ADOLESCENTS AND INTERNET SEX ADDICTION

by:

Dini Farhana Baharudin
Faculty of Leadership and Management
Islamic University Science of Malaysia (USIM)
Bandar Baru Nilai
71800 Nilai, Negeri Sembilan
dini@usim.edu.my / 019-6606662

Mohd. Zaliridzal Zakaria
Faculty of Leadership and Management
Islamic University Science of Malaysia (USIM)
Bandar Baru Nilai
71800 Nilai, Negeri Sembilan
zaliridzal@usim.edu.my / 019-3733786

Paper was presented at the International Conference on Applied Psychology: Asian Perspective on March 12-14, 2009, Kuala Lumpur: University of Malaya.
Abstract

Very little thought or research has been directed to the topic of adolescents and sex addiction. Adolescents who use the Internet regularly present a new set of challenges for therapists. This article examines (a) the basic concepts and unique psychological characteristics of the Internet that relates to adolescents’ online sexual behaviors, (b) the etiology of adolescents’ Internet sex addiction, and (c) treatment and prevention when dealing with problematic online sexual behavior in adolescents. It is concluded that therapists cannot ignore the role that the media, particularly the Internet, plays in adolescents’ life and its impact on the family and society.

Keywords: adolescents, sexual behavior, addiction, Internet, mass media

Background

New media and technologies (television, the Internet, CDs, videos, audio system, books and magazines etc.) have a huge impact on the society (L’Engle, Brown, & Kenneavy, 2006). One group that is extremely affected by the media explosion is adolescents (Latiffah & Samsudin, 2000). In fact, adolescents are sometimes more technology savvy than most adults including their parents. This is not surprising as on average, many adolescents spend about six to seven hours per day using some sort of media and many have the media in their home including their own bedroom (Latiffah & Samsudin, 2000; Roberts, Foehr & Rideout, 2004).

The Internet is one such media source that more and more people, especially adolescents are using. According to the Malaysian Communication and Multimedia Commission (2008), the number of household Internet users in Malaysia is 2.5 million users, with the highest number
coming from the pre teens and teens (up to 19 years old) (17.9%), followed by 20 to 24 years olds (15.7%). It was also reported that 36.6% are students, mostly in secondary schools and college/university.

One of the uses of the Internet by adolescents is exploring about sex and sexuality. It was estimated that 4.2 million (12%) of all websites on the Internet are those related to sexual materials or pornography which 25 of them are more popular among the adolescents in Malaysia (Mohd. Azis, 2008; Syamsul Anuar, 2003). Obviously, this is an alarming number because in many cases, the media, especially the Internet, influences the way adolescents think, feel and behave both online and in the real world (Kaiser Family Foundation, 2001; Latiffah & Samsudin, 2000).

Types of usage range from seeking out sexually-related material for educational use, buying or selling sexually-related goods for further use offline (Fisher & Barak, 2000), engaging in and maintaining online relationships (Griffiths, 2001) which includes usage of sexualized communication, posting nude or sexually provocative photos/videos (Berson & Berson, 2005; Gillispie & Gackenbach, 2007) and using pornography or digitally manipulating images on the Internet for entertainment and/or masturbatory purposes.

Various areas of Internet serve as venue for these activities are the World Wide Web (WWW), social networking sites and chat rooms (Freeman-Longo, 2000) such as Internet Relay Chat (IRC), newsgroups, file servers, role-play games, emails, Internet-based video cameras (webcams) and even online games. A danger in this is the risk for the adolescents to be victimized by others (e.g., cyber-bullying, pedophilic “grooming” of children) or for the behavior to become an excessive, addictive, compulsive unhealthy behavior (Delmonico & Griffin, 2008; Griffiths, 2001).
Internet Sex Addiction

Internet addiction is said to be similar to other types of behavioral addictions such as gambling, shopping, and overeating (Sussman, 2007). It consists of a series of actions that expose one to “mood-altering events” on which one achieves pleasure and becomes dependent (Schaef, 1987) and usually contain inducing and reinforcing features (Griffiths, 1995). It includes the progression/ addiction cycle from salience, mood modification, tolerance, withdrawal, conflict to relapse (Griffiths, 2000a).

