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A PILOT STUDY CONSIDERING THE IMPACT OF HUSBANDS INTERNET
BASED PORNOGRAPHY USE UPON MARITAL ADJUSTMENT,
SATISFACTION AND INTIMACY WITHIN
A CLINICAL SAMPLE

by

Anthony T. Alonzo

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of

Masters of Science

Department of Marriage and Family Therapy

School of Family Life

Brigham Young University

August 2005

BRIGHAM YOUNG UNIVERSITY

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ABSTRACT

A PILOT STUDY CONSIDERING THE IMPACT OF HUSBANDS INTERNET BASED PORNOGRAPHY USE UPON MARITAL ADJUSTMENT, SATISFACTION AND INTIMACY WITHIN A CLINICAL SAMPLE

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Department of Marriage and Family Therapy

Masters of Science

With increased access and use of pornography over the internet, the association between pornography use and marital distress needed to be examined in a quantitative manner. There was a need to discover if, and or how, marital relationships are impacted by internet pornography use. Assessment instruments were used to measure internet pornography use (Internet Sex Screen Test revised for pornography), marital adjustment (Marital Adjustment Test items #1 and #14), marital satisfaction (Revised Dyadic Adjustment Scale), and marital intimacy (Personal Assessment of Intimacy in Relationships). The results of this study suggested the following; there was a significant positive relationship between the level of internet pornography use and sexual intimacy as experienced by the wife ($r=.80, p=.05$), there was a significant negative relationship between a husbands internet pornography use and intellectual intimacy as experienced by the couple ($r=-.57, p=.05$), and no significant relationship between a husbands internet

pornography use and his responses to the various dependent variables, implying that he is unaware of how his behaviors impact his wife. The other intimacy scales, as well as the marital adjustment and satisfaction criteria were not significantly influenced. Sample size and the power of statistical results needed to be explained in order to address possible Type II errors. The results of this study should be viewed as preliminary because of the small sample size and homogenous sample. The results of these findings are discussed, along with clinical applications, and suggestions for further study.

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A special thank you goes out to Dr. Leslie Feinauer for her time and assistance as my teacher and mentor. Because of her guidance and efforts this thesis has come to fruition. I would also like to thank my committee members for their wonderful feedback and involvement in the revision process.

I would also like to express a solemn appreciation to those clients who taught me so much about the impact that internet based pornography had upon their life, and their courage to walk through a treatment process in order to be free of such influences. I would also like to thank those participants of this study for allowing me to gain insight as to the involvement and impact internet based pornography had upon them and their marital relationships.

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Chapter 1

Introduction

Our understanding of internet based pornography, its use, and its impact upon individuals, relationships, and society is still in its infancy. What we do know, however, is that the experience of internet pornography use by husbands is very real. The following example has been included in order to provide a tangible example of how one person named Kevin, who is a husband, father and professional executive, experiences his involvement with online pornography:

“It is 3:30 A.M. and I’m still online. Pornographic images of men, women, and children stream through my phone wires and onto my computer screen. Earlier tonight, after putting my two kids to bed, I watched the evening news with my wife, Jeneen. Since my wife was tired after a long day at work, she soon went to bed. Thought I, too, was exhausted, primarily from too many late nights on the computer, I, as usual, told her I was still not tired and would stay up late and read for a while.

Once I sat down, I arranged my chair and the screen so that if Jeneen should awaken and come in, I’d have a moment to switch the screen view over to a work-related document. I’d actually sworn off porn sites... I deleted the bookmarks and told myself that it wasn’t worth it. I realized that I loved my wife and children and didn’t want to jeopardize these relationships over some nude photos.

I felt extreme anticipation and excitement when I first went online...the concentration and thrill increasing as I searched various Web sites and found new ones. But after I masturbated, I felt awful. I had so many harsh feelings and was angry for wasting so much time. I felt ashamed and guilty that I had done this again. And worst of all, I felt helpless and full of despair because I realized I didn't know how or when I would be able to stop. Exhausted and beaten down, I quietly slipped into bed, wondering how I was going to make it at work again on just three hours' sleep" (Carnes, Delmonico, & Griffin, 2001, p. 2).

While some people may accidentally happen upon pornographic media while on the internet, "more and more clinicians are encountering patients whose presenting problem either stems from or is manifestly online sexual compulsivity" (Cooper, Delmonico, & Burg, 2000, p. 7). Although this account suggests that pornography use could impact marital intimacy and satisfaction, it is necessary to make use of an empirical design which could discover if, and in which ways, marriages may be impacted by such behaviors. The focus of this research will consider marital adjustment, satisfaction, and intimacy in couples where internet pornography usage is present.

Definition of Key Terms

The following terms will be defined as they pertain to this document.

Pornography. It is imperative for this study to have a clear definition of what will be considered as pornography. The term pornography comes from the Greek words "porno and graphia" meaning "depictions of the activities of whores." Today, the word pornography usually means "material that is sexually explicit and intended primarily for

the purpose of sexual arousal” (Cline, 2001, p. 2-3). Examples of such material found online would include, and are not limited to; digital pictures, video files, audio files, live video streams, and text.

Internet. The internet is a term used to describe a massive world-wide network of computers. “The word internet literally means network of networks” (Hughes, 1994, p. 1). While there are companies which help manage different parts of the internet, there is “no single governing body that controls what happens on the internet (Hughes, 1994, p. 1). Computer users may connect to the internet using their existing phone line, or through a high speed cable or DSL connection. Common places where internet connections are available include the home, work, school, community library, and internet café’s. Connections to the internet have recently been made possible with mobile devices such as PDA’s (Personal Digital Assistant), laptops, and cellular phones, which allows the possibility of such users to access the internet from virtually anywhere and at any time.

The term “online” would refer to the active connection of a computer to the internet. Such a connection would make available to the user sexual content by means of the following; web sites, file sharing, e-mail, discussion groups, chat rooms, forums, newsgroups, and pop-up advertisements.

Cybersex. Many articles include online pornography use within the context of the term cybersex. As defined by Schneider, cybersex is “the use of digitized sexual content (visual, auditory, or written), obtained either over the Internet or as data retrieved by a computer, for the purpose of sexual arousal and stimulation” (2000, p. 250). While the

term cybersex includes more activities than pornography, it will be used in this study when it refers directly to online pornography use.

Casual use vs. Addiction. Casual use of pornographic materials has not received much attention in the areas of research and professional writing because it is often not recognized as resulting in problematic behavior comparable to addictive use. Casual use may be defined as the initial stages of use and before addictive behaviors are evident. It may also include those who are involved in the activity and have the ability to stop, do not obsess about it, and has not developed the desensitization which elicits an increase of intensity in the type of materials used. Casual use is not necessarily infrequent use, since addictive components may still manifest themselves, even though the user participates in the activity on an irregular or in an untimely manner.

The term “addiction” has been chosen for this study to define the way users are compelled to use online pornography. A concise definition for the term addiction, as it is intended to be used, consists of the following:

1. Compulsivity, defined as the perceived limited potential to decrease or discontinue undesirable behaviors, or a sense of being drawn towards certain behaviors so strongly, it appears as though the undesired behavior is inevitable.
2. Continuation of the behavior despite adverse consequences, such as loss of health, job, marriage, or freedom.
3. Obsession with the activity.

Marital Adjustment. For the purpose of this paper, marital adjustment is defined as the “accommodation of a husband and wife to each other at a given time” (Locke & Wallace, 1959, p. 251).

Marital Intimacy. Marital intimacy is more difficult to define. I would like to use the conceptual definition as described by Schaefer and Olson, where they differentiate between intimate experiences, and intimate relationships. They describe these as being, “a feeling of closeness or sharing with another” with the “expectation that the experiences and relationship will persist over time” (1981, p. 50).

Clinical Subjects. The term “clinical subjects” will be used and referred to throughout this study. A working definition of this term will refer to individuals and couples who have indicated a desire to and have sought out individual, couple, or family therapy.

Chapter 2

Review of the Literature

The following review of literature examined the scope of internet pornography use, effects of pornography, marital adjustment, intimacy, and finally internet use. While there have been only a few articles which address the implications pornography use may have upon romantic partners (Bergner & Bridges, 2002; Bridges, Bergner, & Hesson-McInnis, 2003; Schneider, 2000), there is no doubt that these studies have furthered our understanding of how one partner's pornography use can impact the other. However, we have very limited empirical documentation which explores how such behaviors in one partner can impact the marital adjustment, satisfaction, and intimacy in the other.

