

Exploration of Mental Health in Individuals Engaging in Porn, Masturbate, and Orgasm (PMO)

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INTRODUCTION

Sexual behavior is a natural part of human existence. However, in modern life, sexual behavior can transform into problematic forms when used as an emotional outlet, a response to psychological distress, or an unconscious addiction (Bóthe et al., 2020; Cardoso et al., 2023; Kraus et al., 2022). One form of sexual behavior that is increasingly under scrutiny is Porn, Masturbation, and Orgasm (PMO), which involves repeatedly and compulsively accessing pornographic content and masturbating to orgasm. In the digital era, this behavior is increasingly common, especially among adolescents and young adults. Easy internet access and a lack of scientific sexual education make pornography a primary means of sexual exploration, often without adequate control (Landripet et al., 2025). Although PMO is often perceived as a normal personal sexual behavior (Cervilla et al., 2024; Modu & Huwae, 2023), recent research indicates that compulsive PMO engagement is a complex psychological phenomenon with the potential to disrupt an individual's mental health.

Bóthe et al. (2021) found that 65–70% of young adult men and 30% of women regularly access pornography, and approximately 12% exhibit compulsive symptoms that impact daily functioning. Recent surveys also report that individuals who frequently engage in PMO experience increased

symptoms of depression, loneliness, difficulties with social functioning, and subsequent guilt (Wang, 2022). This situation highlights the gap between public perception of the normality of PMO and the reality of its impact on mental health. Conflicts between personal values and sexual behavior, known as moral incongruence, are a contributing factor to distress, particularly in societies with strong religious and cultural values such as Indonesia (Grubbs et al., 2018). Feelings of shame, guilt, and even depression often arise when the behavior is perceived as contrary to deeply held moral values.

The WHO, through the ICD-11, categorizes compulsive sexual behavior as Compulsive Sexual Behavior Disorder (CSBD), characterized by difficulty controlling sexual urges that causes distress and impaired social functioning (Kraus et al., 2022). Other studies have shown that using PMO as an escape from stress, trauma, or loneliness is correlated with low psychological well-being and impaired interpersonal functioning (Bóthe et al., 2021; Fernandez et al., 2021). Mental health encompasses the absence of psychological distress and the presence of psychological well-being that allows individuals to function optimally in social and personal life (Veit & Ware, 1983). When used as a maladaptive coping mechanism, PMO can exacerbate emotional distress and reinforce the cycle of dependency.

This phenomenon emphasizes that PMO is not simply a sexual activity but can be an indicator of psychological distress, requiring a deeper understanding, especially in the context of Indonesian culture, which is steeped in stigma and taboos regarding sexuality. Limited access to mental health services and fear of social judgment makes many individuals experiencing PMO-related issues reluctant to seek professional help (Grubbs et al., 2018). Based on this explanation, this study was conducted to explore the mental health of individuals who engage in PMO, by examining the internal and external dynamics behind it. This research is expected to provide a deeper understanding of whether PMO is a healthy practice or is a manifestation of trauma, depression, or other psychological conditions requiring intervention. Therefore, the results of this study are expected to contribute to efforts to improve services and education related to mental health and sexual behavior, especially for vulnerable young adults.

Rationale of the Study

Based on the results of a study by Bóthe et al. (2021), it was revealed that 65–70% of young adult men and around 30% of women regularly access pornography, and around 12% of them exhibit compulsive symptoms that interfere with functioning. A survey by Wang and Toscano (2024) showed that of individuals who frequently engage in PMO, 32% experienced feelings of sadness, depression, or hopelessness most or all the time during the past two weeks, 36% reported feeling lonely most or all the time, 24% had trouble functioning normally (such as working or socializing) due to emotional problems, and more than 25% also admitted to experiencing regret or guilt after engaging in PMO. These data illustrate the gap between public perception regarding the normality of PMO and the reality of its impact on individuals' emotional and psychological well-being. This is reinforced by findings explaining the concept of moral incongruence, namely the conflict between personal values (especially religious or cultural values) and sexual behavior, which often leads to feelings of shame, guilt, anxiety, and even depression (Grubbs et al., 2018). In societies that uphold strong moral values like Indonesia, this conflict exacerbates the psychological distress individuals experience after engaging in PMO.

Recognizing the urgency of this issue, previous research has highlighted the negative emotional impacts of PMO, such as sadness, loneliness, guilt, and impaired daily functioning. Furthermore, studies have confirmed the existence of a moral conflict between PMO behavior and personal or religious values, which further exacerbates psychological distress, especially in cultures that uphold moral norms like Indonesia. Therefore, this study aims to explore these dynamics. It is hoped that the results will not only provide new theoretical contributions but also provide practical

insights for students, researchers, and stakeholders in addressing the problem of PMO addiction among late adolescents and early adults.

