Cybersex, Courtship, and Escalating Arousal: Factors in Addictive Sexual Desire

PATRICK J. CARNES
The Meadows, Wickenberg, Arizona, USA

Three clinical constructs are proposed: (1) Human beings have an arousal template that is sexually dynamic and critical for understanding sexually addictive behavior; (2) Courtship disorders are a framework for making explicit arousal dynamics in compulsive behavior; and (3) Cybersex, by escalating behavior rapidly, can help us to understand the arousal template, the role of courtship distortions, and the nature of compulsive sex. This paper approaches escalating arousal from the perspective of affective content, especially rage, courtship distortions, and our increasing knowledge of neurochemistry. Each of the above constructs provides essential understandings necessary for both client and therapist. The arousal template emerges as a functional framework to understand and teach about key roles arousal plays in sexually compulsive behavior. Clinical interventions and implications are discussed.

Treatment of sex addiction requires the patient and therapist to clearly understand the key elements of arousal that drive the compulsive behavior patterns. Part of therapy is an extended sexual history during which therapist and client reflect on how events, family, and culture merged to create supercharged erotic desire. Treatment planning then uses that understanding for such activities as relapse prevention, anxiety reduction, trauma resolution, and for developing a sexual health plan. Core to the activities of therapy is developing a psychological distance from highly potentiated sexual arousal that is destructive, unwanted, or hurtful to self. This process assumes that both therapist and client understand the ingredients to arousal. The therapist becomes the guide to help the patient toward understanding. The client becomes an informed consumer who in reality is an expert on how his or

Address correspondence to Patrick Carnes, Ph.D., The Meadows, 1655 North Tegner St., Wickenburg, AZ 85390, USA.
her own arousal patterns work. This collaboration is one of the central elements of effective treatment.

Our understanding, however, of the landscape of arousal is changing. When John Money (1985) wrote about the concept of lovemap, he was one of the first to describe sex addiction as a diagnosable entity. He also provided a working framework for thinking about arousal as an internal map to a person’s sexual feelings. Money suggested this map was formed between the ages of five and eight and would continue to be in effect throughout the life span. Problems occurred when that lovemap became distorted in a significant way—or to use Money’s language, “vandalized”—through childhood abuse or other factors. This paper builds on Money’s initial work by describing the map as more dynamic than static. It, in effect, is an arousal template in which sexual decisions get made in a predictable fashion. This template evolves over time and can be significantly impacted over the lifespan.

Several advances help shape this perception of arousal. One is the growing understanding of the sexual neurochemistry of the brain and how that influences arousal. Also our understanding of courtship disorders as part of compulsive behavior is expanding our whole understanding of addictive processes. This paper proposes an empirically based framework for looking at the role of courtship distortion as a factor in arousal. Finally, the advent of cybersex and its phenomenal impact on compulsive sexual behavior has provided a whole new lens with which to view arousal. Many things can be part of arousal dynamics, including our feelings.

EROTICIZED RAGE AND OTHER FEELINGS

Rage and anger have long been recognized as a component in sexual violence. In fact, much has been written about the profiles of those who impose their sexual desires on others. Even more has been written about the cultural dynamics between men and women for whom such violence is but the tip of the iceberg. As women have gained more political and economic power we have seen an emerging clarity about the abuse of women, children, and men. That clarity has resulted in a new accountability that extends into the most powerful circles of our culture. CEOs of businesses, church leaders, military officers, and even the nation’s most powerful political leaders have been held accountable for abusing the less powerful. We are in the midst of an incredible paradigm shift about the use of power and our responsibility to others. Many say that protection of the vulnerable and sexual accountability may result in the most significant change in the history of our species. That is probably true.

Yet, there is sexualized anger that is not connected to our larger social drama or at best is only tangential to it. There also are forms of victimization based on anger that have never been considered in the larger debate. Anger and rage have many faces in human sexual behavior and have been ob-
scurred by erotic content. We have tried to make sense out of sexual behavior without its affective component. Advances in understanding trauma, addiction, neurochemistry, and courtship places a whole new perspective on the role of anger in sex. New sexual freedoms, especially in cyberspace, provide painful clarity about how destructive eroticized rage can be. Anger and sex can be fused in such a way that it is self-perpetuating, self-destructive, and, once ignited, independent of culture and even family. Clinicians who do not look for the role of eroticized rage will miss the function (or payoff) of their patient's behavior. The purpose of this section is to provide clinicians with a basic discussion of the range of sexual behaviors whose driving force is anger and other volatile feelings.

Consider the following:

- Many web sites dedicated to voyeurism frequently post nude pictures of spouses, ex-girlfriends, and ex-spouses submitted by men who report that these women do not know about the posting. To post a nude picture for others' sexual gratification without that person's knowledge or permission is angry and vengeful. The reciprocal also occurs. Angry ex-girlfriends and wives post nude pictures of themselves to retaliate for being rejected. On the site, however, the comments are about sex and not about the angry purposes.

- An airline pilot has a problem with compulsive affairs in an industry in which this problem is all too common. He comes, however, from a very devout and restrictive religious family and is tormented with shame and guilt. He is a father of three and a deacon in his church, but he has had sex with over 500 women in about 15 years. In therapy he realized that he has anger for the church and for his wife. The breakthrough came when he had a fight with his wife and felt an extreme desire to be sexual outside the marriage. His therapist helped him to see that his inability to respond to his wife adequately triggered the sexual acting out. He could get revenge without her knowing it and restore equality for himself internally. The pilot learned how dysfunctional his inability to get angry with his wife was, how his feelings about the church and its sexual teachings supercharged his acting out, and how his compulsive behavior was fueled in part by his sexualized rage.

- A college educated black woman worked as a stripper. She had a history of extensive sexual and physical abuse by men in her family. She reported to her therapist the sexual gratification she would feel when men took out their wallets to get money to put on the stage or in her garter. In her view she had humiliated them and saw them as despicable. She felt superior, powerful, and sexual. Her therapist pointed out how this recycled the abuse experiences in her family. She became powerful and rageful when sexual. Nor was this dynamic restricted to her dancing. She had a history of being sexual with teachers, a college professor, and her doctor. Sex was the great equalizer with the many men with whom she had been sexual.
Unfortunately, it also left her with suicidality, emptiness, sexual addiction, and a pernicious drug habit.

- A white accountant, who had always lived by the rules, discovered his wife had had a series of affairs with black men. He felt betrayed and angry but was obsessed and aroused by what she had done. He reported that the hottest sex he and his wife had was when he was gathering details of her exploits. He then discovered cybersex and went to the sites that featured black men with white women. He went downhill fast. He averaged 30 hours a week on cybersex activities and neglected his job. He started to collect pornography of black and white couples and became a regular customer for prostitutes. His asking his wife for details became badgering and harassing. When he was asked by his therapist if he had stalked his wife he said that he would never do that. The therapist rephrased the question and asked if he had followed his wife. "Absolutely," he responded. He had her under surveillance all the time. The therapist helped the patient understand the role of unresolved anger in his now sexually compulsive pattern. In therapy the wife admitted that her selection of black men was also about her anger.

- The wife of a high profile figure went to a therapist because of her extreme unhappiness and depression. She had been sexually acting out in many ways for over a decade. She reported that she had oral sex with male strippers in public. Her husband did not know about this or her other activities. But the fact that he could learn of it was erotic. Her therapist observed that it may have been erotic but it also was angry. Such a public display was designed to humiliate and embarrass her successful partner. It was as if she was toying with his humiliation while not quite humiliating him directly, and then obsessing about it. Her therapist explained that the perverse part of perversion is often vengeful, or defiant anger.

In each of these cases anger and eroticism have become intertwined or fused. The mechanisms for that are easy to understand. We have to start with understanding the arousal template.

**THE AROUSAL TEMPLATE**

Each of us has an arousal template. As we grow up we incorporate our life and sexual experiences with what we are told or learn about sex into a sexual belief system or map. What we learn about relationships and family is part of our template. This template builds on preferences already determined by our genetic code. Whether we like tall or short, blonds or redheads—it is determined by this mix of physiology and learning. It is the guide we use to what is erotic. John Money, the famous Johns Hopkins University researcher, called this a love map (Money, 1985). It is actually
more than just a map, however, since it determines decisions in its own right and becomes a template for action. Much of that decision tree remains unconscious.

