

ASSISTING A CONCERNED PERSON TO MOTIVATE SOMEONE EXPERIENCING CYBERSEX INTO TREATMENT

APPLICATION OF INVITATIONAL INTERVENTION: THE ARISE MODEL TO CYBERSEX

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Cybersex and Internet pornography addiction are new problem areas confronting couples and families. A most significant experience inducing family members to reach out to a therapist or an Interventionist for help with their addicted member is the realization that the individual they are living with has become a stranger. This article focuses on the changes in the attitude, emotions, and behaviors of the addicted individual from compulsive Internet pornography use and cybersex. Identifying these changes for the family members validates their experience of now living with a stranger. This article then presents the three-level empirically based, manual-driven method of Invitational Intervention, A Relational Intervention Sequence for Engagement (ARISE) as an effective tool for helping families to get their loved ones into treatment.

Living With a Stranger

Counselor: Hello, may I help you?

Family Member: Yes. I got your name from my doctor who said you could help me because my marriage is falling apart and I'm filled with anger and fears. Do you do that type of work?

Counselor: I would need to know a little more about your situation before I could tell you whether I am the right person to work with you.

Family Member: I'm embarrassed to even say this out loud. Two weeks ago, I was paying a credit card bill and found all these charges for different websites. I asked my husband about them and he said they were for computer upgrades. I became

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suspicious and did some snooping of my own and found out that he'd been visiting lots of pornography sites and chat rooms on the Internet. I confronted him about it and he promised he would stop. But here it is 2 weeks later and he hasn't stopped. He says it is my problem, not his. Can you help us?

Counselor: Yes, we work with individuals and families to help them to get an individual with an addiction problem started in treatment. The regular use of pornography, hiding its use, and then not being able to stop are clear indicators of an addiction problem.

Family Member: Thank you. I've been calling everywhere and you are the first person who will actually talk with me about this. The other places only told me that they couldn't help until the person called in himself requesting help, or they just wanted to refer me to a self-help program.

Counselor: Please tell me about your husband.

Family Member: He's 45 years old. We've been married for 20 years and have three teenage children. The children would be crushed to find out what their father is doing. I'd like to save this marriage, but I don't trust him anymore.

Counselor: Have you seen any major changes in your husband's behavior, attitude, emotional availability, sexual interest, and/or respect for you?

Family Member: Major changes—that's an understatement! He used to be warm, affectionate, and loving to me. Now, he avoids me. He comes to bed a couple of hours after I go to sleep. He has lost interest in sex with me. I have put on a few pounds and I thought it was because I don't look like I used to when we were dating. He couldn't get enough back then. He is irritable, snappy, unhappy, picks fights, and real cold. I noticed he doesn't like to be touched. I don't know him anymore!

Counselor: It sounds like this is not the man you married.

Family Member: You are right. He's turned into a complete stranger. I don't know him anymore and I am really afraid of our marriage being over.

Counselor: I understand. Your story is really typical of wives who say they are now living with a stranger. We can help you get your husband back as you begin to understand what the addiction is doing to his brain and how we can work together to address this problem, regardless of how resistant he might initially be.

This First Call to an ARISE Interventionist is fairly typical of those received from family members concerned about a loved one secretly involved in cybersex that has just come to light. This article describes the use of Invitational Intervention: The ARISE Model (A Relational Intervention Sequence for Engagement), from here on referred to as ARISE in cases of cybersex addiction.

OVERVIEW OF INVITATIONAL INTERVENTION: THE ARISE MODEL

The ARISE Model mobilizes family and concerned others to motivate the resistant addicted individual into treatment while moving the family as a whole into recovery. ARISE is divided into two phases. Phase 1 is directed entirely toward getting the addicted individual to enter treatment. During this phase, members of the support system commit to serving as the Intervention Network in support of treatment engagement. Once the individual is in treatment, Phase 2 begins. The Network and the ARISE Interventionist collaborate with the treatment

team to ensure treatment retention and prevent the addicted individual from leaving against medical advice. The task of the Intervention Network changes to that of treatment support and relapse prevention, focusing on resolution of unresolved loss and grief and the completion of life cycle transitions and developmental attachment problems. The Intervention Network continues to meet on a regular basis for an average of 6 months after treatment has started. This ensures the continuum of care.

Phase 1 of ARISE is a three-level, pretreatment engagement process based on openness, a belief in the inherent healthiness of families, and a commitment to honor and maintain the investment and connectedness of families. Invitational Intervention: The ARISE Model has no surprises or secrets. The ARISE Interventionist is present (either in person or on the telephone) for all meetings. The principle of Phase 1 is to stop at the first level that achieves treatment entry. The family and support system take a very active role in the Intervention process. This minimizes the clinician's expenditure of time and cost and empowers the family, overcoming their blame, shame, and guilt.

