Sexual Addictions



The Use of Couples Therapy as a Treatment Modality

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THE FORCE BEHIND THE OBSESSION

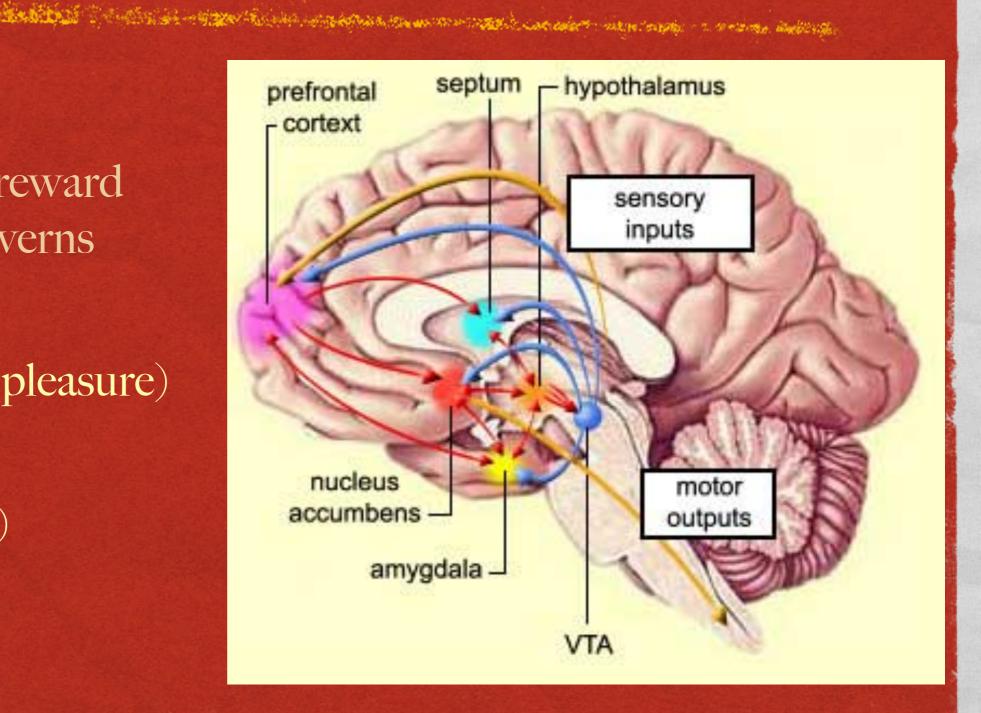
Biological Addiction (Self Soothing)

Pathological Relationship to a Mood Altering Experience (Carnes, 1986)



HOW DOES IT WORK?

- It's about the reward center that governs addiction.
- Dopamine (pleasure)
- Adrenaline(excitement)



THE FORCE BEHIND THE OBSESSION

Psychological Addiction (Self Soothing)

A pathological compensation for lack of connection (metaphoric Connection)

(Michael & Nicholas, 1999)



THE INDIVIDUAL CYCLE

Pathological Relationship to a Mood Altering Experience (Carnes, 1986)



Back to reality

SEXUAL ACTING OUT/ FANTASY AND CONNECTION

- Sexual fantasies commonly include elements of responsiveness, approval, acceptance, and desirability.
- These are common characteristics of human connection and reflect core attachment needs
- Sexual addicts can use experiences and images to artificially create feelings associated with connectedness.



CONNECTION

- Much of the draw is the enthusiasm in which their imaginary sexual partner responds to them.
- When something goes wrong in forming connections, we can compensate through fantasy.
- Fantasies are ways of artificially creating connections when we are unable to or our partners continually disappoint.
- 95% of sexual addicts are unable to relationally sooth. (Leedes, 1999)
- Fantasies can generate beliefs about worthiness, responsiveness, and affirmation.