Study Aim

This study aims to explore in depth the relationship between Porn, Masturbation, and Orgasm (PMO) activities and individual mental health, encompassing emotional, cognitive, and social aspects. The focus of the study is directed at how the frequency, intensity, and motives of PMO behavior affect psychological conditions such as stress, anxiety, depression, self-control, and life satisfaction. In addition to examining negative impacts such as guilt, emotional dissociation, and decreased psychological well-being, this study also considers the potential adaptive function of PMO as a coping mechanism for emotional distress. By considering internal factors (emotional regulation, impulsivity) and external factors (media exposure, social norms, and cultural values), this study is expected to provide a comprehensive understanding of the relationship between digital sexual behavior and mental balance, while also providing a basis for mental health interventions and education.

METHODS

Design

This study used a qualitative design with a descriptive phenomenological approach to explore the mental health conditions of individuals engaged in Porn, Masturbate, and Orgasm (PMO) behavior.

Participants

This study employed a qualitative approach with a descriptive phenomenological method. Participants consisted of five individuals aged 17–27 who had been using PMO for more than six months. The sampling technique used purposive sampling. Data were collected through in-depth interviews and observations, then analyzed through data reduction, data presentation, and conclusion drawing. Data validity was strengthened through source triangulation and member checking.

Inclusion criteria for this study included individuals who had consistently used PMO for at least the past six months and experienced psychological conflict or significant changes in mental state as a result of this behavior. The six-month duration consideration refers to the guidelines of the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), which states that a pattern of behavior can be considered indicative of a psychological disorder if it persists for a specified period (American Psychiatric Association, 2013). This is further supported by the view of Grubbs et al. (2018) that in cases of compulsive sexual behavior such as PMO, consistency and inability to control the behavior over a long period are important indicators for assessing addictive tendencies and psychological distress.

In this study, participants consisted of three early adults, two men and one woman, who met the above criteria. The limited number of participants was selected to allow for a more in-depth exploration of each individual's subjective experiences, following a descriptive phenomenological approach. The participant recruitment process took place in stages until data saturation was reached, a condition where no meaningful new information is found from additional interviews (Sugiyono, 2019).

Data Collection

Data The primary instrument used in this study was a semi-structured in-depth interview designed to comprehensively explore participants' subjective experiences related to Porn, Masturbation, and Orgasm (PMO) and its impact on their mental health. The interview was

structured based on Veit and Ware's (1983) mental health model, which highlights two main aspects: psychological distress and psychological well-being. Psychological distress encompasses dimensions such as anxiety, depression, guilt, and emotional tension that may arise from PMO engagement, while psychological well-being encompasses positive feelings, self-acceptance, personal control, and the ability to function adaptively in daily life.

The researchers used open-ended questions and probing techniques to encourage participants to share in-depth accounts of their emotions, inner conflicts, motivations, and strategies for managing PMO behavior. This approach allowed for authentic and reflective narratives, allowing the data obtained to describe not only the behavior but also the accompanying psychological processes. Interviews were conducted face-to-face and lasted between 10 and 40 minutes, adjusted to the participants' comfort level, and the entire process was audio-recorded with their ethical consent. Interview recordings were then transcribed verbatim to ensure integrity of meaning and accuracy of context, before being further analyzed to identify thematic patterns that describe the relationship between PMO behavior and mental health dynamics based on the Veit and Ware framework.

Data Analysis

The data analysis technique in this study used the interactive analysis method of Miles and Huberman (in Sugiyono, 2019), which involves three main stages that occur in a cycle and are interrelated. The first stage is data reduction, which is the process of filtering, summarizing, and focusing raw interview data to highlight information relevant to the research objectives, particularly the experiences and psychological dynamics of participants related to PMO behavior. The second stage is data presentation, where the reduced information is organized and presented in the form of descriptive and thematic narratives, to describe the patterns of experiences, feelings, and meanings emerging clearly and contextually from participants. The final stage is conclusion drawing and verification, which is the process of formulating research findings based on consistent empirical evidence, re-examining the suitability of emerging patterns and themes, and ensuring the validity of interpretations through data comparison and repeated reflection. These three stages are carried out continuously until an in-depth, accurate understanding of the relationship between PMO behavior and participants' mental health conditions is obtained.

RESULTS AND DISCUSSION

Results

Porn, Masturbation, and Orgasm (PMO) behavior is increasingly common in the digital age, particularly among adolescents and young adults. Easy access to pornographic content without adequate sexual education has made PMO a common outlet for individuals to cope with boredom, stress, and internal conflict. In many cases, PMO serves not only as a form of sexual expression but also as a form of emotional escape, impacting various aspects of an individual's life, including psychological, spiritual, and social aspects. Several findings indicate an increased association between PMO involvement and the emergence of symptoms of psychological distress, such as guilt, regret, and feelings of worthlessness. However, research that thoroughly explores the mental health of individuals actively engaging in PMO is relatively limited.

