

**AN EXPLORATORY STUDY ABOUT THE IMPACTS THAT CYBERSEX
(THE USE OF THE INTERNET FOR SEXUAL PURPOSES)
IS HAVING ON FAMILIES AND THE PRACTICES OF MARRIAGE AND FAMILY
THERAPISTS**

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(ABSTRACT)

The number of people who access the Internet has increased considerably over the past decade. The use of the Internet for sexual purposes (Cybersex) has begun to get the attention of clinicians as more and more families are affected. However, to date little research has been conducted to determine how much of a problem Cybersex is. The purpose of this study was to explore the degree to which marriage and family therapists are seeing clients who have had Cybersex related difficulties.

A questionnaire was mailed to 500 randomly selected clinical members of the American Association for Marriage and Family Therapy. Thirty four percent of the sample responded. The results indicated that most of the respondents are seeing clients with Cybersex issues and the number of clients has been increasing over the past two years. The partners and children of Cybersex users were identified most often as the ones who came for therapy. Those who came with Cybersex as a secondary problem and individuals with Cybersex problems were identified less often. Although most respondents felt prepared to diagnose and treat adults with Cybersex problems, a half felt unprepared to diagnose and treat children. Most of the respondents reported that the required courses they took in College were not helpful in preparing them to diagnose and treat Cybersex related problems.

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El dia en que tu naciste nacieron todas las flores.

Y en la pila del bautiso cantaron los ruiseñores.

From a Mexican folk song

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CHAPTER 1: INTRODUCTION

The Problem and Its Setting

Since 1994 the Internet experienced a surge in growth as it became widely available to private commerce, and to the general public (Kristula, 2001). That year there were 38 million internet users worldwide, and by September of 2002 the number grew to 606 million users; approximately 30%, or 183 million, were from the United States and Canada (Nua, 2003). During these past 10 years, what is communicated, how it is communicated, where communications originate and terminate, can all be directed and controlled from personal computers, cell phones, or hand-held organizers. E-mail, chat rooms, streaming-video technologies, live video, music, radio, auctions, e-commerce are all communicated via the Internet at a minimal cost from the privacy of our homes, hotels, offices, and cars.

Sex has been reported to be the most popular search topic on the Internet (Nua Internet Surveys, 2001). Leone and Beilsmith (1999) reported that 31% of the people on-line visited an adult-content web site. Cooper, Delmonico, & Burg (2000) surveyed 9,265 Cybersex users and categorized this population into four groups: 83% were non-sexually compulsive, recreational users, who did not exhibit problematic behaviors; 11% were moderately sexually compulsive; 5% were sexually compulsive; and 1% were Cybersex compulsive. The study identified a category of “at-risk” Cybersex users as those who may never have accessed pornographic material were it not for the privacy and availability of the Internet. The California Marital and Sexuality Center identify 6.5% of those accessing Cybersex sites as exhibiting compulsive behaviors, and an additional 17% have been described as “at risk” of becoming sexually addicted (Cooper, Delmonico, & Burg, 2000). Based on these estimates, as many as 47 million people are

viewing Cybersex, and as many as 9.6 million may be experiencing problems with controlling their behaviors with Cybersex.

The access to sexual material by either the recreational users or those experiencing compulsive pathology affects their partners and immediate families (Young, 2001). Non-sexually compulsive (including educational/research purposes) use may be misunderstood by partners or sexually explicit material may be inadvertently left on computers and later accessed by children; compulsive users negatively affect their partners in a variety of ways as I explain later in the study. The Internet is challenging the very definitions of terms such as infidelity, sexuality, pornography, and intimacy. Is a sexually explicit chat on the Internet an affair? What are the long term repercussions of accidentally leaving a pornographic picture on a computer monitor that can be viewed by a 7 year old child? What are the impacts on a couple's sexual expression when a partner finds that a sexual fantasy that would otherwise have been naturally extinguished is now strongly reinforced on the Internet?

Through the Internet, pornography, sexually explicit material, and sexually focused communication (Cybersex) is now available to every household that is connected to the World Wide Web. The spouses, the children, the siblings, and the extended circle of relationships of those accessing Cybersex are at risk of finding themselves swept up in a wake of consequences brought on by this contemporary form of sexual expression. There exist several studies performed by addiction specialists on the characteristics and usage patterns of Cybersex addicts (Cooper et al., 2000), and on the reported effects of Cybersex use on their partners (Schneider, 2000). However, there exist no studies that tell us how Cybersex problems are presenting in the offices of marriage and family therapists. This exploratory study looks at the experience of

marriage and family therapists with clients coming for therapy presenting conflicts around Cybersex use.

Significance of the Study

The study of Cybersex use, be it for recreation or a compulsion, is significant because the number of people accessing Cybersex sites is so large, and the long term effects, particularly to children, may be significant. The uniqueness of the Internet, identified by Cooper (1998) as the Triple A Engine model -Accessibility, Anonymity, Affordability –increases the potential for people of all ages to access Cybersex and thus increases the potential for the development of problems with their spouses, children, and extended families. This study sought to discover whether MFTs are seeing a significant, and growing number of Cybersex related cases, and to identify how the problems are presenting in their practices.

The use of Cybersex for recreational purposes may mask existing relational problems and may affect the partners and their children in profound ways. Sex for many is a subject that has a deep emotional significance which is not compatible with recreational activities outside of the couple dyad. A Cyberchat of a sexual nature may be entertaining for one person but a deep betrayal for another. What impact does increased exposure to explicit sexual material have on children, adolescents and adults that would be otherwise unavailable except for the Internet? How does this exposure affect the partners' interactions, the growing adolescent's expectations for a satisfying sexual relationship, or the pre-adolescent's exposure to sexual material that he is not developmentally prepared to process?

The pathological use of Cybersex has profound effects on couples and families and will require a different set of skills from the treating therapist. The term addiction or compulsion is used almost interchangeably in the literature to describe accessing Cybersex material with

increased frequency, and being unable to stop its use in spite of frequent attempts and in spite of negative consequences. Teitelbaum, Edwards, Gold, & Gold (2001) state that behaviors such as eating, sex and gambling can become addicting. Loss of control, compulsivity, preoccupation, guilt and chronic relapse are among the effects that addictions bring into people's lives.

Compulsive and addictive behavior related to the Internet is notably found in the areas of sex and gambling (King, 1999). Cybersex addictions eventually affect the entire family system: changes in sleep patterns, demands for privacy and isolation, disregard for responsibilities, lying, changes in personality, loss of interest in partner sex, and decline in relationship investment (Young, Griffin-Shelley, Cooper, O'Mara, & Buchanan, 2000).

It is hoped that the results of this exploratory study helps identify areas that need to be studied further in order to better understand the problem from a therapist's perspective, in particular the impacts on the couple dyad and the family system. This study helps identify who came to therapy with Cybersex problems and how prepared the respondents felt about the assessment and treatment of Cybersex. The study also gathers therapists' opinions about how concerned they feel about Cybersex and individuals, couples and children of different ages.

Rationale

Studies, prepared by specialists in the fields of marital and sexual counseling, addiction treatment, psychologists, and MFT's discuss the origins and the effects of compulsive Cybersex use on individuals, their partners and their families. Schneider (1996, 2000), Kafka (2000), Cooper, et al (1999) provide detailed profiles of self-reporting Cybersex users and of the stresses on the spouses of these sexually addicted individuals. Schneider (2003) identifies the impacts that Cybersex compulsions have on partners and children and these include: feelings of betrayal, hurt, rejection, devastation, loneliness, shame, jealousy, loss of self-esteem. These studies alert

the mental health community that there exists a problem that is affecting the entire family. These specialists agree that more formal scientific studies are needed, in particular on the longer term effects that early exposure to Cybersex is having on children. In discussing the topic of Cybersex addictions with other professional MFTs, and MFT students from different Universities in the Northern VA area, I found that most were unaware that Cybersex was a problem; some did not know what Cybersex is. In addition most did not know what they would do if they were presented with a Cybersex related problem.

To date no studies have been published on what a typical MFT practitioner - most of whom do not specialize in sexual addiction treatment - is seeing in his/her practice. By asking MFTs questions related to their case load it was possible to gain some insight into who is coming for treatment, and what are the presenting systemic effects of Cybersex on the family. An important part of the study was to identify the percent of MFT's case load that is related to Cybersex and to determine if it was growing. In other words is the problem significant enough to justify further study? The study was designed to identify who is coming for treatment and why: the Cybersex the spouses, the children, the couple, and the individual Cybersex user. The study asked if MFT's felt prepared to diagnose and treat the individuals, couples, and children that have a Cybersex related problem. Lastly MFT practitioners were asked if they felt concerned about the availability of pornography on the Internet and how it may be harming the family system.

Theoretical Framework

The two theoretical frameworks that formed the basis of this study were systems theory and phenomenology. Systems theory is founded on the premise that individual thoughts and actions are shaped by interpersonal or relational experiences. Phenomenology posits that

knowledge is not an absolute; knowledge is shaped by personal and social discourse, and as such, different concepts take on different meanings to different people at different times.

Lorenz and other ethologists posited that starting at birth children will, by instinct, imprint or attach to principal caretakers (Crain, 2000); thus children begin their life's journey with their survival mediated by relationships and bonds. Families and their members are linked by these strong interpersonal bonds which serve to organize and regulate their relationships and their interactions with each other; a person's sense of belonging to a family and being a separate individual is governed by each family's process of socialization (Minuchin, 1974). According to the author, family members are defined in different ways according to the context of their relationships; a man is a husband to his wife, a father to his children, a son to his own parents, etc. with each role eliciting very different interpersonal behavior patterns. The family system becomes more than the sum of its parts according to Bertalanffy, and the understanding of the family cannot be done by studying a part in isolation (Nichols & Schwartz, 2001). Families operate according to repeated transactional patterns that establish a sense of acceptable behaviors among its members and define the power hierarchy (parent-child, child-child) as well as the range of complementarity and interdependence (husband-wife); over time families develop explicit and implicit expectations of their day to day interactions (Minuchin, 1974). The boundaries of the family with the outside world, and the boundaries within the family among its members define how the parts interact in relation to each other and the outside world in order to maintain a state of predictable behavioral balance or homeostasis (Nichols & Schwartz, 2001). When the behavior of an individual falls outside the family's established range of acceptable behavior stress is created (Nichols & Schwartz, 2001).

The fundamental assumptions of this exploratory study was that the use of Cybersex by an individual affects the entire family in profound ways: Cybersex, in certain individuals, can lead to reinforcement of preexisting sexual responses (Fisher & Barak, 2001); Cybersex covertly changes the definition of love and intimacy in the couple; Cybersex affects the parent-child relationship through isolation of the parent accessing the Internet instead of spending time parenting (Schneider & Weiss, 2001) ; Cybersex may negatively affect children's views of relationships and expectations relating to intimacy (Thornburgh & Lin, 2002). Existing studies and literature have focused primarily on Cybersex as an addiction or compulsion. Systems theory leads us to posit that most forms of Cybersex use, including non-addictive or recreational use (exceptions include research, sex education etc.), may have a negative impact on the family.

This study also gathered some opinions and views of clinical members of the AAMFT with respect to Cybersex. Phenomenology seeks to understand how different people experience events in their lives and how each person arrives at different meanings to the same experiences (Boss, Dahl, & Kaplan, 1996).

Phenomenology is guided by several philosophical assumptions. Boss, Dahl, and Kaplan (1996) described the following assumptions which were used as the foundations for this study "Knowledge is socially constructed and therefore inherently tentative and incomplete" (p.85). Love, sex and intimacy are among the most significant social constructs that influence the quality of the bond in a couple. Sex, addictions and morality have been inextricably linked by thousands of years of public and religious debate; through this public process of moralization no area has generated more polarized rhetoric than sex and addiction (Rozin, 1997). As therapists we are not immune to the debate nor are we immune to taking a personal moral stance.

Both the families and the therapists will have different understandings and perspectives on the use of pornography through the Internet. The Internet presents different options for sexual experiences (viewing pornography, sexually explicit chat formats etc) and each of these will mean different things to therapists and families. Demographic factors such as gender, and age may themselves influence the perspectives taken when confronted with a client who is distraught over her husband's use of Cybersex. Cybersex is confounding how we define some of the most basic social constructs that exist around sex, intimacy, and relationships. Is a chat on the internet which is sexually explicit an affair? Is Cybersex a serious problem and to whom? What are the effects on the family? Since Cybersex is a relatively new phenomenon there are no clear answers to these questions.

The social discourse around Cybersex will be shaped with extreme perspectives that vary from a lack of moral character to safe sex. This preliminary study identified some of the meanings given to Cybersex by MFTs which may become a source of information useful for the design of future studies.

Purpose

The purpose of this study was to explore, for the first time, the experiences with Cybersex as reflected in the caseload of marriage and family therapists. Cybersex, in this study, was defined as the use of the Internet for sexual experiences. The survey also identified how therapists view different presenting scenarios of Cybersex and how prepared they feel to diagnose and treat families presenting with Cybersex issues.

Specific research questions that this study attempted to answer included:

1. What are MFTs seeing in their practices related to clients with Cybersex related issues?

2. Do MFTs feel knowledgeable and prepared to diagnose and treat clients presenting with Cybersex related problems?

3. What are MFT's concerns and perspectives about Cybersex and how it may be affecting different family members?

CHAPTER 2: LITERATURE REVIEW

Purpose of the Research

This research study seeks to answer the following questions:

1. What are Marriage and Family Therapists (MFTs) experiencing in their practices with clients presenting with Cybersex related issues?
2. Do MFTs feel knowledgeable and prepared to diagnose and treat clients presenting with Cybersex related problems?
3. What are MFT's concerns and perspectives about Cybersex and how it may be affecting different family members?

Internet and Cybersex (the use of the Internet for sexual purposes) research is in its infancy. Early studies focused on identifying the etiology of pathological Internet use, of which Cybersex is a sub-set. The research identified the problematic behaviors experienced by some people while on the Internet, and described some of the unique features of this human-Internet interaction that may have contributed to those behaviors. The studies identified addiction-like symptoms similar to the maladaptive behaviors found in pathological gambling (DSM 312.31); in some cases these behaviors escalated into illegal activities (child pornography, stalking). Later studies focused specifically on Cybersex use, the effects on the users, their partners and children. Cybersex problems were found to encompass: virtual and real infidelity, paraphilic behaviors, risks to children of early exposure to pornography, the use of children for making pornography, and luring children into encounters with pedophiles. The populations used in the research studies were identified as, self-reporting Internet or Cybersex users or the partners of Cybersex addicts. Only one small study was found which focused on therapist's experiences

with Cybersex. This thesis is the first large, random sample study of clinicians (MFTs) focusing on therapists' experiences with clients with Cybersex related issues.

The review of the literature begins by examining how people use the Internet and which factors make the Internet a unique psychological environment that shapes how people behave while they are online. The second section of the literature review examines the controversies addressed in the literature around non-chemically induced addictions, also known as process addictions. The sexual content of the Internet is examined as well as the different Cybersexual behaviors. The third section presents the results of the research to date on Internet Addictions and Cybersex Addictions. Lastly I examine the systemic effects of Cybersex addictions with attention being focused on the family, children and therapists.

The Internet

New Communication Medium

Since 1993, when the Internet became available to the general public, computer use has been transformed from a work tool to a media, communications, and interactive entertainment medium. An estimated 183 million North Americans log-on to the Internet daily from their homes, work, schools etc. (Nua, 2003). Riva and Galimberti (2001), Wallace (1999) and Suler (1999) view this evolution in computer use as a result of the Internet; Computers have become a communication interface – a place where interpersonal and intrapersonal relationships are played out, incorporating some of the psychological subtleties of live, interpersonal communication. Wallace (1999) categorized the Internet into seven principal modalities of use, each with differing degrees of “virtually real” interpersonal connection: the World Wide Web (Web), Electronic mail (email), Asynchronous Discussion Forums and Newsgroups, Synchronous Chat Rooms, Multiuser Dungeons (MUDs), Metaworlds, and Interactive Video and Voice. Carnes

(1996), Wallace (1999), and Young (1999), postulated that unique perceptions (anonymity, accessibility, affordability, escape etc.) and psychological factors (disinhibition, deindividuation, etc) are activated during Internet use and these appear to shape the unique and sometimes problematic behaviors that some people (addictions to gambling, Cybersex, games etc.) experience online.

Unique Aspects of the Internet

Suler (1999) considered Internet experiences as capable of affecting an individual's psyche by stimulating the processes of projection, behavior, and transference. The author identifies distinct psychological attributes which become activated while on the different Internet modalities: reduced sensations, identity flexibility, altered perceptions, temporal flexibility etc. A significant contributor to the creation of this unique psychological environment is the elimination of virtually all legal and social controls over what is available on the Internet (Barak & King , 2000). The authors postulated that these unique Internet experiential and psychological factors contribute to the development of certain problematic and illegal behaviors.

Greenfield (1999) linked the problematic behaviors to different Internet activities or modalities (gambling, internet shopping, Cybersex, games, chatting etc) which create symptoms similar to those found in pathological gambling and substance-based addictions. There exists evidence that the mood altering quality of these activities appear to create physical dependencies in some people. The author noted that Internet specific factors that appear to be relevant to these online addictions are: accelerated intimacy, ease of access, anonymity, disinhibition, time distortion, and intensity of stimulation.

Wallace (1999) postulated that the uniqueness of the Internet experience is the lack of most non-verbal cues (facial expressions, tone of voice, body language) which people need to

form and to give accurate impressions when they communicate. Wallace identified the Internet as providing an environment that supports the elaboration of roles (pretending to be someone else) and identities (gender swapping). *Disinhibition* was identified as playing a significant role in both the creation of intimacy and the expression of aggression over the Internet.

Young (1996, 1997) studied a sample of 396 volunteers who were “dependent” Internet users (exhibited addiction-like symptoms). The author found that the most utilized Internet modalities were chat rooms MUDs, and Newsgroups and that *anonymity, accessibility, security,* and *ease of use* were the significant factors, unique to the Internet, that contributed to the dependence experienced by the participants. The study identified social support, Cybersex, and creation of a persona as significant behavioral reinforcers that lead to addictive symptoms. Young also looked at the factors unique to the population who had developed Internet problems. She found that the population most at risk of pathological Internet use were: moderately or severely depressed, people who experienced frequent disapproval, those who had low self-esteem or experienced high feelings of inadequacy. Time spent online was directly correlated to dependence and loss of control and was a factor which separated problematic from non-problematic Internet use.

Griffiths (2001), Young, Griffin-Shelley, Cooper, O’Mara, and Buchanan (2000), Morahan-Martin (1998), and others have postulated that it is *disinhibition* and *anonymity*, that contribute to the addictive behaviors on the Internet. As the Internet was a new field, researchers identified the need for better measurement instruments and for a clearer definition of the factors relevant to Internet research (Fisher & Barak, 2001). Joinson (1998) defined disinhibition on the Internet as “behavior that is characterized by an apparent reduction in concerns for self-presentation and the judgment of others” (p. 44). Zimbardo (1969) identified *deindividuation* as

leading to disinhibited, and hostile behavior (as cited in Joinson, 1998, p.49). The author proposed that through deindividuation people lose self-consciousness with an increasing likelihood of doing things they otherwise would not do, including acting out sexually. Cited by the same author, Prentice-Dunn and Rogers (1982) tied deindividuation to a reduction in accountability cues (anonymity) and reduced private self-awareness with resulting reduction in self-regulation. These studies added to the knowledge about the etiology of Internet addictions, and served as a starting point for further research which focused on sexual addictions and Cybersex addictions.

Sex and Addictions, the Internet and Cybersex Addictions

Sex and Addictions

The term addiction, in particular as it relates to sex, has long been the subject of intense debate and controversy among mental health professionals, politicians, and religious groups. Addiction is labeled by some as a weakness of character and by others as an illness. According to Milkman & Sunderwirth (1987) since the 1960's the debate has incorporated a broader definition of addictive behaviors and included new behaviors or processes (work, eating, sex, gambling etc). However, there remains disparate viewpoints among different mental health providers in the fields of psychiatry, psychology, social work etc. Even those who treat sex addictions don't agree on the etiology or the treatment of sexual addictions. With new tools to perform medical research, the neurochemical changes in the brain brought about by chemical addictions and process addictions are better understood (Carnes, 2004). Scientific progress has been slow, in part because the brain is so complex, and because public policies, which influence research into sexual addictions, has been mired in political, social and cultural debates (Carnes, 1996).

