

Internet Video Conferencing as an Adjunct Treatment Tool
For the Patient Diagnosed with
Sexual Aversion Disorder

By

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Abstract

This dissertation addresses the possible functionality of Internet Video Conferencing as an adjunct tool in the treatment of Sexual Aversion Disorder. The aspects of Sexual Aversion Disorder and current treatment modalities are reviewed. The psychological aspects of Computer Mediated Communication are reviewed. Aspects of Internet Video Conferencing and its current use as a recreational sexual outlet are explored. Possible correlations between psychotherapeutic treatment of Sexual Aversion Disorder and the current sexual/recreational use of Internet Video Conferencing are discussed. An analysis and review of empirical research is conducted to determine if there is a correlation between the use of Internet Video Conferencing for sexual recreation and a reduction of anxiety in participants of this activity. This review is followed by a proposed model for integration of Internet Video Conferencing as an adjunct treatment tool in the treatment of Sexual Aversion Disorder. The study concludes with suggestions for further research of this adjunct treatment modality.

Key words and terms: Internet Video Conferencing, Computer Mediated Communication, Behavior Modification, Phobia, Sexual Aversion Disorder, Adjunct Treatment.

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Sexual Aversion Disorder

Clinical Features

The American Psychiatric Association Diagnostic and statistical manual of mental disorders (4th ed., p. 499) lists the diagnostic features, subtypes, and associated features of Sexual Aversion Disorder follow:

The essential feature of Sexual Aversion Disorder is the aversion to and active avoidance of genital sexual contact with a sexual partner (Criterion A). The disturbance must cause marked distress or interpersonal difficulty (Criterion B). The dysfunction is not better accounted for by another Axis I disorder (except another Sexual Dysfunction) (Criterion C). The individual reports anxiety, fear or disgust when confronted by a sexual opportunity with a partner. The aversion to genital contact may be focused on a particular aspect of sexual experience (e.g., genital secretions, vaginal penetration). Some individuals experience generalized revulsion to all sexual stimuli, including kissing and touching. The intensity of the individual's reaction when exposed to the aversive stimulus may range from moderate anxiety and lack of pleasure to extreme psychological distress.

The subtypes are provided to indicate onset (Lifelong versus Acquired), context (Generalized versus Situational) and etiological factors (Due to Psychological factors, Due to Combined Factors) for Sexual Aversion Disorder

Associated features in some individuals confronted with severe Sexual Aversion Disorder may experience Panic Attacks with extreme anxiety, feelings of terror, faintness, nausea, palpitations, dizziness, and breathing difficulties. There may be markedly impaired interpersonal relations (e.g. marital dissatisfaction). Individuals may avoid sexual situations or potential sexual partners by covert strategies (e.g. going to sleep early, traveling, neglecting personal appearance, using substances, and being over involved in work, social, or family activities).

Kaplan (1987) uses the term Sexual Panic States to characterize the sexual aversion or sexual phobia and tends to conceptualize both as clinical variations of this sexual panic state and currently treats patients in both categories in the same manner. Phobic avoidance is the essential feature of Sexual Aversion Disorder, this feature is not generated by any physical sexual disability and can exist in the absence of any physical functional difficulties (Kaplan, 1987). Kaplan (1987) further delineates a person's sexual aversion as either total or situational: "When total phobia is experienced there is panic or revulsion to all erotic sensations, feelings, thoughts, and opportunities. Alternatively a person can have a situational phobic response limited to a specific aspect of sex examples being genitalia of the opposite sex, sexual secretions, sexual arousal, or a partner rejections" (p.13). The person with situational phobic state may function sexually and enjoy sex as long as the particular phobia is avoided (Kaplan, 1987, p.13).

There are significant levels of intensity of aversion that sex phobic people experience. The intensity of a person's phobic response can be mild where the person can push past the phobic barrier and enjoy sex however this enjoyable experience does nothing to change the phobic response. The person with a more severe phobic response becomes anxious and cannot experience erotic sensations but can and do have sexual interactions by detaching themselves from the experience often focusing solely on their partner's pleasure. Further along this continuum is the person with a severe aversion that cannot tolerate the slightest physical contact with a partner (Kaplan, 1987, p. 14).

In addition, the sexually phobic person will develop anticipatory anxiety and avoidance patterns to phobia and can become flooded with anxious apprehension and feel none of the pleasurable anticipation most people experience before sexual interaction and as a result develop avoidance patterns to phobic situations that become major obstacles in treatment. The phobic person rarely has insight into their avoidance pattern and treatment most often requires the therapist to confront the client with their irrational sexual avoidance (Kaplan, 1987, p.16). However, some patients have insight into the fact that fears of sex are irrational and beyond their control. These individuals are in a position to work on their sexual fears directly by discussing their problem openly (Kaplan, 1987).

As noted above there is a distinction between primary and secondary sexual aversion and primary aversion is much more

common among men and is more difficult to treat than the secondary form (Crenshaw, 1985).

The patient's sexual history will reveal whether their sexual aversion is a primary or secondary disorder. Patients with primary sexual aversion states have always experienced an aversion to sex. Patients with the secondary aversion variety have acquired the aversive response after enjoying a period of normal sexual functioning (Kaplan, 1987).

The impact of sexual avoidance can be seen in the distress of unfulfilled sexual gratification and in the toll this avoidance exacts in sacrificed relationships and the pain experienced through loss of the enjoyment from sexual gratification and sexual interaction with others (Kaplan, 1987, p. 20).

Kaplan (1987) goes on to report that this aversion requires a specific treatment approach and that it is essential to identify the disorder precisely in order for treatment to be successful. In evaluation of a client Kaplan (1987) reports that it is important to determine if the sexual aversion is associated with a Panic Disorder that is treatable by anti-panic medication in conjunction with sex therapy. However, Kaplan also notes that there is no practical test to detect panic disorder and the diagnosis and use of medication needs to be made on clinical grounds alone (Kaplan, 1987).

Etiology: A Pluralistic View

Kaplan (1987) takes a pluralistic approach to the etiology and of Sexual Aversion Disorder drawing from the disciplines of behaviorists, psychoanalysts, and psychopharmacologist's and reports that each discipline carries an important aspect of this etiology and treatment and each on their own does not adequately account for the aversion in it's entirety but that each discipline has clarified an important aspect.

Behavioral perspective

There is evidence to support that cultural attitudes which associate the natural biological function of sex with negative connotations of sin and shame play an important role in the etiology of psychosexual problems (Masters & Johnson, 1966).

Masters and Johnson (1966) first called our attention to the important role of cultural attitudes that link the natural biological function of sex with negative connotations of sin and shame. The Judeo-Christian faiths fundamentally take the position that sex is for the sole purpose of procreation and should be limited to married couples. Extramarital sex, premarital sex, contraception, masturbation, sexual fantasy, oral sex, anal sex, homosexuality, and all variant sexual behaviors or thoughts are defined as sins against God. Although a small population observes these stringent rules Judeo-Christian moralistic values are deeply ingrained in our society. These underlying values are frequently transmitted to children

by the parent's subtle, nonverbal, negative responses to a child's expression of sexual interest or pleasure. A male child's sex education often begins when he senses his father or mother's voice assumes a slightly harsher note and the father or mother's movements become tense as he or she notices the youth's erection. The perceptive child becomes aware that his sexual feelings are definitely not okay. This perspective is frequently perpetuated and further reinforced by these same family, cultural, and societal norms and values throughout the person's life. Current accepted behavioral based perceptions of the development and treatment of sexual aversions are grounded in the learning theory and conditioning theory where sexual aversions are developed through a process of learning and social conditioning and can be treated through a similar process (Singer Kaplan, 1987).

Psychoanalytical perspective

In the psychoanalytic conceptualization patients with sexual phobias and aversions are still struggling with their old Oedipal wishes. The Psychoanalytical perspective encompasses the idea that a combination of separation anxiety, over sensitivity to rejection, and intolerance to criticism all play a significant part in the genesis and maintenance of sexual aversions. The person fears and avoids sex because they make parent transferences towards their current sexual partners, thus sex is, on an unconscious level, an incestuous act (Kaplan, 1987).

The triad of separation anxiety, over sensitivity to rejection, and intolerance of criticism frequently plays a significant part in the genesis and maintenance of sexual aversions and aspects of sex therapy often focus on these issues (Kaplan, 1987). Frequently the patient's aversion to sex is associated with family dynamics in the patient's childhood where parental attitudes of rejection or overprotection towards anxious youngsters influence the youngster's ability to function in latter life. When parents reject that the child's anxiety is beyond their control the parents become angry with the child for being anxious. The parent transmits the message that the child is bad and cowardly and that the child better shape up. The child may internalize these attitudes and grow up with a burden of self-hatred, shame, and guilt. These rejected individuals may find it difficult to enlist a partner's cooperation in sex therapy. The therapist's unwavering permission to have pleasure and to take care of themselves and transmit the message that sex is okay and their having pleasure is important in resolving conflicts in these emotionally abused individuals (Kaplan 1987).

In contrast patients as anxious children raised in families where the parents are overprotective tend to overreact and be highly empathic to the child's anxiety and deny that this is excessive. These parents make every effort to buffer their anxious child against the real world and invent rationalizations to account for their child's anxiety frequently blaming themselves or their spouses for the child's experience of anxiety. The child in this case gets the unrealistic message

that he is entitled to perfect comfort and attention and does not learn to tolerate anxiety and to face fears. This patient learns to avoid anything that creates nervousness and may end up avoiding far too much of life, to include sex. The patient needs to learn to tolerate their fears if they are to obtain goals. The therapist's acceptance of their abnormal sensitivities, along with encouragement to tolerate a certain amount of anxiety, is essential in the treatment process (Kaplan, 1987).