Scope of Internet Pornography Use

Increasingly, individuals are visiting pornographic internet sites. More and more amounts of time, money and interest are spent on pornographic websites. A website titled *Websense* (Sept, 2004) has collected data and drawn several conclusions from their data about internet use of pornographic materials. The following factors were identified:

- The National Research Council estimates that there are between 2 million and 8 million subscribers to pornography Web sites.
- Subscribers paid between \$40 and \$100 per year, for a total of approximately \$800 million in 2002 (Source: CBS Market Watch).
- Jupiter Media Metrix estimates that online pornography revenues in the US will grow from \$230 million in 2001 to \$400 million by 2006 (Source: eMarketer).

- The most frequent search term used at search engine sites is the word “sex,” according to Alexa Research. The study also found that “pornography/porno” was the fourth-most searched for subject.
- According to Jupiter Media Metrix, approximately 40.6 million people in the United States, 36 percent of all Internet users, visited an adult content site in February, 2002.
- 70% of all Internet porn traffic occurs during the 9-to-5 workday (Source: SexTracker).
- One in five men and one in eight women admitted using their work computers as their primary lifeline to access sexually explicit material online (Source: SNBC).
- More than half of all requests on search engines are “adult-oriented” (Source: United Adult Sites).

Effects of Pornography

Individual Effects. Insightful observations surrounding how pornography impacts users have been recognized within clinical settings. According to Dr. Victor Cline, there is a “four-factor syndrome common to nearly all of [his] clients” (2001, p. 2). These factors include an addiction effect, an escalation effect, desensitization, and acting out sexually.

The first factor identified by Dr. Victor Cline is an addiction effect upon the user. Reed has also discovered this component, stating that both clinicians and researchers have recognized that sexual addiction, including addiction to the use of pornography, is a clinically identifiable illness (Reed, 1994).

The second factor identified by Dr. Cline is an escalation effect. His clients reported that “with the passage of time, they required more explicit, rougher, more deviant, and kinky kinds of sexual material to get their highs and sexual turn-ons” (2001, p.3).

The third factor his clients experienced was desensitization. Materials which were originally perceived as shocking, taboo, illegal, repulsive, or immoral became acceptable and commonplace for them.

The fourth thing that occurred for his clients was a tendency to act out sexually the sexual behaviors which were viewed in the pornography. These included; “promiscuity, exhibitionism, group sex, voyeurism, frequenting massage parlors, having sex with minor children, rape, and inflicting pain on themselves or partner during sex” (2001, p. 4).

Couple Effects. Very few articles have considered the impact pornography addiction can have upon a committed relationship. One such study suggests that “relationships were the most common area jeopardized by online sexual pursuits” (Cooper, Delmonico, & Burg, 2000, p.17). Studies such as this address a whole new dimension, considering more than just the individual repercussions. As relationships are examined, it is theorized that romantic partners are especially susceptible to the effects of the pornography addiction. Such relational issues would include, but are not limited to; separation and divorce, betrayal, rejection, loss of interest or decreased relational sex, and a general deterioration of the relationship in general (Schneider, 2000).

Bergner and Bridges conducted a study where they “collected and studied 100 letters posted to four different internet message boards by spouses, fiancés, and

girlfriends of men perceived to be heavily involved in pornography” (2002, p.194). They discovered that “all of [their] subjects were emotionally upset by the problem; their problem formulations and attempted solutions had thus far been unsuccessful in bringing about change; and they had come to other persons in hope that these persons could provide effective solutions for their problems” (2002, p. 204).

Qualitative studies have discussed relational themes that are present when pornography use was explored. Partner’s responses to discovering pornography use have included feelings of “hurt, betrayal, rejection, abandonment, devastation, loneliness, shame, isolation, humiliation, jealousy, and anger, as well as loss of self-esteem (Schneider, 2000, p. 56). Intimacy within the relationship is compromised, and the quality of perceived and experienced sexual relations is decreased (Bergner & Bridges, 2002). Two studies conducted by Schneider made use of survey data collected from internet users and their partners to ascertain through qualitative analysis the impact cybersex had upon individuals and their relationships. The participants completed surveys sent through e-mail which inquired about their online sexual activities as well as the perceived impact such behaviors had on them and their relationship with their partner. She concluded that “accessing sex on the Internet has the potential to escalate preexisting sex addiction as well as to create new addictive disorders” (Schneider, 2000, p. 271). She further concluded that the progression of cybersex addiction is rapid, and those with a history of low-level compulsive sexual behavior experienced “severe life repercussions within a year or two of going online” (Schneider, 2000, p. 271). The discovered adverse effects upon participants’ lives included the following; “emotions, social life, work, finances, legal status, and significant other and children” (Schneider, 2000, p. 271).

Cooper, Delmonico, and Burg reconsidered survey data which was originally collected through the MSNBC website. They found that there were “three main categories of cybersex activity: pornography exchange, real-time discussions, and compact disk (CD-ROM) distribution (2000, p. 15). They also discovered that there was a tendency to keep sexually compulsive behaviors and activities a secret from others.

Family Effects. Only a couple of articles have gone beyond the individual implications for pornography addiction and addressed the impact upon families (Cline, 2001; Schneider, 2000). The result from Schneider’s work reflects that the most common consequence children face when a parent is involved with cybersex is the lack of availability of that parent. Other consequences included failure to fulfill family responsibilities, increased arguments and stress in the home, and the children being exposed to the pornography and/or masturbation of the parent. (2000).

Cline suggested that extensive exposure to pornography lowered user’s values about marriage. It also reduced their desire to have children, and propagated the male dominant/female servitude view of marital relationships. He also suggests that children have no place in a family where the parent(s) have adopted the beliefs portrayed by pornography, which project a carefree and consequence free, promiscuous sexuality.

Marital Intimacy

The idea of intimacy has been widely used, often in a very casual way (Schaefer & Olson, 1981). While it has been defined in a variety of ways, a common description contains the idea of “acceptance and understanding of, as well as paying attention to, the true self of the other person” (Greeff & Malherbe, 2001, p. 248). Schaefer and Olson have differentiated between an intimate experience and an intimate relationship. An

intimate experience consists of a “feeling of closeness or sharing with another in one or more of the seven areas” (1981, p. 50). An intimate relationship differs in that it “is generally one in which an individual shares intimate experiences in several areas, and there is the expectation that the experiences and relationship will persist over time” (1981, p. 50).

Patton and Waring have found that “husbands and wives concepts of intimacy are different” (1985, p. 181). They concluded that “husbands are more likely to see their sexual relationship as a separate component of their marital relationship” (1985, p. 181). The wife’s “degree of sexual fulfillment appeared to be more closely associated with her perception of marital intimacy” (1985, p. 181). Schaefer and Olson have also realized that there is not an ideal or absolute degree of intimacy, but that each partner has differing perceived and expected degrees of intimacy (1981). Greeff and Malherbe consider the differences in intimacy between the husband and wife. They claim that intimacy carries different functions within a marital relationship for each partner. They state that women have a greater capacity to be more open and discuss intimate issues with warmth as compared with men. These differing perspectives play out in the relationship in unique ways for each partner. For women, greater intimacy leads to greater marital satisfaction and happiness, while for men, intimacy has an effect which carries over into other areas of marital functioning (2001).

In a review of marital intimacy, authors Broucke, Vandereycken, and Vertommen believe that the development of intimacy in relationships depends on three factors found on differing systemic levels. The first factor is found on the dyadic level, where intimacy is facilitated by each partner equally participating in self-disclosure. The second factor is

found on an individual level, where each individual must have developed a secure identity. The third factor is found on a social group level, where each partner must have become emotionally separated from their family of origin (1995). While it may appear from this description that partners must be fully developed in all three areas to enjoy a sense of marital intimacy, I would agree with Waring and Reddon that “the development of intimacy is a process” (1983, p. 53).

Internet

The Internet’s Role in this Study. The internet has been chosen as the vehicle for accessibility and delivery of pornography in this study due to the unique medium it provides for those seeking pornographic materials. In a recent study considering 393 college students internet use, 32.8% of the participants used the internet to explore pornographic sites/sexual material to some extent (Rotunda, Kass, Sutton, & Leon, 2003).

There are millions of people online who access visual and audio media on the internet. Pornographic material is found on many different internet sources, including websites, newsgroups, e-mail, and chat rooms (Putnam, 2000, Cooper, Delmonico, & Burg, 2000).