Level 1 employs motivational techniques designed specifically for telephone coaching, but can also be applied in face-to-face sessions. The ARISE Interventionist helps the "First Caller" or "Concerned Other" establish a basis of hope, identify whom to invite to the initial intervention meeting (First Meeting), design a strategy to mobilize the support group, teach techniques to successfully invite the addicted individual to the First Meeting, suggest a recovery message (based on the intergenerational story of loss and on the neurobiological damage to the brain), and get a commitment from all invited individuals to attend the First Meeting regardless of whether or not the addicted individual attends (Garrett & Landau, 2007). Level 1 comprises the First Call (see First Call Worksheet) and the First Meeting. The ARISE Interventionist conducts both, while encouraging the First Caller and Intervention Network to take a central role in both the decision making and motivating of the addicted individual to enter treatment.

In a recent study, over 55% of the sample entered treatment during Level 1 (Landau et al., 2004). Concerns about the loss of the loved one as the family once knew him or her always come up during the First Call. The ARISE Interventionist validates the changes described by the First Caller with solid scientific information relating the neurobiological process of cybersex addiction. The First Caller generally experiences a sense of immediate relief and begins to hope that recovery might be possible (Garrett et al., 1999).

Level 2 follows if treatment does not start during Level 1. Typically in Level 2, two to five face-to-face sessions are held, with or without the addicted individual present, to mobilize the Intervention Network in developing motivational strategies to attain the goal of treatment engagement. Very few families (<2%) need to proceed to Level 3 (Landau et al., 2000).

In *Level 3*, family and friends set limits and consequences for the addicted individual in a loving and supportive way. By the time the Intervention Network gets to this point, the addicted individual has been given and has refused many opportunities to enter treatment. Because the addicted individual has been invited to each of the Intervention Network meetings in Levels 1 and 2, this final limit-setting approach is a natural consequence and does not come as a surprise. The Intervention Network commits to supporting each other in the implementation of the agreed-upon consequences (Garrett et al., 1997). Outcome data on ARISE (NIDA study DA09402) demonstrate that 83% of addicted individuals enter treatment as the result of families using the Invitational Intervention approach (Landau et al., 2004).

ARISE draws on the resilience of the family, giving them back the power that the addiction has usurped. This article takes the principles and protocols of the ARISE model and adapts them to Intervening with cybersex addiction. Given the social stigma, shame, and guilt surrounding cybersex, ARISE is ideally suited to assuage the concerns of the First Caller contacting us about a loved one involved in pornography or Internet sex. ARISE acknowledges the anxiety, shame, sense of betrayal, and fear of exposure of the First Caller. The method goes directly to the heart of the addiction problem by addressing the underlying family dynamics,

events, and issues that need resolving in order for the addicted individual and the family to achieve lasting recovery.

NEUROBIOLOGY OF CYBERSEX ADDICTS

The neurobiology of sexual arousal parallels that of cocaine in its relationship to dopamine, the brain's "pleasure" chemical. New scientific knowledge, using fMRI's studies at the University of California at Berkley, suggests that, as far as the brain is concerned, a reward is a reward, regardless of whether it comes from a chemical or an experience (Boettiger et al., 2007). Further, where there is a reward—as in sex, gambling, eating, or shopping—there is the risk of getting trapped in a compulsion. The dorsal prefrontal cortex and the parietal cortex often form cooperative circuits and this study found that high activity in both is associated with a bias toward choosing immediate rewards. "Think of the orbital frontal cortex as the brakes. With the brakes on, people choose for the future. Without the brakes they choose for the short-term gain" (Boettiger et al., 2007, p. 14,385).

Due to impaired functioning of the frontal cortex, the individual with a sexual addiction is not able objectively to judge the danger and negative impact of his or her sexual behavior. Instead, he or she gives in to impulses and sexual cravings by looking for immediate stimulation and gratification. In addition, Dr. Fisher, in her cross-cultural studies, has shown that the "lust chemicals" that are found in the first 9–18 months of a relationship (including androgen and estrogen) are related to the same feeling of being high that comes from using cocaine (Fisher, 2000, 2004). This means that the high from a new relationship and from sexual arousal mimics the cocaine high. Perhaps more interesting is the presence of brain chemicals that develop in the 1½-year to 5-year range of a relationship. Oxytocin in particular is one of the chemicals found in breast milk. Oxytocin is a calming and bonding neurochemical.