All participants in this study shared similar reasons for developing PMO habits. Sexual relationships between participants AG and D with their partners were one factor driving the search for comfort and sexual satisfaction through their own bodies. Meanwhile, participants AG, AP, R, and B interpreted PMO as a form of escape from the various pressures they experienced, leading to repeated and regular practice. This condition is inseparable from the understanding of mental health as a comprehensive condition, determined not only by the presence or absence of psychological disorders but also encompassing various aspects of psychological well-being that play

a role in determining a person's quality of life (Veit & Ware, 1983). To achieve mental health, individuals need to fulfill their psychological needs in a comprehensive and balanced manner.

Ideal mental health encompasses two main aspects: freedom from psychological distress and the presence of psychological well-being. Psychological distress is generally characterized by high levels of anxiety and depression and difficulty regulating emotions, while psychological well-being is reflected through positive feelings, emotional stability, and life satisfaction. Individuals with mental health tend to be able to face life's challenges adaptively, while those with mental disorders are more vulnerable to stress and difficulties in daily life (Veit & Ware, 1983). In this study, data analysis was conducted using a thematic approach, with data obtained through in-depth interviews with five participants aged 17–27 who were actively involved in substance abuse. The analysis focused on aspects of psychological distress and psychological well-being, and which were reviewed based on various factors.

Mental Health Dynamic

Psychological Distress (*Feelings of Guilt*)

Participant AG stated,

"...Yes, it's quite stressful. I sometimes wonder why I can't control myself. Then, after I do it, I often feel guilty, especially because I feel like I'm letting down our relationship. Even though I'm not cheating, it feels a bit like that." (AG, p. 37-p. 40).

Participant D felt guilty after PMOing. *"...But afterward, I usually clean myself up and sit down, looking down, in a daze, feeling guilty..."* (D, p. 27-p. 28).

During the guilt phase, participant AP felt out of control. *"...There was guilt, fear of being caught, and feeling like I couldn't control myself..."*

(AP, p. 55-p. 56).

Participant R felt guilty after engaging in PMO. *"...But afterward, I felt guilty or disappointed in myself for being like that..."* (R, p. 42-p. 43).

Meanwhile, participant B felt guilty but followed the path that had become his habit. *"At first, I felt guilty. Because of course it's forbidden in religion, of course, but as time went on, it felt like it was just a habit..."*

Anxiety

Participant AG feels anxiety disorders because of his habits do PMO.

"...Yeah, it's quite stressful and anxious" (AG, p.37). Participant D did not feel anxiety like some other participants. *"So far I don't feel any changes apart from my emotional problems which I can't control yet"* (D, p.89-p.90).

AP participant said his PMO habit had an impact on his daily psychological condition. *"...So, it makes me more stressed and anxious because sometimes my self-thinking is so unclear, wishy-washy..."* (AP, p.58-p.59).

Participant R did not feel anxious but felt more stressed. *"...Yes, sometimes I feel like I'm trapped in a site where I do it to escape stress, as I mentioned earlier. But then I feel guilty or disappointed in myself for doing that. Why do I have to do something like that? It adds to my mental burden..."* (R, p. 41-44).

Participant B didn't feel anxiety or other feelings because he emphasized that PMO is an escape. *"...Yes, because the mindset is an escape. An escape when I'm bored, an escape when I have a lot of problems, an escape when I don't know where to go or what else to do? So yes, it's stressful, but it's an escape..."*(B, p.52-53).

Stress

Participant AG revealed psychological distress in the form of stress and compulsion resulting from difficult-to-control habits.

"...Yes, it's quite stressful and anxious. I sometimes wonder why I can't control it..." (AG, p. 37).

Participant D didn't experience stress; in fact, he PMOed when he felt lonely and severely stressed. *"...I don't really count, but about 5-6 times a week. Almost every day. Especially when I don't have anyone to talk to or when I'm really stressed..."* (D, p. 31-32).

Participant AP didn't experience stress every time he PMOed, although he did perceive stress as an effect or consequence of his PMO habit. *"...Sometimes it does, sometimes it doesn't, depending on the situation..."* (AP, p. 54).

Participant R used PMO to escape his stress. *"...Yeah, sometimes I feel like I'm trapped in a place where I do it to escape the stress, as I mentioned earlier..."* (R, p. 41-42).

Participant B didn't feel any stress after PMOing, because PMO was just an outlet for him, so it didn't really affect his stress. *"...Actually no, it doesn't affect anything, it's just... it's just that sometimes I think, like... I haven't done it yet..."* (B, p. 60- p. 61).

Psychological Well-Being (Life Satisfaction)

Participant AG felt that his life satisfaction was disrupted by his PMO habit.

"...It had a huge impact. I felt empty in my life, like something was missing, but I filled it with things that didn't really make me happy, only for a short time. It actually made me lose my sense of direction..." (AG, p. 74-p. 76).

Participant D felt that his life satisfaction was disrupted to the point of feeling lost. *"...I often feel lost. PMO makes me feel stuck. I have lots of plans, but every time I relapse, my enthusiasm for life drops..."*(D, p. 67-p. 68).