Pharmacological perspective

Biological factors may influence the patient's phobic response based on the hypothesis of Klein (1980). Klein proposed that the anxiety experienced by the average person was qualitatively different from the anxiety experienced with neurotic processes and maintained that this difference is derived from a biological abnormality; an abnormally low physiological threshold for the alarm response which causes them to experience excessive and inappropriate fears. This biological conceptualization suggests that sex phobic people with panic disorder are not really afraid of sex but fear panicking and losing control. Based on this hypothesis and using an integrative approach to treat the patient Kaplan (1987) determined that the biological traits of panic disorder must be treated through psychotropic medication before the patient's sexual aversion could be addressed. Kaplan (1987) reports these patients may need to be treated through medication to extinguish the phobic disorder in order for treatment with sex therapy to be effective. As patients with panic disorder are especially

likely to develop serious fears of intimacy and commitment. The avoidance of deep relationships as well as the split between erotic and intimate feelings often take on the dimensions of an "emotional Claustrophobia" in these individuals (Kaplan, 1987).

Current Treatment an Integrated Approach

In conjunction with a pluralistic view of the etiology of sexual aversion Kaplan (1987) takes an integrated approach to the treatment of Sexual Aversion Disorder drawing again from the disciplines of behaviorists, psychoanalysts, and psychopharmacologist's.

Behavioral treatment

Conditioning theory indicates that a learned response is changed by reversing the conditioning process (Kaplan, 1987). Behaviorally oriented clinicians use a program of systematic, therapeutically controlled exposure to the phobically avoided situation to extinguish phobic symptoms. Aspects of sex therapy are based on this principle and rely mainly on *in vivo* desensitization to modify phobic avoidance of sex. The essence of this technique is to expose the patient gradually and progressively to the feared and previously avoided sexual situation under calm and pleasurable circumstances. To produce an alternative response to what had originally been a phobic condition (Kaplan, 1987).

Drawing from the behaviorists conditioning theory Kaplan (1987) indicates that individuals learn to fear previously neutral objects or situations because of temporal association

between that object and situations that already evoke fear. For example a person may learn to fear sex if the person has been raped. Conditioning theory tells us that learned response is erased or extinguished by reversing the conditioning process. The acquired response will gradually disappear when the feared object is repeatedly experienced in a non-punishing or neutral context, or in temporal association with a pleasurable or rewarding state. An example would be the above person being exposed to sex as a pleasurable dynamic in a supportive environment.

In addition, behaviorists account for the persistence or maintenance of maladaptive behavior with reinforcement theory. According to reinforcement theory, phobic individuals have learned to anticipate feared situations with apprehension and therefore have a compelling urge to avoid these situations. Their avoidance behavior is reinforced and maintained by the relief they feel when they manage to escape from an uncomfortable situation. This avoidance causes the phobic symptom to be maintained even though it is destructive to the individual (Kaplan, 1987). From a sexual perspective a sex phobic person would become anxious with a sex invitation and look to avoid this. The person would then feel intense relief when he/she has managed to avoid the sexual situation. In treatment the patient's avoidance of the feared sexual situation is an absolute obstacle to the extinction of the inappropriate fear of sex. Continued interference with the avoidance component

of sexual panic states is one of the major strategies of the treatment of these patients (Kaplan, 1987).

Behaviorists tend to attribute the origins of sexual fears and conflicts more to cultural factors than to specific pathological family interactions. According to conditioning theory, sexual anxiety and guilt about sexual pleasure is acquired by many youngsters by the gradual process of assimilating the family's repetitive negative sexual "messages" (Kaplan, 1987). Further, behaviorists perceive that, in some cases, negative sexual conditioning occurs as a consequence of rape, incest, humiliating sexual failures, and painful disappointments in love. The modality of treatment from a behavioral therapist's perspective would the focus on reducing sexual dysfunction by the systematic exposure of the patient to the phobically avoided sexual situation under neutral and/or rewarding conditions (Kaplan, 1987).

Psychoanalytical treatment

Again, according to psychoanalytic conceptualization, patients with sexual phobias and aversions are still struggling with their old Oedipal wishes. They fear and avoid sex because they make parent transferences towards their current sexual partners, thus sex is, on an unconscious level, an incestuous act. Psychoanalytic theory predicts that when a patient resolves this conflict and gains insight into the unconscious meaning of the phobic symptom, he or she will recover (Kaplan, 1987). The psychoanalytic therapies are designed to implement these objectives.

Pharmacological treatment

As indicated earlier Kaplan (1987) reports that there is evidence of a biological propensity for anxiety and that the panic disorders associated with this biological propensity must be treated with psychotropic medication prior to addressing the treatment of sexual aversion with sex therapy. Kaplan (1987) also reports that all classes of psychotropic medication may impair sexuality at the levels of desire, arousal, and orgasm at some dosage and in some patients, while others are not affected these effects are often either missed or misunderstood. Therefore therapist must maintain a high degree of vigilance and balanced judgment concerning the advantages and deficits of medications (Kaplan, 1987).

Treatment Dynamics

Psychodynamically oriented sex therapy combines behavioral interventions in the form of prescribed sexual interactions that are carried out by the couple at the home, with psychodynamically oriented psychotherapy office sessions that are generally conducted conjointly (Kaplan, 1987). This form of sex therapy is ideally suited for treating aversion disorders. The objective of the behavioral aspect of treatment is to extinguish the patient's irrational sexual fears and to modify his avoidance of sex with systematic exposure to the previously avoided sexual situation. The essence of this technique is to expose the patient gradually and progressively to the feared and previously avoided sexual situation under calm and pleasurable

circumstances (Kaplan, 1987). If free of major psychopathology and in good marriages these patients may respond to in vivo desensitization, conducted in a supportive ambiance without the need for additional psychodynamic intervention. However the majority suffer from sexual guilt's, neurotic conflicts and marital problems and resist to behavioral modification; brief dynamic techniques are used to deal with their deeper conflicts (Kaplan, 1987). Behavioral interventions can facilitate the resolution of unconscious conflicts when sensitization methods and the therapeutic process' are conceptualized psychodynamically. The desensitization methods used for Sexual Aversion Disorder tend to strip away the patient's psychological defenses and this can expose his deepest jealousies, insecurities, and vulnerabilities. The flood of significant dreams, memories, and associations, which this process frequently evokes, become the subject of dynamically oriented therapeutic exploration during the office sessions (Kaplan, 1974, 1979). It is comforting for the patient to realize that she can control the therapeutic objective. Patients relax when they learn that they need deal only with a small, manageable piece of their anxiety at any one time and that their anxiety will eventually abate if they simply persist and repeat the exercises often enough. It is also important for the wider goal of helping patients rid themselves of the guilt and shame they may feel about their "weakness" to get them to understand that it is okay to feel anxious and that it is counterproductive to allow themselves to get too panicky. When they feel their

apprehension becoming too intense, backing off and trying again is not cowardly but constructive. The partner's full understanding of the patient's panic disorder and his unambivalent participation in and commitment to the desensitization process is extremely helpful and can make the difference between treatment success and failure (Kaplan, 1987). Patient's anxiety must diminish sufficiently while he is in the phobic situation in order that a new association between the previously feared sexual situation with an inner state of tranquility and comfort can be formed. Desensitization will not take place if the patient does not become tranquil when he is in the presence of the feared sexual object (Kaplan, 1987). The intensity of sexual anxiety may simply require more frequent repetitions of the desensitization exercises (Kaplan, 1987). The patient who is intensely anxious requires a much slower pace and may need to proceed in much smaller increments and repeat steps as many as 20-30 times.

The therapist must continually monitor the patient's response to each step of the treatment process. Review of the patient's experience with sexual assignments and view patient's response is critical. The therapist needs a clear mental image of how the person reacted to the last assignment and needs to know how phobic patient became to find out if the patient is able to stay in phobic situation until anxiety diminishes because the key is desensitization (Kaplan, 1987). Desensitization schedules for patients must be individualized to expose them to the correct phobic stimulus, otherwise treatment

cannot succeed. Often it is necessary to introduce patient to sex with themselves prior to sex with another individual this allows the patient to become comfortable with themselves first. The process then incorporates sexual interaction with another person (Kaplan, 1987).

If vivo desensitization proves effective in diminishing the patient phobic response a process of incorporating Sensate Focused exercises can then be incorporated into the therapy process.

Sensate Focus exercises were originally devised to diminish performance anxiety. A major cause of impotence and also plays a significant role in the pathogenesis of other sexual disorders including sexual panic states. In many cases there is simply no better way to diminish performance anxiety than to take the anxious person "off the hook" of the pressure to perform by shifting the goal from sexual performance to the sharing of pleasure. Quite often the anxious impotent patient becomes erect when he begins to focus on his pleasurable sensations and stops obsessing about his performance. This experience has more therapeutic efficacy than a hundred interpretations (Kaplan, 1987)

Sensate Focus may help to improve the blocked communications about sexual feelings that are often a problem for sexually troubled couples. Sensate Focus exercises provide an ideal structure for extinguishing sexual fears and aversions. Sensate Focus creates a safe comfortable and non-demanding sexual ambience over which the patient has control. Patient

stays with the anxiety-provoking avoided sexual situation for as long as it takes him to become comfortable. By interfering with his tendency to flee the Sensate Focus exercises provide the patient with the opportunity to allow his irrational anxieties to abate. Treatment with Sensate Focus can be the patient's exposure for the first time in life to nudity protected from performance fears and from the humiliation of failure or rejection and can allow patients natural sexual feelings to begin to emerge spontaneously. Through sharing erotic fantasy and express private thoughts and wishes, sexual shame and anxiety may diminish even further (Kaplan, 1987). If the Sensate Focus exercises are individualized and modified to the patient it is possible to get good results (Kaplan, 1987).

In closing it is important to note that behavioral prescriptions are extremely potent experiences that can rapidly strip away a patient's psychological defenses and can leave him feeling emotionally naked and vulnerable. These prescriptions are excellent for exposing important dynamic material but can be extremely threatening. Ill conceived assignments that tap too deeply into sexual conflicts or guilt may heighten the patient's anxieties and be counterproductive and mobilize intense resistances to the therapeutic process (Kaplan, 1987).

