

CYBERSEX: A PROFILE OF ADDICTION AND RECOVERY

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Abstract

The purpose of this project is to explore the scope of compulsive cybersex behavior and identify the most effective methods of limiting or eliminating the behavior. A study was conducted using responses from 133 persons self-identified as having difficulty with compulsive sexual behavior. Study participants were recruited by therapists whose practice focuses in this area and from various 12-step groups related to sexual compulsion/addiction. The resulting data give a profile of the behavior of person who are self-identified as having difficulty with compulsive sexual behavior and well as the scope of that behavior. The data also provide a profile of what such persons do as attempts to achieve freedom from compulsive sexual behavior.

From the time that the Internet was primarily a research tool for academicians, the potential existed for using the medium for something other than scholarly research. With the growth of the Internet, millions of people have discovered they can use their personal computers to access information about things they would perhaps never dream of pursuing outside the anonymity of cyberspace.

Literature Review

Today, there are about 655 million Internet users with 183 million in the United States and Canada (*General Demographics*, 2004). Sex is the most researched subject on the Internet. It is estimated that one-third of Internet users have visited sexual websites (Cooper, Scherer, Boies, & Gordon, 1999).

By November of 2002, Internet tracking companies such as SexTracker determined that some 60 million unique visitors land on adult sites each day. Some of those adult sites receive as many as 4 million unique visitors each day. This is in contrast to top news sites like MSNBC.com and CNN.com that receive about 2.5 million unique visitors daily (Kent-Ferraro, 2002). More than 60% of all visits and commerce on the Internet involve sexual purposes (Schneider & Weiss, 2001)

There remains much debate on whether compulsive online sexual activity (OSA) is an addiction or not. Young refers to OSA as terminal love (Young, 1998). Researchers from the Masters and Johnson Clinic believe compulsive cybersex participants' online behavior are dissociative reenactments of past conflicts or traumas with underlying motives to resolve unfinished business (Schwartz & Southern, 2000). Recent studies have shown that so-called "cybersex addicts" spend between 15 and 25 hours per week pursuing sexual material on the Internet (Cooper, Delmonico, & Burg,

2000). The same study indicates that the nature of the Internet provides a lure that may lead individuals to develop compulsive OSA, who would not have otherwise developed problematic sexual behavior.

Two models have been postulated to explain the phenomenon of cybersex addiction. The ACE model, developed by Young (Young, Griffin-Shelley, & Cooper, 2000) has sought to explain the addictive nature of the Internet with the words anonymity, convenience, and escape. The anonymity of the medium, combined with the convenience of its use, allows persons to escape into a fantasy world that has few, if any, restraints.

Young's model is a variant of an earlier model developed by Cooper, known as the Triple-A Engine (Cooper, et al., 1999). Cooper believes that access and affordability, combined with anonymity, account for the Internet's power to attract people into a cycle of addiction. The anonymity of the medium lures many unsuspecting people into secret virtual sexual encounters. In chat rooms, users communicate with "screen names" or "handles" and live out fantasies without leaving the privacy of their home or office. That anonymity encourages users to communicate in a more open and frank manner than would be their norm (Cooper & Sportolari, 1997). Cybersex is dangerous for the sexual addict because it embodies many of the characteristics recovering addicts must avoid, including isolation, fantasy, objectification, and sexual images (NCSAC, 2004).

There is a question as to whether OSA can escalate into an addiction or should be considered a milder form of obsession. Carnes states:

Cybersex addicts can quickly become focused on new types of behavior in a very short amount of time—what has taken other sex addicts decades to develop before the advent of the Internet.... Addicts become obsessed and can't stop thinking

about cybersex. They begin to seek others who share their same interests through chat rooms and news groups. (Carnes, 2001)

The Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) does not officially recognize the existence of sexual addiction nor CSB involving the Internet. Several reasons for this omission have been advanced including the view of some psychologists that sexual addiction and substance addiction is not analogous. Other reasons include the difficulty in determining the normal range of sexual activity and the belief that CSB can be overpathologized (Sue, Sue, & Sue, 2003).

It has been shown that sexual acting out on the Internet is of a progressive nature. The husband that begins a “harmless” cyber affair rationalizes that his activity will lead to nothing more, especially if his cyber partner is in another country. A wife may rationalize that her online sexual activities are not really infidelity and besides, she needs the attention her cyber lover gives her. However, the power of the cyber affair once unleashed, can lead people who would otherwise be faithful to their mates to become obsessed with the intrigue offered by cybersex (Young, et al., 2000).

Behavioral addictions have been shown to cause a response in the chemistry of the brain. Online sexual activity can develop into an addiction that involves neurochemical reinforcement (Milkman & Sunderwirth, 1987). An introverted woman can turn into an uninhibited lady of the evening in cyberspace. A stodgy, unassuming man can become the Casanova of the Internet. The behaviors of each produces a “high” that is both immediately rewarding and ultimately addicting.

The Scope of Online Sexual Activity

It is believed there are about 15 million individuals who use cybersex moderately or show the beginning signs of sexual compulsion (Carnes, et al., 2001). OSA may take

many forms. The simplest may be the exchange of erotic e-mails with someone known or anonymous. Chat rooms with adult themes are also a primary means of sexual acting out online. Many of the chat rooms are designed specifically for infidelity. Room names such as MarriedM4Affair, Cheating Wife, or Lonely Husband (Young, et al., 2000) leave little to imagination as to their purpose. The initial attraction may be to fulfill a fantasy or to experience some excitement, but the addictive pull of the medium often leads the person into other online sexual activities. One study has shown that gay males were more likely than heterosexual males to use the Internet for OSA (Cooper, et al., 2000).

The latest update of Carnes seminal work estimated there were 100,000 pornographic sites with 200 new ones being added daily (Carnes, 2001). Through extrapolation we determine there are in excess of a quarter million such sites today. The anonymity of the medium encourages users to indulge their every fantasy. To that end, there are porn websites that cater to every conceivable fetish. Lest one think that OSA is innocuous, the plethora of child porn websites attracts viewers of both sexes and of all ages despite the fact that accessing any of those sites is illegal in this country. Other offender behavior on the Internet involves pursuing adolescents for sex.