Participant AP felt a change in his life satisfaction after he began PMOing regularly, which gave rise to negative thoughts. *"...It's quite good. I sometimes think, 'Is my life just going to go around here and there?' I also think about being afraid of marriage because I'm afraid that if I'm not satisfied with my partner, I'll do it alone and feel like I don't need sex with him..."*(AP, p. 89-p. 91).

Participant R's life satisfaction was affected. Participant R felt his life had become meaningless. *"...I feel like my life lacks meaning. I've lost motivation, and I feel like I have no purpose because I'm constantly trapped in that cycle..."*(R, p. 87-p. 88).

Participant B didn't feel his life satisfaction was affected because PMO was merely an escape that didn't interfere with his life satisfaction. *"...There's no satisfaction at all. Neither is their self-satisfaction, because I feel satisfied when I've achieved a goal. But when it comes to finding meaning in life, it doesn't have an impact because, again, my goal in PMO is to escape..."* (B, p. 87-p. 89).

Self-Development

Participant AG felt that his personal development had been hampered since engaging in regular PMO.

"...It's hindering. I feel stuck, underdeveloped..." (AG, p. 103).

Participant D did not experience any disruption to his personal development despite regularly engaging in PMO. *"...So, when I experience sexual urges, there's no one to ask questions. When I start exploring, I'm alone. It's no wonder I end up engaging in things like PMO and casual sex..."* (D, p. 74-76).

Participant AP felt unaffected in his personal development. *"...So even though it's a difficult habit to control, I don't regret being in this phase and being addicted to PMO. But I want to break out of the cycle..."* (AP, p. 104-106).

Participant R was bothered by his PMO habit. *"...Yes, it's really hindering. I tend to procrastinate; I lose the motivation to achieve my life goals. So, I just feel stuck..."* (R, p. 90-91).

Participant B felt unaffected by his self-development despite regularly engaging in PMO and having questions about himself. *"...The question often arises in my mind, 'Why do I have to do this?...'"* (B, p. 93 – p. 94).

"But on the other hand, sometimes it's just like, 'You only live once, so live it.' There's an inner conflict there, but I just let it go." (B, p. 96 – p. 97).

Social Relationships

Participant AG felt his social relationships had been affected since he regularly PMO'd and was in a long-distance relationship with his girlfriend.

"...Yeah, sometimes I feel lazy about meeting people. I prefer to stay in my room, and I'm unproductive. Even though I was quite active before..." (AG, p. 54-p. 55).

Participant D experienced changes in his social relationships after regularly PMO'ing. *"...It's really bad. I have a hard time trusting people, and I easily feel disgusted by women in overly intense relationships, especially with other female friends. For me, that's a separate issue. Because my head is already shaped by the imagination of the content I watch. So sometimes my expectations are unrealistic..."* (D, p. 61-p. 64).

Participant AP experienced a phase where his social relationships were disrupted by his PMO habit. *"...Yes. There was a time when I was too lazy to leave the house, too lazy to chat, and even became indifferent to my boyfriend. Because I was already "fulfilled" in that way, I felt like I didn't need the intimacy I usually have with my boyfriend, which made our relationship strained..."* (AP, p. 73-p. 75).

Participant R felt that his social relationships changed after he regularly engaged in PMO. *"...Yes, it's quite disruptive. I've even put off assignments and missed study schedules because of the urge to do it. So, I've become increasingly withdrawn from social life and only interact when necessary..."* (R, p. 65-67).

Participant B didn't experience any disruption to his social relationships because he could control his thoughts. *"...Not at all. Because I can balance when I need to be active and when I need to socialize. It's not disruptive, and... I have preventative measures. I avoid thinking about it..."* (B, p.69-71).

Self-Image

Participant AG's self-image was affected by his PMO habit. He said,

"...It really had an impact. I felt like my life was empty, like something was missing, but I filled it with things that didn't really make me happy, they only made me happy for a short time. It actually made me lose my sense of direction..." (AG, p. 74-p. 76).

However, other participants, like Participant D, felt that PMO was disruptive, to the point where he felt like he was stagnated, making no progress at all.

"...Yes. I often feel lost. It's like PMO makes me stuck. I have lots of plans, but every time I relapse, my enthusiasm for life drops. I become lazy, sleep irregularly, and my productivity drops..." (D, p. 67-p. 69).

Participant AP lost the meaning of life because of his PMO habit, which he couldn't stop. *"...It's pretty bad. I sometimes wonder, 'Is my life just going around in circles?'"* *"I also think I'm afraid of getting married because I'm afraid of not being satisfied by my partner..."* (AP, p. 89-p. 91).

Participant R felt uncertain because he had two conflicting desires. *"...I felt like I was struggling. There was a part of me that wanted to let go, but there was also a part that was still tied down. So, it felt like I was fighting against the dark side of myself..."* (R, p. 93-p. 94).

Participant B didn't feel affected because PMO was just an escape for him. *"...But in terms of character, I don't think it changed much." Because I can cover it well. As if I could show people that I didn't do that. So yes, you can maintain your image..."* (B. p132-p.134).