Psychology and aspects of Computer Mediated Communication

Computer-Mediated Communication (CMC) refers to human communication via computers--including computer network communication on the Internet and the World Wide Web (December, 2000).

According to Wysocki (1998) the Internet has blossomed into an international social microcosm, where online communities are created, social networks thrive, and even sexual desires can be fulfilled. Ziff-Davis Market Intelligence reports that 61% of all American homes that contain personal computers are currently connected to the Internet (Niccolai, 1999).

According to Kraut et al. (1998) face-to-face interactions have come to be complemented by a social technology (computer mediated relationship) that is creating a new genre of interpersonal relationships.

Diane Wysocki (1998) suggests that Internet users can extend their social networks, create virtual online communities and even fulfill their most veiled sexual desires.

Merkle and Richardson (2000) report that computer mediated relationships could be viewed as being at variance with the face-to-face relationship because they represent a developmental and behavioral sequence far removed from customary methods of finding attraction and intimacy with another person: The Internet diminishes the need for spatial proximity.

Internet communication allows for anonymity; and candid self-disclosure becomes significant as the only means for two

users to know one another (Cooper & Sportalari, 1997; Kraut et al., 1998; Wysocki, 1998)

In the context of Computer Mediated Relationship self-disclosure cannot purely be restricted to one's highly intimate relationships or else social isolation and loneliness ensue (Merkle and Richardson, 2000). Qualitative research by Wysocki (1998) supports this position in that the nature of self-disclosure in Computer Mediated Relationships seems to be markedly distinct. Results of this research indicated that Internet users came to know one another more quickly and intimately than in face-to-face relationships. Because individuals in face-to-face relationships do not typically have anonymity or the psychological comfort that comes from such anonymity, they tend to reveal a little information about themselves at a time until they feel safe (Montgomery, 1994)

In contrast, with Computer Mediated Relationships self-disclosure appears to be richer and to progress faster since the Internet affords a level of anonymity that can reduce feelings of discomfort one may experience in face-to-face relating (Wysocki D., 1998 and Joinson, A., 1998).

This anonymity and candid self-disclosure may well be the key to allowing for rehearsal for sexually averse people without fear of embarrassment and exposure to great anxiety.

Having the opportunity to freely disengage while interacting with others on the Internet is likely to benefit those experimenting with new personas or methods of interaction, not only because of safety concerns but also as a part of the

learning experience gleaned from social interaction (Merkle and Richardson, 2000)

Because self-disclosure on the Internet tends to become more private and less inhibited faster than in face-to-face relating, it is important to recognize that individuals often describe their Computer Mediated Relationships as extremely intimate and as authentic as any face-to-face relationship (Merkle and Richardson, 2000).

As Internet Video Conferencing is a fairly new method of communication there is relatively little current available information on the psychological aspects of this form of communication as it relates to sexual interactions. Computer Mediated Communication through text and audio communications was the primary focus of the literature above. However, this research can logically be applied to Internet Video Conferencing as this form of Computer Mediated Communication uses a combination of communication to include text, audio, and video: The anonymity of the user is assured when the user chooses not to expose their face in the communication as is frequently the case and the other variables of communication to include safety and self disclosure, remain the same.

The use of the Internet in the treatment of
Psychological Disorders

In the months before the turn of the millennium, the International Society for Mental Health Online created its Clinical Case Study Group. Originally organized and facilitated by John Suler and Michael Fenichel, the group is devoted to the discussion of psychotherapy cases and professional clinical encounters that involve the Internet. The creation of the group evolved out of the need for more in-depth explorations of clinical cases in which online life and interventions play an important role. The following are synopsis from clinical encounters and treatment with the use of the Internet from the International Society for Mental Health Online (Ainsworth & Fenichel, 1997) that may prove relevant in the support of a logical line of reasoning that lead to the use of Internet Video Conferencing as an adjunct tool in the treatment of Sexual Aversion Disorder:

- Online treatment for social phobia: Online treatment for social anxiety proved very effective in this case, employing elements of several treatment modalities, including use of cognitive exercises and use of a journal. During the course of treatment this client, once unable to converse with men, became engaged (Suler, 1997)
- Advantages of absent of face-to-face cues: Sometimes the ability to maintain anonymity empowers clients to "be

themselves", facilitating their commitment to engage in treatment. The issue of shame relating to appearance or verbal presentation was in fact a recurring theme. Several clients related poor self-concept and shame-based interpersonal difficulties in their daily lives, and described a sense of exaltation in feeling free to be spontaneous online, and being appreciated for their "real" self, both in treatment and in meeting people socially online (Suler, 1997).

- Understanding the intricacies of online behavior and relationships: Clinicians sought to utilize cues such as writing style, content, and time delay, to understand the depth of communication with both the counselor/therapist and with reported online and offline "significant others". In online group environments, additional factors emerged, such as the tendency of some group members towards "lurking", taking only a passive/voyeuristic stance rather than an active role in contributing to the group process, or in some instances engaging in passive aggression or behaviors which monopolized the energies of the group. On the other side of the screen, there were reportedly instances of jealousy, anger, and alienation which arose among family members in reaction to clients' time spent connected to others online (Suler, 1997).

- Candida Graham, M.D., a psychiatrist at Maudsley Hospital in London, and colleagues surveyed 113 patients

with obsessive-compulsive disorder and phobic anxiety disorders and found that 91% preferred receiving services via interactive voice response, the Internet or home computer over face-to-face treatment. This trend obviously will have substantial benefits for both patients and practitioners (Suler, 1997).

- **The Online Disinhibition Effect:** It's well known that people say and do things in cyberspace that they wouldn't ordinarily say or do in the face-to-face world. They loosen up, feel more uninhibited, and express themselves more openly. Researchers call this the "disinhibition effect." It's a double-edged sword. Sometimes people share very personal things about themselves. They reveal secret emotions, fears, and wishes. Or they show unusual acts of kindness and generosity. On the other hand, the disinhibition effect may not be so benign. Out spills rude language and harsh criticisms, anger, hatred, even threats. Or people explore the dark underworld of the Internet, places of pornography and violence, places they would never visit in the real world. On the positive side, the disinhibition indicates an attempt to understand and explore oneself, to work through problems and find new ways of being. And sometimes it is simply a blind catharsis, an acting out of unsavory needs and wishes without any personal growth at all (Suler, 2001).

Internet Video Conferencing as a tool for learning

Pacific Bell Knowledge Network (Pacific Bell, 2002) reports that Internet Video Conferencing allows people from all over the world to connect live face-to-face and voice-to-voice.

Videoconferences can be set up at different network speeds. The higher the rate, the better the audio and video quality will be. Videoconferencing is cost-effective and has many advantages. It can link people across distances at little cost eliminating the need to fly to destinations for meetings and events. It can also extend horizons for students through a variety of educational needs. Videoconferencing technology allows two or more people at different locations to see and hear each other at the same time. This rich communications technology offers new possibilities for schools, colleges, and libraries including formal instruction (courses, lessons, and tutoring), connection with guest speakers and experts, multi-school project collaboration, professional activities such as meetings and interviews, and community events. Placing a video call is a lot like placing a telephone call. After you connect, you see the other person in color video. The video frame rate varies from 5-30 frames per second, depending on the connection, hardware, and software.

As an interactive communication medium, two-way video stands out in a number of ways. First of all, it's almost like

being there. The visual connection and interaction among participants enhances understanding and helps participants feel connected to each other. This goes a long way toward building relationships in a way that e-mail, telephone, or online Conferencing systems cannot, supporting collaboration among traditionally isolated institutions. A videoconference can improve retention and appeal to a variety of learning styles by including diverse media such as video or audio clips, graphics, animations, and computer applications (Midura Consulting, 2001).

Pacific Bell Knowledge Network (Pacific Bell, 2002) research indicates educators and librarians from around the country report that videoconferencing technology impacts student learning in the following ways:

Internet Video Conferencing increases connection with the outside world

- When a live visit is not possible, videoconferencing makes a face-to-face visit is possible and an ongoing relationship can take place.
- Videoconferencing is usually easier than visiting so communication can be more frequent, saving time and resources.
- Students have a greater opportunity to form meaningful relationships with others who may be very different from them.

- The richness of the communication supports the formation of relationships between learners and mentors/role models.
- Students perceive video guests as important and are more conscious of their appearance and oral communication.
- When students plan and implement the videoconference, they learn important communication and management skills: Students see themselves on screen and realize that is how others see them. Over the course of the semester I have seen dress change, posture change, poise change, all for the positive.
- The richness of the communication supports the formation of relationships between learners and mentors/role models: By removing the need for either the content provider or the students to travel, yet still providing a two-way audio and video link, you're providing educational opportunities for interactions that would not otherwise exist.

Increases depth of learning

- Students learn to ask better questions.
- Learning is from a primary source rather than from a textbook.
- Students show more depth in understanding:
Videoconferencing lends itself to viewing multiple perspectives on an issue and it better addresses the needs of

visual learners. Also, collaborative learning is practically automatic with videoconferencing. Videoconferencing helps set up authentic learning situations--students are working on a real-world problem or project and they are communicating with real people involved in the problem or project. This also supports the idea of authentic assessment--you must have your information pretty accurate before you connect with an "expert" and ask meaningful questions.

- Students communicate with video pen pals to experience diverse cultures and ways of life, both economic and ethnic. Video pals also provide an excellent opportunity for foreign language practice.
- Schools known for outstanding programs or projects model those projects for other schools.
- Videoconferencing facilitates distributed cooperative learning, where groups at distant sites take on a learning task and teach remote peers.

