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Exploring the impact of sexual addiction and compulsive sexual behaviour on couples' relationships

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Exploring the Impact of Sexual Addiction and Compulsive Sexual Behaviour on Couples' Relationships

A joint programme between Middlesex University and

the Metanoia Institute

A project submitted to Middlesex University and the Metanoia Institute in partial fulfilment of the requirements for the award of the Doctorate in Psychotherapy by Professional Studies

by

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Abstract

Exploring the impact of sexual addiction and compulsive sexual behaviour on couple relationships

Background: The National Council on Sexual Addiction and Compulsivity (NCSAC, 2007) claims that nearly six per cent of the general population has a problem with Sexual Addiction and Compulsive Sexual Behaviour (SA&CSB). What further complicates this issue is that the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V, 2013) does not yet recognise sexual compulsivity as a disorder. However, in July 2018, the World Health Organisation (WHO) acknowledged a definition of sexual compulsive behaviour as meriting consideration for inclusion in the International Statistical Classification of Disease, Eleventh Revision (ICD-11). SA&CSB is a progressive intimacy disorder in which an individual cannot control his or her sexual impulses and/or actions. The individual becomes so obsessed with sexual desires and behaviours that it negatively affects other areas of his or her life, such as relationships, families, and careers.

Aim: The aim of this research was to explore the impact of SA&CSB on couples' relationships.

Method: A review of the existing literature related to SA&CSB was carried out using online databases, academic sites, peer-reviewed journals, books, and a wide range of research papers. This final project is divided into two parts: an earlier practice evaluation project (PEP) and the main research. The PEP consisted of an online survey and generated qualitative and quantitative data. A total of 140 respondents completed the survey, and I analysed the data using thematic and descriptive statistical analyses. Later in the research, five heterosexual couples volunteered to take part in the main research, in which data were collected and transcribed from semi-structured interviews. I then used the Interpretive Phenomenological Analysis (IPA) method to analyse the participants' responses.

Results: Five superordinate themes emerged from the analysis of the participants' accounts. They were a) progression of SA&CSB and the impact on self and other (addict partner), b) emotional pain through discovery (non-addicted partner), c) a fractured relationship (couple), d) impact of SA&CSB on children (children), and e) positive outcomes of SA&CSB (relationship).

Conclusion: The findings revealed the immediate consequences of SA&CSB on couple relationships. These consequences included the gradual progression of SA&CSB and lack of control of the addicted partner, and emotional pain through the discovery process of the non-addicted partner. The research findings also revealed the long-term consequences of fractured relationships and damaged attachment on the couple and the impact on the future of their relationships. Finally, the findings revealed the impact on their children. All participants demonstrated growth and a positive outcome for SA&CSB. The implications of these results and suggestions for training, research, and practice purposes are also discussed.

Keywords: compulsive sexual behaviour, sexual addiction and compulsivity, internet pornography, internet infidelity, internet sexuality, cybersex, couples' relationships, experience and impact.

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Chapter 1

Introduction

Sexual addiction and compulsive sexual behaviour (SA&CSB) have received a great deal of contentious attention within both the clinical field and the professional literature for several decades. SA&CSB has been described as a progressive intimacy disorder in which an individual cannot control his or her sexual impulses and/or actions (Carnes, 1983). The individual ~~becomes~~ so obsessed with sexual desires and behaviours that they negatively affect other areas of his or her life, such as his or her relationship or career (Carnes, 1983). The terminology around SA&CSB has changed over the years; it has been referred to as sexual addiction (Carnes, 1989, 1991, 2001; Earle & Crowe, 1990; Schneider, 1994), out-of-control sexual behaviour (Bancroft, 2008; Guigliamo, 2006), sexual impulsivity (Barth & Kinder, 1987) and hypersexuality (Brandell & Nol, 1992; Kaplan & Krueger, 2010; Montaldi, 2003). Despite this recognition within the literature, it is severely problematic that the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5, American Psychiatric Association, 2013) still fails to recognise SA&CSB as a disorder. This is a significant oversight, given that nearly six per cent of the general population is noted by the National Council on SA&CSB as having a problem in this area (NCSAC, 2007). Furthermore, this trend is seen to be growing significantly (Schneider, 2006).

However, in February 2017, the WHO acknowledged a definition of sexual compulsive behaviour as meriting consideration for inclusion in the International Statistical Classification of Disease, Eleventh Revision (ICD-11).

The purpose of this study is to explore the impact and experience of SA&CSB on the couple's relationship, with the hope that it will improve the therapeutic community's response to the condition. The terms 'sexual addiction' and 'compulsive sexual behaviour' are used throughout this PhD thesis. I do, however, also use and prefer the term 'compulsive sexual behaviour', which was added to the ICD 11 in 2019. Other terms used are 'addicted partner', 'cheating partner', referring to the male partner and 'non-addicted partner', and 'betrayed partner', referring to the female partner. The term 'couple' refers to two people who have a romantic or sexual relationship; for example, a wife and husband, a boyfriend and girlfriend, or a same-sex couple.

The widespread use of the internet and the growing amount of sexual content that can be found there have allowed for an expansion in research into sexual behaviours (Cooper, Delmonico, & Burg, 2000). As internet usage becomes more widespread, SA&CSB and out-of-control sexual behaviours have increased, resulting in a growth in the number of partners of sexual addicts feeling betrayed and seeking therapeutic support (Young et al., 2000). This adds to the wider debate about couples who do not know where to go or whom to turn to for support. In gaining this insight, these findings aim to help the couple seeking treatment and to help clinicians and researchers better understand the impact of SA&CSB on couple relationships (Cooper et al., 1999; Cooper, Delmonico, & Burg, 2000).

1.1 Title, research aims and questions

This study is titled *Exploring the Impact of Sexual Addiction and Compulsive Sexual Behaviour (SA&CSB) on Couples' Relationships.*

The research aims are as follows:

- To explore the impact of SA&CSB on couples' relationships
- To understand the effects these experiences have on couples
- To explore what couples have done to deal with the situation
- To use the outcomes of the research to develop a treatment programme for couples impacted by SA&CSB.
- To use the research to develop a specialised training programme for therapists who would like to work with this client population

To pursue the above aims, the following ~~research~~ interview questions were developed, which were then further expanded with supplementary questions:

1. How did you discover or learn about your partner's SA&CSB?

2. How did your partner's SA&CSB affect you? (Your emotions, health, sex, family, work, finances, etc.)

3. Specifically, how did your partner's SA&CSB affect your relationship?

4. What have you both done to try to cope with the effects of SA&CSB on yourselves and your relationship?

1.2 Thesis layout

This thesis consists of eight chapters, including this introduction. The study begins in Chapter 2 by integrating the findings from the practice evaluation project (PEP) as contextualised within this research. This is followed in Chapter 3 by a systematic review of the existing body of literature that relates broadly to SA&CSB. Chapter 4 then presents a discussion of the research methodologies in order to orient the reader towards the analytic method and means of data collection undertaken within the research. This encompasses some critical considerations of the issues of reflexivity. Chapter 5 presents the findings of the final research project, and Chapter 6 offers a discussion, critical application, and evaluation of the findings and provides suggestions for further research in the field. Chapter 7 introduces the emerging products of the project, and Chapter 8 concludes with my contribution to the field, a suggestion for the way forward, and a personal reflection on the process.

1.3 Historical context and current debates

Situating a changing sexuality sociohistorically: The emergence of porn and altered sexual expressions

The popularity and explosion in the amount of erotic material in the 1960s was coupled with a general shift in its dissemination from private to public fora as part of the wider liberation movement. This has had profound consequences on sexual and relational identities and has impacted how multiple different sexualities have been made possible and played out within a couple's relationship (Sarracino & Scott, 2008).

However, when considering the emergence of liberated sexuality in the 1960s and after, it is important to form an understanding of the prevailing sociohistorical landscape of the period. Specifically, it will be helpful to focus on how porn was 'born' and how shifting societal attitudes have led to the current conceptualisations of porn and erotic material. Moreover, it will be useful to include a descriptive analysis of how sexual and erotic material has been accessed since the 1960s, its links with the emergence of feminism and the liberation movement, and the significance of broader societal changes, such as socio-legal structures and considerations. Importantly, I will also consider how femininity has been variously employed in pornographic material to construct present-day understandings of sexuality and relational beings. Specifically, I will explore some of the contentious feminist debates around the implications of porn for feminine embodiment and sexuality.

Historical representations of sexual erotica and porn: Within the United Kingdom (UK), current understandings of the usage of porn for sexual gratification did not emerge until the 17-1800s. This is best illustrated by the first full-length English-language pornographic novel entitled *Memoirs of a Woman of Pleasure*, also known as *Fanny Hill*, which was published in 1748 (Buckmaster, 1948). Although this publication contained references to bisexuality, voyeurism, group sex, and masochism, it was not representative of the deeply conservative public attitudes towards sex at the time (Shinagel, 1972). Therefore, such texts were often published under pseudonyms to protect author anonymity. Although several erotic texts were published during this period, the ability to disseminate such pornographic and erotic material was largely regulated by the legislation of the time. Important early legislation in the

UK branded erotic material as “obscene libel”, with the first conviction for obscenity in England occurring in 1727 for the publication of a sexual novel (Brown, 1996). This led the way for other legal challenges against sexual works and was enforced further by the Obscene Publications Act of 1857, which made the transaction of erotic material a statutory offence for the first time. This provided the legal system with the authority to confiscate and destroy what was deemed offending material (Manchester, 1988).

While legislation tightly regulated and censored the dissemination of erotic material, erotic literary texts still circulated, retaining their sexual essence and influence over public attitudes. Despite this, little changed in the format of erotic materials until the technological advancements that enabled filmmaking facilitated the production of short clips, drawings, and cartoons. This is best illustrated by the 1896 short clip *Le Coucher de la Mariée* in which an actress performed a strip tease. Notwithstanding this progression, much remained stagnant until the change in wider social attitudes prompted a licence for explicit pornography (Shinagel, 1972).

Social and sexual renewal meets technology*:* In the 1960s and 70s, fluctuating social ideals led to more freedom and greater visibility for the public showing of explicit sexual movies. This was preceded by a legislative change in the form of the Obscene Publications Act of 1959, which forced consideration of the distinction between “literature” and purely pornographic material (Wade, 1959). While the latter could still carry hefty penalties, this distinction ultimately led to a blurring of the lines between what was considered to have literary merit and porn (e.g., the legal case surrounding D.H. Lawrence’s *Lady Chatterley’s Lover*), which soon spread to wider social strata (Allyn, 2016).

It is generally considered that the sexual revolution in America and the Western world led to a profound shift in immediate traditional values, such as identity, sexuality, and family life (Godbeer, 2002). It was within this context that sex suddenly became possible, available, and even acceptable outside of monogamous heterosexual marriage (Allyn, 2016). In 1969, the first adult erotic film, *Blue Movie*, aired. Directed by Andy Warhol, it featured numerous explicit sexual scenes. This movie, now considered influential in American and Western sexual history, is typified as transformative in the branding of sex as a consumer product (Ford, 1999). Undoubtedly, this had implications for how society came to regard sex and sexual

relations (Goddbeer, 2002). In conjunction with these cultural changes, scientific investigations, such as the Kinsey Report (1940) and Masters and Johnson's (1960) landmark study *Human Sexual Response* influenced the understanding of psychosexual therapy at the time. In particular, the number of women who engaged in sexual intercourse before marriage showed a significant rise between 1965 and 1974 (Wingard, 1984). Thus, the socio-political climate of the 1960s was distinctive, one in which traditional values often came to be contested (Heer & Grossbard-Shechtman, 1981).

The increasing visibility of erotic material in mainstream culture continued into the 1970s, which saw a growth in the number of explicit self-help manuals intended to improve sexual experiences (Escoffier, 2008). Additionally, the movie *Mona* was released, which depicted explicit sex scenes, and in the years that followed, an expanding repertoire of sexually explicit movies and erotic material made their way onto cinema screens. It is, however, important to note that the prevailing socio-political climate of the time led many to challenge the dominant social norms of the time, challenges that included the birth of counterculture, feminism, and the gay rights movement (Ford, 1999).

New technology for the sexualised self: Before the 1990s, someone wishing to view pornography would have to go to a newsagent or sex shop to purchase magazines or VHS cassettes. Someone wishing to have a sexual experience, whether inside or outside of a committed relationship, had to negotiate and meet potential partners or affair partners before starting the relationship. The introduction of the internet, however, brought with it unlimited computer-based use of a webcam and video streaming, computer-based interactive sex, chat rooms, online hook-up and dating sites such as Tinder and Grindr, online prostitution websites, porn, and porn file transfer sites (Carnes, 2001; Cooper, Delmonico, 2000; Griffin-Shelley, 2004; Delmonico & Carnes, 2006; Lloyd & Finn, 2017; Schneider, 2005).

While online platforms and hook-up sites have made a significant impact on how individuals engage in sexual activities, more recently, the availability of GPS (global positioning systems) technology has taken dating and sexual connections away from static computers and onto the streets in a newly fashioned form of instant interaction. This technological shift has vastly altered the manner and frequency with which people can connect with potential sexual

partners in new and novel sexual, social, and geospatial terms (Cooper, 2002; Farman, 2011; Gordo-López & Cleminson, 2004; Schneider, 2005).

A spectrum of negative and positive aspects of sexual behaviour: Compulsive sexual behaviour is best understood as an exaggeration of normal sexual behaviour. The ICD-10 (WHO, 2011) defines it as an 'excessive sex drive' (F52.7). We think of sexual behaviour as a continuum. At one end, there is healthy or recreational behaviour, and at the other end, there is a lack of control. The frequency of masturbation is an example. There is a point on the continuum of frequency where one might wonder whether this had moved from being a biological need or recreational pursuit to a pattern of compulsivity. For example, a man might watch pornography and masturbate once or twice per week and consider it recreational behaviour. However, the same person might take a different view if they watch pornography all night and masturbate at least six times, then are unable to function at work the next day. Another example is a man who is in a committed relationship or married, and engaging in two or three affairs at the same time without his partner's or wife's knowledge. Another example is the use of sex workers. Visiting one or two sex workers now and again might be seen as recreational behaviour. However, one might take a different view if a man visited three or four sex workers over a 48-hour period. Although this is a value judgement, it would seem that the behaviour slipped from being recreational to a pattern of compulsivity. Sexual compulsive behaviour is an exaggeration of a natural drive that often continues despite harmful consequences.

Pornography, feminist perspectives and queer lens: anti-sex and pro-positive sex understandings: The rise of the internet has made access to sexual media more immediate. However, there are broader questions and concerns about the role of pornography and how new and novel forms of sexual networking sites have impacted, and are continuing to impact, relational identity. Certainly, this dialogic has contributed to a fraying of the existing social fabric by which engaging with social networks and sexual media has become regarded as normative social behaviour (Campbell & Park, 2008). This is best understood as a paradigm change, not only in the way that individuals perceive society as a whole, but also in how individuals and organisations associate and come to understand themselves (Mowlabocus,

2016). Moreover, drawing upon the feminist contention that the personal is always political, feminist writers have long argued for the critical examination and reappraisal of women in pornography. Subsequently, it is useful to focus on their major contributions when contextualising the history of erotic material (Lloyd & Finn, 2017).

In keeping with the social constructionist approach, this research is influenced by feminist thinking, which supports its aim of promoting an understanding of women's experiences in the field of CBS. Sprague and Zimmerman (1993) stated that feminist research is 'connected in principle to feminist struggles' (p. 266). An example that illustrates the importance of understanding cultural influences in the context of women's role in pornography and sexual violence is the work of Brownmiller (1975), who researched the political aspects of the history of pornography and sexual violence against women within a feminist analyst and explored theories of a culture of women's role in pornography and rape. Writers working on the history of pornography set out the significance of the cultural aspects of masculinity, with legal concepts of pornography and rape being linked in part to men's rights on women's bodies through to modernity, which saw the evolution of the understanding of pornography and compulsive sexual behaviour in the context of harm to the physicality and psychological impact it had on individuals (D'Cruz, 1998; Kelly, 1988; Walker, 1998). These works point to the morals, ethics, and values through which women's experiences of pornography and compulsive sexual behaviours are viewed and, crucially, their effect on recourse to support and justice for victims.

Feminist perspectives on porn have largely been split between two camps: 1: anti-pornography and 2: sex- and porn-positive feminism. The first group principally argues that porn and sexual media have historically positioned women as objects of sexualisation: as passive agents within sex relationships, with sex 'being done' to them (Ciclitira, 2004). It is claimed that this has a degrading and destructive effect on femininity and has deeper links with a range of oppressive institutional practices towards women. More specifically, feminist writers have drawn parallels between porn consumption and enticement towards sexual violence against women, as well as to a broader distorted view of the human body and sexuality (Davis, 2015). This is particularly persuasive when men are seen to account for most of the porn purchases and hence as regulators of the ideal sexualised femininity (Attwood, 2004).

On the other hand, a sex-positive feminist view argues that pornography has the liberating potential to permit and release a woman's sexual potential (Queen & Comella, 2008). In this sense, sex-positive feminism argues that anti-porn feminists reduce and trivialise women's sexual agency (Shrage, 2005). However, these sex-positive understandings of porn continue to be challenged by theorists such as MacKinnon and Dworkin (1997), who argued that pornography is 'the graphic sexually explicit subordination of women through pictures or words'. The debate as to whether the representation of women in porn is harmful to individuals and couple relationships is still ongoing. Feminism is not a method of research, but rather relates to issues of methodology and epistemology (Reinharz, 1992). Others in the field have taken the stance that 'what makes feminist research feminist, is less the method used, and more how it is used and what it is used for' (Kelly et al. 1992: 150). However, as this study focuses on the impact of compulsive sexual behaviour on the couple's relationship, several issues arose during the research, including power dynamics. Feminist thinking encourages addressing the power imbalance between the researcher and the participants, whereby the researcher retains awareness of power dynamics during the research process (Hesse-Biber, 2007).

Additionally, while some of the key principles in the research have been acknowledged, I am aware that issues around reflexivity can give rise to questions regarding the objectivity of research, which at its worst can undermine feminist analysis. Objectivity is generally defined as the researcher's capacity to separate themselves from the research in order to reduce bias (Harding, 1987), which '…requires the elimination of all social values and interests from the research process and the results of the research' (Harding, 2001: 157). On the other hand, the position of the researcher has been debated extensively in the literature.

Feminist critical thought has challenged criticisms of the objectivity of feminist analysis, pointing out that objectivity may also be achieved by acknowledging one's power as the researcher and by contesting privilege and deconstructing knowledge. Haraway (1988) pointed out that this requires more than self-critical partiality, and that 'feminist objectivity means, quite simply, situated knowledge' (Haraway, 1988: 581). Harding (2004b) suggested that strong objectivity is generated by placing the subject of knowledge on the same causal plane as the object of knowledge. In the case of this study, the participants were viewed as

partners within the process of understanding social phenomena, rather than as passive participants or “subjects” to be examined. This was also reflected in maintaining contact with the participants after our meetings and sharing copies of the transcripts.

For the current research, LGBTQI+ and queer theory were considered, because they are used to understand normative constructs of sexuality, gender expression, identity, and how homosexual relationships have functioned in society, and to de-stabilise these cultural influences. This discourse emerged in the late 20th century in reaction to studies on homosexuality and gay and lesbian identity politics that were thought to perpetuate normative social constructions of gender and sexuality (Jagose, 1996). Many of the earliest queer thinkers, such as Warner, cautioned against an assimilationist approach to arguing for gay rights, and drew attention to the pervasive heteronormativity in social justice movements (Warner, 1994). Currently, many critiques of the gay marriage movement from LGBTQI+ writers themselves make use of queer theory to argue against seeking social justice through a system built on expectations of heterosexual couples, monogamy, and reproduction. This argument claims that queer people are seeking legitimation of homosexuality in a way that cuts at the heart of the expectations about gender expression, identity, sexuality, and relationships that are at odds with the variance of queer lives and culture. Queer culture is made up of an array of relationship structures, sexualities, gender expressions, and both platonic and romantic intimacies that do not align with traditional marriage structures (Warner, 1999). In summary, query theory provides a contextual account of the experience of homosexual relationships, equipping me with different ways to understand that various relationships co-exist independently. While I acknowledge that the queer lens plays an important role in our experience and the meanings we attribute to relationships, this study focuses on the impact of SA&CSB on the couple relationship, and for the purpose of the study, the sample data was homogenous. Five heterosexual couples were used. This could limit the research, as no homosexual couples were interviewed.

1.4 Contribution to knowledge

The outcomes of this research will be of value to couples who are impacted by SA&CSB, as well as SA&CSB specialists, counsellors, and psychotherapists who could be expected to encounter issues of SA&CSB. The 'products' of the research will be disseminated through (1) published academic papers, (2) an intensive programme to work with couples impacted by SA&CSB, and (3) training programmes for professionals working therapeutically with this population of clients. All of these formats will be aimed at clients and practitioners seeking a deeper understanding of how to serve this population of clients.

Due to the impact of the internet and portable electronic communication, we are faced with changes in both social connections and intimate and sexual interactions. This media revolution is considered to be driven by the evolution of social networks (e.g., Facebook, Twitter, and Instagram), increasingly interactive websites, virtual world sex, smartphone sexting and live video streaming, and smartphone applications that can easily geo-locate an available prostitute or hook-up (Carpenter & McEwan, 2016). More people are now spending more time on chat sites, having multiple affairs, gaining easier access to prostitutes, or compulsively viewing pornography (Weiss, 2013). An additional challenge posed by these newer technologies is that acts of secret online activity or infidelity are easier to hide and deny – for example, smartphone applications can be deleted, leaving no visible trace of their existence, and do not offer a browsing history. With an increasing number of applications and proliferation of online sexual interactions, vulnerable users can become sexually addicted, and several authors have found that SA&CSB has a direct impact on relationships (Adams, 1996; Bancroft, 1999; Carnes, 1989; Coleman, 1986; Cooper, 1998; Delmonico, 1999; Goodman, 1999; Levine & Troiden, 1998; Schneider, 2000).

This research will address the existing dearth of literature relating to this population, as highlighted by the Diagnostic and Statistical Manual's (DSM-5) previous rejections of SA&CSB. Within the context of psychotherapy, this research will attempt to bridge the overt medicalisation and pathologisation of previous attempts to understand SA&CSB by adopting a chiefly phenomenological lens. This will include taking into account how participants in the study have made sense of their experiences. Interpretative phenomenological analysis (IPA) will be used to provide an interpretative and contextual account of the impact and experience

of SA&CSB on couples, and it is hoped that this will be used to develop new interventions for treating and engaging with this population.

1.5 Integrating the Practice Evaluation project (PEP)

An earlier PEP was undertaken in 2015-2016 as a core component of the final DProf research project, in order to provide an initial scoping of the literature and empirical evidence. This initial scoping also offered an opportunity to test the viability and feasibility of the research area before the main study commenced. This test was accomplished by implementing a mixed methods online survey, which directly tapped into the research aims. Data were principally gathered through the online software SurveyMonkey. The survey consisted of 18 questions, with the space to provide qualitative responses. In total, there were 140 responses to this online survey.

Due to the large number of responses and the direct relevance of the findings to the present study, the academic panel deemed the PEP as meriting inclusion in this paper. As such, the PEP will be referred to and exemplified in Chapter 2, and it will provide part of the platform for the main research.

1.6 My motivation for this research

My motivation for doing this research is both personal and professional. My personal reasons include a longing to understand and make sense of my personal history, to integrate and synthesise all that has gone before, and to use the past to make sense of the present and inform the future. The professional reasons include an opportunity for rigorous learning, ~~for~~ involvement with a community of researchers and practitioners, and spending time reflecting on the application of knowledge. I was also, in part, motivated by a desire to strengthen my professional credibility, thereby contributing to the quality, professionalism, and excellence of my clinical practice. This doctorate is an organic way to integrate previous academic work and professional training into an exploration of the impact of SA&CSB and compulsive sexual

behaviour on couple relationships. This is a journey with personal, academic, professional, and clinical consequences and outcomes.

My motivation leading up to the doctoral programme

I am a recovering love and sex addict, and I am now sober from these behaviours. I began university by studying for a bachelor of science degree, but during my studies, I changed my course to an applied social science degree so that I could complete a diploma in social work. I completed that degree in 1997. After that, I worked as a social worker in many different London boroughs until 2006.

During this time, I worked in several different sectors. I started with child protection, moved to work with homeless adults with mental health problems, then adults with a dual diagnosis, and later worked with child sex offenders. Upon reflection, as a survivor of sexual abuse, I now consider it no coincidence that I was drawn to working with children who were being abused. I realised that the path I chose was a way of giving myself the illusion that I had control over the abuse I had experienced. Although my knowledge and intuition about the underlying causes of my abuse had grown, I was still in the grips of the psychological dysfunction that had originated in my childhood.

In 1998, I applied to the University of Sheffield to read for the degree of MPhil in Psychotherapeutic Studies. Two years later, I stopped that programme as a result of coming to understand that it was a replacement for my addictive behaviours and an extension of the compulsion. I later completed an MSc in Care Policy and Management, after which I completed an MA in Integrative Psychotherapy accredited by the United Kingdom Council for Psychotherapy (UKCP) and the British Association for Counselling and Psychotherapy (BACP). I then completed a Diploma in Psychosexual and Relationship Counselling, accredited by the College of Sexual and Relationship Therapists (COSRT). I subsequently trained as a Certified Sex Addiction Therapist and Supervisor (CSAT-S) with the International Institute for Trauma & Addiction Professionals (IITAP). I have since been working as a psychotherapist and psychosexual therapist at the Hudson Centre for Psychotherapy and Recovery (HCPR), of which I am the founder.

My professional journey was, of course, inextricably linked to my upbringing. The beginning of that journey begins in the family of origin. I was born in Jamaica as a middle child, with two older sisters and two younger brothers. My father was absent, and my mother was a single parent and emotionally needy. She suffered from depression and would spend a great deal of time in bed. Consequently, my eldest sister had to adopt the role of mother in the household. As a middle child, I spent most of my time reading alone, since I felt neglected by my mother, and as a result, I became very self-reliant and independent from as young as eight years old. Self-reliance can serve as a defence or coping mechanism that substitutes for and/or conceals the inherent need for a close bond with someone. Bowlby (1969) proposed that attachments sustain and give meaning to life. Additionally, for protection and survival, an instinctual behaviour is to form an attachment that is independent of the association with food or sexuality. More specifically, attachment behaviour is often thought to be activated by fear or threat, which functions to achieve proximity with the caregiver, who can reduce that fear. Bowlby expressed the view that early childhood experiences have an important influence on development and behaviour later in life and can contribute to the attachment style. Attachment is thus an evolutionary component of human behaviour that aids survival (Bowlby, 1969).

From 7 to 16 years old, I was sent to an all-boy boarding school in Jamaica. I was the only one of my siblings to attend boarding school, and at the time, I thought of it as a unique opportunity to escape my family life. Between the ages of 9 and 15, I was sexually abused by the schoolteachers and church priests. This was one of the most confusing and traumatic periods in my life. During this time, I did not disclose the details of the abuse to anyone, as I did not know whom to tell or what to say. Duffel (2002) confirms that the neglected 'seen-but-not-heard child' tends to be very private, secretive, and a survivor, thus denoting the classical model of a child who will be guaranteed to keep quiet regarding abusive experiences. As a boy, I struggled to define and protect my boundaries in the real world; therefore, I built them into my fantasy life as a way of keeping some sense of myself as a separate person.

After this period, I felt numb, confused, and frightened. As early as 14 years old, I used sexual fantasies to escape from and cope with my dysfunctional family system and sexual abuse. At the age of 18, I came to the UK to attend university. During this period, I became depressed and started experimenting by drinking alcohol, using recreational drugs, and taking anabolic

steroids. My life worsened, and my use of drugs, alcohol, and steroids escalated. I started to create my own image of masculinity, which I depicted in my body. I dropped out of university, and this precipitated an identity crisis, where I decided to change my name to Alexander O'Neal De'Andre. Despite having changed my name, I came to realise that establishing a new identity was a way of disowning or splitting from aspects of myself that I did not like. I am writing about this period of my life to give an indication of the level of disturbance that I experienced and the severity of the consequences.

Moving to the centre of London, I surrounded myself with like-minded gay men, although I did not realise the extent to which the relationship with a group of men I associated myself with and our lifestyles consisted solely of using recreational drugs, big parties, anabolic steroids, and sexual exploration. I started believing that my sexuality was the only value I had as a human being and that sex could be a kind of interpersonal currency that I could use to bond with authorities or manipulate others. This perception affected all my interpersonal relationships; the only way I could feel intimate (or seemingly intimate) with another male, regardless of the relationship, was to make the relationship sexual. This resulted in my compulsively seeking partners. I would become involved in many relationships where I felt incapable of independent thought or anxious about being abandoned. I oscillated between love addiction and compulsive sexual behaviours. At the same time, before I knew what addiction was, I became an addict. I used love, sex, objectification, sexual fantasies, sexual seduction, recreational drugs, and alcohol to anaesthetise my pain, loneliness, and self-hatred. On reflection, I can see other symptoms of SA&CSB, including a need for control, chronic low self-worth, fear of exposure, struggle with my identity and sexuality, difficulty setting boundaries or respecting the boundaries of others, and sexual shame. I would start a new relationship while still in an existing one, a pattern that continued for many years. I took the relationships seriously at the time, and in each one, I entertained the hope of my partner and myself falling in love and being happy together. I always wanted the security of knowing that I was in a relationship. On reflection, the compulsive part of me seemed content if lovers were available and unaware that they were sharing me. After each relationship ended, I was left dissatisfied and ashamed. I became addicted to falling in love, and having relationships with more than one man at a time was intense and exciting, but also painful, shameful, and intolerable.

My addiction had a profound impact on my life at the time, and I lived in shame. About 15 years ago, I was in a long-term relationship and slipped back into my old pattern of falling in love with someone else while still in a relationship. My partner discovered the affair and was deeply hurt, betrayed, and devastated by my behaviour, and the relationship ended. After this, I started therapy, and the therapist challenged me to consider that I had an addiction to falling in love and sex. Shortly after this, I read *Out of the Shadows* (Carnes, 1983), which gave me an understanding of what had been going on in my life~~. As a result,~~ I committed to regular psychotherapy and the Sex and Love Addiction Twelve Step Recovery Fellowship (SLAA). During this period, I struggled to stop the behaviour, and I subsequently had two periods in residential treatment with ongoing one-to-one psychotherapy, and an emphasis on reading and reflection. During the period of recovery, and while abstaining from addictive behaviours, I began to confront and deal with my past, repairing the inner wounds that I had been previously medicating and masking. In addition, I reclaimed my birth name, Robert Anthony Hudson, and with the integration of acceptance, my depressive symptoms began to subside. I became more focused on my studies and work, and both my personal and professional relationships improved. Most importantly, I started learning to like myself and developed some capacity for healthy relationships. I took these things as the benefit of my recovery, which is an ongoing process.

In 2006, I decided to move from working alone at home as a psychotherapist to setting up The Hudson Centre for Psychotherapy and Recovery. This enabled me to work with others and to create a community of recovering therapists who could work with people with SA&CSB. I feel that the purpose of this part of my life is to draw upon my personal experience of recovery and the post-traumatic growth process that followed it by using my academic knowledge and professional experience to research SA&CSB and its impact on couple relationships. A doctorate is a dual process. It builds upon my experience to further the well-being of other recovering addicts and couples, while at the same time, the experience of being a witness to others' recoveries strengthens my own recovery.

1.7 Reflexivity in research

Throughout the study, I focused reflexively on the process employed by the researcher and on the participants. My reflective focus formed a part of the study; the dynamics between

the researcher, participants, and supervisor were taken seriously and used as a way of enriching understandings (Finlay & Gough, 2003). First, I concentrated on my dual role and on deconstructing my position in order to ensure transparency within the research. The loss, pain, distress, and sadness reported by the participants were, at times, hard to read. However, I made use of supervision and therapy to help me make sense of my own perceptions and feelings, which in turn allowed me to be sensitised to organising the data and emerging themes.

Willig (2008) suggested that the researcher's interest in the topic influences the interview questions, which therefore shapes the direction of the analytic process. Additionally, England (1994) suggested that the author's intentions, emotions, and unconscious processes are not only likely to be inaccessible to readers, but they are also likely to be inaccessible to the author himself. Therefore, a conscious effort was made to ensure that the interpretations of the analysis were based on the participants' own accounts. This was accomplished by applying reflexivity throughout the process to minimise the influence of my own experiences on the process (Willig, 2008).

Considering my experience and the sensitive nature of my research, ethical issues have been given the utmost consideration, with a particular focus on the protection of people's privacy. The codes of professional conduct to which I am committed comprise the ethical guidelines for research, counselling, and therapy endorsed by the UKCP, BACP, COSRT, and IITAP, all of which seem to follow the same theme of 'First of all, do no harm'. It is crucial to consider the potential harm to participants, along with the mitigating strategies that may be employed. I always obtain written consent from the participants. I am aware of some potential pitfalls of the research process, so one of my strategies is to use a paid critical friend, a critical friend, and a critical enemy. This supports and offers objectivity, transparency, integrity, and honesty to my research.

In qualitative research, it is now accepted that the researcher is inevitably implicated in both the research process and its findings. In other words, there is no longer a requirement for the researcher to be hidden. Instead, there is an acknowledgement that the researcher is a central figure who influences, if not actively constructs, the collection, selection, and interpretation of data (Finley, 2000). Despite this acknowledgement, Mruck and Breuer

(2003) believe that in many empirical studies, the researcher becomes invisible in favour of mirroring the phenomenon being studied, with the results resembling photographs that appear to need neither camera nor photographer to exist.

Although meaning different things to different people, reflexivity is generally understood as an awareness of the influence the researcher has on what is being studied and, simultaneously, on how the research process affects the researcher (Mruck & Breuer, 2003).

This raises questions regarding why we need to know about the researcher and what relevance the motivation and position of the person carrying out the research have on the outcomes. The answer may be in the level of trust that the reader has in the author of the study. If the reader understands why a study was chosen, what philosophical stance underpins the study, and how the process impacted the researcher, then the trustworthiness of the study is enhanced. The object of trust is both the knowledge offered by the study and the process through which the knowledge was developed, thereby making reflexivity a crucial aspect of knowledge construction (Probst & Berenson, 2014).

This study focuses on what Finlay (2002) describes as introspective reflexivity, in which I examine my own experience and gain insight from my reflections, which, in turn, forms the basis of a more generalised understanding and interpretation of my data. Woolgar describes this as the researcher moving beyond ‘benign introspection’ (Wolgar, 1988: 2) to a more explicit link between knowledge claims, the personal experiences of both the participants and the researcher, and the social context.

The reflexive part of the research initially felt uncomfortable and self-indulgent, but over time, it began to feel more natural. Etherington points out that the use of ourselves in our research needs to be essential to the argument and not just a ‘decorative flourish’ for it to be described as reflexivity (2004: 37). Although the research is not about me, I am deeply ingrained within it, and it has resulted in me feeling naked. I have stripped away my protective layers and allowed others to see into the very deepest parts of me. Building on the reflexive approach, supported by researchers such as Finlay and Gough (2003), allowed me, as the researcher, to deconstruct my position in relation to the data and thereby mitigate my bias. I cannot claim to be unbiased in my research, and I have acknowledged this fact throughout

the research. I have tried to address this by adopting a transparent reflexive stance throughout. I did this by keeping a research journal throughout the research process. Moreover, it was important for me to reflect on my own experiences and preconceptions of SA&CSB and on how my personal history and professional experience might affect my perception of the data.

Chapter 2

Summary of the Practice Evaluation project (PEP)

Exploring the impact of sexual addiction and compulsive sexual behaviour (SA&CSB) on couples' relationships.

In May 2016, I completed an unpublished PEP (see Appendix A) that formed the preliminary stage of my doctoral journey into exploring the impact of SA&CSB on the couple's relationship. Due to the large number of responses to the enquiry and the direct relevance of the findings, the academic panel deemed the PEP as meriting inclusion in the present study. As such, the PEP will be referred to and exemplified in this chapter below to support the main research.

The PEP was conducted with the aim of assessing the possible impact of SA&CSB systematically and objectively, allowing, and providing an opportunity to reflect on practice and areas for further research. Therefore, the PEP influenced the development of this final project (FP). Consequently, a condensed synopsis of the core summary, which emerged from the PEP, is provided below.

2.1 Aim of the PEP

The aim of this study was to explore whether SA&CSB could have an impact on the couple's relationship. To further investigate the hypothesised impact of SA&CSB, an 18-question online survey was designed to target couples in which one member self-identified as having issues around SA&CSB. This survey formed the basis of the PEP study. An online survey was chosen because it allowed me to visually display the data in graphs for reporting and to export the data into the final project for further analysis. An online survey was also considered more convenient for participants and, therefore, more likely to reach a wider, more diverse audience and produce a larger sample of data. Additionally, I did not want to use the same methodology in both the PEP and the final study. I also hoped that the data from the

quantitative aspect of this study would inform the qualitative part. The development of the questions for the online survey was informed by existing research on the topic revealed in the academic literature.

2.2 Summary of the literature findings

The literature review conducted for this research revealed some common themes, including the growth in the use of technology and its effect on the couple relationship, the subsequent emotional impact of SA&C behaviour on the self, sex, and relationships and the traumatic responses it may cause and the effect it has on children. The literature review also highlighted the challenges presented by a lack of existing research into the impact of SA&CSB on couples and the absence of any diagnosis of SA&CSB. Furthermore, the literature illustrated that these challenges impact both researchers and couples' therapists working therapeutically with SA&CSB (Ley, Prause, & Finn, 2014).