Factors That Affect Mental Health (Sleep Disorders)

Participant AG experienced changes despite experiencing pleasure. Participant AG said, *"...It's a mixed bag. At first, there was a pleasant, satisfying feeling, but after that, there was a feeling of emptiness, sometimes even unable to sleep because I was used to sex or PMO..."* (AG, p. 78-p. 80).

Participant D said, *"...So far, I haven't felt any changes, other than my emotions, which I can't control yet..."* (D, p. 89-p. 90).

According to participant AP, she felt the effects depending on the situation. *"...Sometimes yes, sometimes not, depending on the situation. It even disturbed my sleep..."* (AP, p. 55-p. 56).

Participant R felt her sleep was disturbed by the effects of PMO. *"...I feel tired more easily, sometimes it's hard to fall asleep after doing it, I get physically tired easily, and my energy decreases on certain days..."* (R, p. 103-p. 104).

Participant B chose to use PMO as a sleep aid. *"...If it wasn't like that, I wouldn't be able to sleep. I once told a friend, I used to have trouble sleeping, so I had to do that first so I could sleep and it became a habit..."* (B, p.127 - p.128).

Physical Changes

Participant AG felt the changes in her energy levels were more pronounced.

"...Yes, my body tires quickly, I get out of breath easily, and my energy runs out quickly. And if I exercise too often, I feel like I'm tired for a long time..." (AG, p. 96-p. 97).

Participant D didn't notice any physical changes, saying, *"...So far, I haven't felt any changes, except for my emotions, which I can't control yet..."*

(D, p. 89-p. 90).

Participant AP noticed a change in her stomach, which was protruding. *"...My stomach is really bloated, like I drink too much alcohol, even though I don't drink alcohol or engage in excessive drinking..."* (AP, p. 67-p. 68).

Participant R experienced significant changes, more related to her energy levels. *"...I feel tired more easily, sometimes have trouble sleeping after doing it, I get tired easily, and my energy decreases on certain days..."*

(R, p. 103-p. 104).

Participant B noticed changes in the shape of his stomach. *"...Hmm... that's one thing, yes. But other than that, I don't really notice it. The most noticeable thing is that my stomach is starting to bulge, and I often feel tired. But it's not anything too extreme. And I also fall asleep more quickly..."*

(B, p. 125 – p. 126).

Character Change

Participant AG's character was affected because she was sensitive and used PMO as an escape.

"...It had a huge impact. I'm a sensitive type and feel lonely easily. And I tend to be a loner, so I'm more susceptible to seeking this kind of escape..."

(AG, p. 99-p. 100).

Participant D didn't experience any changes in her character despite regularly engaging in PMO. *"...But in terms of character, I don't think it's changed much. Because I can hide it well. I can show people that I don't do that. So, I can maintain my image..."* (D, p. 132-p. 134).

Participant AP wasn't affected because she's inherently introverted and used PMO as an escape. *"...I'm a sensitive type and need emotional closeness. But I'm also introverted and tend to avoid problems. That's what makes me seek escape through PMO. Sometimes the desire to escape is greater than the desire to face my true feelings..."* (AP, p. 99-p. 102).

Participant R experienced some aspects of his character that were affected, but there were also opposing aspects. *"...Yes, I'm a perfectionist, which gives me the drive to change. But my impulsive side often gets in the way..."*

(R, p. 109-p. 110).

Participant B experienced only slight changes in his character. *"...In terms of my way of thinking, yes, it's more towards... when I see someone of the opposite sex, I automatically think in a direction that... well, that's it. But in terms of my nature or character, I don't think it's changed much. I can hide it well. I can show people that I don't do that..."* (B, p. 131-p. 134).

Personality Changes

Participant AG experienced a change in his personality, as he went from being productive to becoming unproductive.

"...Yeah, sometimes I feel lazy about meeting people. I prefer to stay in my room, and I'm unproductive. Previously, I was quite active, participated in lots of activities, and really enjoyed them..." (AG, p. 54–55).

Participant D experienced a change in social distancing. *"...Then, I also easily disappear from social circles because I feel like I'm just not good enough. Like, "...I'm broken, I'm not worthy of a healthy relationship yet..."* (D, p. 64- p. 65).

Participant AP felt like she was no longer open to people, *"and I became more closed off to everything, especially interactions..."* (AP, p. 70-p. 71).

Participant R was initially sociable until she eventually withdrew from social circles. *"...So, I became increasingly withdrawn from social circles and only interacted as needed..."* (R, p. 66-p. 67).

Participant B didn't notice any changes in personality. In the interview, B stated, *"...So far, I haven't felt any changes, other than my emotional issues, which I can't control yet..."* (D, p. 89-p. 90).

Changes in Life Functions

Participant AG considered PMO an addiction to escape problems.

