

THE PHENOMENON OF CYBERSEX ADDICTION. ITS REASONS, DIAGNOSIS AND HOW TO FIGHT IT OFF.

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Summary

Internet addiction has lately become an omnipresent and alarming problem both in Greece as well as around the world. The relevant data are alarming enough to force many countries to the creation of internet addicts support centers. Internet addiction is a new type of mental disorder resulting from extensive internet use and its relation to everyday life. Teenagers constitute a high danger group as they have not yet formulated a critical mind. What is more, internet addiction can have a major impact on young peoples' mental health. Families, forced to face the lack of relevant education and social sensitivization on the new phenomenon, are also affected. The supportive framework existed already, given the pre-existing phenomena of drug addiction. The constantly increasing internet addicts rates however, has oriented research to finding new methods to support them, given the speciality of the new addictions' features. One of the main spacialities of the phenomenon is the fact that it can occur in many forms. Addiction to cybersex is a main internet addiction type, typically occurring in young ages, as teenagers tend to intensively seek for sexual experiences. Many psychotherapeutic approaches and psychosocial therapies have been proposed to face this new scourge. Trying to help addicts and deal with the phenomenon, research has even applied the use of psychotropic medicine. The current research by the Neuropsychology Lab of the University of Thessaly attempts to depict and study the group of cybersex addicts as well as to find ways to diagnose and heal the problem. In the long term we aim to collect data which will lead to the creation of rehabilitation programs.

Key words: cybersex addiction, therapy

Introduction

Internet use rates has recently increased sharply in Greece. According to formal statistics by internet providers, a 45% of homes and an 80% of enterprises have a constant internet connection (Karpalos, 2012). Internet access percentages are on a constant rise, given the capacity to browse the internet via fourth generation mobile phones.

Internet access rates increase sharply along with the percentage of internet addicts. The case of the Greek island

Kos is quite characteristic: 2008 internet addiction rates for young people (11,3%) became a remarkable 16,1% only four years later (2012)(Siomos, Floros, Fisoun, Dafouli, Farkonas, Elena Sergentani, Nikiforos & Angelopoulos, 2012). The problem is now becoming more and more serious both in Greece and universally. The governments of many Eastern Asia countries have created support and rehabilitation centers for internet addicts (Shek, Yu & Lu, 2012). The recording of addiction groups is an essential precondition for the creation of rehabilitation programs for internet addicts. Through each group's distinctive features we can orientate our efforts towards specific points of internet addicts' behavior to support them in and decrease the constant and destructive internet use.

Cybersex addicts

Users exchanging files of pornographic content via chat rooms in most cases, impersonating various sexual roles, constitute the group of internet addicts. Given the extensiveness of pornographic material that is easily accessible any time, many researchers tend to believe that most internet addicts are in fact cybersex addicts. The fact that youth sex and cybersex are the words mostly queried by online search machines is far from symptomatic (Family safe Media, 2010).

Available technological tools

Addicts are provided with many possibilities thanks to modern technology. They have access to text, image, sound and video of pornographic content thanks to modern browsers' capacities (Firefox, Chrome, Internet Explorer). Such a possibility was not provided some decades before, due to lack of networks and the inability of computers to work on image data.

Should we consider the fact that every internet platform can be converted to a pornographic material location tool, we can easily understand its accessibility to addicts. This fact however, should not stigmatize the new communication possibilities, even though cybersex addicts are given the chance to easily access platforms of pornographic material to communicate and exchange it. Communication groups also provide such a possibility. The existence of thousands of such communication groups is a mere reality. In such on-line meeting areas diminishing distances and physical obstacles (Bargh & McKenna, 2004), people with similar sexual interests can converse with each other and exchange views and files. Such groups where discussion is centered on cybersex and generally sex exist already.

Chat rooms, most famous representatives of them being Internet Relay Chat (IRC) and Excite Chat, constitute an evolution of information groups. Real-time communication

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among two or more people occurs in such sites. It is quite common for users of such web sites to have conversations of sexual content or exchange pornographic material like images and videos. Social network web sites like Facebook.com, MySpace.com, YouTube and Twitter are a further evolution of chat rooms. Users of them can create a network of "friends" that can constantly be in contact either to converse with each other or to exchange files. Such internet platforms are highly popular with young people (Griffiths, 2012), their popularity increasing nowadays among all age groups.

Catalysts for the creation of cybersex addicts.