Triple A Engine. The internet provides users with accessibility, affordability, and anonymity when seeking pornographic materials (Cooper, Putnam, Planchon & Boies, 1999). Accessibility refers to the opportunity for millions to access sites 24 hours per day, 7 days per week. Affordability describes how users can access websites for little or no charge. Anonymity refers to how people perceive their communications online to be kept from others awareness, especially spouses (Cooper, Delmonico, & Burg, 2000).

Because of this, many who may not have sought pornography through other mediums do so freely and easily with an internet connection.

Limitations of Cited Studies

While the findings from these studies are interesting, there may be a bias in the sampling since the subjects were individuals who responded to internet inquiries and were willing to respond in email form. They may not be representative of other individuals in the community who view pornography or have spouses who view pornography. They do not have an outcome measure that quantifies the relationship distress or the areas of concern. The amount and development of empirical research within the specific area of pornography and its impact upon marital relationships is so elementary, that further studies are required to continue to build a foundation for this area of study. The findings and methods used in the studies reviewed point to the need for more carefully designed empirical research to determine the nature and degree the problem of internet pornography poses.

Research Questions

In married couple clinical subjects, does internet pornography use the husband impact the marital relationship in a negative way? This is the main question being asked in this study, however, there are other related questions which must be explored in order to address this main research question. The following operational research questions were asked:

1. Is there a relationship between a husband's Internet Sex Screen Test (revised for pornography) score and marital adjustment as reported on the Marital Adjustment Test questions #1 and #14?

2. Is there a relationship between a husband's Internet Sex Screen Test (revised for pornography) score and marital satisfaction as reported on the Revised Dyadic Adjustment Scale?

3. Is there a relationship between a husband's Internet Sex Screen Test (revised for pornography) score and marital intimacy as reported on the Personal Assessment of Intimacy in Relationships and its subscales?

Chapter 3

Methodology

Design of the Study

This was an exploratory study using a correlation analysis to examine the relationship between the degree of internet based pornography use and its impact upon marital adjustment, satisfaction, and intimacy. Online pornography involvement was measured by the Internet Sex Screening Test (revised for pornography) (Delmonico & Miller, 2003). Marital adjustment was measured by items #1 and #14 of the Marital Adjustment Test (Locke & Wallace, 1959). Marital satisfaction was measured by the Revised Dyadic Adjustment Scale (Busby, Christensen, Crane, & Larson, 1995). Marital intimacy was measured by the Personal Assessment of Intimacy in Relationships (Schaefer & Olson, 1981). Participants also completed questionnaires developed by the researcher which acquired demographic information as well as presenting problems in therapy (see Appendix for these items).

Data Collection Procedure

After approval was granted from the Institutional Review Board at Brigham Young University, participants who were clients at the Brigham Young University Comprehensive Clinic were invited to participate in the study. This clinic provides educative, psychotherapy, counseling, and evaluative services to students as well as the surrounding community. Services are usually provided by graduate level students under the supervision of qualified faculty. This clinic provided a unique opportunity for this study, since they frequently assist couples where pornography is involved or identified as

a therapeutic issue. Upon intake, as well as through primary student/therapist interns, couples who met the following criteria were invited to participate:

- They were married at the time of participation.
- They were married for at least six months at the time of participation.
- Both partners were willing to participate in the study.
- Both partners were at least 18 years of age.

Although 50 packets were made available, and the data collection procedure continued for 11 months, a sample size of 6 married couples, or 12 married individuals, actually participated in this study. While many clinicians agreed to have clients participate, they were hesitant to contact and ask their clients to participate. After expressing interest for inclusion, the research subjects were initially given a participation consent form at the Brigham Young University Comprehensive Clinic. After signing the consent form, the participants were given the assessment packet, and were instructed not to share their responses with their spouse as to encourage accurate and complete data.

The assessment packet included the following instruments:

- Demographic Questionnaire
- Presenting Problem(s) Checklist
- Revised Dyadic Adjustment Scale
- Marital Adjustment Test (items #1 and #14)
- Personal Assessment of Intimacy in Relationships
- Internet Sex Screen Test (revised for pornography)

Once the participants completed the instruments within the packet, they were returned to the receptionist who initially distributed the packet.

All participants were instructed that participation in this study was voluntary. There were two individuals who submitted incomplete assessment packets. These two packets were dropped from the sample. It was estimated that it would take approximately 30 minutes to complete the assessment instruments. In order to maintain anonymity, the participants were instructed not to provide their names on any of the questionnaires. Each participant was provided with contact information for the primary researcher, as well as the Institutional Review Board.

The completed instruments were assigned a random number in order to allow for pairing of couples responses. These numbers were in no way associated with the participant's names in order to maintain anonymity for participants.

Instruments

Internet Sex Screening Test (Revised for Pornography). The Internet Sex Screen Test (revised for pornography) was used to measure the level of involvement one has with internet pornographic media. The researcher has revised this instrument to more specifically reflect the level of pornography use. The Internet Sex Screen Test (revised for pornography) can be found in appendix A.

There are 21 True/False items that directly relate to internet pornography use. There are an additional 9 True/False items which assess for general sexual addiction. Items 7, 15, 16, 17, 19, and 21 measure online sexual compulsivity where $\alpha=.86$. Items 5, 8, 11, and 12 measure isolated online sexual behavior where $\alpha=.73$. Items 3, 4, and 6 measure online sexual spending where $\alpha=.61$. Items 1 and 2 measure interest in online sexual behavior, which is a measure of the tendency to use the computer for sexual pursuits, where $\alpha=.51$. While there was no validity tests performed on this instrument

yet, there is face validity. Scores for the Internet Sex Screen Test (revised for pornography) are acquired by summing all items within the instrument. The higher the score, the more problematic the behavior.

The Locke-Wallace Marital Adjustment Test. Marital adjustment was measured using items #1 and #14 of the Marital Adjustment Test. Item #1 asks the participant to “Check the dot on the scale line below which best describes the degree of happiness, everything considered, of your present marriage. The middle point, happy, represents the degree of happiness which most people get from marriage, and the scale gradually ranges on one side to those few who are very unhappy in marriage, and on the other, to those few who experience extreme joy or felicity in marriage.” Item #14 asks “If you had your life to live over, do you think you would: marry the same person, marry a different person, not marry at all?” The reliability coefficient for the MAT was shown to be .90, which according to the original article, shows that this “adjustment test has high reliability” (Locke & Wallace, 1959, p. 254).

The MAT consists of 15 questions, with a possible score ranging from 2-158 points. One must use the scoring key carefully, since the scoring procedures are not uniform throughout the instrument. In scoring the MAT, Locke & Wallace suggest that “only 17 percent of the maladjusted group achieved adjustment scores of one hundred or higher, whereas 96 percent of the well-adjusted group achieved scores of one hundred or more” (1959).

Cross and Sharpley have reconsidered the reliability and factorial validity of the Locke-Wallace Marital Adjustment Test. They suggest that item #1 “in itself constitutes a measure of marital adjustment very nearly as valid as the entire LWMAT” (1981, p.

1305). They further suggest that “when all 15 items were used in the analysis, 97 percent of cases were correctly classified; when items #1 and #14 were employed, 92 percent were correctly classified” (Cross & Sharpley, 1981, p. 1305).

The Revised Dyadic Adjustment Scale (RDAS). The RDAS is a measure of relationship satisfaction that provides a total score (range 0-69, $\alpha=.90$) and three other scores based on the following subscales: consensus ($\alpha=.81$), satisfaction ($\alpha=.85$), and cohesion ($\alpha=.80$) (Busby, Crane, Larson, & Christiansen, 1995). A total score cutoff of 48 distinguishes between distressed and non-distressed couples (Crane, Middleton, & Bean, 2000).

The original Dyadic Adjustment Scale was created to measure separate dimensions of marital relationships comprised of the following: (a) consensus on matters of importance to marital functioning, (b) dyadic satisfaction, (c) dyadic cohesion, and (d) affectional expression. This instrument has been revised due to problematic subscales, and to make it more appropriate for clinical and research use (Busby, Christensen, Crane, & Larson, 1995).

The RDAS has been found to have reliability coefficients within acceptable ranges. Cronbach’s Alpha was used to acquire internal consistency, which produced a reliability coefficient of .90. The Guttman Split-Half and Spearman-Brown Split-Half reliability coefficients were found to be .94 and .95 respectively. These are particularly strong. These coefficients not only represent that the RDAS has internal consistency and split-half reliability, but also suggests that the RDAS is an improvement over the DAS (Busby, Christensen, Crane, & Larson, 1995).

