



**Old Temptation:
New Technology**

PORNOGRAPHY
and the
INTERNET *in*
TODAY'S WORLD

Today's information superhighway, the Internet, has become both a blessing and a curse. High-speed technology has those who counsel scrambling to keep up with the myriad of problems created by the proliferation and availability of pornography. The Internet is not the problem; it is the solitude and isolation of the user that can engender the problematic behavior that leads to sexual addiction. No one is immune, and the problem is growing.

BACKGROUND

In 2002, sex-related sites became the No. 1 economic sector of the Internet, with sales exceeding the combined sales of both software and computers. Pornography has also become a problem in the workplace. Seventy percent of Internet pornography traffic occurs between 9 a.m. and 5 p.m. Seventy-two percent of companies that have addressed Internet misuse reported that 69 percent of those cases were pornography related. Leading software publishers estimate as much as \$83 billion a year in lost productivity for American companies.¹ Serious researchers² showed in large samples that one in six employees was now having trouble with sexual behavior online.

Researchers have noted problems with compulsive and addictive behavior online, especially in the areas of gambling and sexuality.³ Others have noted behaviors such as online trading, gaming, and compulsive computer use.⁴ In addition to Cooper's original research, people who work with compulsive sexual behavior documented problematic online sexual behavior in which people's daily ability to function was being affected by their cybersexual activities.⁵

SEX ADDICTION DEFINED

What is a sex addict? During the last 2 to 3 decades, a series of studies has been performed that has created a profile for sex addiction. In keeping with the guidelines used to assess pathological gambling, alcoholism, and substance abuse, the following criteria for diagnosing sex addiction have emerged:

1. Recurrent failure to resist impulses to engage in specific sexual behavior;
2. Frequently engaging in sexual behaviors to a greater extent, or over a longer period, than intended;
3. Persistent desire or unsuccessful efforts to stop, reduce, or control sexual behaviors;

4. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experiences;
5. Preoccupation with sexual behavior or preparatory activities;
6. Frequent engaging in the behavior when expected to fulfill occupational, academic, domestic, or social obligations;
7. Continuation of the behavior despite knowledge of having a persistent or recurrent social, financial, psychological, or physical problem that is caused or exacerbated by the behavior;
8. Need to increase the intensity, frequency, number, or risk level of behaviors to achieve the desired effect; or diminished effect with continued behaviors at the same level of intensity, frequency, number, or risk;
9. Giving up or limiting social, occupational, or recreational activities because of the behavior;
10. Distress, anxiety, restlessness, or irritability if unable to engage in the behavior.

Patients consistently report that they experienced a rapid escalation in both the amount of and diversity of sexual behavior. People who have significant problems often find that the problems started almost immediately. Consider the pastor who started viewing pornography on July 4. Five weeks later he was discovered and had already embezzled \$8,000 from the church to pay for his online activities. That pattern, while not true of all cases, is common enough to be noticed by clinicians. Factors that contribute to their escalation include the appearance of anonymity and ease of access. Also a pattern of denial quickly emerges in which the behavior is seen as having no consequences even though clear consequences are inevitable (such as the discovery of embezzled funds).

BY PATRICK J. CARNES

Patients who were already having trouble with compulsive sexuality found the Internet to be a significant catalyst that intensified their sexual behavior. The Internet not only intensified the eroticization that was problematic, but also added new resources. For example, if compulsive prostitution was a problem, it intensified as a result of Internet activity. Some patients report having no history of compulsive sexual behavior until they discovered the Internet. When their sexual behavior escalated on the Net, they started behaviors offline that became compulsive as well. When church leaders are confronted by problematic sexual behavior and it fits the parameters of addictive/compulsive illness, they need to understand this disorder in order to make appropriate management decisions and to evaluate clinical approaches.

During the last 3 decades, professionals have acknowledged that some people use sex to manage their internal distress. These people are similar to compulsive gamblers, compulsive overeaters, or alcoholics who are not able to contain their impulses, and who experience destructive results.

Depending on one's professional framework, the words *addiction* and *compulsion* have been used to describe this disorder. In my field of addiction medicine, one sign of addiction is compulsive use. Other professionals occasionally make distinctions between addiction and compulsion. Some use them interchangeably. There is, however, a growing common understanding of the problem and how it occurs. Great progress is being made in treatment. Advances in neurochemistry may soon redefine our terminology when we understand more clearly the biology of the disorder.⁶

We find pastors of all denominations to be more vulnerable due to many factors.

- Pastors are in positions of power. People look up to them. Parishioners go to them for advice. They are perceived to hold a higher morality and, as such, are spiritual and moral leaders.
- Pastors lead stressful lives. They are expected to hold themselves to the highest standards; therefore, the shame factor is greatly exaggerated when their behavior is perceived as less than perfect.
- Pastors often lack the resources and outlets to communicate their own hardships. Just as every therapist gets group supervision, every minister needs a circle of confidants to whom he can communicate his personal troubles.