Internet Video Conferencing as a recreational sexual outlet

Many people currently use Internet Video Conferencing as a recreational outlet for sexual activity. Through the use of computers people are connecting to each other individually and in groups to view and speak with each other through various software programs combined with Web Cameras and Internet connections. The software for this interaction includes Microsoft's NetMeeting, CuSeeMe, and PalTalk these software's are often free or available for a nominal cost ranging from \$10.00 to \$40.00. The Web Cameras are available for a cost in the range of \$20.00 to over \$100.00 dollars depending on the quality and features. Use of Internet Video Conferencing involves connecting to the Internet through a personal computer, starting the software, and with a few clicks of a mouse one can connect with people interacting sexually through Internet Video Conferencing. These encounters occur most frequently from the individual's home using a personal computer. Depending on the software used, people are able to communicate visually, auditorally, and through text with other people that transmit themselves through this medium expressing sexual behaviors through masturbatory fantasy and if they choose to do so. This is done from the security and privacy of the home and the person determines the amount and type of interaction (Smith, 2001).

Due to limitations of current technologies the quality of the video and audio transmission is far removed from that of television and the size of the picture is small. However, this

does not seem to deter the numerous people using Internet Video Conferencing for sexual interaction.

Kibby and Costello (2001) report that Video Conferencing with the software CuSeeMe offers an experience that is at the same time both image and act, creating a space that accommodates multiple and fluid roles, allowing the positions of spectator and spectacle to be freely exchanged, and rewriting active/passive gender relations. Essentially online interactive sex entertainment allows for the possibility of rewriting codes of sexuality.

Video Conferencing example

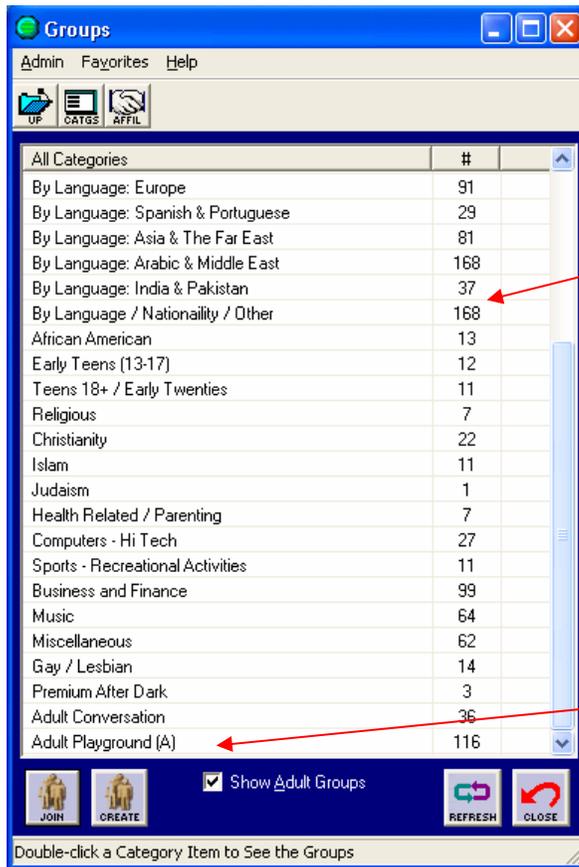
The following information is from a convenience sample. The sample is a snap shot view of a Video Conferencing software program called Paltalk. This information is intended to familiarize the reader with the numbers of people using this software program at a given time and the dynamics of their interactions. There are a number of other Video Conferencing software programs available where similar activities are promoted. Paltalk software was chosen as an example because of ease of access to the statistical information. Use of this software is purchased by the user for a cost of approximately \$20.00 for a six-month period. The people interacting through this software do not charge a fee to allow other users to interact with them. Softwares of this nature are distinguishable from "pay-per-view" websites where people pay to view other people. This difference is notable in that the users of Paltalk

and similar programs are not motivated to interact by a monetary gain.

The Paltalk screens I, II, and III, on the following pages show a sample of categories, a group list within a category, and a single group within a group list respectively. This sample was taken during evening hours in the United States; this time tends to be when the largest number of people are interacting with this software.

Screen I: An example of categories of groups open and active at time of sample.

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The screenshot shows a window titled "Groups" with a menu bar (Admin, Favorites, Help) and a toolbar (UP, CATGS, AFFIL). Below is a table with two columns: "All Categories" and "#". The table lists various categories and their counts. At the bottom, there are buttons for JOIN, CREATE, SHOW ADULT GROUPS (checked), REFRESH, and CLOSE. A status bar at the bottom reads "Double-click a Category Item to See the Groups".

All Categories	#
By Language: Europe	91
By Language: Spanish & Portuguese	29
By Language: Asia & The Far East	81
By Language: Arabic & Middle East	168
By Language: India & Pakistan	37
By Language / Nationality / Other	168
African American	13
Early Teens (13-17)	12
Teens 18+ / Early Twenties	11
Religious	7
Christianity	22
Islam	11
Judaism	1
Health Related / Parenting	7
Computers - Hi Tech	27
Sports - Recreational Activities	11
Business and Finance	99
Music	64
Miscellaneous	62
Gay / Lesbian	14
Premium After Dark	3
Adult Conversation	36
Adult Playground (A)	116

Number of groups within a given category.

"Adult Playground" category contains groups with video conferencing associated with sexual interaction. Other categories also include groups of this nature.

The following screen opens when the viewer double clicks on the Adult playground section of the program.



Screen II: List of groups open and active within Adult Playground category at sample time.

Rating	Voice	Adult Playground (A) - Group List	#
A		xX Sexy Girls Having Fun On Cam Xx	200
A		**Erotic Moaning & Sensuous Cumming**	200
A		Well Endowed Men Showin for Their Ladies	195
A		~~hot~n~wild~~*Baa Bamminn* Cammin	181
A		!!.*.*.Peek-A-Boo(.Y.)Anything Goes.*.*.!!	159
A		BBW's who are sensual seductive and delightful	89
A		ladies . making men hard	79
A		ASIAN Ladies	65
A		hot aussie women for hot men	59
A		XxXHot Sexy Babes Being BadXxX	54
A		Swinging-Couple-And-Swinging-Single #1	42
A		STEAMYSEX 4 everyone multi-cam room	36
A		!! No Limit !! > xxx Cams..No Bounce	35
A		!! The Velvet- Rose- Teaser Voyer/Exhibition 1...	34
A		Sugsss Rocking Adult Trivia	26
A		Hot Pics Hot Women Hot Men	21
A		Total Exposure on Cam	21
A		UK Room that you can direct but be respectable.	20
A		Trivia Adult (Battle of the Sexes) 2	17
A		bored women to chat and flirt	15
R		BBW who love to show on cam	14
A		fun n the sun	14
A		Aussie Gals with Sexy Cleavage	12
A		skipjack1	11

Number of people currently interacting within the group (Maximum number of people is 200 in most groups)

Name of the group.

Microphone indicates that group is audio capable.

"A" indicates adult content.

The next screen shows a view of group after double-clicking and joining a group:



Indicates camera is on and video is available for viewing.

Nickname person has chosen for their self.

Text chat within group.

Click to publish personal video.

Click to view other people's video.

Video viewings screens.

Tripled size of viewing screen.

The following information is from a convenience sample. The sample is a snap shot view of a Video Conferencing software program called Paltalk. This information is intended to familiarize the reader with the numbers of people using this software program at a given time and the dynamics of their interactions. There are at least twenty-two similar software programs that include areas that promote Adult Internet Video Conferencing (Pacific Bell, 2002).

Paltalk software was chosen as an example because of ease of access to the statistical information. Use of this software is purchased by the user for a cost of approximately \$20.00 for a six-month period. The people interacting through this type of software do not charge a fee to allow other users to interact with them. These software's are distinguishable from "pay-per-view" websites where people pay to view other people interacting sexually. This difference is notable in that the users of Paltalk and similar programs are not motivated to interact by a monetary gain.

The table below shows a sample of groups within Paltalk's "Adult Playground" section. This sample was taken on April 1, 2002 between 10:00pm and 10:15pm Eastern Daylight Time in the United States; evening time in the United States tends to be when the largest number of people are interacting with this type of software. There is a maximum of two hundred participants in each Paltalk group. Active groups frequently reach this maximum capacity. The participants can vary from minute to minute as

they can change groups and/or broadcast video with the click of a button. However, many groups have a regular following of people that remain and interact within the group for periods of time well over one hour.

Table 1

Sample of Paltalk groups

GROUP NAME:	P A R T I S I P A N T S I N G R O U P	V I D E O C A M E R A S A C T I V E	M A L E S N U D E	F E M A L E S N U D E	C O U P L E S N U D E	M A L E S C L O T H E D	F E M A L E S C L O T H E D	C O U P L E S C L O T H E D
Sexoy Orgasmo	188	24	12	6	1	2	2	1
X-Rated V.I.P. Freaks	200	49	14	11	2	17	2	3
Well Endowed men Showin for Their Ladies	172	36	22	6	1	5	2	0
~~hot~n~wild~~Baa Bamminn* Cammin	200	30	8	7	0	9	6	0
GAY Multiview (18 plus) nudity ok	200	46	31	0	2	13	0	0
Teaser Voyeur/Exhibition	197	36	10	5	1	11	8	1
Opensex!!Studs! Bare What You Dare	193	21	6	7	1	6	1	0
!No Limit!...XXX cams	200	25	10	3	2	5	5	0
*Multi-Orgasms*MultiviewCams/Moaning	181	9	6	0	0	0	3	0

The number of video cameras being published varies from minute to minute. Both males and females that are nude on their cameras are frequently masturbating in view of their cameras. Audio and text communications supplement the video.