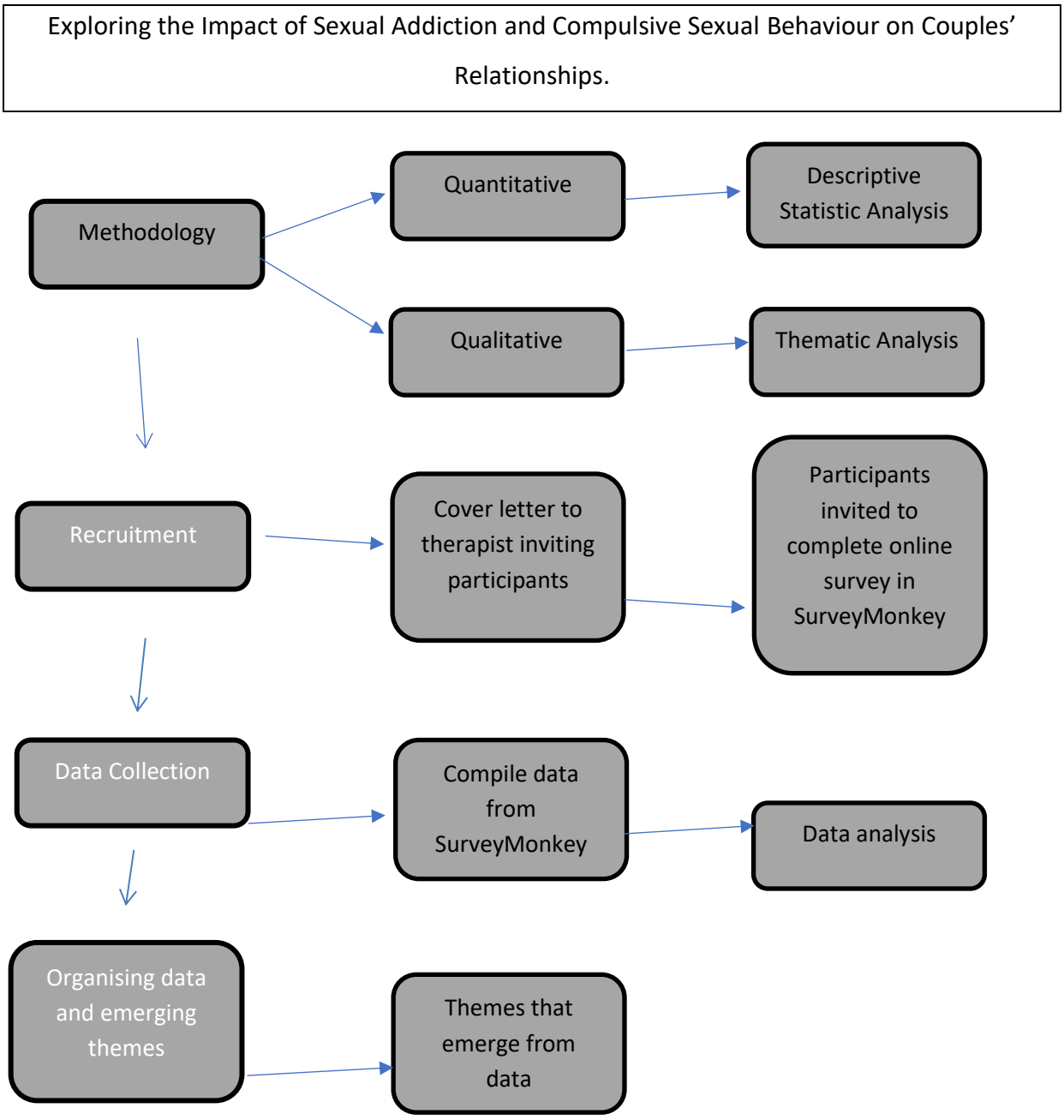
However, these studies tended to focus solely on either the addicted partner or the non-addicted partner, with limited studies that concentrate on their actual relationships. Furthermore, there is a lack of UK-based research and a scarcity of studies that seek to explore beyond male sex addiction. However, while this type of research is scarce, some researchers, such as Hall (2013), have started to look at SA&CSB in conjunction with non-addicted partners and have discussed the role of couples' therapy in helping couples heal from SA&CSB.

2.3 Rationale for the study

The literature review shows that there are significant gaps in the existing research on SA&CSB. These gaps include a lack of research in the fields of psychotherapy and counselling and a lack of specialised training programmes to support couples' therapists. I am hoping that this research will inform the work I undertake with couples at the HCPR and will also be of use to the wider therapeutic community in the form of briefing seminars for practitioners. My findings will also be integrated into a training programme to support therapists. Furthermore, this study aims to provide a foundation for more in-depth research and contributions to the field of SA&CSB.

2.4 Research methodology diagram

The flow diagram below outlines the steps taken in this study.



2.5 Why mixed methods?

The research consisted of mixed quantitative and qualitative research methods, with thematic analysis and descriptive statistics analysis. These methodologies were chosen because they complement each other. Understanding the quantitative data enabled the identification of patterns of behaviour that are associated with the impact of SA&CSB on the couple relationship and helped create a more comprehensive picture of the overall topic of interest while measuring SA&CSB (Gergen, 1985). The qualitative research assisted in describing specific aspects of the participants' lives, such as in-depth insights into clients' experiences of the impacts of addiction. The qualitative data also provided the data necessary to explore the impact of SA&CSB (Chase, 2005) on couples.

To analyse the research, both thematic analysis and descriptive statistics were chosen. This is because they are methods of analysis that seek to uncover patterns of meaning in respondents' accounts of experiences, and they help to describe the data (Charmaz, 2006; Rennie, 2006). Thematic analysis is a means of organising themes within qualitative data, and it aims to unearth salient themes at different levels. It also facilitates the structuring and depiction of these themes to explore a deeper understanding of an issue or the significance of an idea, rather than just reconciling conflicting definitions of a problem (Corbin & Strauss, 1990). Furthermore, descriptive statistics enable quantitative descriptions of the main features of a collection of information (Miles & Banyard, 2007).

The appeal of using both thematic analysis and descriptive statistics analysis derives from their position in both inductive and deductive processes, where the material is allowed to emerge directly from the data, but is then ultimately tested and grounded in the real world (McLeod, 2011). It is a constant comparative method that is particularly suited to the research question and allows for flexibility, as well as for the questioning of gaps, inconsistencies, and uncertain understandings.

These two methodologies look broadly at a similar type of question, but the qualitative aspect takes a more narrative-constructive approach, while the quantitative research takes a more paradigmatic causal model approach (Silverman, 1993). I believe that using both methodologies allows for greater exploration and in-depth insight into how SA&CSB impacts

couples' relationships (Toulmin, 1958). I also considered grounded theory was also considered as a methodology, but I felt that it was not fully suitable for the PEP at this stage, as I was not interviewing participants (Chase, 2005).

2.6 Organising data and creating themes

The table below outlines how the data were organised and illustrates the themes created from the earlier PEP study. The predominant themes are listed alongside quotes from the transcripts of the online survey.

Open code	**Properties**	**Examples of participants' words**
Lack of trust	• Trust within the couple impacted upon • Attempts to restore trust between partners	"Trust is severely damaged, we are working on restoring trust, we are working on repairing the trust that was shattered, trust has been the main casualty, and the biggest and most overriding issue in our relationship is trust".
Denial	• Lack of acknowledgement from the partner regarding participants' testimonial of sexual acts	"Claimed that I hadn't seen what I had seen, and totally denied what I had directly witnessed".
Gaslighting	• Masking the reality of compulsive behaviour • Inability to be emotionally present	"I was acting sexually for most of my ten-year marriage and while I was never caught, I was not emotionally present; greater deception, pathological lying and insidious behaviour".
Worries around other addictions	• Participant displaying worry over remaining sober; • Other addictions included food, substances, work, and exercise	"As long as I remain sober everything will go well; triggered alcoholism as a coping mechanism".
Learning as a process of recovery	• Participant identifies learning as a part of the recovery process	"We are relearning about each other, we are now trying to work on our relationship, recovery healing and learning a healthy way of living; we have learnt to be more open and honest".

Healing	• Participants' capacity to move on from the trauma and see the relationship with new hope	"This betrayal has given us an opportunity to look at our relationship in a new light; while it was devastating, the healing occurring in our marriage has given us a far better marriage than before".

Open coding table:

Complete coding table with open, axial, and selective codes

Open codes	**Axial codes**	**Selective code**
Lack of trust, denial and gaslighting	Not being honest, taking responsibility and being accountable	From unhealthy to a healthier path in the relationship that sexual compulsivity guides a couple towards
Couples' worries around other addictions, such as food, substances, work, and exercise	Using other substances to calm despair with a need to act out	
Learning as a process of recovery and healing	Opportunity to rediscover new parts of the relationship and the partner	

2.7 Findings

The findings of this PEP study showed that SA&CSB presented a challenge for participant couples and had a damaging effect on their relationships. The findings also highlight the need for specialised addiction treatment and support, and the analysis illustrates how beneficial this can be for a couple in crisis.

The findings show that SA&CSB caused emotional distress to the non-addicted partners who participated in the study and that the behaviour impacted their relationships. After the addicted partner's devastating discovery of their SA&CSB, it seems that intense emotions and recurrent crises are the norm. The positive news from the research findings is that the majority of relationships not only survived SA&CSB, but 72% of the participants remained in their relationship. Furthermore, addiction and couples' therapists have observed that many relationships can become stronger and more intimate after addiction treatment, couples' therapy, and recovery (Schneider, 1991). The American Association for Marriage and Family Therapy (AAMFT) suggests that SA&CSB appears to be the catalyst for approximately 50% of couples who initiate treatment (AAMFT, 2015).

On the other hand, the conclusions of this study showed that nearly 94% of respondents reported that negative consequences continued after problematic sexual behaviour affected their relationships. This study demonstrated that within couples' relationships, SA&CSB can have a negative impact in the following ways. First, non-addicted partners feel that trust in the relationship decreases due to the dishonesty and deception of the addicted partner's behaviour. Second, the addicted partner has difficulty being sexual, and their partner may feel sexually inadequate. Third, their children can be exposed to, and impacted by, the behaviour, e.g. discovering text messages or pornography. Fourth, children may observe arguments and stress in the home. The behaviour and betrayal can also lead to separation, divorce, or arrest.

The survey data supported the idea that couples feel isolated, as they can feel too ashamed to talk to family members or friends about this issue. Some addicted partners expressed remorse and promised to get help and did so. However, the addicted partner getting help does not always help the couple as a unit, and some problems may continue. Available

resources are aimed at addicted partners, and while the non-addicted partners were helpful, there is no support for couples in crisis. Couples reported that SA&CSB is not something they can talk to others about without shame and judgement. In terms of seeking professional help, 70% of participants reported that they had sought specialised professional help to support them in dealing with the crisis arising from their SA&CSB.

Moreover, this study showed that the majority of the participants (70%) believed that people who report SA&CSB think they must be treated as a couple instead of as individuals. A recent study emphasised that an assessment of the couple, as well as a relationship assessment examining the relational dynamics and patterns, should inform this process (Hall, 2013). Additionally, Herman (1997) argued that the lack of an accurate and comprehensive diagnostic concept has serious consequences for treatment because the connection between the patient's present symptoms and the traumatic experience is frequently lost.

2.8 Conclusion

Despite the limitations of this study, it explored some important issues while examining the impact of SA&CSB on the couple's relationship and provided the background for further research. Research and clinical development have mainly focused on SA&CSB: how to classify and describe it diagnostically and how to treat the addicted and non-addicted partners. In the context of moving forward, there has been minimal discussion and research looking at the impact on the couple's relationship. There is little doubt that SA&CSB, linked to internet usage, will continue to proliferate. This PEP has sought to contribute to the rationale that, traditionally, couples' therapists have been trained to work with couples in conflict and on psychosexual issues and infidelity. The gaps in the current body of knowledge were highlighted through this PEP, and have become the foundation and focus of my final research project looking into the impact of SA&CSB on the couple's relationship.

Chapter 3

Literature Review

3.1 Scope and approach

This chapter will examine the existing literature regarding the impact of sexual addiction and compulsive sexual behaviour (SA&CSB) on a couple's relationship. As stated in the introduction, the term 'couple' refers to two people who have a romantic or sexual relationship. This definition may include a wife and husband, boyfriend and girlfriend, or a same-sex couple, to name a few examples.

This literature review will first aim to provide the reader with some context by defining the key operational and definitional terms for SA&CSB and hypersexual disorder. This definition will extend to examining relational betrayal (infidelity) in the context of the couple's relationship.

Second, it will outline a range of therapeutic perspectives that attempt to explain the influence of addiction on the couple's relationship. These are, namely, (a) psychoanalytic and psychodynamic (b) systemic (c) cognitive behavioural (d) and existential perspectives.

The final part of this section will review the literature relating to theories of trauma and post-traumatic stress, in addition to more recent literature on attachment and shame. Consideration will be given to a range of diverse sexualities. Contemporary research that is focused away from the traditional medical model of mental distress and instead includes a renewed focus on developments in positive psychology, such as the links between trauma and post-traumatic growth, will also be elucidated. The review concludes with a consideration of some of the limitations and gaps in the literature. It will cover a period stretching back from the present day until approximately 25 years ago, because there was little, if any, literature on the subject before then.

This literature review was a complex undertaking, as there are many components to consider in order to understand the development of SA&CSB and the impact the phenomenon is having on the couple's relationship. To ensure that the aim and objectives of the research were not lost, the overview of SA&CSB was directly focused on the couple's relationship. As the review progressed, it became apparent that this area of research is currently being debated and researched from many disciplines and perspectives. The result of this plurality is a literature review that grew to encompass the intersection of SA&CSB, hypersexual disorder, relational betrayal and infidelity, and trauma.

This chapter will highlight the current research and address the controversies on this topic. In addition, I will critique the literature and reflect on how my findings, including controversies and gaps in the literature, have changed how I came to conceptualise this area of research. There is so much that we can learn from other disciplines, and being married to just one lens and one philosophy limits our ability to help clients who present with SA&CSB.

The sources used for this review include online databases such as Psych Med, PEP-Web, and PsycINFO; academic sites including epsychology, Psychline, and JSTOR; peer-reviewed journals and books; and a wide range of research papers published in the following journals: *SA&CSB and Compulsivity, CyberPsychology and Behaviour, Sexual Research, Cybersexual Addiction, Marital and Family Therapy, Sexual, and Relationship Therapy, Social Psychology*, and the quarterly *Counselling and Psychotherapy* research journal of the BACP, all of which were identified after using specific terminology in the search. An initial search carried out between 2015 and 2016 for 'SA&CSB and couple relationship' produced 5,600,000 results using Google, 45,000 using Google Scholar, and 2,000 using the BBC's online content. This high yield demonstrates both the pervasiveness and extent of the narrative concerning SA&CSB and couple relationships. Searching more broadly in public discourse, science, and the clinical field, the literature review carried out for the PEP revealed that only one book by Patrick Carnes (1983) and a small number of research papers, all of which came out between 1990 and 2000, were published. The search criteria for the literature review focused on adult couples, SA&CSB, sexual and intimate betrayal, internet pornography, and their impact on the couple's relationship and sexual recovery. Research on children and adolescents was largely

excluded, except where it was directly related to the impact of SA&CSB on the couple and their children.

Through this initial search, it became apparent that the literature on SA&CSB and the impact it was having on the couple was lacking, hard to access, and predominantly based on research from the United States of America (USA), which necessarily limits the applicability of these studies to the UK context. Until recently, the debate has prevented the development of empirical research (Hook et al., 2014) that is limited (Marchall & Briken, 2010). However, this situation is slowly starting to change. Carnes (2001) pointed to a significant increase in the recognition of SA&CSB as a condition, as well as in the empirical literature surrounding the concept. Despite the growing recognition of research into SA&CSB on its own, research demonstrating SA&CSB and its impact on the couple relationship is still scarce and tends to be based on anecdotal accounts (Kaplan & Krueger, 2010).

3.2 Definitions of terms

This section presents a definition of terms that will be discussed throughout the literature review to situate the research from theoretical perspectives and to help the reader better understand SA&CSB.

SA&CSB is the name given to a pattern of sexual behaviour that is compulsive and that brings harmful consequences that are difficult for the individual to reliably stop and stay stopped. Shame is a principal characteristic of these behaviours, as it is used to anaesthetise negative affect and manage the effects of narcissistic damage that is often set up in the family of origin (Carnes, 1998; Goodman, 1998). Carnes (1999) defines SA&CSB as any sexually related, compulsive behaviour that interferes with normal living and eventually becomes unmanageable and which can lead to a pathological relationship with a mood-altering experience (Carnes, 1983).

Hypersexual disorder: Hypersexual behaviour has been described as a pattern of recurrent, intense, and excessive preoccupation with sexual fantasies, urges, and behaviours that individuals struggle to reduce or eliminate (Kafka, 2010; Kafka & Hennen, 2003; Reid, Garos, & Carpenter, 2011).

Carnes (1983) is considered the first to define SA&CSB and its dynamics, following his own clinical work and experiences. He suggests that a distinctive form of SA&CSB has emerged in the wake of the growth of internet-accessible technology and the immediate explicit sexual materials that it can provide. Kafka (2010) and Voros (2009) seem to agree with Carnes (1983), describing SA&CSB as being marked by an escalation from legal sexual practices to illegal practices and a move towards extreme and dangerous sexual activity culminating in sexual offences. This informs us that diagnosis, intervention, and treatment of sexual addicts has become a clinical, scientific, moral, and social issue.

Carnes's work is significant to this research for many reasons. His study on SA&CSB expanded to consider other explanatory models, including 'failure of morals', 'biological models', 'personality and behavioural models', and societal explanations. He later explored professional bias and prejudice related to the study of SA&CSB. There is a scarcity of research that focuses primarily on the UK. In addition, the internal validity of the obtained results is threatened by selection bias, as all participants were individuals who presented for SA&CSB treatment.

3.3 SA&CSB and hypersexual disorder

SA&CSB is a complex construct that has become an emerging subject in science and psychology (Kraus et al., 2016). The concept of SA&CSB contains various descriptions and understandings (Kafka, 2010), and it remains controversial, mainly due to the validity of studies attempting to explain hypersexuality being, to date, mostly unsubstantiated (Williams, Jeremy, & Prior, 2020). The American Psychiatric Association publishes the Diagnostic & Statistical Manual of Mental Disorders (DSM-5), a set of widely accepted definitions of mental health disorders. The inclusion of SA&CSB in its latest 2013

addition was critiqued by Potenza (2014), who argued that SA&CSB should be rejected for inclusion within the DSM-5. Although hypersexuality is a proposed new addition, it was not at the point where we were ready to call it an addiction. This has created a dualism within the academic and clinical fields, with some advocating that SA&CSB is a real problem that is not entirely related to traditional moral judgements and disapproval about sexual impulses, urges, or behaviour and others espousing the common criticism that it is just a problem of conservative belief, shame, and morality: 'perceived SA&CSB' (Carnes, 2010). Additionally, the absence of a recognised diagnosis of SA&CSB (Kraus, Voon, & Potenza, 2016), together with a scarcity of research into the impact it has on couples, has long presented a challenge for both researchers and couples' therapists working therapeutically with SA&CSB. However, in February 2018, the WHO acknowledged a definition of sexual compulsive behaviour as meriting consideration for inclusion in the International Statistical Classification of Disease, Eleventh Revision (ICD-11):

> *Compulsive sexual behaviour disorder "is characterised by a persistent pattern of failure to control intense, repetitive sexual impulses or urges resulting in repetitive sexual behaviours."* (Kraus et al., 2018: 109)

This new proposed definition attempts to offer research into the subject credibility, a theoretical grounding, and, above all, a timely definition, especially considering the increased media and cultural attention to the impact of SA&CSB on couple relationships. Moreover, a comprehensive definition of SA&CSB has motivated me to pursue my research in sufficient depth and with greater rigour.

In July 2018, SA&CSB was first classified as a mental illness by the WHO in the ICD-11 (Bodkin, 2018). The new classification means that SA&CSB, a term that was polarised before research indicated that the condition could be designated as a compulsive sexual health disorder, can now be diagnosed based on a list of criteria.

While the controversy over its definition – and even its very existence – continues to ferment, it remains the case that SA&CSB, compulsive sexual behaviour, and hypersexual disorder are

all too often steeped in shame and guilt. These feelings of shame and guilt can lead to experiencing hopelessness and a lack of control over one's emotional, relational, and sexual life, and can often cause denial and avoidance of sexual problems (McCarthy & Ross, 2018). This is a very real problem that can destroy both relationships and lives.

Sexologists have been using the term 'hypersexuality' to define dysfunctional sexual behaviours since the late nineteenth century when Krafft-Ebing (1886), an Austrian psychiatrist, described several cases of extreme sexual behaviour in his highly influential 1886 book *Psychopathia Sexualis*. Krafft-Ebing considered sexual behaviours that were not conducted for procreational purposes to be 'perverse'. Society has similar considerably since the 19th century. It was not until the 20th century that academics started to pay attention to understanding 'out-of-control sexual behaviour'. Although earlier studies on the subject often lacked clarity, rigour, or even substance (Orford, 1978), they highlighted the importance of hypersexuality as a research subject and underscored the novel conceptualisation of problematic sexuality and, more specifically, that of 'hypersexuality' (Grubbs et al., 2020).

While the Don Juans and nymphomaniacs of the world are often explored and exposed in popular culture, what does SA&CSB mean for clinicians? This is where researchers run into some complications due to the controversy surrounding the perceived existence (Coleman, 1986) of SA&CSB, which is fiercely debated by experts in the field and members of the public alike. Such arguments typically assume that SA&CSB does not constitute a disorder and thereby discounts it as a fad or as a modern addiction and an excuse for hedonistic sexual behaviour (Irvine, 1995). From the literature reviewed, it is reasonable to assume that some academics do not view SA&CSB and hypersexual disorder as addictions. Indeed, there have been many debates on the terms of SA&CSB within many different fields, including the following:

- *Scientific* – free use of the word addiction has rendered the term meaningless (Coleman, 1986)
- *Moral* – sexual behaviour as an addiction undermines individuals' responsibility for their behaviour (Levine & Troiden, 1988)

- *Sociological* – addiction is no more than a label for behaviour that deviates from social norms (Coleman, 1986; Levine & Troiden, 1988)
- *Conventional* – addiction is a physiological condition and must therefore be defined physiologically (Coleman, 1986; Levine & Troiden, 1988)

Some academic, medical, and clinical communities have gone one step further and questioned whether SA&CSB is a legitimate clinical entity that warrants a 'diagnosis', or if it is instead a stigmatising label for those who deviate from hegemonic sexual standards (Levine & Troiden, 1988). However, diagnosing behaviours related to sexuality can become problematic, as it creates a boundary between what is normal and what is pathological. Over pathologising and classifying of sexuality have happened in the past, where homosexuality was classified by psychiatrists as a mental disorder and used to be treated with psychoanalytic 'reparative' therapies and 'aversion' therapies (Haldeman, 2002). Homosexuality was included in the first *Diagnostic and Statistical Manual of Mental Disorders* (DSM-I), published in 1952, and remained there until the 1970s. Throughout this period, same-sex attraction was considered abnormal, and although homosexuality was eventually fully declassified as a mental illness, the perception that homosexuality is wrong endured, and conversion treatments (to change the same-sex attraction) remained prevalent in some communities (Spiegel, 2008).

Moreover, some researchers argue that the profession of psychiatry is unduly pathologising ordinary life difficulties in order to expand its influence (Horwitz & Wakefield, 2007), while other researchers stated that there could be a risk that the field of psychotherapy also contributes to the phenomenon of over pathologizing ordinary experiences by mistakenly attributing circumstantial factors as contributors to the aetiology of mental health problems. Indeed, Ratayake (2021) argued that cognitive behavioural therapy contributes to the medicalisation and pathologisation of 'sadness, heartbreak, and misfortune' by accrediting them to depression. With regard to SA&CSB and perhaps even other diagnoses, the impact of pathologising sexual behaviours might go beyond the expanded influence and inaccurate attribution of typical experiences to mental health issues. Diagnosis and a label of SA&CSB might trigger powerful biases within those whose sexual behaviours are pathologised and

might alter their perception of self, resulting in a self-fulfilling prophecy. A self-fulfilling prophecy was first described by Merton (1948), and it is a phenomenon that occurs when initially and previously non-existent beliefs lead people to act in ways that confirm such beliefs (Magyar-Moe, 2009). In other words, it is a prediction about the self that shapes thoughts and, therefore, behaviours to fulfil that prediction. A self-fulfilling prophecy might be potentially beneficial when used in a positive context through positive labels promoting talents, strengths, and skills, because the positive label might be internalised, applied, nurtured, and eventually fulfilled. This leads to an improved perception of the self. However, in the context of the discussed argument, those who begin to think that their sexual behaviours are pathological or abnormal might internalise the negative labels, objectively conform to them, and ultimately reinforce the 'pathological' behaviours to fit the criteria or subconsciously model and fulfil symptoms of a diagnosis. Therefore, it can be argued that a self-fulfilling prophecy is a type of causality loop or a feedback loop, which was described by Loper as a "system in which two or more aspects of the system influence each other" (Loper, 2014). The loop feeds on itself, and some individuals might find it difficult to break out of it, no matter whether the loop is based on and backed by truth or superstition (Ackerman, 2020).

Furthermore, one’s actions towards the satisfaction of the loop propelled by a self-fulfilling prophecy might deepen the severity of pathologised and expressed behaviours. For instance, pathologised behaviours might cause people to focus on their issues rather than on their goals, reducing their chances of achieving their desired well-being (Feldman & Snyder, 2005). This process is called hyper-reflection and was theorised by (Victor Frankl, 2012) who developed the concept of logotherapy, a value-centric therapy based on the theory that the search for meaning in life is the main driving force of human beings. The goal of Frankl’s logotherapy was to help clients find meaning so that they could utilise it to cope more effectively with life struggles (Rahgozar & Giménez-Llort, 2020). Frankl argued that people need to ‘de-reflect’ in order to reorient and change their thinking patterns. De-reflection helps clients handle hyper-reflection, where a client reflects and thinks too much about their problems, and hyper-intention, where too much attention is given to the search for a solution to a problem.

Consequently, pathologising sexual behaviours can trigger the self-fulfilling loop, which might also activate hyper-reflection and hyper-intention, ultimately preventing clients from achieving their mental health well-being and a life free of addictive constraints. Additionally, those processes might burden clients with extra shame about themselves and their behaviours and hinder the success of the therapeutic journey (see chapter on shame). Therefore, it is vital to help clients develop self-compassion and gratitude in therapeutic settings. Gratitude is the quality of being thankful for a positive outcome attributed to an external source (Armenta et al., 2017). This source can be a person deemed responsible for a particular benefit, an abstract entity deemed worthy of a more general feeling of appreciation, or the self (Lambert et al., 2009; Emmons et al., 2003). Gratitude was found to be an important factor in both personal and interpersonal well-being (e.g., Algoe, 2020; Wood et al., 2010). Therefore, it could be useful to utilise the concept of gratitude to promote adaptive coping strategies in therapeutic settings to address the issue of self-fulfilling prophecy, hyper-reflection, and hyper-intention. Indeed, Wood et al. (2007) argued that gratitude is related to three categories of coping: seeking instrumental and emotional social support, active planning and reinterpretation of situations, and reduced likelihood of behavioural disengagement or escapism. Similarly, self-compassion, which is the ability to be compassionate to oneself, especially when one suffers, can also be utilised as a coping strategy and raised through training (Kelly et al., 2009; Neff & Germer, 2013). Some studies have associated low self-compassion with addictions and risk factors that might contribute to the development of the addiction (Smith & Book, 2008; Green et al., 2012; Neff & Dahm, 2014). Consequently, helping clients develop appropriate coping strategies could help them break out of the loop that could have been developed as a result of their sexual behaviours being pathologised. However, given the potential impact of self-fulfilling prophecy, hyper-reflection and hyper-intention, therapists and health professionals should be mindful, and they should avoid pathologising sexual behaviours whenever possible, as it might create powerful labels and shift clients' thoughts away from healing.

Research has found that there could be many ways in which sexual behaviours can be disproportionate, problematic, or out-of-control in men and women (Turner, 2009). SA&CSB

and internet pornography addiction is a contemporary topic, both in the general media and for clinicians, for whom it is now a clinical phenomenon.

Between 1986 and 1988, Carnes carried out the largest body of research looking at SA&CSB at the Institute for Behavioural Medicine, Golden Valley, Minnesota (Carnes, 1991). The research was based on two surveys: one for the addicted partner and the other for their partner. Data were collected via questionnaires. Carnes's discussion from the data point to his 'ten signs' represents a development of the description of SA&CSB (1991). These 'ten signs' are:

1. A pattern of out-of-control behaviour
2. Severe mood changes around sexual activity
3. Severe consequences due to sexual behaviour
4. Inability to stop despite adverse consequences
5. Sexual obsession or fantasy as a primary coping strategy
6. Neglect of important social, occupational, or recreational activities because of sexual behaviour
7. Inordinate amounts of time spent in obtaining sex, being sexual, or recovering from sexual experience
8. Persistent pursuit of self-destructive behaviour or high-risk behaviour
9. Ongoing desire or effort to limit sexual behaviour
10. Increasing amounts of sexual experience, because the current level is no longer sufficient

These ten signs repeatedly appear in the wider literature on SA&CSB and remain a foundation of the description, diagnosis, and treatment of SA&CSB (Carnes, 1991). Carnes pointed out that it is normally the 'harmful consequences' of SA&CSB that bring people to treatment. Butler also commented that patients come to psychotherapy because they are deflated by the severity of their symptoms (1999).

The concept of SA&CSB began to develop with the introduction of the Twelve Step Recovery Fellowships. Sex Addicts Anonymous was founded in the UK in 1987 (Salmon, 1995). Carnes

(1991) developed a conceptual basis for SA&CSB. He promoted the concept of SA&CSB and made the original contribution to the development of SA&CSB as a subject for study. Cooper, Delmonico & Burg (2000) have argued that Carnes' influential work on SA&CSB is 'original' in the sense that he was the first person to identify the idea, as it emerged from the sexual recovery fellowships, that some people are 'addicted' to sex. Carnes expanded on this notion of sex addition by investigating, researching, and developing the concept, thereby bringing it into public awareness. Furthermore, Carnes has written the largest number of books on the subject, edited the journal SA&CSB for the last two decades, and is known to the media as an expert (Fortune, 1999).

3.4 The internet

Research into out-of-control sexual behaviour flourished in the late 1990s, partly due to the advent of the internet and its use for sexual purposes (Cooper, Putnam, Planchon, & Boies, 1999). The internet has been offering opportunities for sexual pleasures through online pornography and sexual services, chatting with people or groups who share similar sexual interests, and live virtual reality sexual games around which there is controversy. Beckerman and Sarracco (2007) suggested that these online activities can stimulate negative judgement because their patterns tend to involve intimate betrayal, which is often accompanied by sexually transmitted diseases and a breakdown in the couple's relationship (Dodge, Reece, Cole, & Sandfort, 2004). These online sexual activities were termed 'cybersex' and argued to pose potential expressions of SA&CSB (Delmonico, 2002). Empirical studies conducted during this time supported this notion and demonstrated that some participants reported feeling that their online sexual behaviours felt out-of-control and excessive (Cooper, Delmonico, & Burg, 2000; Delmonico & Miller, 2003).

With the advent of the internet and portable electronic communication, we are faced with changes in both social connections and our intimate and sexual interactions. This media revolution is being driven by the evolution of social networks (Facebook, Twitter, and Instagram), increasingly interactive websites, virtual world sex, smartphone sexting, live video streaming, and smartphone applications that can easily geo-locate an available prostitute or

hook-up. People are now spending more time on chat sites, having multiple affairs, gaining easier access to prostitutes, or compulsively viewing pornography (Jung et al., 2014). An additional challenge of these newer technologies is that secret online activities or acts of infidelity are easier to hide and deny. For example, smartphone applications can be deleted, leaving no visible trace of their existence, and unlike computer browsers, they do not offer a browsing history. Griffiths and Young (2000) claim that the convenience of online pornography, 'hook-up' apps, and adult chat sites provide an immediately available vehicle to easily facilitate compulsive patterns of online use. With a growing number of applications and online sexual interactions, vulnerable users are increasingly becoming sexually addicted, and research suggests that this is having an impact on the couple's relationship (Manning, 2006). However, more research is needed to examine the types of changes that occur due to online sexual interactions in individuals' day-to-day lives and the effect of these changes on couple relationships.

Patrick Carnes presented the concept of SA&CSB in 1983 in *Out of the Shadows*: *Understanding SA&CSB,* drawing attention to excessive and out-of-control sexual behaviours. His work provided treatment recommendations, descriptions, and possible aetiological causes based on his personal experiences in dealing with what he termed SA&CSB (Carnes, 1983). Carnes (2001) posited that the internet is for sex addicts what crack cocaine is for psychostimulant abusers. A significant amount of subsequent research in the field of excessive or out-of-control sexual behaviours has followed his early writings. While Carnes' (1991) work is deemed credible for its adequate use of qualitative research, Lincoln and Gouba (1985) expanded on this good qualitative research by proposing four criteria for assessing the trustworthiness of qualitative research: credibility, transferability, dependability, and confirmability. Research is confirmable if an audit trail is possible. Credibility is enhanced by prolonged involvement (Robson, 1983), the use of more than one category of informants, and more than one data-gathering technique. The transferability of Carnes's research may be tested because both the tools and the same populations are readily available, which allows the work to be duplicated with different populations. The dependable nature of this research comes from his work. It is hard to find fault in Carnes as a qualitative researcher. Indeed, none of the critical literature seriously criticises Carnes for flaws in

methodology or ~~for~~ the absence of transparency. The distinctive characteristic of Carnes's work, represented in varying degrees in his research, is that his work is clinically based. His work is of reflexive knowing, which "occurs when researchers deliberately turn their attention to their own process of constructing a world with the goal of saying something fresh and new about that personal (or shared professional) world" (McLeod, 2001: 4).

Cooper et al. (2000) noted that, since 2000, research has emerged that primarily focuses on the experiences of male sexual addicts. This seems to suggest that, up until this point, more research was needed on individuals other than the addicts themselves who are affected by SA&CSB. Since 2002, research has begun to examine the impact of SA&CSB on non-addicted partners. Schneider and Levinson (2006) suggested that the field of therapy now needs to consider the impact on couple relationships. However, at this point, UK-based research is limited to the consideration of SA&CSB, partners, and couple relationships (Hall, 2013), which this study aims to address.

Research findings (Böhm, Franz, Dekker, & Matthiesen, 2015; Klaassen & Peter, 2015; Weinstein, Zolek, Babkin, Cohen, & Lejoyeux, 2015) suggest that gender plays a big part in the ways that women and men view internet pornography for sexual purposes. Furthermore, Young (2000) claims that women use internet pornography because it hides their physical appearance, eradicates societal shame and the stigma that women should not enjoy sex, and allows them a safe means to focus on their sexuality in new and uninhibited ways. In contrast, it is asserted that men prefer internet pornography, as it provides anonymity, convenience, and accessibility, and it removes any sexual performance anxiety and hides their physical appearance, especially for men who feel insecure about age, penis size, weight, or hair loss (Bechara et al., 2003; Carnes, Green, & Carnes, 2010). While these studies provide useful evidence of gender differences in the usage of pornography, they are limited, as men and women are not compared together, and so an understanding of how internet pornography impacts the couple is difficult to ascertain.

Other researchers (Schwartz & Southern, 2000; Copper, Delmonico, & Burg, 2000) seem to substantiate Young's (2000) claim that women and men use internet pornography differently.

However, they also found some additional differences. For example, Cooper, Delmonico, and Burg (2000) found that females preferred chat rooms to other mediums, whereas males preferred pornography. However, no female pornography compulsives reported using chat rooms for sexual pursuits. Since chat rooms are primarily for the exchange of erotic pictures, this supports the findings that women tend to desire pornography in the context of a 'relationship' rather than simply viewing images or text on their own (Cooper et al., 1999; Carnes, 1991). A study by McKeague (2014) also found that women tend to associate the use of virtual reality and internet sex with the need for a connection and relationship, and consequently, they would use the internet to relate to sexual partners (Weinstein et al., 2015). Schwartz and Southern (2000) agree with these authors, claiming too that there were gender differences in pornographic internet use. Within this body of research, these contributors have explored and highlighted the way women and men use chatrooms and pornography. While making a useful contribution to the field, as no diagnostic tool was used with the participants, it was difficult for the study to be fully representative across the addict population. Additionally, much of the research fails to consider sexual orientation, which in previous research has been shown to impact the results. Furthermore, these studies were carried out in the USA with small convenience samples that self-identified as having a problem using chatrooms and pornography. This presents a need for this type of research to be undertaken in the UK context, which my research will fulfil.