The implications of this brain chemical sequencing are important in understanding sexual/internet pornography addiction—cybersex. Once the initial high wears off due to the length of the relationship or the extent of pornography use, the more the individual feels like something is missing and the more he or she will seek out what initially provided the sensation of intense pleasure. The overall effect of this natural and healthy sequencing of brain chemistry related to love and bonding with another person is to leave the addicted individual feeling that something is wrong and/or missing because the relationship no longer provides the rush or high from the fantasy and/or pornography. The very neurochemical that allows and fosters bonding is what drives addicted persons back to seek the behaviors, emotional distancing, and fantasy cognition that bring them what they are missing.

The sequencing and resulting compulsion have significant implications for Intervention and treatment. "Sex, love, and relationship addiction all stem from the feelings of abandonment. Feelings of abandonment are central to trust, security and feelings of safety and well-being. Those who have experienced or perceived abandonment have learned to not trust themselves or others. Sex addicts use pornography, fantasy, masturbation—to fulfill the rush without the intimacy of a relationship. Love and relationship addicts will use others to try to fulfill the need for intimacy, but their fear and pain of abandonment keep them disconnected" (Holbrook, 2008, p. 32).

COEXISTENCE OF SEXUAL AND OTHER ADDICTIONS

There is growing evidence regarding the coexistence of multiple addictions and national surveys reveal that a very high correlation exists between sexual addiction, substance abuse, and other addictions and behavioral compulsions (Miller, Gorski, & Miller, 1992; Slobodzien, 2007). This makes perfect sense given our current understanding that the common neural pathways activated by pleasure-seeking behavior are common to addictive behaviors and

compulsions, whether or not substances are involved. In Slobodzien's (2007) study, a group of sexual addicts reported the following additional addictions and compulsive behavior problems: chemical dependency (42%); eating disorder (38%); compulsive working (28%); compulsive spending (26%); and compulsive gambling (5%).

In addition to the more recent information, older information from AA-related literature warned about the dangers of sexual addiction. It starts with the understanding that the drinking "was but a symptom. So we had to get down to causes and symptoms" (Alcoholics Anonymous, 2001, p. 64). This phrase was written in 1939. "It makes sense that if we never learned to handle our feelings we'd have to find a way to get by—drugs, sex, alcohol or something. If we came from a family that denied, kept secrets, shamed, repressed and suppressed, physically, emotionally, or sexually abused us, or any number of other ways of creating distortion in emotional, physical, sexual responses, odds are our sex life is goofy, and has been for a long time. Many of us have confused having sex with being intimate" (Pittman & Weber, 1993, p. 50). Those in recovery are warned by this story: "My first Sponsor used to go to Las Vegas pretty often with his brother and his dad and my other friend. When they were in Vegas they would do business with prostitutes. None of them saw this as cheating on their wives as it was a 'professional' relationship" (Pittman & Weber, 1993, p. 53). One addiction can easily replace another unless the treatment and recovery work focuses on all aspects of living, not just the alcohol and drug abuse.

As it is impossible to assume that treatment for one specific addiction alone will be beneficial if other addictions coexist, the initial approach to therapeutic intervention for any addiction needs to include an assessment for other addictions, and treatment needs to be tailored according to the findings. Slobodzien's (2005, 2007) research has shown that the presence of multiple addictions is a significant factor in relapse, so the entire spectrum of possible addictions needs to be given consideration if long-term recovery is to be achieved. "Sex, love or relationships that have become problematic or addictive have the potential to be one of the greatest triggers for relapse. If these issues (sexual addiction) are not addressed, chance of relapse is greatly increased" (Carnes, 2001; Holbrook, 2008, p. 30; Tays, Garrett, & Earle, 2002).

Montgomery (2008) estimates that 40–50% of regular Internet pornography users ultimately develop symptoms of sexual addiction. He believes that the pornography user follows a precarious "slippery slope" when surfing Internet porn sites. The individual is slowly but surely lured deeper into the site with enticing pictures, pop-ups, and invitations for more graphic information and greater rewards. In the next phase of exploration of the site, more risqué "fringe behaviors" are explored. As the searching continues, visual cues are shown, often on the periphery of the site, leading the individual to other sites which offer cyber contact via emails, photos, web cameras, and eventually phone calls and ultimately an actual "meet." Montgomery (2008) states that in the past two years, he has seen a threefold increase in the number of referrals from divorce attorneys for sexual addiction issues.