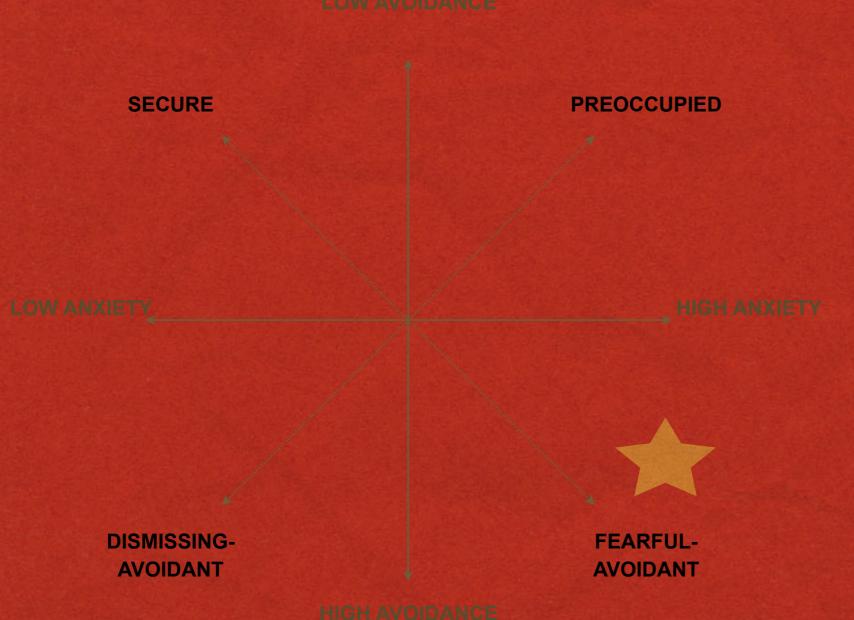
ATTACHMENT STYLES AND SEXUAL ADDICTIONS

- 95% insecure attachment (Leedes, 1999)
- Stephan and Bachman (1999)
 - Securely attached are more sexually restrictive
 - Fearfully attached more likely to be sexually addicted due to greater interest in emotionless sex
 - Avoidantly attached more likely to be sexually addicted due to their common use of fantasy

RELATIONAL ANXIETY THE HALLMARK OF SEXUAL ADDICTIONS

(ZAPF, GREINER, CARROLL, 2008)

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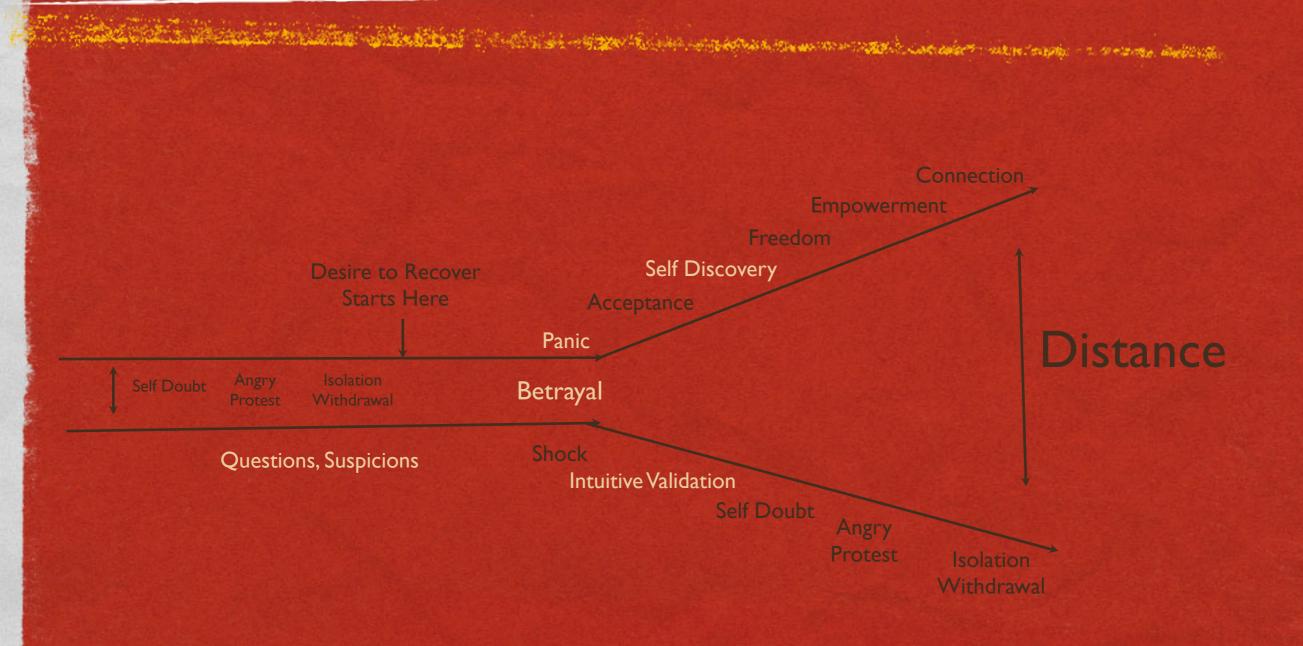