Internet structure and function can formulate a specific psychology (Suller, 2004) especially as far as cybersex addicts are concerned. Normal people in everyday life cannot typically explore their sexuality reaching further than where they feel comfortable to do so, due to the fact that physical presence provokes some amount of apprehension. In the case of online activity, on the other hand, both anonymity and the dichotomy between peoples' actions and physical identity can reduce inhibitions. It also seems that people managing to uncouple their identity from their actions experience less guilt for their actions. People communicating online tend to act uninhibited when communicating through websites, a rule not holding during face-to-face encounters (McKenna & Green, 2002).

The fact that users are provided with the chance to abandon their online sexual activity any time they wish so, is also a main prerequisite for the emergence of cybersex addiction (Young, Griffin-Shelley, Cooper, O'Mara & Buchanan, 2000). Contrary to real-life situations, where withdrawal from a relationship might in many cases provoke social and psychological problems, things tend to be much easier online. Terminating the internet connection is the only thing the user has to do, to instantly terminate the digital relationship s/he has created. Online interaction diminishes the difference between imagination and reality, making users to initially feel that this interaction is in fact not something real but a state in their mind. The distance among real and imaginative world collapses however as they get more and more involved in internet communication and cybersex.

Financial, social, ethnical or age distinctions exist in the real world. In the world of online communication however the existence of such distinctions is optional, as it is us who determine our personal communication profile (Suller, 2004). Thus, in the case of cybersex addicts, their user profile is self-formulated. As a result, all hierarchy and distinction that could obstruct contact in real-life communication is not the case anymore. All in all, internet users are given the chance to act within a framework of high tolerance resulting in most cases to addiction.

Cybersex addiction diagnosis.

A 34-question test is used to specify the user cybersex addiction level (Delmonico & Griffin, 2005). The tool is applied after general tools for general internet addiction are applied. We count a point when we receive a yes answer while no points are counted for no answers.

1. I have added pages of inappropriate sexual content in my

browser bookmarks.

2. I spend more than five hours a week, using my computer to perform search for sexual content.

3. I have signed in for websites of inappropriate sexual content in order to have access to online material.

4. I have purchased internet access services.

5. I have used an online search machine to look for sexual material online.

6. An online sex service has cost me more than initially planned.

7. Cybersex has affected important aspects of my life in some cases.

8. I have participated in online conversation where the topic was sex.

9. My internet connection password has sexual content.

10. I have masturbated during an online navigation.

11. I have access to websites with sexual content from computers other than my domestic one.

12. No one knows I use my computer to fulfill my sexual desires.

13. I try to hide my computer screen content from others in many cases.

14. In many cases I remain awake late at night in front of my computer screen to have access to online live sexual material

15. I use the internet as an experiment tool for many aspects of sexuality (homosexuality, rectal sex, etc.)

16. I myself own a website of sexual content.

17. I have promised myself to stop using the internet for sexual purposes.

18. Cybersex is my reward after achieving a goal I have set (e.g. after completing a project, in the end of a stressful day, etc.).

19. I experience stress, fury or disillusionment whenever I am not provided with access to online sexual material.

20. I increasingly expose myself to dangers due to my online encounters (I share my address and phone number, I tend to meet my web interlocutors in the real world, etc.).

21. I have imposed myself a punishment for using the internet for sexual purposes (e.g. I have quit my internet connection, I have stopped using my computer etc.).

22. I have had a romantic face-to-face encounter with someone I met online.

23. I tend to use sexual humoristic language and throw sexual innuendos when online.

24. I have watched illegal online sexual material while browsing the internet.

25. I feel myself to be a cybersex addict.

26. I have repeatedly tried to quit specific sexual behavior and I was faced with failure.

27. I do not interrupt my sexual behavior even though it causes trouble to me.

28. Before committing the sexual act I look forward to it but I feel remorse afterwards.

29. I tend to lie in order to hide my sexual behavior.

30. I believe myself to be a cybersex addict.

31. I feel anxious for people that have discovered my sexual behavior.

32. I have already tried once to eliminate a specific sexual behavior but I failed.

33. I hide a specific aspect of my sexual behavior from others.
34. I experience depression after the sexual act is completed.

To evaluate the results of the aforementioned tool we work as follows: we first add the total of positive answers for questions 1 to 25. When the total is 1 to 8, no problem is detected as far as online sexual behavior is concerned. If the total is from 9 to 19, then it seems that cybersex addiction has a negative impact in many aspects of life, calling for further research on the problem. Should however the total of positive answers be more than 19, sexual behavior has reached addiction levels. Measures should be taken to fight against the problem in order to minimize risk for the user's social, professional and academic activity.

