Phalanx Labs

Method paper

Research paper · Version 1.0

How to Stop Watching Porn

Why porn is hard to stop for people who are disciplined everywhere else, what the research says about wanting, novelty, triggers and shame, and what a staged 90-day method targets, day by day

Phalanx Labs

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Where each section sits in the 90 days

Days 1 to 30	Days 31 to 60	Days 61 to 90
Brain chemistry restabilization	Impulse control	Identity rewiring

1 How do you stop watching porn? The short answer — Background

2 Is porn addiction real, and how do you know if you have a problem? — Background

3 Why can't I stop watching porn when I'm disciplined everywhere else? — Days 10 to 18

4 Why do I need newer or more extreme porn to feel anything? — Days 15 to 17

5 Why do I watch porn when I'm stressed, bored, lonely or can't sleep? — Days 3 to 19

6 Why do I feel so ashamed after watching porn, and does the shame keep it going? — Days 68 to 90

7 Does porn cause erectile problems or harm a relationship? — Background

8 What happens when you stop watching porn, and is there withdrawal? — Days 24 to 30

9 Do porn blockers, streak counters and NoFap challenges work? — Days 31 to 43

10 What should I do if I watch porn again after stopping? — Day 15

11 What does the Phalanx program target for someone stopping porn, and when? — Days 26 to 90

12 What do our results show, and what can't this paper tell you?

Background

13 When should you get help from a doctor or therapist, and what is this program not?

Background

Sections	Figures	Tables	References	Reading time
13	13	5	70	75 min

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Abstract

What works to stop watching porn is changing the things that lead you to it, not trying harder when the urge hits. Porn teaches your brain to want it most at certain times: late at night with your phone, when you're stressed, bored or lonely, and whenever you're alone with a screen. It also offers something new every few seconds, so a quick look turns into an hour. People who stop for good usually fix their sleep and their daily routine first. Then they make porn hard to reach, plan what they'll do in each moment that used to lead to it, and deal with the shame that keeps the cycle going. Stopping porn has no dangerous physical withdrawal. If your porn use is tied up with depression, anxiety or thoughts of harming yourself, talk to a doctor or a therapist as well.

This paper explains each part of that answer and the research behind it. It covers whether porn addiction is real and how to tell if you have a problem, why you can be disciplined at work and still lose to porn at night, why it takes newer or more extreme content to hold your attention, why stress, boredom, loneliness and bad sleep set it off, why shame keeps it going, whether porn causes erectile problems or harms relationships, what happens when you stop, whether blockers and streak counters work, and what to do if you watch it again. Each section starts with a short, direct answer. The detail and the evidence follow.

The last part of the paper describes what the Behavior Control System, the 90-day method Phalanx Labs runs with every client, targets for someone stopping porn and on which days. Of the 290+ clients we have worked with across 12 countries over 7 years, 98.4% had already tried and failed to stop before they came to us. We report a 97% success rate, defined as the share of clients who ran the program and stayed off the habit through the program and the six months of aftercare that follow it, and we explain how it is tracked and what it cannot show. It comes from client follow-up, not from a controlled trial. The program is not therapy, clinical care or medical treatment, and it does not replace a doctor or a therapist.

Keywords

how to stop watching porn · porn addiction

compulsive sexual behaviour disorder
problematic pornography use
wanting and liking
triggers
novelty and habituation
moral incongruence
shame
sleep and screens
streaks and relapse
relapse prevention
habit

Section 01

How do you stop watching porn? The short answer

In brief

You stop for good by changing what leads you to porn: your sleep, your evenings, where your phone is, the feelings you've been using it to escape, and the plan you have for the moments the urge comes. Trying harder in the moment is the approach that fails most often.

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Safety note

Stopping porn has no dangerous physical withdrawal, so you don't need a doctor's permission to stop. But porn use that feels out of control often travels with depression, anxiety or loneliness, and the shame around it can be heavy. If your porn use is tied up with low mood, anxiety, trauma or another mental health condition, talk to a doctor or a qualified therapist alongside any program. If you ever have thoughts of harming yourself, contact your local emergency services or a crisis line straight away. If you also drink heavily every day, or take benzodiazepines or other prescription drugs, don't stop those suddenly without your doctor, because that can be dangerous. Section 13 covers this in full.

Most people who want to stop watching porn have already tried. Of the 290+ clients we have worked with across 12 countries over 7 years, 98.4% had already tried and failed to stop before they came to us, and porn is one of the habits they bring to us most often. The attempts are usually sincere and often clever: a blocker on the phone, a streak counter, a challenge with an online group, a promise made right after the last session. The research shows how common that history is. In an online survey of 1,298 men who use porn, about 14% said they were interested in getting help for it, and one of the two things that best predicted that interest was having tried more often to cut back or stop[1]. One of our clients, RJ, put the same history in one line: “I had tried pretty much everything, using willpower, motivation, no fap. None of it worked.”

The usual explanation for those failures is a lack of willpower. That explanation is wrong in a specific and useful way. Willpower, in the sense of deliberate control by the front of the brain, is real. But it's the ability most easily taken offline by the conditions in which most porn use happens: stress, tiredness, a late hour and the presence of something that has led to porn before[2-4]. So the decision not to watch is made by a rested person in the morning and has to be carried out by a tired, stressed person alone with a phone at midnight. People are poor at predicting how differently they'll feel in that second state[5]. Porn adds a problem of its own. In 1998 the psychologist Al Cooper described what makes sex on the internet so powerful as a “Triple A Engine”: access, affordability and anonymity[6]. Today all three sit in the phone in your pocket, so the trigger and the means are in the same place all day.

Modern research explains what happens underneath. Matthias Brand and colleagues describe problem use of the internet, porn included, as the meeting of four things: what a person brings (their temperament, their history and their stresses), how they feel and think when a trigger appears, how much control they have in that moment, and the conditioning that builds up every time a session brings relief or pleasure[7]. Over time, the urge set off by a trigger grows stronger and the control available to meet it grows weaker. The rest of this paper takes those pieces one at a time: the wanting that runs ahead of the enjoyment (Section 3), the novelty that keeps a session going (Section 4), the moods and moments that start one (Section 5) and the shame that keeps the cycle turning (Section 6).

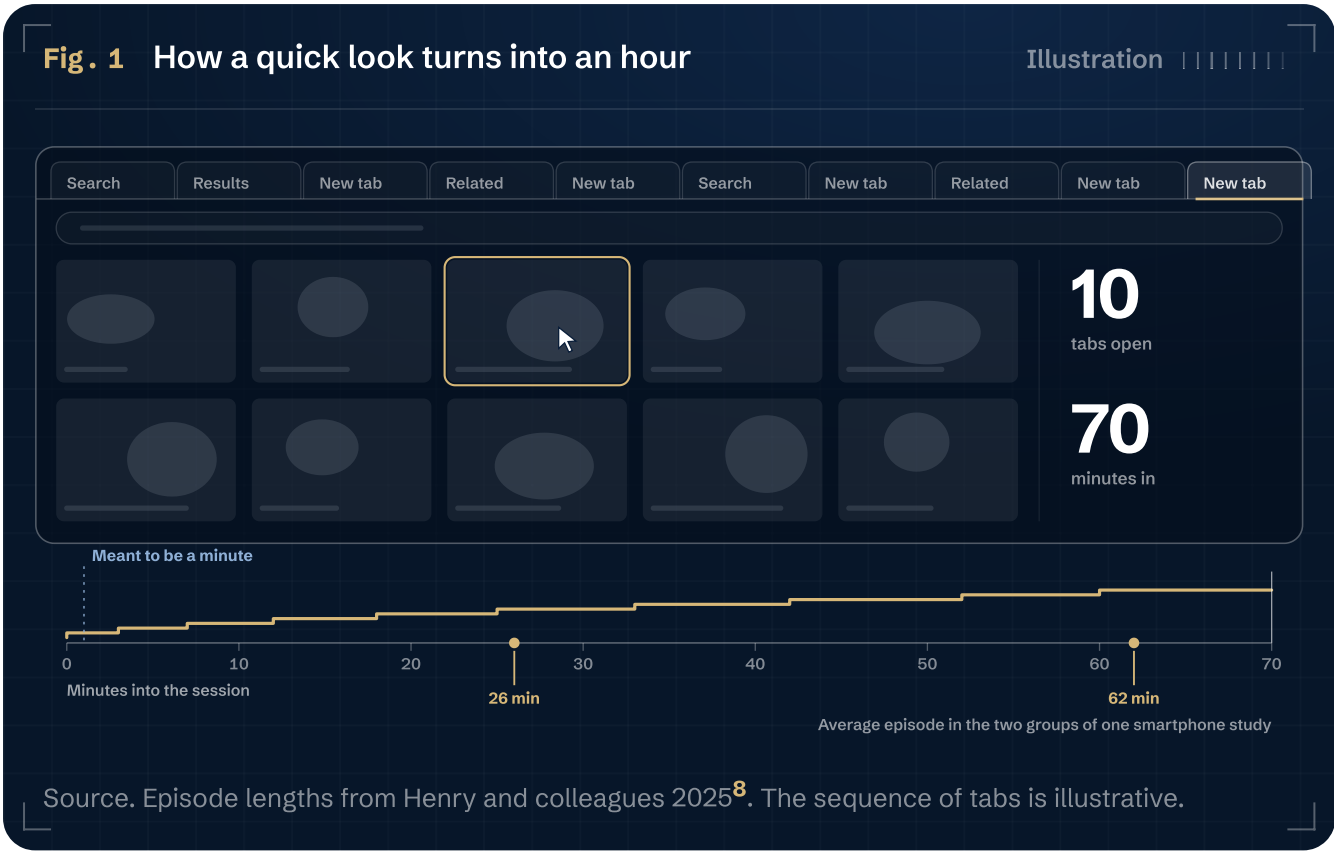


Figure 1. A session drawn as the browser it happens in. Each new tab is another search, another page of results, another chance that the next one is the one. The order of tabs is an illustration, not data. The times on the ruler are measured: in a 2025 smartphone study of 22 people who used porn, the average episode lasted about 26 minutes in one group and about 62 minutes in the other[8]. No image is shown; every tile is an empty shape.

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Table 1. The ways people most often try to stop watching porn, what each one changes, and what each one leaves in place. These are the attempts our clients most often describe before they come to us.

Attempt	What it changes	What it leaves in place
Stopping on resolve after a bad session	The decision, at the moment of regret	The late nights, the phone in bed, the stress and the loneliness that started the last session. It relies on self-control at exactly the time it is weakest.
A blocker on the phone or laptop	How easy porn is to reach	The urge, the hours alone and every route the blocker doesn't cover. A blocker adds distance; it doesn't give you anything to do when the urge comes.
A streak counter or a no-porn challenge	Attention, and a goal measured in days	Porn stays at the centre of every day, and one relapse sends the count back to zero, which can turn one session into a binge (Section 10).
An accountability partner or app	Secrecy, a little	The triggers and the plan. Being watched can add shame without adding a response to the urge.
Rules: only on weekends, only certain sites	How often and where	Each permitted session wakes up the learned urge, so the rule has to be kept by the person least able to keep it.
Reading, videos and podcasts about porn	Understanding	Knowing why the urge happens doesn't give you a prepared response for the moment it starts.

The rest of this paper takes the questions people ask about stopping porn one at a time. Section 2 asks whether porn addiction is real and how to tell if you have a problem. Sections 3 to 6 explain why porn is hard to stop: wanting that outruns enjoyment, novelty, the moods and moments that set it off, and shame. Section 7 deals with erectile problems and relationships, Section 8 with what happens when you stop, Section 9 with blockers, streak counters and challenges, and Section 10 with what to do if you watch porn again. Section 11 sets out what the Behavior Control System targets for someone stopping porn, day by day, and Section 12 reports our results and the limits of this paper. Section 13 covers when to get help from a doctor or therapist. Where the program is described, we say what each day targets and why. We do not publish how.

Section 02

Is porn addiction real, and how do you know if you have a problem?

In brief

Researchers still argue about the word addiction, but the World Health Organization recognises compulsive sexual behaviour disorder, which can include porn. What matters is whether you've lost control and what it's costing you, not how often you watch.

Whether porn can be an addiction in the same sense as alcohol or cocaine is still debated. The World Health Organization's classification of diseases, ICD-11, settled part of the question by including compulsive sexual behaviour disorder, which can include porn use[9]. It describes a persistent pattern of failing to control intense, repeated sexual urges, so that the behaviour goes on over a long period, for example six months or more, and causes marked distress or real harm to a person's life. You don't need a diagnosis to know whether porn is running your life. The useful questions are about control and cost: whether you've tried to stop and couldn't, whether it takes more time than you meant to give it, whether you keep going when you don't even enjoy it, and what it's taking from your sleep, your work and the people close to you. How many times a week you watch matters much less than most people think.

