
5 Sexual Intercourse												
6 Prostitutes												
7 Affair												
8 Sex men												
9 Masturbation												
10 Fantasy												
11 Sex Videos												
12 Porn Store												
George	Yes	No	No	No	No	No	No	No	Yes	Yes	No	No
Roger	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	No
Sam	Yes	No	No	No	No	No	No	No	Yes	Yes	Yes	No
Lonnie	No	No	No	No	Yes	No	No	No	No	Yes	No	No
Fred	Yes	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	Yes
Gene	Yes	No	No	Yes	Yes	No	No	No	Yes	Yes	No	Yes
John	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	No
Nathan	Yes	No	No	No	No	No	No	No	Yes	Yes	No	No
David	No	No	No	Yes	No	Yes	No	No	No	No	No	No
Total	7-Y	3-Y	2-Y	5-Y	2-Y	2-Y	2-Y	1-Y	7-Y	8-Y	1-Y	2-Y
	2-N	6-N	7-N	4-N	7-N	7-N	8-N	2-N	1-N	8-N	7-N	

Participants

George

George is a male in his 60s, married to his first wife. He was a Southern Baptist pastor for over 20 years. George was raised in a household where there was a lot of chaos. This was due to a father who was an alcoholic, chain smoker and addicted to prescription drugs. George said, "My father spent 90 percent of his time in his room." George described his father as distant and emotionally and physically not involved with his children. George stated, "He didn't attend my high school graduation or any of my sporting events." He said his father did not attend his wedding. He said, "My mother was supportive but not a lot of closeness. There was a lot of turmoil in the family." George also stated that his mother was preoccupied with attempting to keep her husband's issues private. The mother would occasionally leave the home for a day or two days when she was upset at her husband. George found out at age five that he had been adopted and related feelings of abandonment.

George related some childhood memories, such as being involved in a series of car accidents with his father while the father was drinking. After that George said, "I had to drive my father around because he never got his license back." He also related being sexually abused at age six by a brother and sister in the neighborhood who were about 11 years of age. George's first encounter with pornography was at age 12 or 13 when he discovered a Playboy or Penthouse magazine. George stated, "That just talking about it now gives me a tingling feeling." From that point on, he described a rich fantasy life accompanied by masturbation, even though he did not again engage in pornography until college. After marriage, there was no pornography use from 2004 to 2012, even though there was fantasy and masturbation. In 2012, George stated, "When I got my cell phone, that's when things got really bad." When I was under stress, or I was

feeling down or emotionally distraught I would use pornography to medicate myself." When he lost his job, pornography viewing increased until he was caught by his wife.

Lonnie

Lonnie is a male in his early 60s and a former pastor. He is married to his first wife. He was a Southern Baptist pastor for over 30 years. Lonnie said, "My mother was not hugging or loving. There was not a strong emotional bond." He said she taught her children that sex was shameful. His father was diagnosed with PTSD, but he was a good provider and supportive of Lonnie's endeavors. Lonnie stated that neither the mother nor father expressed any affection.

Lonnie described his childhood as traumatic because of the many physical difficulties he experienced. Because of the teasing due to his physical ailments, he described feeling isolated. Lonnie said, Due to the problem with my legs that's why I couldn't run, and I could barely walk. And so, it was painful, and kids made fun of me.

When he was five or six years old, he related being physically abused by his dad's friend, who would babysit him and his brother and threatened to kill him if he told his father. At age nine, he was sexually abused by a neighbor who was 12 years old. He stated that this incident with the 12-year-old boy only happened once. The participant stated that he has never viewed pornography but described viewing sensual pictures. He equated sex with feelings of shame.

Lonnie's SAOB covered nearly 30 years. It consisted of being with prostitutes regularly. During his time with the prostitutes, he said he never took off his or their clothes. He described that while he was with the prostitute, he would talk with them. They would physically hug, touch and rub their bodies together with their clothes on. He never touched them in their private areas. The prostitutes never touched him in his private area. There was some kissing on the neck but never on the lips and no touching of non-sexual areas. This touching was enough to get him to

the point of ejaculation. Lonnie's SAOB was discovered by his wife when she looked at his phone when a text came through and saw it.

David

David is a male in his 70s who was a pastor for over 30 years. He is married to his first wife. He described his home life with a mother who was very demanding and had high expectations for grades and work ethic. David stated his mother's love language was working and cleaning the house. She was not very verbal and talked in the negative. David stated my mom told me I was a homely kid," "If you grow your hair long, you will be especially homely." He said, "My mother had me convinced that no girl would want to go out with me." He said he never doubted that she loved him, but there was little emotional or physical attention. David described his mother as emotionally abusive. There were very few signs of approval or acceptance from his mother. She was the parent who meted out the discipline but did so with anger. David described his father as a splendid man and that they had a close relationship. He had a high regard for his father. He stated that he was emotionally close with his father but offered no more of an explanation. David said he could talk with his father and was involved in his activities. At five years of age, he was hit by a car and experienced migraines till he was 20 years old. At age 14, he was exposed to pornographic magazines by a neighbor. Throughout high school, he stated that he did not touch a girl because his mother convinced him that no girl would want him. He would occasionally look at men's magazines at the bookstore. David said he did not have any SAOB other than looking at magazines. He married his wife before his senior year in college. David said his wife was not very sexual and felt rejected. He stated, "But down deep, I wasn't loved, and it didn't matter."

Nathan

Nathan is a mid-40s male married to his first wife. When I asked about his relationship with his mother, he had a long pause before saying he had an okay to good relationship with her. He felt that his mom was emotionally supportive. Nathan stated that he had good memories of his mom. She would listen to him. He described his dad as the dictator, as the family called him. What he said went without question. Nathan said, "My dad loved and respected my mother." Nathan stated that he had a good childhood and knew his parents loved him. His dad caught him masturbating when he was nine or ten and told him it was wrong and bad and that he would be disciplined if he caught him doing it again.

Nathan was not sexually abused in childhood. The discipline he received was appropriate. He told me he was called the "goody too shoes" in school. He said he had this deepest longing for love during his growing-up years. In his mid-teens, he was looking for a girl to fulfill his need for love. In his junior year in high school, he said he had dated a girl for almost a year and had bought her a diamond promise ring, but a week before he gave it to her, she told him she wanted to date other guys. Nathan stated he then dated several girls but was always the one who got dumped. He had a fascination with women's breasts. He said, "I was looking for a woman and I would fantasize and had a desire to be loved." After marriage, he said his wife was not very interested in sex. He stated, "I've got to be good for something and that has always identified with me of a yearning through the sexual act." Nathan started watching pornography on the Internet and masturbating sometimes two to three times a day.

John

John is a male in his late 40s married to his third wife. When asked about his relationship with his mother, he stated she was a saint, his best friend and well-respected in the community.

His father was emotionally cold, but he felt that his father loved him. John related that when his parents argued, they would shut down as their coping mechanism. He described a childhood with no abuse of any kind. John said he could not have asked for a better childhood.

Growing up, John said he had his first exposure to pornography at age 10 or 11. "I never really got into a pattern of looking at pornography because I would get bored of it. I mean, it would excite me for a while, but what really turned me on was chatting with women online." John continued, "My psychological journey really begins in young adulthood with dating and getting married." John had two divorces within three years. "And the rejection there is what put me in kind of this tailspin of low self-esteem and unhealthy boundaries and not feeling like I could ever find a woman that would love me. I was feeling unloved and unworthy after my first divorce and going to bars was out of the question as a youth pastor, so I went online looking for women. I wanted my emotional needs met by women." John said he feel unworthy and unloved. Ministry when it was stressful would lead to despair and depression. He related those stressful factors in his marriage led to SAOB. John stated, "it was a lack of not having healthy coping skills." He stated, "I did some very shameful things." One was having a two-year online affair. He said he did not realize the grip of his addiction.

Fred

Fred is a male in his 50s, married to his second wife. He described his childhood as witnessing verbal abuse between his mother and father. It was almost a violent relationship. Fred explained that his communication with his parents was superficial and that there was an emotional wall between them. Fred explained, "My mother could be mean and ugly every day." He stated he was closer to his father but could not converse deeply with his parents. Fred said

there was no physical trauma experienced in his childhood. Sexual abuse presented itself at age nine or 10, with his older brother sexually abusing him for about a year.

His first exposure to pornography was at age 10, even though he had started masturbating at age nine as it was a good escape from the stress at home. His mother thought sex was dirty. From age 10 to 17 or 18, his sexual activity mainly consisted of masturbation and fantasy. Fred felt drawn to same-sex attraction. At age 18, he began going to adult bookstores and watching gay pornography. During his teen years, he struggled with his sexuality. Fred stated, "I had depression due to my struggle with my sexuality." His SAOB was pornography and masturbation, plus sexual relationships with women and men. He was married to his first wife for twenty-three years. His first wife was a master manipulator, just like his mother. He was single for fifteen years and had affairs with men. Fred said he left his first marriage for a man during that time. He left relationships with men and married a woman he has been married to for almost ten years. Fred had struggled with his sexuality with a lot of shame. During his first marriage Fred served in ministry. He left ministry for a few years till he returned during his second marriage.

Sam

Sam is a male in his early 60s, married to his first wife. Sam said, "My mother cared and provided for me but was co-dependent on me and manipulated me." He recalled his mother would get upset when the response was unexpected. Sam stated that his mother did not know how to ask for things directly but would hint at what she wanted. He described their relationship as having unhealthy boundaries but did not elaborate. Sam said, "My mom became clingy when I was about to leave home." He described his father as distant and only interested in his son's

activities if it was something the father was interested in; otherwise, he did not have time for Sam. Sam reported that his father had very little time for him at a young age.