"...I've definitely experienced it. When I'm stressed about college costs, but it doesn't bother me every semester, only a few times, and at the end of the month because I live in a boarding house, sometimes PMO becomes like a light drug to escape for a while..." (AG, p. 133-p. 135).

Participant D used PMO as a way to explore herself because she felt constrained and unsupported. *"...When I started exploring, I was alone. It's no wonder I ended up getting into things like PMO and casual sex..."* (D, p. 75-p. 76).

Participant AP realized that PMO was only a temporary escape. *"...But as time went on, I realized it was just a temporary outlet..."* (AP, p. 87).

Participant R used PMO as an escape from stress, so when stress arose, she felt compelled to PMO. *"...Yes, I realize it's unhealthy, but it's my most common escape when I'm stressed..."* (R, p. 128). Participant B indeed uses PMO as an escape from life. *"...My goal in PMO is to escape..."* (B, p. 89).

Conflict Between Personal Norms or Religious

Participant AG felt a sense of opposition within herself and her norms, but it sometimes happened, sometimes not.

"...Not very often. But I'm learning not to be so indifferent and careless about my intense PMO habit. I judge myself. This is still a process, not the result..." (AG, p. 120-p. 122).

Participant D didn't experience any impact because her norms and principles remained unimpeded by her PMO habit. *"...Not at all, even though I know it's wrong, the norms and principles I hold won't be disturbed by PMO..."* (D, p. 81-p. 82).

Participant AP felt no impact on her because she was used to the freedom AP participants enjoyed. *"...It actually doesn't have much of an impact, because I've already mentioned that I come from a broken home and was raised freely but with rules. So, from a young age, it was emphasized that whatever choice I make is my own responsibility and the consequences. What's right and what's wrong depends on which perspective I choose..."* (AP, p. 112-p. 115).

Participant R felt that her habits conflicted with her upbringing, and Participant R reasoned, *"...Yes, they are very conflicting. I often self-reflect, read articles, and discuss them with close friends. But that inner conflict hasn't been resolved yet..."* (R, p. 123-p. 124).

Participant B felt that it had no impact on her. Participant B only felt that religion forbade it, but she still needed drug and alcohol as an escape. *"...The biggest impact comes from religion. Religion clearly forbids it. My parents*

certainly don't agree. My family doesn't agree either. But on the other hand, I feel like this is my daily escape. I need an escape, no matter what..."

(B, p. 139-p. 141).

Emotional Changes

Participant AG noted the most noticeable mood changes before and after PMO.

"...It really has an impact. I'm more anxious, I get in a bad mood easily, and I feel empty easily. Sometimes I feel gloomy, and that makes me even more reluctant to do activities. More precisely, I have really bad mood swings..."

(AG, p. 49-p. 51).

Participant D noted emotional changes as a result of PMO. *"...So far, I haven't felt any changes, other than my emotional issues, which I can't control yet..."*

(D, p. 93-p. 94).

Participant AP initially felt better because she felt helped by PMO, but over time, it became a temporary escape. *"...I used to think it was helping. But as time went on, I realized it was just a temporary outlet. I might feel better for a moment, but the underlying problem wouldn't be resolved; sometimes I'd ignore it without realizing it..."* (AP, p. 87-p. 89).

Participant R felt trapped in the PMO situation. *"...Yes, sometimes I feel like I'm trapped in a situation where I'm doing it to escape stress, as I mentioned earlier. But then I feel guilty or disappointed in myself for being like that..."*

(R, p. 53-p. 55).

Participant B experienced stress but considered it normal because his PMO was an escape. *"...Yes, because his mindset is one of escape. An escape when I'm bored, an escape when I have a lot of problems, an escape when I don't know where to go or what else to do? So yes, it's stressful, but it's an escape..."* (B, p.51-p.53).

Hiding PMO habits in Social Interactions

Participant AG always concealed his PMO habit because he was protecting his image and fearing negative judgment because of his habit.

"...Yes, always. I kept it all under wraps, sometimes even pretending not to know about the topic when it was discussed, because otherwise I'd be suspected of being naughty and wild..." (AG, p. 142-p. 143).

Participant D didn't notice any changes in his interactions because he never publicly disclosed his habit, so he didn't need to cover it up or hide it. *"...So far, not at all, because I never tell anyone, so it's safe, and I just interact normally..."* (D, p. 68-p. 69).

Participant AP always hid his PMO habit because he was afraid of what others would think of him. *"...Always. Even from close friends. Because I was afraid of being labelled negatively..."* (AP, p. 119).

Participant R was very secretive because of his family background and maintaining his family's reputation. *"...Yes, definitely. I maintain my image, especially in front of my family. Because of my religious background, I'm afraid this habit will reflect poorly on my parents. So, I keep it a secret, even though it makes me even more stressed..."* (R, p. 147-p. 149).

Participant B hid his PMO habit because the issue is closed or taboo in his environment. *"...No. I tend to hide it because my social environment isn't*

open about this issue. I'm afraid of being judged and considered immoral..." (B, p.97-p.98).