2.1 What the diagnosis describes

The ICD-11 guidelines were set out by a group of researchers including Shane Kraus, Richard Krueger and Peer Briken, and they place compulsive sexual behaviour disorder among the impulse control disorders, not the addictions[9]. The placing was a compromise. Some researchers see out-of-control porn use as a behavioural addiction that works through the same reward system as drugs, and some of the brain research in Section 3 supports parts of that view. Others think the addiction label gets ahead of the evidence and that many people who call themselves addicted are describing something else, as Section 6 explains. For someone trying to stop, the debate matters less than the description, which fits what most people in this position tell us.

Table 2. The features of compulsive sexual behaviour disorder described in the ICD-11 guidelines, in plain words, with what each one tends to look like for porn. A diagnosis needs a persistent pattern over an extended period and marked distress or impairment, and only a qualified clinician can make it. Paraphrased from Kraus and colleagues[9].

Feature in the guidelines	What it tends to look like with porn
Repeated sexual activity has become a central focus of life	Planning around time alone, thinking about the next session during the day, staying up for it
Health, personal care, other interests or responsibilities are neglected	Lost sleep, work left unfinished, exercise, friends and hobbies pushed out
Many unsuccessful efforts to control or cut down	Blockers, streaks, challenges and promises that hold for days or weeks, then break
Carrying on despite harm	Carrying on after it has caused trouble with a partner, at work or with your own sense of yourself
Carrying on when it brings little or no satisfaction	Watching longer and searching harder while enjoying it less
Not diagnosed from distress that comes only from moral judgment	Feeling bad because porn conflicts with your values is real distress, but on its own it doesn't meet the definition (Section 6)

2.2 How many people struggle with it

Studies that ask large samples of the general population give a sense of scale. Joshua Grubbs and colleagues surveyed 2,075 adult internet users in the United States, matched to the population; most had seen porn at some point and just over half had used it in the past year. Roughly 11% of men and 3% of women agreed at least somewhat with the statement "I am addicted to pornography"[10]. A wider measure, which counts distress or impairment from difficulty controlling any sexual urges or behaviour, not just porn, found clinically relevant levels in 10.3% of men and 7.0% of women in a nationally representative sample of 2,325 American adults aged 18 to 50[11]. Using a stricter scale built to separate problematic from non-problematic porn use, Beáta Bőthe and colleagues placed 3.6% of 772 users in an at-risk group[12]. The numbers differ because the questions differ, but they agree on the shape: a minority of users, mostly but not only men, and far more people than ever ask for help.

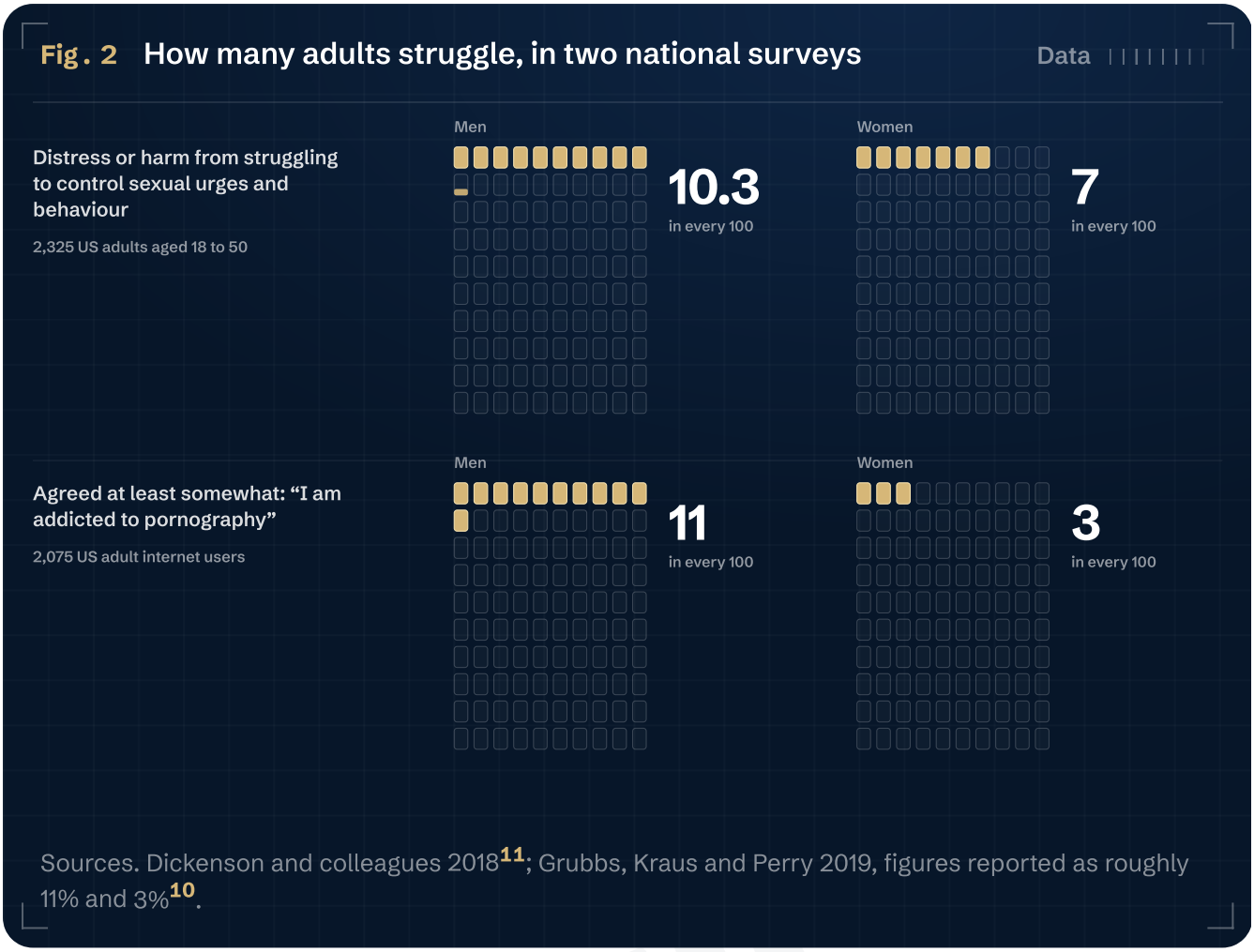


Figure 2. Each wall is a hundred adults, and each lit phone is one of them. Top: the share of a nationally representative sample of American adults whose difficulty controlling sexual urges and behaviour, porn included, caused clinically relevant distress or impairment[11]. Bottom: the share of a sample matched to the American population who agreed at least somewhat that they were addicted to porn; the authors report these figures as roughly 11% and 3%[10].

Wanting help and getting it are far apart. In Kraus's survey of 1,298 men, about 14% were interested in treatment for their porn use, but only 6.4% had ever sought it[1]. Women are studied less often but are not absent from the problem. In a survey of 719 women in Poland, 39 were seeking treatment for problematic porn use, and for them the amount of porn they used predicted seeking help, alongside the problems it caused and how religious they were[13]. Most of the studies in this paper were done with men, and we say so where it matters.

2.3 Why how often you watch matters less than you'd think

Many people try to judge their own use by a number: once a day is too much, twice a week is fine. The research doesn't support that. Mateusz Gola and colleagues studied 569 men, 132 of whom were seeking treatment for problematic porn use, to see what separated the two groups[14]. How often a man watched was only weakly related to whether he sought treatment, and that link ran almost

entirely through the problems porn was causing him. In their model, how often the men watched accounted for 1% of the difference in who sought treatment; the negative symptoms of their use accounted for 42%. Some men watched often without distress and without seeking help; others watched less and were seeking treatment because of what it was doing to them.



Figure 3. Each screen's signal is as strong as the share of the difference that measure explained in a study of 569 men, 132 of them seeking treatment for problematic porn use[14]. How often they watched explained 1%, close to a flat line; the problems porn caused them, such as loss of control and harm to their lives, explained 42%. Frequency and treatment seeking were weakly correlated (r = 0.21), and almost all of that link ran through the problems.

So a better self-check asks about control and cost. These questions come from the features in Table 2, not from a scored test, and they don't diagnose anything. They are the questions we find most useful to start with.

- Have you tried to stop or cut down, more than once, and found you couldn't keep it up?
- Do sessions often last much longer than you meant them to?
- Do you keep searching or watching when you're not even enjoying it?
- Has it cost you sleep, work, money, exercise or time with people you care about?
- Do you use it mainly to get away from stress, boredom, loneliness or a low mood?
- Do you hide it, and does hiding it weigh on you?

Definition: problematic porn use

Researchers use “problematic pornography use” for porn use that a person finds hard to control and that causes them distress or harms their life. Compulsive sexual behaviour disorder is the clinical diagnosis in ICD-11 for a persistent, severe form of the same pattern, which may involve porn or other sexual behaviour[9]. This paper uses plain words for both: porn use that feels out of control.

Section 03

Why can't I stop watching porn when I'm disciplined everywhere else?

Days 10 to 18, Brain chemistry restabilization

In brief

Discipline at work runs on planning in calm conditions. Porn use happens in the conditions that take planning offline, and it's set off by triggers your brain has learned to treat as a signal. In people who struggle with it, the wanting grows stronger while the enjoyment doesn't.

You can be disciplined at work and still lose to porn because the two run on different systems in different conditions. At work you plan, you're rested enough, other people are around, and the rewards for self-control are close and clear. Porn usually happens late, alone, tired or stressed, with no one around and the reward a tap away. Brain imaging studies of people who struggle with porn also show the urge working in a specific way: their reward system responds more strongly to the signals that porn is coming, and they report wanting it more, without enjoying it any more than other people do. That gap between wanting and enjoyment is the same pattern researchers describe in drug addiction[15, 16].

3.1 Wanting runs ahead of liking

Kent Berridge and Terry Robinson showed that the brain treats wanting something and liking it as separate processes. Liking is the pleasure itself. Wanting is the drive to go and get it, carried largely by dopamine, and it attaches to the signals that predict the reward[15]. In addiction, wanting can grow stronger and stronger while liking stays the same or fades. That is why someone can feel a powerful urge for something they no longer much enjoy.

Several studies have now found this pattern with porn. Valerie Voon and colleagues in Cambridge scanned 19 men with compulsive sexual behaviour and 19 men without while they watched short sexually explicit videos[17]. The men who struggled reported more sexual desire for the explicit videos, but their liking ratings were similar to the other men's. Their brains responded more strongly in three regions known from drug research, the dorsal anterior cingulate, the ventral striatum and the amygdala, and the more these regions worked together, the more desire the men reported, but not the more they liked what they saw. In a follow-up with the same groups, the men who struggled had their attention captured sooner by explicit images, the same kind of bias seen with drug triggers[18].

Mateusz Gola and colleagues then separated the moment of wanting from the moment of the reward[16]. They scanned 28 men seeking treatment for problematic porn use and 24 men without it while the men played a simple game. A symbol told them what reward was coming, they waited, and then they received either an erotic picture or some money. The two groups' reward systems responded the same way to the erotic pictures themselves. They differed at the symbol that predicted an erotic picture: the men seeking treatment showed a stronger response in the ventral striatum, and this was not true for symbols that predicted money. The stronger that response, the harder the men worked in the game to see the pictures, and the more porn they used each week.