When Sam was about nine or 10, his father and mother divorced. When staying with his father his father would bring women home. At age 11, Sam was first exposed to pornography. He would watch videos and go to the drive-in to watch X-rated movies before age 18. After he was married, pornography viewing was mildly present and would go in cycles. He could even go a year or two between viewing pornography. Sam stated, "When the Internet became available, my pornography usage increased. My usage was sporadic but lasted for longer periods. I would stop because I would feel ashamed and convicted of his SAOB. Sam related a lot of shame and guilt." Because of his SAOB, he would isolate and keep secrets. He stated, "Being a pastor is like being on a roller coaster." Sam had pictures and videos he would to which he would masturbate.

Roger

Roger is a male in his 50s married to his first wife. He painted a picture of a loving home with parents who presented themselves as models. His mother was a teacher and a principal and was very loving and affectionate. His father was a pastor, missionary, and evangelist who was very successful. He stated that his father was intense, assertive, talented, and intelligent. Roger stressed that his father was very successful, affectionate, and had a tender heart.

Roger reported that there was no emotional, physical, or sexual trauma in his childhood. The only trauma described was a car accident in which his parents almost died when he was 3 years old. Roger said he had been exposed to pornography at age 14 when he found a pornographic magazine in the forest. But it was not until his junior year in college that sexual thoughts and sexual activity started. He described at age 20 that he walked in on his college roommate masturbating.

Roger and his wife married when he was 24 years old. Roger stated, "I married her mainly because I was horny as heck." He said he was unprepared for marriage and that his marriage was the only hard thing in his life. Roger recalled that his SAOB was the result of his problems with his wife. He said he encountered internet pornography when he was about 30. Roger stated there have been multiple crises in his marriage. He had sexual encounters with women he had chatted with online and had an affair that lasted about two years. He stated that he would talk to three or four women online at a time. The husband of the wife he was having a sexual relationship exposed him to his church.

Gene

Gene is a male in his late 50's who is married to his second wife. Gene described his relationship with his mother as strained. By the teenage years it was very strained. He stated that his parents' marriage was very rocky. His parents spilt up when he was in the second grade for 6-9 months. He said his parents finally divorced when he was in the seventh grade. Gene stated, "I had no memory of warmth from my mother." He stated, "Mom told me that she wished I had a personality like my brother." Gene also said that he had no memory of an emotional connection with my mother. Gene told his mom, "I don't want any men staying with us." He said a man came and stayed four years. He was an alcoholic. Gene said, "She would get mad and explode and then everyone else would have to deal with it." He related that when parents were splitting up there was a lot of fighting. "It was awful." Gene stated that his father was not very present in his life.

At age 13 Gene found Playboy magazines and masturbated as much as possible. He stated he had no sex with a girl until age 19. He got married at age 21 but the SAOB continued. Gene started seeing prostitutes about six years after getting married. At age 35 Gene started

watching internet pornography. Eventually Gene was caught with a prostitute and his wife eventually divorced him.

Themes

Theme 1: Validation

Acknowledging and accepting another person's ideas, emotions, experiences, and actions as reasonable is known as validation. The ability to acknowledge and accept one's own ideas, feelings, experiences, and behaviors as reasonable is known as self-validation.

Theme 1 was verbalized by every participant (9/9), saying they did not feel validated by others as important. David stated, "I don't think my parents ever awakened and said, 'What do we need to do for David?'" He went on to say, "I did not receive validation from my wife, so I found it in another women." In fact, he stated that his sister is in her 70s and still battling the wounds of their mother. He stated that his wife's love language was keeping the house clean and that he did not feel he could talk with her and receive emotional comfort, so he found it in someone else. Nathan said, "I've got to be good for something, and that has always identified with me of a yearning through the sexual act. He said to his wife, "I have this desire to be worth something sexually, you know." John said, "The rejection there is what put me in kind of this tailspin of low self-esteem and unhealthy boundaries and not feeling like I could ever find a woman that would love me." He stated he was rejected by several girls in high school and then had two divorces in three years.

George, who found out he was adopted and received little emotional support from his mother, responded that he did not feel validated growing up. When talking about his birth parents, he stated, "Why would my mother and my father not want me?" George said he struggled with abandonment issues. George also related that there was so much turmoil in the

home that his mother had little time for him as she was preoccupied with taking care of his father, who had addiction issues.

Lonnie, who grew up with emotionally cold parents and experienced several physical difficulties, did not feel validated. He stated that he felt isolated.

Gene's mother told him he had to be perfect and wished he had his brother's personality. Gene stated, "I just wasn't welcome with him." This was when Gene was discussing his relationship with his father. Gene stated, "I had a need for validation that was big."

Sam stated that his father had little to no time for him. His father eventually divorced his mother.

Fred did not feel validated by his mother because of his same-sex attraction. Fred stated, "I just remember her saying that sex was dirty and what I was doing was bad and that if I didn't stop, if I died, I was gonna go to hell."

Eight participants who verbalized not feeling validated by their significant others in their childhoods talked about the lack of emotional support and attention from their significant others. Of my interviews, nine out of nine participants expressed a lack of validation using that exact word, or when asked if they felt he had been validated, they responded with a no answer (see Table 3).

Theme 2: Parental Relationships Contributing to Developing an Insecure Attachment

Six out of eight participants experienced insecure attachment in their lives. Insecure attachment is generally associated with insensitive parenting. This can happen when a parent engages in invasive conduct, which includes failing to recognize their child's cues, being stiff or controlling the course of conversations, turning down their requests for comfort or attention, being distant or hostile, or showing inconsistent availability to their child (Clinton & Sibcy,

2002). Flores (2004) states the emotional availability of the parent is the important factor. It is how a parent is with a child that is more important than what a parent does.

David described his mother as very demanding. When I asked if she met his emotional needs, he responded with a no.

Fred talked about his parents being very verbally abusive toward each other. He stated, "I mean almost a violent relationship." He said, "There were times when I had to step in between my mom and dad." He described his mother as being mean and ugly and very quick at times. There was an emotional wall in the home.

Sam reported a home that did not lend itself to being emotionally close. His father was described as distant, and his mother was manipulative and had unhealthy boundaries.

Lonnie described growing up in a home with a mother with no strong emotional bond and a father who had PTSD from the war. "There was no affection or hugging in the home."

George grew up in a home with an alcoholic father and a mother who was preoccupied with her own issues. Many secrets were being kept in the family from outsiders. George stated, "Us kids were sidelined."

Gene told a history of a strained relationship with his mother. He said that his parents had a marriage that was in turmoil. The marriage ended when Gene was in seventh grade. He stated, "When my parents split up, there was a lot of fighting. It was awful."

John felt his sense of insecurity and low self-esteem began in his early teen years with experiencing rejection by several girls in high school and then two divorces in three years. John reported, "With women, there was a lot of rejection."

Theme 3: Triggers that Lead to SAOB

Conflicts, unfavorable feelings, particular stimuli, or stress can all operate as triggers, causing fantasies, sexualized feelings, or thoughts that make one want to act out. It is often easy to identify some of the more tangible lust and sex triggers. Most sex addicts have created many different forms of triggers as their addiction progresses (see Table 3).

Gene, when asked what triggered his SAOB, stated, "I used sex as an escape, so I didn't have to face what I didn't want to face. It was a distraction."

John verbalized that the stressful factor in marriage was a trigger that, in his mind, justified his SAOB. He also stated, "Church wasn't successful, so I was in despair and depression."

George revealed that his triggers were dealing with grief and the loss of a job. He also related, "Things got really bad when I was under stress when I was feeling down or emotionally distraught about something."

Lonnie said that stress, insecurity, pressures, loss of dad, and financial problems were the triggers that contributed to his SAOB.

Sam stated that his triggers leading to SAOB were feelings of helplessness or feeling out of control.

Fred reported that being alone, stress, and arguments with his wife were triggers. Other triggers may have been exacerbated by his struggle with same-sex attraction.

David affirmed that the one trigger that contributed to his affair was a lack of communication and lack of emotional support from his wife. So, when another woman met his emotional needs, it soon developed into a sexual affair.

Nathan said, "Rejection by my wife or lack of intimacy is a trigger." He also related that being tired, emotionally stressed, or seeing something on his phone triggered SAOB.

Roger stated, "I've been married 19 years. We had multiple crises in our marriage." He contributes his SAOB to the dysfunctions in his marriage.

Table 3

Themes

Name	Felt Validated	Insecure Attachment	Triggers	Feelings of Insecurity	Stress	ACE
Gene	No	Yes	Marriage, Ministry, Stress	Yes	Yes	Yes
Fred	No	Yes	Stress, Being Alone, Depression	Yes	Yes	Yes
Roger	No	No	Marriage, Stress	Yes	Yes	No
Sam	No	Yes	Helplessness, Stress Feeling out of control	Yes	Yes	Yes
George	No	Yes	Grief, Financial, Ministry, Stress	Yes	Yes	Yes

Nathan	No	No	Marriage, Tired	Yes	Yes	Yes
John	No	Yes	Marriage, Ministry, Stress	Yes	Yes	Yes
Lonnie	No	Yes	Stress, Ministry	Yes	Yes	Yes
David	No	Yes	Marriage, Stress	Yes	Yes	Yes

Theme 4: Feeling Insecure

Because no one is taught methods for nurturing their sexual being, sexual issues can feel especially alienating. It can be difficult to even bring up the subject of sexual uneasiness with a spouse. Sexual insecurity can show itself in a variety of ways. It could seem like an inability to get into the right mood for sex, painful experiences during sex, orgasming before you're ready, lack of confidence during sex, or difficulty orgasming. Every participant talked about feelings of insecurity (see Table 3).

Gene said he did not know how to fit in with others at school. Gene felt terrified of his father. He told me about moving from a small town to a much bigger city but said he did not know what to do. He stated, "I didn't talk like them and didn't dress like them. I felt so all alone." Gene described his relationship as strained. By the time he was a teenager, it was very strained. Gene said, "She [mother] said that I'm not as likable and I don't have a personality like my brother."