The Personal Assessment of Intimacy in Relationships. In order to measure the level of experienced and desired intimacy within the marital relationship, the Personal Assessment of Intimacy in Relationships, also referred to as the PAIR instrument, was used (Schaefer & Olson, 1981). This instrument consists of 36 items, which are answered in two steps. The first step invites respondents to answer the way they feel about the present item. The second step invites the respondents to answer the same questions as the first step, but instead of answering them way they feel at this time, they answer how they would like it to be.

The reliability of this instrument has been measured for each of the six scales (emotional, social, intellectual, sexual, recreational, and conventionality). All of the six scales have coefficients of at least .70, and most of the subscales have a fairly normal distribution.

To test the validity of this instrument, it was compared with the Locke-Wallace Marital Adjustment Test, as well as the Moos Family Environment Scale (Schaefer & Olson, 1981). They discovered that every PAIR subscale correlated significantly in the positive direction with Moos' cohesion and expressiveness scale. Both the Control and Conflict scales have significant negative correlations for the PAIR's Emotional, Intellectual, and Recreational scale. The results of the validity tests discovered that 18 out of 20 PAIR-Scale-by-Moos-Scale correlations proved to be significant for the hypotheses that presumed positive and negative correlations, specifically.

For this study the discrepancy score will be used. This will provide a measurement of the difference between each partners perceived and desired level of intimacy in their relationship. The smaller this score is, the closer their perceived and

expected scores are, thus showing higher levels of intimacy. The larger this score, the farther apart their perceived and expected scores are, thus showing lower levels of intimacy. This may also be seen as, “not receiving what they would like to receive”.

Demographic Questionnaire. In addition to the previously described instruments, the participants in this study responded to a demographic questionnaire in order to acquire general information. The items were designed to ascertain the following; if they have been in therapy previously, how many sessions they have had in the current therapy experience, their age, their gender, how many years they have been married, how many times they have been married, how many children they have, their level of education acquired, current household income, their ethnicity, and their religious affiliation (See Appendix).

Presenting Problem(s). The participants will also describe what problems originally brought them to therapy, and/or which problems have been expressed in the first few assessment sessions which were not addressed at the time of intake. While common issues which bring couples into therapy are listed, there is also a space made available for issues which are not listed that a couple may be experiencing and desires to address in therapy.

Methods of Analysis

A correlation matrix was created to determine if there were any issues of multicollinearity. Multicollinearity occurs when two or more variables are related which result in measuring the same thing. This may result within small sample sizes. A level of 0.8 correlations was set as the cut off point for multicollinearity. Since there were no issues of multicollinearity discovered, the data continued to be analyzed using the

Pearson's product-moment of correlation method in order to discover significant relationships between the independent and dependent variables.

Table 1 contains the statistical analysis results using the Pearson's product-moment correlation. The independent variable is made up of the combined or couple scores for the Internet Sex Screen Test (revised for pornography). The dependent variables include the following; the combined or couple Revised Dyadic Adjustment Scale scores, question 1 of the Marital Adjustment Test, question 14 of the Marital Adjustment Test, and the Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Table 2 contains the statistical analysis results using the Pearson's product-moment correlation. The independent variable is made up of the husband's Internet Sex Screen Test (revised for pornography) scores. The dependent variables include the following; the husband's Revised Dyadic Adjustment Scale scores, question 1 of the Marital Adjustment Test, question 14 of the Marital Adjustment Test, and the Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Finally, Table 3 contains the statistical analysis results using the Pearson's product-moment correlation. The independent variable is made up of the husband's Internet Sex Screen Test (revised for pornography) scores. The dependent variables include the following; the wife's Revised Dyadic Adjustment Scale scores, question 1 of the Marital Adjustment Test, question 14 of the Marital Adjustment Test, and the

Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Figure 1 contains a directional model depicting the analysis between the independent variable and the dependent variables, along with the corresponding correlational coefficient and level of significance. The independent variable is made up of the combined or couple scores for the Internet Sex Screen Test (revised for pornography). The dependent variables are made up of the couple's combined scores for the following instruments; the Revised Dyadic Adjustment Scale, question #1 of the Marital Adjustment Scale, question #14 of the Marital Adjustment Scale, and the Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Figure 2 contains a directional model depicting the analysis between the independent variable and the dependent variables, along with the corresponding correlational coefficient and level of significance. The independent variable is made up of the husband's scores for the Internet Sex Screen Test (revised for pornography). The dependent variables are made up of the husband's scores for the following instruments; the Revised Dyadic Adjustment Scale, question #1 of the Marital Adjustment Scale, question #14 of the Marital Adjustment Scale, and the Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Figure 3 contains a directional model depicting the analysis between the independent variable and the dependent variables, along with the corresponding correlational coefficient and level of significance. The independent variable is made up of the husband's scores for the Internet Sex Screen Test (revised for pornography). The dependent variables are made up of the wives scores for the following instruments; the Revised Dyadic Adjustment Scale, question #1 of the Marital Adjustment Scale, question #14 of the Marital Adjustment Scale, and the Personal Assessment of Intimacy in Relationships discrepancy scores for the sub scales of Emotional intimacy, Social intimacy, Intellectual intimacy, Sexual intimacy, and Recreational intimacy.

Table 1

Correlations of Independent and Dependent Variables: Husbands and Wives ISST (R) Scores Combined (N=12)

	RDAS	MAT_1	MAT_14	P_EM	P_SO	P_SX	P_INT	P_REC
ISST(R)	.16	-.11	-.09	-.15	-.17	-.03	-.57	-.09
ISST(R)	.61	.73	.79	.64	.59	.92	.05	.77
S_ISST(R)	-.11	.02	.13	.22	.25	.50	.40	.14
S_ISST(R)	.73	.95	.69	.49	.44	.10	.20	.66
C_ISST(R)	.06	-.10	.04	.08	.08	.48	-.18	.05
C ISST(R)	.86	.77	.89	.81	.81	.11	.58	.88

Note. ISST(R) = Internet Sex Screen Test (revised); S_ISST(R) = Spouses Internet Sex Screen Test (revised) scores; C_ISST(R) = Combined couple Internet Sex Screen Test (revised) scores; RDAS = Revised Dyadic Adjustment Scale; MAT_1 = Marital Adjustment Test Question #1; MAT_14 = Marital Adjustment Test Question #14; P_EM = PAIR Emotional subscale; P_SO = PAIR Social subscale; P_SX = PAIR Sexual Subscale; P_INT = PAIR Intellectual subscale; P_REC = PAIR Recreational subscale

Table 2

Correlations of Independent and Dependent Variables: Husbands ISST (R) Scores (N=6)

	RDAS	MAT_1	MAT_14	P_EM	P_SO	P_SX	P_INT	P_REC
ISST(R)	.16	-.01	.08	.28	.03	.05	-.68	.04
ISST(R)	.77	.99	.88	.59	.96	.93	.14	.94
S_ISST(R)	.55	.77	.32	-.40	.05	-.34	-.11	.27
S_ISST(R)	.25	.07	.54	.44	.92	.52	.83	.60
C_ISST(R)	.21	.06	.11	.26	.02	.02	-.72	.06
C_ISST(R)	.69	.91	.84	.62	.97	.97	.11	.90

Note. ISST(R) = Internet Sex Screen Test (revised); S_ISST(R) = Spouses Internet Sex Screen Test (revised) scores; C_ISST(R) = Combined couple Internet Sex Screen Test (revised) scores; RDAS = Revised Dyadic Adjustment Scale; MAT_1 = Marital Adjustment Test Question #1; MAT_14 = Marital Adjustment Test Question #14; P_EM = PAIR Emotional subscale; P_SO = PAIR Social subscale; P_SX = PAIR Sexual Subscale; P_INT = PAIR Intellectual subscale; P_REC = PAIR Recreational subscale

Table 3

Correlations of Independent and Dependent Variables: Wives ISST (R) Scores (N=6)

	RDAS	MAT_1	MAT_14	P_EM	P_SO	P_SX	P_INT	P_REC
ISST(R)	.75	.83	.20	-.72	-.50	-.63	-.97	-.42
ISST(R)	.09	.04	.70	.11	.31	.18	.00	.41
S_ISST(R)	-.13	-.27	-.05	-.01	.17	.81	.32	.07
S_ISST(R)	.81	.60	.93	.99	.75	.05	.54	.89
C_ISST(R)	-.07	-.21	-.03	-.07	.13	.79	.25	.04
C_ISST(R)	.90	.68	.95	.89	.80	.06	.63	.94