Vo-sexual behavior, sexual behavior occurring within a vocational setting (Cooper, et al., 1999), is becoming an increasing problem. While vo-sexual behavior is not confined to online contacts, a great portion of sexual behavior at work involves the Internet. In the first large scale study (9,265 men and women) of online sexual activity, it was found that 20% of men and 12% of women reported they had used computers at work to pursue their sexual interests (Cooper, et al. 1999).

Seventy-percent of all adult content Internet traffic occurs, not in the dark of night, as might be expected, but from 9:00 a.m. to 5:00 p.m., Monday through Friday. An analysis of survey data collected by MSNBC.com found that six out of every one hundred employees are having trouble with sexually related activities while at work (Kent-Ferraro, 2002).

While many companies have been reluctant to deal with the problem of employee's compulsive use of the Internet, there is growing evidence that sexually addicted employees spend inordinate amounts of their workday cruising adult websites, significantly reducing their productivity and their effectiveness as a team member (Cooper, Golden & Kent-Ferraro, 2002). As more research sheds light on the negative effects of employee's use of the Internet for sexual pursuits, companies will be more inclined to deal with the problem, if for no other reason than because it affects the company's bottom line (Kent-Ferraro, 2002). Data indicate that 6% of employees use their computers at work one to ten hours per week strictly for sexual purposes (Cooper, et al., 2000).

Who is at Risk?

While anyone with Internet access can access sexual sites and potentially become addicted, several professional groups receive focus because of the significant repercussions should they become addicted. With the many cases of sexual abuse by clergy in the news over the past year, one wonders how many ministers are involved in OSA. A survey by a non-denominational publication that focuses on the protestant community, revealed that 20% of the pastors who responded said they had used sexually oriented media at least once a month (Leadership Journal, 1988). The survey was

conducted prior to the Internet becoming publicly accessible. In a more recent survey, 37% of pastors indicated that Internet pornography was a current struggle for them (Leadership Journal, 2001).

What about other professionals like therapists and physicians? Are psychotherapists at risk of becoming addicted to online sexual activity? While no study to date has been done to establish the online sexual activity of therapists, it is estimated that 10% of male psychotherapists have been involved in sexual misconduct with clients (Rutter, 1989). Physicians are another group of professionals that are being studied for sexual misconduct and related boundary violations. According to the American Medical Association, it is estimated that up to 10% of physicians who are actively practicing in the United States have a potential problem with sexual misconduct (Swiggart, Starr, Finlayson, & Spickard, 2002). Fifty percent of physicians alleged with sexual impropriety are said to be sexually addicted (Sealy, 2002). While it is not known how many physicians may be involved in compulsive OSA, sexually addictive Internet use is thought to be a factor that may lead to boundary violations with patients.

Studies have indicated that males are much more likely to be involved in OSA. However, of the most extreme cybersex users, 40% are women. Specific groups at risk for developing online sexual addictions include homemakers, the unemployed, and students (Cooper, et al., 2000). Anyone with access to a computer should bear in mind Cooper's Triple-A Engine as they log on to the Internet.

How to Identify Compulsive Online sexual activity

While addictive OSA may affect both single and married persons, there are certain behaviors that may indicate one's spouse or significant other is involved in a cyber affair

or other OSA. A change in sleep patterns is the first indicator. A person may stay up after the rest of the family has gone to bed or get up several hours early to carry on an e-mail exchange with a cyber lover. Demands for privacy, ignoring other responsibilities, evidence of lying, personality changes, and a loss of interest in sex are some of the other signs that may be apparent when a person is involved in cybersex (Young, et al., 2000).

What is at Risk?

There is much a person can lose as the result of online sexual addiction. In Cooper's survey that was conducted on MSNBC.com, 32% of the nearly 10,000 respondents identified at least one major area of their life that has been affected negatively by their OSA. Many of the survey participants reported they had jeopardized or lost their job or family (Cooper, et al., 2000) while others have certainly lost their freedom because of offender behavior associated with their compulsive OSA.

There have been numerous instances of people who have begun what they believed would be an innocent e-mail cyber relationship that progressed to injury or death when they went to a face-to-face meeting with their cyber lover. Data indicate those involved in cyber relationships are prone to either stretch the truth about themselves or invent a completely false identity in order to lure potential victims. The most common misrepresentation is age, with 48% of subjects in a recent survey indicating they changed their age "occasionally" and 23% reporting they change their age "often" to "very often." The same survey found that 38% reported changing their race when online. Five percent of respondents reported changing their gender, a phenomenon known as "gender bending" (Cooper, et al., 2000).

Based on the literature review, the following are hypothesized:

1. There will be a significant relationship between the length of individual therapy and the perceived effectiveness of individual therapy.
2. There will be a significant relationship between the length of group therapy and the perceived effectiveness of group therapy.
3. There will be a significant relationship between the length of couples therapy and the perceived effectiveness of couples therapy.
4. There will be a significant relationship between the length of pharmacological therapy and the perceived effectiveness of pharmacological therapy.

Methods

Participants

The survey participants were all self-identified as having a problem with compulsive sexual behavior (CSB) by virtue of being members of a related 12-step group and/or seeking help for CSB with a therapist. Most of the participants were male ($n=113$). Five participants were female and 15 declined to indicate their gender. The majority of the respondents (59%) were between the ages of 40 and 59 ($n=78$), 5% were between the ages of 25 and 39, and 7% ($n=9$) were past 60 years of age.

Materials

The initial survey instrument was constructed based on conversations with several persons who self-identified as having problems with CSB. That preliminary survey was e-mailed to select members of the National Council of Sex Addiction and Compulsivity and hand delivered to others. Each person was asked for suggestions as to additions and/or changes they would suggest for the survey instrument as well as assistance in distributing the survey to their clients. Significant modifications were made as the result of those consultations.