There is no cost associated with opening a group and any individual can open and host a group. The group is monitored by the person opening the group and/or by associates chosen by this person. The majority of the groups that promote adult Internet Video Conferencing have rules the participants must follow. The group monitors have the ability to remove people from the group that do not follow these rules. The rules are intended to promote adult Internet Video Conferencing and to provide for appropriate interaction, safety, security, and respect of the individuals in the group. Examples of these rules include the following:

- 1.) Group participants are not allowed to direct the activities of other participants.
- 2.) Any derogatory comments or disrespect of group members will result in the offending person being removed from the group.
- 3.) Disrespect of group participants is not tolerated and will result in being removed from the room.
- 4.) Any attempts to record this group's activity will result in this person being removed from the room and the offending person will be reported to Paltalk administrators.

5.) Any illegal activity will result in the person promoting this activity being removed from the group and reported to the Paltalk administrators.

Any given groups rules are strictly enforced. This ensures a safe environment for the people choosing to participate within the groups' environment.

The variety of adult Internet Video Conferencing groups include but are not limited to focus groups for specific interests to include singles groups, couples groups, gay groups, lesbian groups, transgender groups, groups for people interested in specific body types and/or specific races, Bondage/Submission/Dominance groups, voyeuristic/exhibition groups for women interested in viewing men and similar groups for men interested in viewing women.

In addition, the software allows for participants to contact each other privately and interact privately with video conferencing interaction between just two people. People frequently use the groups as meeting places to get to know one another and then move to connect with each other privately.

People from all over the world use this software to interact and it is not uncommon for there to be people from a variety of countries interacting within one group.

Further, people using this software have reported success in meeting their Video Conferencing partners in person and having physical sexual interactions with each other.

Rational for the use of Internet Video Conferencing as an adjunct tool in the treatment of Sexual Aversion Disorder

Based on research and review of the above disciplines and information one can logically deduce that there may well be a use for Internet Video Conferencing as a tool in the treatment of Sexual Aversion Disorder. As reported above the etiology of Sexual Aversion is frequently developed due to social conditioning in an environment where sex is viewed as disgraceful and a person is shamed for any form of sexual expression. Through the development and use of the Internet researchers are finding that peoples interaction and self-expression with one another is much less inhibitive than it is in face-to-face interaction. The above review also provides information on the fact that the people are using Computer Mediated Communication as method of sexual expression. Further, the research above indicates that this may be due to the relative anonymity people experience with communication through the Internet. The addition of Video Conferencing becomes an enhancement above and beyond auditory and printed text to further produce competency in a realistic way and therefore reduces anxiety. It is definitely much more of a full rehearsal than just auditory and text and it is a full rehearsal that can be tapped back into from ones memory. In addition what may reduce anxiety is that the participants accept and do not reject sexual interaction. It is approved of and not disapproved which is a main concern of people who are inhibitive.

The use of the Internet as a treatment tool for sexologists is in its infancy. Current research indicates that behavioral modification works, group intervention works, instruction works, and rehearsal works in intervention with people experiencing sexual aversion (Singer Kaplan, 1987 and Masters & Johnson, 1966, Masters, Johnson & Kolodny, 1986 and Heimberg, R. G., Juster, H. R., Hope, D. A., & Mattia, J. I. 1995). However, the sexually averse person is often unable to make the transition between what is learned in the therapists office and the actual intimate interaction with a sexual partner due to the a fear of physical interaction or a lack of willing partners. Internet Video Conferencing may prove to be an effective bridge in this transition allowing the sexually averse client to gradually gain exposure to sexual interaction with another person or persons in an environment where resources are more readily available that allow the patient to make contact with a variety of partners.

Sex therapy sessions could become more potent through intervention with Internet Video Conferencing in that the client returns with their information of personal experience as learned in exposure to this form of treatment and other people. This treatment may help define more vividly what may be first of all supportive of their desires and secondly what may be stumbling blocks and where behavioral interventions may be made that finds attractive and not problematic.

Further, much of current research and treatment is focused within the confines of couples therapy and with little emphasis on the single patient's sexual aversion and treatment.

Frequently the single person has learned to cope through isolation with little opportunity to address their sexual dysfunction. This coping mechanism perpetuates the single patients sexual aversion through the dynamics of reinforcement theory detailed earlier. The single person suffering from sexual aversion is often left with few options for treatment as the fear of sexually interacting with other individuals produces debilitating anxiety that results in the single person continuing to sexually isolate. The limited availability of suitable sexual partners and the fact that sexual surrogacy is illegal in all but two states in the United States further limits the single persons options for sexual aversion treatment. This is where the proposal of the use of Internet Video Conferencing as an adjunct tool for the treatment of Sexual Aversion Disorder could prove particularly useful. Through providing the client with a medium and opportunity to interact visually, vocally, and auditorally with others from the controlled security of their home and with the security to continue to interact or terminate interaction if their threshold for anxiety becomes overwhelming.

In addition, the use of Internet Video Conferencing may well prove to be of use as an adjunct tool in sex therapy by providing the patient and therapist a means to gain insight into the patient's phobic response in a controlled and safe environment. Through client exposure to Internet Video Conferencing within the therapists office.

Possible benefits

- 1.) Ease of access: Client can use from the comfort and security of their home.
- 2.) Could ease the transition between the total aversion to sex and actual physical sexual interaction when used as a bridge between these extremes.
- 3.) Ease of access to available partners, multiple experiences and opportunities for practice.
- 4.) Potential for reduction of anxiety through increase of client's ability to control duration and intensity of interaction.
- 5.) Enrich therapeutic experience by providing client with opportunity to interact in a safe environment (Internet Video Conferencing) and relaying experience of this within the therapeutic session.
- 6.) Provides client with a potential alternative experience to cultural and social norms that do not condone healthy sexual interaction.
- 7.) Provides the client with the opportunity to view sexual interaction in a pro-sex recreational atmosphere with out the risk of shamed for the experience.
- 8.) Can be permission giving through viewing others interacting sexually.

Possible limitations

- 1.) Does not provide for the experience of Sensate Focused treatment with a partner.
- 2.) The sensual experience is limited in that there is no physical contact with a partner. There isn't the opportunity to be touched or feel the partner; nor is there the sense of smell.
- 3.) Client could become preoccupied or limited with this form of interaction thereby reducing the potential for physical sexual interaction with a partner.

Statistical research of the reduction of sexual anxiety
through the use of Internet Video Conferencing

This dissertation looks to further substantiate the hypothesis of the usefulness of Internet Video Conferencing as an adjunct tool for the treatment of Sexual Aversion Disorder with conclusions supported by statistical analysis of survey results.

The proposed usefulness of Internet Video Conferencing is evaluated through the use of the Sex Anxiety Inventory (Janda, 1998) in Appendix A. The Sexual Anxiety Inventory was formatted in an Internet based survey (Appendix B) at the following Internet address: www.sexcomfortsurvey.info. Participation was requested from people who currently use Internet Video Conferencing as a recreational sexual outlet. The participants were asked to complete the Sexual Anxiety Inventory twice: once from their remembered perspective of before they had ever interacted sexually with Internet Video Conferencing and once from their present perspective having had experience with sexual interaction through Internet Video Conferencing to determine if there has been any reduction of anxiety correlated with their use of Internet Video Conferencing.

Participants

The participants for this survey were people that have had some experience with sexual recreation through Internet Video Conferencing.

Two methods were used to obtain participants for this survey:

- 1.) Participation was requested through the use of e-mail. Many of the software programs used for this activity allow the user to complete and post a profile of themselves that is accessible to other users within Video Conferencing Groups. Often these users will post their e-mail address within these profiles. The following e-mail message was sent to users providing their e-mail address:

Hello «Name»,

My name is Michael B. Smith; I'm a doctoral student in Clinical Sexology at Maimonides University in North Miami Beach, Florida. I am conducting research on recreational sexual interaction through the use of Internet Video Chat. I am looking for volunteers, that have experience with this activity, to take a web based survey and wanted to know if you were interested in taking this survey. The survey is anonymous and is not intended as a marketing ploy to sell you something. The results will be published in my doctoral thesis. If you are interested in taking the survey the website is <http://www.sexcomfortsurvey.info> and if you double click the name you will be taken to the website. Thanks for your time in reading this and your efforts in taking the survey if you chose to do so.

*Best Regards,
Michael B. Smith, MSW*

This e-mail was sent to a total of 217 people actively participating by broadcasting their video in groups within the Paltalk software detailed above. 106 identified themselves as male within their Paltalk profile 78 identified themselves as female in the

Paltalk profile, 17 identified as male/female couples within the Paltalk profile, and 16 did not identify their gender. These e-mail requests for participation in the Sexual Anxiety Inventory Survey were sent out between April 26, 2002 and May 28, 2002. Of these e-mail requests 41 were returned immediately with error messages indicating that the e-mail address did not exist. The actual number of completed surveys from this request constituted approximately half of the surveys used in the analysis. As noted earlier there are significant numbers of people interacting sexually through Internet Video Conferencing. However, in obtaining this sample it was found that the majority of these people do not post e-mail addresses.

2.) Participants were also contacted through the assistance of ANYWEBCAMNOW, a software program similar to Paltalk. The owners of this software posted the following news brief in a newsletter e-mailed to users of their adult video chat rooms.

Research Volunteers Needed

Are there psychological effects to pleasuring yourself sexually through Internet Video Chat? If you have participated in this form of video chat pleasure please take part in a survey so that we can all learn. The survey is intended to measure your level of sexual anxiety prior to any exposure to video chat sex and after some exposure to this. Results will be part of doctoral studies in Sexology and be presented for everyone's benefit

*after the information is processed. The survey address is:
www.sexcomfortsurvey.info*

A total of 26 completed surveys were submitted in the six-day period following the posting of the research request through ANYWEBCAMNOW on June 19th, 2002.

