Clinical Issues in Online Sexual Activity: An Introduction

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The Internet has revolutionized our lives. For many, the computer has become the primary source of entertainment and most constant companion, often replacing other familiar media (TV, radio) and face-to-face interaction (Lillie, 2002). Sexual topics are the most searched for topics on the Internet (Cooper, Scherer Boies & Gordan, 1999), and up to one-third of Internet users access some type of sexual content online (Cooper, Delmonico & Burg, 2000). Authors like Cooper, Boies, Maheu, & Greenfield (1999) suggest that the impact of the Internet on sexuality has been so profound that cybersex may be fueling a new sexual revolution.

The Internet is unprecedented in its ability to allow some forms of physical and emotional fulfillment to occur with a distant or mostly unknown partner in a way that has been limited in the past. The Internet has become a marketplace for finding partners who share our sexual fantasies in a way that is "unmatched in its scope, unlimited by geography, time, or numbers" (Ross, 2005, p. 344). This medium also offers the user the opportunity to experiment with sexual behaviors that might be difficult to do in real-time, either because partners are unavailable, or the individual is limited by his or her self-consciousness. The Internet, then, offers a venue to experiment with behavior with another person without actually "doing it" (Ross, 2005).

Online Sexual Activity: A Variety of Sexual Experiences

To begin a meaningful discussion of the uses and implications of Online Sexual Activity (OSA), one must first understand the range and nature of sexually-related activities available through the computer. These behaviors may include viewing pictures (pornography/erotica), chatting with others about sex in chatrooms, sending or receiving sexually explicit e-mails, sharing fantasies, or participating in real-time cybersex in chatrooms, using the chatrooms as either starting places for offline relationships

or online sex without any pursuit of off-line, "real", contacts with partners (see Griffiths, 2001, for an extensive list of Internet sexual behaviors).

Among those who report use of or preference for on-line pornography, the most commonly cited reasons for preferring this venue are ease of Internet use, ease of access for those who are shy, lonely, or have limited social skills, anonymity and the attendant sense of safety to experiment on-line, ability to avoid interpersonal contact, and ability to control visuals and the overall environment (Ross, Rosser, McCurdy & Feldman, 2007).

Studies of online sexual behavior consistently reveal gender differences. Population studies have suggested that the use of Internet pornography is a predominantly male phenomenon, with 25% of American males reporting use of Internet pornography compared to 4% of females (Buzzell, 2005). Gay-identified men may be up to four times more likely to use OSA than straight-identified men, and OSA may play an important role for some in the coming out process. More men than women report that online sexual behavior has become problematic for them, though women are overrepresented among problematic users (Cooper et al, 2004; Ferree, 2003).

Women appear to seek online sexual activities that involve a romantic or relational component, and women strongly prefer chatrooms that allow relational experiences with others over solitary activities like viewing pornography (Ferree, 2003). Women are also more likely than men to pursue real-life meetings with those that they meet on-line (Ferree, 2003; Schneider, 2000). In contrast, men appear to be more interested in solitary online pursuits, usually visual activities (Ferree, 2003). According to Ferree (2003), women may also be more likely to use free sexual materials, while men are more likely to pay for sexual images.

Cyberporn, Personality Characteristics, and Mental Health: Mostly Good News

Many clinicians have been concerned about possible relationships between OSA and sexual aggression or violence against partners. Some research suggests that egalitarian attitudes towards women have been positively related with viewing sexually explicit movies or videos (Fisher & Barak, 2001). Barak et al (1999) found no relationship between self-regulated exposure to sexually explicit Internet sites and later measures of rape myth acceptance or negative attitudes towards women. Ybarra and Mitchell (2005) also found no relationship between pornography exposure, even at very frequent levels, and sexual aggression. However, a study by Burns (2001) suggested that men who are frequently exposed to Internet pornography were more likely to describe women in sexual terms, and embrace stereotypically feminine gender roles, while also perceiving women positively.

Problematic OSA

Cooper et al (2004) define Online Sexual Compulsivity as a condition that exists when ongoing use of online sexual activity interferes with occupational, social, or recreational functioning. Those who

experience such problems often report the inability to manage or stop the activity or to reduce the impact of these activities on overall functioning. OSA is believed by some to be more addictive than other, traditional forms of pornography (e.g. print, films) due to the Triple-A Engine (Cooper & Sportolari, 1997): the Accessibility, Anonymity, and Affordability of sexually explicit Internet material.

Cooper, Scherer, Boies, & Gordon (1999) concluded that the majority of individuals who used the Internet for sexual purposes did not show measurable concerns or problems, but for a smaller percentage (about 8%) of users, cybersex posed significant problems (Cooper, Delmonico, Griffin-Shelley & Mathy, 2004). Cooper et al (1999) suggested three categories of cybersex users: recreational, sexually compulsive, and at-risk. Among at-risk users, they identified two subtypes: those who use Internet materials most during times of high stress, and those who seek relief from depression or other emotional difficulties by accessing online sexual materials. According to Cooper et al (2004), no single behavior accurately predicts whether an individual will become compulsive in his or her use of online sexual materials.