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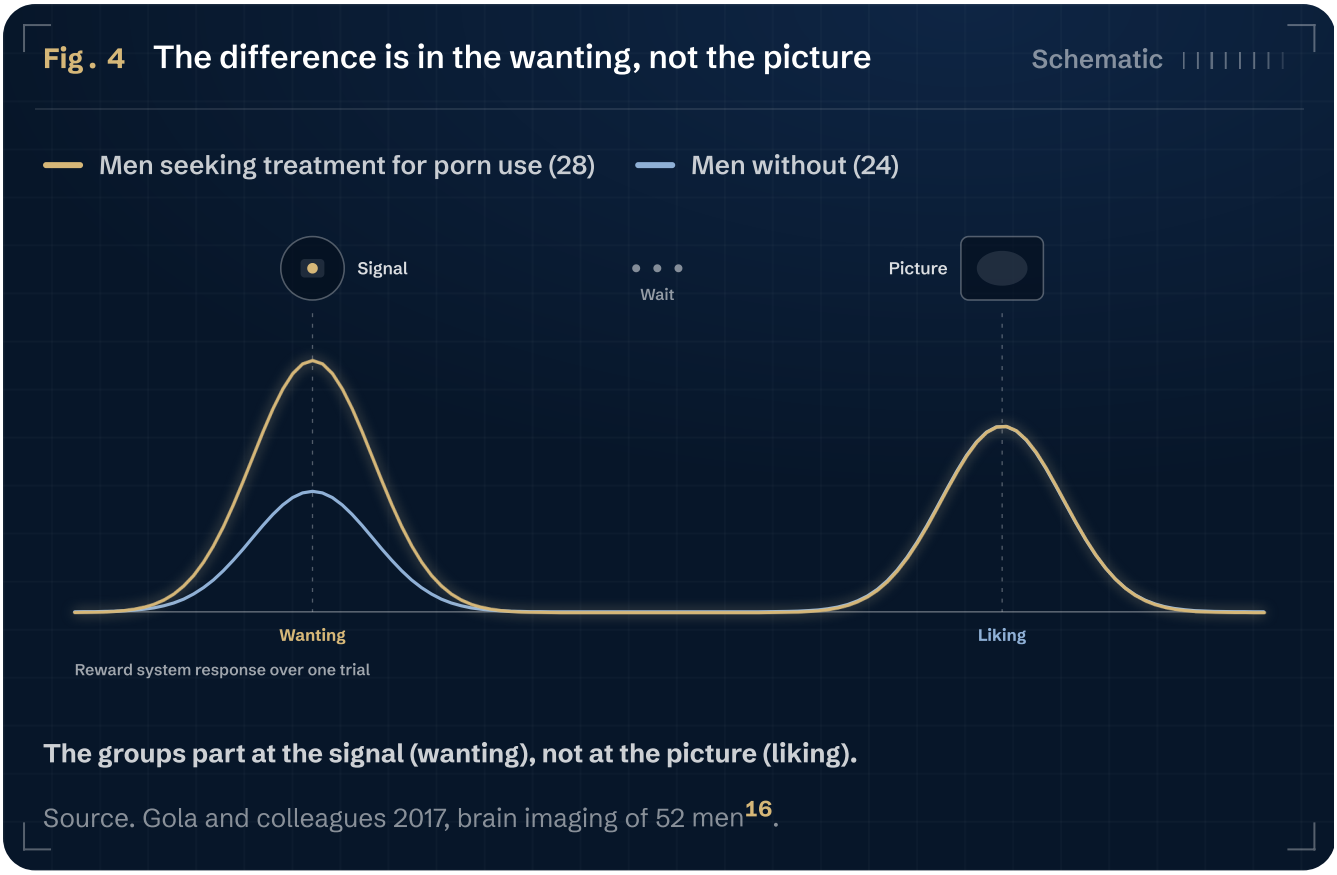


Figure 4. One trial of the task Gola and colleagues used: a signal says what is coming, there is a wait, then the reward arrives. Drawn as a schematic of the reported result, not as measured values. Men seeking treatment for porn use (gold) and men without (steel) responded alike to the erotic pictures themselves (liking), but the men seeking treatment responded more strongly to the signal that predicted an erotic picture (wanting). For signals that predicted money, the groups did not differ[16]. The pictures in the drawing are empty shapes.

Other groups have found the same thing from different angles. Matthias Brand and colleagues found that the ventral striatum responded more to the kinds of porn a man preferred than to other kinds, and that this response was stronger the more symptoms of problem use he reported[19]. Christian Laier and colleagues showed men a hundred porn images and found that how aroused they became and how strongly they craved more predicted their tendency toward problem use. In the same studies, the number and quality of the men's real-life sexual contacts did not[20]. That last finding is worth holding on to. Porn use that feels out of control is not simply a sign of an unsatisfying sex life. It is a learned response to the screen.

Definition: wanting and liking

Liking is the pleasure of a reward when you get it. Wanting is the drive to go and get it, and it attaches to anything that signals the reward is near: a time of day, a mood, an app, a thumbnail. In compulsive porn use, wanting tends to grow while liking doesn't, which is why the urge can be strongest for something you no longer much enjoy[15].

3.2 How triggers are learned

Wanting attaches to triggers through ordinary learning. Each time a reward follows a signal, the brain strengthens the link, and when a reward is better than expected, dopamine neurons fire in a way that teaches the brain to pay attention to whatever came just before[21]. Tim Klucken and colleagues tested this directly. While 20 men with compulsive sexual behaviour and 20 men without lay in a scanner, one neutral shape was repeatedly followed by a sexual image and a second shape was not[22]. The men who struggled showed more activity in the amygdala as they learned which shape predicted the image, which the authors read as easier learning, and weaker coupling between the ventral striatum and the prefrontal cortex, which they read as a sign of weaker regulation. Paula Banca and colleagues found that men with compulsive sexual behaviour preferred symbols that had been paired with sexual images or with money more strongly than other men did[23].

Outside the laboratory, the symbols are the details of your own life: your bed, the bathroom, a hotel room, the hour after everyone else is asleep, the end of a long day, a certain app, a certain kind of image in a feed. Across many studies of drugs, alcohol and tobacco, triggers like these reliably set off craving and a measurable bodily response[24]. With repetition, the behaviour they set off becomes a habit that runs with less and less deliberate choice[25, 26]. That's why the urge can arrive before you've made any decision at all.

3.3 The conditions that take control offline

The other half of the problem is what happens to control. Stress shifts the brain away from goal-directed control and toward habit. In one experiment, people who had been put under stress went on working for a reward they had just been shown they no longer wanted, while unstressed people stopped[3]. Stress chemistry also weakens the prefrontal cortex, the part of the brain that holds a plan in mind and overrides an impulse[2]. Lack of sleep does something similar. After a night without sleep, the amygdala responded more strongly to upsetting images and its connection with the prefrontal cortex, which normally keeps it in check, weakened[27]. One night without sleep also reduced the availability of dopamine receptors in the ventral striatum, the same part of the reward system involved in wanting[28]. Put together, the hours when porn is most available, late at night after a hard day, are the hours when the urge is strongest and control is weakest.

3.4 What the brain scans don't show

It's easy to read too much into these studies. Most were small, most included only men, and almost all compared people at one point in time. They show that people who struggle with porn respond differently to it. They don't show that porn caused the difference. Simone Kühn and Jürgen Gallinat found that among 64 healthy men, those who reported more hours of porn a week had less grey matter in part of the striatum and a weaker connection between it and the prefrontal cortex[29]. The authors were careful to say that this could be an effect of heavy use or a difference that existed beforehand and made porn more rewarding. We use these studies for the mechanism they describe, wanting, triggers and control, and not as proof that porn damages the brain.

In the program · Phase 1, Brain chemistry restabilization — **Days 10 to 18**

Days 10 to 12	**The loop, and cheap versus earned reward** The client learns the cycle beneath their habit, from the feeling that starts it to the guilt after, and the case for stopping completely rather than cutting down. They take an inventory of the cheap, unearned rewards in their life, porn among them, and of the earned rewards that will replace them.
Day 18	**Noticing the moment** Awareness training begins: noticing, in real time, the situation, thought and feeling that come before an urge, while there is still time to respond. For porn, the program's own example is being alone in your room and recognising that this is one of those moments.

Section 04

Why do I need newer or more extreme porn to feel anything?

Days 15 to 17, Brain chemistry restabilization

In brief

Seeing the same thing again dulls the response to it, and something new brings it back. Internet porn offers endless novelty, and the search itself, with its chance that the next one might be the one, keeps

the reward system busy. People who struggle with porn prefer novelty more strongly.

Many people notice that over the years it takes newer, more varied or more extreme porn to hold their attention, and that they spend more time searching than watching. Two ordinary processes explain most of it. The first is habituation: when you see the same thing again and again, your response to it fades, and when something new appears, it comes back. The second is the uncertainty of the search: the brain's reward system becomes especially active while waiting for a reward that might or might not come. Internet porn feeds both without limit. A study of men with compulsive sexual behaviour also found they preferred new sexual images more strongly than other men did[23]. None of this means your tastes are fixed or that you're broken. It means the reward system is doing what it does, in a setting built to keep it going.

4.1 Habituation, and the return of the new

Habituation of sexual arousal has been measured in the laboratory for decades. In a study by Elke Koukounas and Ray Over, 16 men watched the same short erotic film segment many times, or repeated the same fantasy[30]. Both their physical arousal and the arousal they reported fell across the repetitions, and they said they felt less absorbed in what they were watching. When a new film was introduced, arousal rose again. The decline is not a fault. Habituation is how the nervous system stops spending attention on things it has already learned about, and it happens with almost every kind of stimulus.

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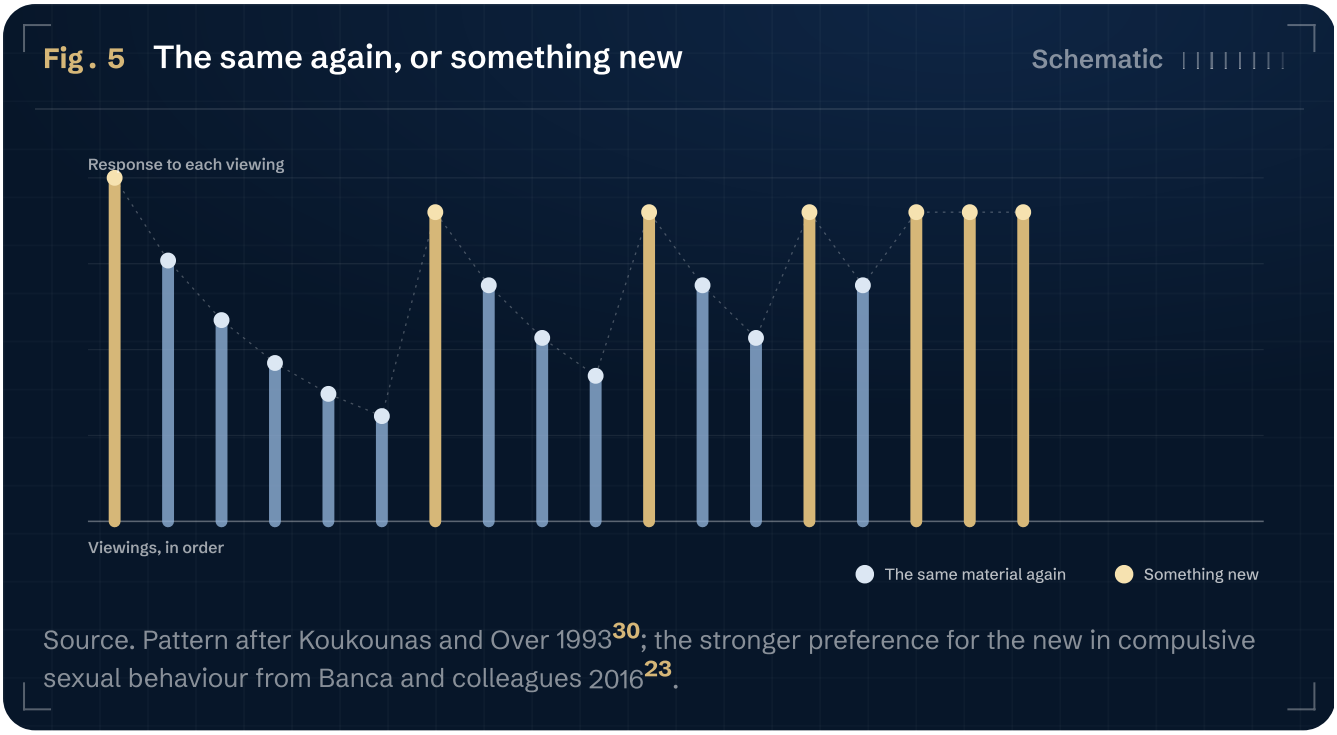


Figure 5. Each spike is one viewing. Repeating the same material (steel) lowers the response each time; something new (gold) brings most of it back. This is the pattern Koukounas and Over measured in 16 men: arousal fell with repetition and rose again when new material was introduced[30]. The heights are a schematic of that pattern, not their measurements. Use the buttons to add viewings of your own.

The difference in people who struggle is in how strongly the new draws them. Banca and colleagues gave 22 men with compulsive sexual behaviour and 40 men without a choice task in which some images were familiar and some were new[23]. The men who struggled preferred new sexual images more than the other men did, compared with their preference for new images of other kinds. In the scanner, the dorsal cingulate, a region involved in attention to rewards, habituated more in these men to repeated sexual images than to repeated images of money, and the more it habituated, the stronger their preference for sexual novelty. The authors suggest that a reward system that tires of the familiar sooner, in a world that offers the new without limit, is one reason use escalates.

4.2 Why the search itself is rewarding

The second process explains why so much of a session is spent looking rather than watching. Dopamine neurons do more than respond to rewards. Christopher Fiorillo, Philippe Tobler and Wolfram Schultz trained monkeys on signals that predicted a reward with different chances, from never to always[31]. Besides the familiar burst of activity when a reward was better than expected[21], they found a second, slower response that built up during the wait for the reward. It was largest when the chance of the reward was fifty-fifty and smallest when the outcome was certain either way. Uncertainty itself held the reward system's attention.