Financial Condition

Participant AG found financial stability easier for him to use the internet to view content for PMO.

"...Because I have stable internet access, I don't have any difficulties. But it's also a problem, because it's too easy to access..." (AG, p. 130-p. 131).

Participant D didn't experience any financial disruptions with or without this habit. *"...None at all, whether I have money or not, if I want to PMO, I just do it..."* (D, p. 71-p. 72).

Participant AP never experienced any financial problems. *"...Not at all, I've never struggled financially, because I get money from my parents and I work part-time..."* (AP, p. 99-p. 100).

Participant R cited financial issues as a temporary solution. *"...There are some, big or small, things like having to save money, working while studying, and that's stressful. PMO is my escape from financial pressures..."* (R, p. 143-p. 144).

Participant B engaged in PMO when struggling financially. Because PMO served as an escape. *"...Because of my job, my income was uncertain, and as I said, PMO served as an escape. So, when I was stressed because I had no money or was struggling financially, I would PMO as an escape..."* (B, p. 101-p. 103).

Cultural Pressure

Participant AG didn't feel any cultural pressure because she had already considered the options and risks.

"...Not really, because I think my business is my business, I'm used to it. I was raised with the saying, 'Whatever choice you make, you have to accept the risks, whatever the consequences..." (AG, p. 111-p. 113).

Participant D didn't feel any cultural pressure, even though the practice of PMOing was unfamiliar to her culture. *"...Culturally, it's definitely taboo but I don't care because my choice is my choice. It doesn't matter whether my culture is rich or not..."* (D, p. 88-p. 89).

Participant AP didn't feel much influence from her culture. *"...Actually, it doesn't matter much, because I've already said I come from a broken home and was raised freely but knew the rules..."* (AP, p. 116-p. 117).

Participant R didn't feel any cultural pressure because she kept her PMOing habit a secret. *"...It doesn't affect me at all, because I hide my habits..."* (R, p. 138).

Participant B experienced no cultural pressure, only religious pressure. *"...The biggest impact comes from religion. Religion clearly forbids it. Even my parents don't agree. My family doesn't either..."* (B, p. 144-145).

There are Supporters of PMO

Participant AG cited her environment as influencing her to channel her emotions into PMO, leading to addiction.

"...It indirectly influenced me. Because of my closed and individualistic environment, I preferred to remain silent and keep it to myself, which only made me more stressed and depressed. But sometimes I just got used to it,

depending on the circumstances and my mood..." (AG, p. 125-p. 127).

Participant D hid her PMO habit because her community forbade it. *"...It's definitely not supportive because the area where I live is very religious, so PMO is prohibited, so I kept it to myself..." (D, p. 96-p. 97).*

Participant AP didn't feel supported even though her community knew about PMO. *"...It's really taboo, no. People around me understand that PMO is masturbation, but if they knew I was addicted, they definitely wouldn't support me..." (AP, p. 127-p. 128).*

Participant R hid her PMO because her community wasn't open about the issue. *"...No. I tend to hide because my social environment isn't open about this issue. I'm afraid of being judged and considered immoral..." (AP, p. 97-p. 98).*

Participant B felt that his environment depends on the situation and who he's talking to. *"...It depends, it depends on the person too. If it seems like the person, you're talking to is experiencing the same thing, it's usually easier to talk about it. But if it seems like they're a bit closed off or feel it's taboo, well, I don't bring it up. I just manage the situation..." (B, p. 113-p. 115).*

Discussion

The Based on the analysis of interview data, it was found that sexual habits such as porn, masturbation, and orgasm (PMO) are not only related to fulfilling biological needs but also give rise to much more complex psychological dynamics in participants. Most participants reported experiencing multiple emotional experiences after PMO, ranging from feelings of physical relief and satisfaction to stress, anxiety, and even deep inner conflict. These ambivalent feelings indicate that PMO is not an emotionally neutral activity, but rather is laden with conflicting psychological meanings. This aligns with the findings of Cardoso et al. (2023), who explained that excessive pornography use is often associated with poor emotional regulation, feelings of guilt, and emotional distress. Similarly, Vescan et al. (2024) emphasized that although non-normative sexual behavior can provide momentary gratification, individuals often experience regret and self-dissatisfaction afterward.

Furthermore, participants described significant difficulties in controlling PMO habits despite being fully aware of their negative impacts. This phenomenon indicates a pattern like behavioral addiction, where the urge to PMO occurs repeatedly and is difficult to stop. Altın et al. (2024) showed that problematic pornography use often resembles an addiction pattern, with key symptoms being a feeling of "loss of control" and profound psychological distress. Borgogna et al. (2024) also added that moral incongruence, a conflict between personal values and behavior, and weak self-control can exacerbate compulsive pornography use. In these cases, participants often become trapped in a debilitating cycle, attempting to restrain themselves but then failing to control their urges, ultimately leading to feelings of guilt, and increasing distress.