The essential problem church decisionmakers have is in identifying sexual compulsivity. Typically, pastors who are in trouble for their sexual behavior are not candid with those in authority about their behavior. Nor are they likely to reveal that their sexual behavior is a part of a consistent, self-destructive

pattern. This illness causes the pastor to hide the severity of his problem from others, to delude himself about his ability to control his behavior, and to minimize its impact on others. The fact pastors are to be models of moral behavior compounds the problem because their position adds to their shame and fear.

The National Campaign To Stop Pornography (2005) offers an excellent example of how trapped a pastor can feel because of the high moral standards laypeople hold him to and the high standard the pastor holds himself to. "If you had a pastor admit to his congregation that he struggled with an eating problem and that he was addicted to fried chicken, he would probably find some sympathy or get a chuckle out of it. But if the pastor confesses he has used pornography, more than likely the pastor would be [censored or disciplined]. The consequences of moral failure are deeply personal and professional. Instead of seeking help for their temptation, pastors may attempt to buy time through secrecy."

Consider the following examples that illustrate the diversity and complexity of sexual addiction among pastors:

- A pastor had a \$1,000-a-week prostitution habit. After depleting his family inheritance, he started stealing loose cash from parish collections and making out false payroll checks for staff who did not exist. He claimed he had a ministry to the prostitutes he used. He also did not see himself as violating his vow of celibacy since he was an emotional virgin with no relationship entanglements.

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- A woman was the principal of a parish school. She was having an affair with a married man whose child was enrolled at the school. Simultaneously, she was sexually involved with the pastor of the parish. Also, she was having an intense sexual relationship with a woman in her order. Her cure was to become a missionary, but the same pattern emerged overseas. She called her superior from a hospital after she cut crosses into her thighs as a way to stop her behavior.
- A young monk had access to the Internet in an isolated part of the monastic library. Out of curiosity he started to explore sexually explicit websites. Soon he was hooked on pornography, chat rooms, and phone sex. He was unable to do his duties and started to drink heavily. When his superior eventually confronted him about his out-of-control drinking, the monk confessed the real problem.

- An order priest teaching at a college became, over time, sexually involved with his students. He also had high-risk anonymous sex with men in parks and restrooms. Simultaneously, he developed a significant, compulsive overeating problem. He soon weighed in excess of 330 pounds on a six-foot frame. His life came apart when he was arrested in a park by a vice officer.

While these examples represent diverse behaviors, the common theme is sexually compulsive behavior. Church leaders need to understand that there is a common profile.

Christianity Today administered a reader survey to both clergy and laymen on Internet pornography.⁷ Even the lower percentage of people in this survey who have viewed Internet pornography show similar statistical patterns to the larger demographic of America:

- 33 percent of pastors and 36 percent of layman state that they *have* visited a sexually explicit website.
- Of those who have visited sexually explicit websites, 53 percent of pastors say they have done so in the past year, as compared to 44 percent of lay readers.
- When questioned if their spouses knew of their use of Internet pornography, 50 percent of laity said their spouses knew about their Web porn use. Only 28 percent of pastors responded that their spouses knew, and 30 percent claimed they did not talk to anyone about their behavior.
- Two-thirds of those who have visited sexually explicit websites say they have prayed about this area of their lives (69 percent of pastors and 60 percent of laity). Few have sought professional help (4 percent of pastors and 7 percent of laymen) or have confessed it to anyone.

STATISTICS

- In American society, sex is often portrayed in the media as a panacea for anything and everything.
- The number of Internet users in the United States is currently 158.3 million. People average six visits per week, visit an average of six sites, and spend on average 3 hours and 22 minutes per week on-line.⁸
- It is estimated Internet users worldwide exceed 420 million. Predictions are that users will number more than one billion by the year 2006.⁹
- Internet use doubles every 100 days.¹⁰
- The amount of information and opportunities on the Internet is exploding. In January 2000, there were more than 1 billion unique pages available.¹¹ In March 2001, web pages had increased to 1,346,966,000.¹²
- The average age for first-time contact with Internet pornography is approximately 11 years of age. The largest consumer of Internet pornography is the 12- to 17-year-old age group. The average age for seeking help is between

30 and 35. Eighty percent of married sex addicts thought marriage was the answer to their addiction. The National Council on Sexual Addiction Compulsivity estimated that six to eight percent of Americans are sex addicts, which is 16 to 21.5 million people.¹³