- 44% Fearful Avoidant
- 28% Proccupied
- 20% Dismissing
- 8% Secure

CURRENT RECOVERY APPROACHES

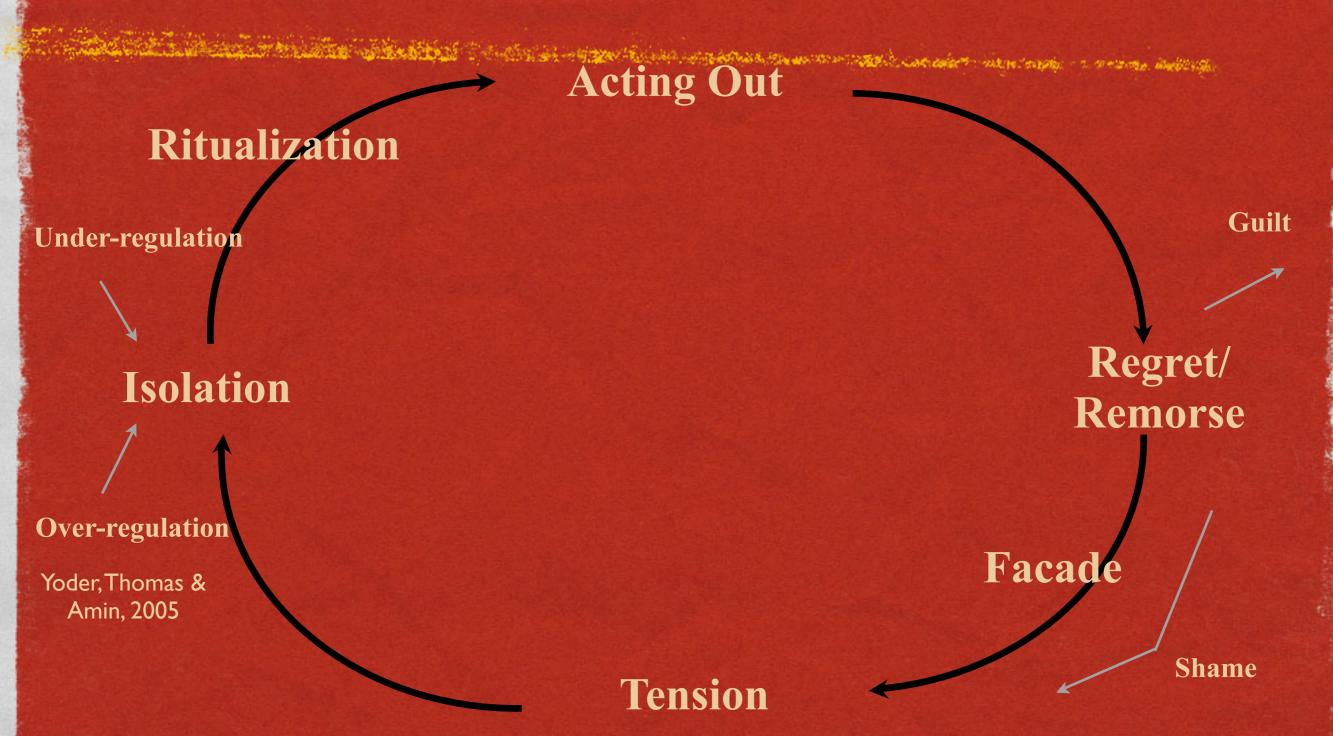
- Attention in the literature and in recovery has been primarily focused on the individual.
- Support groups, self help books, and common therapeutic approaches focus success around helping clients achieve abstinence.
- As we have seen in the drug and alcohol world abstinence is not sufficient (dry drunk)
- Relational healing needs to be considered an essential component of successful addiction recovery as many of the underpinnings within the addiction are relational in nature.

RECOVERING ALONE



THE RELATIONAL CYCLE

Pathological Relationship to a Mood Altering Experience (Carnes, 1986)



Parker & Thomas, 2009

RELATIONSHIP SOOTHING

- As a person's comfort toward interpersonal relationships increases, there is a diminishing effect of objectified fantasies (Leedes, 1999)
 - Oxytocin (attachment hormone)
 - selfless desire to nurture and be close
 - reduces cravings
 - calms you down
 - How do we produce it?
 - Caring touch, especially stroking, is one way. Another is selfless giving—or nurturing another—as a parent would a child. Neurochemicals and behavior tend to be circular. That is, a change in behavior induces changes in neurochemistry, and vice versa.
 - more affectionate, non-goal-driven lovemaking may aid addicts because it encourages sustained production of oxytocin.