Method

The website based survey was used to attempt to obtain a sample that was representative people using Internet Video Conferencing for sexual recreation. This survey requested demographic information and included two copies of the Sexual Anxiety Inventory (Janda, 1998 Appendix A). The demographic information consisted of the following: Sex; sexual identity; age group; weight; race; location; education level; income; religion; frequency of attending religious services; credence of religion; length of experience, frequency, and duration of use of Internet Video Conferencing for sexual recreation. People that currently use Internet Video Conferencing for sexual recreation were asked to complete the Sexual Anxiety Inventory twice: once from their remembered perspective of before they had ever interacted sexually with Internet Video Conferencing for sexual recreation and once from their present perspective having had experience with the experience of sexual recreation with Internet Video Conferencing to determine if there has been a reduction of anxiety correlated with their use of Internet Video Conferencing for sexual recreation. Analysis was also done to determine if there were correlations between demographics and a

reduction of anxiety through the use of Internet Video Conferencing for sexual recreation.

Findings of research to include correlations

A total of 76 surveys were submitted. Twenty of these submitted surveys were only partially completed resulting in a total of fifty-six complete and usable surveys for analysis.

Demographic results

Table 2

Sex

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Male	34	61.82	34	61.82
Female	21	38.18	55	100.00

Frequency Missing = 1

Table 3

Sexual Identity

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
not answered Exclusively	3	5.36	3	5.36
Heterosexual Exclusively	41	73.21	44	78.57
Homosexual	1	1.79	45	80.36
Bisexual	11	19.64	56	100.00

Table 4

Age

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not specified	1	1.79	1	1.79
16-20	1	1.79	2	3.57
21-25	3	5.36	5	8.93
26-30	5	8.93	10	17.86
31-35	9	16.07	19	33.93
36-40	7	12.50	26	46.43
41-45	14	25.00	40	71.43
46-50	3	5.36	43	76.79
51-55	8	14.29	51	91.07
56-60	4	7.14	55	98.21
61-65	1	1.79	56	100.00

Table 5

Weight in pounds

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	8	14.29	8	14.29
80-90	1	1.79	9	16.07
91-100	1	1.79	10	17.86
101-110	1	1.79	11	19.64
111-120	2	3.57	13	23.21
131-140	4	7.14	17	30.36
141-150	8	14.29	25	44.64
151-160	3	5.36	28	50.00
161-170	4	7.14	32	57.14
171-180	2	3.57	34	60.71
181-190	6	10.71	40	71.43
191-200	4	7.14	44	78.57
201-210	1	1.79	45	80.36
221-230	1	1.79	46	82.14
231-240	3	5.36	49	87.50
241-250	2	3.57	51	91.07
251-260	3	5.36	54	96.43
261-270	1	1.79	55	98.21
Over 300	1	1.79	56	100.00

Table 6

<u>Race</u>	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not specified	4	7.14	4	7.14
Caucasian	46	82.14	50	89.29
Black	3	5.36	53	94.64
Asian	2	3.57	55	98.21
Native American	1	1.79	56	100.00

Table 7

Where do you live?

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	2	3.57	2	3.57
Other Asia	1	1.79	3	5.36
Australia	4	7.14	7	12.50
France	1	1.79	8	14.29
Other Eastern Europe	1	1.79	9	16.07
Canada	4	7.14	13	23.21
United States	41	73.21	54	96.43
Middle East	1	1.79	55	98.21
Other	1	1.79	56	100.00

Table 8

Education Level

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	2	3.57	2	3.57
Grades 9-12	11	19.64	13	23.21
College	30	53.57	43	76.79
Graduate	6	10.71	49	87.50
Post graduate	3	5.36	52	92.86
Professional degree	4	7.14	56	100.00

Table 9

Income in US Dollars

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not specified	15	26.79	15	26.79
0-15	6	10.71	21	37.50
16-25	1	1.79	22	39.29
26-35	8	14.29	30	53.57
36-45	10	17.86	40	71.43
46-55	3	5.36	43	76.79
56-65	5	8.93	48	85.71
66-75	2	3.57	50	89.29
86-95	2	3.57	52	92.86
96-105	2	3.57	54	96.43
Over 105	2	3.57	56	100.00

Table 10

Religion

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	9	16.07	9	16.07
Catholic	16	28.57	25	44.64
Protestant	8	14.29	33	58.93
Baptist	6	10.71	39	69.64
Other Christian	5	8.93	44	78.57
Muslim	2	3.57	46	82.14
Other	10	17.86	56	100.00

Table 11

Attend religious service

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	4	7.14	4	7.14
Weekly	7	12.50	11	19.64
Monthly	2	3.57	13	23.21
Rarely	27	48.21	40	71.43
Never	16	28.57	56	100.00

Table 12

Religious credence

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	6	10.71	6	10.71
Strong believer	9	16.07	15	26.79
Moderate believer	24	42.86	39	69.64
When it suits me	8	14.29	47	83.93
Non-believer	9	16.07	56	100.00

Table 13

How long accessing video chat

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	3	5.36	3	5.36
Less than 6 months	6	10.71	9	16.07
7-12 months	12	21.43	21	37.50
13-18 months	3	5.36	24	42.86
19-24 months	5	8.93	29	51.79
25-30 months	5	8.93	34	60.71
31-36 months	7	12.50	41	73.21
More than 36 months	15	26.79	56	100.00

Table 14

Times/Month accessing Video Conferencing

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	1	1.79	1	1.79
1-10	13	23.21	14	25.00
11-20	8	14.29	22	39.29
21-30	9	16.07	31	55.36
31-40	6	10.71	37	66.07
41-50	4	7.14	41	73.21
More than 50	15	26.79	56	100.00

Table 15

Time spent per Video Conference session

	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Not answered	4	7.14	4	7.14
1 hour or less	5	8.93	9	16.07
2 hours	17	30.36	26	46.43
3 hours	10	17.86	36	64.29
4 hours	7	12.50	43	76.79
5 hours	4	7.14	47	83.93
6 or more hours	9	16.07	56	100.00

Table 16

Live in United States

American	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	13	24.07	13	24.07
Yes	41	75.93	54	100.00

Frequency Missing = 2

Table 17

Exclusively Heterosexual

Heterosexual	Frequency	Percent	Cumulative Frequency	Cumulative Percent
No	12	22.64	12	22.64
Yes	41	77.36	53	100.00

Frequency Missing = 3

Statistical analysis

Statistical analysis of data collected from the Sexual Anxiety Inventory consisted of t-tests of corresponding Pre and Post Test questions. Analysis of the sum of the mean answers between pre and post tests indicate that there is a statistically significant level of change between the sum of the means of pre and post tests correlating with a reduction in anxiety. The mean difference of pre and post test sum of means was 2.23 ($t=3.61$, $P>.01$).

Table 18

Pretest, posttest, and differential sum of means of anxiety levels and correlating Standard Deviations

	Mean	Standard Deviation
Pretest	7.48214286	5.5366254
Posttest	5.25	3.97377769
Differential	2.23214286	4.62794308

There was no statistically significant level of change in anxiety when comparing the males and females in the study; both sexes reduced anxiety.

There was no statistically significant level of change in anxiety when comparing Americans and non-Americans in the change in the level of anxiety.

There was no statistically significant level of change in anxiety when comparing heterosexual participants and non-heterosexual participants.

There was no statistically significant level of change in anxiety when comparing age of the participants.

There was no statistically significant level of change in anxiety when comparing weight of participants.

When comparing the pre and post-test responses of each of the specific question the following questions had the listed results that are statistically significant based on a p of less than .05.

Extramarital sex is:

- 1.) Okay if everyone agrees.
- 2.) Can break up a marriage.

There was an association of reduction in anxiety by nine participants, an association of increase in anxiety by no participants and an association of no change by forty-seven participants.

After having sexual thoughts:

- 1.) I feel aroused.
- 2.) I feel jittery.

There was an association of reduction in anxiety by four participants, an association of increase in anxiety by no participants and an association of no change in anxiety by fifty-two participants.

Initiating sexual relations:

- 1.) Causes me no problem at all.
- 2.) Is a very stressful experience.

There was an association of reduction in anxiety by ten participants; an association of increase in anxiety by two participants and an association of no change for forty-four participants.

I feel nervous:

- 1.) About nothing when it comes to the opposite sex.
- 2.) About initiating sexual relations.

There was an association of reduction in anxiety by eleven participants; an association of increase in anxiety with one participant; and an association of no change for forty-four participants.

When I meet someone I am attracted to:

- 1.) I get to know him or her.

2.) I feel nervous

There was an association of reduction in anxiety by nine participants; an association of increase in anxiety by one participant; and an association of no change for forty-six participants.

When I was younger:

1.) I was looking forward to having sex.

2.) I felt nervous about the prospect of having sex.

There was an association of reduction in anxiety by eight participants; an association of increase in anxiety by one participant; and an association of no change for forty-six participants. One participant made no response.

When others flirt with me I:

1.) Flirt back.

2.) I do not know what to do.

There was an association of reduction in anxiety by eleven participants; an association of increase in anxiety by three participants; and an association of no change for forty-one participants. One participant made no response.

If in the future I commit adultery:

1.) It would be nobody's business but my own.

2.) I would worry about my spouse finding out.

There was an association of reduction in anxiety by eight participants; an association of increase in anxiety by one

participant; and an association of no change for forty-seven participants.

Buying a pornographic book:

- 1.) Would not bother me.
- 2.) Would make me nervous.

There was an association of reduction in anxiety by seven participants; an association of increase in anxiety by one participant; and an association of no change for forty-eight participants.

Casual sex:

- 1.) Is better than no sex at all.
- 2.) Can hurt many people.

There was an association of reduction in anxiety by four participants; an association of increase in anxiety by zero participants; and an association of no change for fifty participants. Two participants made no response.

If I were to flirt with someone:

- 1.) I would enjoy it.
- 2.) I would worry about his or her reaction.

There was an association of reduction in anxiety by thirteen participants; an association of increase in anxiety by two participants; and an association of no change for forty participants. One participant made no response.