Roger talked about his inability to set and maintain boundaries. His reaction to his wife's questioning his authority led to him exhibiting an insecure attitude. Roger had a father who was very intense and assertive. He looked up to him and said, "I felt challenged as an example to emulate." He used an angry and resentful tone when relating about his wife disagreeing with him when they were on staff at a church. He felt she was challenging his authority as a man and the head of the household. Roger said, "I felt so disrespected and undermined." He stated, "There was a breakdown in emotional intimacy. There was an emptiness and a void in my marriage."

Lonnie voiced a childhood in which he dealt with several physical situations that caused him to feel insecure. He said, "I felt isolated because of my issues." I was made fun of by kids at school.

George voiced feeling insecure, as evidenced by a lack of parental guidance as his mother was occupied dealing with an alcoholic husband. He was also made to be a pawn between his mother and father. He was used to lying to his father to his mother. Many secrets were kept from those outside the family. George said about his father, "I would say he was the distant benefactor."

Sam told of a childhood in which he did not feel secure in his relationship with his mother, who was manipulated and had unhealthy boundaries. He related feeling helpless at times and not emotionally close to his wife. Sam said, "Viewing pornography made me feel powerful." He also stated that "being a pastor was like being on an emotional roller coaster."

John expressed his insecurity concerning the rejection of women in high school. He stated that he had two divorces within a three-year time frame. He felt unloved and unworthy. He watched pornography occasionally but was bored by it. Chatting and sexting was what turned

him on, as he wanted women who would give him positive feedback, which made him feel wanted. He stated, "I need to be wanted and desired by women."

Fred detailed a childhood where he viewed his parents as being verbally abusive to each other and emotionally distant from him. He stated, "There was a door, but the door wasn't always open to walk through and get to my parents." Insecurity in life for him came from a mother who focused on the negative things and convinced him that no woman would want him. David said, "My mom told me I was a homely kid."

Nathan verbalized, "I was looking for a girl to fulfill my need for love." He further stated, "I dated a lot of girls but was always the one dumped."

Theme 4 had one subtheme: Insecurity in Relationship Rejection. A man's self-esteem is greatly influenced by his sexual performance. When a man experiences sexual rejection, it diminishes his sense of masculinity. Even if a man loves his wife, the absence of sexual desire from her side deeply wounds his pride in ways that women may not fully comprehend. Rejection of a man's sexual advances lead to decreased confidence, diminished interest, and, ultimately, a decline in sexual activity. This relates to insecurity and relationship rejection, which five out of the nine participants verbalized.

John stated that he had an emotionally close relationship with his mother. Still, when he was in his teens, he experienced several rejections by girls, which left him feeling unloved and unworthy. This feeling carried over into his marriages, in which his first two marriages ended in divorce, with the marriages lasting less than two years. He disclosed that the SAOB met the inner needs of feeling wanted and needed.

After dating a girl for almost a year, Nathan's relationship rejection started in his teens. He bought her a ring; she broke up with him. He was devastated and said that he dated other

girls, but they were the ones who always broke up with him. He felt that he needed to be valued. That was always connected to him being identified as feeling worthy sexually. Nathan said his wife does not like sex and shows a lack of intimacy in their marriage. He sees this as a form of rejection. "Rejection by my wife or lack of intimacy by her is a trigger."

David's relationship rejection started with his mother, who told him he was a homely boy no woman would want to be with. She was a very demanding woman who did not show affection. He then married a woman who also was not affectionate. He did not feel loved. This did not matter. He thought he could not talk to his wife about personal issues he was dealing with. He felt that his wife did not meet his emotional needs. Due to his wife's inattention, he turned to another woman who would listen, comfort, and accept him. He felt wanted and valued.

Gene started feeling rejected by his mother, who was occupied with a difficult relationship with her husband. After a divorce, she had several men in her life until she finally married an alcoholic. She also told Gene that she wished he had a personality like his brother. He experienced rejection from his father as well. Gene also, from his statement, never felt that he fit in with others in school and felt rejected by his wife, who had little interest in sex.

Roger grew up in a household with a strong father figure who overwhelmed him did not learn to set good boundaries. He was taught to be strong, head of the household, and the final authority. When both of them were serving on the same staff team, his wife would disagree with his decisions. He took that as rejection. This caused great discord in the marital relationship. He grew angry and resentful of his wife. This was a strong trigger that led to his SAOB.

Theme 5: Stress

Theme 5 dealt with the stress that led to the participants' SAOB to relieve and medicate the effects of stress (see Table 3).

Lonnie felt stress in his role as a pastor due to the expectations of church leaders to grow the church and be a presence in the community. Lonnie stated, "There were a lot of stress points, and I felt the need to relieve and once I did it a couple of times. I was kind of hooked." He was also involved in denomination and university board positions, contributing to stress. From childhood, his mother had high expectations for being a people pleaser and the desire to achieve in his career. He also said, "There was financial stress because we pastored a very small church starting out."

Roger stated that the only stress in his life was in that marital relationship. He said that his wife had many fears and insecurities, which manifested in crazy behavior. He was very driven to succeed in ministry. Roger said, "My wife and I can't work together. I feel she is holding me back in ministry."

David's stress resulted in his marriage and a family situation, which he stated his wife did not handle well. He noted that the church was not the issue in the relationship, though he worked in many churches. David said, "My mother thought ministers were lazy, so I went into ministry and spent years proving her wrong."

Sam identified stress in ministry by stating that being in ministry was like being on a roller coaster. He stated, "To please a variety of people, stress can wear a person down emotionally." "In my case, it usually revolved around a feeling of helplessness or a feeling of things being out of control, and I didn't know what to do, and I felt like I failed, and I couldn't figure out how to fix the situation so I would go looking for something that would make me feel in control." He stated that he took rejection personally as a pastor. Another stress factor was his relationship with his wife, as he said they were not emotionally close for some time.

Fred stated, "Stress was a huge factor in my SOAB." The stress factors were a combination of stress in ministry and in relationships, as he had same-sex partners. His struggle with his sexuality would be a significant stress factor in his life. Fred also related that being alone and arguing with his wife were triggers.

Gene's most significant stress factor would be in ministry. In the interview, he verbalized a few times that he felt unprepared for ministry and dissatisfied with working in ministry. He did not feel he had the relational skills to minister well to people and felt overwhelmed with conflicting feelings.

Theme 6: Adverse Childhood Experiences

Six out of the nine participants told of adverse childhood experiences (ACE) in their childhood (see Table 3). Fred identified two ACEs, which were sexual abuse by his brother at age nine for about a year. He also said he witnessed his parents being verbally abusive toward one another, saying it was almost a violent relationship.

George stated that he grew up in a home with a father addicted to alcohol and prescription drugs. David noted that his mother was emotionally abusive. There was an incident with his brother showing his penis to David and told him he had named it. He also, at age five, was hit by a car and thrown 55 feet in the air and suffered migraines for 20 years.

Lonnie related a story of being sexually abused at age nine by a neighbor who was 12. Lonnie also had other situations that would have an adverse impact on his childhood. He had worn leg braces for a couple years and stuttered for 10 years. At a young age, he was declared legally blind which required surgery.

Sam reported his parents' behavior, which could be viewed as emotional neglect. His father was not interested in any of his activities unless he was interested in them. Sam saw his

father bring women home who he was having with whom he had affairs. Roger reported one ACE in which he and his parents were in a bad accident when he was three. His parents almost died.

Escape/Self-Medicating

All the participants mentioned that their SAOB was a form of escape or self-medicating from the elements in their lives that were causing stress, feeling unloved, rejection, feelings of worthlessness, conflicts with their spouse, conflicts in ministry, helplessness, and lack of validation. Men who, for the most part, came from homes where there were parents who were emotionally cold and distant. Only two men stated that they had a good home life. The participants reported being unable to have deep, meaningful conversations with one or both parents. They came from homes with dysfunctional relationships between the parents and/or told of emotional abuse or neglect from one or both parents. Some parents were involved in their own issues or issues with a spouse to provide emotional support and consistency in expressing love and concern. All but two of the participants voiced that their relationships with their spouses were inadequate in providing the emotional support, comfort and acceptance they did not receive in their family.

Lack of Secure Attachment

The participants entered adulthood. Their relationships with their spouses lacked the secure attachment they needed to function securely and confidently in their ministry and marital relationships. A person's learned attachment styles from their childhood experiences with their caregivers may play a significant role in how they attach and are intimate with their marriage partner (Twine, 2015). In the marital relationship, when the spouse does not provide emotional support or the participants does not engage intimately in the marital relationship, then SAOB

would probably continue. A more religious spouse may be more sexually inhibited or frigid (Perry, 2016). Also, if the participants did not address the emotional deficiencies and ACEs from their families, then their SAOB would probably continue. The SAOBs would continue to be a problem until they were caught by their spouse or someone else in their lives.

The participants described their first exposure to pornography as stimulating and led to more usage and other SAOBs. Being in the ministry and continued acting out led the participants to have inner conflict because of the incongruence between their moral and biblical beliefs and their SAOB. The participants had to deal with the strong feelings of guilt and shame that came from this incongruence. The participants' families of origin influenced their propensity to SAO. None of them dealt with their family issues until they were caught. The meaning that the clergy members ascribed to their SAOBs was that it was a coping mechanism that they could use to avoid, medicate, or escape from the problems in their lives.

The issues from their family played a significant part in contributing to their SAOBs. Their behavior started in childhood and continued through high school. They did not marry. The participants consistently expressed the lack of emotions and physical comfort from one or both parents. Expressions verbalized were not a lot of closeness, their mothers. They were mean and ugly very quickly, a wall emotionally and not a strong emotional bond. The mothers would manipulate, causing turmoil in the family and an emotional wall. Finally, the churches' expectations of pastors contributed to the stress that played a factor in their continued SAOB.

Responses

Four research questions.