IMPACT OF CYBERSEX AND INTERNET ADDICTION ON SPOUSE

Mrs. D. called, distraught about her husband's losing his job. They had been married for 22 years and she had always believed that their relationship was extremely close. Having no children, they "were everything to each other and shared all their hopes, dreams, and fears." She said that their sex life had not been ideal for a number of years, but she attributed this to their busy lifestyles, maturation, and age, and knew that many of their friends' relationships had suffered a similar "cooling off."

Mr. D. had recently lost his job of 15 years because his employer had found evidence of cybersex on his work computer. He had come home extremely upset and indignant because of his lengthy history of "being a model employee." He had protested

vehemently that someone else in the office must have been tampering with his computer and had begged his wife to support him in his battle against unjust termination of his employment. They had hired an attorney at great expense, fought the battle, and lost.

Not knowing what to think, shortly before her call for help, Mrs. D. had checked her husband's home computer. To her horror, she discovered clear evidence of cybersex. There were numerous porn sites in his bookmark folder, and she described feeling herself "go cold" when she found a series of graphically illustrated emails between her husband and an unknown "MM." Mrs. D. felt that her whole life was falling apart. She started to question the reality of any of her perceptions about herself, her husband, and their relationship. She couldn't believe that she'd not noticed the changes in him and suddenly felt that she was living with a stranger. She blamed herself for not recognizing the change earlier, and was deeply ashamed of herself and him. She said that for the first time in her life she was grateful that they had not had children.

The ratio of women to men who make First Calls to an Interventionist concerning cybersex is 70:30. In the case of Mrs. D., it became evident that there were several incentives pushing her to contact an addiction specialist: her husband's dishonesty about his secret life; her sense of betrayal in the marital relationship that she had believed was ideal; her fear of the legal, economic, and personal repercussions from his behavior; and finally her total confusion about how to act toward him and what to do about her future concerning the marriage. This background is extremely common among the First Calls we receive from spouses (Schneider & Corley, 2002).

Mrs. D. followed through immediately on her First Call because the situation was so desperate. Frequently, where there isn't a concern about employment or other pressing need, we hear from women that they had called a couple of times previously but had hung up before getting an answer. It takes an enormous amount of courage for a First Caller to request professional help.

In many ways, what we are seeing about cybersex reminds us of the early days of addiction treatment: the overwhelming shame, guilt, and ultimately blame. One of the most salient differences is that people tend to share their concerns about other addictions with at least a couple of friends and family members who will help them get to the point of requesting professional help. Even if they haven't discussed it with anyone close, other members of their support system will have witnessed the problem behavior, if not been impacted by it.

In the case of cybersex, it is highly unusual for the First Caller, typically the parent, spouse, or significant other, to share his or her suspicion and fear with anyone else. It is often extremely challenging for the First Caller even to complete the 15–30 min of the "First Call Worksheet" questionnaire with the ARISE Interventionist. The parent or partner of a cybersex addict is so ashamed, that talking about the problem, and especially any details about it, is really difficult. This is in stark contrast with the wife of an alcoholic who frequently provides more information than one wants during the First Call and is often a challenge to stop talking.

The taboos about talking about intimacy, sex, and especially marital infidelity are still strong in most societies. There is even more shame attached to cybersex than to live sex because there is the sense of its being so different from what other people do. There is, as one of the wives told us, "an automatic hiding in dark places with a computer where nobody can see." Even the anonymity of the cybersex partner reinforces the shame and guilt and also takes away the right of the partner to go after or hate the intruder into the relationship. Cybersex is also associated with the public aversion to pornography and somehow the nonaddicted spouse carries the same shame and the guilt of "not being enough."

Once the First Call is made, a caller about cybersex is far less likely to follow up with us than a caller worried about a loved one with any other addiction. For this reason, we take

great pains to ensure that we have determined appropriate times and telephone numbers and email address to be able to follow up with her if she fails to get back to us. We have to reassure him or her that we will not intrude at any other time or in any other way from that provided and also that we will always ask whether this is a good time so that nobody can overhear the conversation. We have had occasions where the First Caller refused to provide any contact information and in such instances there is not much we can do except encourage him or her to get back to us. Over time, this generally happens, but it may be only after very serious consequences of the problem have arisen.

Another challenge for the ARISE Interventionist (and treatment team) is that it is very unusual for the First Caller to be ready to mobilize the support system to form the Intervention Network to motivate the addicted person to enter treatment. With other addictions, we are generally successful in working with a fairly large Intervention Network. Our research (NIDA: grant No. R01 DA09402) with substance abusers showed that a successful Intervention Network comprises at least three other members while poorer success resulted from one or less¹ (Landau et al., 2004).