Studies exploring comorbidity of problematic OSA with other types of distress have shown relationships between problematic OSA and other forms of sexual addiction, mood and anxiety disorders, past history of sexual abuse, chemical dependency (men) and eating disorders (women) (Schneider, 2000, Schwartz & Southern, 2000). For some individuals the computer offers a new venue for the expression of an existing disorder, while for others the access to sexual material on the Internet appears to rapidly produce new and problematic symptoms.

Individuals may experience relational, occupational, legal, financial, and personal distress as a result of OSA. These problems may result from one-time use or from ongoing use of sexually explicit materials. Common consequences of compulsive Internet sexual behavior include client reports of depression, social isolation, worsening of the sexual relationship with a spouse or partner, damage done to the marriage or primary relationship, exposure of children to masturbation or sexually explicit materials, impaired job performance or job loss, financial losses and legal consequences (Schneider, 2000).

Assessment

First, as with other concerns that our clients bring to us, we must begin by assessing the nature and the scope of the difficulty the client is having with OSA. As previously mentioned, most use of OSA is non-problematic, and wise clinicians avoid overreaction to reports of OSA while focusing on the behaviors that are causing problems. Two helpful tools in assessment are Delmonico's Internet Sex Screening Test (www.sexhelp.com/isst.cfm) and Weiss's CyberSex Addiction Checklist (http://sash.net). If one is not already doing so, adding assessment of computer use to one's intake is a good first step, as it allows one to assess total time spent on the computer for academic and recreational tasks and both problematic and adaptive uses of the computer. This type of exploration can also help identify additional

problems the student/client may be having with online gambling or gaming (such as the Massive Multiplayer Online Games, e.g. World of Warcraft and similar games) or excessive time spent in social networking sites such a MySpace and Facebook.

Client and therapist may also find it helpful to identify motivators and reinforcers for problematic OSA, including both physical motivators like excitement/arousal, comfort (tension reduction), and escape (trance, mood regulation) and psychological motivators like affirmation, overcoming feelings of helplessness or powerlessness, and the desires for power and revenge. It is also helpful with many clients to discuss the ways in which problematic OSA has led to negative consequences in the following areas: relationships, occupational problems, legal problems, financial problems, emotional distress, religious/spiritual problems and medical conditions. Because many clients feel premature comfort and familiarity with partners met on-line and may not take precautions when having sexual contact with them, the therapist may also want to encourage the client to pursue STD/STI testing.

<div align="center">Treatment</div>

Treatment may include both inpatient and outpatient interventions. Because the majority of those who seek treatment for addiction to online sex also have more pervasive sexual and chemical addictions, depression, and other disorders, inpatient treatment may be particularly effective with many addicts (Orzack & Ross, 2000). Outpatient treatment, such as what we offer in college and university counseling centers, may include individual, couples, and group psychotherapy, as well as participation in 12-step and similar peer-support groups.

Once treatment begins, several strategies may be helpful:

1) Negotiate a specific treatment plan that includes incremental goals and reasonable expectations.

2) Impose time limits on cybersex and other computer use. For most students, complete abstinence from all online activities is unfeasible, but the student may find it helpful to create a schedule of computer use and types of online activities that s/he finds acceptable.

3) Enlist the help of an accountability partner (preferably not one's romantic/sexual partner) in maintaining boundaries.

4) Purchase and install blocking software or sign up for an internet service provider than includes this feature.

5) Limit computer use to public spaces (e.g. move computers with internet access into common living or study areas).

6) Learn mindfulness techniques to increase awareness of sexual behaviors and feelings, both while on-line and off-line.

7)   Reduce anonymity while online by using one's real name and real contact information in online interactions.

8)   Reduce objectification of others encountered online by imagining realistic scenarios (e.g. in addition to appearing naked on the screen, the person being viewed is also someone's child, a student, etc.).

9)   Increase overall support by helping clients connect to supportive peer networks.

10) Encourage the use of rewards and consequences (e.g. a reward for each day of OSA-free computer use, sending money to charity each time the person engages in OSA).

11) Help the client identify coping strategies that don't involve OSA for use when bored, angry, anxious, lonely, and tired (e.g. exercise).

12) Help the client grieve the loss of cybersex and the important needs that it addressed.

13) Help the client grieve the relationship, occupational, legal, financial, medical, other losses associated with OSA use.

14)   Help the client identify ways to use the internet that support the client's needs while reducing the risk of encountering OSA-related problems (e.g. increasing social, non-sexual contact with others in social networking sites may be a good first step as the client moves away from contact with others in OSA).

Conclusion

While many individuals do not report negative emotional or relational consequences from the use of OSA, a portion of those who use internet pornography and other online sexual materials do so compulsively and experience painful disruptions across multiple areas of functioning. Fortunately, effective treatments strategies are available for clients motivated to reduce or eliminate OSA use.

Helpful Websites for Clinicians and Clients

www.sash.net

www.addictionresearch.com

www.cybersexualaddiction.com

www.sexhelp.com

www.sexaddict.com

www.hazeldon.org

Online Support Groups

www.sexaa.org: Sex Addicts Anonymous

www.sa.org: Sexaholics Anonymous

www.sca-recovery.org: Sexual Compulsives Anonymous

www.recovering-couples.org: Recovering Couples

www.slaafws.org: Sex and Love Addicts Anonymous

www.sexualrecovery.org: Sexual Recovery Anonymous

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