

A Quick Tour of online Sexuality

By Al Cooper, Ph.D., and Eric Griffin-Shelley, Ph.D.



Accreditation Approval

The American Psychotherapy Association provides this continuing education credit for Diplomates after October 2001 required to obtain 15 credits per year to maintain their Diplomate status.

ACFEI/APA is recognized by the National Board for Certified Counselors to offer continuing education for National Certified Counselors. We adhere to NBCC Continuing Education Guidelines. Provider #5812

ACFEI/APA, Provider #1052 is approved as a provider for social work continuing education by the Association of Social Work Boards (ASWB) www.aswb.org, phone: 1-800-225-6880, through the Approved Continuing Education (ACE) program. ACFEI maintains responsibility for the program. Licensed social workers should contact their individual boards to review continuing education requirements for licensure renewal. Social workers will receive one (1) continuing education clock hour for participating in this course.

ACFEI (APA) is approved by the American Psychological Association to offer continuing professional education for psychologists. ACFEI maintains responsibility for the program.

Abstract

Online sexual activity (OSA) has developed with the Internet age and is on the leading edge of the next sexual revolution (Cooper & Griffin-Shelley, 2002). As with all human endeavors, there are beneficial and deleterious elements to Internet sexuality, a few of which are highlighted in this article. Fueled by the “Triple-A- Engine” of accessibility, affordability and anonymity, the opportunities for enhancing sexuality are as exciting as the potential problems are concerning. The Internet allows for a level of sexual education and information dissemination previously unmatched. It also provides a fertile field for sexually disenfranchised and alternative communities. Online relationships offer

previously unheard of vistas, as well as the possibilities of dangerous entrapments. Finally, clinicians are increasingly seeing a variety of forms of online sexual problems (OSP) and online sexual compulsivity (OSC), and therefore need to be able to recognize and effectively deal with these problems.

Key Words: sexuality, Internet, disenfranchised

Much has been written about sexuality and the Internet in the last decade (Cooper, 2002; Griffin-Shelley, 2002). This brief overview highlights the wealth and diversity of sexual activity on the Internet. Our goal is to educate clinicians about the range of ways the Internet is impacting and influencing sexuality and sexual practices in our society.

Online Sexual Activity (O.S.A.)

In the USA there are over 221 million Internet users representing about 76 percent of the population (Nielsen Netratings, 2002). The Internet itself is growing at an incredible speed with over 2.4 billion web pages available (Google, 2002). According to one estimate, 15 to 20 percent of these Internet users have engaged in some form of online sexual activity (Cooper, Delmonico, & Burg, 2000). The term sex is the most frequently searched topic on the Internet (Cyber India Online Limited, 2002).

Online Sexual Activity (OSA) is defined as use of the Internet (including text, audio, graphic files) for any activity that involves sexuality, whether for purposes of recreation, entertainment, exploration, support, education, commerce, or finding and/or meeting sexual or romantic partners. OSA includes cyber sex (i.e., sexual activity via the net), Online Sexual Problems (OSP) (i.e., OSA has led to difficulties, usually feeling out-of-control and/or having others complain about the activity), and Online Sexual Compulsivity (OCS) (i.e., an ongoing, out-of-control engagement with OSA).

Cooper, Boies, Maheu, and Greenfield (1999) suggest that there are three primary factors of online sexual activity, which they refer to as the Triple-A-Engine, that “turbocharges” OSA. The three components include accessibility (i.e., millions of sites available anytime of day or night), affordability (i.e., competition on the World Wide Web keeps all prices low and there are many ways to find “free” sexual activity), and anonymity (i.e., people believe that their communications are anonymous).

Sexuality Information and Education on the Internet

These three factors may be fueling a new sexual revolution (Cooper & Griffin-Shelley, 2002). One reason that this is particularly exciting is because it is allowing people access to accurate information on human sexuality and opportunities to educate themselves without the all too common concerns of fear, shame and humiliation (Acevedo, Delgado & Segil, 1998). The Internet, then, can be a “safe” environment to learn about sexuality, safer sex techniques and products, contraception and expected developmental changes in sexual experience (i.e., puberty, pregnancy, menopause and aging). The impact of the Internet on children and teenagers is a concern because young people can be taken

advantage of and have negative experiences while online (Finkelhor, Mitchell, & Wolak, 2000). At the same time, innovative models of sexual education with the potential to significantly benefit young people, are increasingly being put forth (Barak & Fisher, 2001; Longo, Brown, & Orcutt, 2002).

