



Sex and the Internet



By Ed Rudin, MD

"THE INTERNET CAN BE A BOON. It can also be a curse. For me it was the latter." So said my friend and colleague, a physician who had lost his license over his Internet or cybersex addiction, or compulsion, or whatever it is called.

I had known him for years and admired and respected his earnest dedication to exacting standards for himself and his colleagues, and his engaging thoughtfulness and scholarship. I had enjoyed his playful obsession with words, his cascading puns and wry humor.

Now he was torn between helping others avoid the pain he, his family and his patients had suffered — and still do. Could he give that help without a resurgence of the almost unbearable anguish from public exposure and humiliation? Was the help worth the risk? Could he say what he felt needed to be said, without more hurt for those he loved? Would it help or hinder his return to what his whole adult life had been about, helping others?

He asked for anonymity. We knew some colleagues would identify him; others might not. He hoped many more, though, might learn something to help them or their patients avoid a similar tragedy. They might recognize that increasing investment in cyberspace, unpleasant feelings when off-line increasing tolerance on-line, and denial of a problem and its effects on family and work were classic signs of an addiction¹, and might stop before it was too late.

"I rarely saw articles on the disorder during my years of practice, yet the number of people using the Internet for sex is staggering," he told me. According to Carnes, as of January 1999, over 19.5 million individuals "hit" the top five pay porn web sites per month, and 98.5 million visited the top five free porn web sites. Sex on the Internet is the third largest sector on the web after software and computers. Nearly 17 percent of Internet users have problems with sex on the net. Of users with severe on-line sex problems, 40 percent are women.² Of those with Internet sex problems, eight percent had no sexual problems before accessing the net. Once on line, though, their problems escalated rapidly.³

A conservative estimate is that 200,000 people have a severe Internet addiction. "Imagine the furor," my friend adds, "if a new drug appeared on the streets and counted 200,000 people as dependent in just a few years. Worse yet, the condition is usually misdiagnosed."⁴

Long ago, my friend had been addicted to nicotine. He had watched his father succumb to the effects of smoking. He himself had suffered ill effects and knew his smoking was making others uncomfortable. He had tried to stop many times, but was only able to pause. The social acceptance of smoking reinforced his denial and rationalization. As more information about the dangers was disseminated to the profession and the public, he was struck by an article in JAMA and stopped smoking, cold turkey. "The reward experience in addiction is a powerful force for continuing," he said, "but it can be

overcome if enough counter forces are brought to bear."

Looking back, he sees how rapidly his Internet addiction developed. His difficulty adapting to managed care-induced changes in his medical practice, helped make him more vulnerable. He had felt his world "crumbling." Despite "good relationships" with family and friends, he felt "isolated and alone." His work in a Twelve Step program has since then convinced him that isolation is a key vulnerability for developing this kind of addiction.

"I had been hearing about the Internet for some time. Everyone seemed excited by it." He resisted for a while, but finally decided he, too, would get connected. He entered the computer room, in an isolated part of his house, and signed on. "It felt strange. I had entered a world that felt quite foreign. I noticed my anxiety. I felt detached from my customary self."

He had heard about chat rooms and went there immediately. His sense of isolation dissolved instantly. In its place was what he now describes as "a myth of connection." Instead of isolation and lack of choice in his professional life, he felt freed. The screen gave him an array of interactions from "normal" to "repulsive" from which he could choose. When "normal" became boring (as his tolerance grew), he turned to the less acceptable and finally to the unacceptable. On the Internet nothing seemed abnormal or restricted. In life there was unpleasantness; on the Internet he could create any experience he desired, whenever he was ready.

He soon found someone who wanted to chat. Before long the chat turned flirtatious. "My anxiety turned into arousal. Perhaps two hours of intense chatting took place. Time stopped; hours on the Internet felt like minutes."

He had never experienced anything like this before. He could type anything and the screen would respond with an invitation to go further. "It felt as if I were writing a piece of fiction with something real spurring me on."

He emerged "from this strangely wonderful world with a curious split in my thinking." He told his wife how incredible it was to be talking with other people on the computer, but didn't reveal the nature of the talk. "To myself I was saying I was in trouble. I knew it the moment I connected. Yet something kept me from acting on the knowledge. For me, the addictive process started immediately."

Now, more than a year away from the addiction, he sees the progression as incremental, gathering intensity with time. What remained constant was the split in his thinking. He began to enter chat rooms that made their subject matter quite clear. Initially, those chat rooms had struck him as offensive, but now he entered, observing himself with a curious detachment. "Repeatedly the material created a kind of pleasant rush — along with disgust. I crossed boundary after boundary. My thoughts and actions became worse than I could ever have imagined possible. Though the revulsion and desire to stop were strong, the pull for more of the rush was stronger." He tried to stop many times, but the pull to return invariably won, as with smoking. His isolation cut him off from the support and corrective cues or negative reinforcement from his real environment that might have helped him stop.

Today, having returned "to a more normal state," he feels no tug back to the rush he knows was there. He sees the progression of his addiction as a model of operant conditioning. Simply put, sexual stimuli are pleasurable and always surround us. The Internet is a source of such stimuli and access is generally a solitary activity. The user does not have the usual cues of social disapproval. The computer screen gives only cues of approval. Tolerance leads to more outrageous behaviors to produce the positive experience.

Unlike when he used nicotine, there was little professional or public information about sex on the Internet. He let no one know of his secret behavior, so no one was there to help

him see the extent of his problem. He went on in his self destruction, ultimately going off line for interaction. He was no longer hurting only himself. He was hurting the people he cared about: his family, patients and friends.

At the moment, he is less optimistic about his own life than about alerting others to cyberspace addiction and its dire course.

"Information is power and information in the mainstream will provide vulnerable people like me, and the eight percent of people with no problem until they go on line, with the power to prevent the addiction. Wide dissemination of this information can strengthen people's power of choice over their behavior.

"What I experienced should be recognized as a public health and public safety problem. There are simply too many people suffering the problem to deny its existence."

"Physicians are reluctant to talk about very sensitive issues. That has never been one of our strengths." (He flinches at the "our" as he realizes he is no longer one of "us.") "Yet who better has been given the license to care for people and prevent or reduce their pain and suffering?"

To help mitigate the problem, physicians must be willing to broach the subject of Internet use with patients or colleagues. A simple question about how much time someone is spending on line each week would be a start. (Cybersex compulsives spend 35 to 45 hours; sex problem users, 15 to 25 hours.)⁵ For a person who reports those times, a cybersex addiction checklist⁶ indicates when to refer to an addiction specialist and a Twelve Step program like Sexaholics Anonymous. The confidential SA phone number for the Central Valley is (916) 491-1772.

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