Almost anything can become part of the arousal template. A rural child growing up where there was no running water might have snuck up behind the outhouse to peer in and watch female family members urinate. Curiosity and arousal then become connected with urination. As an adult, urination becomes a cue for arousal. Pornography of women urinating, spy cams in rest rooms, or prostitutes willing to give "golden showers" all become part of that original scenario or story. Similarly some men become fascinated as adolescents with girls who smoke. As adults they seek restaurants or parks near high schools where they can watch girls smoke, or cruise in their car through areas where girls smoke. Or, if they really want to take a short cut, they can seek out the many web sites dedicated to girls smoking. These are not necessarily nude pictures. It is the smoking itself combined with the age of the women (young) that has become eroticized. Similarly many cybersex addicts report that even picking up a keyboard or listening to the sounds of a modem connecting had become sexual.

As objects, situations, or scenarios become eroticized, so do feelings. In many basic psychology courses in college, students learn of experiments that showed people were more attractive when the subject perceived fear or risk either to themselves or that person. Fear and risk are well-documented neurochemical escalators of the sexual experience. So is pain. Many female trauma victims of violent sexual abuse as children report that as adults they are unable to be orgasmic unless a man is hurting them. Other trauma survivors report that they cannot masturbate unless they put astringent or abrasive material in their vagina. They cannot even stimulate themselves without the pain.

Consider the very successful scientist who told of a violent childhood. He can remember his father battering his mother so badly he could hear her body hit the wall in the next room. He would masturbate to comfort himself in his anxiety. He also had a problem wetting the bed and defecating in his nightclothes until he was six. As an adult, he found fear erotic—any kind of fear. He would seek high-risk sex compulsively. And his own feces and urine was highly arousing. To use the clinical term coprophilia hardly captures the full picture of what happened to this man. Behind what many would call perverse behavior is a traumatized child.

In the same fashion, anger becomes eroticized. First, anger occurs in situations of high risk and fear. Anger adds intensity to the sexual experience and becomes a neurochemical escalator just as fear does. Second, anger is often core to the scenarios, stories, and beliefs embedded in the arousal template. Therefore, current sexual behavior can draw enormous energy from past wounds and experience. Finally, anger becomes a sexual stimulus for some people. In order to make sense of how anger stimulates, we have to break the situations down into component types or profiles.
Power and the Restoration of Self

In this profile, sex is used to restore power in some way. In the case above where the husband could not deal with conflict with his spouse, he restored his sense of self by acting out in a way in which she had no control. In essence, he keeps a secret account that he returns to parity. His self-talk is about deserving the sex because he is so misunderstood or because his wife deserves what he does because her behavior is so bad. Except, she never finds out. The possibility, though, that she might find out makes the behavior's value almost as good as if he had done it in front of her. This is an intimacy disorder. The inability to be intimate is part of the problem. The above example resulted in the sexually compulsive behavior of the sex addict. Addiction is often the solution to an intimacy deficit.

Achieving parity in this way is one of the most common profiles of eroticized rage. Coincidentally it is also one of the most common causes of affairs. In a sense it parallels what object relations theorists have pointed to when aspects of relationships or sex become objectified so that people can complete themselves. The object becomes the piece that was missing. The result is to end up equal or, more likely, superior to the other.

Consider the story of Tammy. Her father was clearly a sex addict and frequently did sexually inappropriate things in public that embarrassed her as she grew up. He also did highly inappropriate things at home such as walking around in the nude. He had many affairs and sexually abused Tammy's three sisters. That started the problem. Tammy was like many siblings of abused children, asking herself why he had not approached her. He did, however, like to look at her body and often commented about her sexual development. Tammy would deliberately take showers in her father's bathroom so he would have the opportunity to observe her—even though she had a bathroom for her own use.

Tammy grew into an almost statuesque, beautiful woman. When she was 17, she was caught shoplifting clothes. The shopkeeper pulled her into a back room and told her she could keep the clothes if she would show him her breasts. She did and he pleased himself. She left with the clothes and a very unique feeling. She felt he had betrayed his vulnerability. Sex had reversed the situation. She was no longer the desperate teenager about to be turned into the police by an authority. That power figure of the shopkeeper had, to her, become pathetic and disgusting. Moreover, exhibiting her body was very sexually arousing and satisfying to her. And she had the clothes.

This scenario was repeated over and over again in various forms. As a high-powered advertising executive she had accounts where on several occasions she was asked to have sex by a client. She would have relationships usually with older men who were powerful and unattractive, but she would feel in control as a result of their sexual desperation. For a while she was engaged to a man who was much older than she and weighed 300 pounds. She enjoyed sex with him. The best sex was after they broke up and he would leave her money. In therapy, she admitted that watching a man take
money out of his wallet was very erotic for her. She knew she had won at that point.

Tammy would drive down the freeway with her dress hiked up to expose her genitals and her blouse open to expose her breasts. She would pull up next to trucks and feel great pleasure when truckers would pull their air horn cords in approval. When Tammy got into recovery for alcoholism, she was extremely sexually active with men she met in Alcoholic Anonymous (AA) meetings. The list of the ways she sexually acted out went on. She was out of control and, with time, became suicidal.

In treatment, Tammy admitted that she had several standing arrangements with the owners of prestigious clothing stores on fashionable Rodeo Drive in Hollywood. She could pick out the clothes she wanted if she would strip for these merchants. They would pleasure themselves and she would walk away feeling superior. This was a repetition of what had happened when she was a teenager. Her therapist helped Tammy understand that it also replicated her taking showers in her father's bathroom to get him to notice her. Tammy admitted that the clothing store where she loved to strip for merchandise the most was around the corner from her father's upscale apartment. Something about his proximity made her sexually acting out more compelling. It was then that she confessed to actually having sex with a man in her father's bed on the night of one of his weddings.

Clinicians will note that Tammy presents as a classic case of using sex for power. Her behavior replicates the way she was abused as a child. Bessel van der Kolk (1988) has described this as repetition compulsion or addiction to the trauma. This sexually compulsive behavior provides a rush based on an arousal template she evolved in trying to work through her own relationship with her father. Note further, however, the completion of self and the cycle of her affect. Tammy was desperate for her father's approval. She was angry about his treatment of her and despised how he behaved. Getting his attention and feeling that she was better than by he exposing him for what he was, created the internal dynamic and payoff. When Tammy finally understood all this she was able to arrest her compulsive cycles. She also realized that while she looked like a victim used by men, there was a deeper part that was operative where she was the predator. This part was fed by her anger and hatred of men.

Sexualized anger can be used in an attempt to restore a sense of self. Usually this involves some form of abuse and power. In studies of women and sex addiction this power dynamic and the propping up of the self are frequently noticed. The sex offender literature notes parallels to offenders who attempt to compensate for self, replicate childhood abuse, and have rage for women that comes out sexually. Throughout this paper I set aside the larger issues of oppression of women and children even though they are the critical issues of our time. Instead, I focus on the mechanisms that are separate from these critical cultural issues, specifically how sexualized anger becomes a vehicle for our patients to feel better by creating a new parity.
Humiliation, Vengeance, and Retaliation

The reader will notice that the examples used so far involve some humiliation or revenge. The attempt to restore the self by using sexualized rage may extend to diminishing someone. This may mean diminishing the sexual partner, as in the merchants to whom Tammy felt superior, or as the stripper, feeling disgusted by the men who tipped her. Remember in both of these cases the women felt superior and intensely sexual. It may also mean diminishing the marital partner as with the woman performing public oral sex described earlier. Or, in Tammy’s case, diminishing may mean in humiliating her father or getting back at him somehow as in despoiling his bed on his wedding night. Posting a nude picture of an ex-wife for all to see without her permission has both a sexual component and a vengeance component. Usually when sexualized rage becomes vengeance the issues are deep and profound. Consider this next example.

When Louise was 16 she became pregnant and gave up her son for adoption. Unknown to her, her son Sam was raised in a physically abusive home. He became a drug addict and went through several cycles of rehabilitation. When Sam was 33 years old, he conducted a search for his birth mother. Louise was thrilled to have contact with her son. She was in a second marriage of 16 years and had raised two children. She had settled into a middle class, orderly life and had a somewhat matronly appearance. She still had many unresolved feelings about giving up her son for adoption.