Written responses

The Survey also provided space for the participant to write a response to their thoughts regarding sexual recreation with Internet Video Conferencing. The following are the unedited responses of the participants that chose to respond I this form.

- "I think it is like anything else..a matter pf personal choice."
- "It's fun, it's addictive. It attracts, at least in the exhibitionists, a high degree of risk takers as evidenced by the preponderance of smokers vis a vis the population. I'm guessing more than 50% of cammers are smokers. There is some correlation here that is not what you are studying, but is nonetheless interesting. It's a sub-culture that spans the globe, a community, or camcommunity where people share more than revealing glimpses of their bodies. They share their hobbies, their family news, their birthdays. They champion certain actions and deride others. For the most part, the rooms are self-regulated. Lots of interesting dynamics on AWC. Good luck with the survey."
- "This can be usefull tool in meeting ones sexual needs. This gives people the chance to engage in this activity without anyone knowing who or where you live. It can be used as a form of fore play in exciting ones partner and even meeting people with the same likes. No worry about catching any form of VD or AIDS. This is a good tool but should not replace sexual relationship's."
- "For me there is more of a turn on if my husband is watching me and or participating than when I am in video chat alone. For us we use it more as a couple than one behind the other's back and it has opened up the relationship between us."
- "I think it is great as long as no one gets hurt and as long as people are honest with each other."
- "Video chat has diffently made me more comfortable with my body. Video chat has improved my self esteem."

- "On the whole, it's been a wonderfully fun and rewarding addition to my marriage."
- "Safest sex ever, no commitments, no diseases, and if you get uncomfortable with an individual, turn it off."
- "I use it in a long distance relationship which has continued for over 2 1/2 years. I do not seek others, it is exclusive to this relationship."
- "You might want to rework your 'survey', different situations with different people would have different answers, at least from me. The choices are too much B&W."
- "If you can keep it in perspective and enjoy it for what it is there is no harm in it. Like watching a pornographic movie with your spouse, it can add to and spice up your sexual activities. It all depends on where your heart and head truly are. If you are being deceptive about it, you will usually (and justly so) end up with a negative experience at some point. And it can be an additional way to meet others that share your feelings, if that's what you are looking for."
- "Being newly separated after 22 years of marriage, everything is new to me again. I have had only one sexual partner so the internet is a way for me to break out of my shell and safely experiment with my curiosities. I love AWC and the experience and people it has given me the opportunity to get in tune with and learn about."
- "As with any type of sexual encounter, it must be approached with caution. One must always remember that there is more than one person involved. However, if you are secure enough about your own sexuality, are willing to share a part of yourself, a part that many have been taught is to be kept quiet, and allow yourself to accept pleasure from another being. Then it is a great addition to a fantastic sex life."
- "I think it's the best form of "safe" sex there is."
- "I find it fun and satisfying especially in 1 on 1 situations - unfortunately has destroyed many relationships as some cannot control their feelings and venture past the cyber into reality."

- "I think the internet video chat is a useful way to meet people in distant states/countries and experience through video chat their sexual interests."
- "I am surprised at the number of women who want to show their bodies. I am equally surprised at the number of couples who make love while the camera is running."
- "Internet video chat is a way for people to experience other people in safe surroundings."
- "i dont see anything wrong with it...its safe fun and exciting."
- "Regarding the survey, I think it could be a bit more broad. Such as, If in the future I committed adultery:-
a) It would be nobody's business but my own
b) I would worry about my spouse finding out
c) I would ask my spouse to join in."
- "Everything is not always a 'yes' or 'no' type situation."
- "Especially in regards to sex. Good luck in your survey. It would be interesting to see the results. Perhaps you could post them to ANYwebcam.com's message board when completed."
- "The ability to chat and have sexual interaction without commitment to an individual is safer than going to the local bar or gym. Frustrations are released while enjoying sex and if someone pisses you off...you can close the chat and not be bothered again."
- "I thoroughly enjoy video chat for sex interaction. I am currently in a male/male relationship - not living together. I am generally the shy type in public - video chat lets me be this whole other person - its a great way to relax and escape for an hour."
- "i find it helps with self confidence prior to any cam interaction my self confidence was extremely low after having many encounters with people online i feel more sexually attractive, more powerful and less lonely."
- "It is the most pleasant and most convenient way to have sex interaction without the need of commitment right away. Also I have actually met with an online contact in person and a

strong friendship including sexual relationship has resulted from this meeting. I would recommend using sexual interaction through video chat rooms to anybody."

- "makes you confident of yourself and its FUN!"
- "i think if you in joy it do it dont die unhappy"
- "Well its fun n enjoyable. Part of releasing stress."
- "IVC to me is just another expression of the erotic side of peoples nature. It is definitely a fetish, but unlike the real world which is quite unsafe, this is a much safer alternative to be a voyeur/exhibitionist. I have never had a desire to meet any of these people face to face, it's the fantasy of seeing their passion and desires which is the excitement."
- "I find the net interesting cause many people make up new identities or are very relaxed about talking about sex. I always remember its the net so a lot of it is not real"
- "Best way for finding new sex partner, thats all, Everybodylikes tı watch, everybody ikes to be watched"
- "Ita great"
- "I think if done for the right reasons.it can be healthy for lonely single men and woman even married couples is shared and viewed to help there sexual fantasys and frustrations . i dont think it it to be used for bad uses or for children /teens. it can be clean fun if done in the right manner and respect."
- "Its a great vehicle to express sexual frustrations"
- "I think that it is an interesting and not harmful, I enjoy watching others in the video chat rooms and they don't know me and i don't know them and I enjoy chatting and watching"
- "iT IS FUN AND EXCITING."
- "I think it can be very satisfying and fun, my husband and I both enjoy showing other people our bodies and interacting with people via Internet video chat. Sometimes we perform together for people and let each other know who we are talking to and what about if we engage in it alone."

- "Altho "cybersex" may be an immediatly gratifying substitute for the release of sexual tensions it is NOT , in my opinion, a healthy endeavor for those who do not appreciate or comprehend the "down side" of this most popular pass time. It fails to accomodate the most basic of all human needs, physical contact, in fact it, aggrevates it to a point of distraction and (possibly) eventual addiction to the "sport" as the labido drives one back again and again to satisfy the unsatisfied need to touch and be touched. How's that for something to contemplate?"
- "I think my remembered are the same as my current....because I was on the internet way before video chat...for regular chat. I know you're looking for specific information here, but I found that I was forced quite often to pick one of the two answers to the questions, even though neither really reflected what I really thought related to the question."

Conclusions of statistical results

Results of the analysis of data obtained from the survey indicate that there was a statistically significant reduction in anxiety associated with the use of Internet Video Conferencing for sexual recreation. Replication of the study may further validate these findings. An increase of the sample size may prove to be useful in obtaining statistically significant correlations between demographic information and the use of Internet Video Conferencing for sexual recreation. The participants written responses from the survey may prove useful in future qualitative studies associated with sexual recreation through the use of Internet Video Conferencing.

Proposed model to include Internet Video Conferencing as an
adjunct treatment tool

The research findings of this study have yielded positive and noteworthy correlations that support the need for the designing of models that incorporate and recommend this form of adjunct therapy method.

Rationale for creating treatment model

The rationale is strong, in that this model of adjunct treatment is conducive with Sexological and Sex Therapy Principles. In particular the following principles are noted. First, it is client centered and non-invasive with the use of free will, individual choice of exposures, to include their desire for frequency and duration. Secondly, the method is easy to apply to large groups: it is easily available and cost effective to many populations in the modern and developed world. Thirdly, the approach of behavioral modification and experiential learning is well received and widely practiced in the field of Sexology and Sex Therapy. Apprehension can be addressed, and possibly reduced or resolved for patients in a medication free way, while at the same time offering a great deal of practical insights and knowledge that can become feedback to be reviewed in talking therapy sessions.

Today, it may be a viable alternative for single people that were not necessarily addressed by Masters and Johnson Treatment Intervention. The model can well follow closely with some of the steps of treatment that were designed for couples.

Needs assessment and treatment model

As it has been well established in research, and in a long and extensive cumulative history in the field of sex therapy, one of the most leading deterrent to sexual behaviors and sexual enjoyment is the whole condition of hypo-sexuality and the anxiety that accompanies the condition. Although the causes may be varied and extensive, apprehension, anxiety, phobias and avoidance patterns are the predominant symptoms that not only are experienced by many people, but also are what deters people from interacting and seeking partners. This suffering and sexual dysfunction is treatable with favorable prognosis and success.

Many treatment settings are searching for adjunct treatment methods that will allow for legal and safe ways in which patients may apply what they are learning in therapy. Particularly single individuals need useful outlets to explore and rehearse in a social way what sex education and sex therapy has revealed. Patients can learn and become competent at what may individually appeal to them with a variety of partners that they make contact with via Internet Video Conferencing.

Model features

The development of a model for the use of Internet Video Conferencing as an adjunct treatment for Sexual Aversion Disorder would include the following features:

- 1.) Exploration of the appropriateness of use of Internet Video Conferencing as an intervention with a specific client.

- 2.) Introduction and education to the use of Internet Video Conferencing within a therapy session.
- 3.) Discussion and resolution of aversions to the intervention.
- 4.) Homework assignments that would include gradual increased exposure to sexual interaction with Internet Video Conferencing.
- 5.) Discussion of these homework assignments during therapy sessions.

Development of a plan for actual physical sexual interaction if the patient's interaction within therapy and the use of Internet Video Conferencing provides an acceptable reduction in the patient's sexual anxiety.