1. What meaning would clergy members ascribe to their SAOB?

2. How do clergy members describe their experiences from their family of origin that would contribute later to SAOB?
 3. How do clergy members describe the quality of their marriage relationship and how it may relate to their sexually acting behavior?
 4. How do clergy members describe the responsibilities in their church roles that may contribute to their SAOB?
1. What meaning would clergy members ascribe to their SAOB?

The participants were asked how they would describe the meaning regarding the phenomenon. In terms of SAOB, the participants described it as very stimulating and arousing upon first looking at pornographic pictures. The average age of their first exposure to pornography was 12. George stated, "Just talking about it now gives me a tingling feeling from seeing those images for the first time." Sam said, "Porn made me feel great and wonderful." Some of the participants viewed pornography at an early age, which prompted fantasy and masturbation. Fred stated, "Masturbation was a good escape when I was nine. The first six years were mostly masturbation and fantasy."

While engaging in pornography viewing, masturbation and other sexual behavior, the participants reported dealing with guilt and shame. George said, "I knew I had failed and was not living up to my own moral standards. I felt like a hypocrite, felt like I shouldn't be in ministry." Nathan stated, "I'm struggling with this, and it was an issue of shame and guilt that I hid. I'm supposed to be better than this. I can't be a pastor if I can't deal with this." Robert said, "I had a lot of shame and guilt." Gene stated, "I was always dealing with shame and guilt." The other participants discussed feeling guilt and shame because their behavior was incongruent with their religious beliefs. The participants saw their SAOBs as an escape from life and its stress and

pressures. Most of the participants would say that they used SAOB to self-medicate to escape their issues. All of them said they were looking for validation as a man. The participants used their sexual behavior to soothe their pain and escape from the pressures in their lives.

2. How Do Clergy Members Describe Their Experiences from Their Family of Origin That Would Contribute to SAOB?

When discussing the participants' SAOB, they stated it was an escape from reality. For some, due to growing up in a dysfunctional home, they used fantasy and masturbation as an escape from a dysfunctional home. Gene told a story of receiving no warmth or having an emotional connection from his mother. He said, "My father wasn't present much in my life." David stated, "My mother told me you're a homely kid and if you wear your hair like that, you will be especially homely." Fred said, "There was a wall separating them emotionally. He said his mother was mean and ugly. There was no deep conversation between him and his parents. Sam said, "My mother was co-dependent, manualized had unhealthy boundaries." Lonnie stated his father had post-traumatic stress disorder. His parents were not affectionate. He felt isolated growing up. George grew up in a very chaotic home environment with an alcoholic father and a mother who was preoccupied with her own issues. Three participants reported being sexually abused. Only one stated that he had been physically abused during their childhood.

3. How Do Clergy Members Describe the Quality of Their Marriage Relationship and How It May Relate to Their SAO Behavior?

When David talked about his marriage he stated, "Deep down, I didn't feel loved, and it didn't matter." Nathan described his wife as having little interest in sex. He took that as rejection. John had two marriages ending in a three-year period, which resulted in rejection and low self-esteem. He said, "The sex stopped quickly after getting married to my second wife." "I justified

acting out due to resentment toward my wife." Fred left his first wife, who he described as manipulative just like his mother. Roger stated that his marriage was the only hard thing in his life. He felt that his wife undermined his authority and hindered his ministry. David had an affair with a woman that started out with emotional attachment but eventually turned into a physical affair. He stated that his wife did not meet his emotional needs or provide comfort when he was struggling with family and personal issues. George said, "I wasn't as close emotionally to my wife as I should have been." Gene stated, "Once married, the sex decreased significantly."

4. How Clergy Members Describe Their Responsibilities in Their Church Roles That May Have Contributed to Their SAOB?

Pastors' church role seems to contribute to stress and pressures that lead to SAOB. Lonnie described feeling financial pressure when he first started ministry when his church was small. When his church had grown, he felt pressure to fulfill expectations put on him by leaders in the church. Roger recalled his wife served in the same church and believed she undermined his authority. It caused problems in church and spilled over into their marriage. This led to his chatting with women online and then meeting for sex. Sam described being a pastor was like being on an emotional roller coaster. John said, "Because the church wasn't successful, I was in despair and depression." David said his staff said he was never around the office. The staff said, "We don't know what's happening." He also related, "Out of my immaturity I reacted by saying okay I'm going to come by every Monday." This led to his emotional and sexual involvement with a staff member. They felt neglected by their spouses and found comfort from each other. David put stress on himself by working too many hours because his mother had told him that pastors were lazy. Gene stated that he was stressed and dissatisfied with the ministry. George

related that he acted out sexually due to stress in ministry. He said, "Conflicts in church or ministry would drive me to masturbation."

The participants were asked what contexts or situations participants had affected their experiences of the phenomenon. John believed two divorces and feeling unworthy and unloved contributed to his SAOB. After getting married for the third time he realized the grip of his addiction. Roger stated, "My only problem is my wife." He believed she was manipulative and undermined his ministry. George disclosed a family of origin that negatively impacted his attachment style. Due to his situation, he saw himself as unlovable, resulting in lower self-esteem. For Lonnie, the physical problems that he experienced in his childhood and feeling isolated contributed to his insecurity. He stated, "I am a people pleaser." Sam reported his father was distant and had many affairs. His mother was inconsistent in her relationship with him. David said, "Deep down, I didn't feel loved, and it didn't matter." David felt his wife was unconcerned about his emotional needs. Fred's relationship with his mother and his struggle with same-sex attraction were contributing factors leading to SAOB. Gene's family of origin was a negative influence in his life. It was unstable and chaotic, resulting in an insecure attachment. This affected his self-esteem and his trust in others.

Summary

This chapter gave a biographical sketch of each participant in this study. Each biographical sketch included basic background information such as age, married or unmarried status and religious affiliation. Other information contained in the biographical sketches was regarding their family of origin and any abuse in their childhood. The participants were interviewed to see what responses were similar and listed them into different categories of themes. The responses from the participants generated six themes, which are listed in Table 3

and supported by responses and quotes from the participants. A section of the chapter addressed the four research questions in Chapter Three. The questions were answered and supported by the responses of the participants.

Chapter Five: Conclusion

Overview

The purpose of this phenomenological study was to understand and be able to describe the factors involved in what motivates and precipitates a person of the clergy to engage in watching pornography or engaging in SAOB. I interviewed the participants in their environment. This was to discuss their childhood, family of origin, ministry, and marital relationship and how those factors affect their SAOB. I wanted to hear their unique stories presented by them without imposing my bias on them. From my research, clergy members were defined as persons engaged in SAOB, resulting in CSM. This chapter included a concise summary of the findings from the research, which discussed themes identified from the research questions. Another purpose of this section was to discuss the study findings in relationship to the empirical and theoretical literature reviewed in Chapter Two. I also addressed the study's theoretical, empirical, and practical implications. The decision I made with the delimitations of the study participants was to be explained. The limitations of this study were identified. This chapter also discussed recommendations for future research.

Summary of the Findings

In interviews with the nine participants, the first interview question was: How would participants describe their experiences regarding the phenomenon? The SAOB was the phenomenon that resulted in CSM. The participants saw SAOB as a way of dealing with stress and other issues in their lives. This included stress in ministry, marital relationships, and family of origin. The participants described their SAOB from first exposure as a teen looking at sex magazines, fantasy, and masturbation. The participants discussed their social contact with girls in their teens, but with the onset of the Internet, their SAOB increased. Due to the accessibility,

affordability, and anonymity of online pornographic use (Ahmad et al., 2015), it was easier for the participant to engage in SAOB. The pleasure they received from masturbation, watching pornography, and having intimate relations with women provided an emotional escape from life's issues. There are a few chemicals that are released in the brain during the watching of pornography and masturbation. Dopamine, a neurotransmitter, is involved in the brain's reward system and allows the individual to experience excitement energy. Norepinephrine is another transmitter that plays a significant part in how an individual relates to pornography (Struthers, 2009). The release of these chemicals in a person's brain during the viewing of pornography has an after-effect that determines whether an individual continues to view pornography and possibly continue to consume it habitually (Struthers, 2009).

The first research question had the participants describe their experience in terms of the phenomenon. It provided validation, powerful feelings of pleasure, feeling needed, and desire to be wanted. Their SAOB was a means to get what they needed to feel good about themselves. Unfortunately, their SAOB produced guilt and shame due to the incongruence between their behavior and their value system. One stated that he felt like a hypocrite. The emotional pain produced by SAOB led to guilt and shame, which produced emotional pain, which led to self-medicating with SAOB. This pattern is typical of the cycle of addiction. When people act out in their addiction, if that behavior violates their core value system, they feel guilt and shame, which leads to self-medicating by engaging in SAOB (Weiss, 2015).

The second research question asked was what contexts or situations participants would say influenced or affected their experiences of the phenomenon. The context that led to SAOB was family of origin, marital relationship, trauma, and stress in ministry. Lack of attunement in the family of origin with their caregiver combined with trauma persons has a diminished capacity

to regulate emotions, which can lead to SAOB (Wallin, 2007; Xu et al., 2020). Due to the different insecure attachment styles, a person may engage in unhealthy behavior, such as risky sexual experiences. These intimate behaviors seek to fulfill the needs of rejection, abandonment, and lack of intimate relationships (Varfi, 2019).

Seventy-five percent of the participants reported a family-of-origin environment where they developed an insecure attachment, negatively affecting their future relationships. The participants in the study manifested types of insecure attachment. They included anxious and avoidant attachments. This led to emotional dysregulation in some, as well as being a people pleaser and sensitive to negative messages from others. Even when they reported that their home life had been good, they still verbalized that their relationships with one or both parents were emotionally cold or distant mothers who provided a satisfactory environment and met basic physical needs. If the mothers were less responsive and less attuned to their children, the children could develop an insecure attachment style. Growing up in a rigorous home could also lead to an insecure attachment. Displaying an insecure attachment style can lead to using internet pornography to meet sexual needs because it requires no intimacy. A person's learned attachment styles from their childhood experiences with their caregivers may play a significant role in how they attach and are intimate with their marriage partner (Twine, 2015). Anxiety produced by stress and pressure can then lead to excessive use of online pornography. Insecure attachment produces feelings of anxiety, which contributes to excessive use of online pornography (Niazof et al., 2019).