Social, religious, scientific, and medical perspectives on the etiology of addictions have been greatly influenced by a process that Rozin (1997) called the *moralization of behaviors*. The authors point out that science is susceptible to societal influences and give as an example how the concept of “harm to children” became a significant factor in the adoption of new social and medical perspectives on issues such as smoking. Societal values also strongly influence how medicine addresses sex and addictions. Freud (1897) described “masturbation as ‘the primal addiction’ from which all other addictive disorders derive” (as cited in Goodman, 1998, p.9), yet neither *addiction* nor *sexual addiction* appear in the DSM IV. The term *addiction* is not used in the U.S. Surgeon General’s web site. According to Schaffer (2000) there still does not exist a universally accepted, precise and clear definition of the term addiction and this negatively affects the research, diagnosis and treatment of the behaviors. The need for a universal definition of addiction, and sexual addiction, is evidenced by the differing and often conflicting perspectives among the groups who treat sexual addictions.

Carnes (1996) provides an in depth look at the perspectives on sexual addictions of several major scientific/medical groups: sexual medicine (American Association of Sex Educators, Counselors, and Therapists - ASSECT), addiction medicine (American Society of Addiction Medicine - ASAM), Psychiatry (American Psychiatric Association, APA). Each of these organizations differs in their approach to the definition, diagnosis and treatment of out-of-control sexual behavior, addiction to sex, or compulsive sexual acting out. Much of the confusion appears to be the result of insufficient scientific data on what happens in the brain during the addiction cycle.

Milkman and Sunderwirth (1987) were among the first to theorize about the neurochemical changes in the limbic area of the brain responsible for reward that are activated

during the “addictive processes.” The authors identified three neural pathways which are instrumental in mediating anxiety by adjusting the dopamine levels in different areas of the brain (as cited in Carnes, 1996). Different processes and substances were found to activate the neural pathways of arousal, satiation and fantasy. Sunderwirth and Milkman (1991) posited that what makes sex addiction all the more powerful is that, by its nature, sex affects all three of these pathways: sex is arousing, satiating, and includes a fantasy component. The universal behaviors found in the process addictions (sex, gambling, alcohol dependence) are (in this example sex is used and is interchangeable with gambling, Internet games, alcohol dependence etc):

- A pattern of out-of-control *sexual* behavior.
- Severe consequences due to *sexual* behavior.
- Inability to stop despite adverse consequences.
- Persistent pursuit of self-destructive or high-risk behavior.
- On-going desire or effort to limit *sexual* behavior.
- *Sexual* obsession and fantasy as a primary coping strategy.
- Increasing amounts of *sexual* experience because the current level of activity is no longer sufficient.
- Severe mood changes around *sexual* behavior.
- Inordinate amounts of time spent in obtaining *sex*, being *sexual*, or recovering from *sexual* experiences.
- Important social, occupational, or recreational activities are sacrificed or reduced because of *sexual* behavior (p. 423).

According to other researchers, the objects, processes, and fantasies that are ritualized during the addiction cycle trigger the release of mood altering neurotransmitters (dopamine,

GABA, epinephrine, serotonin, endorphins etc) that create either inhibited (sedation, relaxation) or excited (euphoria, agitation) states (Twersky & Nakken, 1997). According to Schneider and Weiss (2001), people addicted to processes such as sex, gambling, and compulsive spending *are* drug addicted (p. 27) – they have found behaviors that induce chemical activation in their brains and have become addicted to these mood altering behaviors. According to Schneider and Weiss, as long as a Cybersex addict is on a computer, their aim is to remain “high” for as long as possible. Researchers of addictions however, have recognized that most people do not become addicted to the processes described above, and identifying those at risk is an important part of research.

Siegel (as cited in Sunderwirth and Milkman, 1991) identified a universal desire in man to alter states of consciousness, and it appears that genetics and environmental factors “create neurochemical aberrations that create abnormal craving” (p. 424). Thus, some individuals are at higher risk of becoming addicted than others. There is no agreement on the reasons some people will become addicted to sex while the majority does not. Certain environmental factors are found to be overrepresented in the population which does become addicted: Insecure and chaotic attachment bonds during early childhood may lead to trauma, repetition compulsions, and addictive behaviors; rejection, physical, psychological and sexual abuse, fears of abandonment by caregivers provide some of the triggers present in the addictive behavior (van der Kolk, 1989). For some, sex is an addiction, and the Internet appears to either intensify or accelerate the addictive process – it has been called turbocharged sex (Cooper, 1998). Others see the Internet as inducing sexually addictive behaviors that didn’t exist prior to the Internet (Carnes, Delmonico, Griffin, & Moriarity, 2001).

What is Sex on the Internet?

The sex trade has taken advantage of the elimination of many social and legal controls on the Internet under the protection of Free Speech laws (Raskin, 2000). The Internet provides a platform for a variety of sexual experiences from passive viewing of pornography to active participation in live interactive videos. The Internet can be adaptive for those who feel isolated from main stream society, and for those who seek information (Cooper & Griffin-Shelley, 2002). The extraordinary growth of the sexual component of the Internet whether it is adaptive or pathological, merits that we be aware of it in more detail.

According to Brooks (1999), sex has always played a significant role in the successful adoption of new technologies by the masses. He identified how the success of the printing press, photography, reel to reel movies, videos, and now the Internet, was achieved, in part, by exploiting the demand for erotica and pornography. The author pointed out that most commercial Internet ventures struggle to break-even (Amazon, AOL), while the porn trade is highly profitable. The technologies behind real-time credit card charging over the Internet, streaming videos, high-volume traffic management of Internet sites, pay per click banner advertisements, were all perfected by the porn webmasters (Brooks, 1999). According to Egan (2000) in *Wall Street Meets Pornography*, the porn trade over the Internet is a \$10 billion annual business. As many as 25% of the regular Internet users visit the more than 60,000 sex sites each month, Raskin (2000) estimated that as many as 30 million people log on to sex sites each day.

Cybersex Adaptive and Pathological Uses

Griffiths (2001) detailed the many reasons, both adaptive and maladaptive, that people have for accessing the sexual sites on the Internet:

...educational use, buying and selling sexually related goods for further use offline, visiting and/or purchasing goods in online virtual sex shops, seeking out materials for entertainment/masturbatory purposes for use online, seeking out sex therapists, and seeking out sexual partners for an enduring relationship (ie. escorts, prostitutes, swingers) via online personal advertisements/"lonely hearts" columns, escort agencies, and/or chat rooms; seeking individuals who then become victims of sexually related Internet crime (online sexual harassment, cyber-stalking, pedophilic "grooming" of children); engaging in and maintaining online relationships via email and/or chat rooms; exploring gender and identity roles by swapping gender or creating other personas and forming online relationships; and digitally manipulating images on the Internet for entertainment and/or masturbatory purposes eg. celebrity fake photographs where heads of famous people are superimposed onto someone else's naked body (p. 333).

Most people who have used and interacted with the sexual content of the Internet have done so in adaptive ways (Cooper & Griffin-Shelley, 2002). Adaptive use, through virtual communities, has allowed isolated minorities to have contact with support networks around common interests, including sex. Studies have shown that the majority who access Cybersex do so recreationally and adaptively, and do not experience any negative effects (Cooper, Delmonico, & Burg, 2000). However, a small but growing number of people appear to be experiencing problems as a result of their use of the Internet for sex (Cybersex). The complaints from Cybersex users include addictive or compulsive symptoms: compulsivity or the inability to control access to Cybersex, the need to spend more time online in spite of negative consequences, preoccupation with Cybersex, using Cybersex to escape problems or to relieve feelings of depression or guilt, escalation etc (Carnes, Delmonico, Griffin & Moriarty, 2001).

Books and papers expanded the focus from the Cybersex addict to the family system: spouses, partners, and children. At a recent conference of matrimonial lawyers, Cybersex was specifically identified as being a significant element in divorce cases in 2003 (Paul, 2004).

Cybersex is itself a very broad term and Greenfield and Orzack (2002, pp.129-130) subdivided Online Sexual Activity (OSA) into categories: Cybering, which they described as “direct use by two people who share the same fantasy while one or both masturbate.”; Online Sexual Problems (OSP) which could include a single incident or a long standing pattern of behavior which resulted in feelings of guilt, financial consequences, relational consequences, divorce, or jail; Online Sexual Compulsivity (OSC), which they considered the most serious OSA, and was marked by loss of control or ability to regulate behavior in spite of negative consequences.

Schwartz, Galperin, & Masters (1995) posit that healthy sex requires individuals to maintain intimacy without the need to disconnect, dissociate, numb-out or fantasize (as cited in Cooper, Putnam, Planchon & Boies, 1999). When the Internet becomes necessary as either an object or a preference for arousal Cooper, Putnam, Planchon, and Boies (1999) believe that problems begin. Understanding the unique elements of the Internet that contribute to the creation of problematic behaviors, and understanding the personal and psychological traits of those who are at greatest risk of becoming addicted are important for therapists who will diagnose and treat clients with Cybersex problems. Durkin and Bryant (1995) take a sociological view of computer erotica and describe it as “interactive externalized fantasy” which allows a person with any sexual deviance, which heretofore was relegated to fantasy, to be *operationalized* within the social context of a Bulletin Board, or UseNet group. Thus common passing erotic fantasies that are naturally extinguished become reinforced (p. 194).

The scientific research of Cybersex has been hampered in many ways by the lack of understanding of: the unique features of the Internet that contribute to problematic Cybersexual behaviors; the confusion and disparate views that surround the etiology and treatment of *addiction* in the fields of medicine, psychiatry, psychology, social work, and counseling. MFTs are thus faced with choosing from several perspectives, and studies that discuss the diagnosis and treatment of Cybersexual problems.

Research on Pathological Internet Use and Cybersex Addictions

Research on Problematic Internet Use

In the early nineties Internet addiction began to emerge as a mental health concern (Young, 2001). Preliminary research in this field was hampered by a lack of measurement tools and required the adaptation of existing DSM IV diagnostic criteria to classify pathological behaviors (Young, 1996). Instruments to measure the unique Internet features that influence behaviors (anonymity, disinhibition, distress etc) need to be better defined for use in future research (Griffiths, 2001). Researchers found that time spent online, fantasy, depression, social isolation, loss of boundaries and dissociation were all associated with Internet pathology over a range of activities: chat rooms, shopping, gambling, games, MUDs, Cybersex. Internet use often led to real life encounters and these were associated with high risk behaviors including illegal activities. Saliency, mood alteration, tolerance and withdrawal were often found in those experiencing Internet addictions (Griffiths, 2001).

In one of the first scientific studies, Young (1996) collected 396 responses to a Diagnostic Questionnaire (DQ) submitted by people who were self-selected as experiencing problems on the Internet. The DQ used an adaptation of the ten diagnostic criteria for Pathological Gambling found in the DSM IV-R; gambling was replaced by the expression

Internet use. Dependents were identified as those who met 5 or more criteria for pathological Internet behavior. Dependents included 157 males and 239 females with mean ages of 29 and 43 respectively. Non dependents included 64 males and 36 females with mean ages of 25 and 28 respectively. Dependents spent a mean 38.5 hrs per week on-line “surfing the Internet” for non-work or academic purposes. Non-Dependents spent on average 4.9 hrs/week. Dependents, over time, increased their daily access. Non-Dependents identified no change in their daily use patterns. Dependents accessed the Internet for Chat rooms and MUDs (68%), NewsGroups (15%), e-mail (13%), other (9%). According to Young (1996) Dependents relied on *anonymity* on the Internet to seek out social support and sexual fulfillment. Reduced loneliness, improved self-esteem and euphoria were used to describe mood states while online. Young’s study identified social withdrawal, marital discord, reduced parent-child interaction, and divorce as significant consequences of Dependent use. The author suggested that future research use standardized diagnostic tools, consider prior psychiatric symptoms, and include information about family issues, interpersonal skills, behavioral modification protocols.

Several early studies used the chemical dependency diagnostic criteria found in the DSM IV, and gathered further evidence of the relationship between time spent on the Internet and pathological behaviors. Raushenberger and Lynn (1995) found a statistically significant relationship between compulsive Internet use and a propensity to fantasize, become depressed and dissociate. Brenner (as cited in Estallo Marti, 2000), received 185 valid responses to an Internet survey. He found that 30% of the respondents who averaged 20 hrs/week on the Internet expressed an inability to cut back on the time spent online. Scherer (1997) studied the Internet use of 381 students and found that 13% met at least 3 out of 10 of the diagnostic criteria for chemical dependencies (as cited in Estallo Marti, 2000, Holmes, 2003). Dependents were mostly

males (71%) who averaged more than 11 hours/week online. Studies by Morahan-Martin and Schumaker (1997), and Anderson (1997) found pathological symptoms developing in those who used the Internet for 8.5 hrs/week and 9.5 hrs/week respectively (as cited in Estallo Marti, 2000).

One researcher studied the use of the Internet for controversial purposes. Rumbough (2001) surveyed 985 university students and asked about: academic cheating, fake and inappropriate e-mail, illegal activities (drugs, pirating, fake IDs, weapons), pornography, gambling and racism. Pornographic web sites were accessed by 38.4% of the sample and 4.6% reported that they thought they were addicted. Gambling sites were accessed by 9.2% of the sample and 2% indicated that they were addicted to the activity.

In the late nineties, Internet research broadened its focus from College campuses to look at the effects of the Internet on households. Kraut, Patterson, Lundmark, Kiesler, Mukhopadhyay, and Scherlis (1998) studied the first two years of Internet use by 73 households and linked Internet use with reductions in family communication, reduction in social circles, and increases in depression and loneliness. In a study by Kraut and Kiesler (2003) the authors found a correlation between time spent online by teenagers and lost opportunities to engage in sports and engage in real relationships. These early studies added to the knowledge about the existence of Internet pathology but these lacked reliability, validity and generalizability because: the populations studied were not randomly selected, many of the identified characteristics were difficult to measure, and diagnostic tools for the Internet were not yet developed.

Research on Problematic Cybersex Use

By the late 1990s researchers began to conduct large studies on Cybersexual problems as these were becoming more prevalent in those seeking treatment. A nonrandomized survey of the online sexual behavior of 9,177 Internet users was conducted by Cooper, Scherer, Boies, and

Gordon (1999). The majority of the participants (92%) did not report problems with their online sexual behavior but 8% reported significant problems similar to those found in compulsive disorders. Problem development was highly correlated to the time spent online. The sample was divided into Low, Moderate and Heavy users with the time they spent online as less than 1 hr/week, 1-10 hrs/week, and 11-80 hrs/week respectively. A distress score based on three factors (Sexual Sensation Seeking Scale, Nonsexual Sensation Seeking Scale, Sexual Compulsivity Scale) was computed and found to be highly correlated with time spent online. Researchers also found a strong association between sexually compulsive or addictive behavior and social isolation. The study compared the frequency of sexual compulsivity in the general population (5%) with that online (8.5%).

Greenfield (1999) with ABCNEWS.com surveyed 17,251 individuals who responded to an Internet survey designed to study computer and Internet use, including Cybersex. The survey found that 5.7% of the respondents met the criteria for “serious compulsion” to the Internet. The study also found a high correlation between Cybersex and real life sexual affairs, disinhibition, accelerated intimacy, and dissociation (timelessness), loss of boundaries, and alterations in mood and consciousness that the author considered to be psychoactive. Self-reporting Internet “addicts” recognized feeling: preoccupied with going online (83%), having to stay longer online (58%), needing more stimulating material (22.5%), difficulty cutting back on Internet use (68.5%), restlessness when cutting back (79%). The researcher posited that just as the addictive potential to substances is highly correlated to the speed of chemical absorption, the relative speed at which a highly aroused state is achieved during Cybersex may contribute to the addictive nature of the Cybersex.

The relationship between sexual violence and pornography has been the focus of several studies, and of particular concern are the effects of violence against women. Barak, Fisher, Belfry, and Lashambe (1999) studied a small sample (N=24) of undergraduate men who accessed increasing amounts of Internet pornography to assess their attitudes toward women. The authors found no evidence of negative effects in attitudes toward women. However, Bergen and Bogle (2000) studied 100 rape survivors at a rape crisis center and found that 28% reported use of pornography by their abuser and 12% reported the abuser imitated behavior seen in pornographic material during the abuse. The study by Bergen and Bogle, also provides evidence that pornography does play a role in the violence experienced by some women. The authors identified some studies which argued that there exists no causal link between pornography and violence against women. These results are significant for this study because the Internet is a major purveyor of pornography to an unprecedented number of people. Pornography is easily accessible by young children and teenagers and the long term effects on their attitudes toward women remains to be studied.

Two studies were conducted in Colorado that correlated the use of the Internet with resulting in-person high risk sexual behaviors (unprotected sex, having sex under the influence of drugs and alcohol, having sex to HIV infected partners met over the Internet). McFarlane, Bull and Rietmeijer (2000) studied a sample of 856 clients, aged over 18, seeking HIV testing at the Denver Public Health Counseling and Testing Site. Of the 78% white, 69% male, 65% heterosexual sample 16% had sought sex partners via the Internet. Approximately 90% of those seeking sex partners over the Internet were men, homosexual, and had higher histories of STDs. McFarlane, Bull and Rietmeijer (2002) conducted another study which recruited 4,507 participants who use “online chat rooms, bulletin boards, and other online venues” (p.11). The

survey compared the sexual behaviors of partners found online and partners found offline. The study found significant differences in the high risk sexual behaviors reported between young adults who seek sex partners over the Internet and those who do not. The authors concluded that young adults who seek sex partners online are at significantly higher risk of contracting STDs and HIV than any other group.

One of the few studies that reported longitudinal data (identified Cybersex use when some of the participants were children) was conducted by Boies (2002). The author surveyed 1,100 adult university students enrolled in an introductory psychology class. Between 40% and 50% of the respondents reported having engaged in relationship-focused, information focused, and entertainment focused Online Sexual Activity (OSA). “Seven and a half percent of people who used the Internet for sexual entertainment had started doing so before the age of 14; 44% started at age 16 or younger” (p. 82). Approximately 40% viewed pornography; men were 3 times more likely than women to do so. Of those accessing pornography masturbation was reported by 82.8% of the men and 54.5% of the women. Most found the material arousing (82%) and 57% found it disturbing.

In a more recent study, Cooper, Morahan-Martin, Mathy and Maheu (2002) profiled 7,037 people who engage in OSA. People who engaged in Cybersex spent more time online (average 26.91 hrs/wk) than those who did not (average 21.83 hrs/wk). Males spent more hours online and engaged in Cybersex for significantly longer time than females. Females were significantly more likely to use Cybersex for education, to socialize, to obtain support, to purchase sexually explicit materials. Males were significantly more likely to use Cybersex for distraction, to cope with stress, to meet sexual partners. Males (78.8%) were more likely to masturbate while online than females (54.2%) while females (52.3%) were more likely than

males (27.6%) to masturbate offline after engaging in Cybersex. Thirty nine percent reported engaging in online sexual activities that they would not do offline. Most respondents (63.6%) reported that online sexual activities had not affected their relationships, but 65.3% of the respondents reported that online sexual activities had not had a positive effect on their relationships. Females (12.4%) and males (9.1%) reported being addicted to the Internet which was identical to the number who reported being addicted to sex. Males (93%) acknowledged that others had complained about their Cybersex use while 84.8% of the females reported the same. Most respondents said their sexual activities online were never out of control (78.2%) or rarely (12.6%) out of control. Nine point two percent of the respondents stated experiencing increasing amounts of loss of control.

The Impact of Cybersex on the Family

Bertalanffy saw families as open systems which continuously interact with their environment (Nichols and Schwartz, 2001). Cybersex can be described as creating external, ambiguous, and chronic stressors (Boss, 1988) that enter into the family environment and significantly disrupt the family system. Cybersex addicts isolate themselves from their partners or parents and thus affect the family's sense of mutuality, and structure (Becvar & Becvar, 2000). The forces of *organization* (the whole is greater than the sum of the parts), *morphostasis* (internal regulation), and *morphogenesis* (controlled growth) are at the core of Bertalanffy's General Systems Theory (as cited in Steinglass, Bennett, Wolin, & Reiss, 1987). These three forces promote consistency and predictability in family system interactions. In alcoholic families these forces are significantly affected and distorted by alcohol (Steinglass et al, 1987). In families with members who suffer from process addictions such as Cybersex, it is no different (Schneider, 2002).