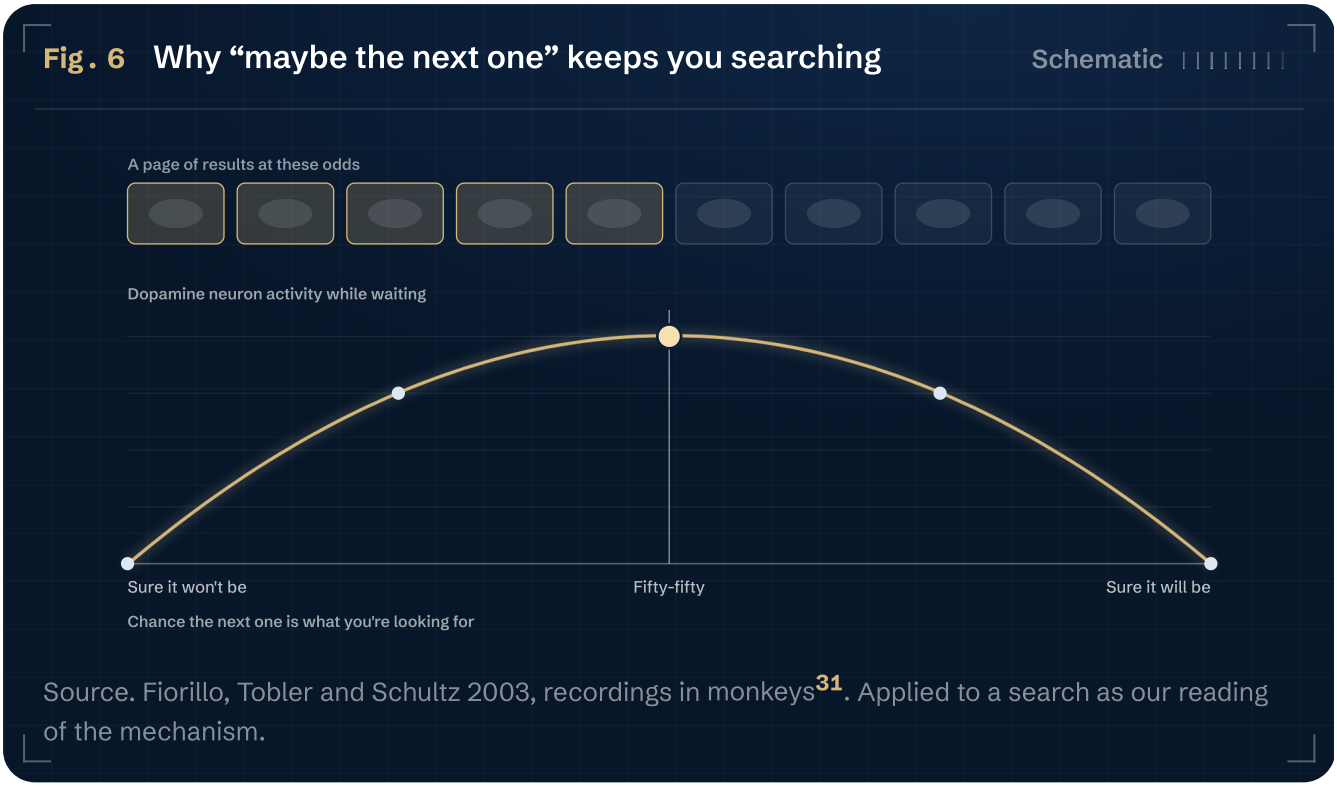


Figure 6. In monkeys trained on signals that predicted a reward with a chance of 0%, 25%, 50%, 75% or 100% (the five dots), dopamine neurons showed a slow rise in activity while waiting that was largest when the outcome was most uncertain[31]. The curve is a schematic of that shape. The row of tiles shows what the same odds look like on a page of results. Applying this to a porn search is our reading of the mechanism, not something the study tested.

A porn search is close to an ideal machine for that kind of uncertainty. Every page of results holds the chance that the next thumbnail will be better than the last, and the chance is never certain either way. Add habituation, which keeps lowering the response to what you've already seen, and the result is the pattern people describe: more tabs, more searching, less satisfaction, and a session that runs far longer than planned. Researchers who followed nine men in treatment with a ten-week diary found that six of them had binges of porn use and masturbation lasting several hours or happening many times a day, and that the binges went with low mood, stress or anxiety[32].

4.3 What this means for stopping

Two practical points follow. First, rules that allow some porn, a certain amount or a certain kind, run straight into this mechanism. Each permitted session restarts the search and the habituation, and the urge for something newer is strongest when you're tired and alone. Second, the reward system doesn't go quiet when porn stops. It needs other rewards, and the ones that compete best with cheap, instant rewards are those that are earned through effort and matter to the person[33, 34]. That's why the program puts a demanding new pursuit into the client's life in the first month, before the urges of the second month are at their most testing.

In the program · Phase 1, Brain chemistry restabilization **Days 15 to 17**

Day 15	**Porn stops, along with the habits that travel with it** Porn stops on Day 15, after two weeks of groundwork, together with the other cheap reward sources on the client's list. Porn often travels with other habits, such as a drink or a joint that lowers the guard, or an hour of scrolling that puts the trigger in front of you, so the program has the client find their core habit and stop the linked habits together.
Day 17	**A demanding new pursuit** The client begins a pursuit they care about that takes effort, time and attention, to give the reward system something earned to work for and to fill hours that porn used to fill.

Section 05

Why do I watch porn when I'm stressed, bored, lonely or can't sleep?

Days 3 to 19, Brain chemistry restabilization

In brief

Because porn has become a fast way to change how you feel. In the best study of real sessions as they happened, the triggers people named most were sleep, craving, browsing, boredom, loneliness and stress. Late nights with a phone in bed bring several of them together.

You watch porn when you're stressed, bored, lonely or can't sleep because, over time, it has become one of the quickest ways you have to change how you feel. It distracts, it soothes for a while and it fills empty time, so the brain learns to reach for it whenever those feelings show up. Research that tracks people through their day finds the same short list again and again: trouble sleeping or winding down, craving itself, browsing the internet or social media, boredom, loneliness and stress. Men who report more problem use also report more stress in daily life and say they use porn more to escape bad feelings[35]. The relief is real but brief, which is why the feeling comes back, and the urge with it.

5.1 What sets sessions off

Most studies ask people to remember why they watched. A 2025 study by Nathan Henry and colleagues in New Zealand asked them as it happened[8]. For four weeks, 22 people who used porn answered short surveys on their phones five times a day and after every sexual episode; 20 of the 22 scored at or above the usual cut-off for problem use on a standard scale. The researchers recorded 162 porn episodes, asked what set each one off in the person's own words, and sorted the answers into categories. The six named most often are in Figure 7. Sleep came first. In the study's definition it covers using porn as a sleep aid, as part of winding down or waking up, and nights when the person couldn't sleep or woke in the night.

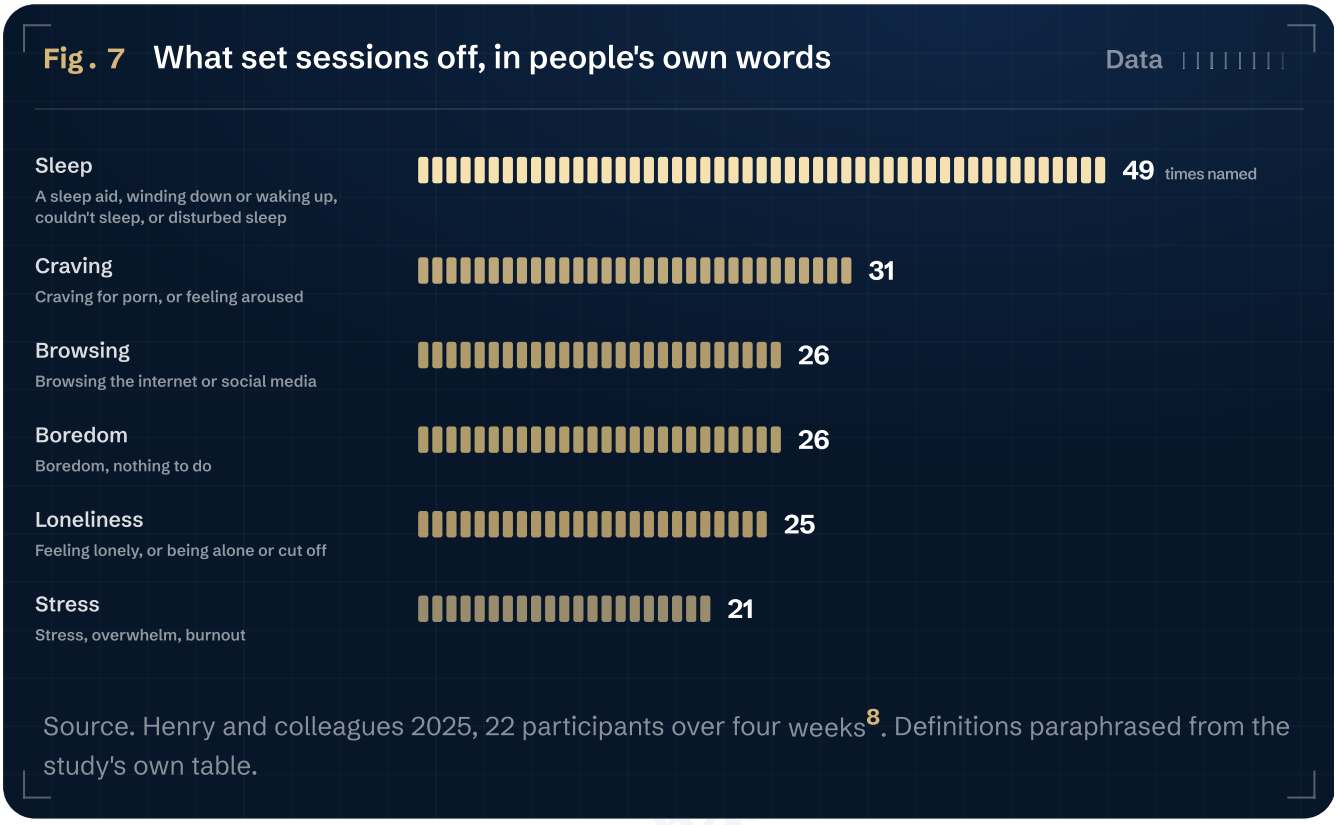


Figure 7. Each lit cell is one time a participant named that trigger in a four-week smartphone study of 22 people who used porn[8]. The six triggers named most often are shown, with what each category covered in the study's own definitions. The paper doesn't say how many answers in total the counts come from, or whether one answer could fall into more than one category, so the counts show order, not shares.

Other studies point the same way. In a ten-week diary study of nine men seeking treatment, all of them had high anxiety and described porn as a way to manage their mood and stress, and their binges went with lower mood or higher stress and anxiety[32]. Laier and Brand followed men watching porn in their own homes and found that those with more problem use felt worse before they started and, though their mood lifted while they watched, they still felt worse afterwards than men with fewer problems[35]. A survey of 1,247 people found that porn use and loneliness went

together, and the authors proposed that each may feed the other[36]. One of our clients, Juan Carlos, a senior product manager in Spain, described the shape of it: “It was kind of my day-to-day. I was just waiting to arrive home to indulge myself. I was doing okay, but I wasn't fulfilled.”

What these studies can't tell you

Henry's study is small and was designed to explore, not to prove. Its surveys went out between 9 in the morning and 9 at night, so it says little about the hours after midnight, and we found no study that measures when in the day people watch porn. The trigger counts tell you which situations come up most, not how risky any one of them is for you. Your own log is the better guide (Section 11).

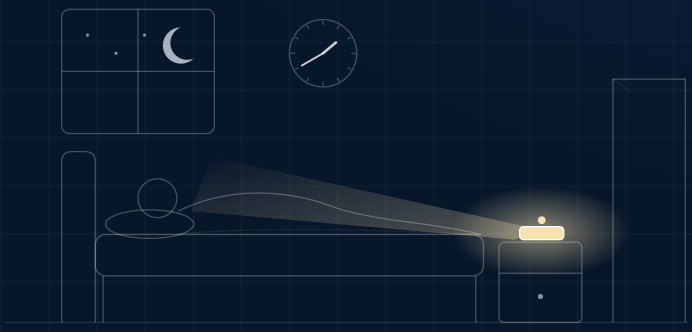
5.2 The phone in bed at night

For many people, the riskiest place is their own bed. The phone that will deliver the porn is already there, nobody else is awake, the day's stress is still running and the tired brain has the least control it will have all day (Section 3). Phones in the bedroom are common: in a survey of 844 adults in Belgium, six out of ten took their phone to the bedroom, and using it after lights out went with worse sleep, more insomnia and more tiredness the next day[37]. Screens also delay sleep directly. In a carefully controlled study by Anne-Marie Chang and colleagues, young adults who read on a light-emitting tablet for about four hours before bed took about ten minutes longer to fall asleep than when they read a printed book, made less of the sleep hormone melatonin in the evening, had their body clock pushed more than an hour and a half later, and felt less alert the next morning[38].

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Fig. 8 The phone in the bedroom

Illustration



6 in 10

adults in a Belgian survey of 844 took their phone to the bedroom[37]

10 min

longer to fall asleep after about four hours of reading on a light-emitting screen[38]

55%

less melatonin, the evening sleep hormone, while reading on the screen[38]

1.5 h

and more: how much later the body clock ran after five evenings of screen reading[38]

Sources. Exelmans and Van den Bulck 2016[37]; Chang and colleagues 2015, 12 young adults in a sleep laboratory[38].