For those interested in short answers, simple solutions and quick advice, there are a myriad of sexuality experts available on many websites (e.g., the “Sexploration” section of www.msnbc.com). On these sites, consumers can read regular advice columns, peruse FAQs (Frequently Asked Questions), or e-mail in their own specific concerns. If a person wants a more in-depth consult, or even “cyber therapy,” these options are available, despite a multitude of ethical, legal and technological questions (Griffiths, 2000). For those concerned with the business and marketing dimensions of being a mental health professional, a host of opportunities exist, especially for those with expertise in human sexuality. Efforts to promote this work can be interwoven with an attempt to educate the public via websites, bulletin boards, e-mail, distance learning and other tele-health opportunities (Leigh, DeLeon, James, Folen, Earles, & Gedney, 2000).

Sexually Disenfranchised and Alternative Communities

Many sexually disenfranchised people report discovering that they no longer have to live in isolation, shame, and fear due to the connections fostered by the Internet. The “triple A engine” allows for beneficial interactions that result in a new sense of freedom, safety and community for those who have felt outcast or marginalized by society. Numerous websites, message boards, and chat rooms exist for lesbian, gay, bisexual and transgendered people, providing a vast array of new opportunities for coming out, expressing one’s self and interacting with like-minded people (Ross & Kauth, 2002).

In a similar vein, the Internet has opened possibilities for romantic and sexual contacts for people with disabilities and chronic illnesses (Tepper & Owens, 2002). Many elderly people also find easier access and fewer barriers to sexual activities via their computers and are combating ageist perceptions by continuing to be involved in a variety of sexual experiences.

Those who have felt that their sexual proclivities were not socially acceptable have found the Internet to be a forum to explore and pursue their interests. Venues have developed for those with atypical sexual attractions such as zoophilia, voyeurism, sadomasochism and fetishistic interests. These arenas can provide an individual with the experience of universality (i.e., “I am not alone”) and normalization. Some individuals report this experience of community to be very reassuring. At the same time, others debate whether this is a positive development, especially when websites advocate rape, sexual mutilation and sexual contact between adults and minors.

Online Relationships

The use of the Internet to find romantic and/or sexual partners has reduced the importance of proximity, similarity and physical attraction for more than just sexually

disenfranchised minorities (Cooper and Sportolari, 1997; Suler, 2000). Many find that online users often reveal additional personal information more quickly than they do in face-to-face interactions. Suler (2001) calls this phenomena the “disinhibition effect.” Younger generations who have “grown up with the net” appear to see the online environment as a viable source for finding love and sexual expression. Many prefer the Internet to bars and singles clubs for a number of reasons including convenience, cost and privacy, which are synonyms for the Triple-A-Engine.

With research lagging behind, at this point, we primarily rely on personal experiences and media stories of whether online meeting and Internet-facilitated relationships help or hurt people. Increasing numbers of clinicians are hearing tragic stories of online relationships. The coauthor, for example, interviewed a mother who moved across the country to live with her online fiancé, only to find that he would soon molest one of her of two teenage daughters. The Internet is a forum for people to play out a wide range of relationship issues, so therapists need to be familiar with at least the basic mechanisms and dynamics of this phenomena.

At least part of the problem is the prevalence of deception online. Anecdotal reports abound of people discovering in a face-to-face meeting that the other person’s online picture is years younger than they really are or even someone else’s image. Another form of deception involves online affairs or cyber sex outside the primary relationship. People differ as to whether this constitutes a breach of the relationship contract or infidelity. Schneider and Weiss (2001) found in their research that “most partners described some combination of devastation, hurt, betrayal, loss of self-esteem, abandonment, mistrust, suspicion, fear and a lack of intimacy” in response to online affairs. Some report that because the betrayal happened in their home, right under their noses, they felt more injured than had it been a “real time” affair.

Online Sexual Problems (O.S.P.)

Despite the fact that research shows the vast majority of those who engage in OSA do not demonstrate negative effects, there is also a sizeable minority (between 8 and 15 percent) who report adverse effects (Benotsch, Kalichman, & Cage, 2001; Cooper, Griffin-Shelley, Delmonico, & Mathy, 2001; Cooper, Scherer, Boies, & Gordon, 1999; Young, 1998). Estimates are that a quarter to one third of those who go online participate in some form of OSA. A key question, then, becomes how to tell the difference between OSA and Online Sexual Problems (OSP).