3.5 Relational betrayal and infidelity

This section sets out to look at the literature on the impact on the couple relationship of SA&CSB that causes relational betrayal and is experienced as infidelity. Relational betrayal and infidelity are the violation of expectations for emotional and physical exclusivity with one's partner and are a broken agreement, implicit, or explicit, that is considered vital to the integrity of a relationship (Whisman & Wagers, 2005; Gottman, 2011). Despite there being no clear diagnostic category and the existence of an ongoing debate about how best to diagnose and treat this problem (Pies, 2009), relational betrayal has been shown to be harmful to spouses/partners and destroy relationships (Schneider, Corley, & Irons, 1998). According to the American Association of Marriage and Family Therapy (AAMFT, 2015), 50% of couples

enter couples therapy due to problems with SA&CSB. In this research, the term 'couple relationship' was used purposely, since I did not want to limit the study to married heterosexual couples only.

3.5.1 Prevalence of relational betrayal and infidelity

According to Laaser, Putney, Bundick, Delmonico, and Griffin (2017), relational betrayal and infidelity are prevalent problems for many couples in our society today. Previous research into SA&CSB predominantly refers to a spouse/partner impacted by SA&CSB as a 'victim', 'injured party', or 'traumatised party'. Conversely, the partner who engages in SA&CSB is referred to as the 'sex addict', 'sexual addict', 'perpetrator', or 'offending party' (Blow & Hartnett, 2005; Young, 2008; Schneider, 2000). Statistical data within the literature consistently reports that among married couples, men are more likely than women to engage in SA&CSB, although this difference between genders is increasing. (Cooper, Galbreath, & Becker, 2004; Gordon & Price, 2016). Statistics on sexual attitudes in the UK come from the third National Survey of Sexual Attitudes and Lifestyles (2013), which estimates that 22% of men and 14% of women in committed relationships have cheated and had ongoing affairs or other relationships at some point (Mercer et al., 2013). Research carried out in the USA has estimated that 20% to 25% of married men and 11% to 15% of married women reported having been unfaithful and having engaged in ongoing affairs while being married (Hertlein & Webster, 2008; Allen, 2004; Treas & Giesen, 2000; Whisman & Wagers, 2005; Burdette, Ellison, Sherkat, & Core, 2007). Additionally, in a study of divorced men and women, 44% of men and 40% of women reported having more than one extramarital sexual contact during their marriages (Mark, Janssen, & Milhausen, 2011; Janus & Janus, 1993). Infidelity also often leads to couples' financial loss, which exacerbated for couples who decide to get divorced (Crouch & Dickies, 2016).

The issue of relational betrayal and infidelity became even more prevalent during the time of the Covid-19 pandemic. An online survey showed that 69% of the surveyed participant population claimed that the Covid-19 pandemic was the most stressful time of their professional lives (Mayer, 2020). On the other hand, another study found a significant link

between relationship satisfaction and sexual functioning and external daily stressors (Bodenmann, 2005; Bodenmann et al., 2007). Furthermore, positive relationship satisfaction has been found to be an important predictor of reduced chances of infidelity (Previti & Amato, 2004; Shaw et al., 2013). Therefore, pandemic-induced stress (Wang et al., 2020) could negatively impact relational commitment. However, the dynamics in which infidelity is expressed could be slightly different due to government-imposed restrictions and social distancing. Indeed, an online dating site primarily designated for married individuals has seen an increase of 17,000 per day during the pandemic, from 1,500 new accounts per day in 2019 (Takahashi, 2020). In addition, a recent study that analysed traffic at the most popular pornographic websites revealed that there had been an increase in accessing pornographic content since the start of the pandemic (Zattoni et al., 2020), yet viewing pornography has been considered a form of betrayal by one in eight people (Negy et al., 2018).

While the findings from the aforementioned statistical data and research are valuable, there is a lack of data on SA&CSB in the UK. Additionally, the data failed to capture the impact of SA&CSB on the couple. This could be attributed to underreporting or a failure to include specific questions related to the secrecy and shame surrounding SA&CSB in the research.

SA&CSB can be experienced as a form of infidelity and can often result in a difficult and often traumatic event that many couples experience in their lives, and that creates many challenges in relationships (Minarcik, Wetterneck, & Short, 2016; Gwinn, Lambert, Fincham, & Maner, 2013). Clients have reported that coping with the discovery of their addiction and the subsequent experience of betrayal in a relationship is traumatic, as evidenced by a growing demand for more research into this area (Schneider, Corley, & Irons, 2008). SA&CSB is a progressive behaviour that affects both the individuals affected by the problem and those closest to them. According to Schneider, Irons, and Corley (1999), SA&CSB can be damaging for relationships and the individual, including the breakup of marriages and relationships, and bring about intense shame and pain. Individuals who have engaged in compulsive sexual activities often come to treatment because of a crisis, such as a partner's discovery of infidelity, pornographic addiction, or financial problems related to the behaviour. When such individuals are in a committed relationship, both members of the couple typically feel

ashamed and tend to maintain secrecy (AAMFT, 2015). As a result, most couples are isolated and lack contact with other individuals who have dealt with similar problems (Bird, 2006). This fact was highlighted further by Schneider & Schneider (1996), who indicated that SA&CSB as a disorder has been misunderstood, and that it is a serious problem that presents a new dimension in couples' relationships.

Additionally, the meaning of relational betrayal and infidelity has changed to include both physical and emotional aspects; any violation of the emotional and/or physical exclusivity expectation with one's partner is defined as relational betrayal (Whisman & Wagers, 2005). Consequently, the classification of relational betrayal has widened, and this, coupled with the growing availability and accessibility of interconnectivity due to internet technologies, means that the 'prevalence of this problem for couples is increasing rapidly' (Hertlein & Piercy, 2008: 481).

3.5.2 Online relational betrayal and infidelity

Research studies carried out by Young (1998), Griffin-Shelley (1997), Cooper (1999), and O'Mara and Buchanan (1999) have explored the impact of online infidelity on couple relationships, utilising implications from evaluation treatment and prior research on computer addiction. Young (1998) found that serious relationship problems were reported in 53% of the 396 case studies of internet addicts interviewed, with marriages and long-term relationships being the most disrupted due to online sexual compulsivity, defined as "allowing users to engage in sexually related activities that often lead to the physical release usually found in partnered face-to-face (i.e., off-line) sexual encounters." (Cooper et al., 1999: 80). While statistics on the prevalence of internet infidelity are still not available, many researchers have suggested that relationship issues that occur due to internet infidelity and problematic online activity have been reported much more frequently (Vossler & Moller, 2020; Hertlein & Piercy, 2008). However, one of the most important conclusions that can be drawn from the research in this area is that there are many individual differences in which behaviours are defined as infidelity (Moller & Vossler, 2014; Shaugnessy, Byers, & Thornton, 2011). This suggests a wide field for potential conflict in couple's treatment.

When it comes to infidelity, the internet, like other technologies, has both advantages and disadvantages. The internet has provided a new arena for potential sexual addicts, offering easier access to and providing anonymity for sexual and/or romantic relationships (Cooper, 1998). Furthermore, Young (1999b) developed an ACE model (anonymity, convenience, escape), which explains and offers an understanding of sexual addicts' use of the internet to engage in sexual behaviours. Additionally, Cooper (1998a) offers an alternative model, the 'Triple-A Engine' (access, affordability, and anonymity), to further explain the power and attraction that the internet has for sexual addicts. Young et al. (2000) have argued that these factors have exposed vulnerable users to the possibility of developing a serious compulsive problem, and opened the door to SA&CSB for individuals who previously did not express vulnerability to such addiction. Furthermore, Delmonico (1997) argues that issues such as isolation and fantasy contribute to at-risk users becoming sexually compulsive.

Cooper, Delmonico, and Burg (2001) carried out a small-scale qualitative study with 14 couples into addicts' compulsive use of online pornography and reported that most cybersex addicts were married heterosexual men. This research also illustrated that the initial disclosure of compulsive and addictive sexual behaviour negatively affected the wives of the sex addicts and that the compulsive use of online pornography and behaviour can be perceived as infidelity and betrayal. This conclusion was supported by Schneider (2000; 2003) and Steffens and Rennie (2006). The wives also reported emotional and psychological disruptions, a change in their perception of their husbands, and reduced expectations that their husbands would fulfil marital obligations (Schneider, 2008; Zitzman & Butler, 2009), with the loss of trust seen to be the primary issue in the relationship. Although it was a small-scale study and therefore limited in its utility for transferring the findings to couples more generally, it does offer some insights into the impact of SA&CSB on couples and is closely related to the present study. A valid critique is that the research was carried out only on heterosexual married couples. The validity of obtaining and transferring the results is therefore threatened not only by selection bias, but also by the relatively small sample size.

According to Treas and Giesen (2000), couple relationships and emotional and sexual honesty symbolise safety and offer the security of attachment. When SA&CSB is present, it leaves the partner feeling betrayed, angry, and hurt. In the very early stages of treatment and recovery, couples frequently exhibit intense emotional reactions. Due to the high reactivity of the betrayed partner, Cooper et al. (2004) suggested that therapists treat addicts and non-addicted partners separately. Similarly, as Hall (2013) pointed out, many clinicians prefer to offer different treatments to the addict and spouse/partner. However, Glass (2002) argued that both parties should be treated: the addict with one therapist and the spouse with another. Alternatively, Schneider (2000) argued that couples therapy might be more helpful in facilitating healing than either group or individual therapy.

While there is a lack of research into the impact of SA&CSB on couple relationships in the UK, there are several studies in the USA that look at the impact on partners (Schneider & Schneider, Corley, & Irons, 1998). Additionally, a number of qualitative and mixed-method studies look specifically at online infidelity (Henline, Lamke, & Howard, 2007; Hertlein & Piercy, 2008; Mileham, 2007; Whitty, 2005). However, only two studies were directed at infidelity in the context of couples' counselling (Hertlein & Piercy, 2008). Furthermore, one qualitative research study explored the emotional processing of injured partners following the disclosure of SA&C and infidelity and how individuals cope with the aftermath (Oslon et al., 2002). Hence, there is a need for more research in this area in order to improve our understanding of SA&C and the impact it has on the couple relationship, and to further inform treatment methods and support clinicians to work with this growing complex problem.

Within this subject, the research that has been carried out predominantly looks at online infidelity and cyberaffairs and their impact on the couple. However, only some of the empirical research has focused on infidelity in relation to gender differences or internet SA&CSB in adults and the impact on the partner or the couple relationship (Blow & Hartnett, 2005). Additionally, most of these studies were predominantly undertaken with married couples, which presents a gap that this research aims to address. Generally, the bulk of empirical studies of SA&CSB and infidelity have been undertaken by quantitative researchers, and this could affect the interpretation of the emotional impact on the couple. Another

critique is that in all the research examined, all research questions were written in the English language. This may have inhibited the diversity of the sample. In addition, much of the research was conducted online, so individuals without access to the internet would not have been able to participate in the study; therefore, some of the results represent only the participants who had access to technology.

This literature review illustrates the existence of common themes in the existing SA&CSB literature. These include the growth in the use of technology that affects couple relationships and the subsequent emotional impact on self, sex, and relationship and traumatic responses. A common feature of the empirical literature on SA&CSB is that it tends to focus on the addict or the spouses/partners, with very limited studies on their actual relationships (Cooper, Delmonico, & Burg, 2000). Gender differences have more often been studied in relation to infidelity and SA&C, with some researchers strongly suggesting that men are more likely to engage in SA&C (Griffiths, 2001; Cooper, Delmonico, & Burg, 2000; Benotsch, Kalichman, & Kelly, 1999). Recent research also suggests similar trends. Indeed, Grubbs et al. (2020) observed in their study conducted on a USA sample of 1,063 participants that men more commonly agree with an 'I am addicted to pornography' statement in comparison to women (14% and 4%, respectively), which indicated more prevalent self-reported pornography addiction in the male population. This is in line with another study, which revealed that 3% of 9,963 men and 1% of 10,131 women self-identified as addicted to pornography (Rissel et al., 2017).

Despite the lack of empirical research, it is difficult to ignore the fact that the internet has provided an arena that offers access to all sorts of sexual materials. As Cooper (1998) and Young et al. (2000) suggest, this access opens the door to SA&CSB for individuals and couples, thus creating the potential for impact on the relationships of couples who may not have previously had such a level of exposure. Many earlier academics and researchers focused on the use of sexual material and the internet, including the access it allows to online pornography, sexually explicit chat rooms, prostitution sites, and webcam and live streaming sites (Carnes, 2001; Cooper & Delmonico, 2000; Griffith, 2012).

Considering the paucity of research focusing on the impact of SA&CSB on couple relationships, this research hopes to contribute to the field of psychotherapy by exploring how couples make sense of their experiences following a discovery or disclosure, and then examining the aftermath of SA&CSB in their committed relationship. This knowledge would also contribute to the development of treatment and therapeutic relationships when working with couples presenting with SA&CSB.

3.6 Therapeutic perspectives

When looking at addiction through the wider field of therapy, it is important to note that there are many different theories on the subject, derived from various perspectives, including the medical, psychological, sociocultural, and biopsychosocial. Many have viewed SA&CSB through these lenses in the past (Carnes, 1983; Coleman, 1987; Goodman, 1998; Wurm, 2003; Samenow, 2010).

The terms 'sexual compulsives' and 'sex addicts' first emerged in the professional literature and the mass media in the 1980s (Carnes, 1983; Coleman, 1987; McConaghy, Armstrong, & Blaszczynski, 1985). SA&CSB, in its present conceptualisation, represents a relatively recent phenomenon of interest to both researchers and clinicians. Consequently, there is a scarcity of theories that attempt to provide a unified hypothesis regarding the aetiology and treatment of SA&CSB (Giugliano, 2003). However, the bulk of psychotherapeutic interventions certainly presents viable options for engaging in therapeutic work with clients struggling with SA&CSB. Accordingly, it is appropriate to review the main psychotherapeutic theories that can be broadly categorised in terms of various schools of thought. This section provides a linear and historical review of the development of the main psychotherapeutic modalities in relation to the consideration and treatment of clients presenting with SA&CSB. In particular, this will include an examination of the psychoanalytic and psychodynamic, systemic, cognitive behavioural, and existential traditions. To fully recognise the heritage and diversity inherent in each of these perspectives, an exhaustive account of their history or application to SA&CSB will not be attempted. Instead, this literature review will draw out the main constituents and notable processes, paying particular attention to how these modalities

might be situated within the wider research and literature on clinical interventions for SA&CSB.

3.6.1 Psychoanalytic and psychodynamic perspectives

Psychoanalytic and psychodynamic perspectives (PPP) represent the oldest tradition in psychotherapy and date back to Freud's central aim of making the unconscious conscious (Loewald, 1971). It should be noted that the terms 'psychoanalytic' and 'psychodynamic' are used interchangeably here to refer to a collective tradition that locates disruptions in early developmental stages as causative of psychological distress (Iwakabe, 1999). They both emphasise a developmental perspective, as well as the presence and interaction of unconscious hidden elements and dynamic processes as central in the generation and maintenance of SA&CSB. While psychoanalytic theoretical perspectives are influential in their conceptualisation of the aetiology of SA&CSB through their consideration of deeper underlying processes, they are also open to critique. Specifically, as PPP does not focus on the symptoms of SA&CSB, it relies on the client to recall his or her past. Given that addiction is about escape and PPP is about making the unconscious conscious, there appears to be a gap between client presentation and longer-term therapeutic intervention. Thus, PPP can be very effective when the client is sober from the addiction, but when the client is in the midst of the addiction, it is perhaps not therapeutic to ignore symptomatology.

Despite PPP's theoretical commonalities in how addiction, and specifically SA&CSB, can be understood and framed, there is still open debate about the subject because it is not at present a diagnosis in the DSM-5 (Grubbs et al. 2020). Consequently, a varied mix of positions can be found within the psychoanalytic literature, depending upon which theoretical position is adopted (Goodman, 1998). The main theoretical positions in the psychodynamic approach include self-psychology, object relations, ego psychology, drive theory, trauma theory, and attachment theory.

3.6.1.1 Attachment theory

First proposed by Bowlby (1977), attachment theory represents a core strand of psychodynamic theory that considers the strong affectional bond between the primary caregiver and the child that is fundamental in shaping the child's future interpersonal interactions (such as peer and romantic relationships). In this sense, it is theorised that this attachment develops an individual's need for care, security, and proximity to others. Ainsworth, a leading figure in attachment style therapy, suggests that a parent's sensitivity and mindedness are key facilitators of attachment security (Ainsworth, Blehar, Waters, & Wall, 1978). Accordingly, attachment theory proposes that parental behaviour patterns correlate with anxious and insecure traits (Levy, Blatt, & Shaver, 1998). While attachment theory has seen recent renewed interest from researchers, little attention has yet been directed towards SA&CSB.

Some recent attachment researchers (Arriaga, Kumashiro, Simpson, & Overall, 2017; Wang, Greenberger, Noe, & Fan, 2017) appear to consider sexual promiscuity as a functional self-medicating remedy that is symptomatic of insecure and dismissive attachment, in which the fear of rejection is sufficiently great that a relationship-avoidant strategy is needed for self-soothing and dealing with sexual drive. This theory relates to the attachment hypothesis and is akin to the psychoanalytic theories of drug and chemical dependency, which have found empirical support through the work of Walsh (1995). Specifically, Walsh's (1995) empirical study found support for the attachment hypothesis and conveyed the idea that individuals who reported insecure parental attachment were more likely to be engaged in unrestricted sexual behaviours and higher levels of illicit drug usage than those who reported different styles of parental behaviour. It is important to note, however, that while attachment theory is integral in terms of understanding a client's presentation, in their way of relating to others, themselves, and the world, there needs to be a level of integration within a wider addiction model.

3.6.1.2 Trauma theory

A psychoanalytic view of trauma and SA&CSB is interwoven and interconnected with the addiction cycle (Schwartz, Galperin, & Masters, 1995). Authors of this view emphasise the high correlation between sexual victimisation during childhood and sexual compulsivity in later life. As such, SA&CSB is often viewed as a manifestation of post-traumatic stress disorder and other dissociative disorders. Subsequent psychoanalytic theories broadly consider over-sexualised behaviour as an individual's attempt to cope with, manage, or mitigate against historic abuse (Elmone, Lingg, & Schwartz, 1996). More specifically, destructive behaviours and/or compulsive sex are theorised to create and sustain a sense of personal agency and control for the individual (Zeitner, 2014), who has previously lacked power. In addition to over-sexualised behaviour, the splitting off of sexuality from attachment also needs to be considered. Target (2015) suggested that splitting is a feature of disorganised attachment that can be a consequence of abuse in childhood. Benjamin and Atlas (2015) take this further by noting that, when there have been early developmental experiences of abuse, the child becomes more vulnerable and exploited. It is perhaps noteworthy that trauma theory, in focusing on past traumatic events, is likely to negate client strength and resilient factors that are integral to recovery (Wasco, 2003).

3.6.1.3 Drive theory

Drive theory, as first emphasised by Freud, elucidates the role of intrapsychic conflicts between the unconscious drives (libido and aggression) and their manifest expression in the different components of an individual's personality: id (primitive component) and ego (rational component). The ego tries to moderate between instinctual drives from the id and social pressures reflected in the superego (moral components). Therefore, following this theory, when various conflicts are managed through compromises between these three agencies, adaptive behaviour is likely to arise. However, when the ego is considered too weak in relation to the other drives or affective states (a suggested imbalance), the risk of disordered behaviour increases. Taken within the context of SA&CSB, this theory suggests that impulsive sexual behaviour may occur as a defence mechanism and arise from the ego's

incapability to modulate the drives and their relative conflicts, which then manifest as desire. Freud's Oedipus complex is relevant here in the splitting of sexuality from familial relationships. As such, many psychological disorders can be linked to the earlier stages of development (oral, anal, phallic, and Oedipal), in which the individual is fixated. In summary, sexual compulsions are viewed within drive theory as the automatic but inappropriate products of infantile instinctual tensions (Moore & Fine, 1990).

3.6.1.4 Ego psychology

Ego psychology has represented a partial move away from traditional psychoanalytic thinking in terms of how the nature and purpose of addiction are presented. Ego psychology emphasises the purpose and focus of addiction and how this might relate to deficits within the character of the addict. Glover (1956) was the first to postulate that drug use might perform a 'progressive' rather than 'regressive' meaning for the addict, in which the behaviour will escalate if left untreated. Taken together, ego psychology promulgates the view that sexual interactions and compulsivity are a means to dispel personal feelings of aggression and traumatic repetition, and often serve to release individuals from inner sexual tensions and conflicts by enacting them out on others (McDougall, 1982). Furthermore, this has been postulated to reverse the experiences of victimisation, which is theorised to be a causative life event for the addict (Stoller, 1975). Criticisms of ego psychology are that it conflicts with original psychoanalytic thinking, specifically in that the ego is formed as a result of conflict between the id and the external world.

3.6.1.5 Object relations

In contrast to drive theory, object relation theories are relational. The motives come from the need to form and sustain relationships, not to satisfy drive. For object relation theorists, the pre-Oedipal stages of development are deemed the most crucial. As such, SA&CSB is considered the result of a failure to achieve individuation. SA&CSB and compulsivity thus form through an inability of the addict to internally regulate self-esteem and affect, resulting in

attempts to achieve remedy through sexual encounters (Cashdan, 1988). Object relation theories have moved away from drive theory in their understanding that the basic impulse of human behaviour is relational rather than drive-based. Object relations are useful in their ability to organise information and the behaviour of an individual's internal working model. The theory fills an important position in the psychotherapeutic literature; however, it is not sufficient in and of itself for working with SA&C. Specifically, it should be coupled with the insights of ego psychology and drive theory.

3.6.1.6 Self-psychology

Self-psychology has a relational focus, like object relations theory, and sees narcissistic disturbances as the consequences of an environmental deficit. Thus, SA&CSB is considered a solution to a relational dilemma. In addition, self-psychology considers SA&CSB a means for the individual to remedy internal deficits in psychic structure. While sexual addicts are not necessarily considered to be struggling with a narcissistic personality disorder, they are considered to struggle with narcissistic injury (Kohut, 1977a). Indeed, recent research has echoed this, finding a positive correlation between SA&CSB and narcissism (Andreassen et al., 2018). The sexual addict is thus positioned within theories of self-psychology as an individual who uses sex as a means to self-medicate and bypass internal disturbances (Stolorow & Lachmann, 1980).

3.6.2 Systemic

Theories originating from the systemic tradition have conceptualised SA&CSB broadly in terms of the relationality between people. The systemic tradition has its heritage in family therapy of the 1950s. However, since that time, numerous systemic schools and models have evolved (Hoffman, 1981). These perspectives and their derivatives have highlighted distinctive aspects of family structures and functions, paying particular attention to a variety of family systems and how these might interact to generate and maintain SA&CSB or related issues (Markovic, 2013). From this perspective, relationships are purported to hold particular functions for the individuals involved. This can lead to problematic symptoms that are

hypothesised to serve a function for the family system as a whole. Thus, systemic therapeutic work with SA&CSB would focus on taking a family view of the individualistic approach commonly adopted in one-to-one therapy. Intervention might focus on family-of-origin work by identifying the learnt and habitual forms of addictive behaviour, as well as developing the narration of secrets in the family lineage and/or the management of poorly adapted coping skills (Eberling, 1994; Herwig-Lempp, 1996). A potential weakness of the systemic approach is that the literature has sometimes overstated family relationships, specifically by assuming that current client distress is always predicated upon previous and current interfamilial relations (Olson, 2000).

3.6.3 Cognitive behavioural therapy and SA&CSB

The Buddha said that 'it is better to conquer yourself than to win a thousand battles' (Byrom, 2012). The aim of cognitive behavioural therapy (CBT) is to help clients achieve this through both cognitive and behavioural change. The cognitive behavioural tradition was developed when insights from cognitivism and behaviourism were combined to create cognitive behavioural therapy (CBT) in the 1970s. Modern CBT emerged (Beck, 2019), combining behavioural therapy 'with its emphasis on the importance of behaviour change in overcoming mental health problems and cognitive therapy, with its emphasis on understanding and changing the meaning of events' (Westbrook et al., 2012: 20).

SA&CSB is a compelling reinforcing behaviour. Sex and food are among the most powerful reinforcing agents. Sex is central to the survival of the species. This accounts for its strength with so much pleasure. Nature intends 'sex for procreation and therefore makes the sexual appetite strong and the pleasure great' (Birchard 2015). CBT for SA&CSB considers the present very much in light of the past. Taking a cue by focusing on the maladaptive thought-affect cycle and within that on specific triggers for sexual behaviours, CBT for SA&CSB strongly parallels the approaches used to treat substance abuse disorders. Subsequently, CBT considers cognitive distortions and maladaptive automatic thoughts to be causative in the hypersexualised behaviours exhibited by men with CSB (e.g. 'I'm not cheating on my partner

if I chat to people online, and this leads to online sexual interactions') (Birchard, 2015). CBT attempts to help clients to identify these underlying patterns of thought and affect in an attempt to disrupt the patterns and thus bring about change (Stewart & Fedoroff, 2014). This approach also involves teaching the addicted partner a variety of practical cognitive and behavioural strategies once particular triggers have been identified. These might include exploring impulse control, triggers, urges, and patterns of negative thinking. The use of motivational interviewing techniques, as well as relapse prevention, offers additional methods of support that can cement and sustain positive behavioural change once sex addicts have reached a level of recovery (Shepherd, 2010).

CBT is a flexible, adaptable treatment tool that has been used successfully in working with individuals, couples, and groups settings and is highly effective in the treatment of addictive behaviours. CBT is evidence-based, recovery-focused, and produces short-term and long-term benefits (Birchard, 2015). CBT acknowledges the past but looks towards the future, meaning that while your old ways of thinking will be reviewed and examined, you will be doing so in order to facilitate positive change in the present. CBT has, however, been criticised for its focus on thoughts and beliefs that are self-defeating, thus disregarding potentially deeper-level traumas that require re-integration (Hyland & Boduszek, 2012).

3.6.4 Existential theory

For thousands of years, humans have been aware of their own existence, thinking about and answering questions related to the meaning of their lives and themselves. While many people have managed to develop a coherent sense of self, understand their past, present, and future, and link it all in a meaningful way, some people have found it difficult to develop this coherent existential framework to shield and sustain themselves in times of personal struggles. Research shows that people with addictions generally appear to have a serious struggle with existential challenges (Wiklund, 2008). For instance, feeling isolated and alienated from the self and the people around them is a motive for drug use (Boyd &

Mackey, 2000). Addiction has also been thought to act as a mechanism that can help a person to escape from suffering and traumatic life experiences (Nehls & Sallman, 2005).

The existential tradition stems from the philosophy of phenomenology and offers a distinctly 'humanistic' perspective on addiction and dependence. The existential approach is notoriously difficult to delineate and define, as there are many components, each of which places varying emphasis on differing elements. However, broadly speaking, the existential tradition views humans as inherently meaning making and actively driven to make sense of their own unique world (Van den Bos, 2009). Despite the difficulty in defining existential theory, it can be broadly characterised by four pillars (Ginsberg, 1997): the certainty of death (yet not knowing when or how it will come), freedom, responsibility, and isolation. Therefore, existential theory stresses the importance of an idiographic view and, in contrast to the prevalent 'disease' model, underscores the responsibility of choice and freedom (Barker, 2011). In this sense, existential theory and therapy strongly resist notions of a medical diagnosis and instead prefer to look at the client's context, worldview, and individual meaning making in order to consider how they construct their own problems (if these are indeed problematic for the individual; Kemp & Butler, 2014). In the context of SA&CSB, existential theorists argue that the SA&CSB model is based on assumptions that are specific to the researcher and clinician's definitions of these terms, rather than necessarily representing a universal and objectively operationalised understanding of SA&CSB (Barker, 2011).

In a therapeutic setting, existential theory can guide with helping clients with SA&CSB to consider how the existential 'givens' of human existence might be implicated in their difficulties. These givens include the finite nature of human existence, free will, isolation (despite interpersonal connection), and the notion of individually constructed meaning (i.e., we create it for ourselves) (Yalom, 1991). Existential views emphasise meaning making, conscious and unconscious choice, death as a "fact of life" and the conflict between the fear of merger and the fear of isolation that are present in most therapeutic approaches. A major limitation of the existential modality as applied to multicultural populations is that this approach is excessively individualistic and ignores human social problems (Milton & Legg, 2020). Even though clients may change internally, the social factors and environmental

circumstances around them, such as racism, can restrict their ability to influence the wider areas of their lives. Moreover, as Yalom & Leszcz (2020) and Milton (1999) highlight, existential therapies have been critiqued due to their emphasis on 'darker' issues of life, such as anxiety, despair, and mortality.

3.7 Theories of trauma and post-traumatic stress

Trauma, post-traumatic stress, and neurobiology are prevalent in the study of SA&CSB (De Guzmán et al., 2016) and are concepts that need further discussion. These concepts include theories of trauma, post-traumatic stress, traumatic life events, and neurobiology. They can be defined as a set of circumstances that represent significant challenges to the adaptive resources of the individual and to the individual's way of understanding the world and his or her place in it (Janoff-Bulman, 1992). As such, this section of the literature review begins with how trauma is described within the realm of SA&CSB and how it relates to childhood sexual abuse (CSA). This will be followed by literature covering how the partners of addicts experience trauma, and will provide an overview of the neurobiological effects that play a prominent role in SA&CSB.

3.7.1 Trauma within SA&CSB

Survivors of childhood trauma experience issues with emotional, cognitive, and biological functioning, which lead to relational difficulties, especially those associated with attachment and intimacy (Dye, 2018). However, recognising and ultimately isolating trauma in SA&CSB in individuals can be difficult, as its symptomology appears like other psychiatric disorders, such as anxiety and depression, which are the cornerstones of post-traumatic stress disorder (PTSD) (Hall, 2014; Turner, 2009). To understand where trauma lies within the sex addict, early childhood experiences must be examined. Indeed, Kotera & Rhodes (2019) argued that childhood trauma might lead to out-of-control sexual behaviour, and individuals who display such behaviours are twice as likely to have insecure attachment when compared to those who do not display such behaviours.

Carnes (1983), who later recognised early abandonment as a catalytic event leading to activation of the addictive system (Carnes, 1989), illustrated the effect of early experiences through the different types of sex addicts, the categorising of which has spanned decades. Of these categories, pain exchange (which involves the addict inflicting or receiving physical harm or pain to enhance sexual arousal) emphasises the addict's attempt to gain power by mastering unconscious trauma from childhood that has become sexualised in adulthood (Goodman, 2001). Furthermore, Craparo (2014) hypothesised that a new interpretation of SA&CSB is needed in order to incorporate early childhood trauma. He states that SA&CSB can be seen as a dissociative mechanism to regulate non-modulated or traumatic emotions that were not processed in early relationships with primary caregivers.

Vaillancourt-Morel et al. (2015) would seem to agree with this interpretation and have theorised that not just childhood trauma but childhood sexual abuse (CSA) and the trauma that occurs within it should be associated with sexual compulsivity. They evidenced this in a study they conducted, where their findings did indeed show that couples with at least one survivor of CSA were less able to cope in relationships. Indeed, the current literature seems to suggest that many adult survivors of CSA have difficulty forming close relationships with partners and often report more instability in these relationships (Godbout, Briere, Lussier, & Sabourin, 2014; Miller, Schaefer, Renshaw, & Blais, 2013) and, commonly, relationship dysfunction (Widom, Czaja, & Dutton, 2014; Watson & Halford, 2010).

The literature on CSA, adult sexual functioning, and SA&CSB has been reviewed systematically (Aaron, 2012; Colangelo & Keefe-Cooperman, 2012), and two further findings have emerged that appear to occur for individuals in adulthood. The first suggests that CSA results in internalised sexual symptoms characterised by avoidance, which may be caused by abuse flashbacks, aversion, and dissociation during intercourse. The other finding suggests CSA may lead to the development of externalised SA&CSB, which has been referred to as hypersexuality or addictive sexuality (Skegg, Nada-Raja, Dickson, & Paul, 2010).

However, it should be noted that studies examining the relationship between CSA, SA&CSB, and its effect on the couple's relationship focus heavily on past male trauma (Blain, Muench, Morgenstern, & Parsons, 2012; Parsons, Grov, & Golub, 2012) and show that the association between CSA and sexual compulsivity was particularly significant for men and not for women. As the present study is meant to address the impact of SA&CSB and compulsivity on the couple's relationship, it will be interesting to see how early childhood trauma, which perhaps had its early roots in CSA, affects both partners, not necessarily just one of them.

Studies investigating neurobiological changes as an effect of CSA have revealed differences in cortical thickness in adult women (Heim et al., 2013). CSA was found to be correlated with thinning in a region of the somatosensory cortex responsible for representing sensory experiences related to the clitoris and extended genital area. Another study revealed, through the utilisation of voxel-based morphometry analysis of MRI scans of young female CSA survivors, a considerable reduction in grey matter volume in the primary visual cortex, the brain region responsible for visual memory. Other analyses in the same study identified changes in the regions responsible for facial recognition. Teicher et al. (2016) argued that the neurobiological differences found in CSA survivors could be explained as an adaptive response to repeated exposure to trauma to reduce distress.

3.7.2 Partners of sex addicts experiencing trauma

It has been said that, unlike most other addictions or compulsive behaviours, sex and porn addiction can affect a couple's relationship in the most intimate of ways, with a particular impact on the partners (Grubbs et al., 2020; Hall, 2014; Moser, 2013). Even when no physical infidelity or activity has been inflicted on the partners, they report feeling hurt and betrayed (Hall, 2011; Gottman, 2011), saying that their partner's sex and porn addiction have robbed them of their sex life, and they find it easier to label SA&CSB as the problem instead of examining their partner's "darker side" or their own failings in the relationship (Kor, Fogel, Reid, & Potenz, 2013).

However, what seems to precede these feelings of hurt and betrayal on the part of the sex addict's partner is the discovery or disclosure, both of which are traumatic. Indeed, for the spouse or partner of the sex addict, the disclosure of the existence of SA&CSB and related sexual behaviours has been described in the literature as a crisis and traumatic event (Steffens & Rennie, 2006; Glass, 2003). The trauma experienced by spouses of sexual addicts (SSA) has resulted in their experiencing symptoms associated with distress, including anxiety, depression, anger, rage, obsessive thoughts and their own compulsive checking behaviours and hypervigilance (Pollard, Hook, Corley, & Schneider, 2014; Bergner & Bridges, 2002).

While the symptoms and behaviours listed above appear to be consistent with post-traumatic stress disorder (PTSD), the presence or causes of these symptoms in response to the discovery of SA&CSB have not yet been validated according to the literature (Rosenberg, Carnes, & O'Connor, 2014; Bancroft & Vukadinovic, 2004). It is possible that the specific factors in which the spouse becomes aware of their partner's compulsive sexual behaviours may contribute to the traumatic nature of revealed sexual misconduct.

Indeed, a study conducted by Steffens and Rennie (2006) aimed to explore the effects of SA&CSB disclosure by focusing on the resulting traumatic stress response of the spouse. In this quantitative study, the authors found that the number of years that the couple had been married at the time of disclosure and the number of previous traumatic event exposures best predicted the total trauma symptom severity scores. There is also qualitative research that goes back decades. Milrad (1999) conducted a study of 35 SSAs in order to explore their experiences following the disclosure or discovery of their partner's SA&CSB. The study found that women became involved in what Milrad called "detective behaviour": checking their partner's belongings for evidence of 'hidden' sexual behaviour. If evidence was found and the partner was confronted, the addict subsequently denied their behaviour, which resulted in escalated behaviours as the spouse became obsessed with the addict's actions.

While the aforementioned quantitative study provides an interesting finding, the present mixed-method study aims to provide through interviews a qualitative element that will explore the severity of the impact in greater detail. Milrad's qualitative study showed

interesting evidence of compulsive behaviours occurring for the partner after the discovery of SA&CSB. While the present research aims to add to the canon of studies like Milrad's, it is important to note that it differs in that it examines not only the spouse of an addict but also focuses on the couple, specifically the effects on their relationship.

3.8 Neuroscience and dopamine dysregulation

In addition to the effect on the couple's relationship, SA&CSB has a neuroscientific aspect that is worth exploring. Some studies investigated the neurobiology of compulsive sexual behaviour disorder (CSBD; ICD-11) and found a correlation between CSBD and changed functioning in brain areas responsible for impulse control, sensitisation, and reward processing, similar to those found in substance and gambling addictions (Kowalewska et al., 2018; Stark et al., 2018). Therefore, research suggests the involvement of reward processing in CSBD, a pathway of the brain where dopaminergic neurons are found. Dopamine can be defined as a molecule that ferries messages within the brain's reward centre. It is what gives people the feeling of pleasure and reinforces behaviours critical for survival, such as having sex and eating food (Koob & Volkow, 2016). It is now clinically understood that the common denominator in all addictions is dopamine (Robbins & Everitt, 2010). Dopamine is the neurochemical responsible for the experience of reward and pleasure and is naturally stimulated by eating, drinking, and having sex. Dopamine can be similarly heightened through cognitive anticipation and fantasy, which is perhaps why so many people enjoy cooking programmes as well as pornography. Dopamine is also involved in memory processing, and it biases the brain towards events that will provide a reward (Berke & Hyman, 2000). These memories become stronger with repeated dopamine "highs". Although sex is known to significantly increase dopamine levels, it remains a hypothesis that a similar biochemical process takes place that leads to chemical addiction.