According to Young (1999), Internet addiction is a broad term which covers a wide variety of behavioral and impulse control problems. Five subtypes of Internet addiction proposed by Young (1999) include: (a) cyber-sexual addiction (compulsive use of adult websites for cybersex and cyber-porn); (b) cyber-relationship addiction (over-involvement in online relationships); (c) Net compulsions (obsessive/compulsive activities such as online gambling, shopping); (d) information overload (compulsive web surfing or database searching); and (e) computer addiction (obsessive computer game playing). On the surface only two are specifically related to potential sexually-based addictions. However in actuality, each and every one of these subtypes has the prospect for inappropriate and excessive sexualized activity as today’s adolescents are very creative and technology savvy.

Models and Frameworks

Compared to other media (television, cell phones etc.), the Internet is highly preferred and considered more compelling because of its interactivity, seductive and disinhibiting effects (Leung, 2004). In order to understand the attraction and power of the Internet, several frameworks/model have been developed. Cooper (1998) suggested the Triple A Engine which is
comprised of accessibility (Kraus & Russell, 2008; Putnam, 2000), affordability and anonymity, three primary factors that aid usage of the Internet for sexual purposes. A variant of the Triple A Engine was developed by Young (1999). The ACE model is comprised of anonymity, convenience and escape. These components appear to be risk factors for Internet users who either already have problem with sexual compulsivity or to those with psychological vulnerabilities, rendering them at risk for developing such compulsivity (Cooper, 1998).

Another framework is the Cyberhex, introduced by Carnes, Delmonico, Griffin, & Moriarty (2001). Cyberhex is a six-sided figure representing various aspects of the Internet which includes interactive, intoxicating, isolating, integral, inexpensive, and imposing, that when combined together create an almost ‘hex’ or trancelike state.

The fact that the Internet has the potential to provide short-term comfort, excitement and distraction is also an attraction. Schneider (2000) stated that the sexually related activities on the Internet are perceived as legal, available in the privacy of one’s own home, do not put users at risk for sexually transmitted disease, and are easily hidden without obvious evidence of any sexual encounter which gives the sense of safety and ready access to partners.

All of these factors resulted in changes in individuals’ process of thinking, feeling and behaving when they are online and offline (Boies, Cooper, & Osborne, 2004). Because of the anonymity of the Internet, users are provided with a greater sense of perceived control over the content, tone, and nature of the online sexual experience (Young, Griffin-Shelly, Cooper, O’Mara, & Buchanan, 2000). Suler (2004) described how people tend to say or do things in cyberspace that they would ordinarily not say or do in the face-to-face world and called this the ‘online disinhibition effect’. Thus, anyone who has ever been curious about a whole range of sexual behaviors is able to experiment sexually or play out hidden or repressed sexual fantasies
without getting caught (McFarlane, Bull, & Rietmeijer, 2002). This includes adolescents, who may see the Internet as a laboratory for such experimentations.

**Difficulty in Determining Diagnosis in Adolescents**

Only a small amount of studies have been conducted in relation to Internet sex addiction and children/adolescents (Delmonico & Griffin, 2008; Freeman-Longo, 2000; Rozmi, 2001; Scherer, 1997; Sussman, 2001; Syamsul Anuar, 2003; Syamsul Anuar & Rohana, 2002). This lack of information has resulted in difficulty in determining what constitutes Internet sex addiction in adolescent.

Given their developmental stage where hormone levels are rapidly changing and curiosity about sex are increasing, gathering information about sex and experimentation may be considered as normal (Sussman, 2007). For adolescents, mass media, especially the Internet may be an important context for their sexual socialization (Brown, 2000; Latiffah & Samsudin, 2000; Zillmann, 2000). In many circumstances, adolescents are frequent media users and consumers, however, majority of the media that adolescents are exposed to include sexual imagery and rarely portray healthy sexual messages or consequences of risky sexual encounters (Huston, Wartella & Donnerstein, 1998; Krunkel, Biely, & Eyal, et al., 2003; Latiffah & Samsudin, 2000; Pardun, L’Engle, & Brown, 2005).

