



Treating Couples with Hyperactive Sexuality or Sexual Addiction within the HOPE approach

Heather Poma and Holly Doolin

Regent University

Excessive sexual behavior has been called several things over the years: sexual addiction, sexual compulsion, and the DSM-5 draft proposes yet another label, Hypersexual Disorder (Kupfer & Regier, 2010). Whatever the name, this condition is often characterized by repetitive sexual fantasies and behaviors, feelings of powerlessness to control one's sexual thoughts and acts, obsessive thoughts about sex, and engaging in destructive sexual thoughts or behaviors even when there is a substantial risk of harm to self or others (Kupfer & Regier). The process of sexual addiction is similar to substance abuse with initial exposure, tolerance, increased use and duration, denial, and rationalization of the behavior (Schaeffer, 2009). An individual suffering from sexual addiction uses excessive masturbation, pornography, anonymous sex, extramarital affairs, or cybersex much like he would use a drug, spending a substantial amount of time thinking about, planning for, and taking part in these behaviors (Schaeffer). For this to be a disorder it must interfere with some area of living such as work, friendships or intimate relationships. Sex is often used as a means to avoid or escape personal or professional problems or a coping mechanism for stress, anxiety, depression, or boredom (Schaeffer). At some point, the behaviors become completely unmanageable for the person, who repeatedly attempts and fails to lessen or curtail the behaviors. The person may then choose to share their struggles with their partner, or the partner may inadvertently discover the behaviors on their own.

As a therapist, it is crucial that you assess both the nature and severity of hypersexuality, and where the couple is in the recovery process. Couples who report sexual addiction as part of their story will experience a different process than those who do not identify one partner as hypersexual. The theory of sexual addiction has been highly debated within the field of psychology. However, regardless of the therapist's beliefs about the nature of sexual addiction, it is important to embrace this paradigm when clients self-identify as sexually addicted. This paradigm may be important in their marriage because it gives them structure and accountability in dealing with an issue that strongly impacts their relationship. The therapist must also ascertain where the couple is in treatment. If couples are early in the treatment process, the emotional impact of the sexual addiction is often much more pronounced, and couples may not have learned the coping skills need to maintain their marriage. On the other hand, if couples have been in treatment for a long time, both partners may have developed formal or informal supports, which can assist them in dealing with negativity and discussing the problem effectively.

It is very important to assess the couples moral or faith beliefs regarding this topic. Research indicates that the religious values of clients and therapists impact treatment for problems with sexual behavior (Hertlein, Weeks, & Gambescia, 2009). Many individuals in sexual addiction treatment have strong religious beliefs about what constitutes appropriate and inappropriate sexual behavior, and suggestions that diverge from their beliefs may negatively impact therapy. For example, many conservative Christian couples view masturbation as a problematic behavior, whereas other individuals do not. Finally, if the therapist recognizes hypersexual behaviors, but the couple does not identify this as a problem, the therapist must accurately assess the frequency and meaning of sexual behaviors for this couple, as well as whether this is known to the partner, while not overemphasizing something which may not be distressing for the couple. However, the focus of this paper is primarily on those couples who identify as being in recovery for sexual addiction.

When assessing sexual addiction, you should consider the following questions, adapted from the Society for the Advancement of Sexual Health (SASH, n.d.).

- *Do your sexual behaviors feel “out of control” to you?*
- *What kinds of consequences have you experienced as a result of your sexual behavior?*
- *Are you constantly thinking about sexual things, even when you don't want to?*

Unique Problems for Couples

Sexual addiction often has similar impact on couples as an affair, but the responses are typically heightened due to the long-standing, uncontrollable nature of the sexual behaviors. One individual has repeatedly pursued sexual fulfillment outside of the marriage in some way, which often feels like a betrayal to the partner. In the early stages of treatment, the hypersexual partner may deny that any infidelity took place, saying “Well, we didn’t have sex, so it wasn’t cheating.” Thus, one partner is saying that behaviors the other partner finds unacceptable (such as cyber relationships, pornography, oral sex, and perhaps even the use of prostitutes) do not represent a violation of their commitments or marriage vows. This is generally very distressing to the non-addicted partner, which may be the impetus for couples therapy.