CYBERSEX AND AMBIGUOUS LOSS IN THE FAMILY

Addiction of any type has a profound impact on family relationships and frequently results in members of the family feeling that they are living with a complete stranger (Landau & Garrett, 2008). Unless this process of estrangement is recognized and dealt with in the relational setting, relational breakdowns including problems with children and adolescents, marital problems, and divorce are likely to result.

In a very similar way, the loss of a loved one to the addictive process causes serious confusion because the person is still physically present, but is behaving very differently from the person the family knew and loved. The loved one's physical and emotional deficits profoundly alter their family and social interactions (Koob et al., 2004). This change in identity of the addicted individual (with or without his or her awareness) creates a sense of boundary ambiguity in couples and families. This may manifest as loss of the addicted person as the family knew her or him, as well as loss of the family system as it once was. All the rules have suddenly changed, and spouses and other family members struggle to develop new boundaries and maintain effective communication.

With such ambiguous loss, the boundary ambiguity is left unresolved. Since the addicted person is still present, family members do not recognize or grieve the loss of the loved one, and are therefore unable to heal and move on. Similarly to Seaburn's (1990) description of cancer as the unwelcome guest, Landau and Hissett's (2007) description of MTBI becoming the dominant topic in a family where a member has suffered a head injury, and Landau and Garrett's (2008) description of the impact of substance abuse on family relationships, families dealing with pornography or cybersex also struggle with the realization that the disease "has left a stranger in their midst who has become the predominant presence" (Landau & Garrett, 2008, p. 32).

Families dealing with addiction refrain from discussing their experiences to avoid alienation, blame, guilt, and shame. They "walk on eggshells," terrified of losing the addicted individual by dealing openly with the problem. This combination of ambiguity and secrecy compounds the problem. Clinically, these effects appear to be associated with considerable stress, and may correlate with the breakdown of couple, parent, and family relationships (Landau & Hissett, 2007).

The spouse living with a person addicted to cybersex is likely to make frequent visits to the primary care provider's office with minor ailments, or to consult a therapist about depression and anxiety. The shame and guilt associated with cybersex is even more profound than that from substance abuse and other addictions. Unless specifically asked about addiction in the

family, the cause of the distress might never come to light unless something extreme happens as in the situation of the First Call briefly described above, where the wife ultimately discovered the full extent of her husband's problem (Landau & Garrett, 2006). Many parents, spouses, or partners in a similar situation do not ever call for help because of the shame and guilt. The following case example demonstrates how the parents of a teenage son addressed their fears and suspicions about his sexual addiction.

Case Example

Eric is now 19 years old and has 3 years in recovery from Internet pornography addiction. He was intervened on at age 15 after being caught at home by his parents with sexually explicit pictures on his computer. Fortunately for Eric, his parents called an ARISE Interventionist and he was able to identify with the major symptoms of sexual addiction. He worked through the precontemplation and contemplation phases of recovery in the first year of his treatment and has maintained abstinence from Internet pornography for the past 3 years.

We call this case the "perfect storm" because of three major factors that impacted Eric's development and maturation. They all coincided within a short period of time to trigger the sexual addiction. The first factor was Eric's developmental age at the time of the start of addiction. He was chronologically 12 years old, but was far younger than that in his emotional, physical, and sexual development. He was unable to deal with the intensity of emotionally laden events that occurred during this stage of his life.

The second factor was the unexpected death of the person Eric called his fraternal grandfather, "Grandpa," who had raised Eric's father, was really Eric's uncle (Eric's father's oldest brother). Eric's father was the youngest of five children. His oldest brother was 17 years older than he. When Eric's father was 4 years old, his mother died from breast cancer and his father went into a major depression and began to drink heavily. It was at age 5 that Eric's father was taken in by his oldest brother (Grandpa) and raised in that home. The death of Grandpa when Eric was 12 left the family in deep grief. Grandpa was the only family member of Eric's extended family with whom he had regular contact, so the impact on Eric was profound.

The third factor was a school assignment to prepare a paper dealing with the topic of Greek mythology. When Eric got the assignment he went home and did a Google search for "Greek goddess." The search immediately downloaded numerous websites with explicit sexual images. As Eric stated, "I felt something come alive inside of me! I'd been depressed since Grandpa died and seeing these pictures of sexy women got my mind off the sadness. I felt great! It was the best I'd felt in a long time and I wanted to find more."