3.9 Attachment and shame within SA&CSB

When considering the elements of SA&CSB as they relate to the couple's relationship, we must include attachment, which is defined as a deep and enduring emotional bond that connects two adults together in an intimate relationship across time and space (Ainsworth, 1973; Bowlby, 1969), and shame. This section will explore these factors in further detail in two parts. First, it will provide an overview of attachment theory. This will be followed by a discussion of how attachment continues into adulthood and can relate to SA&CSB behaviour in couple relationships. Second, it will look at shame as a driver behind addiction. Attachment theory (Bowlby, 1969) proposes that a child has a need to form and maintain an attachment bond that is a powerful motivator in infancy and childhood. The bond recedes during adulthood, but is always capable of being evoked throughout their life cycle when people feel frightened or threatened. Bowlby (1969) hypothesises that, based on relationship experiences with caregivers, children develop internal working models that consist of their beliefs and expectations about themselves, shared with their primary caregivers and significant others. Reliably responsive parenting tends to result in a secure attachment (Hazen & Shaver, 1987). The securely attached persons are more able to develop close relationships with others and find it easier to express their needs, wants, thoughts, and feelings more openly in intimate relationships. Secure attachment plays an important developmental role in childhood and young adulthood (Cassidy & Shaver, 1999). Although Bowlby argues that child attachment is biological and evolutionary in origin, other theorists and researchers argue that it is a learnt behaviour with no genetic origins (Ainsworth, Blehar, Waters, & Wall, 2015; Fox, 2017; Gross, Stern, Brett, & Cassidy, 2017). While attachment theory provides a dominant outlook on early social development, critics argue-that it does not account for the complexity of social relationships (Angold, 1995 & Rutter, 1995).

It has been posited that sexuality and attachment are closely linked, as they both support distress regulation (Birnbaum, 2015). According to attachment theory, infants learn how to self-soothe through their caregivers soothing them when they feel emotional distress as infants. If infants do not receive any soothing from their caregivers, they never learn how to self-soothe. This, in turn, can lead them to try to control and soothe their emotions through

the use of external stimulants, such as sex, when they are adults (Benfield, 2018). The majority of people with hypersexuality were found to have an insecure attachment style (e.g., anxious, fearful, avoidant) (Bigras, Godbout, Hebert, & Sabourin, 2017). Indeed, many other researchers (Leeds, 2001; Zapf, Greiner, & Carroll, 2008) have also supported the connection between insecure types of adult attachment and the development of SA&CSB. They went on to describe how attachment ruptures in childhood can contribute to behaviours in adulthood that may result in SA&CSB. The relationships of those with SA&CSB are filled with attachment disruptions, shame, dysfunctional families with poor boundaries, and families with addiction (Ferre, 2010; McKeague, 2014; Van Ijzendoorn & Schwartz, 2008).

One of the few studies by De Zulueta (2006) argued that children whose parents are emotionally and (or physically) unavailable, abusive, or intrusive tend to develop an insecure attachment style. De Zulueta's contribution is to highlight the role of early abuse in attachment security. Ainsworth, Blehar, Waters, and Wall (1978) identified three groups of attached individuals: those with 'secure attachment', the 'insecure avoidant', and the 'insecure ambivalent/resistant'. Later on, Main and Solomon (1990) identified a fourth attachment style known as 'disorganised'. Recent research lends support to this broad view of the dynamics of adult attachment in relation to SA&CSB, and specifically to the observation that people with insecure attachment styles desire close relationships but, once they attain them, they often feel uncomfortable as they find trusting themselves or others to be problematic, and because they are predisposed to SA&CSBs (Stroebe, Schut & Stroebe, 2005; Brumbaugh & Farley, 2006).

Hazan and Shaver (1987) applied attachment theory to adult romantic relationships. They suggested that the experience is much the same as in infancy, with a feeling of safety and security when the partner is present, but distress when the partner is absent (Brumbaugh & Farley, 2006). Adult attachment theory posits that the interpersonal rules individuals create in early childhood relationships become the foundational model for romantic relationships in adulthood (Mikulincer & Shaver, 2016). Research on adult attachment suggests that adults can hold different internal working models for different relationships and that these are adaptable based on the adult experience of relationships (Fraley & Shaver, 2000).

Furthermore, the adult romantic partner becomes the most important attachment figure to the individual, as closeness reaffirms the advantages of a relationship and confirms that the partner will be there for the individual in times of need. This helps to regulate emotion and reduce relationship tension, and provides safety and stability (Mikulincer & Goodman, 2006).

Researchers and clinicians suggest that SA&CSB, betrayal, and trauma can impact differently on the functioning of the relationship, depending on the nature of the couple's attachment styles. Due to the differences in female and male coping styles, SA&CSB and trauma can destabilise the sense of security and trust in heterosexual couples' relationships (Johnson, Makinen, & Millikin, 2001). SA&CSB and betrayal trauma can be perceived by a partner as traumatic events that usually involve traumatic injuries, and loss and attachment theory can, therefore, be useful.

Butler and Seedall (2006) highlighted the need for more research looking at the intimate attachment relationship in relation to SA&CSB. When considering the dynamics of an addicted person's behaviour, it is imperative to examine the broader relationship. It is not just the addicted partner, but also the intimate other, who becomes entwined with and by the addiction. Butler and Seedall (2006) hypothesised that internal working models continue to shape adult relationships. Schneider and Schneider (1996) and Zitzman and Butler (2005) proposed that careful attention should be given to how intimate others are inducted into the addictive experience, and to the trauma and injuries to which they are subjected. The research draws attention to the relationship between SA&CSB and compulsivity, in which the toxicity of addiction dynamics can so directly and profoundly attack the intimate attachment relationship (Schneider, Corley, & Irons, 1998; Schneider & Schneider, 1996).

Researchers and clinicians have suggested that the disruption of attachment with mothers or a primary caregiver is detrimental to children and a contributing factor to the development of SA&CSB. The root of this injury seems to lie in the fact that children have primary caregivers who are unable to serve as healthy attachment objects (Ferree, 2010; Pashler, McDaniel, Rohrer, & Bjork, 2008; Turner, 2008; Turner-Shults, 2002). Pashler, McDaniel, Rohrer, & Bjork

(2008) and Turner-Shults (2002) found in their qualitative studies that sex addicts often described their parents as “cold, unavailable, and unsafe” (Turner-Shults, 2002: 246).

There is limited research looking at the role of adult attachment as a predictor of SA&CSB. Such research as does exist suggests that individuals with dismissive and anxious attachment styles are more vulnerable than individuals with secure attachment styles (Weinstein et al., 2015; Allen & Baucom, 2004; Boagert & Sadava, 2002). However, there appears to be a paucity of research into adult attachment and gender differences in relation to SA&CSB (Treger & Sprecher, 2011; Levy & Kelly, 2010). Levy and Kelly (2010) highlighted the need for more research exploring the relationship between attachment style and reactions to sexual as compared to emotional infidelity. As a result of their research, they hypothesised that gender differences in reaction to a partner’s sexual acting-out behaviour are attributable to attachment style, not the evolutionary perspective.

Consequently, there is a need for further research to explore the relationships between adult attachment styles, the couple, and the impact of SA&CSB on the couple's relationship. This research will add to the existing literature in part by exploring how the addict’s experiences in close relationships may have been impacted by early attachment patterns.

3.9.1 Shame: The driver behind addiction

Researchers have described shame as a painful feeling of being unacceptable (Mindell, 1994). It is commonly viewed as one of the most powerful emotions; it can feel unbearable and toxic and often goes unexpressed and unrecognised. Shame can be defined as a painful, uncomfortable emotion that results from an awareness that we have done something wrong or embarrassing, or that someone close to us has done something wrong (Tangley, 2003). Shame is discussed here for two reasons. First, Schneider (2004) and others (Adams & Robinson, 2001; Carnes, 1991) describe it as the part of the sexual addictive cycle that pushes the addictive behaviours into secrecy, thereby allowing the behaviour to go underground.

Second, Bradshaw (2005) suggested that high levels of sexual shame are particularly associated with addictive and compulsive sexual behaviour.

Kaufman (2004) described shame as "a sickness of the soul"; it is the fear that we are unlovable, undeserving, somewhat flawed, unworthy, and not enough. Herman (2007) went further in linking shame with addictive behaviours, saying that feelings of shame drive destructive, unhelpful, and self-limiting behaviours, such as lying, blaming, perfectionism, shaming of others and addiction. Shame is so painful to the psyche that most people will do anything to avoid it, even though it is a natural emotion and part of the human experience as a physiological response of the autonomic nervous system (Shure & Weinstock, 2009). One might blush, freeze, hang one's head, experience a rapid heartbeat, break into a sweat, slump one's shoulders, avoid eye contact, or withdraw. Later, one's brain fixates on what happened and refuses to let go. Brown (2014) supports this view by saying that our physical reaction to shame is much the same as our reaction to trauma.

Gilliland, South, Carpenter, and Hardy (2011) and Reid, Harper, and Anderson (2009) stated that shame is one of the harmful consequences of attachment rupture. They claim that it often leaves an individual susceptible to SA&CSB because the person experiences feelings that are intolerable and uses sex to alleviate the feelings, which then becomes a maladaptive coping mechanism for their shame. They go on to show that the connection between shame and SA&CSB is well established. Shame is considered both a cause and a consequence in persons experiencing various addictions (Dearing et al., 2005; Potter-Efron, 2002; Meehan et al., 1996). Patterns of SA&CSB appear to be prevailing inducers of shame. For example, Fossum and Mason (1986) state that 'addiction and shame are inseparable' (xiii) and argue that dealing with shame is vital for the successful treatment of addictions. Numerous studies argue that shame strengthens addictions in various ways, and that shame and addiction are closely related and often correlated, as there are both specific variance and contributions to the predictions of other variables (e.g., Dearing, Stuewig, & Tangney, 2005).

Current neuroscience research has contributed to our knowledge of the effects of early traumatic shameful experiences on infant brain development (Budden, 2009; Reinhard, Wolf,

& Cozolino, 2010). Shore (2003) suggested that in the first two or three years of a child's life, they need to be protected from excessive shaming and narcissistic injury**.** I agree with the commonly held view that '[shame] is an agonising experience of feeling judged by another person or the eye of the world and experiencing deep within the core self, an essentially bad, rejected feeling' (Schore, 2003). Shame is often initially triggered by an external source that leads to an internalisation of feelings of exposure, attacks on the self and self-consciousness and feelings of not being enough, in short, 'an inner, wounding or torment' (Nathanson, 1994; Allpress, Brown, Giner-Sorolla, Deonna, & Teroni, 2014). Getting out of this shame cycle requires one to be non-judgemental, to be able to accept love and compassion from another, and to be brought back to a state of emotional regulation, self-love, and self-compassion (Neff, 2003).

3.9.2 The types of shame

Allpress, Brown, Giner-Sorolla, Deonna, & Teroni (2014) described shame as the 'intensely painful feeling or experience of believing that we are defective and therefore unworthy of love and belonging – something we have experienced, done, or failed to do makes us unworthy of connection' (p. 4). Gilbert and Miles (2014) added to this description by referring to shame as 'the dark mirror within'. Kaufman (2004) described shame as a '*sickness of the soul*' (p. 5), while Wilson, Droždek, and Turkovic (2006) suggested shame is a form of tragic mortal wounding—a 'soul murder' (p. 125). Bradshaw (2005) went further and described the felt sense of toxic shame as the feeling of being exposed, as spiritual bankruptcy, and as being seen when one is not ready to be seen.

According to researchers (Morrison, 2014; Herman, 2007; Lee, 2009), there are two types of shame: 'healthy' shame and 'toxic' shame. Healthy shame is a more transient feeling that occurs when you have done something that runs contrary to your personal moral values, such as lying to your partner or friends. Toxic shame is a more severe emotional state wherein the individual feels ashamed of himself or herself, as opposed to merely some specific recent behaviour. This is the type of shame usually associated with addiction: the guilt from a minor recent indiscretion will not drive someone to drugs, but if you feel that you are a bad or a

defective person, that guilt does not just disappear, and it can ultimately lead to anxiety, depression, and other mental health issues (Carnes, 2001; Kõlves, Ide, & De Leo, 2011). There can be positive consequences of guilt (when the feeling serves as motivation to make a change, for example), but toxic shame generally sends individuals into a pit of self-loathing and apparent hopelessness, which may then drive them to use sex, alcohol, or drugs compulsively as a means of escape. Pattison (2000) resonates with my research, as she considers the deep personal hurt caused by shaming and suggests ways in and out of shame that are related to disconnecting from and reconnecting to social interaction.

Moreover, Gilbert (1997) argued that there might be sub-types of shame that link to the formation and maintenance of psychopathology. Gilbert (2002) revealed that shame could be viewed as a 'multifaceted experience', with various elements and characteristics, and involving a 'social or external cognitive component, internal self-evaluative component, the emotional component, behavioural component' and 'physiological component' (p. 5). Consequently, this literature suggests that there are two additional types of shame: internal and external. Internal shame derives inside of the self; its key characteristic is a self-conscious feeling about one's internal flaws. In other words, internal shame echoes self-critical and self-punishing thoughts of incompetence and insignificance about the self and originates from the belief that the very core of the self is flawed. Essentially, this subtype reveals defective self-perception that alters the way one views one's identity and themselves. On the other hand, external shame originates outside of the self and relates to thoughts and feelings about the perception of the self by others. It is triggered by the developed awareness that people within one's proximal surroundings criticise and judge negatively one's actions, behaviour, and attractiveness. Consequently, both sub-types of shame distort the view of the self through self-devaluation and assumptions about the perception of us by others. In return, this might affect mental health and lead to psychological distress (Cunha, Matos, Faria, & Zagalo, 2012), correlating with psychopathology and negative outcomes (Tangney & Dearing, 2002; Tangney et al., 1996).

3.9.3 Sexual shame and SA&CSB

Bradshaw (2005) argued that there is a link between shame and SA&CSB, but that the importance of sexual shame is often underplayed or even ignored entirely. Wumser (1987) described sexual shame as rooted in childhood, created by some form of sexual trauma in combination with neglect or emotional abuse, and stated that it often leads to issues with trust and affection, body image problems, and shame about being looked at or touched inappropriately, and that it can be passed on by the primary caregiver. These feelings are painful and powerful, and often lead children to self-medicate in some way as they grow older (often beginning around adolescence). This can occur through the use of drugs or alcohol, but may also involve sexual gratification. While all these actions can be damaging, when sexual gratification is used to self-medicate, it often involves the source of the shame itself, which eventually creates even more sexual shame and further increases the desire to self-medicate. The destructive cycle is set up in adolescence and can continue well into adulthood. Dearing, Stuewig, and Tangney (2005) discussed the connection between sexual shame and drug addiction and described the individual using stimulants to accomplish the dual goals of getting high and having extended periods of sexual activity.

Shame is a powerful mechanism of socialisation and social control. Kaufman (2004) writes that 'shame disrupts the natural functioning of the self'. Shame has an important social control function, but it can also cause distress. In the literature on shame and addiction, both are interrelated. In my view, shame is the self experienced as unacceptable; it is the nature of the experience of the self as defective that requires masking. Bradshaw (2005) described shame as the oxygen of the addictive fire. Carnes (2001) writes, 'Shame emerges from addiction. Shame causes addiction. Whichever way the shame is flowing, whether consequences or cause, it rests on one key personal assumption: somehow, I am not measuring up'. Butts (1992) supports Carnes's point: 'They [sex addicts] continue to feel driven, defective, flawed, worthless, and shame-based, even upon completion of the very sex acts which they originally felt compelled to accomplish'.

Is there a correlation between shame and sexual behaviour? According to this research and clinical practice, high levels of shame almost always accompany addictive sexual behaviour. Shame experienced by the couple around the compulsive use of pornography, masturbation, and other types of sexual behaviour is thought to be useful in that it contributes to the socialisation of sexuality. Furthermore, shame helps move sexual behaviour out of the autoerotic and into the wider domains of relationships, marriage, and family life. In sum, high levels of shame tend to accompany sexual behaviours that take place outside of a committed relationship because these behaviours are not openly talked about or agreed upon between the couple and are often done in secrecy and subsequently become harmful to the partner.

Cross-cultural studies on shame have revealed differences in the way the meaning of shame is formed, experienced, and expressed across cultures. What is considered shaming differs and depends on culturally promoted social values and discourses (Gilbert, 1997). Early studies pointed out distinctions in the role of shame and how it differs between Western and Eastern cultures. For example, Sakuta (1967) argued that there might be a type of internal shame unique to Eastern cultures, such as the Japanese, that stems from the pressure for perfectionism and sensitivity to flaws being exposed to the public. Indeed, feelings of shame are strengthened in Eastern countries, where it is perceived by the population as a pro-social method to encourage social unity and prevent social disintegration. Eastern cultures are often described as 'shame societies', which contrasts with the view of Western individualistic culture. The observed, culturally related differences in the role of shame could be associated with the collective nature of Asian personality, where shame is considered a healthy emotion (Menon & Shweder, 1994) as opposed to the individualistic attributes of Western societies (Hofstede, 1980; Triandis, 1993, 1994, 1995; Yang, 2001), which lead to a more independent view of self (Kitayama et al., 2000; Kitayama & Uskul, 2011). Therefore, the experience and the expression of shame, which 'disrupts the natural functioning of the self' (Kaufman, 1989, p. 5), in sex addiction might be mediated by cultural background.

Consequently, this study will focus on participants from Western society to keep the tested sample homogenous. It is important to note, however, that there is a lack of empirical research that categorises and studies the impact of cultural differences on sex addiction and

sexual behaviour in relation to shame. In particular, there is a paucity of research focusing on the role of shame in sexual behaviour in the UK. That being said, in some Eastern cultures, public expression of physical affection, such as holding hands, is considered unacceptable, whereas in Western countries, including the UK, deciding not to hold hands might indicate to a partner shame or embarrassment. Similarly, one might avoid expressing homosexual orientation in cultures where homosexuality is outlawed to avoid public shame and prosecution. On the other hand, the public's opinion on the expression of sexuality and related behaviours, be it sexual orientation or not, is generally considered to be more liberal in Western cultures. This, however, creates more opportunities for people to be involved in the self-discovery of their sexual behaviours and preferences through a variety of sexual adventures. Yet, the increased availability and accessibility to indulge in sexual pleasures (Parsons et al., 2005) might create more opportunities for people to develop sexual compulsions and use sexual behaviours as a form of 'escapism' or 'medication' from past or daily troubles, or shameful beliefs that might be not related to sexuality but to the perception of self – clients often express negative, shameful thoughts about themselves and feel that they are not good enough. Sexual behaviours and related opportunities can then turn into compulsion and lead to shame from leading a double life. This is especially true in cases where hiding, lying, and prioritisation of sexual behaviours over other commitments or family are found. Similarly, shame can be the result of sexual behaviours when they go against one's own value system, sometimes influenced by the culture one identifies itself with, or culturally induced expectations. Shame, therefore, is the cause and the result of addiction, and helping clients to reduce shame is imperative in psycho-therapeutical work.

3.10 Diverse sexualities

This section will examine the impact of SA&CSB on a couple's relationship, with a specific focus on lesbian, gay, and bisexual (LGB) relationships. As the experiences of these sexual minority groups cannot be assumed to be homogenous with the heterosexual community, attention to areas of specific divergence is considered significant. We have considered the transgender community at large, but given the specific considerations of the community,

including them in the review was thought to be beyond the scope of the present enquiry. Diverse sexuality is used in the context of sexual orientation/gender identity and is defined as an individual having different understandings of what sexuality means to them (Kuper, Nussbaum, & Mustanski, 2012).

Several studies measuring sexual orientation suggest that gay, lesbian, and bisexual individuals may be identified strictly based on their self-identity or possibly based on same-sex behaviour or sexual attraction. Findings presented a population-based estimate of the size of the LGBTQI+ community and reported that in the UK, 1.5% of the population of adults identify as gay, lesbian, or bisexual compared to 3.5% in the USA, the highest level in the world (Gates, 2011; Coron, 2011; LaSala, Jenkins, Wheeler, & Fredriksen-Goldsen, 2008; Olyslager & Conway, 2007). Existing research and data suggest a higher prevalence of SA&CSB among men than women (Wetterneck, Burgess, Short, Smith, & Cervantes, 2012; Perrera, Reece, Monahan, Billingham, & Finn, 2009; Kuzma & Black, 2008). Research findings also suggest that SA&CSB is more prevalent among gay and bisexual men than lesbian women and heterosexual men (Cooper, Delmonico, & Burg, 2000; Gullette & Lyons, 2005; Missildine, Feldstein, Punzalan, & Parsons, 2005).

Research has suggested that sexual minorities are disproportionally impacted by SA&CSB when compared to heterosexual communities (Koken, Parsons, Severino, & Bimbi, 2005; Cooper, Delmonico, &, 2000; Daneback et al., 2006). The reasons for this divergence are multifarious and likely to be context-specific to the LGBT community. As Parsons et al. (2005) suggested, the risk of developing a sexual compulsion for gay and bisexual men may be increased by the number of sexual opportunities available, including those provided by chem-sex parties, gay saunas, dark rooms, and nightclubs, as well as social apps that help men and women to find sexual partners more readily. In contrast, Cooper, Delmonico & Burge (2000) found that lesbian women prefer using chat rooms to engaging in other types of sexual behaviour. Ferree (2003) argued that lesbian women are more likely to move their online sexual behaviours to real-world encounters than men. As well as structural and wider social explanations, such as those suggested, the disproportionate number of sexual minorities impacted by SA&CSB is likely to reflect internal vulnerabilities specific to the community. To

this end, it is necessary to understand differences in sexual identity and expression and how these interrelate with SA&CSB in order to understand the impact of SA&CSB on the same-sex couple relationship. These issues will be explicated below.

Minority stress is conceptualised as persistently high levels of stress experienced by members of a stigmatised minority group. Minority stress can be caused by numerous factors, including internalised prejudice, attachment, shame, discrimination (anticipated or real), lack of familial and social support, and low socio-economic status (Heiden-Rootes, Wiegand, & Bono, 2019). In exploring the concept of minority stress in relation to LGBTQI+ communities and SA&CSB, a minority stress model postulates that sexual prejudice (Herek, 2000) is stressful and may lead to adverse mental health outcomes (Brooks, 1981; Cochran, 2001; DiPlacido, 1998; Krieger & Sidney, 1997; Mays & Cochran, 2001; Meyer, 1995). These adverse mental health outcomes, in turn, may lead to an increased risk of sexualised behaviours.

The concept of minority stress and its relation to an increase in sex-related activities was further highlighted in research on the percentage of sexual addicts who have been sexually abused as children, which according to Carnes (1991) stands at 81%. In particular, previous research has argued that the gay male community could be more vulnerable to covert sexual abuse and, consequently, may have a higher risk of developing SA&CSB, similarly to other sexual abuse victims (Carnes, 1992; Blanchard, 1990; Briere & Runtz, 1987; Browne & Finkelhor, 1986). Another study carried out by McNaught (1997) also makes the important point that being a teenager can be a traumatic and challenging time. Being a gay, lesbian, or bisexual teenager can be even more traumatic and problematic, as they can be more vulnerable to ridicule. He goes on to suggest that it is at the developmental stage that sexuality and the social pressure to identify are brought to the forefront at the same time as gay teenagers begin to feel different. For gay teenagers, the developmental stage of sexual identity might be repressed due to the potential of victimisation and social pressure, and they might feel that they should identify as and behave as heterosexual. As a result, they feel that they must suppress their desire to date and love a member of their own sex. Gay and bisexual males are often victimised, humiliated, shamed, assaulted, and abused for their sexuality.

Researchers have suggested that it is this fact that can contribute to SA&CSB seen in gay and bisexual men (Chernin & Johnson, 2002; Lew, 2004; Halpert, 2002; Kort, 2004; Price, 2003).

Internalised homophobia, loneliness, and isolation can be connected to shame. Flowers & Buston (2001) noted that gay men and women reported feelings of shame, isolation, and loneliness owing to their sexual orientation and felt a need to conceal their sexual orientation from others out of a fear of rejection if they disclosed their identity. Research has shown that the process of internalising these feelings can lead to what has been termed 'internalised homophobia'. Broadly speaking, internalised homophobia refers to the negative stereotypes, beliefs, stigma, and prejudice about homosexuality that a person with same-sex attraction turns inward on themselves, regardless of whether they identify as LGBT (Herek, 2004). This is rooted in not being able to accept one's gayness, lesbianism, or bisexuality within oneself. The belief that being gay, lesbian, or bisexual is sinful, bad, wrong, and something to be hated that one was taught growing up, is now discovered internalised in one's self. As a result, a gay, lesbian, or bisexual individual feels flawed, damaged, and shamed. Shame is a major component of internalised homophobia (Kort, 2004). Internalised homophobia has been shown to link with sexualised behaviours in some fundamental ways.

First, Chaney and Dew (2003) suggested that gays, lesbians, and bisexuals who have not disclosed their orientations to others are at risk of isolation and loneliness because they may not feel a part of any support system, and these feelings of isolation and loneliness put gay men at increased risk of engaging in compulsive sexual behaviours, a risk compounded by the fact that the internet provides a space to connect with other compatible people in order to reduce loneliness and isolation, and regulate negative emotion. Specifically, qualitative data collected from sexually compulsive gay men showed that secrecy, shame, and isolation were common to those who engaged in sexually compulsive behaviour (Dew & Chaney, 2004). Furthermore, sexually compulsive individuals have been shown to frequently conceal their behaviours from others, which, in turn, promotes secrecy and shame that damages the couple's relationship and leads to further isolation, shame, and loneliness. Empirical evidence has supported this claim, revealing that around 36% of heterosexual and non-heterosexual men or individuals use sexually driven behaviours in an attempt to form an intimate

connection with others, which can have an impact on the couple's relationship (Guigliamo, 2006; Parsons et al., 2008; Chaney & Dew, 2003). While the research suggests that secrecy, shame, isolation, and loneliness might put some gay and bisexual men at risk, it recognises that there are no studies that examine the relationship between isolation, loneliness, and SA&C. It also acknowledges the limitations of the research and the lack of generalizability.

3.11 Post-traumatic growth (PTG)

This section of the literature review sets out to explore PTG within the context of SA&CSB. It remains a challenging issue faced by couples in our society and for the clinicians who support them. Many partners describe their relational betrayal as a considerable traumatic event for themselves and their relationship, but that it can be overcome by commitment and forgiveness, which are key concepts in PTG (Heintzelman, Murdock, Krycak, & Seay, 2014). PTG is the experience of positive change that occurs as a result of a highly challenging life crisis (Calhoun & Tedeschi, 1999, 2001).

Over the last 20 years, research has begun to look at the connection between neuroscience and traumatic experiences and has found positive outcomes born out of stressful or traumatic events. In this section, the presence of PTG in relation to SA&CSB will be covered, as it is a key component of more hopeful outcomes, such as personal, relational, and spiritual growth and the healing process that may come from a traumatic life event. The phenomenon of PTG suggests that individuals and couples not only survive and recover from the betrayal trauma caused by SA&CSB, but that it transforms their lives and relationships in some way, resulting in deeper personal insight, understanding, and personal growth (Balswick & Balswick, 1999).

As previously discussed in Section 3.3, the literature emphasises the occurrence of SA&CSB in couples. This, in turn, introduces a potential need for the couple to recover from the negative consequences involved. Betrayal trauma can lead to a major crisis in the world of the partner experiencing the betrayal, as well as the impact it can have on the couple's relationship and which can, in turn, create levels of psychological distress (Schneider, Irons, & Corley, 1999). Researchers (Tedeschi & Calhoun, 2004) suggest that the benevolence, predictability, and

controllability of the partner's and the couple's world can be shattered. Linley and Joseph (2004) concurred that 'it is through this process of struggling with adversity that changes may arise that propel the individual to a higher level of functioning than that which existed prior to the event' (p. 11). Zoellner and Maercker (2006) suggest that there is sufficient evidence to support the belief that the difficulty that partners experience reflects the physical and psychological symptoms that result from betrayal and traumatic events. They further suggest that new studies are finding that betrayal trauma and even the most traumatic life events, including sexual trauma and rape (Burt & Katz, 1987), bereavement (Calhoun & Tedeschi, 2004), cancer (Collins, Taylor, & Skokan, 1990), heart attacks (Affleck, Tennen, & Croog, 1987), and natural disasters (Updegraff & Taylor, 2000) can produce positive outcomes.

The concept of PTG revolves around the possibility of an increased appreciation of positive personal change, the development of a deeper relationship, an amplified sense of inner strength, and a healthy change in priorities that comes after experiencing a very traumatic and challenging event in one's life (Tedeschi & Calhoun, 2004). Within this, greater emphasis is placed on the loss after the betrayal trauma in the couple's relationship, with less focus on the possibility of growth being evident (Park, Cohen, & Murch, 1996; Linley & Joseph, 2004). It is true that couples experiencing betrayal trauma tend to report loss and harm in the initial phase of the discovery or disclosure of a traumatic incident. Furthermore, research suggests that the more the trauma disrupts one's core beliefs, the greater the potential for PTG (Gutorow, Jarniewicz, & Kennedy, 2010). On the other hand, Tedeschi and Calhoun (2004) argued that 'it is not the trauma itself that is responsible for growth as much as what happens in the aftermath of trauma' (2004: 7). However, the existing research predominantly focuses on the distress of trauma and does not consider the potential for personal growth and growth within the relationship (Vis & Boynton, 2008).

Sheikh (2008) highlights the shift in focus in the literature over the last 20 years towards the positive outcomes that can arise from trauma, and cites studies (Harvey, Barnett, & Rupe, 2006; Armeli, Gunthert, & Cohen, 2001) that support the idea that growth emerges from betrayal trauma as traumatic life events. It has also been suggested that stress-related growth (Park, Cohen, & Murch, 1996), adversarial growth (Linley & Joseph, 2004), and PTG (Tedeschi

& Calhoun, 1996) are benefit-finding (Affleck & Tennen, 1996) and allow one to flourish (Ryff & Singer, 1998) and thrive (O'Leary & Ickovics, 1995). Sheikh (2008) further suggests that a common theme of these studies is that 'there is profound personal value [that] can arise out of profound personal tragedy' (p. 86).

There are limited research studies looking at PTG after betrayal trauma. For example, Gordon, and Baucom (1998) conducted an empirical study which found that couples who recovered from SA&CSB learnt to differentiate between the addiction and the trauma experienced, and this was positively related to forgiveness. PTG was experienced to varying degrees by all participants (Gordon & Baucom, 1998), who spoke openly about a renewed gratitude for the understanding of each other, for the relationship, and the life evolving from the traumatic experience. Gordon and Baucom (1998) went on to offer a three-stage forgiveness model that can support recovery from SA&CSB, which is essentially the same as the process of recovery from interpersonal trauma. The stages in the model are: (A) *dealing with the impact*, (B) *searching for meaning,* and (C) *recovery or moving forward*. Couples interviewed in the main research referenced aspects of this model in the main research.

Despite the overwhelming literature showing that PTG produces positive outcomes, the American Psychiatric Association's (2000) DSM-IV does not fully support the sentiment that traumatic life events result in positive outcomes.

3.12 Summary of the findings

A summary of the findings of the literature has shown that with the increase in the use of the internet and related dating apps, more research has become available regarding SA&CSB. However, there is still a scarcity of research and epidemiological studies that have examined the impact of SA&CSB on the couple's relationship.

Initially, Carnes (1983) identified SA&CSB as a term and developed the related field of SA&CSB disorder. However, to date, historic controversy has surrounded the diagnosis of SA&CSB, with the term being rejected from the DSM-5 as a recognised mental disorder. Indeed, the

term has only recently been accepted in the ICD-10 as a formal diagnostic category. In July 2018, while writing this, I feel motivated, as I believe we are currently on the cutting edge of this work. It is because of the addition to ICD-10 that research is likely to burgeon in the area of SA&CSB. While this burgeoning research was instrumental in initiating study and treatment programmes in the area of SA&CSB, the research is mired by several limitations. Specifically, the literature to date has been predominantly conducted in a USA research context and has neglected sexual minority groups and couple relationships. Furthermore, researchers such as Coleman (1986), Levine and Troiden (1988), and Goodman (1998) critiqued Carnes's research, concluding that it focused on the experiences of the heterosexual male addicted partner to the exclusion of the experiences of the female addicted partner. Additionally, there is a relative absence of research on non-addicted partners.

Cooper (2000) examined the impact of SA&CSB on non-addicted partners. While this filled an important research gap by focusing on the previously neglected non-addicted partner, the research was conducted to the exclusion of the experiences of the addicted partner. In other words, at this time, the research focused separately on either the addicted partner or the non-addicted partner. This led to a breakdown in the couple's relationship (Whisman & Wagners, 2005).

Schneider & Schneider (1996) pointed to a more integrative process in the study of couple relationships that had emerged in the literature. As such, research began to appear that suggested the importance of exploring couples as a unit in context. For the first time, SA&CSB began to be viewed more in systemic terms. Later on, researchers such as Schneider, Corley & Irons (1998) showed how relational betrayal was seen to be damaging to the non-addicted partner in the relationship.

A review of psychotherapeutic perspectives on SA&CSB has highlighted the gaps in psychotherapy in addressing the harm caused by SA&CSB. When a client or couple presents with an active addiction, the goal of treatment is to stabilise the client by stopping the behaviour. Psychotherapy is about understanding the problem. In view of the fact that SA&CSB has only very recently emerged as a legitimate diagnosis, these theories are largely

marked by heterogeneity and opposed to homogeneity, as each interpretation has brought with it varied historical traditions. However, the field of therapy has begun to consider the impact of SA&CSB on addicted and non-addicted partners, and continues to do so with contributions such as CBT and systemic therapy.

As this research is embedded within psychotherapeutic discourse as opposed to being solely medical discourse, this literature review also sought to explore less pathologising notions of SA&CSB. In this sense, through the lens of positive psychology, I will consider how the relational betrayal and trauma experienced by couples following the discovery of SA&CSB might also be interpreted as facilitating positive growth and change.

The aim of the present research is to understand how couples experience, for themselves, the impact of SA&CSB on their respective relationships. In light of previous research that has neglected attention to the couple's relationship, this research feels timely. Furthermore, as mentioned above, previous research has often overlooked the experiences of diverse sexual communities. Therefore, this research will take a more inclusive approach by including the experiences of sexual minorities.

Researching an area such as SA&CSB, which involves the internet and portable electronic communications, can be problematic when reviewing the literature. I am hoping that my research can offer a voice to the neglected couples impacted by SA&CSB. This literature review and present summary have set out to explore the sociohistorical background and clinical developments relating to SA&CSB, their presentation in the literature, and how the therapeutic communities have responded to these phenomena.

Chapter 4

Methodology

This chapter begins with an introduction to qualitative research and interpretative phenomenological analysis (IPA). It also introduces my epistemological framework and explains that I chose IPA as the analytic method for this research because of its appropriateness in meaning and sense making. This is followed by a detailed description of the research participants and the process by which they were recruited, and an explanation of how quality, validity, and credibility were ensured at each stage of the research. The procedures and processes of data collection and analysis will also be explicated, with detailed consideration given to the anticipation and management of issues of an ethical nature. Finally, this chapter will examine my engagement with the reflexive process as it relates to data analysis and methodology.

4.1 Introduction to the qualitative approach

There were several reasons for choosing a qualitative method for the study. First, there is insufficient research exploring the impact and experience of sexual addiction and compulsive sexual behaviour (SA&CSB) on couple relationships. Furthermore, a qualitative methodology is well suited for exploratory research (Barking, Pistrang, & Elliot, 2002), and it can further improve the quality of that research by facilitating the in-depth exploration of couples' personal experiences. Qualitative research is a helpful approach when there is little existing literature and no diagnosis of the phenomenon, and the goal is to enhance understanding in that area. The use of qualitative methods also allows the researcher to preserve the complexity of the data (Smith et al., 2012). Additionally, when there is no pre-existing hypothesis, qualitative methodology can assist in identifying what research questions can be pulled from the data. Qualitative researchers do not work with variables that are before the process begins. As Willig (2008) suggests, the objective of qualitative research is to describe and possibly explain events and experiences, but never to predict them.

The danger of utilising qualitative methods for the current study was that they might lead to important areas being left unexplored, thus limiting the potential richness of the data (Morse & Richards, 2007). Sometimes, the lack of data available to a researcher attempting to understand the impact of the experiences of these couples prevents him or her from defining various constructs and/or examining which aspects of the couple's experiences can be generalised and compared between groups. If such data existed, then such comparisons could

be made quantitatively. However, qualitative methods are useful in providing a deep and in-depth exploration that may uncover central themes (Smith et al., 2012) and reveal any trends.

According to Willig (2008), quantitative approaches are generally concerned with quantification and the identification of cause and effect relationships. In contrast, qualitative approaches are concerned with how individuals experience events and make sense of the world through exploring, describing, and interpreting personal and social experiences. According to McLeod (1994), qualitative research aims to produce intensive, authentic, and descriptive accounts of experience and action. In this way, 'it is possible to get beneath the surface of social and subjective life' (Charmaz, 2006: 13). Furthermore, Willig (2008) suggested that the quality and texture of an experience, as well as the meaning that individuals attribute to an event or experience, is emphasised. Cobin and Strauss (2008) stressed that qualitative methods also allow for meanings to be determined through and in culture. Quantitative methods involve quantifying known phenomena to test experimental hypotheses derived from existing theories, whereas qualitative methods ask what Creswell (1998) terms appropriate questions, such as how or what, rather than why.