Counseling that looks to reduce disturbing and stressful conditions and symptoms often include some method of aversion therapy. When the therapist works together with the patient to develop a jointly acceptable treatment plan, the therapist can explore the practical aspects of the patient having access to the Internet equipment and capabilities. Also, their needs to be a consenting attitude along with the requirement of both the therapist and the patient's signatures to the treatment plan. The standard problem, goal, method treatment plan needs to have clearly outlined behavioral goals with time limits, assessment and measurement standards and clear expectations of reviews and modifications of plans. The individual plans can and will incorporate other methods, diverse treatment styles and look to explore which approaches and which combinations most often tend

to give the best and desired results. In conclusion it may well behoove the therapist to gain practical experience with the sexual recreation of Internet Video Conferencing prior to intervention with the client to have a clearer perspective of the clients experience when this intervention is implemented.

Conclusion

Sexological research has shown that the etiology of Sexual Aversion Disorder often is often influenced by a number of variables to include:

- 1.) Frequent and/or intense exposure to cultural/social attitudes and norms associating natural biological functions of sex with the negative connotations sin and shame. The resulting assimilation of these norms by the family and individual cause conflict between the perception of sexuality and the natural sexual functions of the mind and body.
- 2.) Unresolved childhood conflicts that encompass a combination of separation anxiety, over sensitivity to rejection, and intolerance of criticism.
- 3.) Biological traits including an abnormally low physiological threshold to the alarm response resulting in an excessive experience of inappropriate fears.

An integrated approach that draws from the disciplines of Behavioral Science, Psychoanalysis, and Psychopharmacology has shown to be effective in the treatment of Sexual Aversion Disorder.

While still in it's infancy research of the psychological effects the Internet are showing promise, in the areas of Computer Mediated Communication and Internet Video Conferencing, as means for healthy sexual expression and as learning tools.

Based on the information in the body of this dissertation Internet Video Conferencing may well prove to be a practical adjunct tool in the treatment of Sexual Aversion Disorder through assisting in the reduction of anxiety and providing a bridge between total sexual aversion and physical sexual interaction with a partner.

The environment of the group chat rooms within programs to include Paltalk and ANYWEBCAMNOW have shown to be environments that support sexual recreation and may prove to assist in the development of alternative healthy pro-sex perceptions in the individual suffering from sexual aversion. Through interaction in these environments the individual has the opportunity to gain practical knowledge and experience from the safety of the home with the ability to control the amount, frequency, and duration of exposure. This knowledge and experience can in turn be drawn upon from memory to assist in the development of physical sexual interaction with a partner.

Treatment through the use of sexual recreation with Internet Video Conferencing could also provide for the opportunity of a fuller comprehension of the specifics of the individuals dynamics of aversion through review, in therapy sessions, of homework assignments associated with sexual recreation with Internet Video Conferencing. Thus enabling the therapist and the client to address the clients' specific needs in resolving issues associated with their aversion. In addition, through viewing other people using Internet Video Conferencing for sexual recreation from the therapists office the therapist

and client may gain further insight into the clients reaction to this stimulus and more accurately address the clients aversion in a real time situation.

In summary the use of this technology may well prove to be an effective tool within the therapeutic environment to assist the sexually averse person in resolving their issues of their aversion and developing a fulfilling sexuality.

Suggestions for further research

- 1.) Replicate the study completed in this dissertation to determine if the results can be reproduced to further validate the findings.
- 2.) Implement a longitudinal study of clinic practice to continue to explore practicality of this possible adjunct treatment.
- 3.) Explore Internet Video Conferencing as a possible adjunct treatment in other forms of sex therapy.
- 4.) Study how to most effectively implement treatment with this possible adjunct tool.
- 5.) Increase the sample size in replication of this study to further define the demographics of the users of Internet Video Conferencing and discern which populations may most benefit from this possible adjunct tool.
- 6.) Explore this as a possible form of treatment for difficult to reach populations including elderly individuals and individuals in distant cultures or social groups where customs are restrictive and less receptive to traditional forms of sex therapy.
- 7.) Research the cost effectiveness of this possible adjunct tool.
- 8.) Research the use of Internet Video conferencing as a tool in working with populations or people confined by their social/political cultures but not by their beliefs or sexual desires.

9.) Research the possible effects of sexual recreation through Internet Video Conferencing on the transmission of Sexually Transmitted Diseases (STD's): How could this be used for safe sex to cut down on STD's?

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Appendix A

Appendix B

In filling out the information on the survey please take the first Sex Anxiety Inventory from your **remembered** perspective prior to any use of or exposure to Internet Video Chat. Then, fill out the second Sex Anxiety Inventory from your **present day** perspective. Be as honest as you can in your responses.

I. Demographic Information

1. Your sex: Male Female
2. Your sexual identity:
3. Your age group in years:
4. Your weight:
5. Your race:
6. Where do you live?
7. Your educational level:
8. Your income in thousands of US dollars:
9. What religion are you? If other, which one?
10. How often do you attend religious services?
11. How much credence do you give to your religion?
12. How long have been accessing Internet video chat?
13. How many times a month do you access Internet video chat?

14. On average, how much time do you spend each time you access Internet video chat?

Not answered

II. The Sex Anxiety Inventory (Remembered Perspective)

1. Extramarital sex

- a. is OK if everyone agrees.
- b. can break up families.

2. Sex

- a. can cause as much anxiety as pleasure.
- b. on the whole is good and enjoyable.

3. Masturbation

- a. causes me to worry.
- b. can be a useful substitute.

4. After having sexual thoughts

- a. I feel aroused.
- b. I feel jittery.

5. When I engage in petting

- a. I feel scared at first.
- b. I thoroughly enjoy it.

6. Initiating sexual relationships

- a. is a very stressful experience.
- b. causes me no problem at all.

7. Oral sex

- a. would arouse me.
- b. would terrify me.

8. I feel nervous

- a. about initiating sexual relations.
- b. about nothing when it comes to members of the opposite sex.

9. When I meet someone I'm attracted to

- a. I get to know him or her.
- b. I feel nervous.

10. When I was younger

- a. I was looking forward to having sex.
- b. I felt nervous about the prospect of having sex.

11. When others flirt with me

- a. I don't know what to do.
- b. I flirt back.

12. Group sex

- a. would scare me to death.
- b. might be interesting.

13. If in the future I committed adultery

- a. I would probably get caught.
- b. I wouldn't feel bad about it.

14. I would

- a. feel too nervous to tell a dirty joke in mixed company.
- b. tell a dirty joke if it were funny.

15. Dirty jokes

- a. make me feel uncomfortable.
- b. often make me laugh.

16. When I awake from sexual dreams

- a. I feel pleasant and relaxed.
- b. I feel tense.

17. When I have sexual desires

- a. I worry about what I should do.
- b. I do something to satisfy them.

18. If in the future I committed adultery

- a. it would be nobody's business but my own.
- b. I would worry about my spouse's finding out.

19. Buying a pornographic book
- a. wouldn't bother me.
 - b. would make me nervous.
20. Casual sex
- a. is better than no sex at all.
 - b. can hurt many people.
21. Extramarital sex
- a. is sometimes necessary.
 - b. can damage one's career.
22. Sexual advances
- a. leave me feeling tense.
 - b. are welcomed.
23. When I have sexual relations
- a. I feel satisfied.
 - b. I worry about being discovered.
24. When talking about sex in mixed company
- a. I feel nervous.
 - b. I sometimes get excited.
25. If I were to flirt with someone
- a. I would worry about his or her reaction.
 - b. I would enjoy it.

III. The Sex Anxiety Inventory (Current Perspective)

1. Extramarital sex
- a. is OK if everyone agrees.
 - b. can break up families.
2. Sex
- a. can cause as much anxiety as pleasure.
 - b. on the whole is good and enjoyable.

3. Masturbation
 - a. causes me to worry.
 - b. can be a useful substitute.
4. After having sexual thoughts
 - a. I feel aroused.
 - b. I feel jittery.
5. When I engage in petting
 - a. I feel scared at first.
 - b. I thoroughly enjoy it.
6. Initiating sexual relationships
 - a. is a very stressful experience.
 - b. causes me no problem at all.
7. Oral sex
 - a. would arouse me.
 - b. would terrify me.
8. I feel nervous
 - a. about initiating sexual relations.
 - b. about nothing when it comes to members of the opposite sex.
9. When I meet someone I'm attracted to
 - a. I get to know him or her.
 - b. I feel nervous.
10. When I was younger
 - a. I was looking forward to having sex.
 - b. I felt nervous about the prospect of having sex.
11. When others flirt with me
 - a. I don't know what to do.
 - b. I flirt back.
12. Group sex
 - a. would scare me to death.
 - b. might be interesting.

13. If in the future I committed adultery
- a. I would probably get caught.
 - b. I wouldn't feel bad about it.
14. I would
- a. feel too nervous to tell a dirty joke in mixed company.
 - b. tell a dirty joke if it were funny.
15. Dirty jokes
- a. make me feel uncomfortable.
 - b. often make me laugh.
16. When I awake from sexual dreams
- a. I feel pleasant and relaxed.
 - b. I feel tense.
17. When I have sexual desires
- a. I worry about what I should do.
 - b. I do something to satisfy them.
18. If in the future I committed adultery
- a. it would be nobody's business but my own.
 - b. I would worry about my spouse's finding out.
19. Buying a pornographic book
- a. wouldn't bother me.
 - b. would make me nervous.
20. Casual sex
- a. is better than no sex at all.
 - b. can hurt many people.
21. Extramarital sex
- a. is sometimes necessary.
 - b. can damage one's career.

22. Sexual advances
- a. leave me feeling tense.
 - b. are welcomed.
23. When I have sexual relations
- a. I feel satisfied.
 - b. I worry about being discovered.
24. When talking about sex in mixed company
- a. I feel nervous.
 - b. I sometimes get excited.
25. If I were to flirt with someone
- a. I would worry about his or her reaction.
 - b. I would enjoy it.

IV. Final Comments

Your turn! In a few sentences (if you desire), tell us what you think of the use of Internet Video Chat for sex interaction:

Thanks very much for participating in the survey! I welcome your thoughts and comments regarding this activity and survey. Please feel free to contact me at videochatsexmanners.org

Click Submit to save your survey