Note. ISST(R) = Internet Sex Screen Test (revised); S_ISST(R) = Spouses Internet Sex Screen Test (revised) scores; C_ISST(R) = Combined couple Internet Sex Screen Test (revised) scores; RDAS = Revised Dyadic Adjustment Scale; MAT_1 = Marital Adjustment Test Question #1; MAT_14 = Marital Adjustment Test Question #14; P_EM = PAIR Emotional subscale; P_SO = PAIR Social subscale; P_SX = PAIR Sexual Subscale; P_INT = PAIR Intellectual subscale; P_REC = PAIR Recreational subscale

Figure 1
HUSBAND AND WIFE COMBINED ISST(R) SCORES
WITH HUSBAND AND WIFE COMBINED DEPENDENT
SCORES

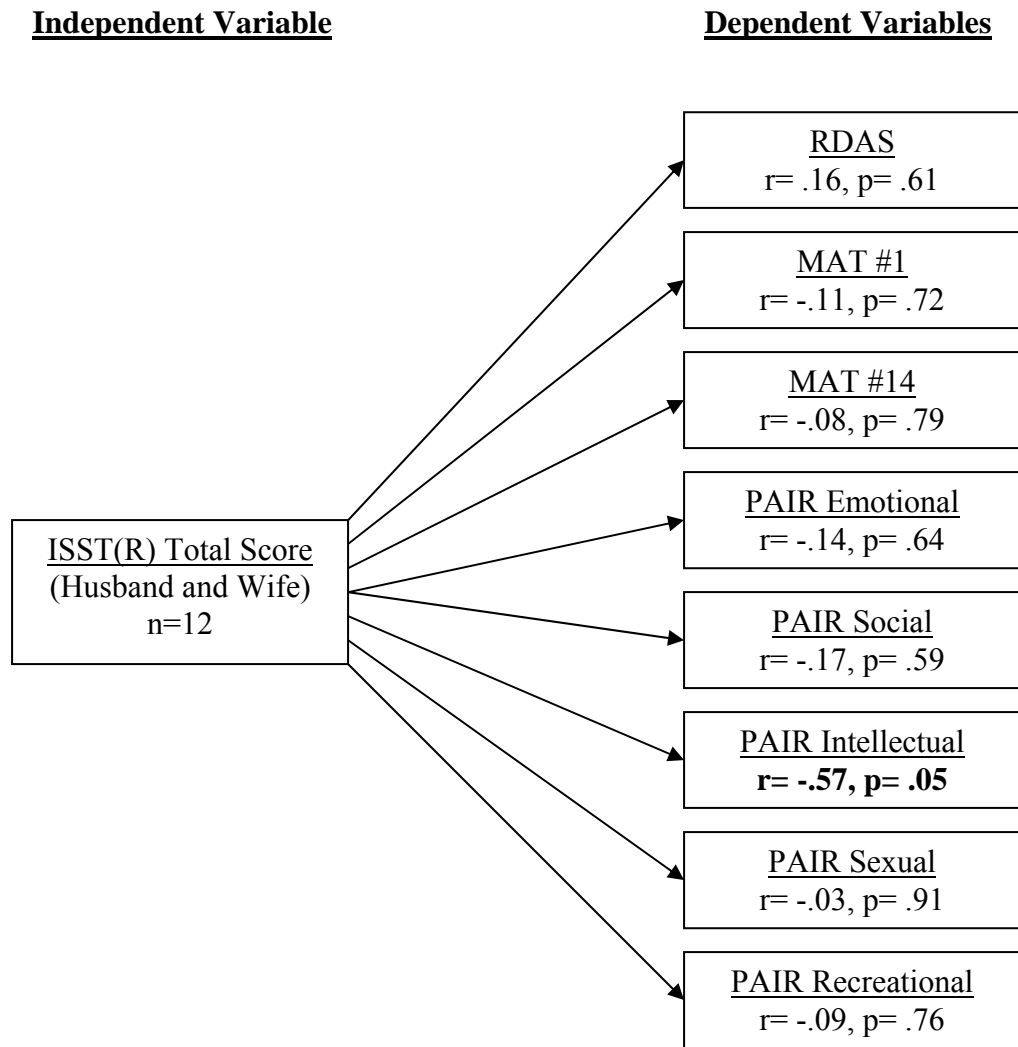


Figure 2
HUSBAND'S ISST(R) SCORES WITH HUSBAND'S
DEPENDENT SCORES

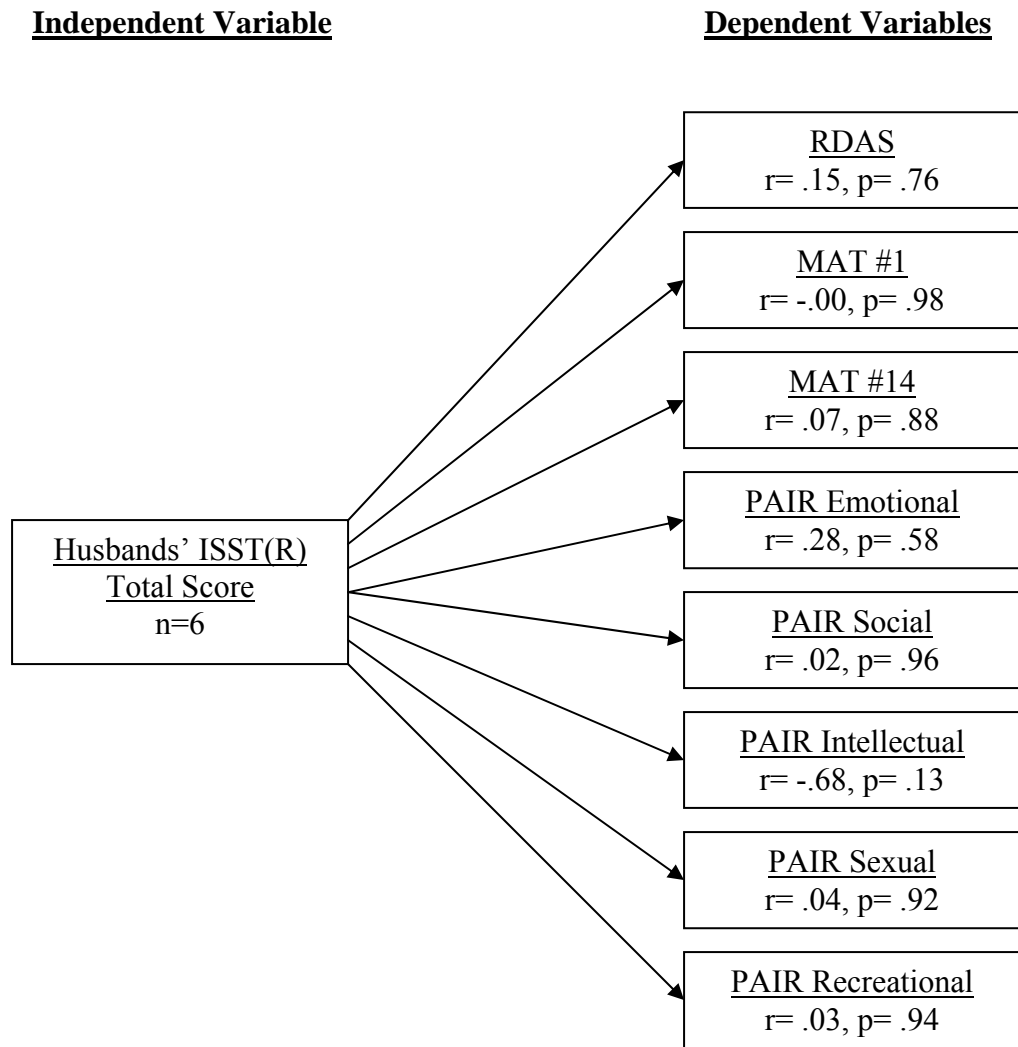
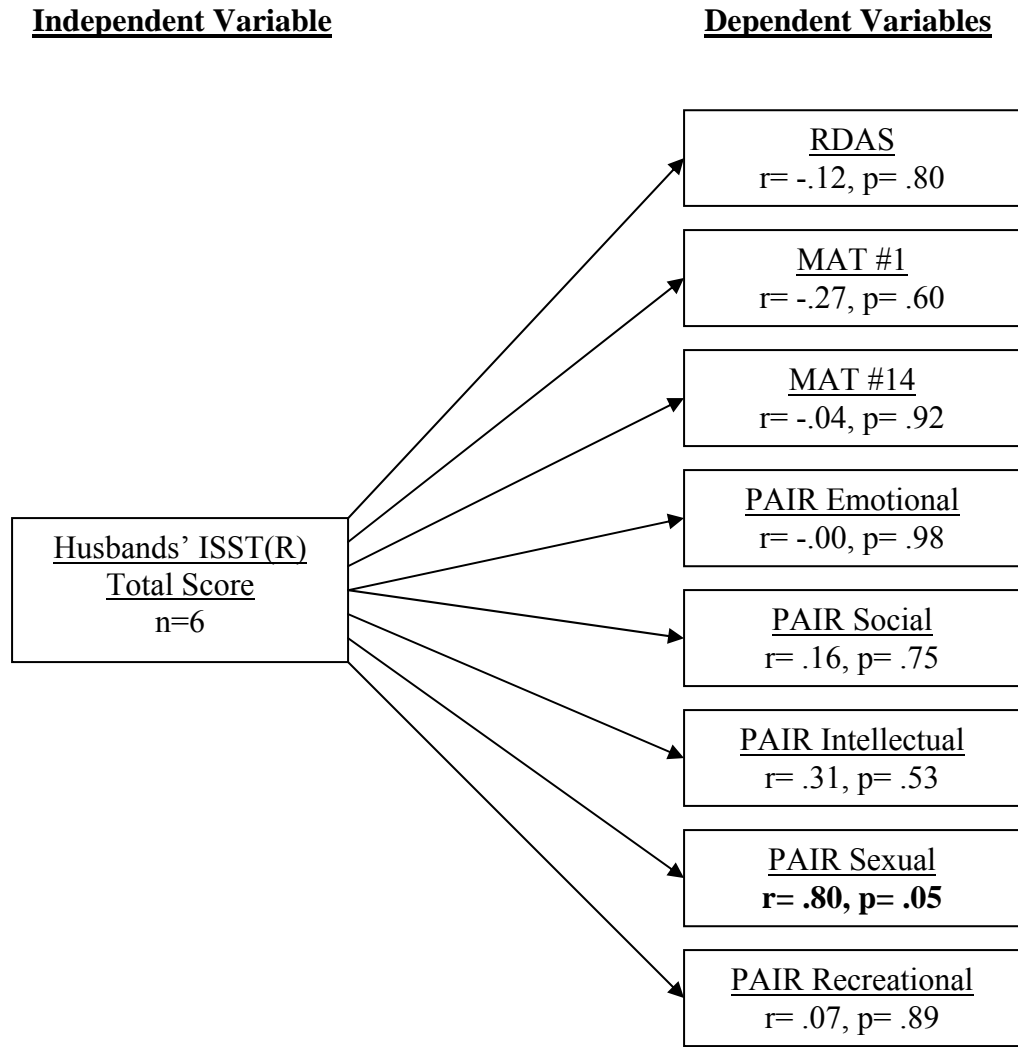