Since every participant said they did not feel validated as men, most participants said it started in their childhood. They described their parents as emotionally cold or distant. Growing up in a strict home contributed to insecure attachment, which was reinforced by teen rejection in

their social circles and marital relationships. Several participants voiced feeling emotionally neglected and rejected by their spouses, which resulted in SAOB.

Ministry expectations created insecurity, stress, and pressure, adding to a desire to escape the pressures in their lives. They sought something to soothe and self-medicate their emotional pain. Some of the participants self-imposed rigorous expectations in their ministry. Some felt overwhelmed by the expectations placed on them by the leaders of churches. Feeling inadequate in their abilities to perform as clergy contributed to the pressure of ministry. Clergy can find it difficult to please everyone, as one participant described being on an emotional roller coaster. The ups and downs in ministry caused stress. They were feeling little or no support from spouses or friends or no support system in place, which led to SAOB to soothe those emotional pains.

The third research question was what meaning clergy members would ascribe to their sexually immoral behavior. The word I would use to ascribe to their SAOB was incongruence. Incongruent means to not agree. The participants value system saw SAOB violating the moral and value system they ascribed to and taught to their congregants. The incongruence caused feelings of guilt and shame. Words clergy used to describe themselves were hypocrite, disgusted, ashamed, and I need to be better than this. The participants described a life of misery. Shame comes from one's core beliefs that form the foundation for shame (Gilliland et al., 2011). Shame has been shown to influence the initiation, maintenance, and excessive use of pornography. Shame plays an essential role in an addictive cycle (Weiss, 2015). Wery et al. (2019) suggested that pornography use may be used as a maladaptive coping strategy to help an individual cope with unresolved relationship trauma, feelings of loneliness, and negative beliefs about oneself.

This caused a person's life to be out of balance, leading to disconnection from others. All the emotions above led to a life out of control and inner conflict.

The fourth research question was how clergy members describe their experiences from their family of origin that would contribute later to SAOB. Lack of attachment caused men to seek validation, closeness, and intimacy, which they found in SAOB. This did not satisfy their physical or emotional needs in the long term (Weiss, 2015). Some participants stated that rejection began in their teens from females in their social circles. This avoidance of intimacy due to insecure attachment styles is a strategy that led to using technology (internet pornography) to meet sexual needs. It requires no intimacy, which is characteristic of compulsive pornography usage (Cundy, 2014; Niazof et al., 2019)). Insecure attachment produces feelings of anxiety, which contributes to excessive use of online pornography (Niazof et al., 2019). The participants who developed an insecure attachment style led to behavior that sought to validate their self-esteem. From different insecure attachment styles, a person may engage in unhealthy behavior, such as risky sexual experiences and intimate behaviors that aim to fulfill needs of rejection, abandonment, and lack of intimate relationships (Varfi, 2019).

The fifth research question was how clergy members describe the quality of their marriage relationship and how it may relate to their SAOB. Seventy-eight percent of participants related issues in marital relationships contributed to their SAOB. Some stated that their wives had little interest in sex after they got married. Reasons were lack of interest, difficulty in sex, and poor body image. Participants said they took this as a personal rejection. Pornography users, in their attempt to gain intimacy, consume pornography because substituting pornography lessens their experience of risk, threat, and anxiety that can result from romantic or sexual rejection (Twine, 2015). Individuals who have developed an anxious attachment finds

pornography a threat to their relationship with their spouse due to fear of being rejected by their partner (Governet et al., 2017).

If their wives had developed an insecure attachment style, this could have contributed to sexual distress in the marital relationship (Twine, 2015). I detected this from what the participants verbalized about their wives. They said that their wives were insecure, fearful, and had poor body image. Those individuals who have developed negative fundamental views of themselves and others may be hindered in how they perceive and respond to experiences in their relationships (Twine, 2015). So, a person's learned attachment styles from their childhood experiences with their caregivers may play a significant role in how they attach and are intimate with their marriage partner (Twine, 2015). Studies by Doran and Price (2014) show that pornography use was negatively correlated with marital satisfaction and positively correlated with infidelity (Doran & Price, 2014). The results from Ferron et al. (2017) show that lower marriage quality is a result of increased cyber infidelity by one partner.

The participants used SAOB for lack of sexual intimacy and emotional intimacy in their marriage. Pornography users, in their attempt to gain intimacy, consume pornography because substituting pornography lessens their experience of risk, threat, and anxiety that can result from romantic or sexual rejection (Twine, 2015). From Perry's research, it is uncertain whether pornography results in poorer relationship quality or a poor relationship results in pornography use to deal with relationship struggles (Perry, 2020). The data from my research shows that the participants believed their SAOB was due to difficulties in marriage.

Several participants felt their emotional needs were not met by their spouses. This was described as a lack of respect and ignoring their emotional struggles. One participant stated, "What I needed from my wife I didn't get, and what I got from the other women I didn't need."

Struggles in ministry, childhood issues, and lack of validation from spouses lead to SAOB to meet their emotional and physical needs. Pornography, fantasy, and masturbation would temporarily numb by releasing chemicals in the brain. This helped the men to escape the emotional pain or stress they were experiencing (Struthers, 2009).

The sixth research question was how clergy members describe the responsibilities in their church roles that may contribute to their SAOB. Churches seemed to think that clergy should be proficient in running a church. This puts inordinate pressure on the clergy. Feeling inadequate in their abilities to perform as expected contributed to the pressure of ministry. Clergy can find it difficult to please everyone, as one participant described being on an emotional roller coaster. The ups and downs in ministry caused stress, which resulted in SAOB being an escape from their professional responsibilities.

This researcher examined a theme where factors triggered participants to SAOB. Two areas were identified. First, the relationship with spouses was a factor in causing distress, anxiety, resentment, and stress. SAOB was used to soothe and self-medicate painful emotions. Second, stress was a trigger in SAOB. The sources of stress were relationships, church leaders, finances, and feelings of insecurity in ministry.

Adverse Childhood Experiences (ACE) can contribute to the development of an addiction (Weiss, 2015). In this study, I found that eighty-nine percent of the participants experienced an ACE during childhood. Of the eight, two said they had been sexually abused or fondled in their childhood. One participant stated that his father had alcohol use disorder, and the remainder related to an emotionally abusive childhood. The emotional abuse took several forms, such as being told he was homely, and that no girl would want to date him. Another participant stated that his mother could be mean and ugly in their relationship and saw his mom and dad verbally

fight, almost becoming violent. And the remainder verbalized that there was inconsistent affection and emotional closeness.

The forms of acting out in response to the triggers in their lives were extensive. Behaviors were pornography (magazines and internet pornography), fantasy, masturbation, chatting with women online, sexting, sexual intercourse with women, and an affair with a church staff member. All the different ways of SAOB were to meet emotional and physical needs that had been unmet in the family of origin or their marriage.

Discussion

Theoretical

The biopsychosocial theory authored by Engel in 1977 offered a new model that assumed physical, psychological, and social systems interacted and was affected by each other (Smith, 2002). The biopsychosocial model (BPM) is a scientific model that considers the missing aspects of the biomedical model (BMM). The BPM includes the dimensions of personal, emotional, family, and community, in addition to the biological diseases that affect patients (Smith, 2002). In my research study, the interview data confirmed all physical, psychological, and social systems interacted and affected each other in a person's life. This researcher saw from interviewee responses that the participants' personal lives, emotional state, family life, and church influenced each other, causing distress. Counselors experienced in addiction studies have seen that it is nearly impossible to maintain healthy interpersonal relationships when one experiences addiction (Flores, 2004). If the marital relationship were distressed, it would affect their emotional state. If their ministry was stressful, it could affect their marital relationship and vice versa. These situations resulted in engaging in SAOB to alleviate the unpleasant and painful emotional wounds that they suffered.

If a person experienced sexual or physical abuse in childhood, this would affect their proclivity toward SAOB. These ASs are found to be associated with positive or negative outcomes in adolescence and adulthood (Wallin, 2007). Also, due to a lack of attachment to their mother/caregiver and combined with trauma, a person has a diminished capacity to regulate emotions, which can lead to SAOB (Wallin, 2007; Xu et al., 2020). It can develop ruts early in the neural networks of the child's brain that associate sex with power, fear, shame, confusion, and pain. Shame, guilt, and anxiety can be a result of trauma that manifests in unhealthy behavior and unhealthy relationships. Shame and despair can act as a starter to the cycle of sex addiction. People attempt to keep emotional pain at bay, leading to mental occupation, which is a form of escape. In an addiction cycle, a person tends to isolate, experience anxiety, lead a secret life, violate one's value system, and separation from loved ones. This avoidance of intimacy due to insecure ASs is a strategy that leads to using technology such as internet pornography (IP) to meet sexual needs, which requires no intimacy. This is characteristic of compulsive pornography usage (Cundy, 2014; Niazof et al., 2019). In contrast, an anxious AS may make a person anxious due to rejection issues (Varfi, 2019).

Professionals can see how the psychological impacts the social aspect of the addict's life. In turn, the SA makes maintaining healthy interpersonal relationships rarely or near impossible. The biopsychosocial model is confirmed to be the model necessary for treating SAOB. The BPM puts the patient at the forefront of the process, with the doctor using a doctor-centered and patient-centered interview process. This approach enhances patient- and doctor-centered improvements in the patient-doctor relationship (Smith, 2002). Using a BPM allows the counselor to focus not only on reducing or eliminating behavioral symptoms but also on

underlying psychological issues and examining a person's social environment and how it contributes to the problem (Garofalo et al., 2016).