Questions 25 to 34 do not check online sexual behavior but sex addiction in general. In case positive answers in both question groups (1-25 and 26-34) have reached a high total we have valid evidence that we are faced with an acute addiction problem.

Therapy methods for cybersex addicts.

The majority of studies published apply non-pharmaceutical methods of intervention against internet addiction. Most of them include Cognitive Behavior Therapy, motivational interviewing or methods to understand the reality of the addict, a reality caused by extensive internet use. The general scheme includes a combination of psychological intervention through consultative processes to reach a user-specific therapy program (King, Delfabbro, Griffiths & Gradisar, 2011).

As far as cybersex addiction therapy is concerned, rehabilitation processes become more specialized. Pharmaceutical substances are not in fact used extensively to fight against cybersex addiction. They tend however to be applied in extreme cases of the phenomenon, where antipsychotic, antidepressants and antiandrogens are used. (Kafka 2003) (Galbreath, Berlin & Sawyer, 2002).

Modern computers and networks offer users protection from areas which could cause cybersex addiction. To start with, we can apply techniques controlling all means that can provide access to pornographic material. This way we divert users from constant internet use. By placing computers in public access areas, we discourage users from visiting "contaminated" websites. What is more, we can limit internet access time, limiting thus internet use for the user and diminishing the addiction possibility. It has been observed that limitations to "contaminated" websites, combined with placing the images of favorites on the computer desktop can prevent users from visiting websites with banned sexual content typically causing cybersex addiction. Controlling the access machine is not the most suitable method of action to fight against cybersex addiction. Slight changes in users' online behavior have however been observed after the application of these methods, thus they constitute the primary direction. (Delconico, Griffin & Carnes, 2002). The presence of computers in schools and workplaces is the main reason why technical control methods of access machines do not seriously impede internet addicts. Rehabilitation processes become more complex for cybersex addicts as the omnipresence of computers provide them with

instant and multi-source access to prohibited pornographic material.

A different supportive approach works as follows: we inform cybersex addicts for the negative effect cybersex addiction can produce, expecting then their positive rehabilitation reaction. Cybersex addicts have been reported to tend to show signs of stress, depression and obsessive or compulsive disorders. (Guangheng Dong, Qilin Lu, Hui Zhou, Xuan Zhao,2011). Through this approach, addicts can re-evaluate their condition, turning to the creation of interpersonal relations through which they seek sexual fulfillment. (Delconico et al., 2002).

The family-based therapy process should also be mentioned. Family is constantly informed and actively participates to all attempts to serve a common goal: to fight against the cybersex addiction problem of a family member. (Schwartz, 1995). Group therapy (where group members do not necessarily originate from the addicts' family background) is a similar therapeutic approach to the problem. According to this method, group members try to restructure through conversation the rules of normal sexual relationships which will then lead to cybersex addiction rehabilitation. Lovemaps that can be restructured, specifying norms in sexual behaviors and relationships are an established thing in scientific fields since 1986. (Money, 1986).

The more serious the addiction of an internet user to cybersex, the more difficult the rehabilitation is. Typical rehabilitation models (Marlatt & Gordon, 1985) can, slightly altered, be applied in the case of cybersex addiction. These models are based on cognitive and behaviorism interventions supported by personal effort from the addict part. Our rehabilitation effort should go through all basic steps taken against addiction (Prochaska, Di Clemente, & Norcross,1992 ! Prochaska & Norcross ,2001) : decision taking, concentration, preparation, action, maintenance, and finally total withdrawal from cybersex addiction.

Cybersex addiction is a major invisible contemporary social problem. It is invisible as its impact is not connected to the phenomenon in an obvious way. What is more, online relationships are characterized as anonymous relationships where no physical presence is involved. People participating in such virtual online sexual relationships tend to be diagnosed with psychical trauma, depression as well as addiction symptoms in many cases. Thus, the fight against the problem cannot be one-directional. Given the speciality of each user, we should differentiate the rehabilitation program accordingly, including relevant therapies. Such therapies should be broadly presented to the entire academy, in order to support already existing cybersex addicts support models. The Neuropsychology Lab of the University of Thessaly is now running such research aiming to serve the aforementioned goal.

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