Procedure

Packets consisting of the survey instrument, informed consent and a self-addressed, stamped envelope were prepared for distribution. Key persons in multiple 12-step programs were recruited in two cities in the south to distribute the packets.

Additionally, surveys were distributed by four therapists in Texas, two in California, two

in North Carolina, and one therapist in each of the following states: Colorado, Illinois, Minnesota, Pennsylvania, and Tennessee.

The purpose of the survey was to ascertain the scope of cybersex activity, get a profile of the kind of recovery activities the respondents were involved in and to get an estimation of the effectiveness of those activities. For the purposes of the survey, cybersex was defined as using the Internet to engage in sexually gratifying activities such as, looking at pictures, engaging in sexual chat, exchanging explicit sexual images or emails, “cybering” (i.e., sharing fantasies over the Internet which involved being sexual together while one or both people masturbate), etc. (Cooper, 2002).

Discussion

The survey consisted of 78 questions which yielded 106 individual pieces of data. A total of 523 survey packets were distributed; 251 of them in 12-step groups and 272 by therapists. As of the writing of this report, 133 completed surveys were returned.

Scope of Cybersex Activity

Respondents were asked how much time they spent in cybersex before entering recovery. Forty-nine percent of respondents said they engaged in cybersex between 10 and 29 hours each week. Nine persons declined to answer this question. A complete breakdown of how much time the respondents spent in cybersex prior to entering treatment/recovery is in Table 1.

Table 1: Hours of Cybersex Before Recovery

		Frequency	Valid Percent
Valid	Zero	14	11.3
	1-9	39	31.5
	10-19	35	28.3
	20-29	26	21.0
	30-39	6	4.8
	40-44	4	3.2
	Total	124	100.0

After entering treatment/recovery, the majority of respondents (68%) did not engage in cybersex. Five respondents who did not engage in cybersex before entering treatment/recovery engaged in cybersex during treatment/recovery. Eight respondents indicated they did not engage in cybersex either before or since entering treatment/recovery. Table 2 gives an analysis of the time respondents currently spend pursuing cybersex.

Table 2: Hours of Cybersex at Present

		Frequency	Percent
Valid	Zero	91	68.4
	1-9	34	25.5
	10-19	6	4.6
	20-29	2	1.6
	Total	133	100.0

Participants were asked how they spent their cybersex time. They were allowed to indicate more than one activity. The majority (74%, $n=98$) said they viewed porn, 29% said they spent time viewing nude or seminude people they did not consider pornographic, 26% said they downloaded porn, 24% said they read personals, 18%

sending and receiving sexual instant messages, 14% spent time sending and receiving sexual e-mails, 11% spent time in non-sexual chat rooms, 10% they spent time on newsgroups, and 8% said they were engaged in other activity.

In responding to a question as to their gender preference while engaged in cybersex, 65% said they preferred partners or images that were of the opposite sex and 21% said they preferred same sex partners or images. Fifteen percent said they were interested in both. When asked the age preference for a sexual partner, either for cybersex or in person, 38% ($n=50$) said they had no age preference or checked multiple age categories on the survey. The breakdown for the age preference for sex partners follows: 2% sought partners less than 18 years of age, 30% ($n=33$) sought partners from age 18 through 29, 11% wanted a partner in their 30's, 10% wanted a partner in their 40's, and less than 1% ($n=1$) looked for a partner in their 50's.

When respondents were asked where they engaged in cybersex, most of them (65%, $n=79$) indicated they restricted their activity to their home. Twenty percent of the respondents said they did their cybersex at work and 11% said they split their cybersex activity between work and home. One percent said they used a public library for cybersex. This differs significantly from previous studies with a random sample which showed most adult sites are accessed between 9:00 a.m. and 5:00 p.m. (Kent-Ferraro, 2002).

Since a large study involving a random sample of Internet users revealed less than 1% of visitors to adult sites actually spent money at those sites (Cooper & Griffin-Shelley, 2002), questions concerning paying for cybersex were asked of the survey participants in order to compare their responses to those of the previous survey.

Respondents were asked if they ever accessed a “pay” cybersex site. Fifty percent said they have paid for cybersex access. While 46% said they spent less than \$100, 35% spend between \$100 and \$499, and 11% spent between \$500 and \$999. The other spending categories follow: 5% spent between \$1,000 and \$1,499, 2% spent between \$1,500 and \$1,999, and 2% spent between \$2,000 and \$2,499. While not indicated on this question, there were respondents who spent more than \$2,500 on pay cybersex as is evidenced by the questions concerning Internet related debt. One person indicated he had spent about \$5,000 on Internet fetish porn. Only 17% of the respondents ($n=13$) incurred debt related to their Internet activities. Of those, 46% ($n=6$) incurred less than \$499 debt, 31% ($n=4$) incurred between \$500 and \$999 in debt, and 23% ($n=3$) incurred over \$2,500 in Internet related debt. One respondent declined to indicate the amount of debt incurred and another said debt related to the Internet was in excess of \$10,000.

Only 12% of respondents said they do not masturbate while involved in cybersex. An additional 15% said they rarely masturbated during cybersex. Sixty-two percent said during cybersex they masturbate often (38%) or all of the time (24%).

When asked to indicate how much of a problem cybersex had been in their life, 10% said it was never a problem and an additional 7% said it was rarely a problem. Twenty-seven percent said it was sometimes a problem. Of the remaining 56%, 40% said their online sexuality was often a problem and 16% said it was a problem all of the time.

Respondents were asked to identify what events immediately preceded their cybersex activity. They were allowed to indicate more than one event. Stress was the factor often identified, with 54% ($n=64$) saying stress at work and 50% saying stress at home preceded their cybersex. Thirty-five percent said experiencing a success or

generally feeling good about life was the event that happened just before cybersex. Twenty-eight percent said just before cybersex they had a fight with their partner. Fifty percent said nothing special triggered their cybersex. It should be noted that several ($n=22$) who said nothing special triggered them also indicated at least one other specific trigger.