Schneider and Schneider (1996) performed one of the first studies on the effects of Cybersex on the broader family system. The researchers surveyed 142 people in 88 marriages as well as 100 other couples over a 7 year period. The individuals and couples surveyed were in 12 step recovery programs for either addiction or coaddiction. The majority of the addicts (84%) were male, and the majority of the coaddicts (89%) were female. Nearly all the addicts identified masturbating and/or using pornography compulsively; 68% had had extramarital sex, 28% had been with a same sex partner, 15% visited prostitutes, or used massage parlors, or phone sex. Addicts reported being involved in illegal activities: 18% reported voyeurism, 12% exhibitionism, 4% indecent liberties, 5% admitted to incest, 2.5% to molestation, 1 reported molestation and rape of his wife. The majority of the addicts (83%) and coaddicts (61%) reported a concurrent addiction such as chemical dependence, eating disorders, workaholism, compulsive spending, compulsive gambling. The majority reported at least one addiction in their family of origin. The study identified gender differences in how addicts and coaddicts viewed relational problems in specific areas such as: rebuilding trust, lack of intimacy, limits, resolving conflicts, developing spirituality, sex, forgiving, and financial problems. Addicts identified feelings of shame and guilt, loss of libido, erectile dysfunction, unrealistic expectations about sex and confusion about sexual orientation. Coaddicts reported feeling angry and betrayed. Addicts had to be in recovery for at least one year before partners were willing to forgive or trust them again. The recovery process for the couple was difficult because addicts felt frustrated and confused by their partner's anger even when they were doing everything "right." During recovery the couple experienced problems of overanalyzing what was healthy or unhealthy in their sex lives, loss of sexual intensity, and shifts in the balance of power between the partners.

Schneider (2000) surveyed 91 women and 3 men who reported on the adverse effects of their partner's Cybersex use. Most of the Cybersex use (61%) did not include offline sex. The partner's Cybersex behavior was a continuation of pre-existing compulsive sexual behaviors in 31% of the cases. Respondent's reactions to their partner's Cybersex use was described as "hurt, betrayal, rejection, abandonment, devastation, loneliness, shame, isolation, humiliation, jealousy, and anger, as well as loss of self-esteem. In 68% of the couples one or both lost interest in relational sex. Partners overwhelmingly described cyber affairs as being the same as adultery or cheating in live affairs and resulted in separation or divorce in 22.3% of the respondents. The reported adverse effects on children included: exposure to pornography, objectification of women, triangulation into parental conflicts, loss of parental attention, marital breakup. The partners often attempted to meet the addict's needs by increasing sexual activities or joining the addict in his preferred activities. As the addict's needs escalated the partners felt demoralized, angry and resentful. Partners reported Cybersex as being very destructive to their self-esteem as they felt they were "unable to measure up to" fantasies when they are "human and flawed" (p.16).

The Impact of Cybersex on Children

Scholars have identified distinct uses of the Internet and Cybersex that create opportunities for the abuse and exploitation of children. According to Stanley and Kovacs (2003) a significant number of children are accidentally exposed to or readily access sexual material that is developmentally inappropriate and are becoming the target of third parties for sexual exploitation. The Internet provides an ideal platform for targeting and recruiting children since it allows sexual offenders to remain anonymous and to misrepresent their gender, age and identities. Through this misrepresentation, children believe they are talking to other children and

developing new friendships. Eventually meetings in a chat room progress to cell phones and then real live encounters. Studies by Mitchell, Finkelhor, and Wolak (2001) and Petraitis and O'Connor (1999) identified certain characteristics in the children targeted by sexual offenders: children who are depressed; children in the care of the state; previously abused children; children with learning and social difficulties; children who cooperate to seek rewards and children with low self-esteem (as cited in Stanley, 2001). Finkelhor, Mitchell, and Wolak (2000) and others found that the majority of children (75%) do not report being approached sexually and only 10% of the approaches ever get reported to the police.

Concerns have been expressed about the long term consequences to young children (~ 7 years) of exposure to hard core pornography. Burke, Sowerbutts, Blundell, Sherry (2001), in their experience with some adults who came to treatment for using child pornography identified the origins of their arousal to children to the use of pornography in early adolescence. Another concern expressed by women's groups is the degradation of women by the porn trade, and the subsequent, longer-term, creation of unrealistic expectations about sex by young people. When children were exposed to pornography or Cybersex their reactions included becoming horrified, ashamed and embarrassed. Much of the literature is limited to anecdotal evidence or theoretical projections because of the limitations to the use of children in research. Early studies used projections based on studies about television and video technologies and the effects of violence and pornography on children. Wellard (2001) identified desensitization to the pornographic material as a factor linked to children and young people becoming sexually abusive to others (as cited in Stanley & Kovacs, 2003).

Some studies link the violence and sexual behaviors of adolescents to the violence and sexual content on television (Strasburger & Donnerstein, 1999). According to the authors, more

than 1,000 studies link media violence to real-life violence, however only five studies have been conducted to study the links between adolescent sexual behavior to sexual content in the media (Brown & Newcomer, 1991; Corder-Bolz,1981; Peterson & Kahn, 1984; and Peterson, Moore, and Furstenberg,1991). Faced with this dearth of scientific evidence about sexual behaviors and how it is influenced by the media, much of the literature infers that children will be influenced by sex over the Internet in the same way as they have been influenced by violence in the media. Thornburgh and Lin (2002) add that the proactive communication available on the Internet results in a unique and more influential medium than passive television watching. While connected on the Internet, children have anonymous, private, interactive and free access to view, and interact with explicit sexual material which has more extreme sexual content than television, video or print media. As more information about the Internet is developed, researchers are beginning to focus on the effects that Cybersex is having on children.

In a national survey of 1,501 children aged 10-17, Mitchell, Finkelhor, and Wolak (2003) found that children are exposed to pornography either involuntarily or through searches. Available filtering and blocking software is not reliable. Children reported stress symptoms as a result of exposure to pornography on the Internet. They reported feeling jumpy, irritable, having difficulty going to sleep, losing interest in activities, staying away from the Internet, unable to stop thinking about what happened. While the study looked at some of the short term effects of exposure on youth “The harm-to-children issue is really about whether exposure to sexual materials causes psychological, moral, or developmental harm to children as a result of the viewing, and this is an eminently empirical issue on which virtually no research has been done.”(p.334) The authors state that while public opinion is divided on the question, it leans toward the belief that some harm is caused by exposure to pornography.

Some authors look at healthy and problematic adolescent behaviors and ways in which the Internet allows for the exploration of sexual identity, an important factor in developing feelings of self worth (Longo, Brown, & Orcutt, 2002). The Internet allows adolescents to “try on” different identities until they identify one that feels right for them. Troubled children, according to Longo and colleagues, tend to try out their identities in ways that are more extreme, dangerous, and self-destructive. These children often have poor parent-child relations and compensate through “acting grown-up”, getting involved with adults, and using fantasy personalities to mask their pain. Sexual behavior problems tend to feed on themselves; troubled teens may use sexual behavior to help them cope with stresses they are unable to deal with appropriately. “Sexual behavior and sexual pleasure is a powerful way to feel better in the moment, to make feelings of emptiness or numbness go away, to feel in control when they feel out of control.” (p.93). Cybersex can serve to reinforce and condition the behavior as a way of coping with more and more problems.

The Impact of Cybersex on Therapists’ Clinical Practice

Over the past decade articles, books and reports from mental health professionals and the media suggested that Cybersex was a problem that impacted individuals, families, college students, children and the work place. I was only able to find one study by Young (1999) which focused on therapists. Young recruited 35 therapists who had already treated clients suffering from “cyber-related” problems of which Cybersex was a subset. Therapists who participated in the study were recruited from: postings on relevant electronic discussion groups (eg. NetPsy); those who searched for the Center for On-Line Addiction web page where the survey was posted.

The Internet survey was divided into three sections. The first section collected data on incidence rates, primary complaints, presence of other addictions or psychiatric problems, the

interventions used. The second section used a five-point Likert scale to measure therapists' attitudes toward the addictive use of the Internet. The third section gathered demographic information which included gender, years in practice, professional affiliation and country of origin.

The sample demographics included 23 females (66%) and 12 males (35%) who had been in practice for an average of 14 years. Their practices were identified as: private practice (65%), community mental health (20%), university counseling center (10%), drug and alcohol rehabilitation center (5%). Most therapists were from the United States (87%) and the rest were from the United Kingdom and Canada.

Most therapists strongly agreed that Internet addictions were a serious problem, with resulting psychological and family problems similar to those of addictions such as alcoholism. Therapists believed that the problem of Internet addiction was underestimated, and had the potential of becoming a significant social issue.

Respondents estimated that 80% of the clients used e-mail, 70% used chat rooms, 10% used newsgroups, 30% played interactive games online, and 65% used the World Wide Web primarily to access pornography, online trading or online auctions. The average caseload of Internet addicts of the therapists was 9 clients with a range from 2 to 50 in the past year. Young described Internet addiction as including several different categories: Cybersexual addiction, cyber-relationship addiction, net compulsions (obsessive gambling, shopping or online trading), information overload (compulsive web surfing), and computer addiction (obsessive game playing). Anonymity was the unique Internet factor that contributed to four general dysfunctional areas:

- a. Deviant, deceptive or criminal behavior online (bondage fantasies, child pornography etc). sex offender psychotherapy was offered by therapists.
- b. Over-reliance on online relationships resulted in significant interpersonal problems. Cognitive-behavioral and interpersonal psychotherapy was offered by therapists.
- c. Cyber affairs significantly impacted the marriage and the family. Individual, couple and family therapy was offered when reconciliation was the goal of the couple.
- d. The use of online personas to escape emotional or interpersonal problems was found to be linked with compulsive behaviors. Psychotherapy and pharmacological interventions were used by therapists for these cases.

Client complaints identified by therapists are displayed in table 1 below:

Table 1.

Client Complaints

Questions	YES	NO
1. Have you seen a rise in the number of clients who spend an excessive amount of time using the Internet?	80%	20%
2. Have you seen clients who appear addicted to the Internet?	85%	15%
3. Have you seen clients who present themselves as having relationship difficulties (e.g. breakups, withdrawn from others, few friends) and later discover it is related to addictive use of the Internet?	74%	16%
4. Have you seen clients who present themselves with clinically related issues (e.g. depression, bipolar disorder, anxiety) and later discover it is related to addictive use of the Internet?	30%	70%
5. Have you seen clients who are addicted to the Internet who also suffer from a prior addiction history (alcoholism, over-eating, or sex addictions)?	60%	40%
6. Has your program considered a support group for those clients who suffer from an addiction to the Internet?	40%	60%
7. Do you feel the problem is more wide spread than the number of cases indicate?	94%	6%
8. Do you believe moderation is possible to treat addictive Internet use?	60%	40%
9. Did your clients form new relationships online?	91%	9%
10. Did your clients form a new persona online?	66%	34%

In the discussion, Young identified the need for public policy makers to take mental health issues into consideration in their legislation about marketing and promoting the Internet. Young identified the need for the development of standardized diagnostic instruments to assess cyber-disorders and to better understand the co-relationship with other addictions and psychiatric

conditions (major depression, bipolar disorder etc). Young also discussed the need for further research to better understand the underlying causes that result in pathological online behavior and so investigate the increased incidence of on-line pedophilia and the risks to children. There were several weaknesses in Young's study: small sample, lack of randomization, the questionable accuracy of online survey methods.

Summary

The Internet is symbolic of the extraordinary speed at which a new technology can be absorbed and assimilated into society. The Internet facilitates new and enhanced forms of communication which incorporate sophisticated visual and audio features that allow people to interact as if they were face to face – virtual communication. In only ten years more than half of the households in the U.S. had computers and more than 40% had subscriptions to the Internet (Hughes & Hans, 2001). The global benefits of the Internet are incalculable. However, over the past decade, social scientists and mental health researchers are beginning to identify some of the negative effects that this computer mediated communication can create in a small percentage of Internet users.

Problematic behaviors over the Internet began to appear as addictive or compulsive-like behaviors which were focused on Cybersex (viewing pornography, sexual chats/relationships, paraphilias), gambling, interactive game playing, shopping, buying and selling. The Internet has also become an arena for certain illegal behaviors to flourish, and the area of most concern is the viewing, production and distribution of child pornography, and the stalking of children. This paper has focused on Cybersex addictions, a subset of Internet addictions, because sex is a significant issue from an individual and systemic perspective.

The first mental health professionals and researchers who were faced with having to diagnose and treat individuals, couples, families and children presenting with Cybersex issues did so in a dearth of scientific knowledge. There exists no uniform agreement among mental health professionals of the existence or etiology of process addictions or hypersexual behaviors; two important features found in problematic Cybersex use. There are insufficient instruments to define normative or pathological Internet and Cybersex use. Research to date has been breaking new ground and has been useful in identifying some of the features of the Internet that may be linked to the development of pathology in some users. Identifying characteristics of those who may be at risk of developing addictions to Cybersex is also in its early stages. Researchers have also identified subgroups of Cybersex users and have proposed diagnostic criteria which identifies problematic or at risk behaviors.

Therapists are faced with the difficult task of diagnosing and treating clients who present with Cybersex related problems. Those who seek help include the spouses of the Cybersex addict, and the Cybersex addict. The treatment of children is of particular concern for therapists. This study takes, for the first time, a large random sample from a unique mental health perspective (clinical members of AAMFT) and looks into the incidence, and presentation, of Cybersex problems into the practices of MFTs. The survey also collected the opinions of MFTs about their academic preparation related to Cybersex, and their opinions of Cybersex and its effects on individuals, couples and children. It is hoped that this study will be helpful to others in identifying areas for further research to help people and families affected by Cybersex problems.

CHAPTER 3: METHODS

This exploratory study examined the experiences of Marriage and Family Therapists with clients who sought treatment with Cybersex as an issue during therapy. The term Cybersex in this study was defined as: the use of the Internet for sexual purposes. A questionnaire was distributed to a randomly selected sample chosen from the clinical membership of AAMFT. The questionnaire used close-ended questions to collect demographic information about the therapists, and their clients who presented in their practices with Cybersex related issues. Additionally the questionnaire included questions about the therapist's preparedness, knowledge, and concerns about Cybersex and families. Some open-ended questions were included to collect the therapists' concerns and perspectives on the use of the Internet for sexual experiences as well as their views on how their college education prepared them for treating Cybersex issues in families.

Sample Size Determination

There are between 15,000 and 16,000 clinical members of AAMFT of which 93%, or an average of 14,451 reside in the United States. In order to determine the sample size that was needed for this survey I reviewed two articles published in the Journal of Marriage and Family Therapy, as well as one thesis which used a random sample of AAMFT members. The identified response rates were 35.6% (Johnson & Thomas, 1999), 59% (Constantine, Juby, & Liang, 2001) and 27.4% (Locke, 1998). Based on these statistics I estimated a response rate of 40% (computed mean) for this study.

Israel (1992) proposes several methods for determining sample size including the use of published tables which provide sizes based on different sets of criteria. The tables selected for this study were based on the assumptions that: the attributes being measured were normally

distributed; a 95% confidence level was used which meant that 95% of the sample values were within two standard deviations from the true population mean; the degree of variability was assumed to be the maximum at 0.5. Table 2 below shows the computed the sample sizes for different levels of precision using a formula by Yamane (1967, p. 886) with a formula for small populations used by Rea and Parker (1997).

Table 2

Sample Sizes for Different Sampling Errors

Sampling error (level of precision)	Yamane Sample Size	# of Mailings (40% response rate)	Rea & Parker Sample Size	Rea & Parker # of mailings (40% response rate)
.05	389	972	374	935
.06	272	681	262	655
.07	201	503	193	483
.08	154	386	148	371
.09	122	306	117	294

A randomly generated sample of the names and addresses of 500 clinical members of the American Association of Marriage and Family Therapists who reside in the U.S. was procured. Of the 500 mailings, a total of 164 questionnaires were returned. Additionally of the 500 mailings, 3 were returned by the post office because the members no longer lived at that address, 10 were returned by the therapists with a statement that they were either not practicing any more or had retired, 1 therapist returned the questionnaire stating he/she was too busy to respond and 1 was returned with a statement that the questionnaire did not apply to his/her practice. As this was a preliminary exploratory study the margin of error of $\pm 7.5\%$ and a 95% level of confidence should be adequate.

The demographic information of the sample follows. The respondents averaged between 29-79 years of age, and included 49 (30%) males and 114 (70%) females. The highest level of education for the respondents included 111 (72%) with Master's degrees and 44 (28%) with Doctorate degrees. When asked about their marital status, 7% were single and never married, 71% were married or remarried, 14% were separated and living alone, 6% were living with a partner. When asked about their professional licenses, 118 were LMFTs, 26 were LPCs, 25 were LCSWs, and 33 had other licenses (MD etc). The respondents had been in practice between 1-46 years. When asked about their principal practice, 118 respondents reported they were in private practice, 14 worked at community mental health centers, 7 worked at social service agencies, 3 were private business consultants, 2 worked for the court system, 2 worked for health insurance companies, 2 worked at school or head start programs, 1 worked at an addiction treatment center, 1 worked at a university, and 12 described their primary practice as other (pastoral counseling, not for profit agency, hospitals etc).

Procedures

Each mailing included a one page cover letter (Appendix A), a four page questionnaire (Appendix B), and a self addressed stamped return envelope. The IRB determined that an Informed Consent (Appendix C) form was not necessary for this study as all responses were anonymous and without any anticipated risks to the respondents.

The cover letter explained the purpose and the expected benefits of the study. A definition of the term Cybersex used in the questionnaire was included to assure that all respondents had a uniform understanding of the term used in the questionnaire. The letter informed the recipients that their responses were confidential and that there were no anticipated risks. The letter requested that answers be submitted before November 1, 2003.

The questionnaire was divided into three sections. Section I requested Demographic information about the respondents and their Cybersex clients. Therapist demographic information included: gender, age, number years in practice, marital status, type of practice. Client demographic information included: the number of clients in the past 12 months who came for therapy with Cybersex as either the presenting problem or a significant part of the presenting problem; the percent of the therapist's practice during the past year that included Cybersex as an issue; was this percent changing over the past 2 years; and how was the problem presenting. Section II asked the therapists whether their College education had prepared them to diagnose and treat different family members who presented with Cybersex as an issue. This section also asked for the therapists' opinion about what was needed at the College level to prepare them for dealing with Cybersex issues. Section III asked therapists for their perspectives on Cybersex and whether or not they were concerned about it. Different scenarios are presented and therapists were asked closed and open ended questions for their opinion about them. The respondents were also asked whether they thought Cybersex could become an addiction and whether their clients were using Cybersex recreationally, compulsively or whether they were addicted or at risk of becoming addicted. Respondents were asked if they thought that Cybersex could be used adaptively or not.

To assure anonymity the participants were informed that no identifiers will be included in either the questionnaire or the return envelopes. As there was no way to link respondents' identity with their responses, the risk of breach of confidentiality was considered minimal. The mailing list obtained from AAMFT was kept in a safe place and no names or other identifiers were used in the study. The name and address of the researcher and the advisor were included in the case that participants should have any questions about the study. Several therapists requested

a copy of the results of the study and provided self addressed, stamped envelopes for this purpose.

By the middle of November, 2003, 132 valid responses were received. I decided that it was necessary to mail out reminder post cards to all 500 members. By the end of December 31 additional valid responses were received and one response was received in the first week of February 2004. After eliminating the 15 non-valid responses, the 164 responses were entered into SPSS to conduct descriptive analyses. The answers to the open-ended questions were analyzed and coded by themes or categories using content analysis. Content analysis allows for identification of patterns and to quantify, objectively the content (Sprenkle & Moon, 1996).

CHAPTER 4: RESULTS

The data described in this chapter were submitted by participants in a national survey designed to explore MFT experiences with clients who are coming for therapy with Cybersex related problems. Cybersex was defined as the use of the Internet for sexual purposes. The American Association of Marriage and Family Therapists (AAMFT) estimates that there are between 15,000 and 16,000 clinical members in their organization; ninety three percent practice in the United States. A random sample of 500 clinical members was obtained from AAMFT through INFOCUS, an organization charged with generating this information. Selection criteria was based on: (a) clinical membership in AAMFT; (b) located in the United States; (c) currently practicing therapy. Of the 500 questionnaires that were mailed out 15 were disqualified from the study: three envelopes were returned unopened as the practitioners had moved; nine stated that they were either retired, or no longer practicing; one said he/she was too busy to respond; two said the questionnaire did not apply to his/her practice. Of the remaining 485, 164 were respondents (34%). All 164 surveys were included in the analysis.

Demographics of Clients

The first research question - *What are MFTs seeing in their practices related to clients with Cybersex related issues?* – was addressed in the questionnaire through questions 1.8, 1.9, 1.10, 1.11 (details of the Questionnaire are found in Appendix A).