According to some researchers (Boies, Knudson, & Young, 2004; Peter & Valkenberg, 2006; Sussman, 2001; Weiss & Shneider, 2006), adolescents are more likely to engage in acts specifically involving the Internet and sexually act out more than adults due to their perception of self as invincible, living in their own ‘bubble’ or fantasy (Andersen, 2007; Havinghurst, 1952), and the fact that they do not have to be responsible for another person other than themselves (Sussman, 2001).
Although finding out about sex can be considered as normal developmental behavior, there needs to be a line as to what is normal and what is not, as children and adolescents can and do develop compulsive sexual behavior (Sussman, 2001) and sexual addiction may be possible given that compulsivity is often precursor to addiction (Griffiths, 2001). The fact that there is no specific diagnosis of sex addiction in the DSM-IV-TR further complicates the matter. Plus, it has also been debated whether Internet sexual addiction is an extension of sexual addiction (i.e. loss of control over one’s sexual thoughts and behavior that causes negative consequences in one’s life) with the Internet as a medium (Griffiths, 1999, 2000b, 2001) or if it is another type of addiction on its own (Young, 1999). The attractiveness of the Internet certainly poses a threat for adolescents’ healthy sexual and emotional development.

Adolescence is a time for exploration, and many may be involved in other risky behavior, particularly substance and drug use (Brannigan, Schackman, Falco, & Millman, 2004). Adolescents are also prone to having other psychological disorders such as depression, anxiety, social phobia, trauma, suicidal ideation, and oppositional defiant disorder due to daily stressors (Sussman, 2001). This adds to the difficulty of determining a particular diagnosis for the adolescent.

In many cases, adolescents may be reluctant to seek treatment (Sussman, 2001) as they may not even consider their behavior in relation to sexual pursuit or other sex-related activities on the Internet as a problem. The element of shame that comes along with addictive behavior may not be present. As such, they may easily suffer from social consequences such as problems at school (achievement, discipline etc.), statutory difficulties and truncated development. The secretive element of the Internet sex behavior may also lend itself to underreporting due to social perception and possible legal consequences (Barak & King, 2000).
Biopsychosocial perspective of Internet sex addiction in adolescents

It is helpful to look at the adolescents’ Internet sex addiction as multi-causal and not specific to only one etiology or cause, and in some circumstances would become a cyclical pattern. The three realms (bio-psycho-social) mutually influence one another as Internet sex addiction involves an interplay of biological, cognitive, behavioral and social/relational factors.

In terms of biological factor, the adolescents’ brain, especially the prefrontal cortex, is not fully developed yet. The prefrontal cortex assists the brain’s executive functions which includes planning, having foresights, critical thinking, considering consequences and managing emotional impulses. Because connections between the limbic system and the neocortex have not been completed yet until later in adolescence, this leads to cognitive immaturity (Sussman, 2001). Thus, when faced with making decisions, the adolescent brain is unable to make good ones. It is also reported that adolescent brain does not attend well to risk. The brain’s developing chemistry causes it to crave risk more than a fully developed adult brain (Delmonico & Griffin, 2008; Spear, 2003).

Compared to adults, adolescents also lack physiological and emotional development necessary to use the Internet in healthy and safe ways consistently. Adolescents are often naïve and lack capacity to see others as posing a threat. The isolated and private environment provided by the Internet makes it difficult for them to evaluate what behaviors are appropriate or harmful (Delmonico & Griffin, 2008).

The sudden and rapid physical changes due to hormonal levels that adolescents experience typically lend this period of development to be one of self-consciousness, sensitivity and concern over one's own body changes, and excruciating comparisons between oneself and peers (Andersen, 2007). Adolescents may pull away from parents in search of identity. One way
of achieving this quest of establishing one’s own identity (which may include sexual identity) is by utilizing the Internet.

Psychological factors may also play a role in developing and maintaining Internet sex addiction. As mentioned earlier, adolescents may suffer from psychological issues such as low self-esteem, high level of stress at school, distorted view of body image, feeling isolated, trauma from abuse, pressure to ‘fit’ and prior addictions (Young et. al., 2000; Rozmi, 2001). This leads them to turn to the Internet as a new and safe sexual outlet and thus makes them more at risk to develop Internet sex addictions.