- One in four regular Internet users, or 21 million Americans, visit one of the more than 60,000 sex sites on the Web at least once a month.¹⁴
- An estimated 15 to 43 percent of Internet users have engaged in some form of Internet sexual pursuit.¹⁵
- Twenty percent of young people who use the Internet regularly were exposed to unwanted sexual solicitations or approaches, and 25 percent encountered unwanted pornography in the last year.¹⁶
- In 2002, the U.S. customs estimated that 100,000 websites peddled child pornography.¹⁷
- Many experts say scotophilia (viewing sexual stimuli) is the No. 1 sexual activity in the United States.
- Seventy-one percent of those with sexual-acting-out problems also use the Internet as a venue.
- Seventy percent of Internet porn traffic occurs during the 9 a.m. to 5 p.m. workday.¹⁸ Two out of three companies have disciplined employees for misusing the Net at work, and pornography topped the list of abuses with a 41 percent share.¹⁹ In 1 month, employees at IBM, Apple, and AT&T spent the equivalent of 1,631 work days — 13,048 hours — on the *Penthouse* magazine website.²⁰
- Sexuality is big business. To date, sexuality has been one of the most profitable Internet markets with estimates of \$2.5 billion in sales and growth rates estimated at a 20 percent increase each year. U.S. pornography revenue exceeds the



combined revenues of ABC, CBS, and NBC (\$6.2 billion). Child pornography generates \$3 billion annually.²¹

- In 1998, Google listed over 70,000 web pages containing the word *sex*. This year a search returned 23,400,000 — up more than 3,000 percent in 5 years. *Sex* is one of the most searched topics online.²² A Google search performed on 17 April 2005, displayed 77,100,000 hits for the word *sex*.

The debate about Internet regulation is beyond the purview of this article. From an addiction perspective, it has never worked to restrict the supply or people's freedom. The lessons of the Prohibition experiment on alcohol have yet to be incorporated into our national drug policy. Gambling and sex, however, may be similar. Clearly, cybersex generates and intensifies reactions to sexual stimuli.

INTERNET SEX SCREENING TEST

Welcome to the Internet Sex Screening Test. The following inventory should be taken online at SexHelp.com. SexHelp.com is a Web resource for sex addiction and recovery sponsored by Dr. Patrick Carnes, a nationally known speaker and pioneer in the field of sexual addiction. The inventory asks questions about online and offline sexual behavior. Please respond "True" to the items that apply to your behavior and "False" to the items

that do not apply. SexHelp.com is currently collecting data on this screening test and therefore do not have cut-off scores to indicate whether or not you have a problem with Internet sex. However, once you have completed the test online, you will be shown the percentage that others have said "True" to the same items you indicated were "True" in your life. If you are concerned about your Internet sexual behavior, please seek professional help.

- | | | |
|------|-------|---|
| True | False | 1. I have some sexual sites bookmarked. |
| True | False | 2. I spend more than 5 hours per week using my computer for sexual pursuits. |
| True | False | 3. I have joined sexual sites to gain access to online sexual material. |
| True | False | 4. I have purchased sexual products online. |
| True | False | 5. I have searched for sexual material through an Internet search tool. |
| True | False | 6. I have spent more money for online sexual material than I planned. |
| True | False | 7. Internet sex has sometimes interfered with certain aspects of my life. |
| True | False | 8. I have participated in sexually related chats. |
| True | False | 9. I have a sexualized username or nickname that I use on the Internet. |
| True | False | 10. I have masturbated while on the Internet. |
| True | False | 11. I have accessed sexual sites from other computers besides my home. |
| True | False | 12. No one knows I use my computer for sexual purposes. |
| True | False | 13. I have tried to hide what is on my computer or monitor so others cannot see it. |
| True | False | 14. I have stayed up after midnight to access sexual material online. |
| True | False | 15. I use the Internet to experiment with different aspects of sexuality (e.g., bondage, homosexuality, etc.). |
| True | False | 16. I have my own website which contains some sexual material. |
| True | False | 17. I have made promises to myself to stop using the Internet for sexual purposes. |
| True | False | 18. I sometimes use cybersex as a reward for accomplishing something (e.g., finish a project, stressful day, etc.). |
| True | False | 19. When I am unable to access sexual information online, I feel anxious, angry, or disappointed. |

- | | | |
|------|-------|--|
| True | False | 20. I have increased the risks I take online (give out name and phone number, meet people offline, etc.). |
| True | False | 21. I have punished myself when I use the Internet for sexual purposes (e.g., time out from computer, cancel Internet subscription, etc.). |
| True | False | 22. I have met face to face with someone I met online for romantic purposes. |
| True | False | 23. I use sexual humor and innuendo with others while online. |
| True | False | 24. I have run across illegal sexual material while on the Internet. |
| True | False | 25. I believe I am an Internet sex addict. |