Question 1.8 - *During the past 12 months APPROXIMATELY how many clients came to you with Cybersex as either the presenting problem or a significant part of the presenting problem? (Include clients who may have come for only one visit).*

The average number of clients seen by MFTs during the past 12 months with Cybersex presenting problems was 3.93 (median = 2; range from 0 to 50). The distribution in Figure 1 below details the 164 valid responses received:

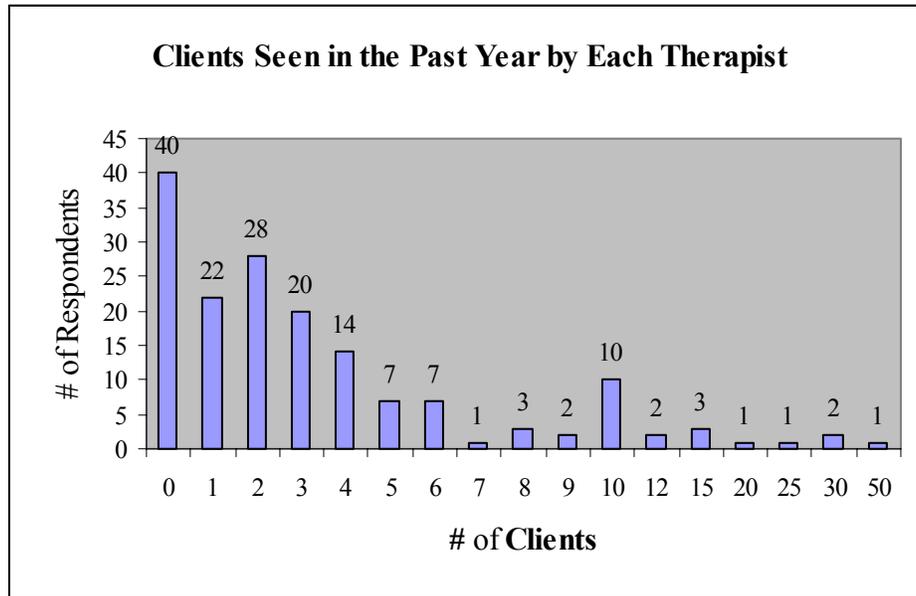


Figure 1. Number of therapists vs. the number of clients presenting with Cybersex problems during the past 12 months

Question 1.9 – The above number of clients represented APPROXIMATELY what percent of the total number of clients seen during the past 12 months (please check only one): {__0%}; {__1%to5%}; {__5%to10%}; {__10%to15%}; {__15%to20%}; {__20%to30%}; {__more than 30}

This question was designed to complement the previous question (1.8) by quantifying the number of clients seen with Cybersex problems in relation to total number of client’s seen by each therapist. Twelve respondents did not identify a percentage as asked. However, these twelve respondents had answered “0” clients in the previous question. It is reasonable to assume that these twelve who did not see any clients would have answered 0% to this question. Table 3 presents the number of responses and the mean number of clients for each category.

Table 3

Responses by Percent of Practice

Category	# of Responses	Percent of Sample	Mean # of clients
0%	28	17.1	0
1 to 5%	84	51.2	3.4
5% to 10%	25	15.2	6.0
10% to 15%	4	2.4	8.5
15% to 20%	5	3.0	9.8
20% to 30%	4	2.4	22.75
More than 30%	2	1.2	17.5
Missing	12	N/A	

As shown in Figure 2, the number of clients (question 1.8) within each category (0%, 1% to 5% etc) varied considerably from respondent to respondent: e.g. the number of clients seen for the category 1% - 5% ranged from 0 to 20 clients in the past year; for the category 5% - 10% the range was 1 to 30.

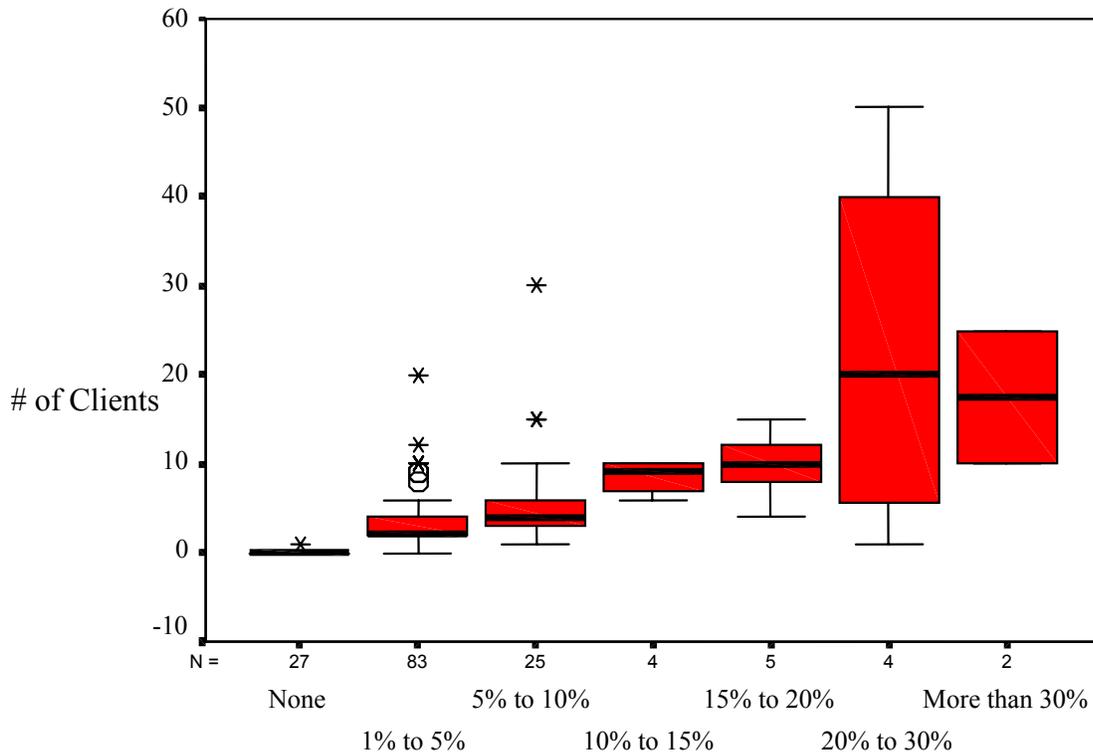


Figure 2. Number of clients for each category of % of practice. The mode of the responses was the 1% to 5% category; the mean fell in the 5% to 10% category.

Question 1.10 - Of the Cybersex related cases you saw, how was the problem presented to you? Participants selected from the choices listed below:

1. The person who came to you for therapy was concerned about his/her own use...
2. The person who came to you for therapy was troubled by his/her partner's use...
3. The person who came to your for therapy was concerned that his/her child inadvertently..
4. The person who came to your for therapy was concerned that his/her child was using...
5. The person who came to therapy had other concerns and Cybersex was one...
6. The person who came to therapy had been told to come or "forced" ...

7. Other

Figure 3 presents the number of responses for each of the choices in this question. The numbers cited for each choice represent the number of therapists who checked each choice, and not the number of clients seen. Thirty six respondents did not check any of the choices. *The partner was the one who came to therapy* was the choice selected by most of the respondents (N=92; 30%). The choice that *Cybersex was identified later in therapy (secondary)* was identified by 62 (20%) respondents. The *individual self report* was the next most selected choice (N=48; 16%). *Inadvertent exposure of a child* (N=38; 13%) and *a child actively using Cybersex* (N=29; 10%) were identified by the respondents. The least identified choices were: *the client was told to come to therapy* (N=25; 8%) and *Other* (N=10; 3%).

Thirteen respondents offered comments in the open-ended category labeled as *other*. A content analysis was performed and the responses were grouped into three categories: Court Mandated Treatment, Effect on Partners, and Miscellaneous.

Court Mandated Treatment was identified in the comments submitted by 2 (15%) respondents. The comments were: “Was told to come to therapy by CPS”, “Presented as part of a court-mandated psychosexual evaluation.”

Effect on Partners was identified in the comments submitted by 7 (54%) respondents. One respondent stated “Several female partners feeling that male use of Cybersex/porn sites is skewing sexual expectations and desires toward practices males have observed on the net.”

Miscellaneous was identified in the comments submitted by 3 (23%) respondents. Two respondents stated that they worked with school problems and geriatric care. The other respondent commented that he specializes in sexual addictions and compulsions.

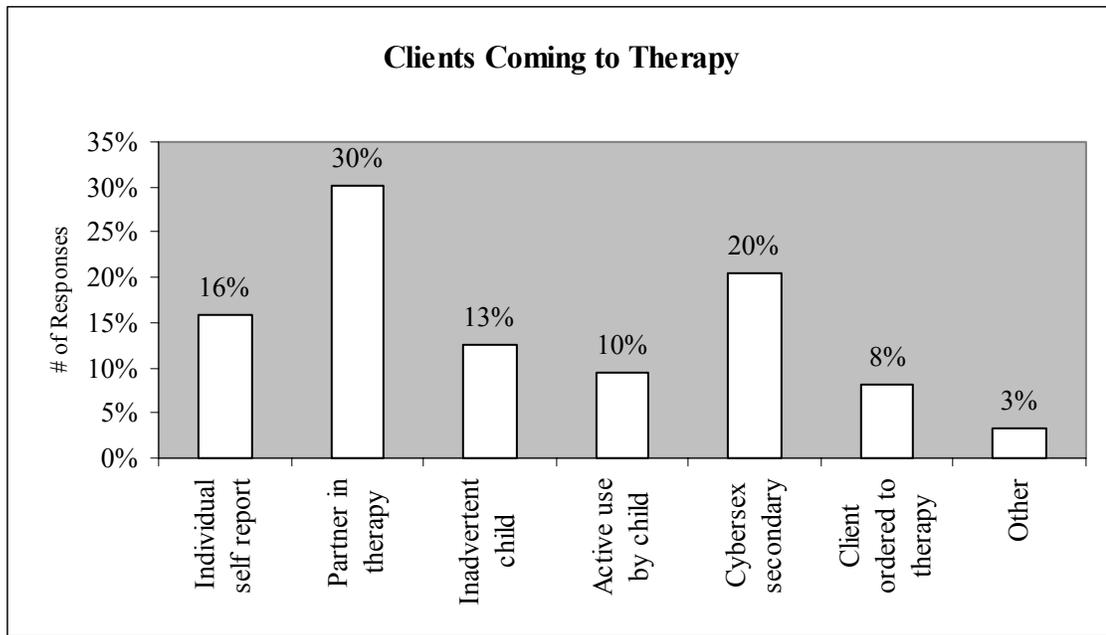


Figure 3. Who came to therapy with Cybersex related problems. Participants checked all that applied. One hundred and twenty eight respondents checked one or more categories, 36 respondents did not check any.

Question 1.11 – In your practice, during the past 2 years, would you say that Cybersex, as a presenting problem or an aspect of the problem: increased a lot...was not an issue in my practice.

A 6 point Likert scale was used for this question and covered a range from “increased a lot” to “decreased a lot” with an additional option of “not an issue in my practice.” As shown in Figure 4., Eighty four (51%) respondents indicated that the number of Cybersex cases they are seeing is either increasing somewhat or a lot. For 77 (47%) of the respondents the number of Cybersex cases either stayed the same, decreased somewhat or was not an issue in their practice. Three respondents did not answer this question.

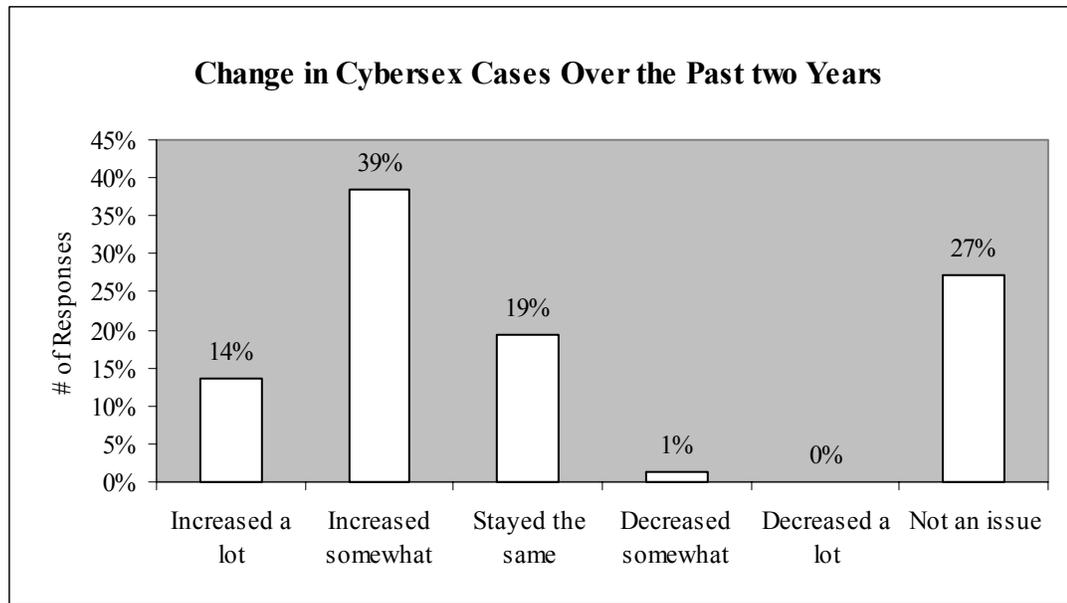


Figure 4. Changes in the number of Cybersex cases over the past two years.

Therapists' Preparation and Knowledge about Cybersex

The second research question: *Do MFTs feel knowledgeable and prepared to diagnose and treat clients presenting with Cybersex related problems?* Six questions were included in the survey to answer this question (see 2.1, 2.2, 2.3, 2.4, 2.5, 2.6 in the Questionnaire Appendix A).

Question 2.1 – How helpful were the required graduate courses you took in preparing you to diagnose and/or treat Cybersex related problems: participants were asked to check only one.

A 4 point Likert scale was used for this question and covered a range from “very Helpful” to “The Subject was not Covered in the College I attended”. The majority of respondents checked one choice for this question. However, 27 respondents checked both the “Not Helpful” and “The subject was not covered in the College” choices. For these respondents I counted only the last choice “The subject was not covered in the College”. If the course was not covered in College, I assumed the response could not also be “Not Helpful”.

The vast majority of responses (87%) stated that either the courses were not helpful (14%) or were not covered in College (73%). Since Cybersex is a relatively new phenomenon, I compared the responses from those who had been in practice 7 years or less with those who had been in practice for 8 years or more. As shown in figure 5 below, the majority of recent graduates (64%) stated that either the courses were not helpful (16%) or were not covered in College (48%). Many therapists (32%) who had been in practice 7 years or less found their College courses somewhat helpful.

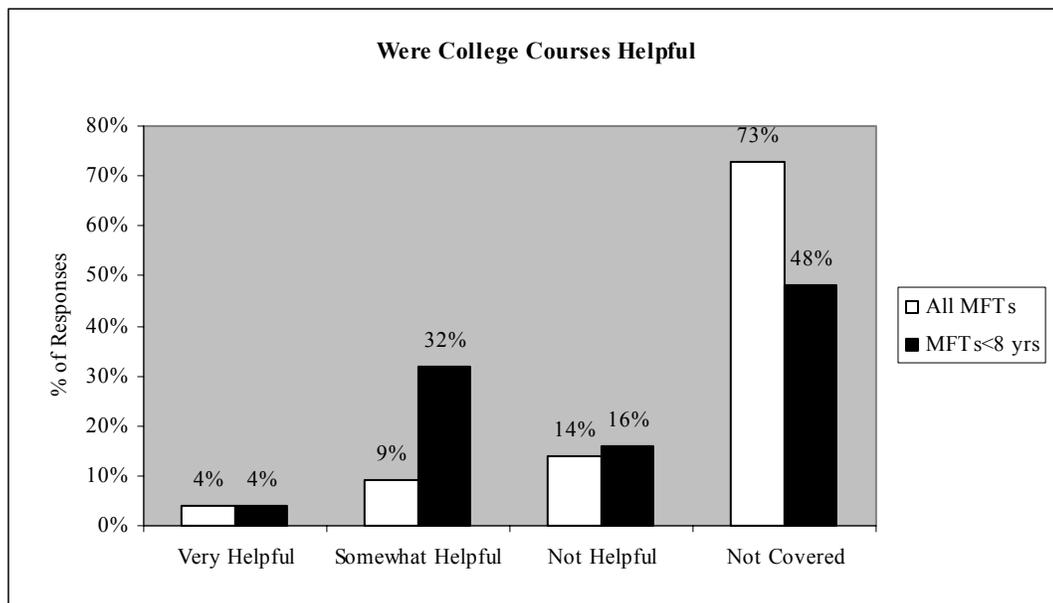


Figure 5. Opinions on the required courses and how helpful they were in preparing therapists to diagnose and treat Cybersex.

Question 2.2 – How prepared do you feel about the following: Participants checked all that applied from the choices listed below:

1. *Diagnosing Cybersex addictions/compulsions.*
2. *Diagnosing harmless from pathological Cybersex use.*
3. *Treating couples with Cybersex as principal issue.*

4. *Treating individuals with Cybersex as principal issue.*
5. *Treating individuals with Cybersex addictions/compulsions.*
6. *Treating children exposed to Cybersex.*

A 3 point Likert scale was used for responses to these questions and covered a range from “Very Prepared”, “Somewhat Prepared” to “Not Prepared”. Respondents were given an additional option of “Don’t Know.” As shown in Table 4, the diagnostic categories (1 and 2) were areas where most respondents (80%) felt either very or somewhat prepared. The sixth category, *Treating children exposed to Cybersex*, was identified by a majority of respondents (49%) as the area where they felt *Not Prepared*. Except for the category referring to the treatment of children, the majority of respondents (48%-55%) responded as feeling “Somewhat Prepared” to diagnose and treat Cybersex issues in individuals and couples.

Table 4

Level of Preparedness by Category

Category	Very Prepared	Somewhat Prepared	Not Prepared	Don't Know
1. Diagnosing Cybersex	25%	55%	18%	2%
2. Distinguishing harmless	26%	54%	17%	3%
3. Treating couples	19%	50%	28%	3%
4. Treating individuals	19%	48%	31%	2%
5. Treating individuals	19%	49%	29%	3%
6. Treating children	13%	32%	49%	6%

Note. The number of missing responses for categories 1-6 were 10, 11, 15, 15, 13, 14 respectively.

Question 2.3 – How good is your understanding of the sexual content and material that are available on the Internet? Participants selected from the choices listed below:

1. *I have seen for myself what is on the Internet and have a good understanding of its sexual content.*
2. *I have heard about the sexual sites and material on the Internet and have a good understanding of its content.*
3. *I have heard about Cybersex but don't really know much about it.*
4. *I am neither aware of the sexual sites nor about the sexual material on the Internet.*
5. *Other – Please specify*

Thirty percent of all the respondents answered that they are either unaware or do not really know about the sexual content and material on the internet. Since the Internet is a

relatively new tool, and the average age of the respondents was relatively high (54 years), I reviewed the responses of the group of 27 respondents who were younger than 45 years of age and compared them to the group of 131 respondents who were over 44 years of age. Figure 6. shows a comparison between these. The percent of younger respondents who reported not being aware of Cybersex was 4% while the older group reported 3%. The percent of respondents who reported not knowing much about Cybersex was 26% for both groups. Thirty percent of those who are younger than 45 have seen for themselves the sexual content of the Internet, while 21% of those over 44 years of age have seen it for themselves.

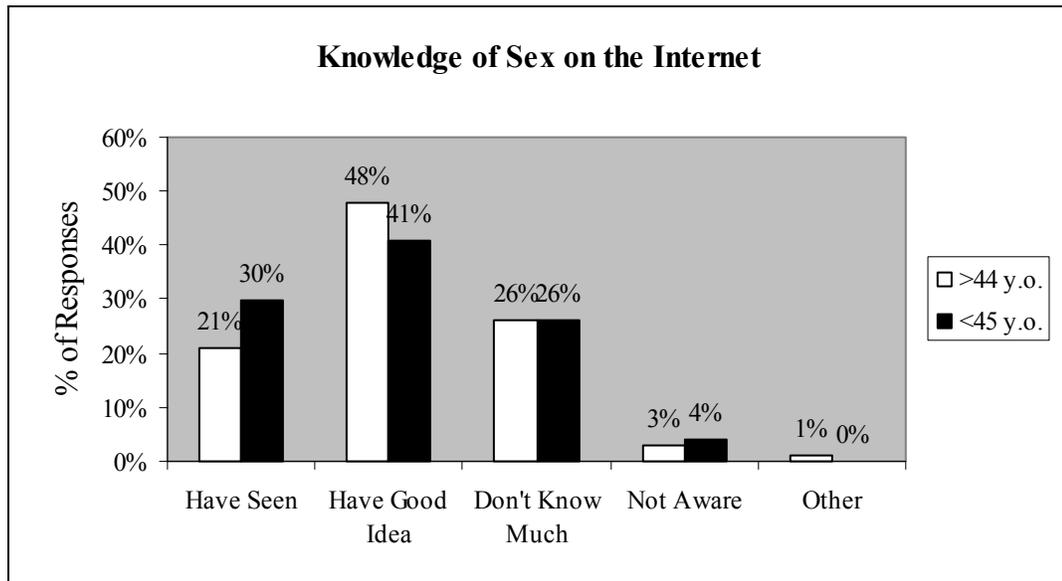


Figure 6. Comparison of the degree of knowledge about sex on the Internet between respondents under age 45 and those over 44.