Figure 8. A bedroom drawn as line art, with the phone on the nightstand and then outside the door. The numbers beside it are measured: how many adults took their phone to the bedroom in one survey[37], and what about four hours of reading on a light-emitting screen before bed did to sleep compared with a printed book[38]. The drawing shows a person asleep; nothing in it is explicit.

A later body clock and shorter sleep make the next evening harder, which helps explain why a run of late nights so often ends in a session. That is why the program starts with sleep and with where the phone spends the night. It isn't a wellness add-on. It removes the single setting in which most of the triggers in Figure 7 meet. The program's own lesson on the phone makes the reason for porn explicit: the phone stays out of the bedroom so that the last and first minutes of the day aren't spent alone with it.

In the program · Phase 1, Brain chemistry restabilization **Days 3 to 19**

Days 3 to 5	**Sleep, light, and the phone out of the bedroom** The client fixes their sleep and wake times, gets daylight in the morning, lowers light in the evening and moves the phone out of the bedroom, so that the hours around sleep stop being the hours most open to porn.
Days 6, 7, 16 and 19	**The body, stress and mood** Training, daily meditation, heat and cold exposure and breathing work give the client other ways to change how they feel, so that stress, boredom and low mood stop having only one fast answer.

Section 06

Why do I feel so ashamed after watching porn, and does the shame keep it going?

Days 68 to 90, Identity rewiring

In brief

Shame after porn is common, and it's strongest when porn conflicts with your own values. Shame lowers mood and pushes people to hide, and low mood and isolation are among the things that start the next session. Guilt about what you did is more useful than shame about who you are.

Many people feel ashamed after watching porn, and the shame is strongest when porn goes against their own values, whether those values are religious, moral or about the person they want to be. Shame feels like it should stop the habit, but it tends to do the opposite. It lowers mood, makes people hide and pulls them away from others, and low mood and isolation are among the most common triggers for the next session (Section 5). That creates a loop: the session brings shame, the shame brings a low mood, and the low mood sets up the next session. The research also separates shame from guilt. Shame says “I am bad” and is linked to more compulsive behaviour; guilt says “I did something I regret” and is linked to trying to change[39].

6.1 When porn conflicts with your values

Joshua Grubbs and his colleagues have spent a decade on one question: why some people who watch porn feel addicted to it and others who watch as much don't. In their first studies, people who were more religious were more likely to feel addicted, even after taking into account how much porn they actually watched, and the link ran through how strongly they disapproved of their own use[40]. In a later study that followed two groups for a year, feeling addicted was strongly related to moral disapproval of one's own use at the time, and moral disapproval at the start predicted feeling addicted a year later. The amount of porn a person watched each day was only weakly related to feeling addicted a year later, and the evidence for even that link was inconclusive[41]. In a nationally representative sample of 2,519 American adults, how religious people were changed how strongly their porn use was linked to feeling addicted[42].

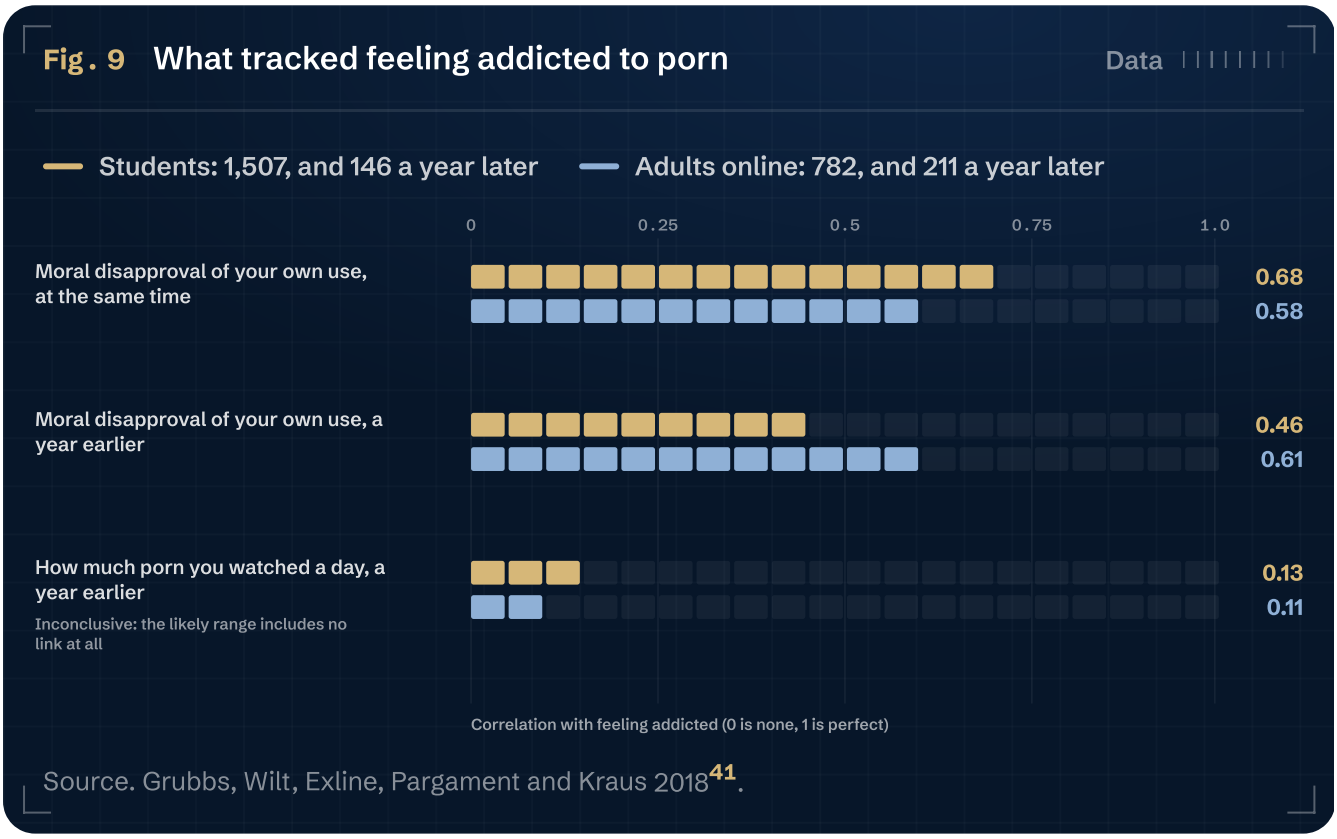


Figure 9. Each meter lights to the correlation Grubbs and colleagues reported between feeling addicted to porn and three measures, in two samples of adults who had used porn in the past six months: university students (gold) and adults recruited online (steel)[41]. Moral disapproval of one's own use lit most of the meter, at the same time and a year later. How much porn people watched a day barely lit it, and that evidence was inconclusive.

Grubbs and colleagues call this pattern moral incongruence: the gap between what a person does and what they believe they should do[43]. It has been misread in two opposite ways. Some take it to mean that people who feel addicted are simply religious and that their problem isn't real. That's wrong. Moral incongruence is a real source of distress and of the loss of control that people describe, and in the studies above it predicted lasting distress. Others take it to mean that their

values are the problem and should be dropped. That isn't what the research says either, and it isn't a decision this paper or a program can make for anyone. The practical point is narrower. For someone whose porn use conflicts with their values, shame is likely to be a large part of the cycle, and working on it is part of stopping. ICD-11 also says the diagnosis of compulsive sexual behaviour disorder shouldn't rest only on distress about moral judgments[9].

6.2 How shame keeps the cycle going

Henry's smartphone study also measured how people felt before and after each session, and it split them by how strongly their porn use conflicted with their values[8]. In the group with high conflict, craving for porn spiked before sessions, and after them shame and guilt rose, mood fell and people felt less connected to the people in their lives. These shifts typically lasted several hours before fading. In the group with low conflict, mood didn't fall after sessions, and craving rose after them rather than before. Both groups reported more difficulty thinking clearly afterwards. The authors describe the fall in mood in that group as an opponent process, an after-effect that runs the opposite way to the session, and suggest it as one way problem porn use could lead to low mood over time. It was a small, exploratory study, so it suggests a mechanism; it doesn't prove one.

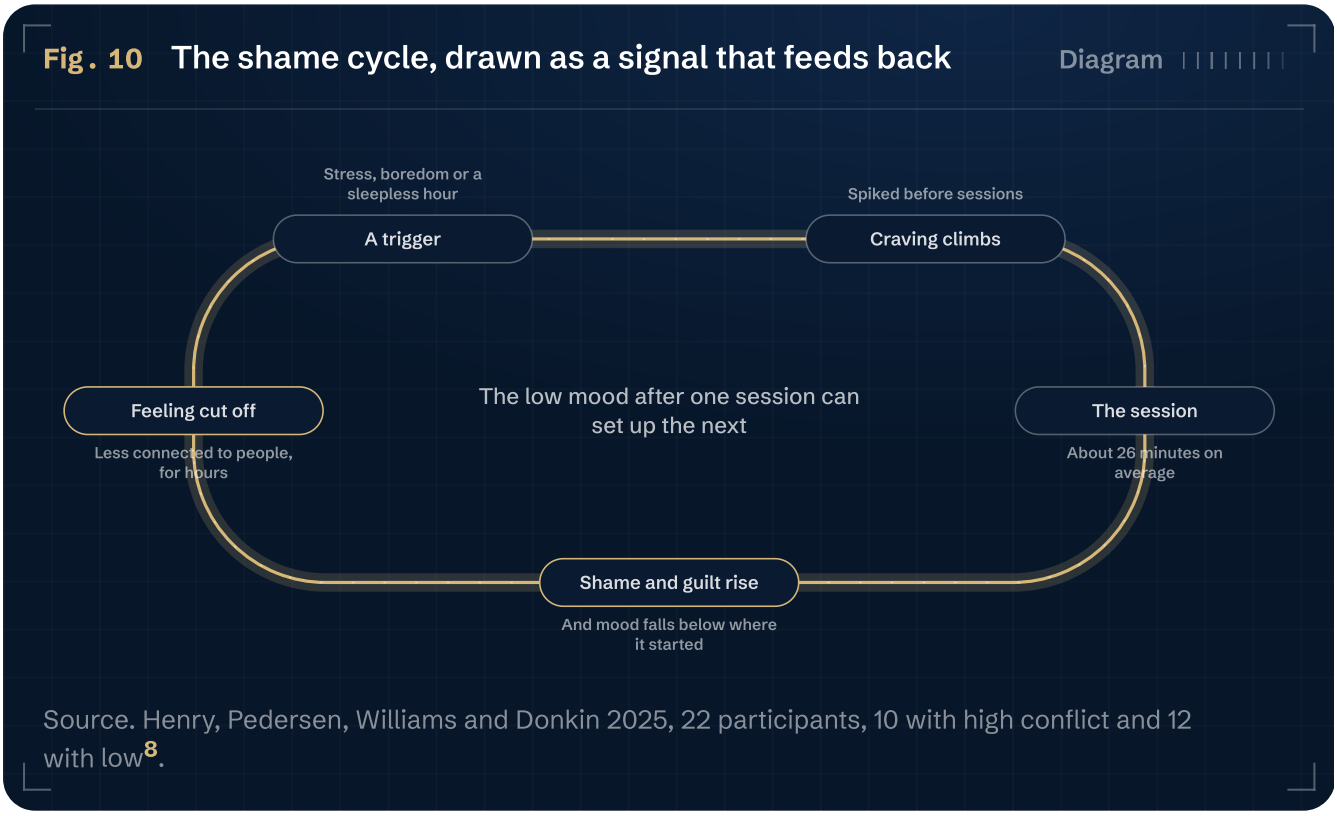


Figure 10. The stages are the changes Henry and colleagues measured before and after porn sessions in people whose use conflicted with their values[8]. Switch to the low-conflict group to see which stages went quiet. That the low mood after one session sets up the next is the authors' suggestion and our reading of it, drawn as a loop; the study didn't test it directly.

Our client Colin, a founder in the United States who came to us after eight years of porn use, described the cost in exactly these terms: “It was taking a lot of time and energy out of my day. Not to mention just the amount of shame I felt every time I went to do it again.” Secrecy adds to the weight. Most people never tell anyone, and the survey in Section 2 found that far more men want help than have ever asked for it[1].

6.3 Shame and guilt are not the same

Rory Gilliland and colleagues studied 177 people seeking treatment for compulsive porn use and measured two tendencies separately[39]. Shame-proneness, the tendency to judge your whole self as bad after a mistake, was linked to more compulsive sexual behaviour. Guilt-proneness, the tendency to judge the act and feel responsible for repairing it, was linked to more motivation to change and to taking steps to prevent the behaviour. That distinction is one of the most practical findings in this field. A response to a session that says “this is who I am” makes the next one more likely. A response that says “this is what happened, and this is what I'll change” makes it less likely. Section 10 comes back to it.

In the program · Phase 3, Identity rewiring

Days 68 to 70 and after Day 90

Limiting beliefs, outside pressures and self-forgiveness

In the third month the client works on the beliefs about themselves that the habit has left behind, and on the pressures that still lead back to it. After the program, aftercare includes work on self-forgiveness, so that the past is dealt with as something that happened rather than something the person is.