CHALLENGES TO COUPLES THERAPY

- Offender
- "How could I have done this, I am so ashamed?" (consequences of self image)
- "I have tried to stop but I feel powerless to change?" (consequences of self doubt)
- "How will she ever trust me again?" (consequences of trust)
- "How did I convince myself that this was okay?" (consequences of perception)

- Betrayed Partner
- "Am I not desirable enough?" (consequences of self image)
- "How could I have been so fooled?" (consequences of self doubt)
- What kind of person could be so deceitful?" (consequences of trust)
- "How could you be with me and do these things?" (consequences of perception)

 Accessing emotions that prime the need to self sooth through the addiction.

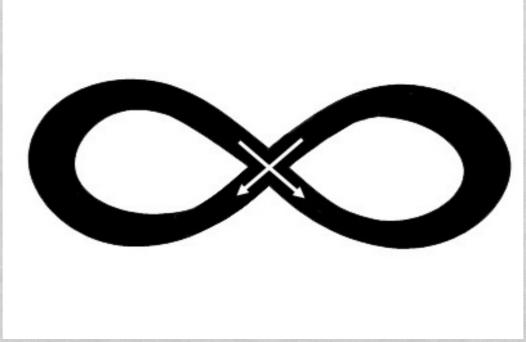
Anger often leads to:	Asserting, defending
Sadness often leads to:	Seeking support, withdrawing
Surprise/Excitement often leads to:	Attending, exploring
Disgust/Shame often leads to:	Hiding, expelling, avoiding
Fear often leads to:	Fleeing, freezing, giving up
Joy often leads to:	Connecting, engaging

- Looking behind the curtain for the unmet attachment needs that are being artificially fulfilled in the surrogate attachment relationships.
 - Acceptance
 - Protection
 - Comfort
 - Emotional Regulation

 Assessing the relationship cycles that support self soothing vs. relationship soothing

Perceptions/Attributions
Secondary Emotion
Primary Emotion
Unmet Attachment Needs

Action Tendency



Action Tendency
Perceptions/Attributions
Secondary Emotion
Primary Emotion
Unmet Attachment Needs

 Elicit enactments through empathic conjectures that move the couple from insecure based attachment sequences to secure based attachment sequences.

Marie Commission and Property

- This will also help the partners accept the unmet attachments needs found in the addiction.
 - ex. husband moves from placating avoidance to pursuit
 - "I felt so inadequate that I needed something to help me escape. It was the feelings I was escaping not you"
 - ex. wife moves from attacking pursuit to softened pursuit
 - "When you disappeared into your office, I knew you were looking at those images. I felt so small and ugly that I lashed out at you over everything that you did. I just wanted to be chosen by you over those images."

- Process attachment injuries at the hands of the betrayal.
- First
 - Partner gets in touch and stays in touch with the injury and begins to articulate its impacts and its attachment significance
 - "When you told me about the chat rooms, my heart broke and I wondered how could you have done this, I must not have been in your mind at all"

- Second
- The other partner hears and begins to understand the significance of the injurious event and to understand it as a reflection of his/hers importance to the injured partner
- The partner then acknowledges the injured partner's pain
 - "So, when you found out about what I did, you assumed that you were not in my mind and felt alone and abandoned".

- Third
- Injured partner moves to a more integrated and complete articulation of the injury, and expresses grief at the loss involved in it
- Partner also expresses the fear of the injury being reexperienced
 - "I am so afraid if I let you in again, I will be ambushed again, it is so hard to trust that you won't do that to me again".

- Fourth
- The other partner in turn moves to become more emotionally engaged
- They acknowledge responsibility for his/her part in the attachment injury and express empathy, regret, and or remorse
 - "I realize that not only did I betray our marriage vows, but I also left you feeling like alone. I feel so much sadness for having done this to you".

- Fifth
- The injured partner then risks asking for the comfort and caring from his/her mate that were unavailable at the time of the injurious event
- The partner asks for re-assurance of future accessibility
 - "I know my anger from the betrayal seems to tell you that I don't want you near me, but deep inside I want you to fight for me and pursue me"

- Sixth
- Partners are able to reconstruct a new narrative that includes a clear and acceptable sense of how the other came to respond in such a distressing manner
 - Each partner discusses how they will notify one another if they feel an injury coming on
 - "I can see now that you were turning toward those images to get the acceptance you never got from your parents. I need for you to tell me when you are feeling unaccepted in our relationship".

 Finally, assist couples to re-order and structure their life to better meet attachment needs and sustain new interactional sequences.