Eric went on to describe how after a while he would use the pornographic pictures to get sexually aroused. Until seeing the pornographic images, Eric had not ever masturbated. He had been very embarrassed listening to his friends talking or boasting about their prowess in an area for which he had absolutely no interest or knowledge. When he started looking at the websites he was not initially able to masturbate because he was not sufficiently physiologically developed to do more than become aroused and energized. As his maturation progressed, he was able to use the images not just to lift his depression but also to ejaculate by masturbation. At last, he felt that he could hold up his head as "one of the guys."

The First Caller for the ARISE Intervention was Eric's father. Eric's mother was "too grossed out," embarrassed, and angered by the pornographic pictures and videos to make the initial call. The First Call Worksheet (see Figure 1) was followed, and the ARISE Interventionist had to adjust the substance use questions to directly address Internet pornography use. Eric's father described how he had approached his son to get help and how his son was "totally in our face that he did not have a problem and that all of his friends are into pornography. He refuses to get help." When the preliminary genogram was done it became apparent to the Interventionist that the death of the grandfather was still a difficult topic and there continued to be unresolved grief.

When the pornography use history was gathered, it raised many questions about the length of time Eric had been using pornography and the extent of the use. It also raised questions about whether or not the pornographic use had crossed from expected adolescent curiosity and sexual exploration to a sexual addiction. Another question that immediately developed was whom to invite to the First Meeting. The authors have found that with sexual addiction, dissimilar to substance abuse, the First Meeting usually only involves one or two immediate family members. This more limited family/network involvement is the result of the family's embarrassment, shame, and need for privacy. In Eric's case, the First Meeting would only involve his parents and himself.

The authors have found that it is important to screen carefully for depression and suicide risk due to the depth of shame and guilt that the individual feels about his or

FIRST CALL WORKSHEET		
Caller's Name _____	Relationship to AI _____	AI's Name _____
Caller's Phone (h) _____	(c) Caller's Email _____	
<ol style="list-style-type: none"> 1. Presenting Problem (Join; Address Caller's Initial Concerns; Identify Presenting Problem) 2. Get Permission to Ask More Personal Questions 3. Construct a Preliminary Genogram (use back of this page or separate page) 4. Construct list of support network members to invite to First Meeting 5. Get Substance Abuse History 6. Get Brief Treatment History (include self-help, use of sponsor and treatment) 7. Identify Past Family Efforts (join around SA manipulation and breaking one-on-one isolation) 8. Assess for Safety: <ol style="list-style-type: none"> a. Is the AI threatening to hurt him/herself or anyone else? (Are there weapons involved?) b. Has someone needed to call the police recently? (Explore details) c. Has the AI been involved in any serious accidents lately? (Explore details) d. Has there been any history of trauma, domestic violence or abuse? (Explore details) 9. Finalize who to invite to form the Intervention Network--Get commitment to attend regardless of whether AI attends 10. Finalize time and place to hold the First Meeting 11. Develop Recovery Message and strategy to invite the AI 12. Complete financial arrangements and any other details regarding referral to treatment (i.e., insurance verification, pre-certification, bed availability, etc.). Cover all potential levels of care pending decision at First Meeting. 		

Figure 1. First call worksheet.

her sexual behaviors. Putting a suicide watch and emergency plan in place between the First Call and the First Meeting is often necessary. The development of the Recovery Message is similar to those developed with other addictions. In Eric's case, the Recovery Message was, "Son, we know you miss Grandpa very much. We believe that none of us has grieved his death. Your use of pornography may be a way for you to disconnect from the sadness and loss you feel in your heart. Let us help you find a way to connect with Grandpa and keep his spirit alive in your heart."

At the First Meeting the parents shared their concerns and Eric was then given an opportunity to respond. He was initially defensive, but the Interventionist was able to help him see how his use of pornography was also helping to keep his parents' attention away from their own grieving while they attended to his more immediate problems. As he began to understand the larger family dynamics, he became open to revealing more about the history and extent of his pornography use. Eric identified the following classic symptoms of addiction: increased tolerance to sexual images without getting aroused and the need for more explicit images to get aroused; loss of control once he started to view pornography, often going for hours with his viewing websites; numerous unsuccessful attempts to stop the viewing of pornography; attempts to limit or control the use of the pornography; promises to stop using; increased guilt, shame, and secrecy surrounding the use of pornography; using the pornography to alter mood; use of pornography causing problems with relationships and with parents; and classic denial-rationalization and minimization defenses.