Louise went to visit her son while he was in an extended care facility. In her hotel room she massaged his shoulders which he said hurt. He and she shared a drug Sam said was used by body builders to stimulate growth of muscle tissue. The massage ended with mother and son having sex. When Sam left the extended care facility, he asked Louise if he could live with Louise and her husband while he found a job and got on his feet. He came and in a month’s time turned the house into chaos. Part of the chaos was that Louise and Sam continued to have sex. All of which came to a stop when Louise’s husband found them in bed. Sam was evicted. Louise was suicidal and abusing amphetamines. Boring middle class existence had evaporated.

In treatment, Louise was stunned at how she had violated her own value system and hurt her husband, whom she dearly loved. In describing how sex was with her son, she told how she had to take off all her clothes but he remained mostly dressed and how sex was more angry than passionate. Her therapist and group helped her to see that sex with her son was intended to degrade and humiliate her. Sam’s anger at being abandoned was compounded by his physical abuse in the home in which he was raised. Sex became a vehicle for his rage. Louise said she knew that at the time, which added to her wonderment at continuing to have sex with him. Her therapist then introduced the concept of traumatic bonding and how Sam’s presence induced fear and drew power from the guilt and sadness of an old wound.
This opened the window for Louise to begin to see what she was and was not responsible for.

What happened to Sam and Louise actually happens for many people. Anger and pain at old betrayals and abuse can be carried sexually. In Sam’s case, he blamed his mother for what happened to him when in fact Louise was taking a responsible position to give him a better life. Sam’s perception was different and was acted out sexually. He wanted to humiliate his mother. Yet having sex with one’s mother brings up another dimension of sexualized rage: perversion.

Perversion

Clinicians often think of perversion and the paraphilias as unique, rare, and weird forms of sexual expression. In that sense clinicians are much like the general public. What helps to understand perversion is to put the focus on “perversion.” One of the great researchers on perversion was Robert Stoller (1995) who tells the story of his initial investigation into the pornography industry. Every pornography producer he interviewed said that if pornography were legal and had wide spread approval, they would never have bothered to do it. In other words, the kick in making sexually explicit movies was in literally taking pleasure in the disapproval—getting the culture back for its control and rigidity by putting sex in its face. This rebelliousness or defiance of convention is also about anger.

Individual sexual behavior is sometimes simply perverse. For the wife of a public official to perform oral sex on male strippers publicly is perverse. To barter sex for clothes around the corner from the residence of your controlling father is perverse. To have sex with your mother is more than a simple act of defiance. To have many affairs on your wife who lives with you in a restrictive, judgmental, religious community is to break the rules. This perversity sends a message about conventions, control, and relationships. Notice, however, that perversity is often a private joke. The sexual acting out is toying with the reality that the person you are angry with might find out. In that sense it is like a gambling obsession, (“will it happen this time”). Of course all of this adds to the risk and intensity of the act. Perversion works best if it is outrageous—that is, people end up outraged. The irony here is the effort made to conceal outrageous behavior. Perversion works because the behavior is so unusual; the irony for clinicians is that it is so common.

Obsession

Anger can fuel sexual obsession. This occurs especially in cases of betrayal and jealousy. In the situation described above where the man’s wife had affairs with black men, he literally tortured himself with his preoccupation with her behavior. This obsession was intensely sexual and overtly hostile. That it evolved into stalking behavior is common. In the obsessive anger the
rules get suspended. The stalker is justified because he keeps building the case against the betraying person. In sex addiction this stalking is justified for both addicts and coaddicts. The coaddict becomes sexually obsessed as well and goes to the extremes of breaking the spouses' privacy (e.g. hiring a private detective, going through personal papers and diaries, reviewing bills and credit card statements, following the addict).

There is a web site dedicated to helping people with this type of surveillance. A woman who discovered that her husband was using their computer for cybersex brought the web site to my attention. It started for her when she learned he was having affairs via e-mail and downloading pornography. She was outraged. She found a website that was designed for husbands who cheat on the web and came up with a plan. She used her computer at work to pose as another woman and initiated a torrid chat room affair with her husband. She also installed a surveillance system on their computer that provided a copy of everything he did on the computer. He continued to act out; at times it was with her. She was aware of all that he did, but he had no idea this was going on. She joined about 3,000 visitors a week to talk about what their husbands had done now. Anger, perversity, getting even, finding revenge, and being obsessive—all the components of eroticized rage are present. The charade is complete in that she continued to have sex with her husband as if nothing had changed.

INTERVENTION

Most clients are surprised to learn that there is an anger component to their sexual behavior. There are several reasons they overlook the obvious. First, they are aware of the sex, but not the anger. Patients who are in compulsive cycles or repetitive patterns are especially prone to this. Second, they have a complex web of thought distortions and rationalizations that preclude any of their own responsibility. Finally, a client may need a therapist's help to make explicit the dynamics of the family or the legacy of abuse in the patient's life. Typically patients do not welcome these realizations at first. Over time they are seen as breakthrough events.

There are two interventions that are extremely helpful. First, is having the patient state explicitly what their sexual arousal template is: what experiences, scenarios, objects, preferences, beliefs, and feelings go into arousal for the patient?; is there an ideal fantasy that can be made explicit? The therapist then assists the client in examining arousal and where it comes from. Another exercise that is extremely helpful in this process is the "trauma egg." A large elliptical circle is drawn on a piece of newsprint. Patients are instructed to draw or use symbols or pictures to represent instances when they felt hurt, misunderstood, anxious, or abandoned. They start at the bottom of the egg with their earliest memories and fill the egg up to the current
moment. It is one of the quickest ways to get at deep seated patterns and saves much therapy time (Carnes, 1997).

Anger does not have to be pleasurable to be erotic. I had a patient who was sexually abused by an older brother starting at the age of nine. As an adult she was sexually aversive or sexually “anorexic.” When she would drink alcohol she was incredibly promiscuous but would derive no pleasure. The conquest was the goal. Anger and sex were combined, but not with pleasure.

The following are issues that should be on a clinician’s checklist when dealing with eroticized anger and other feelings:

Sex Addiction: Individuals addicted to compulsive sex frequently are unaware of the underlying feelings especially anger. If the clinician sees a repetitive pattern, and the client is doing what they know is self-destructive but cannot stop, sexual addiction assessment would be appropriate.

Addiction Interaction: Sexual compulsion may occur in the presence of other addictions. When this happens it may present as a “package” as in the above example when sexual promiscuity occurred when drinking. Multiple addictions and the underlying feelings will need to be understood by the client as an interlocking set of circumstances.

Trauma: Anger is one of the inevitable critical reactions to having been betrayed. Therapists often have to help clients separate legitimate anger, which is healthy from eroticized rage, which is debilitating.

Trauma Bonding: Traumatic bonding occurs in situations where deep feelings intensify attachment. The result is that people attach more deeply to those who are destructive to them. An example of this is in the movie War of the Roses (1989).

Stalking: Patients are actually quite startled to realize their surveillance behavior is considered stalking. To use that word introduces a helpful dissonance into their obsessional world. They do not like to see themselves as stalkers.

Courtship and Intimacy Disorders: Many patients have anger and frustration because their never learned basic relationship skills, including how to initiate a relationship, resolve conflict, or make themselves vulnerable. Therapy is often remediating what the client missed.

Once the concept of eroticized rage is understood, therapists will see that it is much more wide spread than previously thought. Family therapists will see the couple caught in endless cycles of fighting followed by sex. People who work with prison populations will note what some prisoners’ wives already know: Release means angry sex. Addiction specialists will become aware that the disinhibiting qualities of drugs and alcohol will release sexualized anger that does not occur in a sober person. If therapists
notice the traits of eroticized anger—restoration of personal parity, revenge, perversion, and obsession—they can be of extraordinary help to their clients.

In the larger drama around abuse of power and sexual parity, eroticized rage brings a clarifying perspective. The angry use of sex can be done by either partner and victimization is not gender dependent. Abuse of power is the problem. Eroticized rage also clarifies that independent of the power issues is the abuse of intimacy which is likewise independent of gender. Power and intimacy expose one's most vulnerable parts. Clinicians have given abuse of power much attention in recent years, but perhaps have not attended to intimacy as well. This brings up courtship and courtship disorders.