General Questions About Sex Addiction

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|------|-------|---|
| True | False | 26. I repeatedly attempt to stop certain sexual behaviors and fail. |
| True | False | 27. I have continued my sexual behavior despite it having caused me problems. |
| True | False | 28. Before my sexual behavior I want it but afterward I regret it. |
| True | False | 29. I have lied often to conceal my sexual behavior. |
| True | False | 30. I believe I am a sex addict. |
| True | False | 31. I worry about people finding out about my sexual activities. |
| True | False | 32. I have made efforts to quit a type of sexual activity and failed. |
| True | False | 33. I hide some of my sexual behavior from others. |
| True | False | 34. When I have sex, I feel depressed afterwards. |

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CHARACTERISTICS

The essentials of the treatment process are best understood by reviewing the characteristics of those affected by compulsive sexual behavior. The emerging profile will help church leaders understand the requirements of treatment. All data listed in specific traits come from a study of more than 1,000 sex addicts published in 1991.²³ Critical characteristics are:

Distrust of authority. Most patients come from dysfunctional families that have significant problems with addictive disorders. Only 13 percent of the families of origin have no addictions to report. Children who grow up in these families are severely affected by parents with addictive disorders. Most important, 77 percent of the families are extremely rigid and controlling. Children from this kind of family do not develop normal abilities of self-limitation and responsibility. They learn in childhood that compliance with authority means an essential loss of self. As adults they are comfortable hiding things from those in authority and resistant to accountability.

Intimacy deficit. More than 87 percent of patients come from disengaged families — a family environment in which family members are detached, uninvolved, or emotionally absent. All compulsive and addictive behaviors are signs of significant intimacy disorder and the inability to get needs met in healthy ways.

Post-traumatic stress disorder. Common to all addictive/compulsive behaviors is a history of trauma and abuse. Sexually compulsive patients have a history of sexual abuse (81 percent), physical abuse (72 percent), and emotional abuse (97 percent). Addictions and compulsions become a way to manage stress disordered affect and may include repeating the trauma compulsively.

Extreme eroticization. One effect of abusive families and childhood sexual abuse is, as adults, survivors sexualize all interactions. They often sense that most people do not have the same relationship filters they do, which adds to their shame.

Shame based sense of self. Shame stems from a failure to achieve a positive sense of self and a profound belief in one's lack of worth. The constant failure to stop unwanted behavior confirms the belief that a person is fundamentally flawed and unlovable.

Compartmentalization. A survival mechanism for abused children is to compartmentalize to avoid reality. For an adult, this means dividing life into compartments. This explains why a person lives out flawed behaviors as though no one will find out, and why people can tell outright lies without distress.

Of those who have visited sexually explicit websites, 53 percent of pastors say they have done so in the past year, as compared to 44 percent of lay readers.

When Robert Louis Stevenson described alcoholism with the metaphorical story of Jekyll and Hyde, he approached this kind of internal fragmentation.

Compulsive cycles. Most addicts (72 percent) binge and then feel despair much like a bulimic will binge and purge. Many pastors preach against promiscuity or some sexual behavior only to be discovered or arrested for practicing that behavior. In their public pronouncements, they were

purging while privately they were clearly bingeing. These cycles add to both shame and compartmentalizing.

Self-destructive behavior. Many report doing high-risk behavior that resulted

in severe consequences. Children who are sexually abused often integrate fear into their arousal templates. For adults, this means sex must have a fear component, which results in risk-seeking sex. Frequently, these patients knew there was a 100 percent probability their behavior would be disastrous and did it anyway.

Other addictions. Seldom do these patients have only a sexual problem. Most (83 percent) have other addictive/compulsive disorders as well. For example, 41 percent have problems with alcohol or drugs, and 38 percent have an eating disorder. Other issues include gambling, financial disorders, and nicotine. Usually compulsive sexual behaviors are part of an intricate weave of behaviors to manage internal distress. Sometimes addictions are fused. For example, studies are



emerging that show a close connection between cocaine use and sexual acting out. Many patients would never use cocaine without sex and vice versa. Various reports also document switching — replacing one set of addictive/compulsive behaviors with another.

Concomitant mental health disorders. Dual diagnosis issues are common with these patients. Addictive and compulsive disorders are often accompanied by acute depression that is constantly intensified by the failure to control sexual behavior. Other issues include bipolar swings, narcissism, and sociopathy that further complicates treatment planning.

The treatment challenge is to provide a therapeutic environment that gains the patient's trust but also holds the patient accountable. Further, sufficient containment must occur to stop self-destructive behavior. Once that is established, the core issues of family control, dysfunction, and abuse can be addressed. Tools for managing stress, shame reduction, and relapse prevention are critical. Information about sex and sexual addiction, along with cognitive behavioral interventions, disrupt cognitive distortions and dysfunctional beliefs. Other addictions and mental health issues also must be addressed as part of treatment planning.

Pastors need to recognize there is a problem among the people they serve, and also a problem among themselves. By being open to the illness and the sexual addiction recovery process, there is opportunity for pastors to help both their congregations and themselves by contributing to sexual health.



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