Question 2.4 – Do you routinely ask families about the use of computers for accessing Cybersex material at home or in their offices? Answer yes or no

Few respondents (20%) ask their clients about their computer and Cybersex use.

Question 2.5 – How did you become aware of Cybersex? Open-ended choice.

A content analysis was performed on the 151 responses to this open-ended question.

Five categories were identified: From Clients, Partners, Family, From the General Media, From the Internet, From Educational Resources, From Friends, Colleagues, Supervision.

From Clients, Partners, Family was the most often cited source of awareness about Cybersex by the respondents (N=87; 58%). Although many respondents identified several sources, many identified clients as the sole source. Responses such as the following were common: “Clients presenting it as a problem.” In other cases multiple sources were identified as shown in the following response: “Articles in journals; clients.”

From the General Media (N=42; 28%), and From Educational Resources (N=42; 28%), were identified equally often as sources of information about Cybersex. Responses such as the following were common for these categories: “newspaper, tv, magazines”, “Conference I attended”. Other responses identified both categories as sources: “Related articles in journals and news stories on tv & in newspapers.” Other responses identified three or more categories as shown in the following response: “General information, professional articles, client complaints.”

From Friends, Colleagues, Supervision was identified 19 times (15%) in the responses as the source of Cybersex information. One respondent stated: “Through clients and colleagues.”

From the Internet received the least (N=18; 12%) number of responses as a source of Cybersex information.

Question 2.6 – *What do you believe would be helpful at the Academic level in preparing therapists for Cybersex related issues? Open-ended question.*

A content analysis was performed on the 134 responses to this open ended question. Three categories were identified: General Inclusion in Existing Curricula, Specific Courses, Seminars and Training Specific to Cybersex, Other. The General category included those responses that suggested that Cybersex be included in existing courses on topics ranging from sexuality, to addictions. The Specific category included those responses that recommended that Cybersex and Cybersex addictions be covered in a specific course in the College curriculum or the responses included detailed explanations of what needed to be covered in training. The Other category covered random unrelated responses to the topic of Cybersex or College preparation.

General Inclusion in Existing Curricula was the most often cited (N=79; 59 %) belief of what would be most helpful at the academic level in preparing therapists for Cybersex related issues. Most responses resembled the following statement: “Should be part of training in sexual issues/disorders and as an addiction” or “Include in curriculum.”

Specific Courses, Seminars and Training Specific to Cybersex was identified 49 (37%) times in the responses suggesting that either specific courses, or trainings be given on Cybersex. Typical responses included in this category were: “Courses specifically addressing the issue” and “Workshops and classes about all sexual compulsivity and different addictive disorder that lead to Cybersex use.”

Other was identified 9 (7%) times in the responses. These responses did not address the topic of the question. Examples of these responses include: “Not sure how to address this.” and “Increasing awareness.”

Therapists' Concerns and Perspectives About Cybersex

The third research question: *What are MFT's concerns and perspectives about Cybersex and how it may be affecting different family members?* Eight questions were included in the survey to answer this question (see 3.1, 3.2, 3.3A, 3.3B 3.4, 3.5, 3.6, 3.7 in the Questionnaire Appendix A).

Question 3.1 - Consider a single adult. Living alone, and who is not in a committed relationship. He/she routinely accesses the internet for sexual experiences (Cybersex) that are NOT illegal. Under which circumstances, if any, would you be concerned for the psychological well being of this person? Respondents were asked to check one from the following list of options:

- 1. Very concerned no matter what the circumstances.*
- 2. Concerned if uses Cybersex to avoid relationships*
- 3. Concerned if spending excessive time*
- 4. Not concerned under any circumstance*
- 5. Concerned under the following circumstances – please explain – Open ended question.*

The majority (N=124; 76%) of the 163 respondents checked one option, as requested. Thirty two (19%) respondents checked two options; six respondents (3%) checked three options; one respondent (1%) checked four options. Figure 7 presents the number of responses selected for each of the options. The option most often selected (N=97; 46%) was “Concerned if uses Cybersex to avoid relationships.” The second most often selected option was “Concerned if spending excessive time” (N=52; 25%). Thirty six (17%) responses identified the option ”Very

concerned no matter what the circumstances.” Twenty five (12%) responses were provided to the open-ended option “concerned under the following circumstances.”

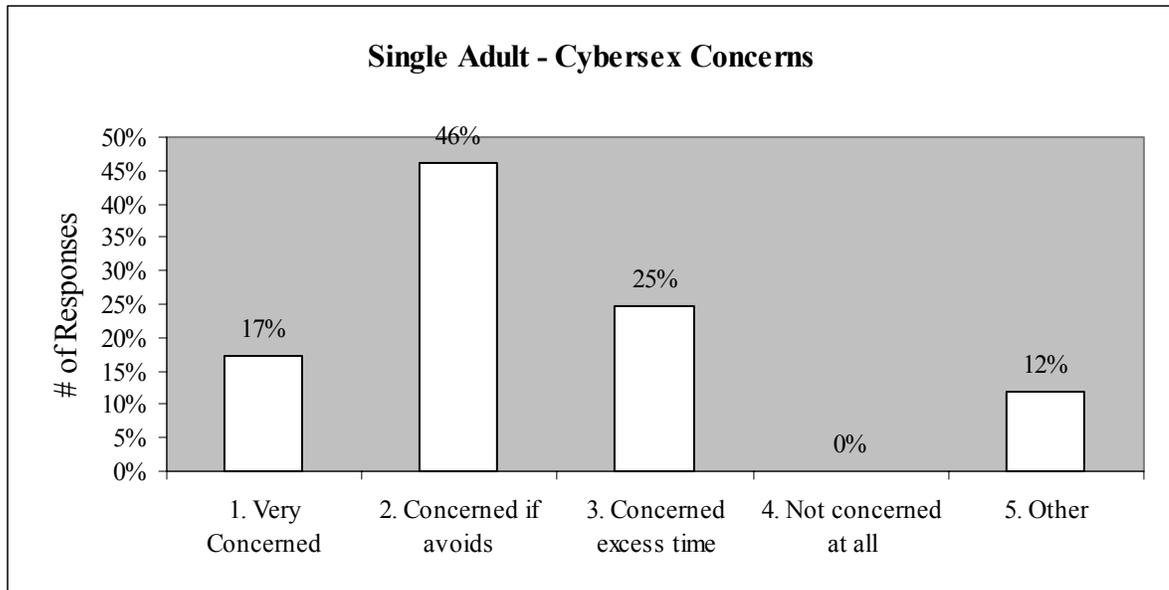


Figure 7. Therapist concerns - single adult using Cybersex

A content analysis was performed on the 25 responses to the open-ended option. Four categories were identified: Interferes with Normal Functioning, Addictive, Compulsive or Obsessive Behaviors, Extreme Behaviors - Illegal, Psychotic, Other.

Interferes with Normal Functioning was the most often cited (N=15; 55%) category by the respondents. This category included all references to Cybersex that negatively affected important aspects of a person’s life such as: work, relationships, time management etc.

Responses included statements such as: “This fantasy activity isolates individuals,” “If avoids personal relationships or spends excessive time which interferes with other aspects of life.”

Addictive, Compulsive or Obsessive Behaviors (N=9; 32%) was a category that included out-of-control behaviors with Cybersex or computers. Responses included statements such as:

“Is it addiction or release?...” “Like everything else not everyone is capable of controlling what seems harmless, particularly those who are vulnerable and needy...”

Extreme Behaviors - Illegal, Psychotic was identified 3 times (10%) in the responses as a cause for concern over Cybersex use. Two responses addressed the illegal use of Cybersex – “Illegal aspects. Awareness of consequences...,” and “If the illegal activity involved minors.” One response identified psychosis developing as a result of Cybersex use.

Other (N=2; 8%) referred to responses that were of a general nature or were unrelated to the question asked. In one case the response addressed an adaptive use of the Internet: “If he/she uses Cybersex to help them develop ideas about sex roles; if Cybersex used to serve relationship.” In the second case the statement was of such a general focus that I could not adequately categorize it: “Always other variables to consider.”

Question 3.2 - Consider an adult couple living together in a committed relationship. One or both partners routinely accesses the internet for sexual experiences (Cybersex) that are NOT illegal. What are your views on the effects that this Internet activity has on the couple? Respondents were asked to check one from the following list of options:

1. *Very concerned that this will have negative effects on the couple relationship under any circumstance.*
2. *Cybersex is the same as infidelity if the other partner is not aware of the Cybersex use.*
3. *Not concerned if the partners inform each other that they are accessing Cybersex.*
4. *Not concerned under any circumstance.*
5. *Concerned under the following circumstances – open-ended response*

The majority (N=149; 91%) of the 163 respondents checked one option, as requested. Thirteen (8%) respondents checked two options, and one (1%) respondent checked three options. Figure 8 presents the number of responses for each of the options. The option most often selected (N=70; 39%) was “Very concerned that this will have negative effects on the couple relationship under any circumstance.” The second most often selected option was “Not concerned if the partners inform each other that they are accessing Cybersex” (N=33; 19%). Thirty two (18%) responses identified the option “Cybersex is the same as infidelity if the other partner is not aware of the Cybersex use.” One response (1%) identified the option “Not concerned under any circumstance.” Forty two (24%) responses were provided to the open-ended option “Concerned under the following circumstances.”

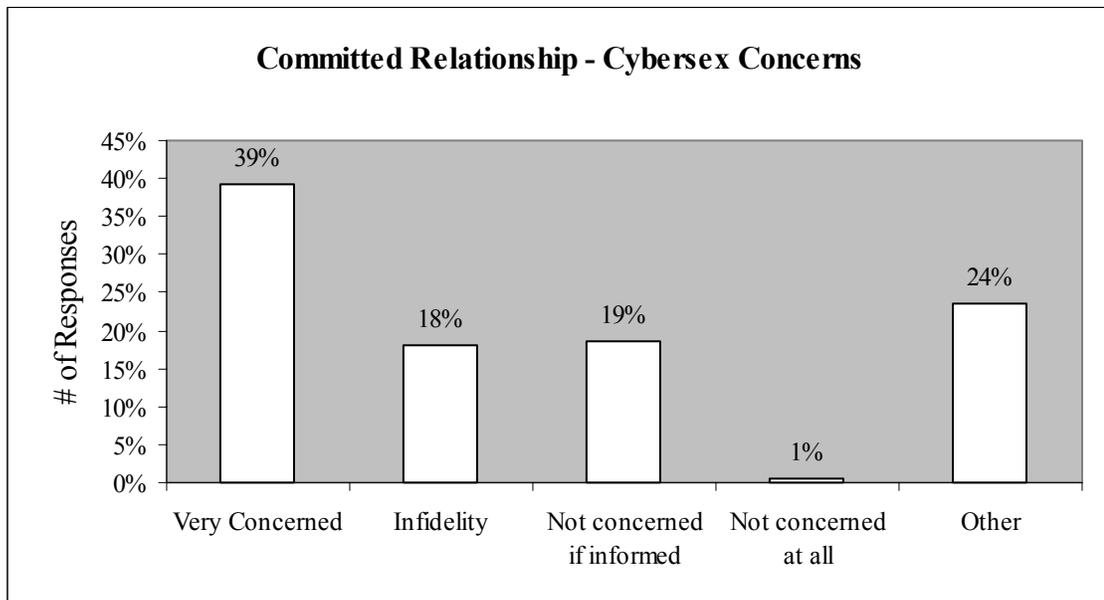


Figure 8. Therapist concerns – adults in committed relationships using Cybersex.

A content analysis was performed on the 42 responses to the open-ended option. Five categories were identified: Leads to Relational Problems, Leads to Intimacy Problems, Leads to Addictive or Out-of-Control Behaviors, Leads to Illegal Behaviors, Other.

Leads to Relational Problems was the most often cited (N=21; 41%) category by the respondents. References which identified objections by one partner, jealousy, difficulties in the relationship were grouped in this category. Responses included statements such as: “If either member of the couple see it as a problem,” “Couple not dealing with each other,” “Couple may have an arrangement whereby such behavior is agreed upon..”

Leads to Intimacy Problems (N=16; 31%) was the category that included all references to intimacy or sexual problems associated with Cybersex use. Responses included statements such as: “They are damaging the intimacy that exists between them whether they realize it or not. Have seen couples actually split over this - it eventually becomes an issue,” “If the other partner is excluded from intimacy..”

Leads to Addictive or Out-of-Control Behaviors (N=5; 10%) was the theme that included all references to out-of-control, addictive or compulsive behaviors. Responses included statements such as: “If the other partner has expressed their displeasure and asked their partner to stop and the partner refuses or is unable to stop,” “If the access behaviors are addictive.”

Other (N=6; 12%) referred to responses of a general nature or were unrelated to the question asked. One statement referred to the adaptive Cybersex use by a couple, and the remaining five comments stated they did not have sufficient information to respond or were unsure how to answer this question.

Question 3.3 - *Consider a family which is made up of a husband, a wife, and two children ages 7 and 14. What are your views on the effects on the family of the following types of Internet sexual experiences? Please complete sections A and B.*

A. If the 7 year old accessed Cybersex - Respondents were asked to check one from the following list of options:

1. Very concerned that this may have a long term negative effect on the child's psycho-social development.

2. Somewhat concerned that this may have a long term negative effect on the child's psycho-social development.

3. Concerned that this may affect the child's relationship with his parents and siblings.

4. Not concerned.

5. Don't know.

6. Concerned under the following circumstances. Open-ended responses.

The majority (N=146; 90%) of the respondents checked one option, as requested.

Thirteen (8%) respondents checked two options; four (2%) respondents checked three options.

Figure 9 presents the number of responses selected for each of the categories. The option most often selected (N=101; 55%) was "Very concerned that this may have a long term negative effect on the child's psycho-social development." The second most often (N=40; 20%) selected option was "Somewhat concerned that this may have a long term negative effect on the child's psycho-social development." Twelve (7%) responses identified the option "Concerned that this may affect the child's relationship with his parents and siblings." Four (2%) responses identified the option "Don't know." Twenty seven (15%) responses were provided to the open-ended option "Concerned under the following circumstances."

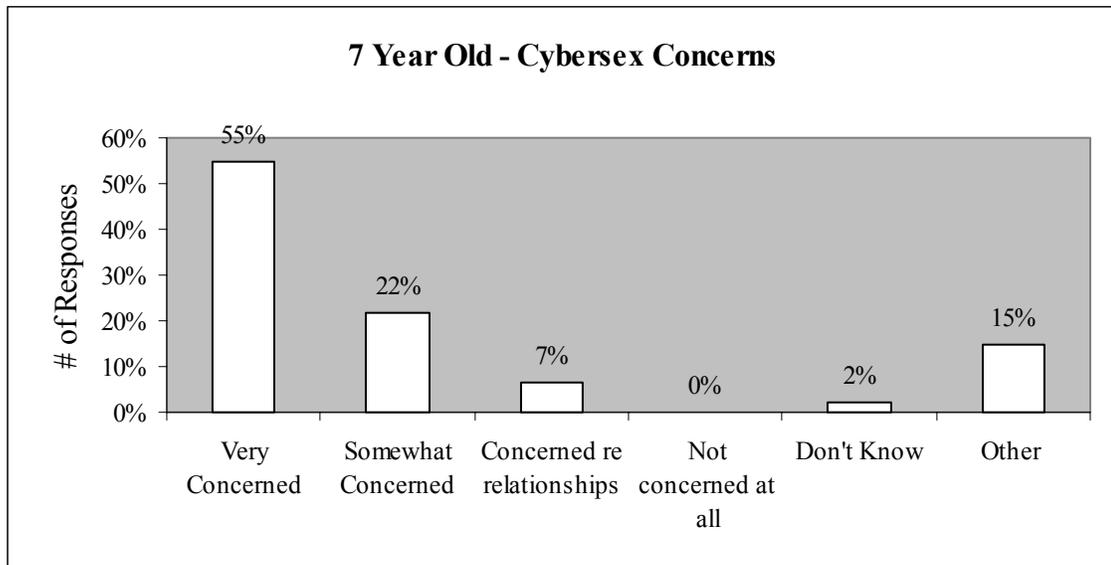


Figure 9. Therapist concerns – 7 Year Old exposed to or using Cybersex.

A content analysis was performed on the 27 written responses to the open-ended option. Five categories were identified: Individual Child’s Reaction, Parent-Child Interaction, Parental Monitoring, Content, Siblings.

Individual Child’s Reaction was the most often cited (N=12; 35%) category by the respondents. This category included all references to how the child reacted to Cybersex or the motives the child had for accessing Cybersex. Responses included statements such as: “Cannot be looked at globally. Must look at individual,” “Not ready to cope with sexual issues at her age,” “Is it chronic repeated access? Once or twice accidental access handled correctly by parents could be a positive learning, growing event. Certainly any purposeful repeated access would be a concern.”

Parent-Child Interaction was the second most often cited (N=9; 22%) category by the respondents. This category included all references to the parent and child interactions around Cybersex use. Responses in this category included: “Parents unaware of 7 year old access and fail to discuss material child exposed to,” “Depends on how parents react - if understanding and

appropriate boundaries & supervision or horror & punishment. The curiosity is normal especially in this highly sexualized & computer savvy culture.”

Parental Monitoring was identified 8 times (22%) in the responses and included all references to preventive measures to reduce the risks associated with Cybersex access. Responses in this category included: “How about just do good parenting and set up safety protocols. Supervision, passwords, net nanny etc?” “If this is a one time accidental access of an Internet site and parents are aware and have takes appropriate action to prevent future incidents, only somewhat concerned otherwise very concerned.”

Content (N=6; 17%) included all references to the Cybersex material that the child was exposed to. Responses in this category included: “Not ready to cope with sexual issues at her age,” “It depends on what was viewed, how far on the fringe ...”

Siblings (N=2; 6%) referred to responses included siblings and their involvement in the exposure to Cybersex by the 7 year old. One of the responses in this category was: “If circumstances are: access is intentional fostered by other members of the family, either or both parents or teen.”

Question 3.3 - *Consider a family which is made up of a husband, a wife, and two children ages 7 and 14. What are your views on the effects on the family of the following types of Internet sexual experiences? Please complete sections A and B.*

B. If the 14 year old accessed Cybersex - Respondents were asked to check one from the following list of options:

1. Very concerned that this may have a long term negative effect on the child’s psycho-social development.

2. *Somewhat concerned that this may have a long term negative effect on the child's psycho-social development.*
3. *Concerned that this may affect the child's relationship with his parents and siblings.*
4. *Not concerned.*
5. *Don't know.*
6. *Concerned under the following circumstances. Open-ended responses.*

The majority (N=150; 92%) of the 163 respondents checked one option, as requested. Ten (6%) respondents checked two options; three (2%) respondents checked three options. Figure 10 presents the number of responses selected for each of the options. The option most often selected (N=84; 47%) was "Very concerned that this may have a long term negative effect on the child's psycho-social development." The second most often selected option was "Somewhat concerned that this may have a long term negative effect on the child's psycho-social development" (N=49; 27%). Thirteen (7%) responses identified the option "Concerned that this may affect the child's relationship with his parents and siblings." Four (2%) responses identified the option "Don't know." Twenty nine (16%) responses were provided to the open-ended option "Concerned under the following circumstances."