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Section 07

Does porn cause erectile problems or harm a relationship?

In brief

The evidence that porn use by itself causes erectile problems is weak; problem use goes with erectile difficulties, but studies that follow men over time haven't shown that one causes the other. Porn use is linked

to lower satisfaction with a partner, mostly for men, and in one long-term study to lower marital quality for husbands.

The best current evidence doesn't show that watching porn, on its own, causes erectile problems. Large surveys of younger men have found little or no link between how much porn they watch and erectile, orgasm or desire problems. Men who say their porn use is out of control do report more erectile difficulties, but when researchers followed men over a year, porn use didn't predict who developed erectile problems. Relationships are different. Across many studies, people who use more porn report somewhat lower satisfaction with their partner and their sex life, and in one long-term study of married couples, husbands who watched more porn reported lower marital quality six years later. If you have erectile problems, see a doctor: they're common, they have many causes and some of them are medical.

Table 3. What four studies found about porn, erectile problems and relationships. Each study measured porn use by self-report, and only the third and fourth followed people over time.

Study	Who	What it found
Landripet and Štulhofer 2015[44]	Two online surveys of younger men in Croatia, Norway and Portugal (2,737 and 1,211)	Little evidence of a link between porn use and erectile, orgasm or desire problems; the one link found was small and inconsistent
Grubbs and Gola 2019[45]	Three samples of men who used porn, one followed for a year	Feeling that one's porn use was a problem went with erectile difficulties at the same time; porn use itself didn't consistently, and neither predicted the course of erectile problems over the year
Wright and colleagues 2017[46]	A meta-analysis of 50 studies, more than 50,000 people in 10 countries	Porn use was linked to lower satisfaction with a partner and with sex together, for men but not for women; it wasn't linked to people's satisfaction with themselves
Perry 2017[47]	A nationally representative sample of married Americans, 2006 to 2012	Husbands who watched porn more often in 2006 reported lower marital quality in 2012, after allowing for earlier marital quality; wives who watched more did not

These results cut against two common claims at once. One is that porn is harmless. For men in relationships, the link with lower satisfaction holds up across many studies, and Perry's six-year data show it pointing forward in time for husbands, not just appearing at a single moment[46, 47]. The other claim is that porn has caused an epidemic of erectile problems in young men. The studies that test it most directly don't support it[44, 45]. What they do support is narrower and worth knowing: men who feel their porn use is out of control are the ones who report erectile difficulties, which fits with the anxiety, shame and low mood that travel with problem use (Section 6). Many people who stop do say their sex life improves, and our clients often say so too, but we can't attribute that to stopping porn alone, and we don't promise it.

Erectile problems are a reason to see a doctor

Erectile difficulties have many causes, including circulation, hormones, diabetes, medication, anxiety and depression, and they can be an early sign of a heart or blood vessel problem. Whatever your porn use, if you have erectile problems, see a doctor rather than assuming porn is the cause.

Section 08

What happens when you stop watching porn, and is there withdrawal?

Days 24 to 30, Brain chemistry restabilization

In brief

There is no dangerous physical withdrawal. The one controlled study found no withdrawal over a week in regular users, though people with heavy daily use may crave more. What most people do feel is strong urges in the old moments, and those take weeks of work to weaken.

When you stop watching porn, nothing dangerous happens to your body. The one randomised controlled study on the question found no withdrawal symptoms over a week of stopping in regular users, though it found signs that people with both heavy daily use and more severe problems may crave more. What most people do feel is the urge arriving in the old moments, late at night, after a hard day, when they're bored or alone, and sometimes restlessness, irritability or low mood as the

usual way of handling those moments disappears. The urges are often strongest in the first weeks and come back in the old settings for months. They weaken each time they pass without a session, and they weaken faster when the person has something else to do in those moments.

8.1 What the research found

David Fernandez and colleagues randomly assigned 176 university students who used porn at least three times a week to try to stop for seven days or to carry on as usual[48]. Each night they rated their craving, their mood and a list of withdrawal symptoms. The groups didn't differ, and this was true whether people had more or fewer problems with their use. An exploratory analysis found that stopping did raise craving in people whose use was both problematic and daily. The study has clear limits for anyone with serious problem use: most participants were women, few had severe problems, and a week is short. But it fits what clinicians see. Stopping porn isn't like stopping alcohol or benzodiazepines, where withdrawal can be dangerous.

The same team analysed 104 online journals kept by men trying to stop porn on a forum[49]. Staying stopped was often very hard, mostly because of habits and urges set off by a wide range of triggers. The men who managed it used a mix of their own strategies and outside support, and many described benefits from stopping, though the authors note that other things in their lives could explain some of those benefits. You'll find confident timelines online for what happens on which day after you stop. We couldn't find a study that measured any of them, so we don't repeat them here.

8.2 Why the urge comes back in the old settings

The learning described in Section 3 doesn't disappear when porn stops. Mark Bouton's work on extinction shows that when a learned response fades, the original learning isn't erased; new learning is laid over it, and that new learning is tied to the setting in which it happened[50]. Go back to the old setting, the old mood or the old time of night, and the original response can return. That's why someone can go weeks without porn at home and then find the urge as strong as ever in a hotel room on a work trip. Across studies of alcohol and tobacco, the risk of starting again is highest soon after stopping and falls with time without disappearing[51]. We know of no equivalent curve for porn, and we don't assume one, but the same learning rules apply.

The practical answer is to plan for the settings rather than hope the urge will fade on its own. Each old trigger needs either to be removed or to be met with a prepared response, enough times and in enough settings that the new learning holds wherever the person goes. New routines take time to become automatic. In a study of people building new daily habits, automaticity took a median of 66 days to reach 95% of its peak, with wide variation, and missing a single day didn't undo the progress[52]. That is roughly the span of the program's first two months.

In the program · Phase 1, Brain chemistry restabilization

Days 24 to 30

How triggers are formed

The client learns how a setting, a time or a feeling becomes a trigger through repetition, using porn as the program's worked example, so that the urges of the coming weeks are understood as learned responses that can be unlearned rather than as proof of failure.

Section 09

Do porn blockers, streak counters and NoFap challenges work?

Days 31 to 43, Impulse control

In brief

Blockers help because changing the situation works better than resisting an urge, but on their own they leave the urge and the triggers in place. Streak counters keep porn at the centre of every day and turn one session into a reset. Structured approaches that change how people respond to urges have the better evidence.

Blockers, streak counters and challenges each get one thing right and leave a lot out. Blockers work on the right principle: making something harder to reach before the urge starts is more effective than fighting the urge once it's going[53]. But a determined, tired person can usually find a way around a blocker, and it does nothing about the stress, boredom or sleepless hour that started the search. Streak counters make the goal visible, but they keep porn at the centre of every day and turn a single session into a reset to zero, which is exactly the moment many people give up and binge. Online challenges offer company and a shared goal, which helps, but they often mix porn with other goals, and the research hasn't tested them. The approaches with the best evidence change how people respond to urges and what they do in the moments that used to lead to porn.

9.1 Blockers and making porn harder to reach

Angela Duckworth, Tamar Gendler and James Gross reviewed the strategies people use for self-control and argued that the ones applied early, choosing or changing the situation before temptation arrives, are more effective than willpower applied in the moment[53]. A blocker is a situational strategy, and so is charging the phone outside the bedroom or not taking the laptop to bed. These are worth doing. What they can't do is give you something to do in the moment the urge arrives, and the forum journals in Section 8 describe how often people find a way round them when the urge is strong[49]. So the program treats removing easy access as one step among several, taken once the client's triggers have been mapped, so it covers the places, devices and hours that actually matter for them.

9.2 Streak counters and counting days

Counting days without porn seems harmless and can be motivating at first. It has two costs. The first is attention. Trying not to think about something tends to make it come back: in Daniel Wegner's experiments, people told not to think about a white bear later thought about it more than people who had been allowed to all along[54]. A counter on your home screen is a reminder of porn every time you unlock your phone. The second cost is what happens after one session. The counter goes back to zero, all the days seem wasted, and the thought “I've already blown it” makes the rest of the night easier to give up. Relapse researchers call this the abstinence violation effect, and Section 10 explains why it matters so much.

9.3 NoFap and online challenges

Online communities built around giving up porn, and often masturbation too, have helped many people feel less alone, and the forum study above found that support from others was one of the things that helped people stay stopped[49]. But they have never been tested in a trial, and they often mix two separate goals. In a survey of 1,063 people recruited on Reddit, most had tried to abstain from masturbation at some point, and their motivation to do so was linked mainly to seeing masturbation as unhealthy, to conservative and religious attitudes and to lower trust in science, more than to any sign of out-of-control behaviour[55]. The authors note that there is no evidence that masturbation itself harms health. This paper is about stopping porn. What, if anything, you decide about masturbation is your decision; it isn't something this paper sets a rule on.

9.4 What has better evidence

Research on treatment for problematic porn use is still young. A preregistered systematic review in 2022 found 24 studies, only four of them randomised controlled trials, and concluded that treatment seems to improve symptoms, with the most evidence for approaches based on cognitive behavioural therapy, but that firm conclusions should wait for better studies[56]. The clearest single trial is by Jennifer Crosby and Michael Twohig, who randomly assigned 28 men to twelve sessions of

acceptance and commitment therapy, an approach that teaches people to notice urges and thoughts without acting on them and to act on their values instead, or to a waiting list[57, 58]. Viewing fell by 93% in the treatment group and by 21% on the waiting list.

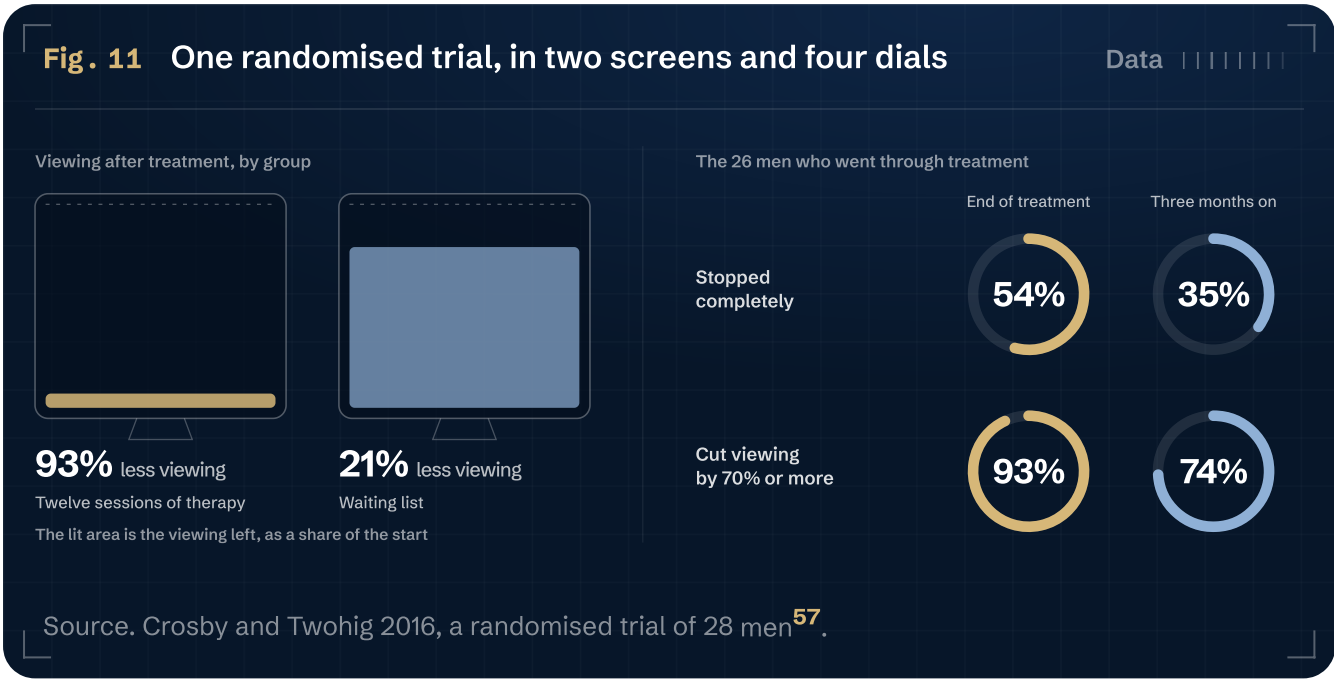


Figure 11. Left: how much porn viewing was left at the end of treatment, as a share of where each group started, in a trial that randomly assigned 28 men to twelve sessions of acceptance and commitment therapy or to a waiting list. Right: of the 26 men who went through the treatment (the waiting-list group were treated after their wait), the share who had stopped completely or cut viewing by at least 70%, at the end of treatment and three months later[57]. All but one of the men were members of one church, so the results may not apply to everyone.