COURTSHIP

Courtship Disorders

Implicit in most compulsive sexual arousal patterns is a distortion of normal courtship. For example, it is very normal for children to play “I’ll show you mine if you show me yours.” It is normal to be curious about one’s partner’s body and pleasurable to have one’s body examined. As children grow up, they learn how to appropriately handle that part of getting to know someone. Exhibitionists and voyeurs, however, have become stuck in this one part of courtship. They have become so focused on this phase that it becomes more pleasurable than the rest of the courtship. In other words, courtship has gone awry.

One of the original pioneers of understanding sexual deviance as a courtship disorder was Havelock Ellis, (1933/1978) who referred to exhibitionism as a “symbolic act based on a perversion of courtship.” Over the years Freund and Blanchard (1986) elaborated the concept of courtship disorder. They specified four general examples of courtship distortion that resulted in paraphilic behavior. First, they pointed to the process of locating a potential partner which, when distorted, becomes voyeurism. A second phase is pretactile interaction which is when exhibitionism and obscene calls serve as examples of disordered courtship. A third phase was tactile interaction which in disordered courtship would appear as toucherism or frotteurism. Finally, they described preferential rape patterns as a distortion of normal efforts to “effect genital union.” Freund and Watson (1990) extended this framework to sadomasochism, triolism, and other paraphilias.

Courtship disorders as a concept has been very useful in understanding various forms of sexual assault. A fully elaborated context of courtship would provide a framework for looking at sexual behavior beyond those classified as paraphilic. An integrated model would extend to non perverse behaviors such as sexual compulsivity within marriage, compulsive masturbation, or
compulsive prostitution. Further, an elaborated model would create a framework to integrate the addiction paradigm. Three dimensions would emerge:

- Courtship: normal patterns of relationship development affected by family, culture, religion, and childhood
- Variations: atypical behavior that is situational or episodic, abnormal or perverse
- Addictions: compulsive behavior including abnormal and normal that is dysfunctional, dangerous, or adverse to life

The advantage to such a framework is that nonparaphilic compulsive behavior, which often coexists with the paraphilias, would have a diagnostic context that clinically would be helpful to patients. Kafka (2000) has argued strongly for a paradigm that is more inclusive of nonparaphilic sex addiction. In fact, Kafka (2000) uses the term nonparaphilic hypersexuality.

Consider the case of Carrie. Growing up she was sexually abused by her father who fondled her regularly until she was 14. She was emotionally and physically abused. At one point she got pregnant and her parents forced her to have an abortion. Her mother had the doctor place the fetus next to Carrie’s head after the surgery so she would learn a lesson. As an adult, Carrie found it very difficult to allow herself to be sexual with a man that she cared for. If the relationship mattered to her at all she was anxious and fearful. However when she was with men who were “slime” and for whom she did not care, she could be sexual with abandon. She was intensively sexual with herself. She would masturbate whenever she got anxious. It was a tremendous relief to her when she finally understood that being abused created a disordered sense of courtship. She could not let herself be sexual with a man who really mattered. Her father mattered and yet had betrayed her. A further legacy of the betrayal was that men who did not matter and were unreliable were attractive to her.

In our culture there is not a systematic and reliable way to learn the basics of courtship. People do not attend courses that teach how to appropriately and successfully flirt. Courtship failure means that repetitive patterns can start because what one does does not work. It is important to learn the basic elements of courtship. There are 12 components to courtship. They are as follows:

*Noticing:* This is the ability to notice attractive traits in others. With an existing partner, this means staying conscious of the desirable traits in that partner. This dimension requires an individual to have the capacity to filter out traits that while desirable may not be a good match. Put another way, noticing means being discriminating.

*Attraction:* This is the ability to feel attraction toward others and imagine acting on those feelings. This dimension assumes a functional arousal map in which an individual selects behavior and persons ap-
propriate for him or herself. Attraction involves curiosity as well as desire about the physical, emotional, and intellectual traits of others. In an existing relationship it means the ability to maintain an openness to change and things unknown in the other. In quality relationships the partners keep discovering the other. Attraction is where passion starts and how relationships endure.

**Flirtation:** Everyone needs to know how to flirt. Successful flirting uses playfulness, seductiveness, and social cues to send signals of interest and attraction to the desirable person. This ability extends to noticing and accurately reading flirtation from others. The critical factor in flirtation is knowing when it is appropriate to send and receive flirtatious messages. Success in long-term relationships requires an ongoing flirtation with one's partner.

**Demonstration:** Sometimes inaccurately described as “showing off,” this is where one demonstrates prowess (either a physical trait, skill, or capability). Sexually, this is the classic “I will show you mine and you show me yours.” There is a pleasure or eroticism in having a potential partner show interest in one’s sexuality. Behaviors here include demonstrating a skill such as in an athletic competition, in dressing to attract the other person, or on doing sexual things to further one’s partner’s interest. It is important for an individual to know that he or she is demonstrating behaviors and that he or she is being appropriate to the context and to the person.

**Romance:** Romance is explained as the ability to experience, express, and receive passion. Romance assumes the ability to be aware of all the feelings of attraction, vulnerability, and risk. More important, a lover must be able to express these feelings and have sufficient self-worth to accept the expressions of care from a lover as true. Included in romance is the ability to test the reality of the feelings. Is what is perceived in the other person accurate or a projection of what an individual wants to be? Or, are the people selected consistently bad choices for the individual?

**Individuation:** In the midst of the romance, healthy persons are able to be true to themselves. They feel absolutely free to be who they are. They feel no fear of disapproval or control by the other. They tell the truth and do not feel intimidated. Nor do they have to give in on important matters. They can ask for their needs to be met and do not have to defer to the other. They trust that people care for them as they are.

**Intimacy:** As the exhilaration of early passion subsides partners enter the attachment phase where the relationship deepens in its meaning and integrity. This means a level of profound vulnerability is ongoing and is more difficult than the exhilaration of discovery during early romance. This is the “being known fully and staying anyway” part of
relationships. It is the part that fulfills the need to achieve because the level of self-candor is too great.

**Touching:** Physical touch requires trust, care, and judgment. Touching affirms the other and is respectful of timing, situation, and boundaries. Touching without permission or sexualizing the touch betrays trust. Touch also can be seductive and misleading. Alternatively, touch can be extraordinarily healing. With adults who were not touched or neglected as children, touch deprivation can be extreme. People deprived of touch may sacrifice their judgment and their needs to be touched. Touching is therefore important and not to be taken lightly.

**Foreplay:** Many people refer to this aspect as the most important part of sexual contact, it is the expression of sexual passion without genital intercourse. Holding, fondling, kissing, and sexual play builds sexual tension and is erotic and pleasurable. As a stage it includes the verbal expression of passion and meaning. Most people say it is the best part of sex. It is often skipped over in our culture because of time pressure and stress.

**Intercourse:** More than the exchange of body fluids, this is the ability to surrender oneself to passion, letting go and trusting oneself and one's partner to be vulnerable. Intercourse, while extremely pleasurable, is also an index of how one gives up control. To give oneself over to passion requires truly abandoning trying to control how things are supposed to turn out. Many people limit themselves or fail in orgasm simply out of trust and control issues.

**Commitment:** Commitment is about the ability to bond or attach to another. Coleman (1986) and Carnes (1993) describe addiction as about the failure to bond or not having the capacity to form a deep, meaningful relationship. If someone matters enough, one honors the relationship by showing fidelity to it. Many addicts refer to the "black hole" they are searching to fill. This is what that hole can be filled with—being bonded in meaningful relationships including nonsexual ones. If an individual grew up in a family in which he or she learned not to count on others, he or she would now look for what he or she can count on. Alcohol, sex, drugs, and high risk situations always do what they promise. This pathological relationship with a mood altering behavior does not fill the void.

**Renewal:** The capacity must exist to sustain all the above dimensions in an existing relationship. Being married does not mean one should stop flirting or expressing passion. There is a difference between being attached to someone out of habit and being devoted because of the meaning that has evolved in the relationship journey together. Successful couples continue courtship, continue to show the other they are a good deal, continue to make efforts to attract their mate, and continue to express the value they have for each other. If a rela-
relationship is not working, partners take responsibility to change it. If the relationship is not tenable, they leave.