Participants were allowed to indicate additional triggers that were not listed on the survey. Thirteen percent indicated they were aware of additional triggers for their cybersex. Additional triggers specified by respondents included finances, looking at advertisements of attractive people, stress from a therapy session, feeling lonely, being uncertain about life, anticipating stress, playing computer games, and drinking alcohol.

How much of what persons say about themselves on the Internet is true? Previous studies involving random samples of Internet users found significant bits of information given by persons was untrue. In this study of self-identified sex addicts, 31% ($n=41$) said they had been untruthful about some aspect of their life. Respondents could indicate more than one area of untruthfulness. Twenty-five percent said they were untruthful about their age, 20% about physical traits, 16% about marital status, 7% about gender, 2% about race, and 4% about some other aspect of their life. One respondent indicated he was untruthful about HIV status.

Since much of the communication on the Internet is visual, participants were asked if they had ever placed a photo of themselves on the Internet. Forty-one respondents said had posted their photo on the Internet. Of those, 31% ($n=13$) said they had posted nude photos of themselves.

Consequences of Cybersex

Is cybersex, as some people have suggested, a behavior that does not impact the lives of others? Do persons engaged in cybersex ever progress to behaviors that affects the lives of others? To address these questions, the survey asked participants questions concerning their involvement with minors, whether cybersex was the precursor to physical contact with another person, and the various consequences of their behavior.

Twelve percent ($n=15$) of the respondents indicated they had accessed a child porn site. Eight percent ($n=10$) said they had engaged in cybersex with a minor. One respondent said he had cybersex with a minor unknowingly. One third (33%, $n=44$) of respondents said they have met someone in person for a date or a sexual experience that they first met online.

Respondents were asked about the consequences of their CSB. It was possible to indicate more than one consequence. Thirty-six percent said they experienced at least one marital separation, 38% became estranged from one or more members of their family, 26% experienced serious financial problems, 26% contracted at least one sexually transmitted disease (STD) (one indicating contracting STD's ten times), 21% got divorced, 15% lost their job, 12% got arrested, 5% were incarcerated, and 25% ($n=25$) said they endured some additional consequence as the direct result of their CSB. Some of the other consequences experienced by respondents include experiencing severe depression, losing sleep, worrying over having potentially contracted an STD, practicing unsafe sex, becoming a registered sex offender, missing promotions at work, losing friends, suffering embarrassment from being caught at work, havng to move, and becoming suicidal.

Treatment/Recovery Profile

Most of the respondents (57%, $n=75$) had been in treatment/recovery for 18 months or more. Forty-seven percent ($n=63$) had been in treatment/recovery for more than two years, with the longest period in recovery being 20 years. Eleven percent of respondents ($n=15$) said they had been in treatment/recovery for less than three months.

Slips and Disclosure

Respondents were asked to indicate how long it had been since they engaged in CSB. Forty-eight percent said they engaged in CSB in the previous three months. Only 14% indicated they had gone 24 months or longer since their last CSB. Table 3 shows a breakdown of responses.

Table 3: Time Since CSB

	Frequency	Percent
Less than 3 months	64	48.1
3-11 months	33	24.8
12-23 months	17	12.8
24 months or more	19	14.3
Total	133	100.0

As for how many times respondents experienced a slip, 13% said they had never slipped. Twenty percent indicated they had one or two slips, 20% had three to five slips, and 8% had 6-10 slips. Twenty-one percent of the respondents said they had experienced more than ten slips.

How forthcoming have respondents been with their partner? Twenty-six percent said they tell their partner when they slip while 41% said they do not. (Thirty-three percent declined to answer the question.) When asked if they made a full disclosure of acting out behavior to partner, 58% said they had while 29% said they had not, with seventeen individual declining to answer the question. Twenty-four percent of those who

made disclosures did so prior to entering recovery and 76% did so after entering recovery. Of those who made disclosures, only 35% ($n=33$) said the disclosure was facilitated by a therapist. Only five respondents took a polygraph as part of the disclosure process.

Involvement in 12-Step Groups

Eighty-seven percent of respondents indicated they are a member of a 12-step program for sexual compulsion/addiction. Of those respondents, 21% attend one meeting a week, 51% attend two or three meetings, and 13% attend four or five meetings. Nine percent attend more than five meetings a week.

Concerning working the 12-steps of recovery, 82% said they were working the steps with a sponsor and 7% said they were working the steps on their own. Eleven percent said they were not working the steps. Of those working the steps, 36% were working on steps 1-3, 24% were working on steps 4-6, 13% on steps 7-9, and 13% on steps 10-12. Fourteen percent said they had completed the steps.

Specific questions were asked as to how involved the respondents were in 12-step groups. Seventy-seven percent ($n=103$) of respondents said they had a sex plan that identifies healthy sexual activity they can participate in as well as CSB to avoid. Thirty-seven percent said they were either currently sponsoring others or had done so in the past.

Partner's Involvement in Recovery

Two questions were asked concerning the involvement of the respondent's partner in recovery. Twenty-two percent ($n=29$) said their partner was involved in a 12-step recovery program related to the respondent's sexual compulsivity/addiction. Thirty-nine percent ($n=52$) said their partner was in therapy related to the respondent's CSB. Of that

number, 62% ($n=32$) said the therapy was specifically designed for partners of sexual compulsives/addicts.

Respondent's Participation in Therapy

Eighty-seven percent ($n=115$) of respondents were receiving individual therapy currently or had received it in the past because of their CSB. Of that number 97% were seeing a professional counselor (LPC, social worker, psychologist, etc.) and 3% received counsel exclusively from a pastoral counselor (minister, priest, rabbi, etc.). Hypothesis one, which stated there would be a significant relationship between the length of individual therapy and the perceived effectiveness of individual therapy was tested by Chi Square. Results showed $\chi^2 (24) = 22.79$ ($p = .523$). There was not a significant relationship between length of individual therapy and perceived effectiveness of individual therapy. A breakdown of how effective the respondents viewed the therapy to their recovery follows in Table 4.