Eric was sent to a therapist who used recovery materials related to sexual addiction (Delmonico, Griffin, & Moriarity, 2001). The family continued to meet for one year with the ARISE Interventionist to integrate recovery into their functioning as a family, to support their son's maintaining recovery, to successfully grieve the loss of Grandpa, and to build trust back. Because of Eric's young age it was not believed to be appropriate for him to go to SLAA meetings in the area since the group is attended primarily by adults whose discussions and criteria would not directly relate to his experience or psychosexual development. Eric was able to apply his individual therapy and the extended ARISE sessions to support his maintaining abstinence from using pornography and to integrate recovery into his stages of developmental growth, especially as it related to his psychosexual development.

Relationships where one member is addicted to cybersex are always fraught with guilt, shame, and blame, reinforced by a lack of societal understanding about the impact of addiction on the functioning of such couples. A salient difference between any of the addictions to sex, love, and relationships is that frequently the spouse or partner goes through a long period of suspicion prior to doing the research needed to prove that there is a problem. Also, shame and guilt, caused both by the attitude of society and the fear that he or she may have driven the other into the situation by being in some way lacking, ensures that the spouse tries to deal with the problem entirely alone. A combination of the spouse's fear, along with his or her unspoken anger and helplessness, increases as the addictive process causes further reduction in the addict's rational thought, decreased responsibility, and increased impetuousness. Another difference in cases of cybersex addiction is that, unlike substance abuse, the effects of the addiction are subtler and it may be a long time before the spouse realizes that he or she is "living with a stranger."

Case Example

Kathy, a 40-year-old wife and mother of 3 children, was the First Caller. She stated that she had recently caught her husband "in his home office at 2-3 in the morning

watching pornography on the Internet. I became a super-snoop and found out how to retrieve the Internet sites he'd been visiting. I couldn't believe the time and the number of sites he had secretly visited." She also said that for a number of years she had been concerned about the possibility of his using cocaine. She had recently confronted Sam about his drug and pornography use and said, "He just denied any problem. He turned the whole thing on me, telling me I was a prude and not very attractive anymore since having the children."

The ARISE Interventionist explained the Invitational Intervention process and how it would start out with a First Meeting. Kathy was fearful and full of shame about the pornography, and could not face bringing anyone other than her husband to the First Meeting. The Recovery Message that Kathy used in her invitation to Sam was, "You are not the man I married 15 years ago. You seem to have changed 3 years ago when your father died. Now I believe you have a drug problem and a sexual problem. I will not let these problems destroy our children like your father's gambling problem and my father's drinking problem destroyed both of our families." She agreed to invite Sam and made a commitment to come to the First Meeting, regardless of whether or not he attended.

Sam, a 45-year-old businessman, reluctantly came to the First Meeting with his wife. In the First Meeting Kathy shared that she had recently discovered Sam's cocaine use and she brought out printouts documenting his use of Internet pornography. She expressed her concern that he was compulsively masturbating while viewing pornography.

Kathy went on to state that they were in serious financial debt, despite their having a good income from her part-time work as a nurse and his successful business. Kathy estimated that Sam had spent upwards of \$100,000 for cocaine and pornography fees over the past 3 years. Kathy stated that she could deal with the drug addiction to cocaine, but felt violated, dirty, and betrayed by the compulsive pornography use.

To her best recollection, Kathy thought there had been 3 to 4 years of cocaine use. She stated that their sex life had ceased due to Sam's impotence, which she had thought was secondary to the cocaine use. This lack of sexual intimacy bothered Kathy, but did not seem to concern Sam. Kathy had believed that she was responsible for the sexual problems in the marriage and had suffered a great loss of self-esteem related to her sexuality. Many arguments had occurred over the past 2 years, and Kathy had urged Sam to get checked for a physical problem since he often became restless during sleep and awakened with sweating and coldlike symptoms. She had observed him on occasion masturbating in front of the TV while watching pay-per-view pornography. This, in turn, further bothered her, since she thought that he would rather masturbate than have consensual sex with her.

Kathy knew nothing of Internet pornography prior to her finding Sam secretly using Internet pornography sites. She told him that she had begun to investigate this activity, and had found these multiple websites on their computer with Sam's membership codes. She wondered if, indeed, this activity had proceeded to a physical affair. Within 3 weeks after finding out about Sam's pornography use Kathy's anxiety and her fears about Sam's having an affair resulted in her loss of 15 pounds and having Xanax prescribed by her family physician for her anxiety. She did not share the origin of the anxiety with her primary care physician even though he had been her physician for many years and she had felt sufficient trust to discuss her concerns about their sexual relationship with him in the past.