Courtship and the Ten Types of Sexually Compulsive Behavior

In the original research for *Don’t Call It Love*, the initial survey (Carnes, 1991) started with a database of 114 behaviors and performed a factor analysis on these 114 variables. A series of different types of sexually compulsive behavior emerged in the sex addicts surveyed. Over the years ten types have been elaborated on and an empirically based model of compulsive sexual behavior has been developed (Delmonico & Carnes, 1999; Cooper, Delmonico, & Burg, 2000). By considering courtship dimensions, clinicians can assist patients by identifying specific courtship distortions in each type and help the patient understand that sex addiction is an intimacy disorder as well as an addiction. As in the above case, it is a great relief for patients to know there is something they can do to end their addiction, and this knowledge immediately provides perspective. Following is a review of the ten types of sexually compulsive behavior from the perspective of courtship.

**Fantasy Sex:** Individuals who rely on fantasy sex notice attractive traits in others and will feel attractive, but they do not move beyond these feelings. There is a safety in staying in the fantasy world as opposed to acting on the fantasy. Romance and sex can flourish when there is no reality testing. These individuals can become obsessional. Masturbating to fantasies is how individuals learn about their own desire. When masturbation becomes compulsive, it becomes a way to escape loneliness. Masturbation then is about fear of rejection, fear of reality, and reduction of anxiety. It can also be self-indulgent in the sense of seeking comfort instead of risking creating a relationship. Many sex addicts find refuge in fantasy sex because other forms of acting out are simply too complicated, too risky, or too much effort. Fantasy sex is a way to disassociate from reality, including relationships.

**Voyeurism:** Voyeurs are also nonparticipants in the sex game. They move beyond fantasy to searching out sexual objects in the real world. It is normal to enjoy looking at others sexually. When that means looking at people who do not know they are being viewed it becomes problematic; when it is about using pornography compulsively it becomes isolating. Voyeurs also venture into flirtation. Sitting in a strip bar and watching a table dance allows the voyeur to focus on another’s sexual demonstration behavior without doing anything. To put it in childhood terms, “you show me yours, and I’ll watch.” Usually voyeurism means objectifying the other person so there is no personal relationship.
**Exhibitionism:** Exhibitionism is the “I will show you mine” part of the childhood game. It is pleasurable and normal to have others notice you sexually. With a partner, it is a significant part of sex play. Some addicts fixate on just being noticed and have difficulty moving beyond that. Eroticism for them is being looked at. For some it is the power of realizing they have captured the other's attention. For others it is forcing their sexuality on the other, which is angry and aggressive. From a relationship perspective, it is introducing oneself in an inappropriate way. Or seeking attention from others with no intent of going further, which is to tease. Sometimes it is about the pleasure of breaking the rules. Regardless of the specific circumstance, when exhibitionism is obsessional and compulsive, it is a significant distortion of normal courtship.

**Seductive Role Sex:** Here relationships are about power and conquest. Flirtation, performance, and romance are the erotic keys for sex addicts in this category. They are hooked on falling in love and winning the attention of the other. Often once they have established that, the sexual interest subsides. While they can quickly gain the confidence of others and can be intimate in the early discovery and romantic stages, establishing a deeper relationship eludes them. They are on the hunt for another. Another scenario common in this type is to feel trapped, like they cannot be themselves. These addicts may have multiple relationships in which they behave in different ways with different people. They have a hard time being themselves or individuating. Often there is a fear of abandonment; having more than one relationship is a way to prevent the hurt they are sure they will receive. They are crippled in their ability to form lasting bonds and enduring relationships.

**Trading Sex:** Some sex workers do form some attachment to their clients but typically bartering sex for money is devoid of a relationship. The goal is to simulate flirtation, demonstration, and romance. What actually happens in most cases is about replication of childhood sexual abuse in which the child gained power in a risky game of being sexual with the caregiver. If a prostitute is a sex addict—meaning that he or she finds sex more pleasurable with clients than in personal relationships—and is “hooked on the life,” it represents a significant distortion of normal courtship. Often the money is received a sign of having been successful at the sexual game and allows the prostitute to disregard the client except as a repeat customer. Forging significant, enduring bonds or being true to oneself as in individuation is not part of the game.

**Intrusive Sex:** People who perform intrusive sex, such as touching people in crowds or making obscene calls, are really perverting the touching and foreplay dimensions of courtship. In most cases they are using
others for sexual arousal with little chance of being caught. Their behavior represents both intimacy failure and individuation difficulties. Although their behavior is predatory, they do not see themselves that way. An implicit anger exists; they do this “stealing” of sex because they believe no one would respond as they wish. The goal is to take sexual contact without the other’s knowledge. This type of sex addict becomes quite expert in his or her subterfuge. For example professionals such as physicians, clergy, or attorneys will look quite compassionate when in fact they may use their clients’ vulnerability for their own arousal. Stolen intrusion becomes the obsession. Ongoing relationships suffer because of the secret shame.

Paying for Sex: Here sex addicts as clients are willing participants in simulated intimacy. They are focused, however, on just the touching, foreplay, and intercourse dimensions without the hassle of relationship. Frequently they tell themselves that it is because of their partner’s inadequacies that they resort to prostitution. Compulsive prostitution is a larger problem but it also reflects relationship failure. Often times the failure is about the sex addict’s inability to communicate feelings to his or her partner or to be willing to work on his or her own attractiveness behaviors. For some sex is intimacy—or as close as they will allow themselves to be. Frequently there is a sexual anorexia that makes it difficult to be aroused in the presence of someone for whom the addict cares. Commitment to and renewal of relationships are profoundly undermined by the secret life of this behavior.

Anonymous Sex: By definition, this sexual behavior is not about forming a relationship. There is no need to attract, seduce, trick, or even pay for sex. It is simply sex. Ironically the sexual anorexia characteristic is often here, too, along with the associated loneliness and isolation. Frequently for sex addicts part of the high is the risk of unknown persons and situations. In part, that may stem from early sexual relationships that were fearful. Having to experience fear in order for arousal or sexual initiation to work fundamentally distorts the courtship process. The safety of enduring bond is never there to allow the deeper, profound risks of being known by another.

Pain Exchange Sex: People who are compulsively into painful, degrading, or dangerous sexual practices such as blood sports (creating wounds that bleed as part of sex) or asphyxiation, often have significant distortions of courtship. Specifically touching, foreplay, and intercourse become subordinated to some dramatic story line that is usually a reenactment of a childhood abuse experience. For a woman to be aroused only if a man is hurting her is a distortion of what goes into sexual and relationship health. Enduring relationships are difficult to build given the arousal scenarios embedded in high-risk sex.

Exploitive Sex: Exploiting vulnerable individuals is clearly distorted courtship. With sex offenders who rape there exists deep issues around
intimacy and anger. Less obvious are nonviolent predators who use seduction (as with children, or professional sexual misconduct with clients). In the workplace where there is a differential of power, employees can be exploited. When arousal is dependent on the vulnerability of another in order to be attractive there is a significant courtship problem all along the courtship continuum. Addicts in this category will use grooming behavior to carefully build the trust of the unsuspecting victim. Attraction, flirtation, demonstration, romance, and intimacy are all used to gain the confidence of the person for sexual exploitation. Addicts may profess an enduring bond all the while having a much more malevolent intent.

Table 1 summarizes the stages of courtship and the ten types of sexually compulsive behavior. It shows how each type of behavior is affected by problems in specific courtship dimensions. The clinical tasks are to help the patient understand how their compulsive behavior is, in part, a courtship problem and how life experience did not allow for the evolution of effective and satisfying courtship skills.

NEUROCHEMISTRY OF SEX AND COURTSHIP

One way to make sense of courtship and arousal is to appreciate the neurochemistry of sex and courtship. One of the best summaries of existing research on this matter is by Helen Fisher (2000). She suggests that eons ago when we evolved as a species on the African plains, we learned to stand up on two legs. When that occurred, Fisher (2000) hypothesized a significant change occurred in male-female relationships—women started carrying children in their arms as opposed to transporting them on their backs which made it more functional for a woman to have a male as a protector and provider. Up to that point, humans were mobile and protected in a pack. Essentially, researchers believe that because of this shift in human mating three distinct sexual neuropathways evolved (see also Crenshaw, 1997).