A further important distinction between the two methodological approaches relates to context. Quantitative approaches manage the influence of contextual factors by demonstrating that nonexperimental variables have been controlled for across experimental conditions, whereas qualitative methods are naturalistic and nonexperimental. Moreover, rather than attempting to reduce or eliminate contextual variables, researchers actively account for context. This is done through detailed reporting and exploration of the way in which factors such as the setting and expectations of the research and, indeed, the researcher himself or herself, interact in the production of a participant's subjective account of his or her experience. This explicit consideration of the interaction between researcher and participant is viewed as core qualitative research. Importantly, people are treated as subjects to be interacted with rather than objects to be studied. This not only constitutes a moral way of behaving in itself but, crucially, as the researcher is encouraged to consider their own social and political behaviours, the interview process becomes a truly shared interaction.

A qualitative approach was deemed to be congruent with the current study's aim to produce a holistic investigation into the impact, experiences, perceptions, and coping strategies found amongst a particular population (professional couples; male and female) in relation to the importance and meaning of a particular phenomenon (the impact of SA&CSB on their relationships) experienced in a particular social context.

4.2 Rationale for using Interpretative Phenomenological Analysis (IPA)

According to Reicher (2000), the differences between qualitative methods derive from their philosophical roots, theoretical assumptions, and the types of questions they ask. That is to

say, some qualitative approaches have different ways of thinking about and responding to the nature of reality. This has important implications for the types of knowledge that these approaches generate. Accordingly, given the diversity of epistemological positions upon which different methods of qualitative research are founded, I must explain the method I have chosen for my study. Reicher (2000) describes two types of qualitative approaches: *experiential,* which aims to gain a better understanding of people's experiences, actions, and ways of thinking, and *discursive,* which is concerned with the role of language in the construction of reality.

These two contrasting approaches are underpinned by *realist* and *constructionist* epistemologies. At one end of the spectrum is a position of *naïve realism,* which adopts the *positivist* view that it is possible to accurately and objectively describe objects, events, and phenomena in the world. At the other end is a position of *extreme relativism* that denies that there is an external reality to be represented and argues that reality is only that which is *constructed* between people as they converse (Burr, 2015).

Given the aim of this research (see Section 1.1.1) and my own epistemological standpoint, which takes an interpretive stance from a critical realist position (see Section 4.3, epistemological position, for a full explanation), as the researcher, I felt most drawn to the *contextual constructionist* approach and, consequently, IPA was chosen for the current study. This was due first to its stated aim of conducting a detailed exploration that captures the perspectives of an individual's lived experiences and how they make sense of these experiences (Smith & Osborn, 2003; Smith et al., 2012). Second, I saw the mutual appeal of the approach's focus on lived experiences and sense making, and its contribution to psychology. Third, the approach offered the flexibility to adapt and develop the method in accordance with the researcher's own way of working. Thus, IPA as a method corresponds with the aim of the current research. IPA acknowledges that it is not possible to access an individual's world directly; thus, the researcher's interpretative activity is also required. Smith et al. (2012) described this as a double hermeneutic process in which the researcher is trying to make sense of the participant making sense of their world.

Smith et al. (2012) describe IPA as holding onto three theoretical underpinnings: phenomenology, hermeneutics, and idiography. Hence, the focus on personal meaning making lends itself well to IPA because, as suggested by Smith (2012), qualitative research has a focus on meaning and sense-making. The same cannot be said for quantitative methods, as these are focused on trying to explain the associations between events and finding statistical significance in patterns of behaviours, but fail to reveal explanations behind phenomena. Morse and Richards (2007) state that qualitative methods help fill in the reasons for behaviour and allow a researcher to understand 'directly from people's own account of their behaviour' (2007: 27). The goal of IPA is to describe, interpret, and understand the meanings of an individual's subjective experiences at both a general and unique level by demonstrating the

general transferable qualities of what makes an experience what it is and explicating a variety of descriptions across unique contents, thereby generating empathic understanding. IPA, however, does not allow for the production of a theoretical model or for hypotheses to be made for future research.

The main argument raised against IPA is whether it can accurately portray the experiences and meanings of experiences rather than forming opinions about them. Since IPA is rooted in the phenomenological philosophy associated with the introspection of one's experiences, it relies on both researchers' experiences and participants' accounts. This raises the question of whether a participant and a researcher can develop a suitable connection to successfully communicate the details of their experiences (Tuffour, 2017). However, the many years of working as a therapist, discussing researched experiences as well as living them myself, should allow me to find a common language between myself and the participants to accurately converse about nuances of lived experiences.

In sum, IPA is able to provide an interpretative and contextual account of the experience and impact of SA&CSB. At the heart of IPA is its distinct focus on producing themes grounded in the data collected from participants and based on the complexities of their lived experiences in a social context. Accordingly, the immense appeal of IPA stems from its compatibility with the research aim by virtue of its capacity to distil themes from interviews with research participants. It is hoped that this in-depth distillation will support the development of the product in Chapter 7.

4.3 Epistemological position

Willig defines epistemology as a 'branch of philosophy concerned with the theory of knowledge which involves thinking about the nature of knowledge itself, about its scope and about the validity and reliability of claims to knowledge' (2008: 2). Madill et al. (2000) state that 'qualitative researchers have a responsibility to make their epistemological position clear, conduct their research in a manner consistent with that position and present their findings in a way that allows them to be evaluated appropriately' (2000: 17). To this end, the following narrative aims to provide clarity on my epistemological standpoint.

The explicit aim of this study is to gain insight into and understanding of participants' experiences by exploring the impact of SA&CSB on their relationships. I am interested in uncovering meanings and themes and exploring experiences and subjectivity. Accordingly, I have drawn on critical realism and essentialism's epistemological position from an interpretivist standpoint, with the overarching aim of developing knowledge that may guide practice. Importantly, this knowledge is derived directly from the accounts of those experiencing SA&CSB.

In this study, I have adopted a stance drawing from critical realism and essentialism epistemology. Critical realism is an ontological standpoint that stratifies what exists from what is known about its existence. Critical realism's ontology differentiates between three realities: the empirical (what is seen), the actual (the incidents that happen), and the real (the process leading to these incidents), providing three practical divisions that allow researchers to understand and accept that some mechanisms are modulated at one level by other processes at a different level, creating knowledge that could be factual or not (Bhaskar, 1978, 1979), shielding them from the biased assumption that because a phenomenon is not discovered, it does not exist. Critical realism also argues that reality is not dependent on the mind and that human perspectives will always be 'accounts of reality' (Bhaskar, 1975). This means that regardless of one's personal beliefs about a phenomenon, reality will remain 'mind independent', and our understanding of this reality will be socially constructed. Therefore, taking a critical realist approach differs from taking a merely realist approach, as it requires me to move from the 'concrete' towards means of careful conceptualisation and abstraction. The first stage of data analysis, using a critical realism stance, demands that the researcher closely examine the data, while the later stages involve an abstract mapping of the phenomenon's components across the domains of stratified reality.

By adopting a critical realist stance, I accept that there are stable and enduring features of reality that exist independently of human consciousness (Finlay, 2006). In addition, IPA critically accepts the real world while acknowledging the problematic nature of representing this reality due to the association between the body, cognition, and language (Fade, 2004; Smith & Osborn, 2003). To access this reality, I believe we need to seek verbal accounts of those consciously experiencing phenomena (i.e., a couple's experience of SA&C sexual behaviour). This is how we can gain access to people's inner psychological worlds. Therefore, taking a critical realist stance can help to answer research questions about people with SA&CSB, as rather than merely focusing on outcomes, critical realism allows the researcher to learn from both what appears to work and not work.

Taking a critical realist position meant that during the process of collecting and analysing data, it was assumed that participants' narratives were not just narratives, but also real events concerning real people, real lives, and real emotions. That is to say, their experiences were dynamic and embodied and not reflective of mere discourse. Hence, IPA views language as largely unidirectional towards experiences, whereas a more strongly social constructionist perspective would view language as structuring experience in a more active manner. Moreover, a social constructivist perspective views participants' narrative/discourse as not simply representing experiences, but also as social performances in which they have to adapt and respond to wider social discourses.

On the other hand, essentialism provides a theoretical basis for discussing how the power of dialogue develops or resists the creation of social identity (O'Mahoney, 2011). Essentialism

originated in the work of Plato (Mayr, 1982), who stated that certain geometrical figures (e.g., a triangle) will always take the same form, no matter their size and angles within them, differentiating said figures from others (e.g., a square or circle). This suggests that the forms (later renamed essences) are unchangeable and construct the surrounding natural world. In other words, Plato suggested that the essence does not change and can be categorically different from another essence. Today, essentialism indicates that certain phenomena are natural, bound to happen and appear, universal, and biologically predefined (Irvine, 1990).

Similarly to critical realism, essentialism also consists of properties that can be utilised by the researcher. Indeed, DeLamater and Hyde (1998) proposed three key features of essentialism: 1) a true form (or essence) is underlined by a belief; 2) non-continuous variation between different essences; and 3) perseverance of essence and lack of change over time.
Combining critical realist and essentialist approaches will allow me to explore rich messages of human discourse beyond the differentialisation and description of facts, thus equipping me with tools to discover, understand, and uncover essential structures occurring in a phenomenon while acknowledging that different parts of reality can co-exist independently and be affected by modulators within such reality.

4.3.1 IPA versus alternative qualitative approaches

For the current research, IPA was considered a more suitable methodology than other qualitative approaches. For example, discourse analysis was thought to be less appropriate than IPA because of its emphasis on the role of language in constructing social reality instead of a focus on understanding personal experience (Willig, 2008). While I acknowledge that language does play a significant part in the construction of our realities and, therefore, in our experiences and the meanings we attribute to them, this study focuses on the 'phenomenon' of SA&CSB and its impact on the couple's relationship. Thus, the rejection of individual cognition in discourse analysis is contrary to the aims of this research, which is to explore how individuals make sense of their own experiences.

Grounded theory was also considered as a potential methodology, but as it aims to produce theoretical explanations of psychological phenomena instead of capturing personal experience, it was deemed less suitable for the current study. However, with IPA, it is possible and desirable to aim for analysis sufficient for the development of group-level themes to emerge and, in doing so, to move beyond simply being a description of the data (Smith et al., 2009).

Ultimately, IPA was considered more appropriate than thematic analysis because, as highlighted by Braun and Clarke (2006), IPA has more finely defined, regulated stages of analysis, whereas thematic analysis may be used more flexibly. It thereby avoids the 'anything goes' critique that is often applied to qualitative research (Antaki, Billig, Edwards, & Potter,

2002). IPA aims to investigate the essential components of phenomena or experiences; thus, it is more wedded to theory (essentialism) and epistemology (critical realism) than thematic analysis, which reflects the position I adopted by in the current study. Moreover, IPA focuses on both the unique characteristics of the participants and the patterning of meaning across the participants. This is particularly beneficial, as it allows me to capture differences and divergence in the data, which is something thematic analysis might fail to achieve, as it mainly focuses on the patterning of meaning.

In relation to the status of the analysis, rather than aiming to produce accurate and valid knowledge about a particular social phenomenon from a realist position, I adopted a critical realist perspective (see Section 4.3). Subsequently, I acknowledge that the findings emanate from my own worldview, interactions with participants, and reading of the data. In the words of Charmaz (1990), I stand within the research process rather than above, before, or inside it. I fully acknowledge that the participants' experiences can never be fully understood or reconstructed by me, since my interpretations of their experiences will have been filtered through a lens that reflects my personal history and biography.

4.4 The participants and their recruitment

The recruitment process for the study consisted of emailing a research recruitment flyer (Appendix C) to a number of sex addiction organisations in the UK: the Association for the Treatment of Sexual Addiction and Compulsivity (ATSAC), College of Sexual and Relationship Therapists (COSRT), The Minster Centre - A Psychotherapy Institute part of the United Kingdom Centre for Psychotherapy (UKCP), The Sex Addicts Anonymous Twelve Step Fellowship (SLAA), The Sex & Love Addiction Twelve Step Fellowship (SLAA). Social media platforms, such as LinkedIn, Facebook, and Twitter, were also used.

Participants who responded to the recruitment flyer received a participant information sheet (Appendix D) explaining the nature of the research and gave their consent to participate in the research.

Participants were chosen based on selective criteria. To optimise a shared cultural, social, and historical experience, it was a prerequisite for the study that couples were still in their relationship at the time of the interview. They had to be over 18 years old, self-identified as being impacted by SA&CSB in their relationship, and live in the UK. To keep the sample homogenous, all participants had to be heterosexual and married. Also, due to the COVID-19 restrictions, all participants needed access to technological devices, allowing the interviews to be collected online. The demographics can be found in Table 1 below.

Moreover, since it is recommended that IPA be used with a sample size of no more than ten in order to both explore and build links between different individuals' experiences of the phenomenon under study (Smith et al., 2012), five couples were recruited.

The participants provided their informed consent online (Appendix E) in response to a form specifying the study details, the potential risk to participants, as well as the potential benefits and their right to decline. They were also informed that the results of the research would be used anonymously as part of a research study and that the sessions would be recorded. After completing the survey, the participants were asked whether they would volunteer to undertake an in-depth, semi-structured interview on the same subject.

A date and time were arranged for the interview with each participant. The interviews were conducted online, lasted between 60 and 90 minutes, and were digitally recorded, transcribed, and anonymised by the researcher.

Table 1 Participant Demographics

	Couple 1		**Couple 2**		**Couple 3**		**Couple 4**		**Couple 5**	
Pseudonym	Oliver	Martha	Liam	Cindy	Ben	Joan	Jamie	Shelly	Noel	Eva
Age	47	43	39	41	49	44	35	32	45	43
Gender	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Ethnicity	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian	Caucasian
Relationship Status	Married, 20 years		Married, 10 years		Married, 20 years		Married, 7 years		Married, 17 years	
Children	4		2		3		2		4	
Sexuality	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual
Addicted Partner	Oliver		Liam		Ben		Jamie		Noel	
Length of Addiction	4 years		5 years		8 years		1 year		2 years	

4.5 Construction and design of the interview

The aim of the research was to use IPA to capture the subjective experiences of couples whose relationships were impacted by SA&CSB. Subsequently, the format I chose for data collection was semi-structured interviews, as they best allow for the participants' worldviews to come to light (Smith & Eatough, 2006). The purpose of the IPA investigation was to describe rather than explain, and this was at the forefront of my mind when designing the questions. These also allowed broad freedom for the exploration of the subject, consistent with the nature of IPA (Smith et al., 2009). Furthermore, this method of investigation is in accordance with humanistic principles that emphasise the centrality of the individual (Finlay & Evans, 2009). In light of the above, I was intensely aware of the sensitivity of the area being researched and that some of the participants might become distressed or emotional, and the participants' well-being was thus paramount in my planning of the interview (Kvale, 1996).

An interview schedule (Appendix G) was drawn up to facilitate collaborative interaction with participants and to allow the interview to flow freely. The development of the interview questions arose from the literature on SA&CSB, as well as the critique offered on my earlier PEP study (see Chapter 2). The number and type of questions were based on the guidance for IPA studies by Smith and Osborn (2007). The questions were open, to allow participants to openly share their experiences and explore the meaning of the impact of SA&CSB on their relationship, rather than focusing on the questions that I, as the researcher, considered important. In designing the interview questions, the following approach was implemented: the questions were designed to provide a guide for a conversation between the couple and researcher (Kvale & Brinkman, 2009) and to be open-ended in a way that allowed the participants to share whatever came up for them. I formed the questions to understand the essence of how, if at all, participants experienced the impact of SA&CSB on a variety of factors necessary for a healthy relationship. Therefore, I designed the questions to explore the possible impact of SA&CSB on each partner's feelings, the relationship as a whole, the couple's finances, and the couple's children. In addition, to understand how participants construct their understanding of SA&CSB, I asked about developing coping mechanisms in the face of experienced issues, as well as about efforts taken to solve them.

Ethical issues were considered in advance to help identify any potential risks that might arise. As the researcher, I revisited the research aims to ensure that the questions remained relevant to the stated aims. The questions were asked in chronological order (starting from the beginning of the relationship and discovery) to support the flow of the story the participants were telling about SA&CSB and the impact of sexual behaviour on their relationship.

The questions I devised for the interview were sent to my supervisor and piloted with two colleagues who had a previous history of being impacted by SA&CSB in their relationships to check for clarity, relevance, sensitivity, and bias. The feedback was mixed, with some of those asked reporting that three of the questions were not clear and that I needed to provide more clarity around the past or present tense. The feedback was beneficial and was built into the final interview schedule, with careful attention paid to the tenses and language I used to avoid any further confusion for the participants. After I updated the questions, I asked my colleagues and two critical friends to review the updated versions, and their feedback was positive. The dual nature of this pilot interview allowed for a smoother interview process with the participants.

4.6 Quality, validity, and credibility

It is common for researchers to demonstrate that their methods are rigorous and reliable. To this end, several authors have proposed guidelines for good practice within a chosen research paradigm. The notion that it is possible to produce a well-defined and unitary set of criteria by which qualitative research may be evaluated appears to be the subject of ongoing debate. For example, the idea that one set of criteria can cover an extensive range of methodological and epistemological standpoints within the qualitative paradigm has been contested (Sandelowski & Barrosa, 2002). Furthermore, Yardley (2008) challenges the notion that simply following such guidelines will guarantee good research, arguing instead that guidelines are not a set of rules to be followed slavishly, but should be used thoughtfully and tailored to the methodology.

Quality control refers to the efforts and procedures that researchers put in place to ensure the quality, validity, credibility, and accuracy of the research data being collected (Braun & Clark, 2014). Some strategies were adopted to enhance the methodological rigour of this study and the 'transparency', 'trustworthiness', and 'accuracy' of the findings (Strauss & Corbin, 1998). This was achieved in various ways: the questions I would use formed a key focus of my supervision at the start of the research with my academic advisor (AA), academic consultant (AC), and colleagues. The interview questions were piloted with three colleagues and two critical friends to evaluate the clarity, relevance, sensitivity, consistency, and biases of the questions prior to the main interviews.

Throughout the enquiry, my clinical and personal experience as a researcher was critically examined through discussions with my colleagues, critical friends, and in-depth reflection. My own expectations and biases were kept in check as much as possible by attempting to maintain an attitude of openness and 'bracket off' (Moustakas, 1994) assumptions. This was achieved by maintaining a personal reflective diary to highlight any interpretations that emerged and their relationship with my own experience, as advised by Finlay (2009). Considering my personal history of SA&CSB, it was important for me to stay alert to biases of

my own that could have affected my interpretations. For example, I felt the need to bracket my assumptions that male partners were always perpetrators and that non-addicted partners were always victims. In addition, I had regular discussions with my peers to keep the process rigorous. I felt this helped me to disconnect my own experiences of SA&CSB from those of the research participants.

As the researcher, my pre-existing clinical and personal beliefs about addiction and recovery might influence how the data was collected and analysed. To reduce this possibility, an ongoing dialogue with colleagues and a critical friend who had no previous experience with addiction and recovery took place. To further guarantee that my personal and clinical experiences and beliefs did not negatively impact the research design, I asked a neutral third party to assess my decisions, and their feedback also gave me insight into how the study impacted the participants. This critical friend also consistently checked and reviewed the categories and themes covered within the data analysis to ensure the accuracy of the data collected. His role was to support me and help establish the foundations of this project. His impact was valuable, as we struggled to determine which methodology was best suited for analysing the data. In addition to this, the interviewees were offered a copy of their transcripts after the interview to check that they agreed with the content.

This process of informal validity checking was sought from participants to confirm the accuracy of their responses and also to ensure that the analysis remained grounded in the data, close to the participant's own accounts, and without preconceived theories (Henwood & Pidgeon, 1993). I used my AA and AC appropriately, and maintained a research journal throughout, as I am aware that my 'lens' (theoretical orientation, interest, values, assumptions, and beliefs) needed to be visible to the reader to allow them to assess my place in the research and the subsequent discussion and findings.

4.7 Data collection and procedure

In order to capture participants' personal experiences, interviews I conducted using a semi-structured interview schedule, with additional prompts in place to follow up on particular areas of interest. The interview schedule was developed based on the findings of Lewis and Moon (1997), Spenkle (1993), Reynolds and Wetherell (2003), Marshall and Yardani (1999), and Merrill and Owens (1986) (Appendix G). Additionally, I utilised my own experience of SA&CSB on the couple relationship alongside discussions with colleagues, friends, family, my AA and AC, and other couples impacted by SA&CSB on their relationship, as well as guidance on developing specific IPA interview schedules to devise the interview (Smith et al., 2012).

Semi-structured interviews enable flexibility, yield rich data, and allow researchers to follow up on significant issues brought up during the interview (Smith et al., 2012). Due to the fluid

nature of conversations and my desire to allow the participants as much freedom as possible to talk about their own experiences and the meanings they attached to them, the interviews did not follow a rigid or prescripted order. I informed the participants that, while there was an interview schedule, I was principally interested in hearing about their experience, and I did not need to ask all questions on the schedule. They were also notified that I might ask follow-up questions or ask for further elaboration on certain aspects of their experiences and their impact on their relationship. All areas were intended to be covered by the end of the interview without compromising the participants' autonomy to talk freely wherever possible. Where appropriate, I used unrehearsed prompts to encourage an in-depth account of the participant's experiences (e.g., can you tell me more about that?).

4.8 Ethical considerations

As argued by McLeod (1994), the ethical implications of research must be considered at all stages of the process. To this end, the current study was evaluated in accordance with the ethical framework outlined by Bond (2004), in which the principles of beneficence, non-maleficence, autonomy, fidelity, and veracity are all emphasised. At the heart of these principles is the active seeking to do no harm to the participants and an attempt to guarantee transparency. I also aimed to adhere to the ethical research guidelines recommended by the British Association for Counselling and Psychotherapy Ethical Framework (2015), thereby protecting the participants and enhancing the validity of the findings.

Ethical approval was granted for the current study by the DPsych Programme Research Ethics Committee (PREC) Ethics Committee at the Metanoia Institute via Middlesex University. This approval covered the recruitment of participants who had experienced SA&CSB and who had felt the impact of this on their relationships (Appendix F). As any study could compromise ethical guidelines at any point, the monitoring of the study by the researcher's supervisor was a core requirement.

4.8.1 Informed consent

Before the interviews, informed consent was obtained from all participants to ensure that they were fully aware of the research's goals and requirements, its aims and procedures, and how the findings would be used. It also ensured that their questions were invited and answered fully. It explained that the consent process would be formalised by the participants' signing of a form before the interview (Appendix E). This form asked for them to consent to their participation in the research, to the recording of the interview, and to their anonymised quotes being included in this thesis and any relevant publications or presentations. It was emphasised verbally and in writing that their consent could be withdrawn at any point, that certain interview questions need not be answered, and that they could terminate the interview at any point. Participants were also advised that a verbatim transcript of the interview would be sent to them post-interview for their records, information, and possible

amendments. The consent form was also signed by the researcher, and a copy was given to the participants for their own records.

Participants were assured that the information discussed would be treated sensitively and confidentially. Since the existence of the tapes and transcribed interviews could compromise confidentiality, participants were informed of who would have access to the transcripts and published material. They were also advised that any information that could potentially identify them would be removed from the transcripts and digital recordings, which would be stored securely on a password-sensitive computer or in a locked cabinet. Participants were informed that the recordings and transcripts would be destroyed upon completion of the study.

4.8.2 Potential distress

As highlighted by Banister, Burman, Parker, Taylor, and Tindall (1994), the interview process can bring up emotionally painful experiences that cannot be dealt with in the research setting. Additionally, research in the fields of sexuality and SA&CSB is very sensitive and personal. Subsequently, the process of reflecting on the impact and experience of SA&CSB on a couple's relationship could be a potential cause of distress and harm for participants during the interview and might trigger painful emotions. To effectively manage this during the interview, I endeavoured to use my clinical skills to conduct the interview in an empathic, sensitive, and respectful manner while remaining bound by the interview's purpose and preventing it from evolving into a therapeutic session. Additionally, at the end of the interview, participants were informed that if they felt affected by the interview in any way they could contact me, and I would provide them with the contact information of a therapist whom they could contact for one session, paid for by myself, to seek further support (Appendix D).

The notion that 'a researcher can never be certain why persons agree to be research participants' (Corbin, 2008: 29) emphasises the importance of researcher sensitivity to non-verbal as well as verbal responses from participants. It is, therefore, important that the interviewer be sufficiently skilled to conduct the interview with sensitivity. To this end, I could draw on counselling skills to engage a focused sensitivity to the participants' reactions.

A verbal debriefing was conducted after the interview to discuss the experience of participating in the research and to monitor any unanticipated negative effects or adverse emotional consequences that may have arisen from participation. In addition, an email was sent to each participant post-interview to express the researcher's immediate thanks for their contributions. This was followed by a verbatim transcript of the interview once completed and an invitation for any comments or amendments to be made. No amendments were requested.

4.8.3 Transcription

Each interview was transcribed verbatim by the researcher, with care to note any significant non-verbal behaviours, such as laughter or noticeably long pauses. All identifying features of participants were changed at the time of transcription to maintain anonymity. A pseudonym was assigned to each participant and used throughout the analysis, and details regarding names, place names, and any other identifying details were, as far as possible, altered to protect privacy.

4.8.4 Confidentiality

All participants were informed that the interviews would be kept confidential unless there was a reason to believe that the participants were at risk to themselves or the public. In this case, I would need to break confidentiality and share the information with appropriate third parties. This was explained to all participants at the start of the interviews. The participants were assured that confidentiality would be maintained within the thesis or any publication of the study through the removal or alteration of any identifying data. Data were stored per the 1998 Data Protection Act, and any information that might have identified an individual was stored separately from the interviews. The recordings were downloaded onto a private, password-protected computer and saved onto password-protected files. The participants were informed that the interviews would be transcribed by the researcher, and these transcriptions and any analysis of the data would be stored securely on a server to which only the researcher would have access.

All participants were informed that two authorised persons would be looking at the data for supervision, quality control, and accuracy with the reporting, but that only the researcher was aware of each participant's identity throughout the study. In addition, all consent forms and personal information would be shredded following the examination of the thesis, and all forms of data and analysis would be stored securely for five years, after which they would be destroyed or erased.

4.9 Data analysis

The data analysis process I followed was an outline set out by Smith et al. (2012). Transcribing the interviews constituted the first step. The second stage involved reading and rereading all the transcripts while listening to the audiotapes of the interview, which allowed for immersion in the participants' accounts.

Subsequently, each transcript was colour coded with corresponding exploratory comments for both A) the addicted partner and B) the non-addicted partner, while I also focused closely on the data to see what themes began to emerge. During this stage, I attempted to imagine what it is like to be the participants and what experiences, events, processes, relationships, etc., were being described and claimed by the couple. This process represented the first

interpretative stage in the analysis, and I had to be mindful of not losing the connection between my interpretations and the couples' own accounts (Smith et al., 2012).

This was followed by a systematic process of organising the exploratory comments into axial codes/emerging themes and arranging those themes according to given labels that identified how SA&CSB impacted the participants and conveyed the meaning it had for them, all while keeping in mind the phenomenological focus on the nature, quality, and meaning of experience (Appendix I). Next, the axial codes were clustered together into themes. The final stage involved building a table of themes, emerging themes/axial codes and verbatim extracts from the transcripts, and the writing of a narrative account that reflected the relationship between the participants' accounts and my interpretative action (Smith & Eatough, 2006).

IPA has been described as 'a set of processes (moving from the particular to the shared, and from the descriptive to the interpretative) and principles (e.g., a commitment to an understanding of the participants' point of view, and a psychological focus on personal meaning making in particular contexts) which are applied flexibly, according to the analytic task' (Smith et al., 2012: 79). The experience of conducting the analysis was challenging, and it involved a fluid engagement with the transcripts, flexible thinking, revision, and creativity.

It is important to reiterate that the themes generated and their attached meanings will be a representation of my understanding of what participants reported about their experiences of the impact and experience of SA&CSB on their relationships, and will therefore be open to the interpretation of others.

I followed the guidelines set out by Elliot, Fisher, and Rennie (1999) for qualitative research methods to ensure the quality of the current study. These seven evaluation criteria are outlined below, with examples of how I have applied them to my research:

***Owning one's perspective**:* Elliot et al. (1999) proposed the notion that one 'owns' one's 'perspective'. I have demonstrated this in the current study by being transparent to participants and the reader about my own history of SA&CSB and its impact on my relationships and the reasons for my interest in the topic under investigation. I have been reflexive about my beliefs, values, assumptions, and my own history of SA&CSB, and how these might have influenced the data collection and analysis. Owning my perspective allows the reader to evaluate and interpret the analysis of my research and to consider possible alternative interpretations or apply an alternative understanding from a different perspective.

***Situating the sample**:* To allow the reader to assess the relevance and applicability of the findings, some descriptions of the participants and their circumstances have been provided.

At the same time, any information that might compromise issues of anonymity has been purposefully withheld.

***Grounding in examples**:* To demonstrate the analytic procedures used and to explicate the understanding that they have generated, I have included excerpts from the participants' transcripts throughout the analysis and discussion chapters. This allows the reader to appraise my interpretation and understanding of the data and to consider other understandings from different perspectives.

***Credibility**:* The credibility of the analysis and the themes generated was cross-examined by my AA & AC, who also checked for any overstatements, discrepancies, and errors that might have been made. Nonetheless, to maximise credibility, colleagues were approached during the coding of the first transcripts and at repeated intervals and asked for comments on my interpretations of the themes to establish the degree to which they concurred with the analysis as it progressed. In the main, concurrence and/or similarity were noted.

***Coherence*:** The coherence of the study was ensured through the logical presentation of the analysis and the master and emerging themes in a table. Where necessary, summary boxes were also inserted.

***Sensitivity to negotiated realities**:* In line with the recommendations set out by Henwood and Pidgeons (1992), all completed transcripts of the interviews were sent to the participants for them to read and check for accuracy and consistency, although participants' validation of the research findings was not sought. Some of the participants suggested that they would be interested in reading the study once completed. Accordingly, throughout the process of analysis and the write-up, I remained sensitive to their potential reactions to the findings, since these had emanated directly from their personal experiences.

4.9.1 Limitations

The strength of IPA is its commitment to people's individual experiences (Malik, Fateh, & Haque, 2009). This commitment is particularly significant for investigating phenomena of a personally meaningful nature. Additionally, while IPA allows the unexpected to emerge, theory-driven approaches often set unintentional limits on what can and cannot be said. The interview schedule in IPA is viewed as a mere basis for conversation and is not intended to be prescriptive or limiting (i.e., overriding the interest of the participants). Subsequently, IPA does not rely on pre-existing ways of understanding and allows for the emergence of new and unheard narratives that may be very different from what the research initially anticipated (Smith, 2004). This was considered particularly important for this study, as there is a scarcity of existing research on the subject. IPA explores how participants ascribe meaning to their experiences within their own social reality; this allows the researcher to develop an

idiographic understanding of participants' experiences (Bryman, 1988) and facilitates an understanding of the complexity of the phenomenon under study, which was the aim of the study, making IPA an appropriate approach to analysis.

However, a shortcoming of IPA is its reliance on language to reveal experiences. Willig (2009) claims that IPA is limited by language, as we only really know how people talk about structures rather than what they truly are. The language used in research data for IPA shapes the experiences we set out to understand and perhaps even prescribes our experience of the phenomenon itself. This reliance on language places the burden on providing a rich account of the participants' personal experiences (Willig, 2009). In addition, the interpretative nature of exploring human experience depends on the ability of the participants to express their experiences in words, and the level to which the researcher can reflect on their interpretations during analysis. Furthermore, IPA has been criticised for its lack of clarity in both the level of interpretation required (Larkin et al., 2006) and the incorporation of reflexivity into the analysis (Willig, 2008). It is questionable whether IPA is suitable for all participant groups, and it is thus preferable to recruit participants who can express themselves articulately, a limitation that was considered for this research.

Another criticism proposed by Willig (2008) is that IPA focuses on documenting and understanding the lived experience, but never seeks to explain why or how these experiences arise. Smith and Osborn (2007) have, to some extent, rebutted this critique by stating that the IPA process involves an empathic hermeneutic (understanding participant's perspectives), but also a questioning hermeneutic (a critical questioning of what participants express and experience), thus allowing an understanding of how or why these experiences arise.

4.10 Reflexive statement

As the clinical director of The Hudson Centre for Psychotherapy and Recovery, a specialist service that specialises in treating individuals, couples, and their adult families impacted by SA&CSB, I have a great need to contribute to existing scientific findings within this area of study. Smith et al. (2009) suggest that the purpose of IPA is to try and gain an 'insider perspective' while acknowledging that the researcher himself is the primary analytic instrument. Therefore, the researcher's beliefs are not seen as biases that need to be removed, but rather as necessary components for making sense of the experiences of other individuals. Smith et al. (2009) viewed reflexivity as a tool that allows the researcher to be open about his or her interpretative role rather than as a vital technique for the removal of bias. It is acknowledged that the process of co-construction and interpretation will inevitably be influenced by the researcher's own values, assumptions, and opinions (Larkin, Watts & Clifton, 2006). Thus, reflexivity is considered vital in facilitating transparency. For the purpose

of the current study, I have allowed the reader insight into my position and beliefs on the phenomena being studied. I am a recovering love and sex addict and am now sober from these behaviours (see Section 1.6).

In the study, the participants were asked about the impact of SA&CSB on their relationships. There was an obligation on my part to separate myself from any similar personal experiences during the process of data collection and analysis, but then to reconnect with these experiences during the interpretation process in order to explore how participants make sense of their lived experiences. This was achieved by 'bracketing' those of my assumptions that might have prejudiced my interpretation of participants' accounts, thereby potentially affecting that interpretation's validity (Giorgi, 2011). However, the challenge of achieving 'bracketing' is that a degree of objectivity is required for 'authentic bracketing, especially if the researcher has had the experience of the phenomenon under examination' (Philpot, 2009: 126). There is no obvious clarity in the literature on how bracketing is actually achieved. This further highlights the impossibility inherent in achieving the separation of all previous experiences and preconceptions from data collection and analysis. Shaw (2010) favoured the term 'reflexivity' over 'bracketing' or 'epoché', in which I, as the researcher, can engage in an attempt to understand the impact of any previous personal experiences on my interpretation of the data. This was the approach that I adopted, to avoid any fruitless attempts to eliminate such experiences completely. This allowed for transparency in my experiences and assumptions with both the participants and the reader.

During the period between the initial bracketing interview and the final bracketing interview, I experienced significant emotional upset in relation to my research. This became evident to me when I began devising the interview schedule. I started by developing open-ended sensitive questions regarding the participants' circumstances, with one of my first questions being, 'How long were you in the relationship with the sex addict?' As I wrote this, I felt an internal jolt. I did not understand what had caused this jolt, so I dismissed it and carried on with the work. However, unconsciously, my style of questions changed to a less sensitive style and became more factual. I sent the draft questionnaire to a critical friend for comment, and he commented on the bluntness and clinical nature of the questions. Following this feedback, I reread my questions and realised what the jolt had been: my partner and I did not have any support or anyone who would have asked us this question. It would have helped us if we had been asked these questions. With that realisation, a deep feeling of sadness and tears rose from somewhere deep inside me: tears of pain, loss, and regret, accompanied by a feeling of sadness and aloneness. I was aware that it was my own pain that had caused this outburst, but there was a parallel process in which I was wondering if, during the interviews, the participants would experience the same reaction as me, and if so, how would I, how could I handle it? Would I cry with them, would I comfort them, would I let them cry? It was several days before my emotions allowed me to revisit the questions. It was then that I fully understood what I had been doing: by devising questions that were more clinical, I hoped I would receive more clinical replies, less emotional replies that I could handle. I was afraid to

unleash the emotions that I suspected might still be present for some of the participants, as they were for me. But then my thinking changed, as I considered that the participants might want to be asked this question. Perhaps that is why they had volunteered to take part in my research – they wanted or needed to talk about their experience. This awareness helped me to design the questions in a more sensitive manner than previously.

Similarly, researchers carrying out phenomenological studies have often aimed to separate their preconceptions (Moustakas, 1994) using formal reflexive techniques (Duck, 1992). However, Caelli (2001) argued that for research to be considered truly phenomenological, it should require respondents to engage with these reflexive techniques in order to give a more accurate representation of the way in which they see the world pre-cognitively. From this stance, it could be argued that IPA has been wrongly labelled 'phenomenological'.

As the researcher, I have considered my involvement in the research process and have acknowledged how my own view of the world and the nature of my interaction with the participants may influence both the data collection and analysis. In line with Willig's (2008) emphasis on the need for the researcher to consider a range of possible effects on what is being communicated in the interview, I have also recognised that awareness of my own contribution to those of the construction of meaning from the data is vital. For example, my own social identity and the cultural milieu of the participants will both impact the data collection and analysis. Furthermore, the private setting and the interpersonal skills of the interviewer may engender an atmosphere of trust and respect in which participants feel able to comfortably discuss issues that may be personal or distressing in nature. Charmaz (2006) stresses the importance of establishing rapport with participants, which, according to Willig (2008), requires sensitive and ethical negotiation between interviewer and participant. To this end, I have remained alert to issues of reflexivity and have attempted to maintain a critical examination of my influence on the research throughout the study.