Figure 3
HUSBAND'S ISST(R) SCORES WITH WIFE'S
DEPENDENT SCORES



Chapter 4

Results

Demographics and Description of the Sample

Six married couples, or twelve married individuals, participated in this study. The ages of the participants fell between 18 and 35 years old. These couples reported being married between nine months and four years, with the average mean of 2.29 years. This is the first marriage for all participants except for one male, who is currently in his second marriage. The number of children reported spanned from 0 to 2, with an average mean of .83 children per couple. The level of education of subjects varied. One subject acknowledged having completed their high school diploma / GED, 42% acknowledged that they have obtained a “college degree”, and 50% acknowledged that they had obtained “some college.” The lowest income level reported fell within the \$0 - \$9,999, and the most frequent income level reported was found to be between \$25,000 and \$39,999. Within this sample, 10 out of 12 participants reported their ethnicity as Caucasian, while two participants who were married to each other reported their ethnicity as Hispanic. All participants reported that their religious affiliation was with the Church of Jesus Christ of Latter-day Saints.

Because the population for this study was obtained from a clinical setting, the sample was questioned about the number of sessions they have currently participated in with their therapist. Their responses indicated that 66% of individuals reported attending 0 number of sessions, 16% (n=2) reported that they participated in 1 session, and 16% (n=2) reported that they participated in 12 sessions of therapy. This shows that the majority of participants completed the survey information before they even began the

therapeutic process. The subjects were also questioned about what presenting problems brought them to therapy. All participants included the item “communication” in their responses. Within this sample, 25% of participants (n=3) included the item “pornography”, and 2 of these 3 participants were female. It was reported that 58% (n=7) included the item “conflict”, and 41% (n=5) included the item “intimacy”. “Separation/divorce”, “infidelity”, and “finances” were only reported once.

Correlational Results

The Pearson’s product-moment correlation coefficient for the relationship between a husband’s Internet Sex Screen Test (revised for pornography) score and wives PAIR Sexual subscale was found to be 0.80, with a significance of $p=.05$. This is the strongest statistical finding in this study, suggesting that as a husband’s Internet Sex Screen Test (revised for pornography) score increases, the discrepancy between the wives perceived and desired level of sexual intimacy also increases. This actually equates to a greater difference between the perceived and desired level of sexual intimacy for the wife, suggesting a decreased or lower level of sexual intimacy for the wife. A degree of caution must be used within the interpretation of this finding, considering the size of the sample, and the potential for making a Type I error.

The Pearson’s product-moment correlation coefficient for the relationship between a husband’s Internet Sex Screen Test (revised for pornography) score and the husband’s marital adjustment, satisfaction, and intimacy was not found to be significant. Due to the small sample size, the consideration of a Type II error must be explored. A Type II error would suggest that due to the small sample size, it would be difficult to determine a degree of statistical significance when such significance might actually be

present. The results of this study are not suggesting that there is no relationship between a husband's Internet Sex Screen Test (revised for pornography) score and marital adjustment and satisfaction as measured by the Revised Dyadic Adjustment Scale and Marital Adjustment Test questions #1 and #14. Further study with a larger sample size would be required to more accurately examine these relationships.

The Persons product-moment correlation coefficient for the relationship between both husbands and wives Internet Sex Screen Test (revised for pornography) scores and all husbands and wives PAIR Intellectual subscale was found to be $-.57$, with a significance of $p=.05$. Because this is a negative relationship, it implies that as the Internet Sex Screen Test (revised for pornography) score increases, the discrepancy between perceived and desired intellectual intimacy decreases. However, because 5 out of 6 of the wives Internet Sex Screen Test (revised for pornography) scores were 0, and the other being 1, their scores contribute to the correlation by merely falling between the ranges of 44-60. What is more predictive of this relationship are the husband's responses, which do suggest that as their Internet Sex Screen Test (revised for pornography) scores increase, the discrepancy of their perceived and desired intellectual intimacy decreases. One possible explanation of this effect is that husbands become more reliant upon an intellectual connection with their spouses as their internet pornography use increases, taking care of their emotional, social, sexual, and recreational intimacy.

Secondary Analysis

A secondary analysis has been considered in order to further an understanding of the data. Although not found to be statistically significant, these findings must be

explored in order to gain insight as to possible conclusions not discovered using quantitative methods of analysis.

The final question included in the Internet Sex Screen Test (revised for pornography) was “Considering your responses to this instrument, please rate the impact you believe your online pornography involvement negatively impacts your marital relationship.” This question was followed by a scale ranging from 0% to 100% to provide a context for rating their response. This question was added to the instrument by the researcher in order to consider how, and to what degree, do husbands believe their personal use of internet pornography negatively impacts their marital relationship. The comparison between the Internet Sex Screen Test (revised for pornography) score and response to this item for the participants are considered. The husbands responses varied considerably between their Internet Sex Screen Test (revised for pornography) scores, and how they responded to this question. Due to the lack of correlation between a husbands Internet Sex Screen Test (revised for pornography) score and the negatively impacted marital relationship responses, this data suggests that these husbands were not attuned enough to their behaviors and the resulting impact upon their marital relationships to have a sense of congruency from one husbands response to the next.

The researcher added a screening question to the Internet Sex Screen Test (revised for pornography) which states, “Have you ever, at any time, either unintentionally/accidentally or deliberately, been exposed to sexual/pornographic content on the internet or while online.” Those participants who responded positively to this question were instructed to continue and fill out the assessment instrument. Those who responded negatively to this instrument were instructed that they should not complete the

questionnaire. It was found that 11 out of the 12 participant responded positively to this question, although the highest score for the female participants was a “1” for the Internet Sex Screen Test (revised for pornography). All participants except for one had been exposed to online pornography, whether deliberately or accidentally. This indicates that the exposure to internet based pornography is extremely high within this sample, whether the exposure develops into problematic or addictive behavior, or not.