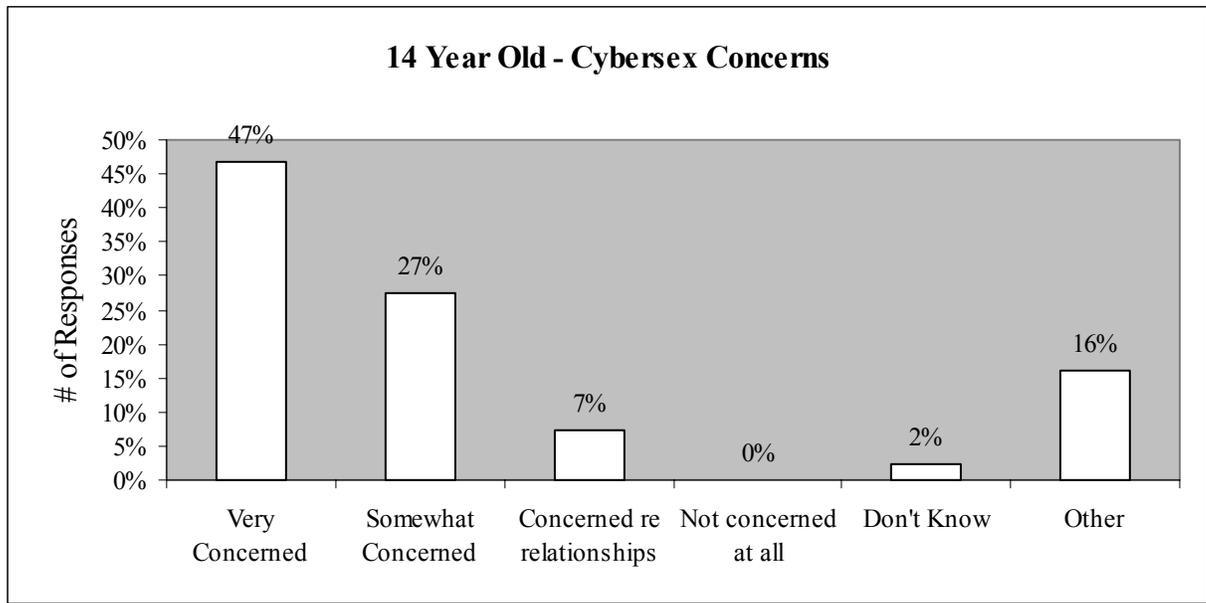


Figure 10. Therapist concerns – 14 Year Old exposed to or using Cybersex.

A content analysis was performed on the 47 responses to the open-ended option. Five categories were identified: Individual Child’s Reaction, Parent-Child Interaction, Parental Controls, Content, Access Fostered by Adults.

Individual Child’s Reaction (N=14; 30%) was a category that included the child’s reaction to Cybersex or the motives the child had for accessing Cybersex. Responses included statements such as: “I am also concerned that Cybersex will make adult mature sexual relationships difficult; it also limits the time/energy to develop other relationships with people,” “Dependent on length of time spent surfing; if child has initiated contact & state of child’s personality and social development and family situation.”

Parent-Child Interaction (N=14; 32%) included all references to the parent and child interactions around Cybersex use. Responses included statements such as: “Number of times accessed, family dynamics/relationships, how family responded to the access, history of sexual abuse, family’s view of sex...,” “Parents unaware of 14 year old access and fail to discuss material child exposed to.”

Parental Controls (N=7; 15%) included all references to preventive measures taken by the parents to reduce the risks associated with Cybersex access. Responses included statements such as “Concerned about why parents are not monitoring internet use,” “If the parents are not skilled at monitoring the child's internet access and answering questions about sex honestly.”

Content (N=10; 21%) included all references to the Cybersex material that the child was exposed to. Responses included statements such as: “Would depend on what has been viewed,” “I assume most 14 year olds have accessed it. So the extent of use whether it is interfering with their interpersonal relations is important to assess - viewing only.”

Access Fostered by Adults (N=1; 2%) only one response identified Cybersex encouraged by a parent or adult. The statement was: “If access is repeated intentional and fostered by a parent or other adult (17 or older).”

In Figure 11 below, we compared the responses that were identified as “very concerned” for the various scenarios provided in the questionnaire.

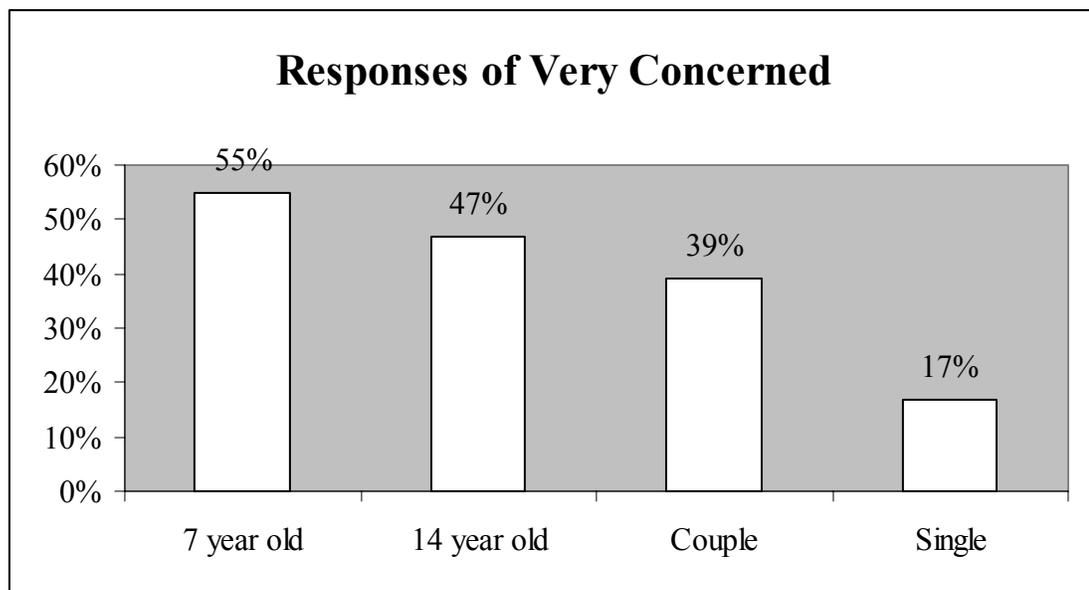


Figure 11. Comparison of responses of very concerned to each scenario.

Question 3.4 - *Do you believe that people can become addicted to Cybersex?*

Respondents were asked to check one from the following list of options (yes, no, Don't Know, Other- respondents were asked to explain)

As shown in Table 5, the majority (N=150; 93%) of the respondents believe that people can become addicted to Cybersex. Eight (5%) respondents believe that Cybersex cannot lead to addiction. Three (2%) respondents didn't know and three respondents did not answer this question.

Table 5

Respondents' Opinions on Addiction and Cybersex

Response	n	% of Sample
Yes	150	93.1
No	8	5.0
Don't Know	3	1.9
Other – explanations*		

Note. N = 164; three missing answers

A content analysis was performed on the 74 responses to the open-ended option. Four categories were identified: Impulse Control, Relationship, Internet Related, Not an Addiction.

Impulse Control was the most often cited category (N=63; 69%). This category included statements that focused on habits, compulsions, “being hooked”, addictions etc. Responses included statements such as: “If the use of Cybersex is greater than intended, the individual is unsuccessful in reducing or controlling the amount of Cybersex and if the individual abandons

work, social leisure activities then addiction is certainly possible,” “Probably a learned/conditioned psychological and perhaps (body) chemical response,” “It can become a way of self-soothing or self-medicating that gets out of control,” “I have treated Cybersex compulsion which can turn to psychosis and need hospitalization.”

Relationship (N=10; 11%) was the category that addressed relationship issues such as avoidance, marriage, social deficits, substitute for relational sex etc. Responses included statements such as: “It is more easily accessed than having to negotiate real flesh and blood relationships,” “It is a reinforcing behavior like many others and can become a substitute for relationship sex.”

Internet Related (N=9; 10%) was the category that addressed features of the Internet that lead to addictive behaviors. Responses included statements such as: Anonymity, disinhibition, availability, realism, accessibility, immediacy. Responses in this category included: “... If one is not accountable because it is so accessible in the privacy of ones home, the viewing can lead to addiction,” “Easily available 24/7.”

Not an Addiction (N=9; 10%) was the category that addressed responses which stated that Cybersex cannot become an addiction. Responses included statements such as: “‘Addiction’ is a term of art in Biomedicine and I strongly object to use of that term inappropriately - ie ‘sexual addiction’ ‘addiction to Cybersex’,” “Addiction is chemical, compulsive/frequent/habitual is not an addictive process,” “Addicted is the wrong word. People can become dependent on Cybersex. We have to look at the nature and meaning of that dependence.”

Question 3.5 - *People who access Cybersex have been classified into the groups listed below. What percentages of the clients you have seen with Cybersex issues fall into the various categories.*

1. *Recreational and non-sexually compulsive*
2. *Moderately sexually compulsive or addicted.*
3. *Sexually compulsive or addicted.*
4. *At risk of becoming compulsive Cybersex user.*

Responses to each category ranged from 0% to 100%. Table 6 below displays the average response to each of the categories. Sexually compulsive or addicted (34%) was identified as the category with the highest average number of clients. The “at risk” category (14%) was the category with the lowest average number of clients.

Table 6

Average Percentage of Clients that Fall Into Categories of Cybersex Use

Category	Average
1. Recreational	29%
2. Moderately compulsive	26%
3. Compulsive	34%
4. At risk	14%

Question 3.6 - Do you believe the Internet can ever be used POSITIVELY OR ADAPTIVELY for sexual purposes? Respondents were asked to check one and to provide examples or explanations for their selections..

1. *The Internet CANNOT be used adaptively for sexual purposes under any circumstances*
2. *There are VERY FEW circumstances in which the Internet can be used adaptively for sexual purposes.*
3. *There MAY be SOME circumstances in which the Internet can be used adaptively for sexual purposes.*
4. *There are SEVERAL circumstances in which the Internet can be used adaptively for sexual purposes.*
5. *There are MANY circumstances in which the Internet can be used adaptively for sexual purposes.*

Figure 11 presents the number of responses for each option. The category most often selected (N=73; 46%) by the respondents identified that “There may be some circumstances in which the Internet can be used adaptively for sexual purposes.” The second most identified category (N=35; 22%) identified “There are very few circumstances in which the Internet can be used adaptively for sexual purposes.” Twenty one (13%) responses identified the options “The Internet cannot be used adaptively for sexual purposes under any circumstances” and “There are several circumstances in which the Internet can be used adaptively for sexual purposes.” Eight (5%) responses identified the option “There are many circumstances in which the Internet can be used adaptively for sexual purposes.”

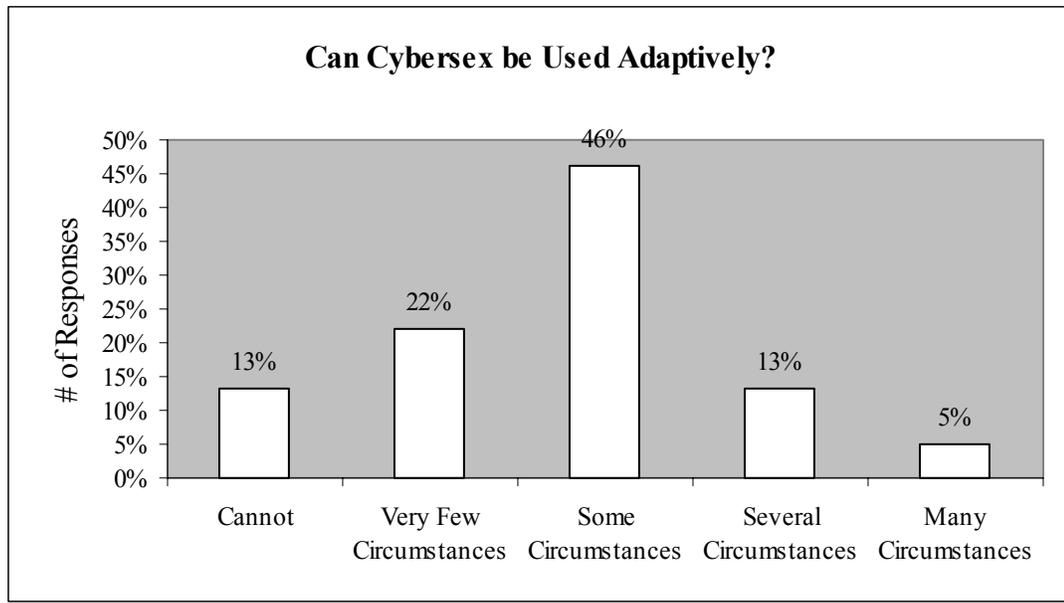


Figure 12. Number of therapists who believe that Cybersex can be used adaptively.

A content analysis was performed on the 87 responses to the open-ended option. Six categories were identified: Educational Uses, Some Adaptive Uses, No Adaptive Uses, Cybersex Victimizes People, Couple Intimacy, Don't Know.

Educational Uses (N=47; 49%) was a category that addressed some of the educational uses of Cybersex. Responses included statements such as: “If there could be ‘safe’ sites that answer questions about sexually transmitted diseases, sexual response problems and solutions and ideas for enhancing sex life in healthy ways,” “Research on identity issues for those struggling,” “Individuals who through disabilities or isolative circumstance must rely on fantasy over action.”

Some Adaptive Uses (N=26; 27%) was a category that identified some of the many positive reasons for accessing Cybersex. Responses included statements such as: “Individuals who through disabilities or isolative circumstance must rely on fantasy over action.”

No Adaptive Uses (N=9; 10%) was a category that identified no positive uses of Cybersex. Responses included statements such as: “With the number of sexual predators and the

anonymity of the internet I don't see the internet being used adaptively for sexual purposes,” “If there is a positive (sexual) purpose to the Internet I've yet to see it.”

Cybersex Victimizes People (N=4; 4%) was a category that identified the issues of exploitation and the dehumanizing aspects of Cybersex. Responses included statements such as: “The problem of exploitation and related mental health of many of the models. Most of the time the models are being re-victimized.”

Couple Intimacy (N=7; 7%) was a category that identified intimacy issues in the context of relationships and how Cybersex affects these. Responses included statements such as: “For single people to meet with someone or occasional use for couples as part of their romantic interaction with each other,” “If Cybersex is used in a mutual way between consenting adults with no coercion.”

Don't Know (N=2; 2%) was a category that included statements from those respondents who did not know or were not able to respond to the question.

Question 3.7 - Has Cybersex affected individuals, couples or families that you have worked with in ways not covered above? Open-ended responses.

A content analysis was performed on the 69 responses to this open-ended question. Five categories were identified: Exploitation/Objectification, Nothing to Add, Effects on Individuals, Effects on Couples, Effects on Children.

Exploitation/Objectification (N=3; 4%) was a category that addressed the exploitation and objectification of women and children through the use of Cybersex. Responses included statements such as: “Objectification of women.”

Nothing to Add (N=17; 21%) was a category included statements that the survey had covered all topics on the subject. Responses included statements such as: “No this is very comprehensive! Good document.”

Effects on Individuals (N=14; 18%) was the category that identified concern with the effects of Cybersex on individual behaviors. Responses included statements such as: “They have self-loathing and would like to be free of these habits,” “Devoting large amounts of time in the office during the workday to Cybersex.”

Effects on Couples (N=37; 46%) was the category that identified topics such as divorce and jealousy which were not included in the survey. Responses included statements such as: “Jealousy on part of spouse,” “Two of the three I am presently working with ended in divorce, the other has the potential but unresolved.”

Effects on Children (N=9; 11%) was the category that addressed children and Cybersex. Responses included statements such as: “...Cybersex->children exposed and then victimizing other kids - I would be curious about the effects of this,” “When children have become aware of the sexual addiction of their dad, the family has experienced, thus-far, irreversible damage and the children have acted out in destructive ways...”

CHAPTER 5: DISCUSSION

This research study was designed to explore the experiences of Marriage and Family Therapists (Respondents) with clients who presented with problems related to Cybersex. To accomplish this, a questionnaire was designed to explore three principal areas of interest: what are Respondents seeing in their practices related to clients with Cybersex related problems; do Respondents feel knowledgeable and prepared to diagnose and treat clients presenting with Cybersex related problems; and what are Respondents concerns and perspectives about Cybersex and how it may be affecting the family system. Close-ended questions were used to collect data on therapist experiences. Open-ended questions were used to enhance the data by collecting information about therapist's concerns, opinions and perspectives; Additionally, therapists were given the opportunity to explain their answers to some close-ended questions.

The study was guided by two theoretical frameworks: systems theory and phenomenology. Systems theory provided a framework from which to observe how Cybersex influences the individual and the broader family system. Phenomenology offered this study a framework from which to collect MFT opinions and perspectives which had been shaped by their personal and social experiences with the Internet, sex and sexual addictions.

Five hundred randomly selected clinical Respondents received the survey through the U.S. Postal service. One month later, a postcard was mailed reminding the Respondents of the original request and provided a phone number and e-mail address to request additional questionnaires if the original had been lost. After adjusting the original mailing for incorrect addresses, and therapists no longer in practice, 164 (34%) valid responses were received from an adjusted sample of 485 practicing clinical members of the AAMFT. Descriptive statistical methods were used to analyze the quantitative data collected. In one case, inferential statistical

procedures were used to explore comparisons between groups. Content analysis methods were used to analyze the qualitative data submitted through the open-ended questions. The previous chapter described in detail the quantitative and qualitative data received. This chapter summarizes the findings and identifies the weaknesses and limitations in the study. I conclude the chapter by describing the significance and implications to Respondents identifying areas for future research. At this point it is important to mention that the respondents to the questionnaire provided a total of 699 written comments to the different questions and this has been interpreted to mean that the topic was of interest to the participants. Several stated that they liked the survey, and they would ask their clients about Cybersex use in the future. Others felt the topic was of current interest and were supportive of the study.

Summary of Findings

Primary Themes

Several important themes emerged from this study: (1) The majority of respondents have seen clients presenting with Cybersex issues, the case load size varies considerably from respondent to respondent, and most respondents believe that Cybersex as a presenting problem is increasing; (2) The respondents identified the spouses and their children most often as the ones who are coming for therapy and of greatest concern to the respondents; (3) Although most respondents feel prepared to diagnose and treat Cybersex problems, they did not obtain their preparation from their University education; (4) The overwhelming majority of respondents view Cybersex as a potentially addictive problem; (5) The majority of respondents do not ask their clients about Cybersex use even in the cases where the therapists have a large case load of Cybersex clients and in spite of expressed concerns over harm to children.

Cybersex Case Load and Growth

It appears that the majority of respondents are seeing clients presenting with Cybersex problems and the number of cases they are seeing is increasing. On average the respondents saw 4 clients with Cybersex related problems during the past 12 months, and this represents approximately 5% of their case load. A study of a small sample of therapists indicated that 9% of their case load met the broader criteria of Internet addiction (Young, 1999). The number of clients seen in the past 12 months varied considerably from therapist to therapist, some did not see any clients while one saw as many as 50 clients. The number of respondents who did not see any clients is noteworthy (27%), however, the questionnaire did not include questions that would help clarify the reasons for this. The data does show that 48% of the respondents who have not seen any clients are in private practice and the remainder are in: community mental health, court or prison systems, social service agencies, HMOs or insurance companies, universities, school or head start programs, private business or consulting, foster family agencies, domestic violence shelters etc. In the total sample, 73% of the respondents were in private practice. Why respondents have not seen any clients in the past twelve months may be partly explained by the focus of their practice.

I compared the data collected in this survey to that collected in a study by Young (1999). Young surveyed 35 therapists who were working with clients presenting with Internet (Cybersex is a subset) problematic behaviors. The therapists in Young's study had an average caseload of 9 clients in the past year who were classified as Internet-addicted (games, chat rooms, online trading, pornography). In our study, after excluding the respondents who reported not seeing any clients, the average caseload increased to 4.5 clients in the past 12 months. The higher average case load found in Young's study may best be explained by the broader scope of Internet

problems that were addressed in her study (Internet games, chat rooms, MUDs etc.). The range of clients seen in Young's study and this study were similar: 2-50 ,0-50 respectively.

Systemic Effects of Cybersex

From a systems theory perspective the behaviors of family members are interrelated, and their patterns of interactions are characterized by circular causality (Nichols & Schwartz, 2001). The behaviors of one family member influences or "causes" the other family members to behave in different ways (McCollum & Trepper, 2001). The family organizes itself through transactional patterns through repetition of interactions among its members (Minuchin, 1974). According to McCollum and Trepper, these patterns are maintained through rules, roles, communication, proximity, boundaries, and hierarchy. The family resists changing existing patterns until significant events lead to conflict. The literature identifies denial and disbelief among the ways that families avoid discussing or confronting members with addictive behaviors with alcohol or drugs (Schneider, 2002). While most people can access Cybersex for recreation, a small but increasing number of people are developing addiction-like symptoms similar to those found with alcohol, drugs and compulsive behaviors (e.g., Carnes, 2001; Schneider & Weiss, 2001; & Young, 2000). The partners of Cybersex addicts describe feelings of betrayal, abandonment, increased conflict and a loss of intimacy in the couple dyad (Schneider and Weiss, 2001). According to the authors, children are also directly affected through: exposure to parental conflict, spending less time with the parent while he/she is on the Internet, and a higher risk of exposure to Cybersex predators and material.