Finlay and Gough (2003) emphasised the importance of trying to be as reflexive as possible by allowing the researcher, as far as possible, to engage with participants' accounts in a fresh and open manner. From the outset, I was mindful of a heightened sensitivity to the positioning of the participants in the interview process. Specifically, I was aware that my experiences were similar to the addicted partners' and contrasted with those of the non-addicted partners'. Notwithstanding this disparity in our 'status', although the participants were aware of my practitioner role as detailed in the information email, letter, and flyer, I held the belief that they would favour my position as an academic researcher. Indeed, I felt that my role as a psychotherapist and SA&CSB specialist might deter some individuals from participating in the study if they thought they were going to be psychologically assessed. After due consideration, it felt appropriate to don the mantle of a 'professional', and I wore smart business attire for the interviews. In the main, this complemented the dress code of those participants who were often 'on call' for interviews, but at certain times, it was markedly at odds with the participants whose attire reflected their 'at-home' status.

It became clear to me that many of the participants had rationalised their reasons for voluntary participation and were keen to communicate their motivations to participate, which included that they had time, that the study might be interesting, and that they were keen to share their experiences and to help me and others in the process. In response, I purposefully maintained a balance between conveying gratitude as a researcher and demonstrating a professional approach that would encourage trust and diminish possible feelings of vulnerability.

However, from the initial interview, any thoughts I might have had in relation to viewing the participants as 'subjects' in my research were quelled, and I started to see them as true collaborators in a shared research project. To this end, I felt it important to foster a professional and friendly atmosphere to negate the introduction of a power dynamic into our relationships. Likewise, the interview context itself had a part to play in the initial 'dance', whether I was a guest in their living room or study, they were a guest in mine, or we faced each other in a more formal setting.

The idea that, at the outset of the interview, participants might still have been deciding how much of their intimate experiences they would allow me to know was uppermost in my mind. Therefore, as I sat back, listened, observed, and posed questions, I aimed to convey openness, flexibility, empathy, and genuine interest. This approach appeared to foster a rapport with each of the participants, which I felt brought me closer to their lived experiences in no small way, and any gratitude expressed by myself at the end of the interviews emanated from a deep sense of humility and privilege to have been entrusted with their stories. In parallel, I found the process of self-reflection throughout the process of gathering data and analysis illuminating in a way that I had not anticipated when I first embarked on this study.

Rather than attempting to appear merely unbiased or objective, the aim of outlining these assumptions is to describe myself and my attitude at the beginning of the research process. As recommended by Finlay and Gough (2003), I intend to make evident the motivations and interests that I may have introduced into the research, either knowingly or unwittingly. To this end, as recommended by Morrow (2007), I kept a research journal in which I focused on biases, thoughts, and emotions as they appeared during the interviews and my analyses of the data. It is my hope that by embedding explicit examples of reflexivity within discussions of epistemology, methodology, procedure, analysis, and results, the development of the reflexive processes that have contributed to the study will become transparent and understandable to the reader. Likewise, in accordance with recommendations made by Willig (2008), it is hoped that by providing insight into how subjective and intersubjective factors have influenced the research, the integrity and trustworthiness of the research findings may be increased.

Chapter 5

Findings

5.1 Analysis and results

This research paper used semi-structured interviews to explore the impact of sexual addiction and compulsive sexual behaviour (SA&CSB) on couples' relationships. The interviews were conducted with five couples, and the resulting transcripts were subject to IPA analysis, which led to the formation of five major superordinate themes and associated subthemes (see Table 2 below). This chapter will present the findings by examining these major themes and subordinate themes through the words of both partners in the couple, with verbatim extracts forming the basis of this chapter. These key quotes were selected as they effectively captured the meta essence of the emergent themes, and also, provided a balanced sample, including the voices of all the partners. As a result, they elucidate areas of both commonality and divergence of experience.

For validity, signifiers such as page number, line number, and quotes from the relevant transcript were used as references to support the identification of each constituent theme and couple. Pseudonyms were also used to preserve the participants' anonymity, and the likelihood that any information might reveal the identity of a partner was minimised.
However, it would appear useful to offer two premises before presenting the results of the interviews. The first is that the significant progression of SA&CSB and the impact on self and others, leading to emotional pain through discovery, and the impact this had on the couple leading to a fractured relationship, clearly emerged in the analysis. The second is the couples' acknowledgement of the positive outcomes of SA&CSB, an overarching theme to recovery seen in all transcripts.

5.2 Overview and themes

The accounts from the five couples present the reality of their experiences and the impact of SA&CSB on their relationships. Through IPA analysis, five superordinate themes and 15 subordinate themes were identified.

Table 2. Superordinate and subordinate themes

Superordinate Themes	Subordinate Themes
Progression of SA&CSB and the impact on the self and others (addicted partner)	• **A gradual progression of SA&CSB and lack of control** • **Recognising the impact of SA&CSB on self and relationships** • **Wanting the future to be better**
The first superordinate theme, "Progression of SA&CSB and the impact on self and others", was formulated after listening to, and reflecting on, the addicted partners' accounts. I observed that all addicted partners expressed a progression of their sexual behaviours and recognised how this impacted them and their partners. Moreover, a large part of this recognition, and a step towards healing, was the expression of a need to improve the future outcomes for the couple. This was in part because the recognition of the impact of SA&CSB on the couple by the addicted partner led to motivation to better the outcomes for both partners.	
Emotional pain through discovery (non-addicted partner)	• **Discovery: shock, anger, and partner's denial** • **Facing SA&CSB: emotional reactions** • **Long-lasting impact**
The second superordinate theme, "Emotional pain through discovery", was formulated after listening to, and reflecting on, the non-addicted partner's story. The story revealed that the non-addicted partner experienced feelings of shock and anger, which, in	

<table>
<tr><td colspan="2">addition to their partner's denial, led to emotional pain, which had a long-lasting impact.</td></tr>
<tr><td>A fractured relationship
(couple)</td><td>• Damaged attachment
• Lack of sexual intimacy after the discovery
• Financial consequences</td></tr>
<tr><td colspan="2">The third superordinate theme, "A fractured relationship", concerned the couple's dynamic as a whole and was formulated after evaluating, and reflecting on, both partners' accounts. Partners shared that their relationship has been fractured due to the impact of the SA&CSB – its discovery and its aftermaths. Partners reported that their relationship faced difficulties due to damaged attachment and a lack of sexual intimacy. Moreover, partners revealed that the additional financial burden, a consequence of SA&CSB, also impacted their relationship, as it led to arguments and bitterness about lost finances.</td></tr>
<tr><td>Impact of SA&CSB on the children
(children)</td><td>• Concern for the children
• Change in dynamics
• Children exposed to SA&CSB</td></tr>
<tr><td colspan="2">The fourth superordinate theme, "Impact of SA&CSB on the children", is related to the effect SA&CSB had on the couples' children and originated from reflecting on both partners' accounts. Both partners in most of the couples revealed that they were concerned about their children's well-being and safety due to their exposure to SA&CSB. In addition, parents talked about the impact on their relationships with their children and how it affected the dynamics between a parent and a child.</td></tr>
<tr><td>Positive outcomes of SA&CSB on the couple
(couple)</td><td>• Sense of relief
• Improved communication
• Understanding and healing</td></tr>
<tr><td colspan="2">The fourth superordinate theme, "Positive outcomes of SA&CSB on the couple", also considered the couple as a whole, and it originated from both partners' stories. Some partners shared that their relationship had improved after the discovery of the SA&CSB. They, especially the addicted partners, shared a sense of relief, which resulted in a more engaging and positive approach to their relationship. In addition, both partners found</td></tr>
</table>

that their communication had improved, and they understood each other better. Ultimately, the recognised positives led to healing and betterment.

5.3 Superordinate Theme 1: Progression of SA&CSB and the impact on self and others (Addicted partner).

Across all the interviews, the addicted partners talked about the impact of SA&CSB on themselves and their relationship. The addicted partners recognised the discovery of SA&CSB by their partner as the origin of their emotional pressures, which hindered their lives. Additionally, some addicted partners were able to recognise their sexual behaviours as being the central force that brought unfavourable changes to their relationships with partners and family. They also displayed a stance suggesting taking responsibility for their actions. All the addicted partners voiced a lack of control over their sexual behaviours and recognised how they had progressed from viewing pornography to more pronounced sexual acting-outs. Moreover, some addicted partners showed eagerness, sometimes impatience, to achieve a better future, and have a relationship as it was before the discovery.

5.3.1 A gradual progression of SA&CSB and lack of control

Some of the addicted partners spoke about their experiences of keeping their sexual behaviours under control. Noel expresses an example of this in the following extract:

> *"Deep shame that I was not able to control this, that it in a sense bettered me, in the sense that it took over, and got me to the point where I knew in the back of my mind that I was out of control but I could not – I couldn't find a way to get back on top, I couldn't find a way to regain that control, I couldn't find a way out of it. I was spending and I was taking more and more risks, and becoming more and more dependent on the thrill that it provided me."*
>
> *Noel (addicted partner – couple 5), Page: 8; L: 23–27.*

Noel's narrative around not being able to *'control'* his sexual behaviours, although he *'knew in the back of [his] mind'* what was happening to him, describes the progression of his behaviours, which become riskier with time. Noel expressed that those behaviours *'bettered'* him, and he could not *'find [his] way out of it'*, suggesting a deep sense of loss of power over his own actions and inability to regulate one's own life. As a result, this later led to feeling *'deep shame'*, affecting the way Noel was feeling about himself.

Below, Oliver also found himself in deep shame as a result of the feeling of not having control over his actions:

> *"Then there's the shame that I hadn't been stronger, that I hadn't been able to own it, to control it, to stop it."*
>
> *Oliver (addicted partner – couple 1), Page: 9; L: 45–46.*

Moreover, Oliver extends his worries about his ability to control his sexual behaviours in the future:

> *"For me, I just try to be honest about it, because I fear the biggest thing, the biggest problem moving forward, will be me beginning to hide things again, because it's that slippery slope. So, it's about sharing with Martha about it, but talking about that, but also at times just managing that myself, just understanding that I don't – I suppose it can be a daily issue at times, particularly when I'm really stressed at work and stuff's going south, shall we say."*
>
> *Oliver (addicted partner – couple 1), Page: 13; L: 36–41.*

Indeed, Oliver mentions his worries about SA&CSB relapse and repeating unhealthy sexual behaviours. He voices recurring thoughts of acting out as a "*daily issue at times";* however, Oliver finds sharing his thoughts and urges with his partner helpful in managing them.

Furthermore, Oliver expanded on the issue with control of his sexual behaviours and disclosed how his sexual behaviours progressed from porn and eventually led to physical contact and relation betrayal:

> *"(…) it mainly started around the use of pornography, and then that graduated onto webcams and conversations with girls and ladies. Eventually, it led to, yeah, I used*

to work away an awful lot, I still do, but I was obviously in certain places where I was able to go out and, you know, go to red-light districts and speak to and eventually frequent prostitutes as well, so it kind of graduated on."

Oliver (addicted partner – couple 1), Page: 2; L: 34–39.

Similarly, Jamie, Ben, Liam, and Noel provide a comparable account of the progression of sexual behaviours they experienced:

"(…) looking at male and female and also other types of pornography, transgender pornography. It eventually led to me meeting up with people in various ways, of both sexes, and sometimes paying for sex, other times just meeting up just on adult websites, that kind of thing, and also an affair that I had, one main affair with a coworker."

Jamie (addicted partner – couple 4), Page: 9; L: 36–40.

"(…) it started as pornography, you know, via online mainly, and then that led later on to webcam use, and eventually it led to engaging in or allowing myself to get embroiled in a series or a number of affairs at work, yeah, with colleagues."

Ben (addicted partner – couple 3), Page: 2; L: 29–32.

"(…) porn and only porn for years until I had – you know, literally the marriage had become that dead and dry that I had nothing else, that I just – then it progressed."

Liam (addicted partner – couple 2), Page: 9; L: 2–4.

"(…) the behaviour itself, which started around about 10 years ago, originally started out with a simple usage of pornography and then eventually graduated into using prostitutes on a regular basis."

Noel (addicted partner – couple 5), Page: 7; L: 12–14.

Consequently, all addicted partners illustrated the gradual progress of their compulsive sexual behaviours, stating that it '*started around the use of pornography',* and *'graduated'* into more complex behaviours of acting out, such as prostitutes and paying for sex. For Oliver and Ben,

the intermediate behaviour between pornography and prostitutes was webcams, which is a sexual activity that is more engaging than pornography but remains virtual.

In summary, some addicted partners recognised the feeling of powerlessness and lack of control over their sexual behaviours, which led to feelings of shame and guilt. All addicted partners started by viewing pornography, and it eventually progressed to transferring their sexual behaviours from the virtual world into the real world.

5.3.2 Recognising the impact of SA&CSB on self and relationship

All addicted partners in their narratives recognised and described how the discovery of their sexual behaviours impacted them and their relationships. In most cases, non-addicted partners' reactions to the discovery of their partners' sexual behaviours have created unsettling feelings within addicted partners. The addicted partners explain how it felt to see their partner react at the moment of discovery, and how the discovery affected the dynamics within the family, persisted, and changed their lives entirely. Moreover, some addicted partners felt deeply responsible for the impact the discovery of their sexual behaviours had on their families.

Below, Liam describes how, in his view, the discovery and his sexual behaviours affected his life and family:

> *"(…) it's destroyed my life at present and, you know, I'd like to say to you that this is the start of the new – of something new, but I'm not convinced it is any more, I just feel like it's just gradually withering in front of me and I don't know what else to do. So yeah, it's completely affected everything and I – yeah (…)."*
>
> *Liam (addicted partner – couple 2), Page: 11; L: 20–29.*

The above extract explains Liam's sense of the damage that has fallen into his life. He uses very strong adjectives to describe the current impact of the discovery of his SA&CSB, believing that '*it's destroyed [his] life at present*'. The use of the words '*my life*' seems interesting and suggests a self-centred attitude towards the recognised impact. Moreover, Liam appears to lose his hope for any betterment: "*I'm not convinced it is any more, I just feel like it's just*

gradually withering in front of me" and a degree of frustration and a feeling of powerlessness: "*and I don't know what else to do".*

Later, Liam mentions the effect of SA&CSB on his family:

> *"it's affected lots, it's affected our whole life, everything's different, you know. The only thing that's stayed the same really is work, you know, and that's a godsend, to be honest."*
>
> *Liam (addicted partner – couple 2), Page: 11; L: 11–13.*

> *"I know I've done wrong, I know I made mistakes, I know I – you know, what I did was abhorrent in many ways and that it's really upset Cindy"*
>
> *Liam (addicted partner – couple 2), Page: 8; L: 25–27.*

> *"I get that, I get that, you know, that I've hurt her"*
>
> *Liam (addicted partner – couple 2), Page: 9; L: 9.*

> *"I'm frustrated, if I'm being completely honest with you, Robert. That's the overwhelming – that's the overwhelming feeling right now."*
>
> *Liam (addicted partner – couple 2), Page: 8; L: 37–38.*

Here, Liam appears to understand the impact his behaviours have on '*our whole life',* which includes him, his partner and his family. Moreover, he expressed overwhelming feelings of frustration and explains that he finds his work to be '*a godsend'* and appears grateful that the work remained as it was before the discovery.

Similarly, Oliver expressed an understanding of his responsibility for causing damage to himself and his relationship:

> *"I still do struggle to talk about it, I hate what I did, I hate the fact that it went on for so long and that I nearly destroyed our marriage, I nearly – and I don't know, I've thought long and hard about why, why I have this need to just satisfy whatever urges I have. I know that I didn't – growing up I struggled very much, I struggled with feeling wanted, certainly, I had a very kind of – I suppose you'd call it Victorian*

upbringing, and I'm quite a distant father and I found that quite difficult. I never truly had even much love for my mother. It was very distant. Yeah, so even hearing myself say that—I'm not trying to make excuses for what happened. At the end of the day, you know, I'm responsible for what happened."

Oliver (addicted partner – couple 1), Page: 4; L4–L11.

Oliver illustrated the emotional and interpersonal dynamics he faced and explained that he '*hates*' what he did and still experiences difficulties in talking about it, suggesting a feeling of shame and guilt. In the above passage, Oliver shows a degree of reflection on his upbringing and his relationship with his parents, trying to understand why he became so preoccupied with satisfying his own sexual needs. The part '*Why I have this need to just satisfy whatever urges I have'* adds to the first subtheme on the lack of control over sexual behaviours and expands it by the discourse on Oliver's understanding of the damage he caused. Nonetheless, he is trying to conceptualise his own lack of control. After seeing how much damage it caused, in relation to his own childhood, he takes full responsibility for the impact his compulsive sexual behaviours had on himself and his relationship.

The feelings of shame and guilt Oliver mentioned were also disclosed by Jamie and Ben:

"I felt ashamed and I felt guilty. They were my two biggest things."

Jamie (addicted partner – couple 4), Page 10; L: 46.

"I found it difficult for a long time to look at Shelley in the eyes directly after all this came out, because I felt so ashamed."

Jamie (addicted partner – couple 4), Page: 14; L: 38-39.

"I wasn't really around much at home, and when I was back I was dealing with the guilt of everything that was going on and trying to make up for not being there, but not really coping with it very well and I wasn't happy."

Ben (addicted partner – couple 3), Page: 4; L: 46–49.

Moreover, Jamie and Ben further talked about the affected trust:

"(…) the impact on her has been her ability to trust me."

Ben (addicted partner – couple 3), Page 6; L: 23.

"(…) it impacted her because obviously I'd broken her heart and I've never regained her trust since."

Jamie (addicted partner – couple 4), Page: 10; L: 40–41.

The above suggests that the discovery affected the trust between partners, and the addicts had to deal with the feelings of guilt and shame that arose once their acting-outs were revealed.

5.3.3 Wanting the future to be better

All the addicted partners, except for one, spoke about their desires for the future to be better. In their narratives, it is noticeable that addicted partners are trying to move past the issues caused by them, by taking the required steps. In some cases, it is clear that some of the addicted partners seem frustrated about the lack of change in relational dynamics despite putting in the effort. Some of the addicted partners also appeared impatient about the recovery of their relationship.

Below, Noel describes his need for a better future:

"I feel that I am really trying to do everything possible, I possibly can, to create a better future for us, to do everything I can to make tomorrow a better day than today. I want us to live in the future, not in the past. I want us to get back fully together, and I believe that we can do that."

Noel (addicted partner – couple 5), Page: 10; L: 43–47.

The above extract from Noel shows his growing sense of responsibility for putting effort in to '*make tomorrow a better day than today*'. Noel voices in a positive manner the need for his family to '*get back fully together',* and he feels that he is *'trying to do everything possible … to create a better future…*'.

On the other hand, Liam's talk about wanting everything to '*go back to normal*' seemingly contains a certain degree of blame:

"(…) because I want this to go back to normal, I want us to be living together, I want us to try and give those children a proper, normal, whatever is normal, upbringing, and I don't feel that Cindy's allowing us to do that at the moment, because she's still stuck in a rut on this. So that's how it's affected us, the relationship is – you know, it's stuck in a rut (…)"

Liam (addicted partner – couple 2), Page: 10; L: 32–35.

"(…) but how long have I got to wait?"

Liam (addicted partner – couple 2), Page: 12; L: 25.

Indeed, in Liam's understanding, it is Cindy, his spouse, who is not '*allowing*' them to move on, and Liam even goes as far as saying that '*she's still stuck in a rut*'. Right after, Liam extends the '*stuck in a rut*' model and extends it over the relationship. Further, Liam voices his concerns about the time it takes for the change to arrive, suggesting impatience.

Moreover, in line with the above, Liam follows with his discourse and displays a degree of frustration regarding his need for change:

"I still attend that support group, and we've had couples therapy, you know, you name it. If there is something that Cindy wanted us to do in order to make this better, I've done it. I've jumped through every hoop, I've done everything I can."

Liam (addicted partner – couple 2), Page: 11; L: 34–37.

In the above passage, Liam almost declares that it is his spouse who stands in the way of change, since it seems he strongly believes that he has '*done everything (he) can*' in order '*to make this better*'. Liam conceptualises his effort to make everything better as something that should be appreciated by Cindy, and due to those efforts, everything should go back to as it was before Cindy discovered his SA&CSB, explaining, '*if there is something that Cindy wanted us to do (…) I've jumped through every hoop'.*

Similarly, Ben suggested having done everything his spouse asked him to for the relationship to survive:

"Well, Joan made it very clear that if I wanted to have a chance of us staying together, I had to start seeing and chatting to someone and basically enter into

therapy, that I had to show that I was willing to make a change. So, reluctantly at first, I accepted that. I started seeing a therapist, I joined a men's support group, the 12-step programme, and more recently we've been doing some really useful couples therapy actually, which has been a really big step forward for us. But yes, it wasn't something I wanted to do and it was something that – but it was something that I – you know, put it this way, Robert, you know, I'll do anything in order to try and make this right."

Ben (addicted partner – couple 3), Page: 3; L: 39–47.

Above, Ben's narrative demonstrates dedication and a willingness to 'make a change'. Indeed, he is ready to '*do anything in order to try and make this right*'. Ben wishes for the future to be better and decides to take all the necessary steps toward recovery.

Moreover, Jamie displays a similar attitude:

"(…) now I really put my focus on investing my time in Shelley and trying to get this back to where it needs to be, where I want it to be, and listening to the family."

Jamie (addicted partner – couple 4), Page: 13; L: 28–30.

"I've just learnt to, now, just not keep bringing it up, I guess, and not keep fixating and obsessing about what's gone on in the past, and just try, as hard as it is some days, to look to the future."

Jamie (addicted partner – couple 4), Page: 15; L: 20–23.

Jamie's narrative also refers to focusing on their relationship in order to 'get this back to where it needs to be'. Jamie uses strong words, '*where I want it to be'*, suggesting dedication towards achieving a better future for himself and his family. Indeed, he voices that instead of '*fixating on the past',* it is much more beneficial to have a positive stance and '*look to the* future'.

5.4 Superordinate Theme 2: Emotional pain through discovery

All five non-addicted partners in their narratives mentioned events and experiences that occurred during their addicted partners' sexual acting-out behaviour, which led to unsettling feelings characterised by experiencing emotional pain through discovering their partner's sexual behaviour. Moreover, all five non-addicted partners described experiencing an intense emotional reaction similar to trauma. The aftermath seemingly led to a global traumatic impact manifested in numerous ways through the mind and body. For many, this included physical reactions prompted by feelings of shock. Through this, the non-addicted partners reported feelings of confusion, self-blame, and loss of their respective identities. Moreover, the emotional pain was shown to be long-lasting.

5.4.1 Discovery: shock, anger, and partner's denial

This subtheme relates to the non-addicted partners' feelings of shock, anger, and betrayal of trust during the discovery of the addicted partners' sexual behaviours and disclosure. In addition, this subtheme explores the impact of denial expressed by the addicted to the non-addicted partners.

Below, Martha describes her experience of discovering her partner's compulsive sexual behaviours:

> *"I was in an absolute state of shock. I was in disbelief. I just couldn't believe that I hadn't picked up on something sooner. I mean, the lies, I was just full of questions, just absolute disbelief, shock. I guess I was in a state of shock."*
>
> *Martha (non-addicted partner – couple 1), Page: 2; L: 28–30.*

The above extract from Martha describes her '*state of shoc*k' at the point of discovery, and seemingly a sense of regret for not noticing '*something sooner'*. In this passage, Martha mentions a feeling of shock three times, suggesting that the discovery had a tremendous impact on her.

The discovery of her addicted partner's behaviours also had a strong emotional impact on Cindy:

> *"Well yeah, you know, he's doing this online, what he was doing, you know, sneaking off to do it, it just felt so – it just felt so wrong and sordid and just disgusting. I was really disgusted, and it did draw a distance. So after a lot of anger, yeah, on my part, but rightly so, I got him to move out because I didn't think he was setting a great example to the kids."*
>
> *Cindy (non-addicted partner – couple 2), Page: 3; L: 31–35.*

Above, Cindy speaks about her experiences with an intense mix of strong emotions. Cindy expresses feeling disgusted by her partner's sexual acting-outs, which led her to distance herself from the relationship. Seemingly, it was her way of protecting herself from being hurt further and displaying her disapproval. In Cindy's opinion, the anger she had towards her partner was justified, and she felt that distancing her spouse from their children was in their best interest, because, as she believed, her partner was not '*setting a great example to the kids'*. Here, Cindy appears to be protective over her children and herself, possibly because she started seeing her spouse as a threat who might negatively impact people around him.

Cindy's anger, which she felt at the point of discovery towards her spouse, was further described below:

> *"(…) for the first few weeks of finding out, he was living with us, and obviously these feelings were still incredibly raw, but I was out of control, my anger was."*
>
> *Cindy (non-addicted partner – couple 2), Page: 7; L: 23–25.*
>
> *"I just hated him. I hated everything about him in that moment."*
>
> *Cindy (non-addicted partner – couple 2), Page: 4; L: 24–25.*

Cindy's narrative makes references to the pain and hate she felt, suggesting a hostile attitude towards her partner. She mentions that her anger was '*out of control*' – this behavioural outburst suggests deep emotional pain as a response to feeling powerless and helpless, almost like a distraction from inner vulnerability to temporarily numb the deluge of overwhelming feelings.

Similarly to Cindy, Shelly also wanted her partner to leave once she found out:

"Just the extent of his lying, and the fact I didn't have a clue about it up until discovering that text message from Mike. I felt very betrayed and hurt. I wanted him, if I'm totally honest, to leave."

Shelly (non-addicted partner – couple 4), Page: 3; L: 41–44.

In the above extract, Shelly felt pain and experienced a sense of loss. Shelly decided to manage those feelings by protecting herself to create distance between her and the origin of unwanted emotions; therefore, she distracted herself with the idea of her spouse leaving.

Below, Joan talks about a sense of disbelief and feeling mad:

"I was mad, I was – well, to be honest, I was in utter disbelief, I could not – I could not believe what she was telling me. I almost thought 'This is a bad dream, it's a sick joke', but of course, it wouldn't be, my daughter's not like that. I confronted Ben, and he said it was a mistake, as in something that she'd seen that wasn't meant for him, and he threw every excuse at us, telling us it was something to do with an app he'd downloaded, oh I don't know, and eventually he opened up, but it took a while."

Joan (non-addicted partner – couple 3), Page: 9; L: 8–14.

Joan, in addition to the feeling of '*utter disbelief',* felt '*mad*'. Joan's sense of disbelief appears to be extremely pronounced; she thought of it as a '*bad dream*' or even a '*sick joke'*, which she would ignore if not for the credibility of her daughter, who discovered Joan's spouse's explicit content on his phone and reported it to Joan. Joan reflects on her partner's denial when confronted, who, as she mentions, '*threw every excuse'* but eventually '*opened up'*.

The denial upon discovery is a phenomenon that is consistent across all the interviews:

"At first, he sort of tried to deny it, but obviously then he opened up about it."

Martha (non-addicted partner – couple 1), Page: 2; L: 9–10.

"For a long time, he was in denial. He just kept saying 'I don't have a problem, it isn't a problem, loads of men do it. I bet if you ask your friends, all of their husbands look at sites."

Cindy (non-addicted partner – couple 2), Page: 4; L: 16–19.

"(…) after a lot of pushing and prodding and poking around, Noel eventually confessed."

Eva (non-addicted partner – couple 5), Page: 2; L: 14–15.

"Then he eventually, eventually, after a while, and after obviously me telling him about the private investigator, he came clean about everything."

Shelly (non-addicted partner – couple 4), Page: 3; L: 35–37.

All non-addicted partners in their narratives referred to different ways in which they dealt with the addicted partners' attempts to avoid disclosing the truth about their sexual compulsions. Consequently, for many of the nonaddicts, this led to a plethora of mixed emotions.

5.4.2 Facing SA&CSB: Emotional reactions

All non-addicted partners in their narratives described the profound impact that the process of discovering and disclosure of their partners' SA&CSB had on them. They described and positioned their own affective responses, with a focus on the emotional turmoil represented through discovery. Individual meaning making was eclectic; however, it was principally experienced through anger, denial, shock, sadness, and depression.

Below, Martha shared about being overwhelmed:

"I struggled an awful lot to come to terms with what had happened, you know. I felt like this huge – I felt like it was a huge trauma in my life, and, you know, I wasn't sure if staying together was right, right for me, right for my children, how did I know that he wouldn't do it again?"

Martha (non-addicted partner – couple 1), Page: 3; L: 24–27.

Martha's narrative suggests a powerful sense of confusion and overwhelming negative emotions that led her to feel like she had experienced '*a huge trauma*'. Martha's affective struggle led her to question the arrangements she has had with her partner.

Cindy's narrative expands on the feeling of trauma:

"I felt so traumatised by his sexual behaviour."

Cindy (non-addicted partner – couple 2), Page: 4; L: 36.

"I'm working through that in my own individual therapy, and as a result of it I've started suffering with terrible panic attacks and anxiety, something I never had experienced."

Cindy (non-addicted partner – couple 2), Page: 6; L:45–48.

In the above quotes, Cindy discloses that, as a result of discovering her spouse's sexual behaviours, she started to feel affected by strong, significant psychological issues, which she tries to manage through the work of individual therapy.

Joan also uses powerful words to describe her trauma:

"(…) almost like – I guess, I've only experienced it with grandparents, but like a bereavement almost (…)."

Joan (non-addicted partner – couple 3), Page: 9; L: 19–20.

"I started feeling panicky; my chest would feel tight. I at times just wanted to scream and at times, if I'm honest, I wanted to just run away or not be here to deal with it."

Joan (non-addicted partner – couple 3), Page: 10; L: 1–4.

In the above extracts, Joan compares her emotional state to the state of grief, comparing her feelings to those she experienced when her grandparents passed away. This suggests a profound feeling of loss and emotional, physical, and psychological distress.

Conversely, Shelly and Eva provide a similar account of their experiences:

"It's damaged me, if I'm honest, emotionally, physically, mentally. I just feel very broken. I feel just constantly questioning everything that our relationship stood for."

Shelly (non-addicted partner – couple 4), Page: 5; L: 34–36.

"Communication with us is amicable, as I've said, but it's strained at times, strained. There is still very much a presence of the trauma and how broken I feel I am and our relationship is."

Eva (non-addicted partner – couple 5), Page: 5; L: 21–23.

In both extracts, the non-addicted partners talk about feelings of being broken in the present, suggesting that Eva and Shelly feel emotionally overwhelmed and damaged to the point of feeling worn down and exhausted, which had a long-lasting impact on them.

Moreover, all non-addicted partners, when talking about their experience of confusion and the trauma, mentioned a loss of sense of "*who I am*".

"(…) you start to think 'Is it me? Am I not attractive any more (…)'"

Martha (non-addicted partner – couple 1), Page: 4; L: 45–46.

"(…) we've got four children together, we've built a life, we had a wonderful life, and was I not enough for him? You know, all of that, I questioned for a very, very long time."

Martha (non-addicted partner – couple 1), Page: 4; L: 39–41.

"(…) was it something in me, was I to blame (…)"

Cindy (non-addicted partner – couple 2), Page: 4; L: 36–37.

"(…) part of me then felt a bit of blame, because I felt maybe I didn't give him enough love."

Cindy (non-addicted partner – couple 2), Page: 4; L: 19-20.

"I also felt an element of guilt and blame, that it was maybe me, you know. This is why he's had to turn to having affairs and pornography and webcams and whatever else."

Joan (non-addicted partner – couple 3), Page: 10; L: 6–8.

"I've almost questioned my own sexuality, in that my femininity. I feel I'm not enough for him, you know, because he's basically been with everyone, and it makes you question yourself, my own self-esteem, my own confidence as a woman. I feel that's sort of been taken away from me, he's made me question that."

Shelly (non-addicted partner – couple 4), Page: 4; L: 35–38.

In the above extracts, non-addicted partners disclosed experiencing an internal struggle with their own identity as a result of facing their partners' betrayal. Martha questions her self-worth by saying, '*Is it me?*', '*Was I not enough for him*'*?',* suggesting that the discovery had a negative impact on her self-confidence. Further, Cindy's narrative also highlights that she attributed the traumatic experiences to herself. For Joan, however, it is a mixture of both – guilt and self-blame, indicating an intense mixture of emotions in reaction to stressful stimuli. For Shelly, the experience was also profound; she seemed angry with her partner, blaming him for taking '*away*' and '*making'* her question her own sexuality and self-esteem.

In summary, all non-addicted partners talk of the overwhelming sense of shock that they initially experienced. It could be hypothesised that non-addicted partners experienced shock since their worst, almost unimaginable fear was confirmed. Although SA&CSB occurred a significant time before the interviews were carried out, all non-addictive partners experienced a complex array of intense and difficult emotions. Confusion, trauma, self-blame, and a loss of sense of "*who I am*" were prevalent.

5.4.3 Long-lasting impact

All non-addicted partners in their narratives talked about the way their partners' sexual behaviour had caused a long-lasting rupture in their relationship. Non-addicted partners talked about not being able to get over the damage, injured trust, and enduring legacy of the trauma**,** as located in the psyche and soma.

Eva's and Martha's narratives demonstrated the long-lasting impact their partners' sexual behaviours had on their relationships:

> *"Well, it impacted it massively, because – well, for me, I just couldn't get past it for a long time (…)"*
>
> *Eva (non-addicted partner – couple 5), Page: 3; L: 21–22.*

> *"I would sort of ruminate an awful lot because I would want to know, and I know that's been an issue for Noel because he doesn't like me to keep bringing back the past, and it's caused a lot of issues (…)."*
>
> *Eva (non-addicted partner – couple 5), Page: 2; L: 27 – 29.*

> *"So in terms of emotions, you know, we're still processing, we're still together and we have worked through the problems through couples and individual therapy, and that has helped (…)"*
>
> *Martha (non-addicted partner – couple 1), Page: 3; L: 28–31.*

> *"(…) every discussion, every time, you know, it kind of comes up, you know, because we bicker sometimes and you throw things back in one another's faces a little (…)."*
>
> *Martha (non-addicted partner – couple 1), Page: 7; L: 26–28.*

The above extracts show how two non-addicted partners find it difficult to move on. Eva '*just couldn't get past*' the discovered SA&CSB's of her partner. She would ruminate '*an awful lot*', suggesting a process of continuous thinking, and then '*bringing back the past*' (her partner's sexual behaviours), to conversations with Noel, who, as Eva narrates, '*doesn't like*' talking

about it, leading to interpersonal conflict and '*a lot of issues*' in their relationship. Similarly, for Martha, the issues of the past would come back during arguments, while she would '*throw things back in one another's faces*'. Although it has been a while since the discovery, and Martha works through the problems through couples and individual therapy, she does not feel that she has moved on since, as she believes, they are '*still processing*'.

Below, Martha, Cindy, and Eva relate to enduring a feeling of being hurt, and the long-lasting impact on trust:

"(…) we take each day as it comes and there is still a lot of hurt. I'm not going to lie, I can't just switch it off (…)."

Martha (non-addicted partner – couple 1), Page: 5; L: 20–23.

"(…) when he says he's got to work late or he's got to go to a meeting, my little brain switches immediately to 'Is he telling me the truth?' (…)"

Martha (non-addicted partner – couple 1), Page: 5; L: 45–47.

"(…) it was awful, and I still am still angry with everything (…)."

Cindy (non-addicted partner – couple 2), Page: 3; L: 19–20.

"(…) I became quite obsessed with wanting to know why (…)"

Cindy (non-addicted partner – couple 2), Page: 4; L: 35.

"I'm very angry (…)."

Eva (non-addicted partner – couple 5), Page: 3; L: 34.

"I mean, it made me become very obsessive in my behaviour, you know, compulsively feeling the need to speak to the credit card company, to look online at internet banking."

Eva (non-addicted partner – couple 5), Page: 2; L: 24–26.

In the above extracts, Martha starts by sharing that she is still hurt and that she is unable to *'switch it off',* referring to the damage caused by her partner in the past. Martha also revealed that she was unable to fully trust her partner. In the above narrative, she questions her partner's truthfulness when he says he cannot be back home on time due to work commitments. On the other hand, Cindy talked about persistent anger about everything that was done to her and her relationship. Additionally, she expressed feeling '*obsessed*' with wanting to understand '*why*', the reason behind her partner's actions that led to her being hurt. Similarly to Cindy, Eva also talks about being angry, and just like Martha, Cindy displayed issues with trust, to the point of being '*obsessive*' about checking up on her partner's activities to see if he did or did not relapse.

Furthermore, the following narratives from Cindy, Joan, and Shelly relate to the long-lasting *impact on their emotions, which fluctuate constantly:*

> *"I've come to realise that I do love him still, and some days, you know, I love what we're trying to save, but other days, I can't stand him."*
>
> *Cindy (non-addicted partner – couple 2), Page: 4; L: 25–27.*

> *"(…) one minute I would be fine, I would be doing the washing up, and the next minute I would be screaming at the top of my voice at him."*
>
> *Joan (non-addicted partner – couple 3), Page: 9; L: 44–46.*

> *"(…) one minute I want him to go away, the next minute I want him to stay (…)."*
>
> *Shelly (non-addicted partner – couple 4), Page: 4; L: 27–28.*

Cindy, Joan, and Shelly revealed intense and randomly occurring mood swings. In Cindy's example, although she has '*come to realise that*' she loves her partner, on certain days, she cannot '*stand*' the presence of her partner. By the same token, Joan also experiences internal emotional changes – at '*one minute'* she '*would be fine'* and the next minute, she would be '*screaming at the top of*' her '*voice*' at her partner. Similarly, Shelly's emotions also fluctuate. She shares that her mood changes rapidly between wanting her partner to stay and leave.