Item #14 of the Marital Adjustment Test asks, “If you had your life to live over, do you think you would: marry the same person, marry a different person, not marry at all?” Not only is this item included as to be representative of the entire Marital Adjustment Test, it also provides a powerful statement about the selection and maintenance of marital relationships. It was found that 3 out of the 12 participants responded to this question indicating that they would “marry a different person.” Two of these responses were provided by a husband and wife couple, both indicating that they would choose to marry a different person. This husbands Internet Sex Screen Test (revised for pornography) score was a 7. The wives Personal Assessment of Intimacy in Relationships Sexual Intimacy discrepancy sub score was and 84 out of a total possible score of 96. Although there is not a statistically significant relationship found between these variables, these responses to this question are powerful in and of themselves.

The questionnaire titled “Presenting Problems” was created and included by the researcher in order to discover what brought these participants to therapy, and to consider how those reasons correspond to the degree of internet based pornography use by the husbands. Only 3 participants indicated that “pornography” was a presenting problem. It was found that only one couple, where both husband and wife, indicated that

“pornography” was an issue which brought them to therapy. The husband in this couple scored a 14 on the Internet Sex Screen Test (revised for pornography). The third participant who provided this as a response was a wife, who’s husband’s Internet Sex Screen Test (revised for pornography) score was a 7. This could mean that when these scores become elevated, it is recognized as a problem which requires therapeutic attention.

Another factor which needs to be taken into consideration is the degree of secrecy for the level of internet based pornography behaviors. There are three questions on the Internet Sex Screen Test (revised for pornography) which inquire about the level of secrecy of the behavior. These three questions are comprised of the following; #10 which asks, “No one knows I use my computer for sexual purposes”, #11 which asks, “I have tried to hide sexual content on my computer or monitor so others cannot see it”, and #12 which asks, “I have stayed up after midnight to access sexual material online.” One couple who’s husband scored a 10 on the Internet Sex Screen Test (revised for pornography) responded “True” to all three secrecy questions, indicating that nobody, including his spouse, is aware of his online behaviors. This would explain why this couple did not indicate that “pornography” was not indicated on their presenting problem questionnaire. All other participants, except for the single respondent who scored a “1” on the Internet Sex Screen Test (revised for pornography), provided responses indicative of attempts to keep a level of secrecy around their internet based pornography behaviors. Based on these findings, more questions need to be asked and explored as to the level of, and reasons for keeping these behaviors secret.

A question on the Internet Sex Screen Test (revised for pornography) inquires as to how long the subject has been involved in internet based pornography. This question asks, "If you have used the internet to access pornographic materials on a regular basis, how old were you when you started?" Only 3 subjects indicated a response to this question. It is assumed that those who did not respond to this question do not see that they have been involved in online pornography on a regular basis for a significant period of time. For those who did provide a response for this question, it was discovered that these participants have been involved with internet based pornography for four, five, and eight years at a minimum. Their corresponding Internet Sex Screen Test (revised for pornography) scores were 7, 10, and 14 respectively. This is a significant period of time to be involved in this behavior. The length of time may be correlated to the degree of internet based pornography involvement.

Chapter 5

Discussion

Limitations of the Study

The major limitation of this study consists of the small number of participant. With such a small sample size, the potential to make Type II errors increases, and the power of the statistical analysis is decreased. Caution needs to be used in the interpretation and application of the results and conclusions contained within this study. Because only six couple packets were completed and returned, the sample size of six couples or 12 individuals is likely not to be representative of the general population. All participants acknowledged that their religious affiliation was “Latter-day Saint.” The results and conclusions drawn may reflect bias specific to this one religion. All participating subjects were acquired through a single source, namely the Brigham Young University Comprehensive Clinic. Because all participants were obtained through this source, the resulting conclusions are not likely to be representative of a larger clinical population. If the sample size were larger, a multiple regression analysis could have provided a more robust analysis.

Clinical Implications

The initial motivation to conduct this study stemmed from the clinical experience of the author, as well as a lack of clinical resources which address assessment, intervention, and treatment methods for couples presenting with issues of pornography use and addiction. It was first necessary to discover if in fact the use of internet pornography actually negatively impacted marital adjustment, satisfaction, and intimacy. Despite the small sample size, and lack of statistical power, there are three main

considerations clinicians could take into consideration when marital couples present with or it is discovered that internet pornography is present.

Because of the small sample size which limited the power of the statistical analysis used, and the ability to generalize the findings, this study should be considered as a pilot study. The initial and strongest correlation within this study will be addressed first. It was found that as a husband's Internet Sex Screen Test (revised for pornography) score increases, the discrepancy between the wife's perceived and desired level of sexual intimacy also increases. The focus of therapy when this condition is present could be twofold. First, it would prove useful to decrease a husband's Internet Sex Screen Test (revised for pornography) score. Doing so could provide initial direction to opening the door to an eventual increase in sexual intimacy for the wife. The second area of possible consideration includes the wife's dissatisfaction with sexual intimacy. Clinicians will need to be able to identify when this condition exists. Because the findings of this study are only preliminary, making use of the Personal Assessment of Intimacy in Relationships would be useful in discovering a wife's discrepancy score in the subscale of sexual intimacy. Due to the relationship between safety, trust, and sexual intimacy, the clinician cannot ignore how these apply to any given couple where internet pornography is present and significant.

Because the relationship between a husband's Internet Sex Screen Test (revised for pornography) score and the husband's marital adjustment, satisfaction, and intimacy scores were not found to be significant, it is assumed that husbands do not realize the impact their internet pornography use has upon their spouses. Again, due to the lack of power statistically, the applicability here is negligible. However, this has been the

authors experience within clinical settings. When a husband is unaware of how his internet pornography use impacts his spouse, it could be extremely difficult to even have the husband engage in therapy around this issue. Those who are unaware of this do not see that there is a problem, which leads their spouses to feel a lack of validation of their experience. It is crucial for the husband to be taught by his spouse what it is really like for her to experience the relational ramifications of his internet pornography use. Only then can the husband understand what it is like for her. The more a husband can understand how this impacts his wife, the more he will be able to see and recognize the level of sexual dissatisfaction his wife experiences, as well as how he could possibly be experiencing a false sense of emotional, social, sexual, and recreational intimacy with his spouse.

The last finding suggests that as a husband's Internet Sex Screen Test (revised for pornography) scores increase, the discrepancy of their perceived and desired intellectual intimacy decreases. One possible explanation of this effect is that husbands become more reliant upon an intellectual connection with their spouses as their internet pornography use increases, taking care of their emotional, social, sexual, and recreational intimacy. What this may look like within a clinical setting is a working, or even heightened intellectual connection and exploration between the husband and the wife, with decreased support of emotional, social, sexual, and recreational connections. This would be insufficient to produce a quality, long lasting, rewarding relationship. Efforts to address the areas of emotional, social, sexual, and recreational intimacy need to be supported. Making use of the wife's discrepancy scores within these various areas could

facilitate the couple to in working towards closing the gap between perceived and desired levels of intimacy.

Suggestions for Further Research

It is absolutely required that researchers continue to ask questions and discover answers which will build upon the results of this study. We need to more fully understand this issue, which will bring understanding, knowledge, and application within scholastic, clinical, academic, religious, and societal contexts. The following ideas represent a natural sense of direction based upon the exploration and results obtained through this study.

The first and foremost recommendation for further study is to replicate this study with a larger sample size. This would not only add to the validity of the findings within this study, but also ensure a control for Type I and Type II errors. In order to obtain such a sample size, it would be recommended to make use of clinics where clients frequently present with internet based pornography use. Also, the survey may be made available online, where identified couples could complete them in a more convenient manner. Some form of reimbursement (whether financial or otherwise) could provide a greater incentive for involvement. Along with a larger sample size, it would be recommended to include the full Internet Sex Screen Test in order to make use of its subscales. Then, the particular aspects of internet pornography can then be identified and correlated with marital adjustment, satisfaction, and intimacy.

A comparison of two groups, consisting of one group who does not provide a significant response on the Internet Sex Screen Test and one who does, would be useful

to determine if there is a difference in the marital adjustment, satisfaction, and intimacy scores between these two groups.

A qualitative study where the themes of relational intimacy is compared between husband and wife in couples where internet pornography is present would further our understanding of what couples actually experience. This would provide a greater account of the existence of this difference, and would allow for a more complete understanding of how the different sexes are impacted by significant internet pornography use.