Recovery model. There are three basic stages in recovering from an affair: managing the initial crisis, exploring the context and finding some meaning in the affair, and moving on through forgiveness and strengthening the marriage (Snyder, Baucom, & Gordon, 2008). For sexually addicted couples, the initial crisis is somewhat heightened. Not only is one spouse engaged in sexual fulfillment outside the marriage, but sexual addiction means that these sexual acts occur frequently, secretively and lead to significant problems in living.

Partners typically respond to such violations by questioning the sex addict’s trustworthiness, the safety of the relationship, and the future of their marriage (Gibson, 2008). Typical emotions felt by the partner include anger, shame, depression, abandonment, powerlessness, and victimization (Gibson). The partner’s response will also be impacted greatly by cultural, religious, and social factors which influence their understanding of what this means for their marriage and what behaviors are acceptable within that relationship (Gibson). The second stage, finding meaning, is a time for understanding relationship factors, external stressors, issues within the sexually addicted partner, and issues within the injured partner (Gibson). The final stage includes assessing the couple’s understanding of forgiveness, particularly within their religious context (Gibson).

Similar to other addictions, sexual addiction brings consequences both to the individual engaging in the behavior as well as to their intimate relationships. When beginning couples therapy, the

individual recovering from sexual addiction may feel shame stemming from the behaviors and the inability to make things “right” with his or her partner. Typical concerns of both partners may include finances and sexual intimacy. Conflict may also arise as a consequence of financial decisions made by the individual recovering from sexual addiction. Acting on one’s sexual compulsions often requires substantial expenditures, such as purchasing explicit materials or memberships, paying for services from prostitutes or others, and securing accommodations or buying gifts for liaisons. These expenditures are often hidden from the partner and can be quite extreme. The financial cost of sexual addiction is often significant and far-reaching and can create additional tension within an already distressed relationship.

As therapists, though, we are more familiar with relationship difficulties arising from hypersexual behavior. Often following the disclosure or discovery of sexually addictive behaviors, the couple’s sexual intimacy significantly declines or disappears entirely. It is often easier for both partners to avoid sex rather than deal with emotions surrounding the sexually addictive behaviors and their relationship as a whole. Additionally, the non-sexually addicted partner may feel so much anger, resentment, and hurt that they simply do not wish to have any sexual contact with their partner (Schneider, 1989). Some couples agree to a period of abstinence, during which time both partners will have an opportunity to process their feelings about sexual intimacy without any pressure to actually engage in sexual relations (Schneider). Further, the couple may learn how to relate intimately in a nonsexual way and value one another as loving partners rather than as sex objects (Schneider). Increasing the frequency or satisfaction of sexual encounters may be a reason that the couple is seeking therapy, or therapeutic successes may lead to relationship improvements and increased commitment to the relationship, leading to a renewed interest in intimacy (Schneider).

General suggestions for working with sexually addicted couples

Bibliotherapy is generally a major component of sexual addiction treatment, so including additional outside readings as part of couples therapy is a good option (Hertlein, Weeks, & Sendak, 2009). These couples are more likely than others to complete assigned readings because this is a familiar part of treatment for them. *Communication* is typically a major focus in the treatment of sexual addiction, so couples who have been in treatment for several years frequently have excellent communication skills and need little assistance in this area. If they identify communication as a concern, they may mean that they are not emotionally intimate with one another, and rather than discussing their deeper needs, they fight unfairly. Nelson and colleagues (2008) suggest that discussing *intimacy, trust, and forgiveness* helps to strengthen a marriage and prevent future infidelity within couples recovering from affairs. Thus, these topics should be highlighted in any marriage therapy program working with sexual addiction. In addition to needing to increase *intimacy*, the partner of the sexual addict is also dealing with a profound sense of *betrayal*. It is imperative that the couple masters the skill of forgiveness because despite his best efforts, the sexual addict, like any addict, is likely to relapse.

In order to gain buy in from the sexual addict’s partner, it is crucial that the partner of the sexual addict understands that forgiveness does not equate to excusing or accepting their partner’s behavior (Olmstead, Blic, & Mills, 2009). When working with couples that are just becoming aware of a partner’s sexual addiction, it is helpful to recommend group therapy for both partners, as well as cultivating an awareness of the highly salient issues. This stage is what Baucom, Snyder, and Gordon (2009) describe as the initial crisis phase, in which the couple is just trying to get through their emotional upheaval, feelings of betrayal, and shock at the partner’s secret life. It is very

important that the therapist normalizes feelings during this early stage. The therapist should encourage partners to take some time to work out their own feelings, make temporary changes in their relationship when necessary, but resist foreclosing on permanent decisions, such as filing for divorce, until they have worked to understand the meaning of this issue in their relationship.