5.5 Superordinate theme 3: A fracture in the couple's relationship

All the couples spoke about the fact that SA&CSB had caused a fracture in their relationship. This theme, thus, focuses on the immediate consequences of SA&CSB on the couple's relationships. These consequences include issues of damaged attachment, lack of sexual intimacy after discovery, and financial consequences. All the couples identified the themes as a significant challenge to work on and overcome. The subtheme of damaged attachment and lack of sexual intimacy was identified as an important element for each of the five couples and was linked to their ability to move forward towards healing and growth.

5.5.1 Damaged attachment

The experience of damaged attachment was a common theme that was present in the relationships of all the participants. Furthermore, this was one of the biggest challenges they had to face. The damaged attachment was linked to the impact on their sexual intimacy, as the addicted partner's SA&CSB caused a betrayal, and their sexual activities outside the relationship had interrupted the attachment process for the couple.

Martha, Cindy, reflected on similar experiences of the impact of damaged attachment:

> *"Before I find out what had happened I was very – you know, I was a very loving, warm, passionate I thought, person, and since this, I've gone completely – I went, should I say, completely the other way."*
>
> *Martha (non-addicted partner – couple 1), Page: 7; L: 3–5.*

> *"My distance came from many years of me trying to get my husband to open up to me about why he felt the need to keep going online, masturbating over other women, and can't he see that that would have an effect on me?"*
>
> *Cindy (non-addicted partner - couple 2), Page: 3; L: 21–24.*

Martha and Cindy describe the impact of SA&CSB on themselves and their relationship, and how it damaged the attachment. Cindy conveys not only a concern for the breakdown in attachment but also how her partner would go online and look at other women.

The experiences of Martha and Cindy converge with those of Jamie, Shelly, and Noel:

"I feel it's permanently scarred our relationship."

Jamie (addicted – partner - couple 4), Page: 11; L: 23.

"It's just been really damaging."

Shelly (non-addicted partner – couple 4) Page: 4; L: 26.

"It's created a barrier, which, at the moment, I don't know if we can get over."

Noel (addicted partner – couple 5) Page: 9; L: 18–19.

Jamie, Shelly, and Noel convey a sense of the damaged attachment that ensued following the discovery of the SA&CSB, giving a sense of the inescapable timelessness and trapping nature of SA&CSB and the damage it has caused. The above excerpts vividly describe the impact of the breakdown of closeness in the relationship. The language used is central, with the use of *'permanently scarred', 'really damaging'*, and *'created a barrier'* showing how damaged attachment is a prominent theme for the couple. For them, a key consequence centres on the impact of the lack of sexual intimacy after the discovery in the relationship, which emerges as the next constituent theme.

5.5.2 Lack of sexual intimacy after the discovery

A lack of sexual intimacy after discovery is a recurrent theme expressed by couples impacted by SA&CSB. Almost all the couples interviewed for this research referred to a prevailing breakdown, with a lack of sexual intimacy after the discovery, and described how it affected their self-esteem, confidence, and relationship. Some spoke about the various challenges that they had to face after the discovery and the complex feelings they experienced at the time. The difficult dynamics in the relationship could potentially have been exacerbated by a lack of intimacy. Martha, Cindy, Liam, and Jamie provided an insight into the impact of the lack of

sexual intimacy after the discovery on their relationship from the perspective of both the addicted and the non-addicted partner:

"I've lost a lot of my confidence in that area as a result of everything that's gone on."

Martha (non-addicted partner - couple 1), Page: 13; L: 13–14.

"For a long time, I struggled with getting intimate with Oliver. I just couldn't shift the thought that I maybe wasn't enough for him."

Martha (non-addicted partner – couple 1), Page: 5; L: 46–47.

"It's taken a good couple of years to get intimate again with Oliver on a sexual level."

Martha (non-addicted partner – couple 1), Page: 7; L: 6–7.

Martha's narrative is a powerful description of her experience of intimacy failure in her relationship. Initially, she demonstrated how her partner's SA&CSB affected her and their relationship. In these extracts, she offers a powerful description of the stages of a lack of sexual intimacy. She describes how she has lost confidence since discovering her partner's SA&CSB. Additionally, she depicts her struggle to be intimate, as she could not shift the thought as though she was not enough for him, and how this had affected her self-esteem. On a symbolic level, it is possible that Martha feels deprived of intimacy with her partner, as she could not shift some of the painful thoughts from her mind.

Cindy and Liam also talked about the effect SA&CSB has had on their sexual intimacy:

"We haven't been sexually intimate for a long time."

Cindy (non-addicted partner – couple 2), Page: 5; L: 40.

"I have no sex life, I haven't done for 18 months."

Liam (addicted partner - couple 2), Page: 10; L: 48–49.

Cindy and Liam's narratives describe their experiences of the lack of sexual intimacy in their relationship. Both narratives indicate that they were aware that their partner was not being

intimate in the relationship. Liam looks to attribute this decision to his partner's discovery of his sexually acting-out behaviour, which altered his partner's attitudes as well as her sexual behaviour with him.

Jamie also spoke about not being intimate with his partner since the discovery of SA&CSB in their relationship:

> *"We've not been able to be intimate for – well, ever since obviously Shelley found out about it."*
>
> *Jamie (addicted – partner – couple 4), Page: 11; L: 42–43.*
>
> *"It's impacted in the sense of how we live day-to-day, it's impacted in the sense of our physical intimacy, and obviously on trust."*
>
> *Jamie (addicted partner – couple 4), Page: 11; 45–46.*

For Jamie, the impact of SA&CSB on their relationship was evident. He spoke of a weakened relationship with his wife. His narrative is a powerful description of the stages of SA&CSB. He talked about how they had not been intimate since the discovery and how it destroyed his relationship and resulted in a lack of intimacy. It could be interpreted that Jamie's compulsive use of seeking sex outside his primary relationship impaired his ability to be intimate at an emotional and deeper level.

Although all the couples experienced diminished sexual intimacy, many also spoke of effects outside of their relationship, such as financial consequences. This area is discussed in the next section.

5.5.3 Financial consequences

Almost all of the interviewed couples talked about the highly emotive issue of financial consequences, as the couples' income was mainly spent on SA&CSB acting out. The majority of the non-addicted partners expressed shock, confusion, anger, and frustration at the money spent on acting-out behaviour without their knowledge. Furthermore, the addicted partner did not show any financial accountability or constraints for their spending during their SA&CSB.

Through Jamie's admission below, we can gain insight into the lack of accountability shown by an addicted partner to explain the way he used his couple and family's joint finances on his SA&CSB, leading to financial consequences:

"We have a joint account and there's a lot of money that I spent that was ours, which I've used to indulge myself in the past, in the past few years."

Jamie (addicted partner – couple 4), page: 11; L: 48–49.

"In retrospect, it makes me even more ashamed, the amount, because there's money there that could have gone towards so many other things that we want for our children and our future."

Jamie (addicted partner – couple 4), page: 12; L: 46–48.

Jamie talked about spending a lot of money to 'indulge' himself, and this suggests a considerable investment of time, energy, and money spent in order to maintain his SA&CSB. For Jamie, it appears that there was a split between spending the family money on his sexual acting-out behaviour and now feeling ashamed about the money he spent, which could have been put towards his children's future.

Within their narratives, Cindy, Shelly, and Eva, all non-addicted partners, referred to different ways in which their addicted partner used their joint finances to support their sexual acting-out behaviour. Additionally, their addicted partners did not demonstrate any care or responsibility as well as any accountability for its impact on their partner and relationship. One of the non-addicted partners highlighted the conflict between wanting full disclosure in order to move forward:

"It was our joint money that was paying for these sites, paying for prostitutes."

Cindy (non-addicted partner – couple 2), page: 5; L: 26–27.

"And at the time of him using all these sites, it was coming out of both of our monies."

Cindy (non-addicted partner – couple 2), page: 10; L: 14–15.

"He's also spent an extortionate amount of money, and we've agreed and he's agreed that I want a full disclosure on everything before we can begin to get back what we had, if we ever can."

Shelly (non-addicted partner – couple 4), page: 4; L: 28–30.

"I mean, huge. He has spent an extraordinary amount of money."

Shelly (non-addicted partner – couple 4), page: 5; L: 47.

"He's spent an absolute fortune on these online sites, these pornography sites, prostitutes, having affairs with prostitutes, taking women out, and this all comes at a cost."

Eva (non-addicted partner – couple 5), page: 4; L: 4–7.

On examining the above extracts, it appears that among the interview participants, Cindy, Shelly, and Eva experienced the strongest anxiety and uncertainty about the large amount of money spent by their partners on sexual acting-out behaviour. The hardest part for Shelly is what she describes as the *'extraordinary amount of money spent'*; as a result, she feels that she needs a formal disclosure before they can move forward. Furthermore, the betrayed partners expressed feeling confused and cheated, as the money their addicted partner spent on their behaviour could be spent on them or their family.

This is a characteristic of the non-addicted partner living in a state of confusion and conflict about their partner's SA&CSB and money. The addicted partner Noel shared that his partner wants to know why there is such significant debt. I can hypothesise that Noel's debt was incurred during the time he was sexually acting out, and he has kept this a secret from his partner:

"She obviously wanted to know why, why there was significant debt on both cards."

Noel (addicted partner – couple 5), page: 7; L: 32–33.

"Huge debt"

Noel (addicted partner – couple 5), page 9; L: 33.

In contrast to the experiences of others, Ben describes financial implications in the context of the consequences of his behaviour; he talked about taking some time off work as a sabbatical and the cost of therapy:

> *"Financially, I have taken some time off from work. I suppose you'd call it a sabbatical, which I felt I needed to do in order to really focus on this and to try and give it – and also to show to Joan that this, what we have, what she is to me, what my girls are to me, is more important than my job, anything. So I suppose, yes, there is a financial implication of that, of taking that time off, but [laughs] worth every penny, and obviously, the therapy itself always has a cost, but again worth every penny."*
>
> *Ben (addicted partner – couple 3), page: 6; L: 26 – 29.*

From the above, we can gain insight into Ben's narrative, which demonstrates the consequence of his SA&CSB by taking time off work to engage in treatment and recover from his behaviour. Ben shows an awareness of his conscious decision to take time off work, and to focus on his recovery.

Despite the negative impact of SA&CSB on the couple's relationship and financial status, many of the couples simultaneously spoke of the impact of SA&CSB on their children, which we will turn our attention to in the next section.

5.6 Superordinate Theme 4: Impact of SA&CSB on children

The participants expressed concerns about the impact of SA&CSB on their children. The couples highlighted that they were worried about the altered parent–child relationship after the discovery, and talked about the need to protect their children. Many of the non-addicted partners, despite their own trauma of discovery or disclosure, were able to shift their focus to the wider impact of the SA&CSB on their children. This theme, therefore, explores the impact of SA&CSB under three subthemes: concern for their children, change in dynamics, and the children being exposed to SA&CSB.

5.6.1 Concern for the children

In the quote below, the addicted partner, Oliver, describes the gratitude he has to his partner for being able to look beyond her own trauma and pain to ensure that it does not affect the way she takes care of their children:

"I'm really grateful to her that she hasn't allowed her pain to affect how she deals with the children."

Oliver (addicted partner – couple 1), Page: 11; L: 34–35.

"(…) we've got four children together as well, so I was deeply concerned about them and the impact that this would have (…)."

Oliver (addicted partner – couple 1), Page: 3, L: 12–14.

Oliver's above narratives convey the deep sense of concern he has had for his children and the possible impact of the issues caused by his acting out, not only on his relationship with the children but also on his partner's relationship with them.

Another couple also talked about their relationship with their children being damaged by the discovery, and their confusion about how to deal with it:

"(…) but he's confused and upset about it, and I don't know what to say to him."

Liam (addicted partner – couple 2), Page: 11; L: 7–8.

Liam shared the difficulty of not knowing how to explain the situation to their children. This highlights the aftermath of disclosure on the parent–child relationship. Liam shows a sense of powerlessness through a feeling of not knowing how to cope with the situation.

Furthermore, although the addicted parents described feeling confused about how to communicate this situation to their children, some also expressed remorse and concerns about the long-term effects of discovery on their children:

"I hope to God it hasn't and doesn't affect their ability to have trusting relationships moving forward."

Ben (addicted partner – couple 3), Page: 6; L: 42–43.

"I would hate to feel that that shattered their image of what a relationship can be or should be."

Ben (addicted partner – couple 3), Page: 6; L: 45–46.

In these quotes, Ben shares his worries about affecting his children's ability to trust and their idea of romantic relationships. This quote suggests that Ben is overwhelmed with feelings of guilt, and there is recognition of the negative example this situation set for his children. This was also present in the non-addicted partners' narratives, where they believed that the addicted partner was setting a bad example for the children:

"*I got him to move out because I didn't think he was setting a great example for the kids."*

Cindy (non-addicted partner – couple 2), Page: 3; L: 35 – 37.

5.6.2 Change in dynamics

Many of the partners spoke of SA&CSB and its traumatic impact on their children and subsequent changes in dynamics in the child–parent relationships. All couples described the negative emotions that were stimulated in their children by the discovery of the sexual behaviour of the parent.

In the quotes below, Joan describes the emotional state of the children after the discovery:

"My eldest two have a lot of anger towards him, my eldest I think more so, obviously, because she found the messages."

Joan (non-addicted partner – couple 3), Page: 10; L: 11–12.

"The middle child, who's 16, she feels angry, she feels – she went through a period of she couldn't even – she wouldn't even talk to him."

Joan (non-addicted partner – couple 3), Page: 10-11; L: 49–2.

Above, Joan explains the immediate and noticeable impact of the discovery of SA&CSB on her children. She talks about her children's behavioural changes as a

result of the discovery that the children refused to communicate with the addicted parent.

Similarly, Oliver describes the impact on the home environment and older children:

> *"Impacted the home because obviously, it caused a lot of anguish in the home, which, you know, as Martha's alluded to it, was picked up on by certainly the older children."*
>
> *Oliver (addicted partner – couple 1), Page: 9; L: 33 – 35.*

Ben also mentioned how the family system is invariably impacted by the SA&CSB, and he described a division it created between children:

> *"(…) it's affected them (children) certainly with our relationship and it's created a sort of – I suppose you would say a division in the household (…) so it's created a division almost within them as sisters."*
>
> *Ben (addicted partner – couple 3), Page: 4; L: 18–23.*

Some couples also mentioned the possible confusion their children felt after the discovery of the sexual behaviour, and described how the disclosure left children with '*a lot of questions*':

> *"The 16-year-old has got a lot of questions, and the 14-year-old, you know, they're not stupid, they're nearly adults themselves."*
>
> *Oliver (addicted partner – couple 1), Page: 5; L: 28–30.*

5.6.3 Children exposed to SA&CSB

Some couples talked about their children's level of exposure to SA&CSB by the parent as a negative and painful experience.

Cindy depicted an overwhelming sense of negative feelings after her son's discovery:

> *"I didn't want him around the children, I thought he would – what he'd done was disgusting. He would – it would, gosh, just be so shameful for the children to know that. I mean, the fact my nine-year-old son came across it was horrifying for me. The extent to what he'd been looking at, as well, I would never want my child to have seen any of that."*

Cindy (non-addicted partner – couple 2), Page: 2; L: 31–37.

This quote clearly illustrates how a difficult event where her son was exposed to her husband's pornography has impacted the child and herself. The above excerpt captures the palpable feeling that the non-addicted partner experiences about their children's exposure to SA&CSB.

Similarly, Ben also talked about the shame he felt after his children found messages on his phone that led to the discovery of his compulsive sexual behaviour:

"I'm ashamed that they saw those messages."

Ben (addicted partner – couple 3), Page: 4; L: 19–20.

The above quote is a clear description of how the addicted parent can feel about the accidental discovery that was made by their children and its direct impact on them.

The accidental discovery made by children and the description of the level of exposure was also present in other couples' narratives:

"To my shame, my – well… our… eldest daughter was helping me with a work project on my phone, I'm a little backward when it comes to some of the modern tech, and she was helping me with a couple of new apps. I wasn't around at the time and I hadn't in any way thought it through, I suppose, but she saw a couple of messages that pinged up on my phone and was concerned and showed them to my wife."

Ben (addicted partner – couple 3), Page: 3; L: 6–10.

"(…) it came about because our daughter, our eldest daughter, who's 18, she was helping her dad with something on his phone I think, something for work, and she noticed some quite explicit messages coming through, to which obviously she came and told me and made me aware."

Joan (non-addicted partner – couple 3), Page: 9; L: 1–4.

It is present in these quotes that the children who were exposed to the SA&CSB chose to speak to the non-addicted parent first and aimed to make them aware of the situation (Also: "… *and said 'Mom, I've found this on Dad's computer'* …" (Cindy; non-addicted partner – couple 2; Page: 2; L22-23). Some of the non-addicted partners whose children were exposed to explicit images described feelings of shame about their children's exposure to explicit images and talked about it as a horrifying event.

5.7 Superordinate theme 5: Positive outcomes of SA&CSB (couple)

Positive outcomes of SA&CSB are considered a key step towards change through the recovery process. This describes the movement towards accepting the reality of SA&CSB in the relationship. This superordinate theme was perceived by the couples as something more evolved, which went beyond just the impact and survival of discovering SA&CSB. All the partners understood acceptance to be a process and were able to recognise and articulate a point that signified that they had reached a stage in their healing. This theme, therefore, pools partners' experiences of positive change and PTG that occurred as a result of experiencing highly challenging life crises.

5.7.1 Sense of relief

Most of the partners demonstrated a sense of relief as a step towards change through ongoing challenges. Many of the couples were undertaking a process to renew their sense of connection, achieve more balance in their lives, and recover together as a couple.
Oliver illustrated the sense of relief he got from his partner's discovery, and some of the steps that he and his partner had taken to accept and move beyond the SA&CSB:

> *"It sounds crazy, really I suppose, but I had a tremendous sense of relief at first when she found out about it. I'd not had the courage to deal with it, to talk to her about it for years, and I desperately wanted to."*
>
> *Oliver (addicted partner – couple 1), page: 2; L: 44–46.*

"A tremendous sense of relief that not – and tremendous sense of gratitude that Martha has forgiven me for it."

Oliver (addicted partner – couple 1), page: 4; L: 10–11.

"Initially, it was a mixture of that relief, horrible, horrible guilt, and shame, because of what I had been doing, what I'd hidden, and the lies that I'd told."

Oliver (addicted partner – couple 1), page: 9; L: 16–18.

"Then just panic, I suppose because, you know, the last thing I want and the last thing I wanted was to lose Martha and, you know, for it to affect the family. So, it was a mixture of relief leading into panic, and then just gradually, gradually over time, I was able to tell her more."

Oliver (addicted partner – couple 1), Page: 2-3; L: 48–51.

From Oliver's account, the experience of a sense of relief can be considered a cyclical process of *'on and starting off with honesty and transparency'*, without a narrowly defined endpoint, but as a continual process of reparation and movement from connection to closeness. The process was also described by Liam and Jamie:

"It's been good to be able to talk about it. It's been good to be able to, you know, express how I'm feeling as well."

Liam (addicted partner – couple 2), page: 12; L: 44–45.

"I suppose for me, once everything came out, I was finally completely honest. I feel I suppose now, I feel closer to Shelley than ever before. I feel like she knows the real me now rather than just the person that she knew before who had lots of secrets."

Jamie (addicted partner – couple 4), page: 11; L: 26–29.

"I suppose I felt a little bit of relief, Robert, a little bit of relief, just the fact that I suppose she's found out. There was a little bit of that, because I'd kind of known it was going to happen at some point, you know."

Jamie (addicted partner – couple 4), page: 10–11; L: 47–1.

For both Liam and Jamie, the process of discovering their secret sexual behaviour provided a sense of relief as new aspects of themselves within their relationship appeared to emerge as a contrast, with a drive towards closeness in the relationship and excitement for achieving a deeper connection as a motivation to move forward.

Additionally, Joan spoke about the experience of recovery as a process and a sense of relief from hearing others' stories, which offer relief from isolation and feeling alone:

> *"It was such a relief to just be able to be open and honest and to hear their stories, and to know that we're not alone."*
>
> *Joan (non-addicted partner – couple 3), page: 13; L: 15–18.*

The excerpts above portray a sense of relief, offer some insight into the process of change, and demonstrate the relevance of secrecy and shame to discovery and recovery. This may be due to the enduring nature of a traumatic process, which means that time becomes a critical feature of change, forward movement, and re-engagement.

5.7.2 Improved communication

This section examines the participants' attempts to reengage in communication with their partners and their relationships. The way in which SA&CSB was perceived within the relationship and over the course of the recovery process appears to be somewhat related to the partners' perceived sense of their relationship, dishonesty, deception, the betrayal of their partner, and their desire to reengage with the relationship. The majority of the couples referred to different ways in which re-engagement was painful and negative at first, before moving in a more positive direction afterwards.

This is illustrated in Martha's and Oliver's narrative, which states that:

> *"I guess it sort of helped us to kind of communicate with one another and enabled me to kind of stop, stop fixating on detail, and just my whole reality, the man I'd*

known for so long and the world I'd known for so long, had come crashing down, and it just enabled us to be able to communicate."

Martha (non-addicted partner – couple 1), page: 3; L: 15–19.

"The man I'd known for so long and the world I'd known for so long had come crashing down, and it just enabled us to be able to communicate."

Martha (non-addicted partner – couple 1), page: 3; L: 17–19.

"I feel like we're closer and stronger than we've ever been in our marriage. I suppose it's because the whole discovery of my addiction and what I'd done forced me to be honest."

Oliver (addicted partner – couple 1), page: 3; L: 38–41.

"It's made me feel a lot more honest, and it's enabled me to be honest with myself and with Martha, and that for me is the biggest and the most important of the impacts."

Oliver (addicted partner – couple 1), page: 12; L: 21–23.

"I suppose she had this picture of me that wasn't real, and now I feel that our love is stronger, and I feel that it's far more honest and we're far more transparent with each other."

Oliver (addicted partner – couple 1), page 14; L: 34–36.

"Then Oliver would openly tell me things. I would open up to him, and it built a very strong foundation for us to move forward."

Martha (non-addicted partner – couple 1), page: 7; L: 47–49.

"I feel Oliver is now much more open with me. He's honest, and I feel I know him on a much deeper level, which I thought I knew before, but actually I didn't."

Martha (non-addicted partner – couple 1), page: 28; L: 28–31.

For both Martha and Oliver, the process of discovering a more open and honest communication within their relationship appeared to merge as a contrast, with a drive towards growth in their relationship, and excitement about achieving deeper connection as a motivation to move forward. The process was also described by Joan and Shelly:

"Since doing all the therapy, I have a greater understanding of Ben, the person Ben is. I feel we engage with one another a lot more."

Joan (non-addicted partner – couple 3), page: 11; L: 31–34.

"The therapies provided a safe space for us both to, you know, communicate with one another without it turning very sour, and we've in turn become a lot more supportive with one another."

Joan (non-addicted partner – couple 3), page: 11; L: 34–36.

"Much more honest relationship than what we ever had."

Shelly (non-addicted partner – couple 4), page: 7; L: 44–45.

From Joan's and Shelly's words, it appears that the partners had reengaged with each other, which stabilised the relationship and allowed them to communicate more openly with their partners and feel more secure. They appeared to be dealing with the challenges and accepting the steps towards moving forward. Jamie also conveyed the recurring theme of re-engagement and recommitment for the relationship:

"There's an honesty there, and for me, there's a real sense of – there's a strange sense of happiness that she knows me and that she's still willing to fight for the marriage and to be with me, which I greatly, greatly appreciate and love her for."

Jamie (addicted partner – couple 4), page: 11; L: 33–36.

"It's helped me to become a more open person and, particularly with Shelley, to be more honest with her."

Jamie (addicted partner – couple 4), page: 13; L: 32–34.

Jamie portrays a sense of insight into his process of change and demonstrates some insight into openness and transparency. Jamie appears to make a clear differentiation between his

management of his challenges and his hope that this will send a very clear signal to his partner. In summary, it appears that improved communication played a fundamental role in the couple's attachment.

5.7.3 Understanding and healing

This final subtheme of understanding and healing is related to the experiences of the partners as they attempted to navigate the emotional aftermath of SA&CSB and its impact on their relationship. This means that, despite hardship or, indeed, periods of emotional turmoil, partners were able to draw upon their intrinsic strengths and resilience to cope, move forward positively, and grow.

The following extract illustrates and conveys Oliver and Martha's re-engagement, recommitment, sense of growth, and enhanced awareness of their relationship:

> *"It was only ever the sex, it was very much the sex, whereas now I really feel that we're starting to be able to reclaim the act as something which is more intimate and more honest and more reflective of the way I feel about Martha, and that's really – that's something which I'm really thankful for, and I want that to be – I want that to be the norm."*
>
> *Oliver (addicted partner – couple 1), page: 11; L: 37–41.*

> *"Then Oliver would openly tell me things. I would open up to him, and it built a very strong foundation for us to move forward."*
>
> *Martha (non-addicted partner – couple 1), page: 7; L: 47–49.*

> *"It gave me an opportunity to see, to redefine what was important, and to see that actually the emotional connection between us was more important."*
>
> *Oliver (addicted partner – couple 1), page: 13; L: 25–26.*

"Before, for me, it was almost out of a sense of guilt and obligation, whereas now there's a real, genuine desire and want for me to be close to Martha and show her that she's the only one."

Oliver (addicted partner – couple 1), page: 11; L: 3–6.

"I try and understand the obsessions and the addiction, because I understand it is an addiction, and addictions are very hard to break, and I don't want Oliver to relapse, of course I don't."

Martha (non-addicted partner – couple 1), page 8; L: 11 – 13.

Above, Oliver and Martha describe a journey of transformation through the different stages of healing. The couple focused on recovery work, which provided a 'new space of understanding, of intimacy and getting closer and being able to communicate with each other'. Martha described the benefits of seeing her partner's behaviour as an addiction. This helps her contain and dilute her obsession, which, in turn, offers the chance for self-reflection: *'had a lot of self-reflection'.*

This is also illustrated in Liam and Cindy's narrative, which states:

"I've really found benefit from chatting with other people who are in similar situations, who have had similar issues with their relationships, and that's really helped, you know, that's really, really helped."

Liam (addicted partner – couple 2), page: 12 – 13; L: 49 – 2.

"We also had couples therapy, and after time he did – he stopped denying and he started to take responsibility for what he had done."

Cindy (non-addicted partner – couple 2), page: 3; L: 46–47.

"We are working through things. We're in a much better place now, a year and a half down the line of having therapy, both individually and together."

Cindy (non-addicted partner – couple 2), page: 5; L: 1–2.

Both Liam and Cindy appear to be expressing a good level of enthusiasm, and this is likely to support continued growth and healing. Overall, in their narratives, there emerges not just a story of pain, but also one of positive growth and healing.

Ben, Jamie, Shelly, and Noel describe the journey of recovery through the stages of SA&CSB from discovery, their partners' shock, anger, and damaged attachment to recovery with elements characteristic of resilience. They also described in vivid terms the changes that occurred after the discovery of SA&CSB in their relationship:

> *"It's started to actually strengthen our relationship, because we've been attending a couples therapy where we have – we've chatted to other couples that have been through this and then come out the other side."*
>
> *Ben (addicted partner – couple 3), pages 5–6; L: 48–2.*

> *"I feel like I'm learning to understand and try and engage with my emotions more and try to become more compassionate, more empathetic, and this process is helping me do that, because it's helping me try to connect the heart and the mind."*
>
> *Ben (addicted partner – couple 3), page: 8; L: 10–13.*

> *"We've been doing some really useful couples therapy, actually, which has been a really big step forward for us."*
>
> *Ben (addicted partner – couple 3), page: 3; L: 45–46.*

> *"It just was never the future I imagined for myself, but at the same time, I feel like there's some kind of gradual journey towards me understanding more about why I am the way I am."*
>
> *Jamie (addicted partner – couple 4), page: 12; L: 18–21.*

> *"I find great comfort in talking to others who have been through a similar journey. Just having the opportunity to talk with other people who have been through it, because I haven't spoken to anybody who knows me."*
>
> *Shelly (non-addicted partner – couple 4), pages 8–9; L: 1–3.*

"Well, we're in the middle of the couples therapy, which is slow going, but it is going and that's better. I think for years it was only going one way, and that was backwards, and now at least it's going in a more positive direction."

Noel (addicted partner – couple 5), page: 11; L: 33 – 35.

In the above extracts, Ben, Jamie, Shelly, and Noel portray the different stages from discovery to recovery. They acknowledge the role of recovery group work, couples therapy, and psychotherapeutic intervention in enabling an increased connection and engagement with their partners. There is a sense that the skills they have learnt have enabled them to engage and communicate, which, subsequently, has allowed them to 'defuse' tensions. In fact, all of the couples described experiencing re-engagement and healing, followed by forgiveness, which allows for growth.

5.8 Critical self-reflection

The process of immersing myself by reading and rereading the transcripts while listening to the audiotapes and identifying themes was far more challenging than I had anticipated. I sometimes found it traumatising to analyse the data, read the transcripts and choose extracts to quote. I found myself drawn to, and fixated with, sections of the transcripts that resonated with me, even though I was conscious of the pain that this was causing me. Throughout this research, it was as though I wanted to see some of my own experiences in black and white as evidence that I had shared some of the same experiences as my participants, as if I needed an explanation for my years of pain. At times, I was deeply impacted by the research, and the line between the study and my own history became blurred. Sometimes, I struggled to read the impact reported, and I found it very painful and depressing as I immersed myself in the couples' experiences of helplessness and powerlessness. At times, I had to stop, journal my thought processes, and take a break.

Despite this emotional turmoil, I was able to identify what was happening to me as an emotional bias and was aware that it could skew the data. Subsequently, I knew I needed to

detach myself as best I could from the data to prevent this from happening. I reverted to an old pattern of behaviour I had developed and used as a coping mechanism in the past: I disassociated myself from the emotional element of my own experience. This allowed me to read the transcripts more objectively and choose extracts from a logical perspective. At this point, I felt like I was drowning in data and worried that there was not sufficient material for analysis, trying not to panic. I reached out for help to my academic consultants and peers, who pointed out the obvious. While searching for the voices of the partners, I was missing the narratives of the partners with the SA&CSB. How could I not have seen this? It all made sense. Following this experience, I was able to continue with the analysis, as I had dealt with the pain in my previous personal therapy. As the researcher, I was surprised by the role that emotions played in my research. I was deeply affected by the participants' reports of the impact of SA&CSB and struggled with analysing the data in isolation. At times, I felt overwhelmed and uncertain. I found reading the trauma reported by the couples distressing; however, at no point did I feel triggered by my past behaviour. I also coped by making myself more 'detached' from the material, working on my countertransference issues, and recording my feelings while reading the content. I regularly used the support of my AA and AC, a critical friend, and my colleagues to continue with the research. This awareness facilitated me in working through the data in a methodical manner, with as much objectivity as possible and with full knowledge of my own experience.

One of the greatest challenges was related to knowing how to integrate the analysis and results into a cohesive and inclusive form, given that I was working with themes from both addicted and non-addicted partners. Over time, I decided I had to focus on the dominant theme of the impact on each couple's relationship, but I was somewhat unsure how to present the findings in a way that might be meaningful to psychotherapists and counsellors. After weeks of ruminating, I realised that 'a fracture in the relationship' and moving to 'positive outcomes linked to PTG' reflected each couple's process and journey over time.

Building on the reflexive approach, supported by researchers such as Finlay and Gough (2003), allowed me, the researcher, to deconstruct my position in relation to the data and thereby mitigate any bias. It was important for me throughout this research to reflect on my own

experiences and preconceptions of SA&CSB and on how my personal history and professional experience might affect my perception of the analysis and data. The ongoing immersion in the data was the most challenging part of this process, because it posed a sensitive ethical issue around my dual roles: both as a researcher focusing on SA&CSB, and a professional with clinical work and a personal history relating to the addiction. I felt reassured by Etherington's (2004) principles that, by using reflexivity in research, we close the illusory gap between researcher and researched and between 'the knower and what is known' (2004: 32). This dual role for me formed a part of my personal therapy throughout the research. At this stage, therapy helped me distance myself by diarising my feelings and progression, which was a slow process, but one that was deeply beneficial in reflectively teasing out exactly which feelings belonged to me as the researcher, and which belonged to the participants. However, I was gratified and engaged by the detail and richness of the data and the responses of the participants.

In summary, I recognise that my overarching feeling has been one of respect towards the participants for their courage and resilience in the face of adversity. I feel a deep sense of gratitude and have been moved by their determination to maintain their relationships and dignity. Additionally, their openness when sharing the vulnerable aspects of themselves and their relationships has been truly humbling. As a result, the thought that some of the addicted partners could re-experience their shame and the non-addicted partners could be re-traumatised has, at times, made it feel uncomfortable for me. At other times, the importance of gaining a deeper understanding of the way SA&CSB impacts the couple's relationship has, in no small way, served to validate this research endeavour and encouraged me to investigate further.

5.9 Summary

This chapter presented the accounts of the five couples who portico[ated om the research in the form of five superordinate themes: (a) progression of SA&CSB and its impact on self and others (addicted partner), (b) emotional pain through discovery (non-addicted partner), (c) fractured relationship (couple), (d) impact of SA&CSB on children (children), and (e) positive

outcomes of SA&CSB (couple). Afterwards, 15 subordinate themes emerged from the analysis, which were presented using verbatim extracts from the transcripts to back up the identified themes.

All of the couples' narratives suggested that SA&CSB damaged their relationships and subsequently altered how they perceived themselves, their partners, and their relationships and children. For some couples, the impact of SA&CSB affected how they related to their partners going forward. It could be interpreted that all couples, following discovery, felt vulnerable and insecure with themselves, as well as exposed in their relationship. Additionally, it could be interpreted from the interviews that this feeling of exposure perpetuated both the addicted and non-addicted partners' fear of being hurt, rejected, and humiliated. Therefore, the couples adopted proactive ways to cope with SA&CSB in order to heal, recover, and regain a sense of control. These were the most important themes that emerged from the data and helped to provide insight into the factors that contributed to the couples' subjective experiences of the impact of SA&CSB on their relationships.

The following chapter will discuss the analysis and results of these findings, taking into consideration the research question, the aim of the research, and the existing literature.

Chapter 6

DISCUSSION

6.1 Overview

This chapter will provide a summary of the findings in relation to the research questions and aims. The research aim is to explore the impact of sexual addiction and compulsive sexual behaviour (SA&CSB) on couples' relationships.

The study was designed to explore and investigate five couples' subjective experiences of the impact of SA&CSB on their relationships. The researcher was principally interested in the ways these five couples coped with the impact of the discovery of SA&CSB on themselves and their families and how they reengaged and healed going forward. The research method employed a semi-structured interview process using Interpretative Phenomenological Analysis (IPA) to analyse the participants' responses, since IPA allows for a deeper understanding of the participants' subjective experience (Smith & Osborn, 2008) and is congruent with the thinking of addiction treatment, psychotherapy, and counselling (Woolfe et al., 2003). The results, based on the participants' accounts, revealed five superordinate themes: progression of SA&CSB and the impact on self and others (addicted partner); emotional pain through discovery (non-addicted partner); a fractured relationship (couple); the impact of SA&CSB on children (children); and positive outcomes of SA&CSB (couple).

An earlier practice evaluation project (PEP) was carried out (see Chapter 2 and the full PEP project, Appendix B). This was integrated into the final research and will be referred to in the discussion. The participants in the PEP were couples who self-identified as one partner with issues around SA&CSB.

Before discussing the results below, I wish to draw attention to the temporal sequence that emerged from the analysis. That is to say, all of the participants seemed to speak of their experiences as part of a time-laden process, or as a journey through time. This began for many

with a sense of a disturbance in the relationship, which was marked by the addicted partner's withdrawal, suspicious behaviour, and anxiety. For all, this was shortly followed by the discovery of the addicted partner's behaviour. For many, this sequence led to betrayal, attachment injuries, and fractured relationships. This was followed by a period marked by heightened disturbances and relational ruptures (Katehakis, 2016). The final point in the temporal sequence seemed to relate to where the couples created a new narrative for the relationship by creating healing moments, which marked the end of the dysfunctional aspects of the relationship and allowed for the creation of new and healthier tools for effective growth. For many, this seemed to be facilitated through positive outcomes in the relationship.

As such, what follows is a summary discussion and the relevance of the research. This will aim to fit into a critical evaluation of the strengths and limitations of the research and directions for future research.

6.2 Progression of SA&CSB and the impact on the self and others

During the research, the majority of addicted partners talked about a feeling of not being able to control their sexual behaviours, which persisted despite serious negative consequences for their well-being and relationships. The lack of control was recognised by the participants as the primary reason why they eventually engaged in riskier sexual activities. Indeed, all addicted partners reported that their behaviours gradually progressed from online sexual activities to the use of prostitutes and massage parlours.

The reported feeling of being unable to control sexual behaviours is consistent with the definition of SA&CSB found in the International Statistical Classification of Disease, Eleventh Revision (ICD-11), and characterised as a failure to control intense and repetitive sexual impulses or urges (Grant & Chamberlain, 2016).

The following section will examine how the progression of compulsive sexual behaviours (CSB) and the lack of control that comes with it impact non-addicted partners and their relationships.