Being young, the adolescents are at the stage where they typically demonstrate behaviors consistent with myths associated with their development (Andersen, 2007). They believe that they are "on stage" with the attention of others constantly centered upon their appearance or actions. They also believe that they are indestructible which feeds into the ideation of “it will never happen to me, only the other person” (Havinghurst, 1952). This self-centeredness may cause adolescents to engage in risk-taking and self-destructive behavior.

Boundary issues between adolescents and their family, especially their parents may also cause adolescents to engage in risky sexual behavior. Lack of closeness, warmth and support, less parental monitoring and guidance, too much trust and observing problem behavior in the adolescents’ family (Sussman, 2001) are some areas that may influence addictive behaviors among adolescents.

Peer groups take on a special significance during adolescence (Latiffah & Samsudin, 2000; Sussman, 2001). The need to have a sense of belonging may cause adolescents to become involved in a variety of sexuality-related behavior that they may learn from the Internet. They
may mistakenly believe that their peers are sexually active and may perceive that the sexual behaviors depicted in the Internet are normal behaviors.

The element of interactivity that combines fantasy and reality (Ross, 2005; Suler, 2004) provided by the Internet also allows adolescents to express themselves differently online including experimenting with seductive, voyeuristic and exhibitionistic sexual conducts and portraying oneself with multiple identities and different personalities. Acceptance of the Internet sex community (especially those with covert agenda, e.g., pedophiles) may cause the adolescents to view their behavior as acceptable and reinforcement of the sexual behaviors may lead to addiction.

Media representation of sexual behaviors may influence adolescents to engage in sexual activities that include the use of Internet. The messages provided by the media may negate advice given by parents and schools (Livingstone et al., 2005) and thus leave adolescents in a confusing state. Sexual modeling effects (Brown & Witherspoon, 2002; Sussman, 2001) for example, exposure to pornography on the Internet, provides an outlet for expression for sensation-seeking of the adolescent and eventually addictive behavior (Ybarra & Mitchell, 2005).

**Implications and recommendations**

Adolescents’ exposure to sex on the Internet is unavoidable, be it intentional or unintentional (Delmonico & Griffin, 2008; Latifah & Samsudin, 2000; Sabina, Wolak, & Finkelhor, 2008). If the Internet sexual activity becomes excessive and unmanageable, everyone in the society plays a role in ensuring help and support is provided to the person affected since compulsion/addiction is a complex and multi-causal problem.
On part of the clinician, taking a biopsychosocial perspective and working with a team of professionals may help him/her to effectively treat this problem. Key steps for treatment include:

1) Evaluation of therapist’s readiness to work with client. This includes having basic understanding of technology and the Internet (Cooper, McLoughlin, & Campbell, 2000; Delmonico & Griffin, 2008) and assessing one’s own value judgments;

2) Evaluation of client’s suitability for treatment by considering the degree of client’s behavior, client’s level of motivation for change, existence of co-occurrence of other psychopathologies such as depression, anxiety, substance abuse, or other sexual disorders (Kafka, 2007; Wiederman, 2003);

3) Since adolescence is a difficult developmental time to be at and the Internet sexual behavior is most of the time secretive, creating a therapeutic alliance with a teen client by creating a non-judgmental and safe environment including explanation about confidentiality and ethics is important (Charlton, 1997);

4) A few screening instruments that have been proposed to help in determining online problem behaviors (Griffiths, 2001) such as looking at frequency and duration of Internet use (Cooper, Delmonico, & Burg, 2000), common indicators of symptoms (Delmonico & Griffin, 2008) and the Internet Sex Screening Test – Adolescent (ISST-A) (Delmonico & Miller, 2003) should be used;

5) Pharmacotherapy i.e., prescription of medication that could suppress sexual drive and decrease compulsivity may be utilized (Kafka, 2007; Wiederman, 2003);

6) Addressing and/or minimizing the problematic online sexual behavior with cognitive behavioral strategies such as recording and identifying triggers and examining distorted
perceptions and beliefs and recognizing consequences of the behavior would be helpful (Delmonico, & Griffin, 2008);

7) Discovering the developmental source and working through underlying conflicts and unresolved issues especially if the client has experienced childhood trauma, faulty attachment styles, or deficiency in intimacy capacity (that relates to guilt, shame, blame, and anger) is important (Charlton, 1997; Delmonico & Griffin, 2008; Kafka, 2007; Wiederman, 2003);