When a person is in recovery, all aspects of a person's physical, psychological, and social systems must be addressed. This is best addressed in a group setting. Individual counseling is recommended, but group dynamics are powerful in affecting change. Treatment works best in twelve-step groups with a Christian foundation and emphasis.

If the family of origin wounds the person and causes an insecure attachment, it results in emotional dysregulation, affecting their adult personal relationships. Unhealthy attachment styles have shown researchers that it is difficult or almost impossible for someone to maintain and achieve satisfaction from relationships when unable to regulate one's emotional state (Flores, 2004). It contributed to a person exhibiting SAOB. The first insecure attachment style is anxiety. Participants stated that they had a good home life but later would also state their parent or parents might be nurturing and attuned at times but emotionally unavailable and cold at other times. This can cause a child to become confused and insecure. A participant who developed an anxious attachment style craves closeness and intimacy. People who feel rejected by their spouse seeks emotional needs elsewhere. They have low self-esteem and need reassurance that people care about them. I heard this verbalized by several of the participants. These issues lead them to SAOB to soothe the pains of rejection, shame, and despair.

A person who develops an avoidant insecure attachment style seems confident and happy about who they are. In one interview, the participant appeared social and fun to be around and stated he had no trouble making friends or meeting women. They appeared independent, self-assured, and in control, with high self-esteem. Their behavior may seem aloof and distant, and

they may act negatively toward a partner who expresses their emotions. They find it difficult to trust and rely on others. So, an outward appearance does not match an inward emotion.

The attachment style that we develop in our family of origin contributes to the development of our adult intimate and sexual relationships. Due to the different insecure attachment styles, a person may engage in unhealthy behavior, such as risky sexual experiences. These intimate behaviors seek to fulfill the needs of rejection, abandonment, and lack of intimate relationships (Varfi, 2019).

Attachment style appears from the research to demonstrate how important a secure attachment with caregivers is in a person's adult life. The study has confirmed how attachment style affects SAOB.

The data collected from the interviewees confirm and corroborate the biopsychosocial and attachment theory to be valid when examining the dissertation topic. The study shows that the CSM encompasses every area of a person's life and how they interact and affect each area. Thus, the biopsychosocial model is applicable in describing and discussing this topic. A disease model is insufficient to help someone recover from this problem. All areas of someone's life must be evaluated and changes made to overcome this addiction.

Attachment theory was validated when the data showed how much influence the experiences in childhood played out in the person's adult life. Insecure attachments led to unhealthy relationships and negative feelings that led to SAOB. Depression was found to be a predictor of problematic pornography use (Borgogna et al., 2018).

Empirical

An area discussed in chapter two was the adverse effects of spouses' SAOB on women. The research has shown that SAOB negatively affects the marital relationship. Poor marital

quality and SAOB by the spouse have shown a correlation in marriages. Divorce rates have increased significantly, and women have felt their spouses' SAOB as betrayal trauma. Bowman (2022) states that betrayal trauma in spouses can lead post-traumatic stress disorder (PTSD). Brown (2017) looked at pornography usage in relationships of one spouse in the relationship. When one partner engages in individual auto-erotic experiences, it negatively impacts the marriage. The results from Ferron et al. (2017) showed that lower marriage quality is a result of increased cyber infidelity by one partner. From this study, data collected from over half of the participants said their spouses' behaviors and attitudes contributed to their SAOB. A person's learned attachment styles from their childhood experiences with their caregivers may play a significant role in how they attach and are intimate with their marriage partner (Twine, 2015). The clergy spouse may have developed an insecure attachment, negatively affecting the marriage.

The comments made by the participants that their spouses did not have sexual desires, or the frequency of requested sex was significant. The participants took this as a personal rejection. Participants stated that their spouses voiced concerns about poor body image and lack of orgasms, which affected the sexual relationship. This issue in the sexual area negatively impacted the men feeling validated. Pornography users, in their attempt to gain intimacy, consume pornography because substituting pornography lessens their experience of risk, threat, and anxiety that can result from romantic or sexual rejection (Twine, 2015).

Another comment was their spouses did not meet their emotional needs. When the participants were struggling with family issues and ministry issues, they did not feel their spouses were there to hear them. This caused anger, resentment, and rejection, which contributed to SAOB. Conflicts in several areas of the marriage would also be a factor in SAOB. A more

religious spouse may be more sexually inhibited or frigid (Perry, 2016). In a couple of marriages, resentment had developed in the marital relationship. I concluded that there were indeed issues in the marital relationship that needed to be addressed that were ignored. The issues in the marriage were used as excuses or reasons leading to SAOB. The SAOB's impact on the spouse came after the SAOB was exposed. Even though some of the spouses were aware of SAOB, they saw it as a one-off behavior. This probably negatively impacted the relationship. After total exposure, the spouse experienced betrayal trauma. As previously reported by Clinton and Laaser (2015), the spouses saw the participants' behavior as marital infidelity. This caused spouses to feel unsafe, not valued, not loved, and not good enough for their husbands. The couple's sex life suffered this time after exposure (Clinton & Laaser, 2015). One participant reported that his wife threatened to leave if he did not stop looking at pornography.

Of the nine marriages, seven have stayed intact, and there continue to be repercussions from the participants' SAOB. In one situation, the wife realized that she had ignored the emotional struggles of her spouse, refusing to go to counseling. She told him it was not all his fault. They then began to talk every night for about an hour. When they went to counseling, the counselor said there was not much left for him to do. They began good communication, being vulnerable, open, and honest with each other, seeking to meet each other's needs. This had begun healing the rupture in the marriage. Other marriages began to heal as the participants recovered, working the twelve steps, being in a recovery group, and doing couples counseling. The issue of trust takes time to be regained fully by the spouses of the participants. The spouses are still experiencing triggers, which lasts for some time. The rupture requires repair otherwise anger, mistrust and resentment negatively affect the marriage if not repaired. The rupture can also result in the spouse developing PTSD (Stoner & Hughes, 2010).

An issue that was brought up by all the participants in the conversation was the word validation. Either by using the word or answering my question about whether they felt validated as a man, all nine participants responded stated yes. Some stated that their validation related to their sexuality and responses from women. Others believed they were not validated worthy as a person. This sheds light on both attachment theory and the biopsychosocial model. Attachment theory shows that the participants did not exhibit a secure attachment, which can result in low self-esteem, anxiety, and depression. Due to the different insecure attachment styles, a person may engage in unhealthy behavior, such as risky sexual experiences. These intimate behaviors seek to fulfill the needs of rejection, abandonment, and lack of intimate relationships (Varfi, 2019). The biopsychosocial model demonstrates how the psychological and social relationships are intertwined.

When one's marital social relationship is disturbed, it affects the individual's psychological state. Being depressed can also affect the physiological aspect of a person, resulting in somatic symptoms. Validation was important not only in the sexual area but in other areas as well. When a man felt his spouse did not make it a habit of paying attention to him or showing admiration, attuning to his emotional needs, and establishing a shared meaning, it caused a rupture in the relationship.

Several factors contributed to SAOB, but once the SAOB started, the participants stated that they found themselves in the grip of addiction. In sex addiction, one becomes preoccupied with sexual thoughts and fantasies, resulting in SAOB. There is a pattern of out-of-control behavior (Weiss, 2015). There was a desire to attempt to stop or control their behavior with little success. The participants stated that the guilt and shame they carried took a considerable toll on their emotions and life. These participants engaged in CSM, knowing that there could be severe

consequences if they were found out. Losing their ministry, spouse, family, reputation, financial, and possible legal consequences were consequences. And despite possible consequences, they persisted in SAOB. The participants behaviors validate the power of addiction.

Recovery from this addiction began with admitting there was a problem and being one hundred percent willing to participate in treatment. The offender must be willing to offer a full disclosure to their spouse. Then, treatment options must be examined to determine the necessary options for the person to recover fully. The recovery process can take two-plus years for their spouse to begin to heal and trust again. Recovery is possible, but the person must be committed to recovery work. The motivation must be for their recovery, not for someone else (Denison, 2022).

Implications

Empirical

Pornography has become an epidemic in our culture with the accessibility of websites on the Internet. The use of pornography has become increasingly acceptable in Western culture (Ferron et al., 2017). A Barna Group survey stated that 64 percent of men in America view pornography every month (Bohon, 2019). Millions of people today have access to the Internet, including 51 percent of households in the United States (Ahmad et al., 2015). Ahmad (2015) said prior research has reported that 37 percent of Protestant clergy members struggle with the temptation of viewing IP. If 600,000 clergies and 10–14 percent are acting out, 60,000 to 75,000 clergy need intervention (Thoburn et al., 2017). The participants in my study stated that once pornography became available on the Internet, their viewing increased significantly. Pastors engaged in extramarital sexual activity demonstrate characteristics of age (42), personality type

(narcissism), damaging quality of the marital relationship, and feelings of isolation (Ahmad et al., 2015).

Responses to research questions confirmed that family of origin affected marital and other personal relationships. Counselors experienced in addiction studies have seen that it is nearly impossible to maintain healthy interpersonal relationships when one experiences addiction (Flores, 2004). Unhealthy attachment styles have shown researchers that it is difficult or almost impossible for someone to maintain and achieve satisfaction from relationships when unable to regulate one's emotional state (Flores, 2004). An insecure adult may have low self-esteem, lack boundaries, be a people pleaser, have emotional dysregulation, fear, and trust issues. The participants verbalized these factors in response to the research questions. This study has shown that these factors play a role in CSM. Insecure attachment produces feelings of anxiety, which contributes to excessive use of online pornography (Niazof et al., 2019). In response to questions about the quality of marriage and how it affected SAOB, participants verbalized that poor marital relationships were integral to their spouses' SAOB. The participants' responses in my study showed that the men felt the lack of emotional support and sexual intimacy contributed to SAOB.