This case exemplifies several themes common to cybersex cases that are very relevant for the Interventionist. The authors believe that there is a 3–5 year “incubation period” for cybersex pornography use to escalate and eventually cross the line into addiction, and this gradual buildup allows for the problem to remain unrecognized by the addicted individual and his or her family members. The extreme secrecy and lack of consequences of the sexual acting out keep others from knowing about the sexual compulsion, thus fueling the addictive belief that no one knows and no one is being harmed. Once the cybersex is discovered, the family member most directly affected, typically the spouse or partner, usually takes very quick action and intervenes, wanting to confront the problem head-on.

Kathy's First Call describing her loss of weight demonstrated how it is common for the spouse or partner to experience symptoms similar to Posttraumatic Stress Disorder and/or to develop serious physical symptoms. Kathy's blaming of Sam and her reluctance to talk about the problem with her trusted primary care physician further demonstrates the impact of shame, guilt, and blame.

Kathy's experience also demonstrates that the Intervention network is usually, as in this case, just the couple. At times it may involve adult children but only if those individuals have become aware of the problem. Often these adult children are made aware of the problem by receiving a phone call from the parent who discovered the cybersex problem and who is desperate to share it with someone, so he or she calls an adult child. In some instances, the adult child accidentally discovers porn sites while on the parent's computer.

When a cybersex First Call comes in it is typically an urgent call and the couple wants to be seen as soon as possible. By the time the problem has been recognized, the addiction is really serious and one of the most frequent results of the lack of impulse control and judgment is abuse of the Internet at the office. This invariably leads to discovery and frequently results in the loss of a job. The spouse then has another serious situation to confront and ultimately to forgive, if the marriage or partnership is to survive. The longer the addictive disease is allowed to continue unhindered and untreated, the more the addicted individual loses insight and motivation to stop the addictive process. Denial prevails and the relationship is doomed.

The ARISE method is well suited to cybersex addiction Intervention since the Intervention can be highly successful while working only with one other family member. In addition, the ARISE Interventionist can move very rapidly from the First Call Worksheet screening to the First Meeting and whatever treatment is needed.

CONCLUSION

Fewer than 10% of individuals struggling with addiction ever get into treatment. The family is a neglected but critical source of motivation for treatment entry and maintaining the individual in treatment. In fact, the only path to long-term recovery is through family recovery, not just individual recovery. Addiction affects the family, and the family can positively affect recovery from addiction. Helping members of the family and extended support system to understand the disease of addiction and its multifaceted origins reduces their ambivalence about the changes in their loved ones and allows them to focus on this disease with knowledge and hope, rather than guilt, shame, and blame.

The use of Invitational Intervention is especially well suited for dealing with Internet/pornography addiction because of its solid philosophical and theoretical base in a belief in the inherent resilience and competence of individuals and families. It is respectful, nonshaming, and nonsecretive. The authors believe this is especially important because of the shame and inherent secrecy that drives sexually compulsive behaviors. The ARISE method recognizes this and invites the beginning of a healing process by focusing on the strength, intimacy, and health of primary relationships. The ARISE method understands and initiates a healing process that the addicted individual is not able to do on his or her own. If he or she

had been capable, the addictive process would have stopped a long time before because the compulsive drive and secrecy of the sexual acting out would have long since stopped being enjoyable.

The ARISE process understands that "Central to the disorder (of sexual addiction) is the inability of the individual adequately to bond and attach in intimate relationships. The origin of the disorder is rooted in early developmental attachment failure with primary caregivers. Sexual addiction becomes a way to compensate for this early attachment failure" (Adams & Robinson, 2002, p. 71). Using Invitational Intervention: The ARISE Model starts a process of healing, reducing shame, and preventing further loss from the inevitable consequences of active addiction. It allows the addicted individual and his or her spouse and family to recognize and deal with the earlier developmental attachment disorder, enabling them to negotiate life cycle transitions in a healthy way. The family as a whole can move into long-term recovery without addictive disease continuing down the generations.

Similarly to other addictions, the individual with cybersex addiction is the last one to see it. The ARISE method provides an opportunity for parents, significant others, partners, and spouses of individuals addicted to Internet pornography and cybersex to actively pursue a solution to the problem and not fall prey to the stereotype that the individual must "hit bottom" before something positive can be done. The addicted individual does not have to be the one to initiate treatment in order for treatment to be successful.

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NOTE

¹The greater the number of significant others involved in the network, the more likely was the substance abuser to get engaged in treatment or self-help ($p < .0001$). Successful cases averaged 3.3 members (including Concerned Others). Unsuccessful cases averaged 1.3 members. The point biserial correlation between engagement success (yes/no) and the number of network members involved was 0.39 ($p < .001$).