In a social context, interview results also revealed that the stigma surrounding non-normative sexual behavior remains strong in Indonesian society. This creates additional pressure for participants who feel the need to conceal their behavior to avoid social rejection. Modu and Huwae (2023) found that adolescents who engage in PMO or engage in non-normative sexual practices tend to be reluctant to disclose themselves due to fear of being stigmatized by their peers. Altın et al. (2024) emphasized that this social stigma can exacerbate psychological distress and reduce an individual's mental well-being. In other words, the resulting guilt stems not only from internal conflict but is also reinforced by social and cultural pressures that label certain sexual behaviors as deviant or taboo.

Despite the significant challenges faced, interviews also revealed resilience efforts among the participants. Some attempted to reduce the frequency of PMO by diverting their attention to other activities, strengthening self-control, or attempting to manage sexual urges more healthily. This aligns with the concept of psychological resilience explained by Troy et al. (2023), which states that individuals are able to develop adaptive emotion regulation strategies to withstand psychological stress. Surzykiewicz et al. (2022) also found that good emotion regulation skills, coupled with social support, can serve as a buffer against prolonged stress. In this case, some participants began to try to replace their negative thought patterns with more rational approaches or cultivated self-compassion to avoid being trapped in constant guilt.

In addition to internal factors, social support also plays a crucial role in strengthening psychological resilience. Utami et al. (2023) emphasized that social support acts as a protective barrier for young people facing sexual stigma, as it provides a sense of security and a space for self-expression. For participants, the presence of trusted loved ones is often the only place to share experiences without fear of judgment. Lefevor et al. (2023) even found that spirituality can be a significant source of strength for individuals facing internal and external conflicts. For some participants, spirituality served not only as a moral compass but also as a source of inner peace that helped them accept themselves and remain resilient amidst stigma. Overall, the psychological dynamics of individuals with PMO habits cannot be understood solely as biological behaviors. Their experiences encompass.

Implications

This study has provided theoretical implications that Porn, Masturbation, and Orgasm (PMO) behavior needs to be understood as a psychological phenomenon involving the interaction of emotional regulation, affection needs, and self-control. The finding that individuals experience psychological distress while simultaneously having the potential for psychological well-being supports the view that mental health is dynamic and not solely determined by the presence or absence of symptoms of psychological disorders (WHO, 2022). This aligns with research indicating that compulsive sexual behavior is often associated with difficulties in emotional regulation and the use of sex as a maladaptive coping mechanism (Kraus et al., 2016; Fernandez et al., 2021).

Practically, this study has implications for the importance of a holistic and non-judgmental psychological intervention approach for individuals who engage in PMO. Mental health practitioners need to consider psychosocial factors such as shame, stigma, and value conflicts that often prevent individuals from seeking professional help (Grubbs et al., 2018).

Furthermore, the findings of this study emphasize the preventive implications of comprehensive mental and sexual health education, particularly for adolescents and young adults. Appropriate education can help individuals understand the psychological impact of PMO, reduce excessive shame, and encourage the use of more adaptive coping strategies (Bóthe et al., 2020). Therefore, the results of this study can form the basis for the development of community-based education, counseling, and intervention programs aimed at improving individual psychological well-being.

Limitations and Further Research

Based on the results of this study, the researchers acknowledge that the research still has several limitations. This study involved only a limited number of participants, so the findings cannot be widely generalized and remain contextualized based on the participants' subjective experiences. Furthermore, the topic of Porn, Masturbation, and Orgasm (PMO) behavior is relatively sensitive, so it is possible that participants did not fully disclose their personal experiences in depth. The qualitative phenomenological approach used also limited this study to understanding the meaning

of experiences, without quantitatively measuring the level of addiction or psychological impacts, and was unable to describe the long-term dynamics of mental health.

Based on these limitations, future research is recommended to expand the range and diversity of participants on the same topic, particularly individuals who have experienced PMO addiction for varying durations, including adolescents, young adults, and middle adults. Further research could also utilize theoretical approaches that emphasize the dynamics of behavioral addiction, emotion regulation, and psychosocial factors influencing PMO habits. Furthermore, the use of quantitative or mixed methods is recommended to measure the level of addiction, the impact on mental and physical health, and its relationship to the quality of social and partner relationships. Furthermore, a deeper understanding of the meaning of family, health, and the ideals of building a household life for individuals experiencing PMO addiction is expected to provide a more comprehensive contribution to understanding this phenomenon.

CONCLUSION

This study shows that individuals addicted to PMO for more than six months have diverse experiences in dealing with the habit. PMO is generally done due to loneliness, the urge to explore sexuality, and previous sexual experiences. In the context of Indonesian society, which still considers this topic taboo, participants tend to hide PMO behavior from their families. However, family is one of the main motivating factors for controlling addiction, along with the drive to live a healthier life, improve the future, and prepare for family life.

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AUTHOR CONTRIBUTIONS STATEMENT

All authors were directly involved in this research, from the research design process through implementation, to the drafting of the complete manuscript. All authors have also read and approved the final version of the manuscript.

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