The first neuropathway to develop was libido (lust), the sexual drive to mate. It was functional for both men and women to spread their genes for species survival. Men would experience desire for many women and attempt to have children by them so that their genes would survive. Women would be receptive because the gene variation would insure the maximum survival of their children. It is this drive that makes some individuals attracted to others when there is no emotional or intellectual compatibility. It is normal to be struck with someone’s desirability. In the model proposed in this paper about courtship dimensions, the first step is noticing that someone is attractive, not necessarily experiencing desire for him or her. When someone is attracted to an individual, his or her heart beats faster, the focus is on the
### Table 1. Courtship Disorder and the Ten Types of Sexually Compulsive Behavior

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<thead>
<tr>
<th>Compulsive Types</th>
<th>Notice</th>
<th>Attraction</th>
<th>Flirtation</th>
<th>Demonstration</th>
<th>Romance</th>
<th>Intimacy</th>
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other, the individual's body becomes aroused, and he or she thinks about sex with the other person. Craving sexual gratification is driven by chemicals called estrogens and androgens and is described by terms like "lust," "horniness," and "libido." The body becomes stimulated, and it has nothing to do with who the other person is.

The second neuropathway to evolve is that of attraction or romance. Who the person is becomes very important. One craves being with the person, becomes obsessed with that person, and becomes exhilarated in that person's presence. It is difficult to not smile when watching couples in the temporary insanity called romance. Physically, the couple is experiencing heightened amounts of dopamine and norepinephrine as well as depressed amounts of serotonin. Fisher (2000) summarizes evidence that the lack of serotonin is why humans obsess about their partners during romantic attachment. Serotonin deficiency is in part the source of intrusive thoughts and preoccupation in general. Within 6–18 months the dopamine and morepinephrine subside, serotonin levels return to normal, and the temporary insanity subsides. Couples then draw upon those neurochemicals that support attachment and bonding, the third neuropathway.

The neurochemistry of companionship is core to being with a mate. Shared chores, parenting, mutual grooming, nesting, and keeping each other company become the activities, but the feelings are about intimacy and trust. Being with the person means feeling better, calmer, happier—and recent evidence indicates—physically healthier. The feelings of well being come from two neuropeptides: oxytocin and vasopressin. If the companionship is disrupted the person may experience what psychiatrists call separation anxiety, which means the individual is upset until the return of the partner. This threat of loss is actually a mini-withdrawal from the source of comfort. It is functional to have these feelings as they are essential to the ability to affiliate. This neurochemistry is part of the larger process of human bonding in general. Parental bonds, friendship bonds, sibling bonds, in fact, all critical relationships draw on some of the same physiology.

The three neuropathways often work in concert. First, an individual is attracted and aroused, then he or she becomes romantically involved, and finally he or she attaches and commits. In the context of that committed relationship, each partner will reexperience sexual arousal and romance, but it may ebb and flow. The dimensions of courtship literally draw their power from these neuropathways. Figure 1 graphically shows how each neuropathway contributes to the courtship process described in this paper.

Sometimes the neuropathways will act independent of each other. You can be sexual without romantic or relationship involvements. Some relationships are not particularly sexual or romantic. Some romances are not overtly sexual and never achieve a level of commitment. Problems arise however when the neuropathways are at cross-purposes, for example, when it is more functional to be in a pair bond but the desire for sex outside the partnership is present. Over the years, humans have evolved to use the
neural circuitry to make decisions on what works best. Helen Fisher (2000), one of the pioneers in our understanding the neurophysiology of sex, writes, “the vast majority of human beings around the world marry one person at a time.” She also observes that divorce is common across the planet because of, in part, the interplay of these three distinct emotional systems.

Sexual Neuropathways and Addiction

For many sex addicts, it is comforting to realize that everyone experiences tension among their various desires. It is not just sex addicts who struggle with desire for others when they are in a committed relationship; we are all subject to the brain circuitry we have inherited. The problem for sex addicts is that the chemicals produced in the brain are the most powerful substances the body makes. John Money (1985) said it succinctly, “being love-smitten may even be the prototype of all addiction.” Certainly, addiction researchers have long noted that the neurochemical components of addiction were core to the essential neurochemistry of sex and romance. Perhaps the best conceptualization of that neurochemical overlap is the work of Milkman and Sunderwirth (1987), and more recently and specifically, Ragan and Martin (2000).

Look at it from the point of each neuropathway. A sex addict sitting
for many hours a day in front of the computer stimulating himself with pictures of women, he does not know and never will is not using his sexual neuropathway the way it has evolved to be used. In fact, he ends up isolated, withdrawn from those who love him, and unable to do his work. Or consider romance. There are those who are constantly falling in love to experience the rush and intoxication of having found the cosmic person. I say cosmic because each new conquest is driven by an exaggerated sense of meaning and happiness and so these people bring heart and soul to it. It is so exciting and intimate—until you meet the next person. These relationships never evolve into anything durable because being without the excitement is unbearable. One solution is to have multiple romances that insulate against withdrawal; this creates problems because multiple relationships mean so much to the addict. Within relationships some partners become so obsessed sexually with their partners that they are constantly jealous, constantly suspicious to the point of stalking, and constantly demanding sex. Such intensity is contrary to the comfort and security of a healthy bond. Obviously these situations go beyond the normal tensions that affect most humans.

Arousal is fundamentally a neurochemical response to specific courtship issues. By framing compulsive sexual behavior patterns as rooted in dysfunctional courtship disorders, several clinical goals are achieved. Significant shame reduction occurs because patients understand that their addiction is about courtship distortions and deficits, not about defects in who they are. Second, patients can appreciate that the power of their behavior is rooted in normal neurochemistry which has been altered by perception and experience. A framework now exists to understand the vandalism that Money (1985) refers to. Finally, it allows the patient to focus on the development of specific intimacy skills to make up the deficits.

SEX ADDICTS AND CYBERSEX

Cybersex and Arousal

Therapists must keep in mind that the Internet is changing everything. It is an ideal arena for those who wish to be perverse and secretive. In a recent issue of Sexual Addiction and Compulsion, The Journal of Treatment and Prevention (Cooper, 2000) the whole issue was dedicated to the problem of cybersex. Here are some facts that emerged in that issue:

- about 6% of Internet users have concerns about their use of the Internet for sex
- a profile of very severe problems exists for 1% of users, which virtually cripples their ability to function
• 40% of these extreme cases of dysfunction are women
• most pornography is downloaded during the standard work day (9 a.m.–5 p.m.)
• 100,000 web sites dedicated in some way to selling sex exist (not counting chat rooms, e-mail or other forms of sexual contact on the web)
• 200 sexual related web sites are added to the Internet every day
• Sex on the Internet constitutes the third largest economic sector on the web (software and computers are first and second)
• The greatest technological innovations on the web were developed by the sex industry (for example, video streaming)

Throughout this article I have used examples involving sex on the web. For the clinician, the web creates a new area of intervention. Since the computer is part of the problem and the computer may be a necessary part of the client’s business life, the therapist will have to contract with the client about agreed upon boundaries for computer use. These contracts can be similar to those used with individuals with eating disorders or with sex addicts who do not use the Internet. Patients need sex, food, and (in a technological age) a computer. Patients agree to what they will not do, what they will avoid, and what they are working toward. In other words, just as a patient would have a food plan, or a sex plan, there would be a computer use and sex plan. This will require extended discussions with the client about what goes into healthy sexuality—on the net or off. Discussing how anger becomes eroticized and the different courtship disorders is helpful. The next several sections discuss several factors of cybersex addiction that therapists may encounter.

RAPID ESCALATION OF AMOUNT AND VARIETY OF SEXUAL BEHAVIOR

One of the most stunning clinical shifts required of therapists is to appreciate how quickly cybersex exploration alters arousal. The amount of time devoted to sexual exploration expands dramatically with a wide variety of sexual behaviors becoming stimulating. Patients frequently report how fast their cybersex addiction started and how they were doing things sexually, or obsessing about things, that were never a part of their sexual repertoire until this point. Further, they are driven to financial extremes as a result of their expenditures; within six weeks of his initial use a minister in his early forties started embezzling from his church to support his cybersex activities. He had embezzled $8,000 when church authorities uncovered the problem, just two months after he started. He had no history of sexually excessive behavior nor any criminal or previous financial problems. It is not unusual to have patients report significant six figure losses driving them to extreme financial measures to cover their cybersex trail. Patients typically report this rapid escalation of sexual activities happens only through the Internet.
As part of the escalation process, patients report that they become obsessed and preoccupied with new behaviors never before even known about. Suddenly Asian women or girls who smoke or uncircumcised men become a sexual focus that is difficult to dislodge from the patient's thinking. Images seen on the internet transform into intrusive thoughts in much the same way that trauma victims describe images that intrude into their daily life. The paraphilias are characterized by fixation and obsession. Intrusive and unwanted thinking developed late in life through the power of fascination is a new sexual development. It is countercultural for clinicians trained to think of fixation or even regressions as rooted only in childhood or adolescent experience.