Treatment Plan Considerations in the Hope approach

- For couples that have been in treatment for several years, communication issues are likely not as salient, and should be minimized in favor of intimacy, emotion-focused, and forgiveness interventions.
- Since intimacy is so crucial in working with these couples, several modifications are suggested.
 - *Emotional Softening*: This intervention should focus on the sexually addicted individual's family of origin and messages received regarding sexuality, since this has been identified as particularly helpful in dealing with infidelities (Olmstead, Blic, & Mills, 2009). The partner should also get adequate time to explore this issue and any others relevant to the past.
 - *CLEAVE*: This intervention can be modified slightly for these couples. The therapist should include some discussion of the different types of intimacies, using the *Discuss Intimacy* intervention. This will help the non-addicted partner understand that the therapist is not completely focused on sexual intimacy, and can help the addict reconnect to the partner. *Adjusting Intimacy Elsewhere* invites a discussion about how sexual addiction impacts the relationship. *Enjoying Yourself Sexually* should encourage a focus on the Enjoying aspect rather than increasing the frequency of intercourse. This is an excellent opportunity to discuss reconnecting the emotional and spiritual aspects of sex, specifically recommending Sensate Focus to facilitate this.
 - *Sensate Focus*: Although this intervention is typically used to decrease anxiety regarding sexual performance, when used with couples recovering from sexual addiction, the focus shifts to slowing down sexual encounters in order to allow emotional and spiritual connections with sexuality to re-form. This is diametrically opposed to the sexual addict's experiences, which leads them to view sex as an act and the spouse as an object. This also removes the pressure to perform sexually for a wounded partner who may feel little emotional intimacy, and shows that the sexually addicted partner is willing to sacrifice something that they most value for the good of the relationship. It is extremely important, however, to design a "safety net" for the hypersexual partner, to prevent relapse while intercourse is temporarily unavailable. Options may include masturbation, masturbation by the partner, sex or oral sex. However these should not occur for at least one hour after the sensate focus exercises to ensure that the sexually addicted partner does not use this as a prelude to sexual fulfillment.

Sensate focus is generally done across several weeks. The couple will move through the stages very quickly, only one week at phase 1, and continuing as they are comfortable. Sensate focus exercises should be prescribed 2-3 times weekly as part of that week's homework. The couple should be instructed to discuss the experience immediately following their sensate focus time, spotlighting the emotions of the experience (not the physical responses) by asking questions like:

- *Were you feeling close and connected during the exercises?*

- *Were you able to be present, without allowing thoughts to stray to previous sexual experiences?*
 - *What was the experience of giving like?*
 - *What was the experience of receiving like?*
 - *The Ups and Downs of Spirituality and Emotional Closeness between Partners (13-1) or Use Graphs to Show that Love Changes over Time (13-2)*: This intervention can allow partners to see how treatment and relapse impacts closeness. Looking at the patterns that lead to extramarital sexual behaviors was recognized as important by Olmstead, Blic, & Mills (2009) in dealing with patterns of infidelity.
 - *Take Steps Toward Building Romantic Love (13-8)*: This intervention can be useful in getting the sexual addict to focus on the partner's needs, and helping couples better understand each other. The supplementary reading of *His Needs, Her Needs* is recommended with this intervention.
- The therapist should be sure to spend adequate time on forgiveness for these couples. Using separate weeks for apologies and forgiveness, and considering an additional week for forgiveness work when appropriate may be beneficial. The therapist should ensure that the meaning of forgiveness is thoroughly explored by both partners. Emphasis should be placed on the importance of holding on to forgiveness, as well as facilitating discussion about behaviors that would show trustworthiness after an offense. Although many therapists may assume that the greatest issue in forgiveness for couples dealing with sexual addiction is that the addict fails to accept responsibility for their actions, they should also be aware of the opposite problem, in which all problems in the relationship are blamed on the hypersexual partner, even when they are clearly unrelated.
 - In treatment, the non-addicted partner may have great difficulty accepting any responsibility for any problems in the relationship, and see such attempts as blaming them for their partner's behaviors. The non-addicted partner may need some additional interventions such as *Getting People to Focus on Their Part (9-1)*, *Stimulating Self-Reflection on a Partner's Own Culpability (9-2)*, *Promoting a Desire to Change Hurtful Behavior (9-3)*, and *Identifying Barriers to Forgiveness (9-4)* to address their responsibility for their responses to the addictive behaviors.
 - Often the sexual addict willingly takes responsibility for their behaviors; however the spouse may use this opportunity to punish the addict either verbally or by withholding sex for an excessively long time. If the couple is highly religious, some of the more spiritual interventions dealing with forgiveness, such as *Reflecting on Your Own Receiving of Forgiveness (9-8)* or *Reflecting on Your Own Forgiveness (9-9)*, may be helpful.