Based on the secondary analysis contained in this study, it would be important for future studies to consider the following questions and concepts. The degree to which the general population is exposed to internet based pornography needs to be examined.

Whether intentional or unintentional, how many couples whose marriages end in divorce contained a degree of a husband's internet based pornography use or was directly related to this problem? When and under what circumstances to couples actually present with internet based pornography issues in a therapeutic setting? How does the component of secrecy is related to the development and maintenance of internet based pornography use and its impact upon the marital relationship? How does the length of time involved in regular use of internet based pornography correlate to the degree of involvement with such materials as measured by the Internet Sex Screen Test (revised for pornography)?

Finally, a study of clinical application based upon this research and its conclusions would be of great importance. Ultimately, it was the author's intent to use this study to promote a greater researched based perspective for clinicians to address this issue with clients. It would be most advantageous to pursue a study where these results could be tested within the context of a clinical setting. For example, after an initial

assessment identifies couples as having a significant score on the Internet Sex Screen Test, a treatment plan and specific interventions intended to decrease internet pornography use, as well as addressing the sexual dissatisfaction in the wife, the unawareness displayed by the husband about how his wife experiences the relationship, and focusing on shifting the emotional, social, sexual, and recreational intimacy from the internet based pornography towards experiencing these within the marital relationship. This would be an applied outcome study, which would seek to develop more of a researched based treatment model for this specific population.

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Appendices

Appendix A – Internet Sex Screen Test (revised for pornography)

1. Have you ever, at any time, either unintentionally/accidentally or deliberately, been exposed to sexual/pornographic content on the internet or while online (e.g. web pages, search results, e-mail/attachments, spam, pop-up's, chat rooms, file sharing, etc...)?

YES _____

NO _____

***If you responded "NO" to the previous question, you are not required to complete the ISST. Please stop here, and continue to the next survey instrument.

***If you responded "YES" to the previous question, please continue, and respond "True" to the items which apply to your behavior and "False" to the items which do not apply.

ANSWERS	The "Internet Sex Screening Test" Questions
True False <input type="checkbox"/> <input type="checkbox"/>	1. I have some sexual sites bookmarked.
True False <input type="checkbox"/> <input type="checkbox"/>	2. I spend more than 5 hours per week using my computer for sexual pursuits.
True False <input type="checkbox"/> <input type="checkbox"/>	3. I have joined sexual sites to gain access to online sexual material.
True False <input type="checkbox"/> <input type="checkbox"/>	4. I have paid fees to access sexual materials online.
True False <input type="checkbox"/> <input type="checkbox"/>	5. I have searched for sexual material through an Internet search tool.
True False <input type="checkbox"/> <input type="checkbox"/>	6. I have spent more money for online sexual material than I planned.
True False <input type="checkbox"/> <input type="checkbox"/>	7. Viewing sexual content on the internet has interfered with certain aspects of my life.

True False <input type="checkbox"/> <input type="checkbox"/>	8. I have sexually stimulated myself while on the Internet.
True False <input type="checkbox"/> <input type="checkbox"/>	9. I have accessed sexual sites from other computers besides my home.
True False <input type="checkbox"/> <input type="checkbox"/>	10. No one knows I use my computer for sexual purposes.
True False <input type="checkbox"/> <input type="checkbox"/>	11. I have tried to hide sexual content on my computer or monitor so others cannot see it.
True False <input type="checkbox"/> <input type="checkbox"/>	12. I have stayed up after midnight to access sexual material online.
True False <input type="checkbox"/> <input type="checkbox"/>	13. I use the Internet to experiment with different types of sexual content.
True False <input type="checkbox"/> <input type="checkbox"/>	14. I have my own website which contains some sexual material.
True False <input type="checkbox"/> <input type="checkbox"/>	15. I have made promises to myself to stop using the Internet for sexual purposes.
True False <input type="checkbox"/> <input type="checkbox"/>	16. I sometimes use Internet pornography as a reward for accomplishing something (e.g., finish a project, stressful day, etc.)
True False <input type="checkbox"/> <input type="checkbox"/>	17. When I am unable to access sexual materials online, I feel anxious, angry, or disappointed.
True False <input type="checkbox"/> <input type="checkbox"/>	18. I have increased the risks I take to access materials online.
True False <input type="checkbox"/> <input type="checkbox"/>	19. I have punished myself when I use the Internet for sexual purposes (e.g., time-out from computer, cancel Internet subscription, etc.)
True False <input type="checkbox"/> <input type="checkbox"/>	20. I have run across illegal sexual material while on the Internet.
True False <input type="checkbox"/> <input type="checkbox"/>	21. I believe I am an Internet sex addict.
Years using the Internet:	<input type="text"/>
How many hours this week did you spend online:	<input type="text"/>

If you have used the internet to access pornographic materials on a regular basis, how old were you when you started?

Considering your responses to this instrument, please rate the impact you believe your online pornography involvement negatively impacts your marital relationship:

0%

1-20%

21-40%

41-60%

61-80%

81-100%

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Appendix B – Demographic Questionnaire

1. How many sessions have you had with your therapist? _____
2. What is your age?
 - a. 18-25
 - b. 26-35
 - c. 36-45
 - d. 46-55
 - e. 56 or above
3. What is your gender? *Please circle one:* Male Female
4. How many years have you been married? _____
5. How many times have you been married? _____
6. How many children do you have? _____
7. How much formal education have you completed?
 - a. No formal education/some high school
 - b. High school diploma/GED
 - c. Some college
 - d. College degree
 - e. Graduate degree
8. What is your household's current income?
 - a. 0-9,999
 - b. 10,000-24,999
 - c. 25,000-39,999
 - d. 40,000-54,999
 - e. 55,000-69,999
 - f. 70,000 or more
9. What is your ethnicity?
 - a. White/Caucasian
 - b. African-American
 - c. Hispanic
 - d. Asian/Pacific Islander
 - e. Other _____
10. What is your religion?
 - a. Buddhist/Hindu
 - b. Protestant
 - c. Catholic
 - d. Latter-day Saint
 - e. Islamic
 - f. Jewish
 - g. Other _____
 - h. None

Appendix C- Presenting Problem(s)

Couples seek therapy for many different reasons. As part of this study, we would like to know what the main issues were which brought you to therapy. We would also like you to describe any issues which may have surfaced during the course of therapy that was not addressed when you first began therapy. Common issues which frequently bring couples to therapy include, but are not limited to the following. Please describe other issues that may not be included in this list.

- Marital Conflict
- Depression
- Anxiety/Panic
- Communication
- Parenting
- Separation/Divorce
- Pornography
- Remarriage/Step-family
- Substance Abuse
- Sexual Abuse
- Intimacy
- Domestic Violence
- Death/Loss
- Suicide
- Finances
- Infidelity
- Other(s)

Appendix D – Participant Consent Form

Consent to Be a Research Subject

The purpose of this research study is to more fully understand marital adjustment, satisfaction, and intimacy within today’s ever increasing exposure to sexual content on the internet. You have been selected to participate in this study because you have requested/are participating in marital therapy at either the BYU Comprehensive Clinic, LDS Family Services, or Latter-day Families. The results of this study will assist researchers, clinicians, and people in general to gain a better understanding of various aspects within marital relationships.

As a participant in this study, you will be asked to complete the following instruments:

- Demographic Questionnaire
- Presenting Problem(s) (Identifies what issues brings you to therapy at this time)
- The Revised Dyadic Adjustment Scale (Measures marital satisfaction)
- The Marital Adjustment Test (Items 1 and 14) (Measures marital adjustment)
- Personal Assessment of Intimacy in Relationships (Measures perceived intimacy)
- Internet Sex Screen Test Revised (Measures online pornography use)

While there are no known risks for participating in this study, there is the potential for discomfort associated in providing personal and sensitive information. Participation in this study is voluntary, and you have the right to refuse or withdraw your participation from this study at any time. Strict confidentiality will be maintained. Any and all identifying information will be removed or replaced by control numbers.

If you have any questions concerning this study, please contact Tony Alonzo, MFT student and intern, at (801) 422-7759. If you have any questions concerning your rights as a participant in this research study, you may contact Dr. Renea Beckstrand, Chair of the Institutional Review Board, 120B RB, Brigham Young University, Provo, Utah 84602; phone, (801) 422-3873, renea_beckstrand@byu.edu.

I have read, understood, and received a copy of the above consent, and desire of my own free will and volition, to participate in this study.

Research subject *Husband* _____ Date _____

Research subject *Wife* _____ Date _____