There is no research at this point that explains the etiology of this experience. The following are possibilities that may contribute to the phenomenon:

- anonymity and ease of use gives people sexual access in ways never before experienced. With little risk on the surface, cybersex participants can access sexual stimulation in a wide variety of forms. Anything that can be done sexually, can be done on the net. All ten types of compulsive sexual behaviors have a cybersex analogue. If an addict wishes to view pornography, he or she does not need to go to the adult bookstore and risk being seen. If an addict wishes to book a prostitute, he or she can actually interview that person online instead of waiting in a hotel room to see who shows up. An addict can have romantic intrigue without even meeting the person when both parties have instant messaging.

- Marketing loops are intentionally hard to exit and bombard the participant with multiple sexual stimuli of tremendous variety with the hope of accessing sexual interest. The arousal template then has windows of unresolved or special interest issues that become portals to access the participant's neurochemistry. Some patients report that the sexual stimuli creates new portals with no prior history or experience.

- Some researchers make the case that computer usage itself can cause trance like behavior. Computer games, surfing, and gambling become enhanced on the Internet. Young, Griffin-Shelly, Cooper, O'Mara, and Buchanan (2000), Delmonico and Carnes (2000), and Schneider (2000) have observed the connection between other activities on the net and addictive trance. The computer trance bypasses logic and may therefore access sexual response in new ways.

- Associated technology, such as CUSeeMe which allows people to exchange live nude pictures of themselves, become new technology for old obsessions. Miniaturized and digitalized cameras bring voyeurism to a whole new level. To use a hidden camera to shoot a picture up the skirt of your
female boss and then to post that picture on the Internet provides a whole new outlet for eroticized rage.

A denial factor also exists with cybersex addicts. Because the Internet is an electronic medium, patients will delude themselves about the impact of what they are doing. They tell themselves that cybersex is not “real,” it is only electrons, it does not hurt anybody, and that there are no consequences. They also perceive the activity as something they can stop at will. This theme of it being virtual helps the escalation process dramatically. Addicts believe that having a cybersex affair is not really being unfaithful because it is a virtual experience. Patients frequently cite these reasons as essential factors in the escalation. But there are consequences.

RELATIONAL REGRESSION
One of the most frequent consequences patients report is isolation from others. Schneider (2000) points out that one of the most obvious symptoms people observed in their partners who had problems with cybersex was the partner’s withdrawal from family and friends. Ironically cybersex participants will see themselves as expanding their relational universe through the people they are now involved with. One patient was involved in a chat room with 38 individuals. She was sexually intensive with these people—none of whom she had met. Her four children, however, in reality, were on their own. She found herself sleeping late and getting on the net from two in the afternoon until four in the morning. Literally, the family went on without her while her older kids raised the younger ones. The courtship distortion here goes beyond irony into essential relationship failure.

CYBERSEX ACCELERATES ALREADY ADDICTIVE BEHAVIOR
For patients who already have compulsive sexual patterns, cybersex appears to be like gasoline on a fire. Sexual acting out in destructive ways becomes intensified. Many people who have been in sex addiction recovery report relapsing because of exposure to cybersex.

CYBERSEX ESCALATES TO OTHER NON-VIRTUAL SEXUAL BEHAVIOR PATTERNS
Cybersex for some becomes a platform for compulsive offline sexual patterns that had no antecedents. For example, clients who migrate from using pornography and online visual contact may move to prostitution and may find themselves using prostitutes compulsively. I have a number of clients who were exposed to cocaine that way as well. Addicts can ask the prostitute to bring cocaine as part of the transaction.

“BURNED IN IMAGES” BECOME INTRUSIVE
Patients report a specific image they saw that becomes a constant in their thoughts. Moreover they return to that image over and over again and seek
others like it. How does an image strike such a profound chord in the viewer? Perhaps it is an exact fit for some unresolved courtship or arousal issue. Usually the patient reports no specific rumination that would point to such power in an image, yet once accessed the image has tremendous impact. The pornographers marketing on the net can somehow hook into a piece of the patient’s internal experience.

COMPUTER AND INTERNET BECOME SEXUALIZED

Compulsive cybersex can make for eroticizing the Internet itself. When so much time is spent at the computer at high levels of arousal, the technology itself becomes a source of arousal. I have heard stories from patients about how the sound of the modem starting becomes stimulating or how the keyboard of their computer becomes arousing to the touch. This becomes problematic when the computer is essential to one’s work and requires the therapist and client to work out strategies to desexualize the technology.

Years ago, Broderick (1977) reported a study by graduate students, which taught much about context for all systems. The study was based on a content analysis of videos of children playing in a playground. Viewed at a normal speed, there was nothing noteworthy about the children’s interactions. Speeding up the tape, however, revealed that there was one girl who was constantly in motion. Everywhere she went other children became involved or intensified in their activities. At normal speed this girl’s role could easily go unnoticed. Speeding up the tape gave great clarity to her ability to keep everyone mobilized at play.

In some ways the advent of cybersex may provide a similar perspective on both sexual arousal and sexual addiction. The compulsive behavior patterns at the core of the addictive process are rooted in the arousal template and dysfunctional courtship. Cybersex appears to speed up the process of addiction even in people who appear not to be predisposed to any addictive disorder. Moreover, the arousal template under those eroticized conditions appears to be much more elastic and permeable than assumed. It clearly makes such issues as eroticized affect and courtship disorders more visible. We may in fact see things because of cybersex we would never have seen under “normal” speed. The most obvious question from a neurochemistry point of view is whether the architecture of our arousal neuropathways experiences something beyond its evolutionary design. Cooper, Delmonico, and Burg (2000) said this very well when they pointed out that there are people who struggle with sexual compulsion that would never have experienced it without cybersex.

Cybersex, Courtship, and The Ten Types of Sexually Compulsive Behavior

One way to make concrete the idea that addictive arousal based on courtship distortions is accelerated by the Internet is to review the ten types of
sexually compulsive behavior and their courtship distortions from the perspective of Internet activity. This comparison makes specific how the Internet escalates arousal. While no research exists thus far to show the extent of these behaviors on the Internet, the comparison here provides an empirically based model by which to explore cyberarousal in the future. The following sections summarize the ten types, the courtship dimensions affected, specific Internet activities, and examples of computer escalated arousal.

FANTASY SEX
Noticing and attraction to others becomes distorted. E-mails, chat rooms, instant messaging, fantasy stories, and pornography sites become sources of fantasy stimulation. Fantasy sex addicts become stuck in fantasies and make no movement beyond. Internet activity enhances fantasies which then become dissociative and further split the client further from reality and into a nonrelational mode. Sheer number and variety of options enhance internal paralysis.

VOYEURISM
Voyeur and mini-cam sites involving neighbors, dorms, rest rooms, dressing rooms, and "posting" along with CUSeeMe activities and pornography sites affect noticing, attraction, and flirtation. Objectification of others intensifies clients' progression into nonrelational focus. The Internet adds to distorted notions of power in arousal while encouraging an intrusive breaking of the boundaries of others.

EXHIBITIONISM
Exposing oneself compulsively distorts flirtation and demonstration dimensions. The Internet provides myriad opportunities, including new ways to send unwanted pictures of oneself. CUSeeMe technology allows unwanted exposure with minimal risk. Arousal is connected to power with little recognition of impact on others. New violations of workplace rules become possible, however. Rule breaking perversity is part of the arousal pattern. Power and rule breaking are facilitated by internet technology. Furthermore, patients who are focused here reduce their potential for other courtship dimensions including foreplay, orgasm, and intimacy and these dimensions can then become secondary or nonexistent.

SEDUCTIVE ROLE SEX
Conquest and power distortions activate arousal and short circuit individuation or intimacy. Chat rooms, e-mail romance, dating services, and swapping bulletin boards create venues for compulsive seduction. Flirtation, demonstration, and romance become heightened focuses on the Internet because
of screen personas and availability. The goal is not sex or a relationship. Distortion results in being affirmed only by another person responding. After sex, or romantic intrigue, or “falling in love,” there is only more conquest.