This study supported the systemic nature of Cybersex behaviors on families. The partner or spouse of the Cybersex user was most often (N=92; 30%) identified as the person who came for therapy. A significant number of children (N=67; 23%) were identified as the clients who

were brought to therapy either because they were inadvertently exposed to Cybersex or were actively using Cybersex themselves. A fairly high number of respondents identified Cybersex as a secondary issue in treatment (N=62; 20%), that is treatment initially addressed other issues and later Cybersex was presented as a problem. The Cybersex user sometimes (N=25; 8%) comes to therapy because their partners insisted on it or because they were court ordered. In (N=48; 16%) of the responses, the person experiencing Cybersex problems was identified as the person coming to therapy.

It appears that the respondents were also concerned, but by varying degrees, about the effects of Cybersex on the different family members. The greatest number of “very concerned” responses was for 7 year old children accessing Cybersex (N=101; 55%); the number of responses of “very concerned” was lower for 14 year old children (N=84; 47%) accessing Cybersex; the number of “very concerned” responses for the partner (N=70; 39%) was lower still, and the lowest number was for individuals (N=36; 17%) accessing Cybersex. The study appears to support the literature which identifies several areas of concern when children are involved with or exposed to Cybersex. Very young children are described as being most at risk from exposure to: sexual material that they are not developmentally ready to process; sexual predators on the Internet (Thornburgh & Lin ,2002). It is difficult to determine if the responses of “very concerned” stem from the problems that the respondents have seen in their practices, from a developmental perspective (high degree of concern for children), or from other factors. A study by Copper, Delmonico & Burg (2000) identified as many married as single people as logging on the Cybersex sites.

MFT's Preparedness and Knowledge of Cybersex

This study suggests that graduate courses did not prepare respondents to diagnose and treat Cybersex problems in therapy. The majority of respondents (87%) stated that the required courses were either not helpful (15%) or did not prepare them to diagnose and treat Cybersex (72%). In spite of this, the majority of respondents (68% to 80%) felt either very prepared or somewhat prepared to diagnose and treat Cybersex issues. Respondents (40%) identified courses, training seminars and peer supervision as sources which helped them become aware of Cybersex. Most of the respondents (78%) believe that either specific courses on Cybersex should be given in College or that Cybersex should be incorporated into the sex education and addiction curricula. The diagnosis and treatment of children with Cybersex related problems stands out as the one area where respondents feel least prepared, yet this is the area about which they express the most concern.

Cybersex as an Addiction

Much confusion, and controversy surrounds the use of the term addiction to describe certain behaviors that are not chemically induced. The terms addiction, compulsion, impulse-control disorders have very different meanings for the different specialists who diagnose and treat *sexual addiction and Cybersex addiction* problems. As a result, there are different approaches to the treatment of Cybersex addiction by sex and addiction specialists. For example one group may insist on complete sexual abstinence during treatment while another does not. In spite of this, 92% of the respondents believe that people can become “addicted” to Cybersex. While the question did not differentiate among the disparate meanings given to the term addiction, the question was useful because it identified that the majority of respondents identify Cybersex with some general definition of addiction. The implications are that the diagnosis and

treatment of Cybersex problems encompasses: pathological sexual behaviors that may also be addictive. It is interesting to note that often, clients presenting with either sexual or Cybersex addiction problems are often referred to licensed specialists in these fields, yet the majority of therapists responded that they felt very prepared or somewhat prepared to diagnose and treat Cybersex problems. Additionally the literature does not include scientific studies that compare the efficacy of different treatment methods for Cybersex problems upon which therapists can rely on.

Respondent's Do Not Ask About Cybersex

This study suggests that while the respondents are seeing an increasing number of clients with Cybersex problems, and they expressed being very concerned about Cybersex in the family only 20% of the respondents ask their clients about Cybersex use. Several respondents indicated in their responses that they intend to include Cybersex questions in their intake procedures. The apparent discrepancy between the concern expressed and not screening for Cybersex is not dissimilar to the lack of screening for other difficult topics such as sexual problems and domestic violence. According to a 1992 study conducted by the Center for Disease Control, fewer than half of primary care physicians routinely ask new adult patients about their sexual history. In a study by Bradley, Smith, Long & O'Dowd (2002) only 12%-20% of physicians ask their patients about domestic violence. With 17.7 million children having Internet access from their homes (Thornburgh & Lin, 2002) asking about Internet use in general appears to be a wise decision.

Limitations

While this exploratory study produced some valuable insights into Cybersex use, readers need to be mindful of the limitations inherent in such a study. Survey methods which use written questionnaires are often used in research to gather data and opinions from a sample population.

One of the strengths of this methodology is that it is easy to administer efficiently. Nelson (1996) cautions that the research “is no better than the questions asked” (as cited in Sprenkle & Moon, 1996, p.16). Sprenkle and Moon noted that the advantages of self-administered questionnaires includes ease of obtaining data from large samples in a minimum amount of time. The disadvantages include being unable to determine any bias in the sample. In designing the questionnaire we also had to consider designing a document that would be limited in scope in order to maintain interest in the subject matter. For example, therapists were asked to provide “estimates” of the number of clients seen in the past 12 months and the percent that this represented of their case load. Had we asked for exact numbers, therapists may have not responded. As an exploratory study it is important it is important not to interpret the quantitative responses as anything other than approximations. Several questions included both quantitative and qualitative responses and this combination added depth and corroboration to the responses.

The sample obtained is sufficiently large to produce a sampling error of approximately $\pm 7\%$ (Rea & Parker, 1997) with a confidence interval of 95%. This level of precision, and the fact that data were approximate, needs to be taken into consideration when interpreting the results.

Lastly, the response rate (34%) was below the hoped for response rate of 40%. Studies by researchers using the same population provided a range of response rates; in Locke (1998) 27.4%; in Johnson and Thomas (1999) 35.6%; in Constantine, Juby and Liang (2001) 59%. It is not known if the non-responders differ in a systematic way from the responders. It is possible that the responders were more interested in the topic and this created a selection bias. This survey appears to have generated a good response rate which indicates that there is interest in the subject. However there may be some demographic differences in the study sample with the

general population of AAMFT members (both clinical and non clinical members), for example the gender of the entire membership is 63% female while of the sample is 72% female; 53% of the membership is over 60 years of age and 25% of the sample is over 60. It should be noted that the study sample only used active clinical members and thus excluded retired members; this may explain some of the age differences.

Implications for Clinical Practice and Clinical Training

This study gathered information and opinions about Cybersex from a broad sample of clinical members of AAMFT and as such offers an unique opportunity for all therapists to get an overview of how their colleagues have been affected by Cybersex in their practices. Therapists can draw their own conclusions about the seriousness of Cybersex and decide how to address it in their practices. Those who have received little or no education or training in Cybersex may find this study helpful in deciding how much time and resources they wish to invest in getting familiar with the diagnosis and treatment of Cybersex problems. Those who feel very concerned, particularly about children, may wish to address this with the families they see in their practices. Most respondents expressed concern about Cybersex and it is hoped that this study will encourage therapists to include Cybersex related questions in their intake protocols or they may wish to ask about it.

In light of the apparent contradictory positions expressed by the respondents who state their great concern about Cybersex but do not ask about it, I hope that this study will encourage therapists to rethink their positions. Narrative therapists may adopt a position of “not knowing”, follow the lead of the client (Rober, 1999), and address the problem if the client brings up the subject. It is my belief that some flexibility in this position should be considered when children, who appear to be at the highest risk, are in the therapeutic setting.

It is hoped that this study will encourage therapists to consider their own biases towards sex, and pornography that might get in the way of treatment. Hecker, Trepper, Wetchler, and Fontaine (1995) identified sexual issues as the area where therapist's value judgments are strongest. The authors point out that therapist neutrality is not possible; unfortunately no research exists which addresses how therapists views about sex influence the assessment of clients presenting with sexual concerns. Are some therapists not asking because they are not familiar with Cybersex or because they do not feel prepared to treat the problem?

The qualitative data has been invaluable in identifying where respondents learned about Cybersex. The majority of respondents' comments indicated that they learned about Cybersex from sources outside of the University setting. Most respondents felt that Cybersex should be included in the curriculum either as part of courses on sex or addictions, or as a specific course.

Finally, I hope that this study has helped to increase awareness about Cybersex and how it affects the family system. The Cybersex user, the partner, and their children will come for therapy, or Cybersex will be identified as a problem during therapy. Client's shame, and therapist's bias may interfere with therapy by making the problem covert. It is hoped that this study encourages others to generate more research into Cybersex in order to improve how therapists treat the problem.

Future Research

Research into the impacts that Cybersex is having on families is in its early stages. This study was helpful because it gathered data and opinions from a broad sample of clinical members of AAMFT. The respondents identified that a gap exists in the courses given at the graduate level which would help them prepare to diagnose and treat Cybersex problems. Considering that College courses did not prepare therapists for dealing with Cybersex related problems, and the

majority of the therapists have not seen a Cybersex site, it would be interesting to study how the respondents came to feel so confident to diagnose and treat Cybersex. Another factor worth including in that study is that there exists almost no consensus among addiction experts and sex therapists on how to best treat Cybersex issues. The study also confirmed that clients with Cybersex problems are presenting for therapy in increasing numbers. Further research would be helpful in identifying more specifically the content of these courses to assure that therapists, upon graduation, have a good grasp on Cybersex problems and how they will be presenting in their practices.

The study confirmed that therapists are very concerned about the impacts that this potentially addictive problem on different family members. Future research would be helpful in explaining how Cybersex affects each member of the family and which interventions are the most helpful under different circumstances. In this study therapists identified their greatest concern on the effects that Cybersex has on children. The short term and long term psychosocial and sexual impacts on children is needed to help parents and therapists focus on the issue appropriately.

The scope of Cybersex research needs to encompass many areas in order to get a complete picture of the problem. Some of the important areas that need study include understanding: how factors unique to the Internet, such as anonymity and disinhibition, impact the behavior and mood of Cybersex users; the sexual arousal responses which are mediated through the computer-human interface; the different pathological behaviors which are present in different online experiences (viewing pornography, Cybersexual chats etc.); the influence of preexisting sexual addictions or paraphilias on Cybersex problems; the psychosocial factors that lead to Cybersex addictions of some but not most Cybersex users; the effects of Cybersex on

children at different stages of development. From a broader perspective it would be useful to determine if any differences exist between pathological sexual behaviors with and without the Internet.

REFERENCES

- Barak, A., Fisher, W. A., Belfry, S., & Lashambe, D. R. (1999). Sex, guys, and Cyberspace: Effects of Internet pornography and individual differences on men's attitudes toward women. Journal of psychology and Human Sexuality, 11 (1), 63-91.
- Barak, A., & King, A. S. (2000). The two faces of the Internet: Introduction to the special issue on the Internet and sexuality. CyberPsychology & Behavior, 3 (4), 517-520.
- Becvar, D. S., & Becvar, R. J. (2000). Family Therapy: A systemic integration (4th ed.). Boston, MA: Allyn and Bacon.
- Bergen, R. K., Bogle, K. A. 2000. Exploring the connection between pornography and sexual violence. Violence and Victims, 15 (3), 227-234.
- Boies, S. C. (2002). University students' uses of and reactions to online sexual information and entertainment: links to online and offline sexual behavior. The Canadian Journal of Human Sexuality, 11 (2), 77-89.
- Boss, P. (1988). Family stress management. CA: Sage Publications.
- Boss, P., Dahl, C., & Kaplan, L. (1996). In Sprenkle, D. H., & Moon, S. M. (Eds.). Research Methods in Family Therapy. New York: The Guilford Press.
- Bradley, F., Smith, M., Long, J., & O'Dowd, T. (2002). Reported frequency of domestic violence: cross sectional survey of women attending general practice. Department of Community Health and General Practice, Trinity College Centre for Health Sciences, Adelaide, Ireland. Retrieved April 16, 2004, from:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=PubMed&dopt=Abstract&list_uids=%2011823359

- Brooks, M. (1999, September 30). The porn pioneers. The Guardian. Retrieved December 29, 2003, from <http://www.guardian.co.uk/online/story/0,3605,255578,00.html>
- Brown, J. D., & Newcomer, S. (1991). Television viewing and adolescents' sexual behavior. Journal of Homosexuality, *21* (1/2), 77-91.
- Burke, A., Sowerbutts, S., Blundell, B., Sherry, M. (2001). Child pornography and the Internet: Policing and treatment issues. Psychiatry, Psychology and Law, *9* (1), 79-84.
- Carnes, P. (1996). Addiction or compulsion: Politics or illness. Sexual Addiction and Compulsivity, *3* (2), 127-150.
- Carnes, P. (2001). Out of the shadows: Understanding sexual addiction (3rd ed.). Center City, MN: Hazelden.
- Carnes, P., Delmonico, D. L., Griffin, E., Moriarity, J. (2001). In the shadows of the net: Breaking free of compulsive online sexual behavior. Minnesota: Hazelden.
- Carnes, P. (2004, February). The recovery zone: Helping patients establish long-term recovery. Workshop conducted by The Meadows, Baltimore, MD.
- Constantine, M. G., Juby, H., L., and Liang, J. J-C. (2001). Examining multicultural counseling competence and race related attitudes among white marriage and family therapists. Journal of Marital and Family Therapy, *27*, 353-362.
- Cooper, A. (1998). Sexuality and the Internet: Surfing into the new millennium. Cyberpsychology & Behavior, *1*, 187-193.
- Cooper, A., Putnam, D. E., Planchon, L. A., & Boies, S. C. (1999). Online sexual compulsivity: Getting tangled in the net. Sexual Addiction & Compulsivity, *6*, 79-104.

- Cooper, A., Scherer, C., Boies, S. C., & Gordon, B. (1999). Sexuality on the Internet: From sexual exploration to pathological expression. Professional Psychology: Research and Practice, *30* (2), 154-167.
- Cooper, A., Delmonico, D.L., & Burg, R. (2000). Cybersex users, abusers, and compulsives: New findings and implications. Sexual Addiction & Compulsivity, *7*, 5-29.
- Cooper, A. & Griffin-Shelley, E. (2002). The Internet: The next sexual revolution. In A. Cooper (Ed.), Sex and the Internet: A guidebook for clinicians (pp. 1-18). New York: Brunner-Routledge.
- Cooper, A., Morahan-Martin, J., Mathy, R. M., & Maheu, M. (2002). Toward an increased understanding of user demographics in online sexual activities. Journal of Sex & Marital Therapy, *28*, 105-129
- Corder-Bolz, C. (1981). Television and adolescents' sexual behavior. Sex Education Coalition News, *3*, 40.
- Crain W. (2000). Theories of development: Concepts and applications. Upper Saddle River, NJ: Prentice Hall.
- Durkin, K. E., & Bryant, C. D. (1995). "log on sex": Some notes on the carnal computer and erotic cyberspace as an emerging research frontier. Deviant Behavior: An Interdisciplinary Journal, *16* 170-200.
- Egan, T. (2000, October 23). Wall Street meets pornography. New York Times. Retrieved March 28, 2004, from <http://www.nytimes.com/2000/10/23/technology/23PORN.html>
- Estallo Marti, J. A. (2000, Marzo). Usos y abusos de Internet. [Uses and abuses of the Internet]. Ponencia presentada en el II Congreso Psicología e Internet, Toledo, España.

- Finkelhor, D., Mitchell, K. J., & Wolack, J. (2000, June). Online victimization: A report on the nation's youth. Retrieved November 9, 2003, from:
<http://www.netsmartz.org/PARENTS/pdf/OnlineVictimization.pdf>
- Fisher, W. A., & Barak, A. (2001). Internet pornography: A social psychological perspective on Internet sexuality. The Journal of Sex Research, 38 (4), 312-322.
- Goodman, A., (1998) Sexual Addiction: an integrated approach. Madison, CT: International Universities Press, Inc.
- Greenfield, D. N. (1999). Psychological characteristics of compulsive Internet use: A preliminary analysis. CyberPsychology and Behavior, 2 (5), 403-412.
- Greenfield, D., Orzack, M. (2002). The electronic bedroom: Clinical assessment of online sexual problems and internet-related sexual behavior. In A. Cooper (Ed.), Sex and the Internet: a guidebook for clinicians (pp. 129-145). New York: Brunner-Routledge.
- Griffiths, M. (2001). Sex on the Internet: Observations and implications for Internet sex addiction. The Journal of Sex Research, 38 (4), 333-342.
- Hecker, L. L., Trepper, T. S., Wetchler, J. L., & Fontaine, K. L. (1995). The influence of therapist values, religiosity and gender in the initial assessment of sexual addiction by family therapists. The American Journal of Family Therapy, 23 (3), 261-272.
- Holmes, L. (2003). What is "normal" Internet use? Retrieved December 2, 2003 from
<http://mentalhealth.about.com/cs/sexaddict/a/normalinet.htm>
- Hughes, Jr., R. & Hans, J. D. (2001). Computers, the Internet and families: A review of the role of new technology in family life. Journal of Family Issues, 22, 776-790.

- Israel, G. D. (1992). Determining Sample Size. Retrieved August 20, 2003, from University of Florida, Florida Cooperative Extension Program [On-line] Available:
<http://edis.ifas.ufl.edu/pdffiles/PD/PD00600.pdf>
- Joinson, A. (1998). Causes and Implications of Disinhibited behavior on the Internet. In J. Gackenbach (Ed.), Psychology of the Internet: Intrapersonal, interpersonal and transpersonal implications (pp. 43-60). San Diego, CA: Academic Press.
- Johnson, L., Thomas V. (1999). Influences on the inclusion of children in family therapy. Journal of Marriage and Family Therapy, 25 (1), 117-123.
- Kafka, M. P. (2000). The Paraphilia-Related Disorders: Nonparaphilic hypersexuality and sexual compulsivity/addiction. In S. R. Leiblum, Raymond C. Rosen (Eds.), Principles and practices of sex therapy (pp. 471-503). New York, NY: The Guilford Press.
- King, S. (1999). Internet gambling and pornography. CyberPsychology & Behavior, 2 175-193.
- Kraut, R., & Kiesler, S. (2003). The social impact of Internet use. Psychological Science Agenda, 16 (3), 8-10.
- Kraut, R., Lundmark, V., Kiesler, S., Mukhopadhyay, & T., Scherlis, W. (1998). Internet paradox: A social technology that reduces social involvement and psychological well-being? American Psychologist, 53 (9), 1017-1031.
- Kristula, D. (August, 2001). The History of the Internet. [On-line] Available:
<http://www.davesite.com/webstation/net-history4.shtml>
- Leone, S., & Beilsmith, M. (1999, February). Monthly Report on Internet Growth. Washington, DC: Media Metrix.
- Locke, L. D. (1998). AAMFT code of ethics and grievance procedure: should clients be informed? Thesis VA Polytechnic Institute and State University Blacksburg VA.