Table 4: Effectiveness of Individual Therapy vs. Time in Individual Therapy

			Less than 3 mo.	3-5 mo.	6-11 mo.	12-17 mo.	18-20 mo.	24 mo. or more	
Effectiveness of individual therapy	Not effective	Count % within Effectiveness of ind. therapy	0 .0%	1 25.0%	2 50.0%	0 .0%	0 .0%	1 25.0%	4 100.0%
	Minimally effective	Count % within Effectiveness of ind. therapy	0 .0%	1 16.7%	0 .0%	2 33.4%	0 .0%	3 50.0%	6 100.0%
	Somewhat effective	Count % within Effectiveness of ind. therapy	2 4.7%	2 4.7%	6 14.0%	2 4.6%	8 18.6%	23 53.5%	43 100.0%
	Very effective	Count % within Effectiveness of ind. therapy	6 9.7%	2 3.2%	9 14.5%	9 14.6%	7 11.3%	29 46.8%	62 100.0%
Total		Count	8	6	17	13	15	56	115
		% within Effectiveness of ind. therapy	7.0%	5.2%	14.8%	11.3%	13.1%	48.7%	100.0%

Fifty percent of respondents were involved in group therapy. Of that group, 96% participated voluntarily and 5% were either court ordered or mandated by a licensing board. Hypothesis two which stated there would be a significant relationship between the length of couples therapy and perceived effectiveness of couples therapy was tested by Chi Square. Results showed $\chi^2 (24) = 33.97 (p = .085)$. There was not a significant relationship between length of group therapy and perceived effectiveness of group therapy. A breakdown of how effective the respondents viewed group therapy to their recovery follows in Table 5.

Table 5: Time in Group Therapy vs. Effectiveness of Group Therapy

			Less than 3 mo.	3-5 mo.	6-11 mo.	12-17 mo.	18-20 mo.	24 mo. or more	
Effectiveness of group therapy	Not effective	Count	0	1	0	0	0	0	1
		% within Effectiveness of group therapy	.0%	100.0%	.0%	.0%	.0%	.0%	100.0%
	Minimally effective	Count	2	4	1	1	1	0	9
		% within Effectiveness of group therapy	22.2%	44.4%	11.1%	11.1%	11.1%	.0%	100.0%
Somewhat effective	Count	4	3	3	7	4	3	24	
	% within Effectiveness of group therapy	16.7%	12.5%	12.5%	29.1%	16.6%	12.5%	100.0%	
Very effective	Count	5	2	7	0	2	15	33	
	% within Effectiveness of group therapy	15.2%	6.1%	21.3%	6.1%	6.0%	45.5%	100.0%	
Total		Count	11	10	11	10	7	18	67
		% within Effectiveness of group therapy	16.4%	14.9%	16.4%	15.0%	10.5%	26.9%	100.0%

Fifty percent of respondents were involved in couples therapy because of their CSB. Ninety-seven percent of that group went to a professional counselor while only 3% ($n=2$) exclusively went to a pastoral counselor. Hypothesis three which stated there would be a significant relationship between the length of couples therapy and perceived effectiveness of therapy was tested by Chi Square. Results showed $\chi^2(24) = 26.48$ ($p = .329$). There was not a significant relationship between length of couples therapy and perceived effectiveness of couples therapy. A breakdown of how effective the respondents viewed couples therapy follows in Table 6.

Table 6: Time in Couples Therapy vs. Effectiveness of Couples Therapy

		Less than 3 mo.	3-5 mo.	6-11 mo.	12-17 mo.	18-20 mo.	24 mo. or more		
Effectiveness of couples therapy	Not effective	Count	2	0	0	0	0	1	3
		% within Effectiveness of couples therapy	66.7%	.0%	.0%	.0%	.0%	33.3%	100.0%
	Minimally effective	Count	4	1	0	6	0	3	14
		% within Effectiveness of couples therapy	28.6%	7.1%	.0%	42.9%	.0%	21.4%	100.0%
	Somewhat effective	Count	6	5	5	2	2	3	23
		% within Effectiveness of couples therapy	26.1%	21.7%	21.7%	8.7%	8.7%	13.0%	100.0%
	Very effective	Count	4	3	4	2	3	8	24
		% within Effectiveness of couples therapy	16.7%	12.5%	16.6%	8.3%	12.5%	33.3%	100.0%
Total	Count	16	9	9	10	5	15	64	
	% within Effectiveness of couples therapy	25.0%	14.1%	14.1%	15.6%	7.7%	23.4%	100.0%	

Thirty-three percent ($n=44$) respondents indicated they took prescription medication for their CSB. No attempt was made to evaluate the efficacy of various individual medications. Rather, individuals were asked how effective they viewed the medication prescribed for them. Hypothesis four which stated there would be a significant relationship between the length of pharmacological therapy and perceived effectiveness of pharmacological therapy was tested by Chi Square. Results showed $\chi^2(16) = 29.64$ ($p = .02$). There was a significant relationship between length of pharmacological therapy and perceived effectiveness of pharmacological therapy. A breakdown of how effective the respondents viewed medication to their recovery follows in Table 7.

Table 7: Total Time Taking Rx for Recovery vs. Effectiveness of Rx to Recovery

			Less than 3 mo.	3-5 mo.	6-11 mo.	12-17 mo.	18-20 mo.	24 mo. or more	
Effectiveness of Rx to recovery	Minimally effective	Count	2	1	2	0	1	3	9
		% within Effectiveness of Rx to recovery	22.2%	11.1%	22.2%	.0%	11.1%	33.3%	100.0%
	Somewhat effective	Count	0	0	4	4	1	10	19
		% within Effectiveness of Rx to recovery	.0%	.0%	21.1%	21.1%	5.3%	52.6%	100.0%
	Very effective	Count	0	1	0	1	4	8	14
		% within Effectiveness of Rx to recovery	.0%	7.1%	.0%	7.1%	28.5%	57.1%	100.0%
Total		Count	2	2	6	5	6	21	42
		% within Effectiveness of Rx to recovery	4.8%	4.8%	14.3%	11.9%	14.2%	50.0%	100.0%

Two questions concerning the respondent’s interest in online sexual activities were included that were also on the survey conducted by Cooper, et al. (2000). The responses to those questions were as follows in Tables 8 and 9.