Practical

Pornography is a problem because people have started to view at a younger age than the previous generation. The average of first exposure to pornography is anywhere from age nine to eleven. Once exposed and there is continual viewing over the years, an addiction can develop. Neuroscience shows how the brain is rewired, and the person is addicted to the euphoria of brain chemicals like dopamine, giving them a pleasure feeling. This behavior also leads to fantasy and masturbation. The pattern of behavior affects several areas of their lives. There is isolation, mood

changes, time spent on the addiction, and neglect of essential activities. Current sex addiction develops from continued exposure to pornography, and this leads to nonrelational sex and disordered social development (Bowman, 2022).

So, for parents or anyone who works with younger people, it is essential to monitor their child's internet usage or risk their child developing a sex addiction or at least problematic pornography usage. Conversation between adults and children is critical, and adults need to keep the lines of communication open and look for signs of addiction mentioned above. Even when the person gets married, the usage usually does not stop if they are addicted. Pornography usage can also lead to extramarital affairs, which can lead to problems in the marriage and even lead to divorce. The results from Ferron et al. (2017) showed that lower marriage quality is a result of increased cyber infidelity by one partner. A woman may view pornography use by their partner as infidelity, which negatively impacts the relationship (Ferron et al., 2017; Grov et al., 2011).

Since this study was about CSM, the leaders in Protestant denominations need to be aware of this topic and discuss it openly. For perspective clergy we must develop a way to identify red flags of those who may have a sexual problem or addiction to pornography. Counselors, ministers, and leaders must be knowledgeable and willing to converse seriously with future ministers to prevent future CSM. There may be an opportunity to develop a diagnostic tool to identify warning signs. In recovery, the use of a polygraph is used to make sure that the information provided by people with an addiction is truthful. This may need to be a requirement to be accepted into ministry. Future ministers must be educated on the possible danger signs that could derail their ministry. Accountability for the minister is essential, and a mentor and support system are critical. A clergy's spouse also needs to be included in the evaluation process. This is necessary due to the part the marital relationship played in the SAOB.

Clergy needs to have regular conversations with leaders in their denominations. Church leaders must be open to discussing the CSM topic. We must be bold in discussing sensitive topics. This topic also needs to be required in the training and education of clergy. With numbers going up on pornography viewing, something needs to be done now, not later (Denison, 2018). Policymakers, counselors, ministers, teachers, and administrators must be included in the conversation on how to work with future clergy.

As Christopher Yuan (2018) has said, the opposite of any sin is holiness. So, the opposite of SA is holiness. It is knowing scripture and then living it. How this is done must be developed with those in authority to reduce CSM in the clergy. There is no place for this behavior in men who are shepherds leading their flocks. Clergy are not perfect, but they need to behave in a sexually pure manner.

The two things in my belief system that motivate people are fear and selfishness. Frank Buchman who founded the Oxford group believed that fear and selfishness were the root of all problems. We see fears being lived out in people with insecure attachments and people who have experienced trauma in their lives. A diagnostic tool could be developed to identify someone's fears, and conversations with a counselor could help identify fears. Christian leaders need to do a better job of screening and identifying people who want to become clergy. The other motivator is selfishness. The Bible has much to say about selfishness. Philippians 2:3 (*New Living Translation*, 2015) says "don't be selfish; don't try to impress others. Be humble thinking of others as better than yourselves." Researchers and Christian leaders need another diagnostic tool to help evaluate characteristics necessary and unnecessary for ministry. If there are tools out there that I have mentioned, then they need to be utilized.

Theoretical

My study can impact how future clergies are screened and educated for the ministry. Sexual addiction is an intimacy disorder that is characterized by the development of early insecure attachment. The disorder is seen in individuals who do not adequately experience bonding and attachment in their relationships with primary caregivers (Adams & Robinson, 2001). Pastor's view pornography due to isolation, the pressure to lead moral lives, the job's emotional stress, and the demands put on their marriages (Gardner, 2001). Particular attention should be given to accessing the person's family of origin and attachment style. The family of origin suggests that clergy may come from a background of abuse.

From a biopsychosocial perspective, attention can be given to accessing the marital relationship and the spouse's attachment style. Garland and Argueta (2010) identified characteristics of clergy who offend sexually. They identified these clergy as reasonably successful, narcissistic, sexually compulsive, and needing affirmation. Sexual addiction is an intimacy disorder that is characterized by the development of early insecure attachment (Flores, 2004). The disorder is seen in individuals who do not adequately experience bonding and attachment in their relationships with primary caregivers (Adams & Robinson, 2001). The data collected from the study show the lack of a secure attachment style, which is one contributing factor to SAOB. The biopsychosocial shows definitive evidence that the physical, psychological, and social aspects also contribute to clergy SAOB.

Delimitations and Limitations

Delimitations

Participants were required to be 25 years of age, as I wanted them to have some life experience. I also wanted the participants to have been married for at least five years so their SAOB would have manifested and had an impact on all areas of their lives. I wanted to study

men in ministry marital relationships and how they affected their SAOB. I chose a phenomenological study due to the nature of the topic and wanted to explore the subjective experiences of individual participants. These requirements provided enough time to gather enough information about SAOB in a participant's life. The five-year marriage requirement provided enough information about the participants' marital relationship. Perspective participants who self-identified with a Protestant denomination and met the diagnostic criteria for HB or SA took the Sex Addiction Screening Test-Revised (SAST-R). I chose to study only clergy from Protestant denominations and only SAOB, which did not include underage victims.

Limitations

This study included participants 43 to 72. Participants were required to be 25 years of age, as I wanted them to have some life experience. I also wanted the participants to have been married for at least five years so their SAOB would have manifested and had an impact on all areas of their lives. I believe that those were a weakness in my study. Having younger participants in the study would have been beneficial in seeing if there were differences between ages. Participants between 25 and 40 may have added additional information to the study. The reason is the difference between classic sex addiction and contemporary sex addiction. Classic sex addiction is seen in men who were not raised during the era of the Internet. Classic sex addiction had characteristics of a history of abuse, insecure attachment, disordered impulse control, and other factors. Contemporary sex addiction emphasizes long exposure to pornography and disordered sexual, emotional, and social development (Bowman, 2022). Another limitation was the absence of women and minorities in the study. The research over the last 43 years has shown that male Black Americans and white women have shown an increase in

pornography viewership (Perry & Schleifer, 2019). The groups I pulled from were not available. Geographical location was not a limitation.

Recommendations for Future Research

A gap in CSM research to address would be to study clergy members' environments and how they relate to the development of hypersexual compulsive behavior, which leads to clergy misconduct (Dagmang, 2012). One environment where more research is needed to examine the specific aspects of the marital relationship may play a part in clergy's infidelity. More research is warranted since this area seemed important in answering the research questions. Other research needs to look at why clergy engage in a particular type of sexual material or behavior, which may help counselors understand how clergy view their positions and responsibilities (Ahmad et al., 2015). Future research must examine the prevalence rates with multiple denominations, as most studies have been limited to small sample sizes. The scope of the study needs to include a larger sample size. It should consist of a broad range of ages, minorities, and denominations.

Research also needs to explore how the personal characteristics of a clergy member are related to sexual misconduct. One would question whether sexual acting is related to age, personality, quality of their marital relationship, or environmental factors (Ahmad et al., 2015). Since a contemporary sex addiction model has emerged, we need to look at how to detect SAOB in a younger population. I interviewed men who grew up before the onset of the Internet. Another study could examine the factors that affected my sample group and how they affect a younger sample.

A reason for further research would be to understand why the men chose to stay in their marriages where their wives did not trust them (Edger, 2009). The other question is why almost all the spouses in this study stayed in the marital relationship. The research has shown that

SAOB has contributed to a higher rate of divorce (Perry, 2018). Further research needs to identify and parse out those warning flags that can prevent CSM cases. This can be accomplished by using diagnostic tools and more in-depth interviews with the prospective clergy and their spouse. Interviews need to focus on family of origin and the marital relationship. Another area of research that may yield valuable information is how stress and expectations in the local church on clergy affects SAOB. Churches need to be responsible for a clergy's self-care, and also the responsibility of the denomination to provide support from stress and isolation (Davies, 2003). Future research also needs to focus on how spiritual forms of therapy can effectively address pornography addiction (Chisholm & Gall, 2015). Attachment styles would also be criteria for further research studies to match different attachment styles with varying levels and types of sexual addiction (Zapf et al., 2008).

Summary

The participants continued their SAOB even when they knew that their behavior could have serious consequences. Every participant in this study experienced severe consequences from their SAOB. The consequences included divorce, loss of minister license, loss of employment as a minister, loss of relationship with children, and legal issues. When the wives did stay in the marriage relationship, they felt an emotional betrayal and put-up emotional walls that would take months and even years to take down so trust could be reestablished. I knew from the current literature how exposure to SAOB by a spouse would produce betrayal trauma (Bowman, 2022). This researcher did not anticipate that clergy spouses play such a significant role leading to distress, resentment, and a sense of rejection that would contribute to the SAOB of the participants.

The lack of sexual activity and emotional support possibly comes from insecure attachment styles that the spouses learned from their family of origin. When considering a person for ministry, it would be beneficial that the spouse, even if not serving in ministry, needs to be accessed. Without the support and marital harmony of the marriage, the clergy member may be susceptible to SAOB.

Each participant stated that they did not feel validated as a man. This is generated from their childhood and their marital relationship. This topic was crucial to their self-image and impacted their choices to feel worthwhile or powerful. To counter that, we must know that their identity comes from God. Our worth and image are because of who we are: children of God.