The trial was small, and all but one of the men were members of the Church of Jesus Christ of Latter-day Saints, a group for whom moral incongruence is likely to be high (Section 6). Its pattern is still instructive. Most men cut their viewing sharply, about half stopped completely by the end, and some of those gains faded over the next three months. That matches what relapse research finds for other habits: the first few months after stopping are when risk is highest, and a method needs a plan for them[51]. It also shows what kind of work helped: not avoiding the subject or counting days, but learning to notice the urge, let it pass and do something that matters instead.

In the program · Phase 2, Impulse control — **Days 31 to 43**

Days 31 and 32	**The full trigger map, and easy access removed** The client maps every trigger across six types, including feelings and thoughts, events, objects, times of day, people and places, and then removes or blocks easy access to porn on every device and in every place the map shows matters for them.
Days 40 to 43	**Permission thoughts** The client learns to recognise the thoughts that argue for one more session, such as “I can stop any time, I'm just stressed today”, and to step back from them rather than argue with them or push them away.

Section 10

What should I do if I watch porn again after stopping?

Day 15, Brain chemistry restabilization

In brief

Treat it as information, not a verdict. Work out what set it off and change one thing, and don't let one session become a binge. How people explain a relapse to themselves predicts whether it ends there or turns into a return to the old pattern.

If you watch porn again after stopping, the most important thing is what you tell yourself next. If you treat it as proof that you're weak, that you've failed and that there's no point trying, the rest of the night and the next weeks are likely to follow. If you treat it as information, about which trigger you hadn't planned for and what to change, it can be the moment your plan gets better. So stop as soon as you notice, don't punish yourself with a binge, and the next day write down what happened before it: the time, where you were, how you felt and what you were doing. Then change one thing that would have made that moment different. Keep counting the days you've stayed off porn rather than starting a new count from zero.

10.1 Why the explanation matters

Susan Curry, Alan Marlatt and Judith Gordon studied people who had smoked again after stopping. Those who went on to a full relapse were more likely to put the first cigarette down to something internal, lasting and general, a deep personal weakness, than those who smoked once and then stopped again[59]. Marlatt called the reaction the abstinence violation effect: the conflict between "I'm someone who has stopped" and "I just did it" gets resolved by giving up the first idea. The research was done with smoking, so we use it for the mechanism it describes. But it fits what Section 6 showed about shame: the response "this is who I am" makes the next session more likely, and the response "this is what happened" makes it less likely[39]. Witkiewitz and Marlatt later described relapse as a process in which stress, urges, confidence and mood interact, so that small changes in one can produce sudden shifts in behaviour, in either direction[60].

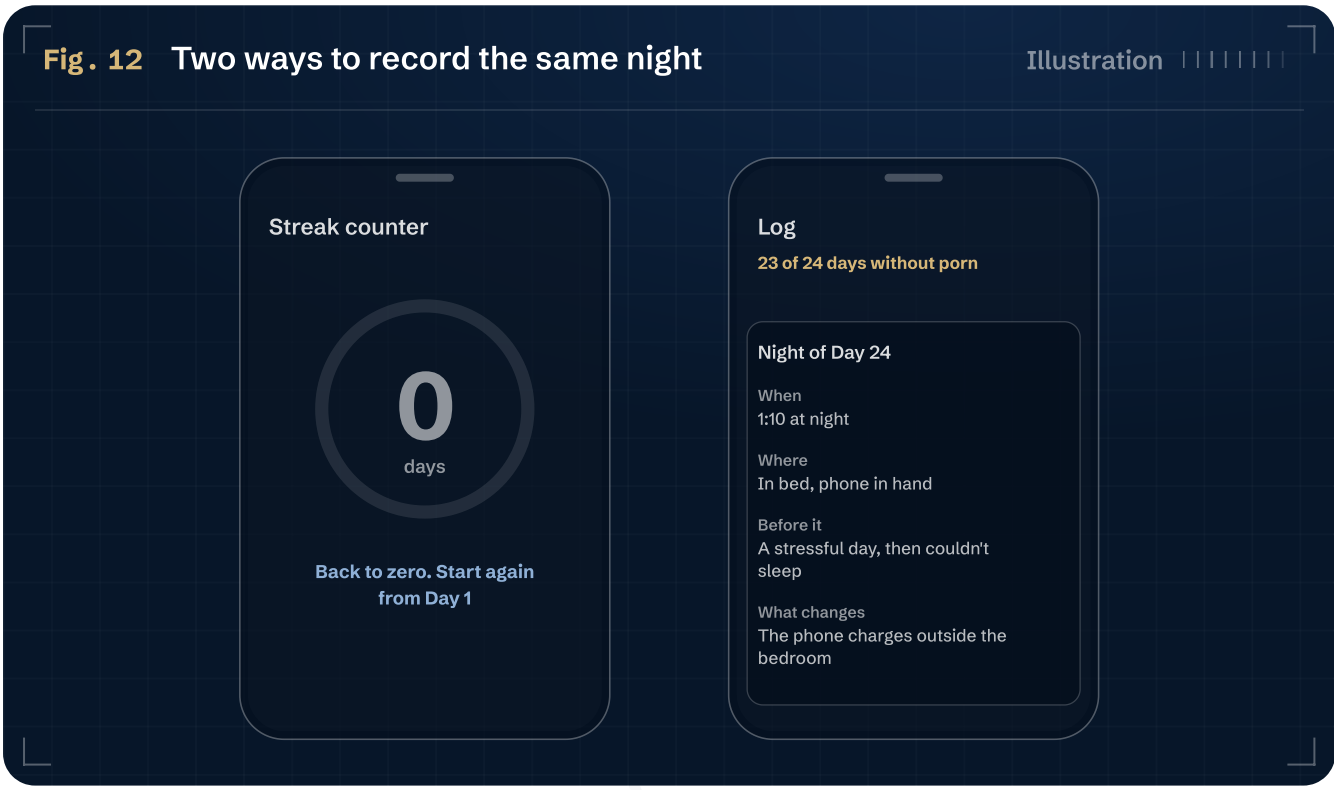


Figure 12. Two phone screens record the same relapse after 23 days. On the left, a streak counter goes back to zero. On the right, a log keeps the days and records the night as one entry: when, where, what came before and what will change. Switch to see both screens before and after. The screens are illustrations, not a product; the reasoning is from relapse research[59, 60].

10.2 What to do the next day

1. Stop as soon as you notice. One session is not a reason for a second one.
2. Don't punish yourself, and don't make promises in the heat of regret. Shame is a trigger (Section 6).

3 Write down what came before it: the time, the place, the device, how you felt and what you'd been doing.

4 Find the trigger your plan didn't cover, and change one thing about it before the same time tomorrow.

5 Keep your count of days without porn. 23 of 24 days is a different fact from zero.

6 If sessions are coming back often, or with low mood you can't shake, talk to a doctor or a therapist (Section 13).

Our client Chris, a tech lead in the United States who had struggled with porn for ten years, described what changes when there is a plan for those moments: “When challenges do arise I have sort of a system or a standard operating procedure now to kind of deal with it.” A plan doesn't stop urges from coming. It means the moment an urge arrives, the person already knows what they'll do, which is the point of the planning research in Section 11[61].

In the program · Phase 1, Brain chemistry restabilization

Day 15, and every night

A one-off is not a relapse

From the day porn stops, the program separates a single session from a return to the old pattern, and the nightly log turns any session into a record of what set it off and what will change, so that it informs the plan rather than ending the attempt.

Section 11

What does the Phalanx program target for someone stopping porn, and when?

Days 26 to 90

In brief

Ninety days in three phases. The first month rebuilds sleep, the phone at night, stress and the shape of the day, and porn stops on Day 15. The second month maps every trigger and builds a response for each. The

third works on identity, shame and the pressures that still lead back. Six months of aftercare follow.

The Behavior Control System is the same 90-day program for every habit, applied to the loop beneath each person's porn use. Days 1 to 30 rebuild the ground the habit has been running on: sleep, the body clock, the phone at night, exercise, stress and a structured day. The client stops watching porn on Day 15, after two weeks of that work. Days 31 to 60 work on the moment an urge actually arrives: every trigger is mapped, the ones that can be removed are removed, and each one left gets a prepared, rehearsed response, including the thoughts that argue for one more session and the stress, boredom and loneliness that most often start one. Days 61 to 90 work on identity, on the beliefs about themselves the habit has left behind, and on the people, feeds and pressures that still lead back. Six months of aftercare follow. It asks for about thirty minutes of focused work a day.

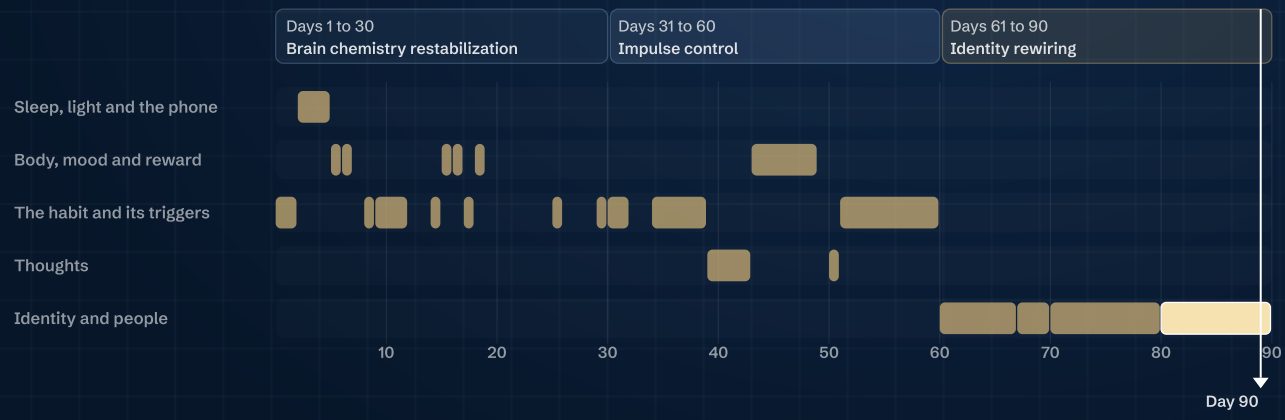
11.1 Before Day 1

Every program starts with a Root-Cause Diagnostic: an application describing the habits involved and what has already been tried, followed by a thirty-minute, one-on-one conversation with our team. For porn it has two jobs. The first is to check whether anything else needs attention first, such as depression, anxiety, thoughts of self-harm, heavy drinking or drug use that needs a doctor (Section 13). The second is to identify the loop beneath the porn use: what it does for the person, the earliest recurring trigger, the conditions that make it likely, why earlier attempts broke down and what is missing for change to hold. Two people who both watch porn most nights rarely have the same loop. One uses it to fall asleep; another uses it to come down from a day of pressure; a third uses it when they're alone and lonely at the weekend. The structure of the diagnostic follows the three areas a neuroscience-based framework for assessing addictive behaviour proposes: the urge set off by triggers, negative emotion and executive function[62].

A preparatory phase, Phase 0, follows before Day 1 and doesn't count toward the 90 days. It separates the decision to stop from the start. The client sets out in concrete terms the life they are building and what porn has cost it, makes a commitment to someone who matters to them, chooses a start date that marks a real boundary in their life, and proves to themselves that they can hold one full day of control. The choice of start date rests on the fresh start effect: dates that mark a new beginning, such as the start of a week or a month, were followed by more effort toward people's goals[63]. The day of control rests on Albert Bandura's finding that succeeding at something yourself is the most dependable source of belief that you can do it[64]. A commitment that is written down and shared with another person holds better than a private one[65].

Fig. 13 The 90 days for someone stopping porn

Timeline



1	Days 1 to 2	How the loop works; the nightly log begins	2	Days 3 to 5	Sleep and wake times, daylight, evening light, the phone out of the bedroom	3	Day 6	Training and cardio
4	Day 7	Daily meditation	5	Day 9	A day built on fixed anchors	6	Days 10 to 12	The loop, the case for stopping completely, cheap and earned rewards
7	Day 15	Porn stops, with the habits that travel with it	8	Day 16	Heat and cold exposure	9	Day 17	A demanding new pursuit
10	Day 18	Awareness training	11	Day 19	Breathing	12	Day 26	A lesson on porn itself
13	Day 30	How triggers are formed	14	Days 31 to 32	The full trigger map; easy access removed	15	Days 35 to 39	Why early weeks are hard, impulse control, positioning, breaking the routine
16	Days 40 to 43	Permission thoughts	17	Days 44 to 49	Emotion, stress, breathing, relaxation, watching an urge rise and fall	18	Day 51	The future self
19	Days 52 to 60	A response for every trigger, practised daily	20	Days 61 to 67	Identity	21	Days 68 to 70	Outside pressures, feeds and limiting beliefs
22	Days 71 to 80	Rehearsing high-risk moments	23	Days 81 to 90	Replacing what porn did; review of the 90 days			

Figure 13. The program drawn as an editing timeline. Each lane is one thing the program works on, and each clip is a stretch of days that targets it; the clips are listed in order below. The playhead runs from Day 1 to Day 90; scrub it or pick a clip. Porn stops on Day 15, after two weeks of groundwork. Phase 0 comes before Day 1, and six months of aftercare follow Day 90. The exercises themselves are not published.