Table 8: “Over time my interest in online sexual activities has (check only one):”

	Frequency	Percent
Increased significantly	37	27.8
Increased somewhat	14	10.5
Stayed the same	13	9.8
Waxed and waned	13	9.8
Decreased somewhat	8	6.0
Decreased significantly	37	27.8
Total	122	91.7
Missing	11	8.3
Total	133	100.0

Table 9: “In the future I would prefer my online sexual activities to (check only one):”

	Frequency	Percent
Stay the same	20	15.0
Decrease somewhat	3	2.3
Decrease significantly	101	75.9
Total	124	93.2
Missing	9	6.8
Total	133	100.0

Previous studies have shown that most cybersex activity is by gay males (Cooper, Delmonico, et al., 2000). While the present study did not ask the sexual orientation of the respondents, most respondents (57%, $n=76$) said they preferred partners or images that were of the opposite sex. It is unclear whether this difference is due to the fact that the previous study used a random sample whereas the present study used self-identified sex addicts, or if this difference is due to other factors.

Previous research has shown that most of adult related web sites are accessed between 9:00 a.m. and 5:00 p.m. (Kent-Ferraro, 2002). The present study revealed 59% of the respondents engaged in cybersex only at home, 20% engaged in cybersex at work and 11% split their cybersex activity between home and work. Again it is not clear whether this difference is due to the fact that this study uses a sample of self-identified sex addicts whereas the previous research involved the population that had Internet access.

Participants were asked to respond to the following statement: “Finding out about online sexuality is the worst thing that has ever happened in my life.” Sixty percent of respondents ($n=80$) said this is not the worst thing in their life. While a third (34%) of the self-identified sex addicts believe this is the worst thing in their life, the remainder

may be represented by comments of respondents saying that much of their sexual compulsive behavior involved behaviors they considered more extreme than cybersex.

Tools of Recovery

The survey asked respondents to indicate the measures and rate the effectiveness of the measures they had taken to limit their cybersex activity. Fifty-six (58%) of the respondents said they installed an Internet filter but of those, 43% ($n=24$) said that measure was either minimally effective or not effective. However, 57% ($n=32$) said the filters were somewhat to very effective in limiting their access to adult or sexual websites. Twenty-three respondents said they had cancelled their Internet service at home. Of those, 70% ($n=16$) said that was very effective and another 22% said that was a somewhat effective measure. Only 2 respondents indicated that measure was of little or no effect. Four respondents canceled their Internet service at work and their results were mixed.

Twenty-six persons ($n=20$) indicated a method they used to limit their cybersex access was to move their computer to a public place. Seventy-three percent of those said that change was either very effective or somewhat effective. Twenty-two persons engaged an accountability partner for their Internet use and 73% ($n=16$) said that measure was either very effective or somewhat effective.

Nine questions on the survey asked respondents to indicate how important or unimportant various activities were to their recovery. Most of the items were things that either related directly to 12-step programs or were things that were encouraged by 12-step programs. The respondents were asked how important attendance at 12-step meetings was to their recovery. Of the 122 who answered this question, 73% ($n=89$) said

such attendance was very important and 16% ($n=20$) said attendance was important. Only 13 respondents (7%) said attendance at meetings was either not important or somewhat important.

When asked how important meeting with their sponsor was to their recovery, 43 (32%) said it was very important. Thirty-nine (29%) said such meetings were important and 26 (20%) said they were somewhat important. Only 9 (7%) indicated such meetings were unimportant to their recovery.

The survey participants indicated reading was a key component of their recovery program. Seventy-seven (58%) said reading 12-step literature was either important or very important. Sixty-eight (51%) said reading the “big book” or Alcoholics Anonymous was either important or very important. Ninety respondents said reading recovery related books was important or very important. Fifty-three respondents said working through workbooks assigned by their therapists was important or very important to their recovery.

An effort was made to see how important spirituality was to the recovery of the respondents. One hundred ten respondents (83%) said daily meditation and/or prayer was either important or very important to them. But concerning participation and attendance in organized religious services, only 67 (50%) said it was important or very important to their recovery. Twenty-four (18%) said worship participation and attendance was somewhat important and 37 (28%) indicated it was not important.

While only 42 of the respondents said they sponsored others in 12-step work, 94 of the survey participants indicated a response to a question concerning how important they believed the task of sponsoring others was to recovery. Of those, 27% ($n=25$) said

that task was unimportant and 14% ($n=18$) said it was somewhat important. 54% ($n=51$) felt sponsoring others was either important or very important to recovery.

Respondents were given a chance to add their comments to the survey instrument. Some of the comments given by respondents include: “Most of the therapists I met seemed far too easy to fool.” “I have been in recovery for 14 years and had 13 years of sobriety—then slipped with Internet pornography.” “I want to stop [cybersex] but can’t and I have been doing recovery for over 10 years. Will it every get better?”

The study is subject to the limits of the sample size and the homogeneity of the sample as being composed of self-identified sexual compulsives. It is not meant to generalize to the total population nor to all persons who are identify themselves as having a sexual compulsion/addiction.

Summary

The results did not support the hypotheses that there would be a significant relationship between length of individual, group, and couples therapy and perceived effectiveness of the therapy. However the hypothesis stating there would be a significant relationship between length of pharmacological care and the perceived effectiveness of that care was supported. Additional study concerning the scope of the pharmacological care would be helpful. Questions as to the particular medications taken as well as the dosages given would shed additional light on the extent to which psychiatric care impacts recovery from CSB.

Person seeking recovery from compulsive sexual behavior are eager to embrace the experience, strength, and hope of others who have entered recovery before them. While this study does not attempt to make a definitive determination of what elements are

necessary for recovery, most respondents were members of a 12-step group and attended at least two meetings each week. Additionally, most respondents were in individual therapy. Exactly one half of the respondents were in group therapy. Of those who were least successful at achieving sobriety (achieved 5 months or less), 34% sought psychiatric care. But of respondents with the longest period free of CSB (achieved 24 months or more), more than half (53%) availed themselves to psychiatric care.