- Longo, R. E., Brown, S. M., Orcutt D. P. (2002). Effects of Internet sexuality on children and adolescents. In A. Copper (Ed.), Sex and the internet: A guidebook for clinicians (pp. 87-105). NY: Brunner-Routledge.
- McFarlane, M., Bull, S. S., Rietmeijer, C. A. (2000, July). The Internet as a newly emerging risk environment for sexually transmitted diseases. JAMA 2000, 284 (4), 443-446.
- McFarlane, M., Bull, S. S., Rietmeijer, C. A. (2002). Young adults on the Internet: Risk behaviors for sexually transmitted diseases and HIV. Journal of Adolescent Health, 31, 11-16.
- Milkman, H. B., & Sunderwirth, S. G. (1987). Craving for ecstasy: The consciousness and chemistry of escape. Lexington MA: D.C. Heath and Company.
- Minuchin, S (1974). Families and family therapy. Cambridge, MA: Harvard University Press.
- Mitchell, K. J., Finkelhor, D., & Wolack, J. (2001, June). Risk factors for and impact of online sexual solicitation of youth. Journal of the American Medical Association, 285 (23), 3011-3014.
- Mitchell, K. J., Finkelhor, D., & Wolack, J. (2003, March). The exposure of youth to unwanted sexual material on the Internet: A national survey of risk, impact and prevention. Youth and Society, 34 (3), 330-358.
- Morahan-Martin, J. (1998). Males, females, and the internet. In J. Gackenbach (Ed.), Psychology of the Internet: Intrapersonal, interpersonal and transpersonal implications (pp.169-197). San Diego, CA: Academic Press.
- Morahan-Martin, J, Schumaker, P. (1997, August). Incidence and Correlates of Pathological Internet use. Paper presented at the Annual Convention of the American Psychological

- Association. Retrieved December 2, 2003, from
<http://mentalhealth.about.com/cs/sexaddict/a/normalinet.htm>
- Nichols, M.P., & Schwartz, R.C. (2001). Family therapy: Concepts and methods (5th ed.).
Needham Heights, MA: Allyn and Bacon.
- Nua Internet Surveys (Feb 15, 2001). Most popular search terms revealed [On-line]
Available: http://www.nua.ie/surveys/index.cgi?f=VS&art_id=905356458&rel-tru
- Nua Internet Surveys (October, 2003). How many online? [On-line] Available:
http://www.nua.ie/surveys/how_many_online/index.html
- Paul, P. (2004, January). The porn factor. Time, 163 (3), 99-101.
- Peterson, J. L., Kahn, J. R. (1984, August). Media preferences of sexually active teens. Paper presented at the meeting of the American Psychological Association; Toronto Canada.
- Peterson, J. L., Moore, K. A., & Furstenberg, F. F. (1991). Television viewing and adolescents' sexual behavior. Journal of Homosexuality, 21 (1/2), 93-119
- Petratis, V., & O'Connor, C. (1999). Rockspider: The danger of paedophiles – untold stories.
Melbourne, Australia: Hybrid Publishers.
- Prentice-Dunn, S., & Rogers, R. W. 1982. Effects of public and private self-awareness on deindividuation and aggression. Journal of Personality and Social Psychology, 43, 503-513.
- Raskin, R. (2000, December). Cyberspace's red-light district. FamilyPC Magazine, 85-87.
Retrieved from <http://www.dickinsonchurchofchrist.org/interpor.htm>
- Rauschenberger, S. H., & Lynn, S. J. (1995). Fantasy proneness, DSM-III-R Axis I Psychopathology, and Dissociation. Journal of Abnormal Psychology, 104 (2), 373-380.

- Rea, L.M. & Parker, R.A. (1997). Designing and conducting survey research: A comprehensive guide. San Francisco, CA: Jossey-Bass Inc.
- Riva, G., Galimberti, C. (2001). The mind in the Web: Psychology in the Internet age. CyberPsychology & Behavior, 4 (1), 1-5.
- Rober, P. (1999). The therapist's inner conversation in family therapy practice: Some ideas about the self of the therapist, therapeutic impasse, and the process of reflection. Family Process, 38 (2), 209-224.
- Rozin, P. (1997). Moralization. In A. M. Brandt & P. Rozin (Eds), Morality and Health (pp. 379-401). New York: Routledge.
- Rumbough, T. B. (2001). Controversial uses of the Internet by college students. <http://www.educause.edu/ir/library/pdf/CSD1618.pdf>
- Schaffer, H.J. (2000, June). What is addiction? A perspective. [On-line] Available: <http://www.hms.harvard.edu/doi/htm/whatisaddiction.htm>
- Scherer, K. (1997, August). College life online: Healthy and unhealthy Internet use. Paper presented at the Annual Convention of the American Psychological Association. Retrieved December 2, 2003, from <http://mentalhealth.about.com/cs/sexaddict/a/normalinet.htm>
- Schneider, J. P., & Schneider, B. H. (1996). Couple recovery from sexual addiction/coaddiction: Results of a survey of 88 marriages. Sexual Addiction & Compulsivity, 3, 111-126.
- Schneider, J. P. (2000). Effects of cybersex addiction on the family: Results of a survey. Sexual Addiction & Compulsivity, 7, 31-58.

- Schneider, J.P. (2000). A qualitative study of Cybersex participants: Gender differences, recovery issues, and implications for therapists. Sexual Addiction & Compulsivity, 7, 249-278.
- Schneider, J. (2002). The new “elephant in the living room”: Effects of compulsive Cybersex behaviors on the spouse. In A. Cooper (Ed.) Sex and the Internet: A guidebook for clinicians (pp. 169-186). NY: Brunner-Routledge.
- Schneider, J. P. (2003). The impact of compulsive Cybersex behaviors on the family. Sexual and Relationship Therapy, 18 (3) 329-354.
- Schneider, J. & Weiss, R. 2001 Cybersex exposed: Simple fantasy or obsession? Minnesota: Hazelden.
- Schwartz, M. F., Galperin, L. D., & Masters, W. H. (1995). Dissociation and treatment of compulsive reenactment of Trauma. In M. Hunter (Ed.), Adult survivors of sexual abuse: Treatment and innovations (pp.42-55). Thousand Oaks, CA: Sage.
- Stanley, J. (2001). Child abuse and the Internet. Child Abuse Prevention Issues, 15. Retrieved December, 2003, from the Australian Institute for Family Studies Web site: <http://www.aifs.gov.au/nch/>
- Stanley, J., Kovacs, K. (2003, May). Parliamentary joint committee on the Australian crime commission inquiry into Cybercrime. Retrieved December 2, 2003, from http://www.aph.gov.au/Senate/committee/acc_ctte/cybercrime/submission/sub07.
- Steinglass, P., Bennett, L. A., Wolin, S. J., & Reiss, D. (1987). The alcoholic family. NY: Basic Books.

- Stern, E. S., & Handel, A. D. (2001). Sexuality and mass media: The historical context of psychology's reaction to sexuality on the Internet. The Journal of Sex Research, 38 (4), 283-291.
- Strasburger, V. C., & Donnerstein, E. (1999, January). Children, adolescents, and the media: Issues and solutions. Pediatrics, 103 (1), 129-139.
- Suler, J. (1999, March). The Psychology of Cyberspace: Computer and cyberspace addiction. Retrieved October 8, 2003, from Rider University Web site:
<http://www.rider.edu/~suler/psycyber/cybaddict.html>
- Sunderwirth, S. G., and Milkman, H. 1991. Behavioral and Neurochemical Commonalities in Addiction. Contemporary Family Therapy, Vol. 13, No. 5, pp. 421-433.
- Teitelbaum, S., Edwards, D. W.& Gold, M.S. (2001). An introduction to compulsive gambling. Dr. John Grohol's Psych Central [On-line] Available:
<http://psychcentral.com/library/gambling.htm>
- Thornburgh, R. & Lin, H. S. (2002). Youth Pornography and the Internet. Washington , D.C.: National Academy Press.
- Twerski, A. J., Nakken, C. (1997). Addictive thinking and The addictive personality. (2nd ed.) New York, NY: Hazelden.
- Van der Kolk, B., A. (1989, June). The Compulsion to Repeat Trauma: Re-enactment, revictimization, and masochism. Psychiatric Clinics of North America, 12 (2), 389-411.
- Wallace, P. (1999). The psychology of the Internet. New York: Cambridge University Press.
- Wellard, S. (2001, March). "Cause and Effect". Community Care, 15 (21), 26-27
- Yamane, T. 1967. Statistics: an introductory analysis. New York, NY: Harper and Row.

- Young, K. S. (1996). Internet Addiction: The emergence of a new clinical disorder. CyberPsychology and Behavior, 1 (3), 237-244.
- Young, K. S. (1999, August). Cyber-disorders: The mental health concern for the new millennium. Paper presented at 107th APA convention.
- Young, K. S. (2001). Tangled in the Web: Understanding Cybersex from fantasy to addiction. 1st Books Library.
- Young, K. S., Griffin-Shelley, E., Cooper, A., O'Mara, J. & Buchanan, J. (2000). Online infidelity: A new dimension in couple relationships with implications for evaluation and treatment. Sexual Addiction & Compulsivity, 7, 59-74.

APPENDIX A: COVER LETTER

October 12, 2003

*An exploratory study of the impacts that
Cybersex
(use of the Internet for sexual experiences)
is having on families and the practices of Marriage and Family Therapists*

Dear AAMFT member;

I am seeking your help to increase our understanding of the impacts that Cybersex is having on families and the practices of marriage and family therapists. As part of the process of completing my thesis towards a Masters degree in Marriage and Family Therapy at Virginia Tech, I am conducting a national survey of members of AAMFT. To date no study has focused on what marriage and family therapists are experiencing in their practices with families who have Cybersex issues.

For purposes of this study Cybersex shall mean **the use of the Internet to access and participate in any form of sexual activity**. These activities may include: viewing, downloading or sending pictures depicting sexual activities; viewing videos; participating in or creating videos of a sexual nature on the Internet; sexual conversations in chat rooms; exchanges of e-mails with sexual content; any other activity on the Internet for the purpose of sexual arousal.

PLEASE PARTICIPATE IN THIS STUDY! The results are important to you and to future research but the usefulness of this study depends entirely on high participation rates by AAMFT members like you. The questionnaire should take you no more than 15 minutes to complete. Your answers will be anonymous. There are no identifying marks on the forms to associate your name with your responses. There are no anticipated risks for you as a participant. This research has been approved by the Institutional Review Board for Research Involving Human Subjects at Virginia Polytechnic Institute and State University. By returning the attached questionnaire you are indicating that you consent to participate in this study.

If you have any questions about this research, please contact me at (703) 282-0315 or my thesis advisor Dr. Karen Rosen, at (703) 538-8461. If you want to obtain a copy of the results of the study either email me (pedrogoldberg@aol.com) or send a self-addressed stamped envelope requesting such.

Thank you in advance for participating in this study. Please return the attached four page questionnaire in the enclosed stamped and self addressed envelope. I am requesting that you return the questionnaire to me by November 1st.

Sincerely,

Peter Goldberg
Graduate Student Researcher
Virginia Tech, Northern Virginia Center

APPENDIX B QUESTIONNAIRE

SECTION I DEMOGRAPHIC INFORMATION

1.1 Your gender Male Female

1.2 Your age: _____

1.3 Number of years in practice: _____

1.4 Your marital Status:

- Single never married
- Married, or remarried
- Separated, divorced, or widowed and living alone
- Living with a partner
- Other specify _____

1.5 The highest Degree you have attained:

- Masters
- Doctorate

1.6 The licenses you have received:

- LCSW LPC LMFT
- Other _____

1.7 Identify from the list below the area that best describes your therapy practice. If more than one applies, identify the principal area with a number 1 and check all other areas that apply.

- | | |
|---|---|
| <input type="checkbox"/> Private practice | <input type="checkbox"/> Health Maintenance Organization or Insurance Co. |
| <input type="checkbox"/> In-patient facility | <input type="checkbox"/> University |
| <input type="checkbox"/> Community mental health center | <input type="checkbox"/> School or Head Start Program |
| <input type="checkbox"/> Court or prison facility | <input type="checkbox"/> Private business or consulting |
| <input type="checkbox"/> Addiction treatment center | |
| <input type="checkbox"/> Social Service agency | |
| <input type="checkbox"/> Other – please explain _____ | |

1.8 During the past 12 months APPROXIMATELY how many clients came to you with Cybersex as either the presenting problem or a significant part of the presenting problems? _____ (include clients who may have come for only one visit).

1.9 The above number of clients represented APPROXIMATELY what percent of the total number of clients seen during the past 12 months (please check only one): { 0% } ; { 1%to5% } ; { 5% to 10% } ; { 10% to15% } ; { 15% to 20% } ; { 20% to 30% } ; { more than 30% }

1.10 Of the Cybersex related cases you saw, how was the problem presented to you? check all that apply

- The person who came to you for therapy was concerned about his/her own use of the Internet for sexual experiences (e.g., a male concerned with his difficulty controlling his access to porn on the internet).
- The person who came to you for therapy was troubled by his/her partner’s use of the Internet for sexual experiences (e.g., I caught my wife in a sexual chat room).
- The person who came to you for therapy was concerned that his/her child (under 18) had inadvertently been exposed to Internet pornography (e.g., my son saw some sexual material my husband left on the computer).
- The person who came to you for therapy was concerned that his/her child (under 18) was using the Internet for sexual experiences.
- The person(s) who came to therapy initially had other concerns and later identified Cybersex as a problem.
- The person(s) who came to therapy had been told to come or “forced” to come to therapy by their partner.
- Other – please describe: _____

1.11 In your practice, during the past 2 years, would you say that Cybersex, as a presenting problem or an aspect of the problem: check only one

- increased a lot
 increased somewhat
 stayed the same
 decreased somewhat
 decreased a lot
 was not an issue in my practice

SECTION II Therapist’s Preparation and Knowledge about Cybersex

2.1 How helpful were the required graduate courses you took in preparing you to diagnose and/or treat Cybersex related problems: check √ only one

- Very Helpful
 Somewhat helpful
 Not helpful
 The subject was not covered in the College I attended

2.2 How prepared do you feel about the following: check √ all that apply

	Very Prepared	Somewhat Prepared	Not Prepared	Don't know
Diagnosing clients for Cybersex addictions and/or compulsions				
Distinguishing harmless use from pathological use of Cybersex				
Treating couples with Cybersex as the principal problem				
Treating individuals with Cybersex as the principal problem				
Treating individuals with Cybersex addictions and/or compulsions				
Treating children who have been exposed to Cybersex material				

- Cybersex is not an issue in my practice.

2.3 How good is your understanding of the sexual content and material that are available on the internet? Check √ the one that best applies to you

- I have seen for myself what is on the Internet and have a good understanding of its sexual content.
 I have heard about the sexual sites and material on the Internet and have a good understanding of their content.
 I have heard about Cybersex but don't really know much about it.
 I am neither aware of the sexual sites nor about the sexual material available on the Internet.
 Other – please specify _____

2.4 Do you routinely ask families about the use of computers for accessing Cybersex material at home or in their offices?

- yes no

2.5 How did you become aware of Cybersex?

2.6 What do you believe would be helpful at the Academic level in preparing therapists for Cybersex related issues.

SECTION III THERAPIST’S CONCERNS AND PERSPECTIVES ABOUT CYBERSEX

3.1 Consider a single adult, living alone, and who is not in a committed relationship. He/she routinely accesses the Internet for sexual experiences (Cybersex) that are NOT illegal. Under which circumstances, if any, would you be concerned for the psychological well being of this person? Please Check \surd one

- Very concerned no matter what the circumstances.
 - Concerned if he/she accesses Cybersex and avoids personal relationships.
 - Concerned if he/she spends an excessive amount of time accessing Cybersex.
 - Not concerned under any circumstances.
 - Concerned under the following circumstances - please explain in the space below
-
-
-

3.2 Consider an adult couple living together in a committed relationship. One or both partners routinely accesses the Internet for sexual experiences (Cybersex) that are NOT illegal. What are your views on the effects that this Internet activity has on the couple? Please Check \surd one

- Very concerned that this will have negative effects on the couple relationship under any circumstances.
 - Cybersex is the same as infidelity if the other partner is not aware of the Cybersex use.
 - Not concerned if the partners inform each other that they are accessing Cybersex.
 - Not concerned under any circumstances.
 - Concerned under the following circumstances - please explain in the space below
-
-
-

3.3 Consider a family which is made up of a husband, a wife, and two children ages 7 and 14. What are your views on the effects on the family of the following types of Internet sexual experiences? Please complete both sections A and B.

A. If the 7 year old has accessed Cybersex - Please check \surd one

- Very concerned that this may have a long term negative effect on the child's psycho-social development.
 - Somewhat concerned that this may have a long term negative effect on the child's psycho-social development.
 - Concerned that this may negatively affect the child's relationship with his parents and siblings.
 - Not concerned under any circumstances.
 - Don't know.
 - Concerned under the following circumstances - please explain in the space below
-
-
-

B. If the 14 year old has accessed Cybersex - Please Check \surd one

- Very concerned that this may have a long term negative effect on the child's psycho-social development.
 - Somewhat concerned that this may have a long term negative effect on the child's psycho-social development.
 - Concerned that this may negatively affect the child's relationship with his parents and siblings.
 - Not concerned under any circumstances
 - Don't know.
 - Concerned under the following circumstances - please explain in the space below
-
-
-

SECTION III Continued

3.4 Do you believe that people can become addicted to Cybersex? Please Check \surd one and explain below

- Yes.
- No
- Don't know

Please explain briefly in the space below

3.5 People who access Cybersex have been classified into the groups listed below. What percentages (%) of the clients you have seen with Cybersex issues fall into the various categories listed below. (e.g., 25% recreational, 25% Moderately sexually compulsive, 25% sexually compulsive etc.)

- _____ % Recreational and non-sexually compulsive.
- _____ % Moderately sexually compulsive.
- _____ % Sexually compulsive or addicted.
- _____ % At risk of becoming compulsive Cybersex user.

Please explain briefly in the space below

3.6 Do you believe the Internet can ever be used POSITIVELY OR ADAPTIVELY for sexual purposes? Please Check one and explain below

- The Internet CANNOT be used adaptively for sexual purposes under any circumstances
 - There are VERY FEW circumstances in which the Internet can be used adaptively for sexual purposes.
 - There MAY be SOME circumstances in which the Internet can be used adaptively for sexual purposes
 - There are SEVERAL circumstances in which the Internet can be used adaptively for sexual purposes
 - There are MANY circumstances in which the Internet can be used adaptively for sexual purposes
- Please explain or give examples about what leads you to answer the above question as you did:

3.7 Has Cybersex affected the individuals, couples or families that you have worked with in ways not covered above? Please explain briefly in the space below

VITA

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EDUCATION

M.S., Human Development, 2004
Marriage and Family Therapy
Virginia Polytechnic Institute and State University
Falls Church, VA

M.B.A., Finance, 1989
San Francisco State University
San Francisco, CA

B.S., Mechanical Engineering, 1970
Cornell University
Ithaca NY

CLINICAL EXPERIENCE

Counselor I (December 2003 to present)
Center for Multicultural Human Services Falls Church, VA

Conduct outpatient therapy to individuals, couples, and families; coordinate a mentoring program for children with an incarcerated parent; conduct therapy with torture and trauma survivors.

Family Therapist Intern (May 2002-December 2003)
Center for Family Services Falls Church, VA

Virginia Tech

Provided systemic outpatient therapy to individuals, couples, children and families; prepared treatment plans and required case documentation; co-facilitated in two 16 week couples conflict groups for domestic violence. Completed over 500 client direct contact hours, including over 250 systemic hours with couples and families; have received over 200 hours of supervision. Received live supervision from licensed clinical supervisors.

Family Therapist Intern (January 2003-December 2003)

Center for Multicultural Human Services

Falls Church, VA

Conducted individual, couple and family therapy. Co-facilitated a Latino Anger Management Group; conducted therapy to populations in the PSTT (Program for Survivors of Torture and Trauma); co-facilitated child socialization groups as well as individual child play therapy interventions; provided mentoring support to middle school children in the RAP (Reaching Adolescent Potential).

Family Therapist Intern

(May 2002-December 2002)

Alcohol and Drug Services

Fairfax County, VA

Provided services at Sunrise I, a residential rehabilitation facility for teenagers. Provided individual support as well as co-facilitated multi-family groups. Participated in the intake and treatment planning processes of clients at the facility.

VOLUNTEER EXPERIENCE

Volunteer

(May 2002-September 2002)

Fairfax County Community Services Board

Fairfax County, VA

Co-facilitated a socialization group for the seriously mentally ill, dual-diagnosed community in day treatment.

WORKSHOP AND COURSES COMPLETED

Certified PREP Instructor – The Prevention and Relationship Enhancement Program. March 2004

Personality Disorders in Social Work and Healthcare – Heritage Professional Education – Gregory W. Lester Ph.D.

The Recovery Zone – Helping Patients Establish Long-term Recovery. The Meadows – Patrick Carnes Ph.D.

Frontiers in Trauma Treatment – R. Cassidy Seminars - Bessel van der Kolk M.D.; Pat Ogden Ph.D

Healing Trauma, Attachment, and Neuroscience, and the Brain – R. Cassidy Seminars – Daniel Siegel M.D.

Sand Therapy: Integrating sand with Play Therapy – Starbright Institute – Eliana Gil, Ph.D., Mark Eberhardt

Treatment Planning, Reports & Record Keeping – Fairfax County Alcohol and Drug Services

Screening Intake, Orientation & Assessment - Fairfax County Alcohol and Drug Services

Pharmacology - Fairfax County Alcohol and Drug Services

Counseling Underserved Populations - Fairfax County Alcohol and Drug Services

Basic Counseling Skills - Fairfax County Alcohol and Drug Services

LANGUAGES

Speak, read, and write fluently in Spanish and French

REFERENCES

David Simmons. Substance Abuse Counselor at Fairfax County Alcohol and Drug Service

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Mary Linda Sara, Ph.D. Sex Therapist in Vienna VA,

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