One recent study (Cooper, Griffin-Shelley, Delmonico, & Mathy 2001) reported several significant differences between the OSP sample and those who engaged in OSA but did not have OSA- related difficulties. First, the OSP sample spent twice as much time online in OSA as non-OSP respondents. Second, the reasons for engaging in online sexual activities. Those with OSP reported that they were using the internet to deal with stress and to engage in sexual activity that they would not do in real time. Those without problems reported that the primary reason for OSA was that the internet was a "break" or an educational tool. Another important delineation was that the OSP group reported

having reduced sexual activity with a real life partner. Finally, the OSP group were 3.82 times more likely to have previous sexual problems corroborating that those with a vulnerability to sexual issues need to recognize that the Internet can be a risky place.

Clinicians are well aware that OSP is an increasingly common issue in clinical practice. Presentations include people spending excessive amounts of time on the computer engaged in OSA, employees “cyberslacking” and/or downloading adult materials at work, people who send sexually provocative e-mails or download child pornography, which can lead to getting caught in an FBI sting. Additionally, there are concerns that those who engage in OSA may be more likely to engage in high-risk sexual behaviors (Benotsch, Kalichman & Cage, 2001). Although there is much overlap between the aforementioned issues and offline manifestations of sexual compulsivity, which clinicians may be more familiar with, the Triple- A-Engine appears to exacerbate mild issues in those with existing sexually compulsive propensities. Furthermore, for some who may never have had a problem with sex, exposure to the Internet may put them at risk for developing these problems (Cooper, Boies, Maheu, & Greenfield, 2001; Cooper, Putnam, Planchon, & Boies, 1999). Therapists would be wise to stay current in this rapidly developing area through readings, workshops, and discussion and consultation with colleagues.

Treatment for Online Sexual Problems and Online Sexual Compulsory can include cognitive and behavioral interventions, individual, group, and couples therapies, medication, Twelve Step and online support groups and residential care (Cooper, McCloughlin, & Campbell, 2000). Not surprisingly many are also beginning to experiment and write about online interventions for these issues (Cooper, Putnam, Planchon, & Boies, 1999; Schneider, & Weiss, 2001.)

Conclusions

Mental health professionals are finally catching up with what the media and public have long known: that the Internet is revolutionizing sexuality and has expanded opportunities for sexual expression and relationships in every corner of the world. As with any technological tool, the Internet is not inherently good or bad. Instead it is what the cyber-traveler does with it that can lead to positive or negative outcomes. Psychotherapists are beginning to recognize that they need to know more about this powerful medium if they are going to be able to effectively guide their clients in navigating it. In addition, the Internet may offer numerous ways to enhance their skills and practice.

About the Authors:

Al Cooper, Ph.D. is the Director of the San Jose Marital and Sexuality Centre, as well as heading the Training Program of CAPS at Cowell of Stanford University. The Centre works with a range of sexual and relationship issues, including many sexual acting out problems. The Centre is widely regarded as one of the leading clinics researching, treating and presenting on the fascinating new subjects of Internet sexuality. Dr. Cooper has numerous publications in this area. Dr. Cooper and his staff conduct workshops and

training on these issues nationally, do forensic evaluations and expert witness testimony, and work with patients with these issues from all over the country. Dr. Cooper is frequently interviewed by the media from Dateline to Newsweek to the New York Times to CNN. A partial list of publications is available through the Centre's website or by e-mail request. To find out more about Dr. Cooper's new book, *Sex and the Internet: A Guidebook for Clinicians*, see page 28.

Dr. Eric Griffin-Shelley is a licensed psychologist in private practice in Lafayette Hill, PA just outside of Philadelphia. He has authored two books, *Sex and Love: Addiction Treatment and Recovery* (Praeger, 1991, 1995) and *Adolescent Sex and Love Addicts* (Praeger, 1994) as well as editing *Outpatient Treatment of Sex and Love Addiction* (Praeger, 1993). Recently, he has worked with Dr. Al Cooper on his cybersex research projects and co-authored several articles and a book chapter.