Based on this study, successful recovery from compulsive cybersex will include regular participation in a 12-step group, long-term individual psychotherapy, and psychiatric care. Group therapy and couples therapy may also prove beneficial. Internet filters are more effective than thought prior to the survey. Care should be exercised so that persons who struggle with CSB do not rely too heavily on them since their effectiveness can be averted.

There are some additional things that respondents reported that are effective in battling CSB. Tracking software, discontinuing home Internet service, moving computers into a public place, and engaging an accountability partner for Internet all proved to be of some benefit in limiting cybersex activity. Future studies could take a closer look at the significance of negative consequences from cybersex activity and how that impacts motivation for long-term freedom from compulsive sexual behavior.

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Appendix A: Consent Form

Informed Consent

You must be 18 years or older to participate in this survey.

Instructions: You are being asked to participate in a research study. Please read the information below. If you agree to take part, initial the document on the line indicated at the bottom of the page.

Purpose of the Study: The research is conducted by Dr. Milton S. Magness to examine the contribution of the Internet to sexual compulsion/addiction, as well as examine the efficacy of the various tools commonly used in recovery from sexual compulsion/addiction.

Procedure: Please complete the informed consent page and the questionnaire and return to the researcher using the supplied envelope.

Risk and Benefits: The method of research used for this study poses minimal risk to you. Confidentiality will be closely guarded. You will not identify yourself in any way on the completed instrument. The benefit of this study to you comes in knowing that your experience, strength, and hope as shared on the questionnaire will be helpful to others who are struggling with Internet sexual addiction.

Liability: The researcher realizes his ethical responsibility to ensure that no damaging consequences occur. However, the researcher will NOT be held liable for any damaging consequences, and will NOT offer financial assistance in such an event.

Right to Refuse and/or Withdraw: Your participation is voluntary. You may refuse to take part in this study. Further, you may withdraw from the study by simply discarding the questionnaire.

Right to Publish: The researcher has the right to publish the results of the research study. Care will be taken to see that no individual who participates in the study is identifiable.

For Further Information: Contact Dr. Milton S. Magness at (713) 320-0036. You may also call faculty advisor Dr. T. John Alexander at (281) 649-3000, ext. 2221.

Informed consent: By signing your initials below, you agree to take part in this research project under the conditions described.

Initials _____

Date _____

Appendix B: Survey Instrument

Cybersex Survey

This survey is ***confidential***. Please initial the “Informed Consent” page to acknowledge your understanding of the purpose and scope of this research study. When you are finished with the survey, please place the survey and the Informed Consent page in the self-addressed envelope. **You must be 18 years or older to participate in this survey.**

For purposes of this survey, ***cybersex*** is defined as using the Internet to engage in sexually gratifying activities, such as, looking at pictures, engaging in sexual chat, exchanging explicit sexual images or emails, “***cybering***” (i.e., sharing fantasies over the internet which involve being sexual together while one or both people masturbate), etc.

Thank you for taking the time to be of service to people who are powerless over cybersex.

1. I am (*check only one*) Male Female
2. My age is: 18-24 25-29 30-34 35-39 40-44 45-49 50-54
 55-59 60-64 65-69 70-74 75-79 80 and up.

Scope of Cybersex Activity Please answer all of the questions that pertain to you, even if you do not believe you have a problem with sexually related activities on the Internet.

3. Average number of hours ***each week*** you spent in cybersex ***before*** entering recovery/treatment:
 Zero time 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50 or more
4. Average number of hours ***each week*** you spend in cybersex ***now***.
 Zero time 1-4 5-9 10-14 15-19 20-24 25-29 30-34 35-39 40-44 45-49 50 or more
5. When engaged in cybersex, how do you spend most of your time? (*May check more than one*)
 Sexual chat rooms Non-sexual chat rooms Viewing porn Downloading porn Sexual instant messages Sexual e-mail
 Newsgroups Reading personals Viewing nude or seminude people on sites you do not consider pornographic Other
6. When engaged in cybersex, do you prefer partners and/or images that are: Opposite sex Same sex Both
7. When looking for a sex partner (on the Internet or in person), what age person do you look for?
 Less than 18 18-24 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60 and up No special age
8. When do/did you engage in most of your cybersex activity?
 At home At work About an equal split between home and work Other _____
9. Have you ever accessed a “pay” cybersex site? Yes No (*If no, skip to #13*)
10. Estimate the ***total*** amount you have spent on pay cybersex sites: Less than \$100 \$100-499 \$500-999
 \$1,000-1,499 \$1,500-1,999 \$2,000-2,499 If more than \$2,500, indicate the total amount _____
11. Have you incurred debt due to cybersex addiction? Yes No (*If no, skip to #13*)
12. If you incurred Internet related debt, indicate how much: Less than \$499 \$500-999 \$1,000-1,499 \$1,500-1,999
 \$2,000-2,499 If more than \$2,500, indicate the total amount _____
13. Have you ever accessed any child porn site? Yes No
14. I have met someone online who I then met with in person for a date or sexual experience. Yes No
15. Over time my interest in online sexual activities has (*check only one*)
 Increased significantly Stayed the same Decreased somewhat
 Increased somewhat Waxed and waned Decreased significantly
16. In the future I would prefer my online sexual activities to (*check only one*)
 Increase significantly Stay the same Decrease somewhat
 Increase somewhat Decrease significantly
17. Have you ever had cybersex with a minor? Yes No
18. Have you ever posted your picture over the Internet? Yes No ⇒ If yes: Clothed Nude