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Appendices

Appendix A
IRB Approval

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

May 5, 2023

James Real Richard Green

Re: IRB Exemption - IRB-FY22-23-1380 Study of Clergy Sexual Misconduct in Ministry and what Contributing Factors lead to Sexually Acting Out Behavior by the Clergy Member

Dear James Real, Richard Green,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the

identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP

Administrative Chair

Research Ethics Office

Appendix B

1. Please introduce yourself to me, as if we just met one another.
2. Which range below includes your age?
 - a. 25-29
 - b. 30-39
 - c. 40-49
 - d. 50-59
3. Which of the following describes your marital status?
 - a. Married
 - b. Widowed
 - c. Divorced
 - d. Separated
4. Highest level of education
 - a. High School
 - b. Some college
 - c. Associate degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Doctorate Degree
5. How many children do you have?
 - a. None
 - b. 1
 - c. 2

- d. 3
 - e. 4
 - f. 5
 - g. 5+
6. At what age were you first exposed to pornography?
- a. 3-11
 - b. 12-14
 - c. 15-17
 - d. 18-20

Appendix C

Interview Questions

1. Describe in detail your first experience viewing pornography?
2. Describe in detail your relationship with your mother?
3. Describe in detail your relationship with your father?
4. Describe in detail any trauma you experienced in your childhood?
5. Was there any sexual or physical abuse directed to you by a family member or someone known or unknown by the family?
6. Describe in detail how you used sexual acting out as a coping mechanism?
7. Was there any triggering event that precipitated the onset of your sexual acting out behavior?
8. What circumstances lead to your dealing with your sexual acting out?
9. Describe your marital relationship with your wife and if it contributed to your SAOB?
10. How did your role as pastor play a part in your hypersexual behavior?
11. Describe in detail circumstances in your ministry or life that contributed to maintaining your sexual acting out behavior?
12. Describe in detail your sexual acting out behavior?

Appendix D

Recruitment Letter

Hello [Potential Participant],

As a graduate student in the School of Education in Community and Counseling at Liberty University, I am conducting research as part of the requirements for a Ed.D. degree. The purpose of my research is to look at the precipitating elements and conditions that would lead a person of the clergy to engage in clergy sexual misconduct. The study is to understand and be able to describe the factors involved in what motivates and precipitates a person of the clergy to engage in watching pornography or engaging in sexually immoral behavior with a person other than their spouse. The goal of this study is to be able to identify crucial factors of prospective clergy members and help in the recovery of clergy members who have engaged in sexually immoral behavior. If you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be 25 years of age or older and have been married at least five years. Participants, if willing, will be asked to take an online test which will take approximately 30 minutes. Then, if accepted into the study, participants will take part in two interviews answering a set of questions regarding past experiences in family of origin, martial and ministerial situations. These will last approximately one to one and half hours long in each interview. Names and other identifying information may be requested as part of this study, but the information will remain strictly confidential. My computer is password protected and transcribed interviews are on my computer that only I have access to as it is accessed by my fingerprint.

Would you like to participate? If you answer yes, could I get your email address so I can send you the link to the survey? Would you mind completing this survey and returning it by

sending me your score on the test to my email address? Doing so will indicate that you have read the consent information and would like to take part in the study. If you are selected for further participation, we can set up a time for an interview. If you answer no then I thank you for your time and consideration.

A consent document will be sent to you via email after you complete the online test and only if you are selected for further participation. The consent document contains additional information about my research. If you choose to participate, you will need to sign and return the consent document to me prior to the first interview.

Thank you for your time. Do you have any questions?

James Real

Pastor M.Div., SATP-C, ED.D Candidate



Appendix E

Consent Form

Title of the Project: Study of Clergy Sexual Misconduct in Ministry and what Contributing Factors lead to Sexually Acting Out Behavior by the Clergy Member

Principal Investigator: James Real Graduate Student/Doctoral Candidate Community Care and Counseling, Liberty University

You are invited to participate in a research study. To participate, you must be over the age of 25 and married for at least 5 years. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

The purpose of the study is to understand and describe the factors that motivate and lead up to a person of the clergy to engage in engaging in sexually immoral behavior. This includes viewing pornography and inappropriate sexual relations with persons in your ministry. This study will seek to assist pastors in identifying crucial identifying factors that contribute to a person acting in a diametrically opposed way to what they believe. This study will hopefully help save negative consequences for a clergy member.

If you agree to be in this study, I will ask you to do the following:

1. Take the SAST-R (Sex Addiction Screening Test-Revised). The estimated time to take the test is 30 minutes.
2. If selected, participate in an in-person, zoom call, or telephone interview that will be audio-recorded and will take no more than 1 1/2 hour.
3. Participate in a possible second in-person, zoom call, or telephone interview that will be audio-recorded and will take no more than 1 hour.

The direct benefits participants should expect to receive from taking part in this study include possible awareness of possible factors that led to their sexually acting out behavior that they were not previously aware of.

Benefits to society include more awareness of dangers involved in clergy congregant relations. Also, a benefit to help predict possible future clergy members who may have a background that may precipitate future sexually acting out behavior. This study will also add to research in this area of study and possible advancements in caring for clergy members who have been affected by their sexually acting out behavior.

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, the possibility of psychological stress exists due to recalling your childhood experiences or any past trauma or sexually acting out behavior. To reduce risk, I will monitor participants for any signs of distress, discontinue the interview if needed, and provide referral information for counseling services.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

The records of this study will be kept private. Confidentiality will be of the utmost importance. The finished dissertation will not include any personal information that would make it possible to identify an individual in the study. The information and research records will be stored securely. Only this researcher will have access to the records, as they will be locked away in a safe.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not overhear the conversation.

- If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer and transcribed copies of the interview will be in a locked safe. After three years, all electronic records will be deleted, and all hardcopy records will be shredded.
- Recordings will be stored on a password locked computer for three years until participants have reviewed and confirmed the accuracy of the transcripts and then deleted. The researcher and members of his doctoral committee will not have access to these recordings.

The participants in the study will not be compensated for their participation in the study. Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

The researcher conducting this study is Pastor James Real. You may ask any questions you have now. If you have questions later, you are encouraged to contact me at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Richard Green, at [REDACTED].

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

By signing this document, you are agreeing to the person named below participating in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records/you can print a copy of the document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to video record and transcribe the person named below as part of their participation in this study.

Printed Subject Name

Printed LAR Name and Relationship to Subject

LAR Signature

Date

Appendix F**SAST-R**

The Sexual Addiction Screening Test (SAST) is designed to assist in the assessment of sexually compulsive or “addictive” behavior. Developed in cooperation with hospitals, treatment programs, private therapists and community groups, the SAST provides a profile of responses that help to discriminate between addictive and non-addictive behavior. To complete the test, answer each question by placing a check next to the appropriate yes/no column.

1. YES. NO Did your parents have trouble with sexual behavior?
2. YES. NO Do you often find yourself preoccupied with sexual thoughts?
3. YES. NO Do you ever feel bad about your sexual behavior?
4. YES. NO Has your sexual behavior ever created problems for you/your family
5. YES. NO Have you ever sought help for sexual behavior you did not like
6. YES. NO Has anyone been hurt emotionally because of your sexual behavior
7. YES. NO Are any of your sexual activities against the law?
8. YES. NO Have you made efforts to quit a type of sexual activity and failed
9. YES. NO Do you hide some of your sexual behaviors from other
10. YES. NO Have you felt degraded by your sexual behavior
11. YES. NO When you have sex, do you feel depressed afterwards.
12. YES. NO Do you feel controlled by your sexual desire?
13. YES. NO Have important parts of your life (job, family, friends, leisure activities) been neglected because you were spending too much time on sex?
14. YES. NO Do you ever think your sexual desire is stronger than you are?
15. YES. NO Is sex almost all you think about?

16. YES. ___ NO ___ Has sex become the most important thing in your life
17. YES. ___ NO ___ Have you in crisis over sexual matters
18. YES. ___ NO ___ The Internet has created sexual problems for me.
19. YES. ___ NO ___ I spend too much time online for sexual purposes.
20. YES. ___ NO ___ I have purchased services online for erotic purposes (sites for dating).
21. YES. ___ NO ___ I have made romantic or erotic connections with people online.
22. YES. ___ NO ___ People in my life have been upset about my sexual activities online.
23. YES. ___ NO ___ I have subscribed to or regularly purchased or rented sexually explicit materials (magazines, videos, books or online pornography).
24. YES. ___ NO ___ I have been sexual with minors.
25. YES. ___ NO ___ I have spent considerable time and money on strip clubs, adult bookstores, and movie houses.
26. YES. ___ NO ___ I have engaged prostitutes and escorts to satisfy my sexual needs.
27. YES. ___ NO ___ I have spent considerable time surfing pornography online.
28. YES. ___ NO ___ I have used magazines, videos, or online pornography even when there was.
29. YES. ___ NO ___ I have regularly purchased romantic novels or sexually explicit magazines.
30. YES. ___ NO ___ I have stayed in romantic relationships after they became emotionally abusive.
31. YES. ___ NO ___ I have traded sex for money or gifts?
32. YES. ___ NO ___ After sexually acting out, I sometimes refrain from all sex for a significant period.

33. YES. NO I have regularly engaged in sadomasochistic behavior?
34. YES. NO I visit sexual bathhouses, sex clubs, or video/bookstores as part of my regular sexual activity.
35. YES. NO I have engaged in unsafe or “risky” sex even though I knew it could cause me harm.
36. YES. NO I have cruised public restrooms, rest areas, or parks for sex with strangers.
37. YES. NO I believe casual or anonymous sex has kept me from having more long-term intimate relationships.
38. YES. NO My sexual behavior has put me at risk for arrest for lewd conduct or public indecency.
39. YES. NO I have been paid for sex.
40. YES. NO I visit sexual bathhouses, sex clubs, or video/bookstores as part of my regular sexual activity.
41. YES NO I have engaged in unsafe or “risky” sex even though I knew it could cause me harm.
42. YES NO I have cruised public restrooms, rest areas, or parks for sex with strangers.
43. YES NO I believe casual or anonymous sex has kept me from having more long-term intimate relationships.
44. YES NO My sexual behavior has put me at risk for arrest for lewd conduct or public indecency.
45. YES NO I have been paid for sex.

Appendix G

Sex Addiction Models