Table 4. The day map for someone stopping porn: what each stretch of the program targets, and the evidence behind the choice. Days refer to the program calendar. The table states the target only; the exercises themselves are not published.

Days	Target	Why it matters for stopping porn
Before Day 1	Root-Cause Diagnostic: the loop beneath the porn use, and a check for anything that needs a doctor or therapist first	The loop is read across trigger-set urges, negative emotion and executive function[62]
Before Day 1	Commitment, a meaningful start date, one day of control	Fresh starts and direct experience of success raise follow-through[63, 64]
1 to 2	How the loop works; the nightly log	Recorded monitoring of progress improves goal attainment[65]
3 to 5	Sleep and wake times, daylight, evening light, the phone out of the bedroom	Sleep was the trigger named most often in a study of real sessions[8]; screens before bed delay sleep[38]
6, 7, 16, 19	Training, meditation, heat and cold, breathing	Stress shifts behaviour toward habit[3]; exercise acts on the reward signalling that drugs alter[66]
9	A day built on fixed anchors	Stable routines fill the hours in which habits run[25]
10 to 12	The loop, the case for stopping completely, cheap versus earned reward	Wanting grows while liking doesn't[16]; each permitted session restarts the search[23]
15	Porn stops; the habits that travel with it stop too	Each session reactivates learned links to its triggers[50]
17	A demanding new pursuit	Earned rewards compete with cheap ones[33, 34]
18	Awareness training	Vigilant monitoring is the most effective way to control strong habits[67]

Days	Target	Why it matters for stopping porn
26 and 30	A lesson on porn itself; how triggers are formed	Triggers set off craving and a bodily response[22, 24]
31 to 32	The full trigger map; easy access removed	Changing the situation beats resisting an urge already under way[53]
33 to 39	Why the early weeks are hard, impulse control, positioning, breaking the routine	Stress and tiredness take prefrontal control offline[2]
40 to 43	Permission thoughts	Pushing a thought away makes it return[54]
44 to 51	Emotion, stress, breathing, relaxation, watching urges pass, the future self	Low mood and stress go with binges[32]; watching an urge pass reduced use in smokers[68]
52 to 60	A response for every trigger; daily practice	Plans that link a situation to a response help people reach goals[61]
61 to 70	Identity, outside pressures, feeds, limiting beliefs	People act in ways that fit who they believe they are[69]
71 to 80	Rehearsal of high-risk moments	Mental practice improves performance[70]
81 to 90	Replacing each thing porn did; review of the 90 days	A new routine takes weeks to months to become automatic[52]
After 90	Self-forgiveness, identity reinforcement, six months of aftercare	How a relapse is explained predicts whether it continues[59]; shame and guilt act differently[39]

11.2 Why the order matters for porn

The order follows from the research in Sections 3 to 10. Porn stops after sleep, the phone at night and stress have had two weeks of work, because sleep problems and stress are among the triggers people name most often (Section 5), and because tiredness and stress take control offline (Section 3). Stopping on Day 15 also means the late-night hours the habit used to fill already have something in

them. The trigger work comes in the second month, once the client has two weeks of their own log to map from, which shows their triggers far more accurately than memory. Identity and shame come last, because they change slowest and because a new way of seeing yourself needs weeks of evidence behind it before you believe it.

In the program Days 26 to 60

Day 26	**Porn itself** Every client, whatever habit they came for, has a lesson on porn and why it is part of the reward overload the program works on. For clients who came for porn, it sets out the case for stopping completely rather than cutting down, which Section 4 explains in terms of novelty and habituation.
Days 52 to 60	**A response for every trigger** Each trigger on the client's map is matched with a specific, prepared response, which is then practised daily, with a record of every urge and how it was handled.

Matching a response to each trigger rests on research into implementation intentions: plans that link a specific situation to a specific response. Peter Gollwitzer and Paschal Sheeran's meta-analysis found that forming them had a medium-to-large effect on reaching goals, in part because they make the critical moment easier to notice and set off the planned response with little deliberation when it arrives[61]. For porn, the moments are specific: the bed at 1 in the morning, the hotel room, the empty Saturday afternoon, the hour after a hard meeting. That is why the plan is built from the client's own map, not a general list.

In the program · Phase 3, Identity rewiring Days 61 to 90

Identity, pressures and what porn used to do

The client works on how they see themselves in relation to the habit, on the feeds, people and situations that still lead back to it, and on rehearsing the moments of highest risk. The last ten days confirm a replacement for each thing porn used to do for them: help them sleep, take the edge off stress, fill empty time or ease loneliness.

Identity comes in the third month because of what Section 6 showed about shame. For many people who struggle with porn, years of hiding it have left a settled belief about who they are. Daphna Oyserman's model of identity-based motivation explains why that matters: people act in ways that feel consistent with who they believe they are, and read difficulty according to whether a goal feels like one that people like them pursue[69]. Replacement comes last because a habit that served a purpose leaves a gap when it stops, and a gap left empty tends to be filled by whatever is most available. A replacement placed at the same time and in the same setting as the old habit can take over its place[25].

11.3 In our clients' words

Several of our clients who came to us for porn have described their experience on the record, and we quote them as they said it. Colin, the founder in the United States who had used porn for eight years, put the decision in these terms: “The difference between me on porn for the rest of my life and me off of porn for the rest of my life is 1,000% worth the investment.” Juan Carlos, the senior product manager in Spain, who came to us for porn and weed: “If I have to describe this in one sentence, I will say that it’s a system that works.” Chris, the tech lead who had struggled for ten years: “This is the best that I’ve been in those 10 years.” RJ, who had tried willpower, motivation and no-porn challenges before, described what was different: “we designed very customized systems in my case and we eliminated the need or the use of willpower which doesn't really work in the case of addictions.” Their words are shared with consent. They are individual experiences, not evidence that the program works for everyone, and the evidence we do report, with its limits, is in Section 12.

What this paper does not publish

This paper states what each part of the program targets for someone stopping porn, on which days and why, with the evidence for each choice. It does not publish the exercises, their steps, scripts, worksheets or wording. A reader can evaluate the reasoning from this paper, but can't reproduce the program from it.

Section 12

What do our results show, and what can't this paper tell you?

In brief

We report a 97% success rate, meaning clients who ran the program and stayed off the habit through the program and six months of aftercare. It comes from our own client follow-up, not from a

controlled trial, and the research in this paper supports each part of the method without testing the whole.

Phalanx Labs has worked with 290+ clients across 12 countries over 7 years. Of those clients, 98.4% had already tried and failed to stop before they came to us. Our success rate is 97%, defined as the share of clients who ran the program and stayed off the habit through the program and the six months of aftercare that follow it. That rate covers all of our clients and all of the habits they came with. We don't publish a separate rate for porn. Because the definition matters as much as the number, we set out below what each figure counts, how it is known and what it does not establish.

Table 5. The figures we report, what each one counts and how it is known. All figures are drawn from our own client records and cover every habit we work with, not porn alone.

Figure	What it counts	How it is known
290+ clients	People who have worked with Phalanx Labs over 7 years	Client records
12 countries	Countries in which those clients lived while working with us	Client records
98.4%	Share of clients who had already tried and failed to stop before they came to us	What clients reported about their history in their application and the diagnostic
97% success rate	Clients who ran the program and stayed off the habit through the program plus 6 months of aftercare	Client follow-up across the program and the six months of aftercare

12.1 How outcomes are tracked

Throughout the program, the client keeps a nightly log and completes a weekly progress update. These are written records of what happened, what was difficult and what was handled; they are not scored instruments. At the end of each of the first two phases the client has a progress call with our team, the first around Day 28 and the second after Day 60. During aftercare we follow up with clients on whether they have stayed off the habit. A client counts as a success when they have run the program and stayed off the habit through the program and the full six months of aftercare.

12.2 What our figures do not show

- Self-report. Whether a client has stayed off porn is known from what the client tells us. There is no objective test for it, and porn is a habit people are used to hiding.
- Selection. Clients choose to apply, are accepted after a diagnostic in which we decline people we can't help, and are counted only if they ran the program. People who decide to work with us may differ in motivation or circumstance from people who don't.
- No comparison group. We can't say how many of the same people would have stopped through another route, such as therapy, a support group or stopping on their own, over the same period.
- Time window. The success rate covers the program and six months of aftercare. It does not describe what happens after that, and the research in Sections 8 and 9 shows that the risk of starting again continues beyond the first months.
- All habits together. The rate is across every habit our clients bring. We don't report a rate for porn alone, and a single rate does not predict the outcome for any one person.

12.3 What the research in this paper does not show

The studies cited here have their own limits, and readers should weigh them. Most of the research on porn was done with men, and much of it with small groups: the imaging studies by Voon, Gola, Klucken and Kühn and their colleagues each scanned between 38 and 64 people, and almost all compared people at one point in time, so they can't show that porn caused the differences they found[16, 17, 22, 29]. Henry's smartphone study, which this paper uses for triggers and for the shame cycle, had 22 participants and was designed to explore rather than test[8]. The one randomised trial of a talking treatment in Section 9 had 28 men, all but one from a single church[57]. Some findings come from animals or from other habits: the research on uncertainty and dopamine was done in monkeys, the research on how a relapse is explained and on watching urges pass was done with people who smoked, and the shape of the relapse curve comes from alcohol and tobacco[31, 51, 59, 68]. We use those for the mechanisms they describe and say so where we cite them. We found no study that measures when in the day people watch porn, and no study of withdrawal in people with severe, daily problem use, so the paper makes no claims about either.

The research supports the reasoning behind each element of the program. It does not show that the combination works, or how much each element contributes. Our method has not been tested in a randomised or controlled trial, its outcomes have not been assessed independently, and it has not been published in a peer-reviewed journal. Therapy based on cognitive behavioural methods and acceptance and commitment therapy have early trial evidence for problematic porn use[56, 57], and for some people they will be the better route, or a useful one alongside a program. The figures in Table 5 are our evidence for the combination, with the limits stated above. A controlled evaluation would need independent outcome assessment, a comparison condition and follow-up beyond six months. We would welcome one.

The definition, stated once more

97% success rate: clients who ran the program and stayed off the habit through the program plus 6 months of aftercare. Tracked through client follow-up, across all habits. Not a clinical trial, with no randomisation and no control group.

Section 13

When should you get help from a doctor or therapist, and what is this program not?

In brief

Stopping porn is physically safe. Get help from a doctor or therapist if porn use comes with depression, anxiety, trauma or thoughts of harming yourself, if you have erectile or other sexual health problems, or if your use involves anything illegal. The program is not therapy, clinical care or medical treatment.

You don't need a doctor's permission to stop watching porn; there is no dangerous physical withdrawal (Section 8). But get help from a doctor or a qualified therapist if your porn use comes with depression, anxiety, panic, trauma or another mental health condition, if your mood stays low for weeks, if you're using porn mainly to cope with something you haven't been able to talk about, or if it has caused serious harm to a relationship that you want to repair. See a doctor about erectile difficulties or any other sexual health concern, because they have many causes and some are medical (Section 7). If you ever have thoughts of harming yourself, contact your local emergency services or a crisis line straight away.

Safety note

Stopping porn has no dangerous physical withdrawal. If porn use comes with low mood, anxiety, trauma or thoughts of harming yourself, talk to a doctor or therapist, and if you have thoughts of harming yourself, contact emergency services or a crisis line straight away. Porn often travels with other habits. Anyone who drinks heavily every day talks to a doctor before stopping drinking. Anyone taking benzodiazepines or other prescription drugs should not stop them suddenly or combine them with alcohol, and any change should be made with their doctor.

If any of the material you have been watching is illegal, such as images of anyone under 18, or if you have sexual urges toward children, stop now and seek confidential help from a specialist service or a qualified professional in your country. This program is not the right place for that, and it is not a substitute for specialist help.

Phalanx Labs is a behavior and performance engineering firm. The Behavior Control System is a structured method for changing behavior. It is not therapy, clinical care or medical treatment, and it does not diagnose or treat any medical or psychiatric condition, including compulsive sexual behaviour disorder. Our team does not act as the client's doctor or therapist, and the program does not replace either. Where the diagnostic suggests that someone needs medical or psychological care first, we say so and suggest they get it before they begin.

Some of the program's physical practices carry ordinary risks of their own. Cold and heat exposure and starting a training program are not suitable for everyone, and people with heart conditions, high blood pressure or other medical conditions should check with their doctor first. The program gives general information about supplements and tells clients to consult a doctor before taking any; it does not prescribe or recommend medication or supplements.

The program is also not designed for every situation. It is not a crisis service. It is not suitable as the only support for someone with a serious mental health condition, someone at risk of harming themselves or others, or someone whose sexual behaviour is putting other people at risk. The diagnostic exists partly to identify these situations, and when we can't help, we say so and suggest the person seek appropriate care.

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