19. Have you ever been untruthful on the Internet about yourself? Yes No
If so, check all the areas that apply: Age Marital status Gender Race Physical traits
 Other _____
20. When viewing online sexually explicit materials/activities I masturbate to the content:
 Never Rarely Sometimes Often All the Time
21. My time online for sexual activities has been a problem in my life:
 Never Rarely Sometimes Often All the Time
22. Finding out about online sexuality is the worst thing that has ever happened in my life. Yes No
23. Please indicate the items that are true. (*May check more than one item*) Prior to engaging in cybersex, I usually:
 Had a fight with relationship partner Experienced a stressful event at home Experienced a stressful event at work
 Experienced a success; feeling good about life in general No particular event triggered my cybersex Other _____
24. Which of the following, if any, has happened to you as a result of your compulsive sexual activity? (*You may check more than one item*) Marital separation. Number of times: _____ Divorced. Number of times: _____
 Got estranged from family member(s) Incurred serious financial problems Contracted STD (number of times: _____)
 Lost job. Number of times: _____ Arrested. Number of times: _____ Incarcerated. Number of times: _____
 Other _____

Recovery/treatment

25. How long have you been in recovery/treatment? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more If more than 24 months, indicate total time _____
26. How long has it been since you have you engaged in compulsive sexual behavior? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more
 If more than 24 months, indicate total time _____
27. How long ago was your last slip (i.e. engaged in any compulsive sexual activity since entering recovery/treatment)?
 I have not had a slip since entering recovery/treatment Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more If more than 24 months, indicate total time _____
28. How many slips have you had? _____ (*If you have had no slips, skip to #31*)
29. What is the longest period you have gone between slips? _____
30. Do you tell your relationship partner when you slip? Yes No
31. If you have never slipped, would you tell your relationship partner if you did slip? Yes No Undecided
32. Have you made a full disclosure of your acting out to your relationship partner? Yes No (*if no, skip to #34*)
33. When was the disclosure made? Prior to entering recovery/treatment After entering recovery/treatment
34. If you made a disclosure, was the disclosure made by yourself or with the aid of a therapist?
 By myself Facilitated by a therapist
35. Did you take a polygraph exam as part of the disclosure process? Yes No
36. Do you have a “sex plan” that identifies healthy sexual activity you can participate in as well as compulsive sexual activity to avoid? Yes No
37. Are you a member of a 12-step group for sexual compulsion/addiction? Yes No (*If no, skip to #42*)
38. How many 12-step meetings do you attend weekly? One Two Three Four Five More than five
39. In working the steps, are you working them: With a sponsor? Without a sponsor? Not working steps

40. What step are you on? _____
41. Are you now or have you in the past sponsored others? Yes No
42. Is your relationship partner in therapy (counseling) related to your compulsive sexual activity?
 Yes No (If no, skip to #44)
43. If so, is the therapy specifically designed for partners of sexual compulsives/addicts? Yes No
44. Is your relationship partner active in a 12-step recovery program related to your sexual compulsivity/addiction?
 Yes No
45. Are you now or have you in the past received individual therapy (counseling) because of your compulsive sexual activity? Yes No (If no, skip to #49)
46. Please indicate the kind of counselor:
 Professional counselor (LPC, social worker, psychologist, etc.) Pastoral counselor (minister, priest, rabbi, etc.)
47. What is the total time you have been in individual therapy (counseling)? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more
48. Rate the effectiveness of individual therapy to your recovery:
3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE
49. Are you now or have you in the past received couples therapy (counseling) because of your compulsive sexual activity? Yes No (If no, skip to #53)
50. Please indicate the kind of counselor:
 Professional counselor (LPC, social worker, psychologist, etc.) Pastoral counselor (minister, priest, rabbi, etc.)
51. What is the total time you have been in couples therapy (counseling)? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more
52. Rate the effectiveness of couples therapy to your recovery:
3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE
53. Are you now or have you in the past participated in group therapy (counseling) because of your compulsive sexual activity? Yes No (If no, skip to #57)
54. My participation in group therapy is/was: Voluntary Court mandated
55. What is the total time you have been in group therapy (counseling)? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more
56. Rate the effectiveness of group therapy to your recovery:
3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE
57. Are you now or have you in the past taken prescription medication for your compulsive sexual activity? Yes No (If no, skip to #60)
58. What is the total time you have taken prescription medication for your compulsive sexual activity? Less than 3 months 3-5 mo. 6-8 mo. 9-11 mo. 12-14 mo. 15-17 mo. 18-20 mo. 21-23 mo. 24 months or more
59. Rate the effectiveness of medication to your recovery:
3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE
60. How would you rate your satisfaction with your marital relationship/partner relationship ***as of today?***
3 VERY SATISFYING 2 SOMEWHAT SATISFYING 1 MINIMALLY SATISFYING 0 NOT SATISFYING

61. How do you believe your relationship partner would rate their satisfaction with your marital relationship/partner relationship ***as of today?***

3 VERY SATISFYING 2 SOMEWHAT SATISFYING 1 MINIMALLY SATISFYING 0 NOT SATISFYING

Tools of Recovery

Please mark the box beside each item you have used as an attempt to control you cybersex activity. Also, please rate the effectiveness of ***only*** those things you have personally used to limit cybersex activity:

62. Installed Internet filter/blocker to block my access to adult or sexual websites

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

63. Installed tracking software that tracks my Internet activity for my partner or sponsor

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

64. Canceled my Internet service: ⇒ At home At work

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

65. Moved my computer into a public place

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

66. Engaged an accountability partner for Internet use

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

67. Changed jobs to one that doesn't require me to use the Internet

3 VERY EFFECTIVE 2 SOMEWHAT EFFECTIVE 1 MINIMALLY EFFECTIVE 0 NOT EFFECTIVE

68. Additional things you have done that have positively influenced your recovery/treatment:

Please indicate the importance or unimportance of the following items as they relate to your recovery:

69. Daily meditation and/or prayer time

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

70. Participation and attendance in organized religious services

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

71. Meeting with my sponsor

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

72. Attending 12-step meetings

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

73. Reading literature published by your 12-step group

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

74. Reading the “Big Book” of AA

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

75. Reading books that relate to recovery from sexual compulsion/addiction

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

76. Working through workbooks assigned by your therapist

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

77. Sponsoring others

3 – VERY IMPORTANT 2 – IMPORTANT 1 – SOMEWHAT IMPORTANT 0 – NOT IMPORTANT

78. Additional comments you wish to make _____

Thanks Very Much For Your Time!