Annotated Bibliography: Books and articles to assist in work with sexually addicted couples

For the Therapist

- Schaeffer, B. (2009). Sexual Addiction. *Transactional Analysis Journal*, 39(2), 153-162.
This article is a very helpful overview on the research basis of sexual addiction and the common problems that exist in the lives of sexual addicts, such as relationship difficulties and comorbid disorders.
- Carnes, P., Delmonico, D. L., & Griffin, E. (2001). *In the shadows of the net: Breaking free of compulsive online sexual behavior*. Center City, MN: Hazelden Foundation.

This book is very helpful in understanding the sexual addict and will provide you with a vocabulary that the couple is likely familiar with in discussing the hypersexual behavior. This is very often the first book recommended to an individual dealing with hypersexual behaviors, and having some knowledge of it facilitates the clients seeing the therapist as understanding their concerns in this area.

- Baucom, D., Snyder, D., & Gordon, K. (2009). *Helping couples get past the affair: A clinician's guide*. New York: Guilford Press. Retrieved from PsycINFO database.

This book is an excellent guide for a therapist in dealing with the betrayal aspects of sexual addiction.

- Schnarch, D. (1991). *Constructing the sexual crucible: An integration of sexual and marital therapy*. New York: W. W. Norton & Company.

This book is one of the few that attempts to create a framework for combining spirituality, relationship issues, and sexuality into one treatment plan. This book is an excellent resource for therapists who are uncertain as to how to incorporate discussions of sexuality into marital therapy.

For the Couple

- Baucom, D., Snyder, D., & Gordon, K. (2007). *Getting Past the Affair*. New York: Guilford Press.

This book is an excellent for bibliotherapy that will help the couple normalize their feelings and give them a framework for figuring out how they will resolve this issue for their marriage.

- Harley, W. (2001). *His needs, her needs: Building an affair-proof marriage*. Grand Rapids, MI: Baker Book House Company.

This book is very helpful in allowing the couple to discuss some of their deeper needs. Often sexual addiction is rooted in unacknowledged needs for things like love, acceptance, and intimacy; this book can help them see how they can strengthen their marriage to increase a partner's happiness within the marriage and avoid the feelings that drive the sex addict to act out.

- Gottman, J. M. & Silver, N. (1999). *The seven principles for making marriage work: A practical guide from the country's foremost relationship expert*. New York: Three Rivers Press.

This book discusses general relationship principles, such as avoiding criticism, contempt, defensiveness, and stonewalling. This can be a supplement to the Hope approach, or can be recommended in the five-month follow up for couples that wish to continue working on their relationship.

References

- Hertlein, K., Weeks, G., & Gambescia, N. (2009). An integrative approach to infidelity treatments. *Systemic sex therapy* (pp. 287-310). New York: Routledge/Taylor & Francis Group. Retrieved from PsycINFO database.

Kupfer, D. J., & Regier, D. A. (2010). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed). Manuscript in preparation.

SASH. (n.d.). *Am I a Sex Addict?* Retrieved March 15, 2010, from The Society for the Advancement of Sexual Health Web site: <http://sash.net/am-i-a-sex-addict.html>.

Schaeffer, B. (2009). Sexual Addiction. *Transactional Analysis Journal*, 39(2), 153-162.

Schneider, J. M. (1989). Rebuilding the Marriage during Recovery from Compulsive Sexual Behavior. *Family Relations*, 38(3), 288-294.

Snyder, D. K., Baucom, D. H., & Gordon, K. C. (2008). An integrative approach to healing infidelity. *The Family Journal*, 16, 300-307.