TRADING SEX

Prostitution often involves reenactment of childhood sexual abuse. Arousal is triggered by shame, the game of getting money, and humiliating the perpetrator and later “clients.” Posting sexual services through chat rooms and phone contact, scheduling and coordinating escort and massage services, and other prostitution venues combine to heighten the game of conquering the client. The Internet adds to being “hooked on the life.” Prostitution distorts courtship from the erotic to the mutually exploitive.

INTRUSIVE SEX

The payoff of intrusive sex is to create sexual proximity without the consent or knowledge of the other. The Internet presents opportunities for ghosts—often interpersonally naïve and unskilled, but technologically competent individuals. Unwanted intrusion can take astounding forms. Files of nude pictures or documents of sexual fantasy can be hidden in a hard drive without the computer owner’s knowledge or ability to open them.

PAYING FOR SEX

Finding a prostitute is much easier in cyberspace. Online contact via voice, picture, or keyboard makes it simple. The old rituals of cruising through neighborhoods or going to strip bars to get sufficiently aroused to approach a prostitute are now replaced by online rituals. The goal is still the same—sex for money. The eroticization of money joins with the eroticization of the online process, all of which subverts the full potential of sex and courtship.

ANONYMOUS SEX

Anonymous sex is the ultimate in nonrelational sex. The pursuit of anonymous partners is made easier by the use of screen names. Chat rooms become new cruising grounds reducing risk of arrest. Sometimes the create persona itself is arousing. Two recent studies (Klausner, Wolf, Fischer-Ponce, Zolt, & Katz, 2000; McFarlane, Bull, Rietmeijer, 2000) of serious outbreaks of sexually transmitted diseases identified anonymous online behavior as a key factor.

PAIN EXCHANGE

Pornography sites, bulletin boards, and interest groups that depict violent, humiliating, or aberrant behavior are easy to find. Even very obscure eroticizations can be found. New arousal can be generated or old arousal
potentiated on the net. Fixation and “burned in” images become the focus of arousal and obscure the normal courtship process.

EXPLOSIVE SEX

Grooming for sexual exploitation is an essential distortion of the whole courtship process. The internet becomes a safer, less obvious way to discover potential victims. Chat rooms and e-mails are used to scout for vulnerable individuals.

Cybersex has become a technological catalyst for sexual arousal, we are just beginning to see its implications. We can already see the dynamic nature of the arousal template and the distortions of courtship in compulsive sex that appear on the Internet. Table 2 summarizes the ten constellations or types of behaviors, the Internet behavior, and the courtship dimensions and arousal patterns that are affected.

CONCLUSION

This paper proposes three basic clinical constructs. First, humans have an arousal template that is dynamic and complex. Historically we have tended to focus arousal into categories based on specific behaviors as opposed to dynamics or feelings. An arousal template really has the capacity to eroticize just about anything. Second, we have seen that courtship disorders as a theoretical concept help to make sense of what happens when sex becomes addictive. Specific compulsive behavior most often has some distortion of courtship implicit in it. In this paper, an empirically derived typology was used to show that courtship is a useful guide to what people actually do. It includes the whole range of variation and offers a nonshaming way to talk to clients about their issues. Finally, the dynamic nature of the arousal template appears to be vulnerable to significant alteration by cybersexual activity. Courtship dynamics in fact become even more explicit.

Clinicians working with cybersex and sexual addiction problems can help their clients by assisting in making the dynamics of arousal explicit. The concept of an arousal template, which integrates abuse experiences, family history, courtship development, and sexual history becomes very useful to the client. Therapy in many ways helps to make clear the sources of arousal both from deficits such as inadequate courtship development and experiences such as surfing the net. By learning and processing how arousal functions the patient can in fact help to defuse destructive arousal constructs.

Leedes (1991), and Earle and Crowe (Earle & Crowe, with Osborn, 1989), have pointed to the fact that changing arousal patterns will not be effective until new patterns of intimacy are in place. Therapy that focuses on arousal patterns offers significant therapeutic opportunities to teach and experience intimacy differently. Arousal becomes a window to the compulsive dynami-
<table>
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<th>10 Types</th>
<th>Courtship dimensions</th>
<th>Sample Internet activities</th>
<th>Arousal escalation</th>
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<tbody>
<tr>
<td>Fantasy sex</td>
<td>noticing, attraction</td>
<td>E-mails, chat rooms, instant messaging, fantasy stories</td>
<td>Stay stuck in fantasies and not act on them. Fantasies become dissociative and split client from reality. Enhanced by number and variety.</td>
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<tr>
<td>Voyeurism</td>
<td>noticing, attraction, flirtation</td>
<td>Voyeur sites, mini-cam sites in dorms and dressing rooms, CuSeeMe activities, pornography sites</td>
<td>Objectification of others. Becoming progressively and non-exclusively relational. Distracted sense of power. Intrusive breaking of boundaries encouraged.</td>
</tr>
<tr>
<td>Exhibitionism</td>
<td>flirtation, demonstration</td>
<td>Sending unwanted pictures, violation of workplace rules. CuSeeMe allows unwanted exposure with minimal risk.</td>
<td>Arousal is about power of being noticed without recognizing impact on others. Often arousal is about rule breaking or teasing. All of which is made easier on the Internet. Foreplay, orgasm, and relationship stages become secondary or non-existent.</td>
</tr>
<tr>
<td>Seductive role</td>
<td>flirtation, demonstration</td>
<td>Chat rooms, e-mail, dating services, swapping bulletin boards</td>
<td>Conquest and power distortions activate arousal, short-circuiting individuation or intimacy. Internet becomes ideal venue for obsessive romance and flirtation.</td>
</tr>
<tr>
<td>seductivex</td>
<td>romance, intimacy, individuation</td>
<td></td>
<td>Reenactment of childhood abuse may be key to arousal. Internet heightens the game of conquering client.</td>
</tr>
<tr>
<td>Trading sex</td>
<td>flirtation, demonstration</td>
<td>Posting sexual services through chat rooms and phone, scheduling and arranging escort and massage services</td>
<td>Intrusive pay offs of proximity without consent or knowledge becomes dramatically heightened for the nonrelational but technological competent.</td>
</tr>
<tr>
<td>Intrusive sex</td>
<td>intimacy, individuation, touching, foreplay</td>
<td>Internet stalking and unwanted intrusion. Placement of hidden files including pictures of self or sexual writing.</td>
<td></td>
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<tr>
<td>Paying</td>
<td>intimacy, individuation, touching, Foreplay, intercourse commitment, renewal</td>
<td>Online contact with strippers by voice, or instant keyboard contact. Booking of prostitutes over the net.</td>
<td>Facilitates the ease of contact. Old rituals used to achieve sufficient stimulation for contact no longer necessary or replaced by new on-line ritualization.</td>
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<tr>
<td>Anonymous</td>
<td>intimacy, individuation, touching, Foreplay, intercourse, commitment, renewal</td>
<td>Use of screen name to arrange meetings and liaisons. Chat rooms become new cruising grounds reducing risk of arrest.</td>
<td>No name or specific place necessary. Internet “persona” becomes factor in arousal. Documented risk of STDs because of anonymous online behavior.</td>
</tr>
<tr>
<td>Pain Exchange</td>
<td>touching, foreplay, intercourse, commitment renewal</td>
<td>Pornography sites depicting violent, humiliating, or aberrant behavior, bulletin boards, specialty groups dedicated to very obscure behaviors.</td>
<td>Arousal emerges or is enhanced by being exposed and by ease of use. Fixation and “burned in images” become focus of arousal.</td>
</tr>
<tr>
<td>Exploitive</td>
<td>noticing, attraction, flirtation demonstration romance, intimacy, individuation, touching, foreplay, intercourse commitment, renewal</td>
<td>Chatrooms and e-mails become means for predatory behavior. “Scouting” becomes facilitated</td>
<td>Grooming for sexual exploitation is an essential distortion of the whole courtship process. Internet becomes a safer, less obvious way to discover potential victims.</td>
</tr>
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</table>
ics, which then paralyze intimate contact. The goal of therapy then is to teach functional relationship patterns that satisfy.

REFERENCES