8) Building healthy communication and social skills and establishing appropriate and healthy interpersonal/sexual relationships by developing boundaries (Wiederman, 2003) could be introduced;

9) Inclusion of family in treatment by teaching management techniques such as usage of filtering or blocking devices, limiting time of use, establishing rules for Internet use that are applicable in daily activities (Delmonico & Griffin, 2008; Khairul Azhar, 2002); and

10) Monitoring progress and change with focus on relapse prevention so that client could identify and avoid triggers, patterns of behavior that lead to the problem and strategies to interrupt or intervene such as encouraging involvement in support groups (Sex Addicts Anonymous, Sexaholics Anonymous, Sex and Love Addicts Anonymous) that are specially catered to adolescents’ needs (Sussman, 2007), inclusion in family, and school and community activities (Kafka, 2007; Wiederman, 2003).

Prevention strategies include:

1) Open communication and dialogue between adults (especially parents) and adolescents on Internet use and sexual behaviors (Delmonico & Griffin, 2008; Latiffah & Samsudin, 2000; Sussman, 2007);
2) Involvement of everyone in the community which include extended families, schools, religious institutions, and older youths/friends to educate adolescents about safe and healthy Internet use through positive modeling of appropriate and responsible behavior (Delmonico & Griffin, 2008; Freeman-Longo, 2000);

3) A more uniform prevention program at schools (e.g., religious and moral education, sex education, health education, etc.) with emphasis on social competence and responsible behavior should be developed instead of providing adolescents with conflicting information that may cause confusion (Sussman, 2001);

4) Parenting classes or family-based programs should be promoted to parents so that they could provide accurate information to their adolescents and help set values for responsible decision-making (Sussman, 2001);

5) Utilization of filtering or blocking devices and computer monitoring by parents may be helpful in preventing excessive and inappropriate use of the Internet (Delmonico & Griffin, 2008; Freeman-Longo, 2000; Sussman, 2007); and

6) Changes in governmental policies, laws and enforcement regarding the media (similar to cigarette and substance use) may provide a preventive effect on risky sexual behavior (Mohd. Azis, 2008; Hunt & Kuiper, 1996; Sussman, 2007).

Conclusion

More and more practitioners are seeing children and adolescents with problems associated with Internet sexual activities (Freeman-Longo, 2000). However, questions as to a proper diagnosis and guidelines about what constitutes Internet sex addiction for adolescents, their potential to become sexually compulsive/addicted when they engage in online behaviors,
and how far online sexual activity jeopardizes their life remain unanswered and uncertain due to lack of research (Griffiths, 2007; Rickert, 2007).

As the Internet expands and continues to affect many parts of adolescents’ and their families’ lives, there is obviously a need for more research in this area. It is important to address this issue early because most sex addicts report that their acting out behavior started in preadolescence or adolescence (Sussman, 2001). Identifying both risk and protective factors for adolescents are also vital (Irwin, 2006; Michaud, 2006). As the saying goes – “our children are our future”. Failure to address this issue may lead to more difficulties in later stages of development (late adolescence, early adulthood and eventually adulthood) in the future (Delmonico, & Griffin, 2008, Samsudin & Latiffah, 2000).
References


**Biography**

**Dini Farhana Baharudin**, is currently working as a lecturer in the Counseling program at the Islamic University Science of Malaysia (USIM), Nilai. She holds a Law degree from the University Kebangsaan Malaysia, an M.A. degree in Counselor Education and Counseling Psychology from Western Michigan University, USA and a M.Ed. degree in Education from University Putra Malaysia. Her formal education has prepared her to work in a variety of settings. She is actively involved in research and has published articles and book chapters on various counseling topics. Her interests are in addictions counseling, marriage and family counseling, crisis counseling and holistic health.

**Mohd. Zaliridzal Zakaria**, is currently working as a lecturer in the Counseling program at the Islamic University Science of Malaysia (USIM), Nilai. He obtained his Degree and Masters Degree in Guidance and Counseling from Universiti Putra Malaysia (UPM). He is also a Registered Counselor with Certification of Practice from the Board of Counselor Malaysia. His interests are in group counseling and therapy, group work, group leadership, group dynamics, workplace and organizational counseling, adventure therapy and Islamic Spiritual Adventure Therapy.