References

1. Acevedo, E., Delgado, G., & Segil, E. (1998). INPARES uses Internet to provide Peruvians with sexuality information and counseling. *SEICUS Report*, 26 (5): 14.
2. Barak, A. & Fisher, W.A. (2001). Toward an Internet-driven, theoretically-based innovative approach to sex education. *The Journal of Sex Research*, 38 (4): 324-332.
3. Benotsch, E., Kalichman, S., & Cage, M. (2001). Men who have met sex partners via the Internet: Prevalence, predictors, and implications for HIV prevention. *Archives of Sexual Behavior*, 31 (2): 177-183.
4. Cyber India Online Limited. June 14, 2002.
<http://www.ciol.com/content/news/repts/101021611.asp>.
5. Cooper, A. (Editor). (2002). *Sex and the Internet: A Guidebook for Clinicians*. New York: Brunner-Routledge.
6. Cooper, A., Boies, S., Maheu, M., & Greenfield, D. (1999). Sexuality and the Internet: The next sexual revolution. In F. Muscarella and L. Szuchman (Eds.) *The Psychological Science of Sexuality: A Research Based Approach*. New York: Wiley Press.
7. Cooper, A., Delmonico, D. & Burg, R. (2000). Cybersex users, abusers, and compulsives: New findings and implications. *Sexual Addiction and Compulsivity: Journal of Treatment and Prevention*, 7 (1-2): 5-30.
8. Cooper, A. & Griffin-Shelley, E. (2002). Introduction. The Internet: The next sexual revolution. In Cooper, A. (Editor). (2002). *Sex and the Internet: A Guidebook for Clinicians*. New York: Brunner-Routledge.

9. Cooper, A., Griffin-Shelley, E., Delmonico, D. L. & Mathy, R. M. 2001. Online sexual problems: Assessment and predictive variables. *Sexual Addiction and Compulsivity: The Journal of Treatment and Prevention*, 8 (3-4): 267-286.
10. Cooper, A., McLoughlin, I. P., & Campbell, K. M. 2000. Sexuality in cyberspace: Update for the 21st Century. *CyberPsychology and Behavior*, 3 (4): 521-536.
11. 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): 154-164.
12. Cooper, A., & Sportolari, L. (1997). Romance in Cyberspace: Understanding online attraction. *Journal of Sex Education and Therapy*, 22 (1): 7-14.
13. Finkelhor, D., Mitchell, K.J. & Wolak, J. (2000). Online victimization: A report on the nation's youth. National Center for Missing and Exploited Children.
http://www.missingkids.com/html/index_search.html.
14. Griffin-Shelley, E. (2002). The Internet and Sexuality: A Literature Review--1983-2000. *Sexual and Relationship Therapy Journal*, (in press).
15. Griffiths, M. (2000). Excessive Internet use: Implications for sexual behavior. *Cyberpsychology & Behavior*, 3 (4): 537-552.
16. Google. Retrieved October 26, 2002. <http://www.google.com/>.
17. Leigh, J.W., DeLeon, P.H., James, L.C., Folen, R., Earles, J., & Gedney, J.J. (2000). The coming of age of telecommunications in psychological research and practice. *American Psychologist*, 55 (4): 407-421.
18. Longo, R., Brown, S., & Orcutt, D. (2002). Effects of Internet sexuality on children and adolescents. In Cooper, A. (Editor) (2002). *Sex and the Internet; A Guidebook for Clinicians*. New York: Brunner-Routledge.
19. Nielson Netratings. Retrieved October 26, 2002. http://www.nielsen-netratings.com/hot_off_the_net.jsp.
20. Ross, M. W. & Kauth, M. R. 2002. Men who have sex with men and the Internet: Emerging clinical issues and their management. In Cooper, A. (Editor). (2002). *Sex and the Internet: A Guidebook for Clinicians*. New York: Brunner-Routledge.
21. Schneider, J., & Weiss, R. (2001). *Cybersex Exposed: Recognizing the Obsession*. Center City, MN: Hazelden Educational Materials.

22. Suler, J. (2000). Developmental history and meeting f2f. In: Suler, J. (Ed.) The psychology of cyberspace. Online document:
<http://www.rider.edu/users/suler/psycyber/psycyber.html>
23. Suler, J. (2001). The online disinhibition effect.
<http://www.rider.edu/users/suler/psycyber/disinhibit.htm>.
24. Tepper, M.S. & Owens, A. (2002). Access to Pleasure: Onramp to Specific Information on Disability, Illness, and Other Expected Changes throughout the Lifespan. In Cooper, A. (Editor). Sex and the Internet: A Guidebook for Clinicians. New York: Brunner-Routledge.
25. Young, K. S. (1998). Caught in the Net. N.Y.: John Wiley & Sons.
-