6.2.1 Gradual progression of SA&CSB and lack of control

Addicted partners' accounts of the feeling of being unable to control their sexual behaviours, which escalated from pornography, are in line with previous research. Cooper et al. (2004) assessed a sample of 7,037 adults and found that a group identified as those with online sexual problems scored significantly more in feeling that their viewing of internet pornography was out of control when compared to those without online sexual problems. Many participants in this study reported that a lack of control over their sexual behaviours precedes an inability to regulate one's life and leads to a feeling of shame. Previous research revealed that the shame and embarrassment associated with the inability to control sexual behaviours could lead to struggles, pain, and humiliation in secret (Cooper, Delmonico, & Burg, 2000). Therefore, the findings of this research support this study.

A feeling of shame may be the motivation for the addicted partner to lead a double life, subsequently splitting themselves into a public self and a private self (Delmonico & Griffin, 2008). The consequences of the public and private selves coming together can be devastating and severely impact the couple. Ferree (2010) and Laaser (2004) discussed secrecy and shame as toxic and pivotal, and as both catalysers and maintainers of sexual addiction. This is consistent with the existing quantitative research on predictors of SA&CSB, which regularly reports that the period before discovery is characterised by secrecy, shame, and difficulties in the relationship (Schneider, 2002). This relates to the addicted partners whose sexual behaviours become increasingly escalated in order to achieve a sense of normalcy in their lives (Carnes, 2001; Young, 2004).

Moreover, addicted partners' experiences of the progression of their sexual behaviours are comparable to the accounts of substance tolerance, which leads to increased substance consumption due to the need to achieve similar to previously experienced effects (Koob & Le

Moal, 2008). Carnes (2001) and Kafka (2010) also argued that the pathological relationship to sex found in people who are feeling unable to control their sexual behaviours and in those whose sexual behaviours progress is analogous to the symptomology of substance dependence or alcoholism.

Tolerance is a well-documented feature of addiction, defined as the need to do more of the same to achieve previously experienced results. This might include an increase in the amount of drugs taken or escalated behaviours and activity. For sex addicts interviewed in this study, it meant more hours on the internet, going from virtual to real-life sexual encounters, having more partners, and engaging in increasingly riskier sexual activities. Carnes (2001) states that sexual addiction, when marked by progression, can lead to dangerous and risky sexual activities, which could result in sexual offending (Voros, 2009). This suggests that there could be underlying factors and mechanisms contributing to the inability to control problematic sexual behaviours and their progression. For instance, these factors could be conceptualised as issues with intimacy or attachment. Indeed, researchers have found that attachment theory offers a model for understanding the dysfunction found in hypersexual behaviours (Kafka, 2010; Samenow, 2010b).

6.2.2 Recognising the impact of SA&CSB on the self and the relationship

The discovery of SA&CSB was recognised by addicted partners as having a negative emotional impact on self and the relationship. For example, Liam described how SA&CSB has *'destroyed'* his *'life at present'*, and he seems emotionally affected by this. Similarly, other addicted partners expressed a deep emotional struggle in the form of frustration, shame, and guilt. These struggles seem to require a considerable investment of time and energy. This is in line with previous research on hypersexuality, where a link was found between sexual acting-outs and shame, guilt, depression, and negative effects (Grubbs, Sessoms, Wheeler, & Volk, 2010; Schultz, Hook, Davis, Penberthy, & Reid, 2014).

The emotional struggles experienced by addicted partners can lead to relapses (Reid, Carpenter, & Lloyd, 2009). Therefore, addicts need to embrace self-forgiveness, which is

defined as a "set of motivational changes whereby one becomes decreasingly motivated to avoid stimuli associated with the offence, decreasingly motivated to retaliate against the self (e.g., punish the self, engage in self-destructive behaviours, etc.), and increasingly motivated to act benevolently towards the self" (Hall & Fincham, 2005: 622). Indeed, self-forgiveness was found to reduce the possibility of addicts engaging in sexually related behaviours in the future (Reid, Carpenter, & Lloyd, 2009). Self-forgiveness is a mindfulness-based strategy and was found to be beneficial in disrupting the addictive cycle by encouraging resilience in order to increase the capacity to recover from distressing emotions and ultimately reduce persistent thoughts and undesired sexual behaviours (Hall & Fincham, 2005).

Furthermore, as this and previous studies have shown, the discovery of sexual addiction or sexual behaviours has a traumatic impact on the spouse of a sexual addict (Bergner & Bridges, 2002; King, 2003; Matheny, 1998). Addicted partners, when asked about how the discovery impacted them and their relationship, displayed an awareness of how they were affected. In addition, some of the addicted partners showed an understanding that their partner was hurt by their actions. For example, Liam said, *"I've hurt her"* (addicted partner – couple 2, page: 8, L: 37–38), and Jamie mentioned that he *"broke [his wife's] heart"* and he "*never regained her trust since"* (addicted partner – couple 4, page: 10, L: 40–41). Both recognised that they caused emotional distress to their spouses. Similar to Jamie, Ben also disclosed that the discovery of SA&CSB negatively affected her partner's ability to trust (addicted partner – couple 3; page: 6; L: 23). This suggests recognition of attachment injuries that are related to trauma experienced by addicts' spouses – the relational bond or connection was damaged. Studies have shown that attachment injuries caused by the betrayal of trust can lead to anxiety, and rebuilding trust is essential to recovery (Johnson et al., 2001; Kobak et al., 2004; Rholes & Simpson, 2004).

6.2.3 Wanting the future to be better

Couples with a sexually addicted partner can face difficult problems in their relationships. Non-addicted partners reported being affected by trauma and experiencing difficulties trusting their partners. On the other hand, addicted spouses expressed feeling impatient about the time it takes to see the positive impact of their work on the recovery of their relationship, although they showed awareness of the effort they needed to put into their relationship to rebuild the trust. Most couples acknowledged their desire to re-establish trust in their relationship after the discovery and achieve a relationship that is better adjusted to the needs of both the addicted and the non-addicted partner. However, some addicted partners expressed their frustration about the slow change in relationship dynamics, even after they put the work in. Due to the emotional damage caused by the discovery, addicted partners talked about rebuilding trust in the relationship as a complex and challenging process. They expressed wanting to '*not live in the past*' and '*create a better future*'. Previous research on the disclosure of infidelity describes the initial stage of rebuilding trust and achieving better relationship quality after disclosure as a 'roller coaster of emotions that can cycle unprofitably' (Olson et al., 2002, p. 431). Although, in the aftermath of the disclosure, changes to relationship boundaries and structures occur, this can also lead to couples experiencing difficulties with the adjustment, which can cause ups and downs in the relationship. On the other hand, research also shows that working on the issues brought up by the discovery can benefit the relationship by helping couples develop a deeper understanding of their relationship, with greater awareness of each other.

6.3 Emotional pain through discovery

The discovery of addicted partners' behaviours was reported by non-addicted partners as emotionally painful. The immediate aftermath of discovery was described as feelings of shock, anger, and trauma leading to attachment injury. These results are consistent with the literature on SA&CSB-induced trauma among partners impacted by SA&CSB. Jason and Minwalla (2009) stated that the impact of discovery can induce experiences of reality incongruence, which can destabilise the ego structure on which psychological stability,

organisation, and function depend. Johnson's (2001) theory of attachment injury is also relevant when considering the traumatic nature of discovery and disclosure for non-addicted partners. In particular, Johnson (2001) described an attachment injury as an intimate betrayal of trust by the addicted partner. This, however, does not refer to the actual event but rather what it represents for the couple's relationship, as in the breakdown in trust for the non-addicted partner, which results in insecurity, lack of trust and intimacy, which in turn affects the communication.

Trauma has been described within the existing literature as a major adverse event or set of events that destroy vital assumptions or fundamental beliefs about the world or specific people – in the case of this study, partners, and their relationships. Traumatic events disrupt all aspects of life – thoughts, feelings, and behaviours (Snyder, Baucom, & Grodon, 2007). This illustrates how a traumatic event, such as a partner's intimate betrayal, impacts the non-addicted partner's view of themselves, their partner, their relationship, and their children and family. Across the participants' accounts, a commonality of experience emerged as confusion, self-blame, the loss of a sense of 'who I am', trauma reaction in both the mind and body, and long-lasting impact.

6.3.1 Discovery: shock, anger, and partner's denial

All the non-addicted partners in this study discussed a variety of feelings following the discovery of SA&CSB, such as shock, anger, disgust, or disbelief. Martha responded to the discovery of her spouse's sexual behaviours outside of the relationship with "*an absolute state of shock* (…)" (non-addicted partner – couple 1; page: 2; L: 28–30). Shock is a normal response to a traumatic event. On the other hand, Joan found herself in a state of *'utter disbelief'*, and she felt *'mad'*. Joan also reported experiencing a sense of disbelief, and she thought of it as a '*bad dream'* and '*sick joke'*. This suggests that partners are affected by the discovery and feel in a state of shock, which could be expressed in anger or feelings of devastation and hopelessness. Corley and Schneider (2002) found a similar response in their research. Adult participants responded to disclosure with feelings of shock, anger, fear, and dissociation.

Furthermore, all non-addicted partners talked about how the discovery of their spouses' SA&CSB was met with denial. These experiences are consistent with the existing literature, which suggests that addictive sexual behaviour is often accompanied by denial (Adams, Donald, & Robinson, 2001). Within the literature, denial has been conceptualised as 'the acceptance of explanations that reduce accountability and are reinforced by distorted beliefs and self-deceptive thinking processes' (Schnieder, Sandra, & Wright, 2004). Research shows that denial is commonly used when the addicted partner is sexually acting out external to his or her primary relationship (Ayres & Haddock, 2009). These denials create cognitive dissonance in the non-addicted partner, as they have to decide whom they are going to believe. Sometimes, as in Shelly's case, non-addicted partners seek to validate the evidence by relying on external factors. Shelly referred to denial that occurred, saying, "*Then he eventually, eventually, after a while and after obviously me telling him about the private investigator, he came clean about everything."* (non-addicted partner – couple 4), Page: 3; L: 35–37).

As has also been suggested within the wider literature on SA&CSB, denial is a common theme for sex addicts, which often undermines the efficacy of treatment. Therefore, it should become a target, as opposed to an obstacle, for treatment (Baldwin & Roys, 1998). It could be interpreted from the research findings and from my own clinical experience that the addicted partner's level of denial can influence the success and outcome of their treatment. For example, if the addicted partner is brought into treatment immediately after the discovery of the SA&CSB by the non-addicted partner, they may go through the motions but not be fully open to acknowledging that there is a problem with SA&CSB or be motivated to change.

The denial deepens the trauma when the truth is finally revealed, because the addicted individual has repeatedly reassured their partner that there is nothing going on. Indeed, Joan reflects on her partner's denial when confronted, as he '*threw every excuse'* to deny the existence of his betrayal (non-addicted partner – couple 3; Page: 9; L: 8 – 14). Steffens & Rennie (2006) argued that denial before the disclosure of SA&C sexual behaviour adds to its traumatic nature.

6.3.2 Facing CSB: Emotional reactions

The initial reactions reported by all the non-addicted partners were feelings of trauma, anxiety, panic, and grief. Joan explicitly referred to her trauma reaction by comparing it to grief: *"(…) almost like – I guess, I've only experienced it with grandparents, but like a bereavement almost (…)"* (non-addicted partner – couple 3; page: 9; L: 19–20); remarking that she *"(…) started feeling panicky*", her "*chest would feel tight*", and at times Joan "*just wanted to scream*" while at the other times she "*wanted to just run away or not be here to deal with it*" (non-addicted partner – couple 3; page: 10; L: 1 – 4). This resonates with Schneider, Weiss, and Samenow's (2012) study, which reported that about half (55.9%) of the non-addicted partners (35 responses) believed that they had been traumatised by their partner's sexual activities. The traumatised partners reported feeling trapped, stuck, isolated, and likelier to experience enduring reactions and symptoms. They also expressed having difficulties rebuilding a sense of control and safety in the relationship. Another study by Steffens and Rennie (2006) with 63 women found that the traumatic nature of the disclosure of SA&C sexual behaviour was so severe that 71.7% of the non-addicted partners in the study demonstrated a severe level of functional impairment in major areas of their lives and reported post-traumatic stress symptoms. These results are congruent with past research, which describes discovery trauma as often occurring through the mind and body (Model & Minwalla, 2012; Minwala, 2011; Henline et al., 2007). Previous research also shows that the level of trauma is often influenced by the scale of the deception and the length of time it has gone on, as well as the impact on children, public image, the couple's finances, and any other direct consequences of the addiction experienced by the non-addicted partner, such as health consequences (Steffens & Means, 2009; Schneider & Levinson, 2006; Steffens & Rennie, 2006).

Steffens & Rennie (2006) studied 63 women who were married to self-identified sex addicts. Their study showed that trauma-related distress frequently followed the discovery of SA&CSB. 75% of the women in the study discovered their husbands' sexually addictive behaviours on their own. However, Steffens and Rennie also found no significant differences between the women who discovered their husbands' SA&CSB themselves and those whose

husbands disclosed it. Accordingly, this study confirms that non-addicted partners experience trauma regardless of whether they discovered it themselves or it was disclosed to them. The study also showed that a large proportion of participants reported traumatic reactions. Of the participants, 69.6 met all the criteria for DSM-5 PTSD, and 71% reported severe functional impairment. These figures are in line with the current study, as they show how widely the trauma impacts the couple. Additionally, a study by Model & Minwalla (2012) suggested that the length of the relationship at the time of discovery, alongside the number of previous traumatic relational experiences in the partners' respective relationships, were predictive of traumatic symptoms.

The impact of the disclosure of threat of betrayal due to SA&CSB on the non-addicted partner is traumatic in nature (Steffens & Rennie, 2005) and has been referred to as an 'interpersonal trauma' given the trauma-like reactions experienced by the non-participating partner (Gordon, Baucom, & Snyder, 2004: 214). The literature on sexual betrayal provides multiple references to and examples of the 'interpersonal trauma' associated with such cases (Glass, 2002; Gordon et al., 2004; Olson, 2000; Schneider & Levinson, 2006; Zitzman & Butler, 2009). However, the traumatic reaction is often linked solely to the non-addicted partner (Glass, 2012). From my clinical experience, I believe that this is because the discovery process represents new information being received, and as a result, the non-addicted partner is in shock, and they require time to process this new information.

Furthermore, all of the non-addicted partners referred to feelings of confusion, self-blame, and overall loss of sense of *'who I am'*. The manifestation of confusion, self-blame, and loss of sense of *'who I am'* also frequently emerges in the literature as a pervasive theme. The existing literature outlines the dilemma caused if the person you are supposed to love and trust is also the one who betrays you. This has been referred to as a 'double bind' in which one's core sense of self, stability, and safety becomes undermined by the actions of the addicted partner (Gottman, 2011). Herman (1997) provides insight into the 'double bind' phenomenon by portraying a child's response to the betrayal of trauma. Herman (1997) argues that 'the child faces a formidable developmental task: to find a way to form a primary attachment to caretakers who are either dangerous or negligent. She must find a way to

develop a sense of basic trust and safety with caretakers who are untrustworthy and unsafe' (Herman, 1997: 140). Levine & Kline (2006) have done further and proposed that 'this "double bind" undermines a basic sense of self and trust in one's own instincts'. In this way, 'one's whole sense of safety and stability becomes weakened.' (p. 14). Similarly, a qualitative study conducted by Pieluzek (2014) suggested that the impact of SA&CSB on the non-addicted partners was frequently marked by damage to their sense of self and their relationships.

The above literature supports the experiences of the non-addicted partners by looking at their feelings of confusion and their loss of a sense of self. This connects to the psychodynamic literature that explores the traumatic processes in which the non-addicted partner may regress to a childlike stage (Iwakabe, 1999). This may cause the feelings of loss and confusion that the participants in this research described.

6.3.3 Long-lasting impact

All non-addicted partners expressed that the discovery of their partners' sexual behaviour had caused a long-lasting rupture in their relationship. This could be because of the trauma experienced during the discovery phase, leading to symptoms comparable to post-traumatic stress disorder. Indeed, Snyder, Gordon, and Baucom (2004) describe how symptomatology that is similar to post-traumatic stress disorder is often present in the lives of non-addicted partners. The flight or fight mechanisms in our body are wired to have strong reactions to events in which we feel intense fear due to real or perceived threats (Mark & Galperin, 1995). This stress response is a survival mechanism that allows us to respond to a threat. Another study that examined the impact of disclosure found that 69.6% of female non-addicted partners met all but criteria A1 for the diagnosis of post-traumatic stress disorder, and 71.7% reported a degree of functional impairment in important life areas when measured by the PTSD scale (PDS; Steffens & Rennie, 2006). The accounts of non-addicted partners in the present study imply that they continue to perceive their partner as a threat once the trauma reaction is triggered. Joan's narrative supports this well: "*(…) one minute I would be fine, I would be doing the washing up, and the next minute I would be screaming at the top of my voice at him."* (non-addicted partner – couple 3; page: 9; L: 44–46) Some other non-addicted

partners also expressed how their emotions tended to fluctuate between wanting the addicted partner to stay and leave. Therefore, it can be argued that the discovery of addicted partner's sexual behaviours significantly disrupted connection between partners and damaged the relational capacities of both partners (Vogel, 2008), and inherently destroyed secure bond and relational attachment (Zitzman & Butler, 2009).

Furthermore, some of the non-addicted partners talked about difficulties to "(…) *switch it off* (…)" (Martha; non-addicted partner – couple 1; page: 5; L: 20 – 23), referring to the feeling of being hurt as a result of the spouse's sexual acting-outs, which ultimately led to long-lasting damage and rupture of trust. Martha's narratives encapsulate this well: *"(…) when he says he's got to work late or he's got to go to a meeting, my little brain switches immediately to 'Is he telling me the truth?' (…)"* (non-addicted partner – couple 1; page: 5; L: 45–47). Similarly, Eva displays her lack of trust by becoming obsessive in her behaviour and *"(…) compulsively feeling the need to speak to the credit card company, to look online at internet banking*." (non-addicted partner – couple 5; page: 2; L: 24–26). This is consistent with the findings of Glass and Wright (2002), who reported issues of trust in the relationship, and described the resultant impact after discovery. Previous research also revealed that after the discovery of SA&CSB, there is invariably a level of betrayal and mistrust that can take the form of denial, gas lighting, and defensive tactics that constitute forms of emotional abuse (Hentsch-Cowles & Brock, 2013).

6.4 A fractured relationship (couple)

Having looked at the progression of SA&CSB and the impact on self and others, followed by the emotional pain through the discovery by the non-addicted partners, I will now discuss the emerging results of the fractured relationship experienced by the couples. Here, then, this theme will explore the relational connectedness of SA&CSB as it is played out within the context of their relationship. All the couples in this study described the fracture in their relationship caused by SA&CSB. It can be difficult for a betrayed partner to wrap her mind around the comprehensiveness and sincerity with which her partner can lie. The impact of the lie contributed to the fracture, which fundamentally damaged the relationship. The

couples spoke explicitly of the damaged attachment in their relationship, which continued to have a severe impact on their ability to communicate and experience closeness on every level. Beyond this, the couples frequently spoke of experiencing a lack of emotional and sexual intimacy after discovery and the associated financial consequences, which arguably had a profound impact on their relationships. These themes are discussed below in relation to the existing literature.

6.4.1 Damaged attachment

A pervasive characteristic present in the narratives of all the participants was the subtheme of damaged attachment, which is described as an overwhelming experience of having the relational bond significantly damaged through sexual behaviour that violates trust and vulnerability in the relationship. In particular, it seemed central to several of the other themes: intersecting experiences of betrayal, the discovery of the double life as well as the experience of feeling traumatised, attachment injury, and the breakdown of communication. Particularly, non-addicted partners reported feeling that the discovery of SA&CSB had a profound impact on their ability to trust in the existence of the relationship, as well as to own and trust the addicted partner. As Martha stated, '*Before I found out what had happened, I was very – you know, I was a very loving, warm, passionate I thought, person, and since this, I've gone completely – I went, should I say, completely the other way*' (non-addicted partner – couple 1, page: 7; L: 3–5). This was supported by Joan, who stated, '*It's fractured the relationship with all of us, with our girls, with us two'* (non-addicted partner – couple 3, page: 12; L: 38-39). In the participants' narratives, there was a sense of inner torment and turmoil, and an inconsistency between the head and the heart, as the betrayal and their sexual activities outside the relationship interrupted the attachment process of intimacy, trust, and emotional and physical closeness for the couple.

These results are consistent with past research, which shows that the non-addicted partners often find it difficult to trust their own judgement (Cooper, Delmonico, & Burg, 2000). Most of the non-addicted partner's narratives suggest an underlying struggle with wanting to be in the relationship with the addicted partners and wanting to trust, but fearing being betrayed

and hurt again. Some of the couples talked about the long-term impact of the addicted partner returning to the behaviour and what it would mean for their relationship in the future.

Research lends support to the theme of damaged attachment and sexual, emotional, and psychological injury, suggesting that 71% of the participants report having lost trust as a result of damaged attachment to their partner and infidelity (Schneider, Weiss, & Samenow, 2012). This is perhaps indicative of the profound nature of sexual betrayal within the context of SA&CSB. A similar empirical study conducted by Schneider and Schneider (2000) of married sex addicts described the marital conflict that was a consequence of SA&CSB. A central issue reported was the absence of trust linked to the attachment being broken. This absence of trust needed to be redeveloped after the discovery, before the couple could move forward together. Furthermore, only 14% of non-addicted partners reported feelings of trust towards their addicted partner following disclosure.

As elucidated in the literature review, Johnson, Makinen & Millikin (2001) discussed the differences between female and male coping styles and how SA&CSB can destabilise a sense of closeness, security, and trust in the couple's relationship. It is also the finding of the present research that couples reported frequent feelings of mistrust and damaged attachment in their respective relationships.

Furthermore, in a small-scale study (14 couples) carried out by Zitzman and Butler (2009), 52% of the participants reported a loss of intimacy and trust, leading to attachment, sexual, emotional, and psychological injury as a primary issue in the relationship. Furthermore, the PEP was consistent with the main study and past research, which showed that 57% of the 140 couples reported that intimacy was severely damaged, and trust was a major problem present in their relationship. Moving beyond quantitative studies, the emerging qualitative evidence seems to point to damaged attachment, emotional and sexual injury, and mistrust as a common feature in the relationships that have been subject to SA&CSB. In particular, a study conducted by Zitzman and Butler (2009) reported that attachment, sexual, emotional, psychological injury and mistrust were present in couple relationships as a result of SA&CSB and related deceptive behaviours.

6.4.2 Lack of sexual intimacy after the discovery

In the interviews, all the couples expressed their complex feelings and concerns emerging from the absence of sexual intimacy in their relationships after the discovery of SA&CSB, which seemed, in part, to be the consequence of the sexual betrayal and breakdown of trust.

Correspondingly, the PEP study highlighted that a large proportion of participants (71%) reported that sexual problems were present in their relationships. Additionally, 69% stated that relationship conflicts were a significant concern within their relationships (see PEP study attached). This resonates with Kraus, Voon, and Potenza's (2016) study, which suggested that there were higher correlations and higher frequencies of problematic pornography use and SA&CSB in those with avoidant and anxious attachment styles. They found that these attachment styles were related to decreased sexual satisfaction and increased relational problems. Moreover, their study highlighted the presence of significant differences in the insecure attachment styles of sex addicts, with further variations according to gender and sexual orientation. The literature further described how sex addicts attempted to resolve underlying pain by seeking attachment with objects or behaviours outside of themselves, and how SA&CSB can develop as a way to cope with the long-term impact of disordered attachment (Allen & Baucom, 2004).

Such a breakdown in sexual intimacy finds broad support in the literature. A survey was conducted by Schneider (2000) with 91 women and three men, aged 24-57, who had experienced distress following their partner's online infidelity. For these couples, 68% of one or both partners reported having lost sexual interest in their partners. Specifically, 52% of the addicted partners had diminished sexual interest in their partners. Conversely, 34% of the non-addicted reported loss of sexual interest. Additionally, over the long term, several couples disclosed the absence of relational sex over a period of months and/or years.

This is consistent throughout the literature, which shows that SA&CSBs are often intimately embedded with earlier developmental processes, such as genetic vulnerabilities and early environmental and/or traumatic experiences (Ainsworth, Blehar, Water, & Wall, 2015).

Overall, existing research points to the significance of these experiences for attachment styles in terms of causing qualitative differences in individual attachment (e.g., internal working models) (Katehakis, 2016; Adams, Donald, & Robinson, 2001).

This study did not openly explore or formally assess the couples' attachment styles; however, the couples did talk about how SA&CSB cast a shadow over their attachment and relational bond. For example, all the couples talked about the conflict, pain, and tension in their relationships, which derived from a lack of discourse. I hypothesise that most individuals seem to want a relationship of passion, care, emotional stability, containment, and safety with a low-conflict relationship, but often unconsciously find themselves with partners who are unable to meet their needs in the way they would like. A requirement for recreating a healthy sexual template is remembering the positive aspects of each partner in order to build a lasting, intimate sexual relationship. This reframing shifts the emphasis away from performance and provides a wide new berth for creativity and choice.

6.4.3 Financial consequences

The financial consequence is a common theme reported by couples impacted by SA&CSB. All the couples in the present study referred to financial consequences as a result of SA&CSB by the addicted partners. Financial matters are often cited as a source of marital conflict and stress, particularly in the field of SA&CSB (Dew, Britt, & Houston, 2012). Infidelity is the keeping of secrets in an intimate partnership (Schneider & Weiss, 2012). An extension of this is financial infidelity, which is described as the keeping of financial secrets in an intimate relationship, and is often just as devastating as sexual infidelity (Kaplan, 2013). It was apparent in the participants' accounts that paying for sexual behaviours became very costly to the addicted partners and was financially devastating to the individual, their partner, and their family. After the discovery of the sexual acting-out behaviour and a financial audit, it was shocking to both partners to see how much was spent on the sexual acting-out behaviour.

Garbinsky et al. (2019) used a quantitative lens to explore love, lies, money, and financial infidelity in romantic relationships. They reported that of the 301 married couple participants recruited, 55% of the couples talked about financial infidelity as a primary issue in their relationship. Financial infidelity in the field of SA&CSB has been recognised as a phenomenon by the popular press and industry surveys of consumer finances (Kaplan, 2013). All the addicted partners in the present study admitted to financial deception during their sexual acting-out behaviour. All the non-addicted partners say that financial consequences and financial deceit have negatively affected their relationships.

This is supported by the accounts of the non-addicted partners. In this study, Eva stated, '*He's spent an absolute fortune on these online sites, these pornography sites, prostitutes, having affairs with prostitutes, taking women out, and this all comes at a cost'* (Eva, non-addicted partner - couple 5; page 4; L: 4-7). Another non-addicted partner, Shelly, stated '*He's also spent an extortionate amount of money, and we've agreed and he's agreed that I want a full disclosure on everything before we can begin to get back what we had, if we ever can'* (Shelly, non-addicted partner, couple 4, page 4; L: 28-30). Another non-addicted partner said that '*it was our joint money that was paying for these sites, paying for* prostitutes' Cindy (non-addicted partner-couple 2, page 5; L:26-27). These narratives provide insight into the financial consequences of the addicted partners' behaviour and the impact on the non-addicted partner.

The results of the present study suggest that the discovery of SA&CSB has wide ramifications. In terms of financial consequences, the non-addicted partners stated that their ability to trust their partners blindly with the finance going forward was profoundly damaged, with the non-addicted partners feeling betrayed and the addicted partner feeling shame and guilt. The literature suggests that this two-fold process perpetuates any breakdown in communication, further isolating the couple and causing more hurt and pain (Schneider, Weiss, & Samenow, 2012).

Financial consequences have significant implications for the field of couple counsellors and addiction professionals working with couples who identify as being impacted by SA&CSB, as

there is a current lack of financial infidelity research. I believe this could be because finances can be easily hidden and difficult to observe. GDPR and ethical concerns can prevent researchers from randomly assigning couples or asking them to engage in financial infidelity and observing its effects on consumption choices and relationship health.

6.5 Impact of SA&CSB on children

Having looked at the impact of SA&CSB on the relationship dynamics between the addicted and the non-addicted partner, it was important to also make room for an exploration of how SA&CSB can variously impact the wider family unit, including children. The impact on children was present in the narratives of all couples interviewed, and they talked about its impact on parent–child relationships. Some expressed concerns about damaging their children's ability to form healthy relationships in the future. As discussed by Schneider (2000), there is a paucity of research in the area of SA&CSB and its impact on children, and this is largely due to the limitations of conducting research with minors about sexuality. Therefore, parents remain the main source of information for exploring these issues in order to create ways to assist families with a healthy process of healing.

6.5.1 Concern for children

Some interesting commonalities were raised by the couples when they discussed the impact of SA&CSB on their children. Couples explained that older children who understood or were exposed to their parents' SA&CSB felt confusion and anger towards the addicted parent. Non-addicted partners explained finding it difficult to explain the situation to their children. All couples expressed that their children were negatively affected by their parents' SA&CSB.

The psychological literature generally finds broad support for the idea that parental conflict has a resultant impact on children. In a large-scale study of 1400 children aged 12-16 years old that was carried out in the USA by Peterson and Zill (1983), higher levels of parental discord were found to be associated with higher levels of externalised behavioural problems in children. Moreover, in the above study, over half of the children interviewed mentioned

experiencing fear when their parents had persistent arguments when they were present. Conversely, the same data also showed that children's mental health was connected to marital disturbance and higher levels of conflict between the parents. Both of these findings seem to point to the significance of parental relationships on child well-being. Indeed, the discovery of SA&CSB was reported to cause anguish in the home environment by all the participants in this study, and some mentioned that children were observing parental conflict and were affected by it. I interpreted the results of the aforementioned research as relevant to the experiences of the participants in this study. In particular, it seems to point to the significance that parental disruption, including that brought about by SA&CSB, has for child development. I should mention here that although this research does not relate exclusively to the SA&CSB literature, it is nevertheless a valuable contribution, as it offers insights into child development and well-being.

Parents also reported feeling worried about having damaged their children's outlook on love and relationships after the discovery of SA&CSB. Indeed, Carnes and Adams (2002) point to the often-profound impact parents' SA&CSB can have on children. For example, the children of parents with SA&CSB often seem to confuse sexual boundaries and behaviours. They may also view sexuality as an overall negative and unhealthy loving experience, particularly during adolescence. The results seem to confirm the view that children are potentially impacted by their parents' SA&CSB, whether they are directly exposed to it or not. As suggested by Manning (2006), within the context of SA&CSB, it is particularly important that families create an environment that is safe and supportive, allowing for children to talk openly about sex, thereby opening up conversations about what the children may have seen or heard through the safe expression of their feelings. This also allows families to question how media shapes our views of relationships and sex, as well as to learn about the use of technology by family members, to ensure safety for the child involved. Furthermore, ongoing discussions about safety, privacy, and health teach children about the extent and harms of hypersexualised media and pornography and how it may affect them and the wider social and family unit (Dines, 2010).

6.5.2 Change in dynamics

Many of the participants who had children spoke of the direct and causal impact that SA&CSB had on their relationships with their children. SA&CSB was positioned as damaging to the dynamics in the parent–child relationship. Some participants explicitly mentioned this damage, describing their children refusing to talk to the addicted parent, as well as a conflict occurring between siblings due to younger children not understanding why the older children, who discovered or were aware of the addiction, felt angry towards their parent.

Clinical authorities in the field of SA&CSB offer a robust argument for including the family in the treatment of sexual addiction (Carnes, 1983; Kafka, 2010; Schneider, 2000). In particular, Carnes (2000) advocates a model of treatment that focuses on family intervention and calls it 'a family problem'. Additionally, Schneider and Schneider (2004) provided insight into couples coping with SA&CSB, indicating the importance of addressing the needs of the family within the system. The aforementioned findings highlight the importance of this, as the discovery of SA&CSB can have an impact on the family as a whole, even sometimes impacting the relationship between siblings.

In a qualitative study by Schneider (2000), which involved 94 participants in relationships in which one or both partners had SA&CSB, 70 of the participants had children. The study reported that 37% of the couples divorced or separated due to the addiction. Other factors that were described as harming the relationship with the child involved stress in the home and exposure to pornography. This provides some initial evidence for the notion that SA&CSB has an impact on the family.

6.5.3 Children exposed to SA&CSB

Some participants talked about the unfortunate event of their children discovering their sexual behaviour. Non-addicted partners expressed feeling very upset about their children being exposed to the addicted parent's sexual behaviour and described feeling ashamed about it. This seemed to have further damaged the relationship between a non-addicted and

addicted partner and the parent and the child. The parents reported that their children felt confused and angry. Similar findings emerged from a study conducted by Black, Dillon, and Carnes (2003), who reported that children found anger to be the primary feeling at the time of discovery and blamed the addicted parent for turning their lives upside down.

Black et al. (2003) also suggested that to avoid putting children at risk of being exposed to the sexual behaviour of the addicted parent, the couple or the addicted partner should disclose their addiction to their family in a sensitive and appropriate manner. They argued that this could give parents the ability to choose the best time and circumstances for the disclosure. They also argued that this could allow the family to access family therapy and helpful resources to minimise the impact of SA&CSB on their children's behaviour.

Converging evidence has also arisen from clinical research by Carnes and Adams (2002), who stated that when children have witnessed their parent's acting-out behaviours, including sexualised behaviours, as a result of communication issues or the child's direct discovery of sexually explicit material, they will likely have an increased need for therapeutic intervention. This seemingly demonstrates the systemic impact of SA&CSB on the family unit at large.

6.6 Positive outcomes of SA&CSB on the couple

The results from the above discussion revealed four superordinate themes: the first related to the addicted partner, the second was the impact on the non-addicted partner, the third theme examined the couple, and the fourth theme looked at the impact of SC&CSB on children. Taken together, these themes seem to point to a narrative documenting their progression through SA&CSB. This current theme of positive outcomes of SA&CSB diverges somewhat from the traumatic impact and the process of grief and loss to more of a reconciliatory tone that explores how the couples make sense of, and experience, their relationship going forward.

Many of the research participants spoke of experiencing stages of loss and grief; however, for many, this seemed tempered by the process of accepting the presence of SA&CSB and the

resultant betrayal and trauma in their relationship. This seemed to facilitate a movement toward positive change, improved communication, acceptance of the new reality, and eventually, positive growth. For many of the couples, this process of acceptance seemed to enable a level of re-engagement and reconnection with their own selves and their relationships, leading to the creation of healing moments.

This final theme will explore how the couples have made sense of, and experienced, their relationship going forward. It has a particular focus on a sense of relief, improved communication, re-engagement, and understanding and healing.

6.6.1 A sense of relief

All the couples in the current study reported the sense of relief they experienced after discovering the addicted partner's SA&CSB. Some of the couples described a process of discovering new aspects of themselves within their relationships and the excitement for achieving a deeper connection with their partners. Although all the participants spoke of difficulties with trust, communication, and intimacy in their relationships, findings from this study seem to resonate to some degree with the 12-step programme (Salmon, 1995) as well as Carnes's (1991) sex addiction cycle. Both Salmon and Carnes suggest that acceptance is a fundamental first step for both the individual and couple towards acknowledging and dealing with the problem, and this offers a sense of relief.

These results appear consistent with the literature regarding the addicted partner's shame of SA&CSB and their subsequent acceptance of the shame, both of which were found to be significant predictors of enduring change following attachment injury. In a study carried out by Menese and Greenberg (2014), interpersonal processes involved in forgiveness were examined, and 33 couples undertook 12 sessions of emotion-focused couples therapy. In this study, shame and acceptance of change accounted for 33% of the outcome variance. This seems to suggest that the couples who accepted the new dynamics of their relationships were able to forgive the addicted partner and, by doing so, offered a sense of relief and allowed them to move forward. This is in accordance with the study conducted by Brown (2012), in

which all individuals' emotions and behaviours are understood as being affected by a desire to pursue acceptance, followed by a sense of relief, which I considered paramount in reaching healthy recovery.

Further empirical literature captured through qualitative interviews with addicted partners found strong support for the theme of acceptance and a sense of relief. More specifically, when addicts were interviewed and asked, "*What needs to happen in order for you to increase your trust in your partner?*" those individuals who had less than complete trust were more likely to report more acceptance as a theme in their narratives. Additionally, greater levels of acceptance and a less judgemental approach from the non-addicted partner were found to support a sense of relief and a continued recovery of the addict (Schneider & Schneider, 1996). In this sense, acceptance offering a sense of relief seems to be an integral component of moving forward into recovery.

6.6.2 Improved communication

The experience of the discovery of their partner's SA&CSB and improved communication, leading to reconnecting and reengaging with their partners and relationships, emerged as a subtheme from the couples' accounts. All the couples expressed a change in dynamics in their relationships, which allowed for improved communication and re-engagement. This seemed to be explicitly mediated through improved communication, which allowed them to be more open, vulnerable, and transparent. This process seemed to support the couples in strengthening their relationships.

Employing the qualitative paradigm, a study conducted by Olson, Russell, Higgins-Kessler, and Miller (2002) explored the experiences of infidelity and SA&CSB among heterosexual couples who were still in their relationships at the time of the interview. The participants discussed positive outcomes, particularly the development of closer intimate relationships with their partner, manifesting in such forms as improved interpersonal communication. For many couples, improved communication and an improvement in interpersonal communication seem to precipitate deeper understanding and healing.

6.6.3 Understanding and healing

All of the couples in this study spoke of experiencing understanding and healing to a greater or lesser extent, and spoke of a transition through which the shame, betrayal, and trauma associated with the discovery of SA&CSB transformed their relationship to a deeper level of healing and growth. All the couples described their experiences of understanding and healing in their relationship. Recovery and healing were discussed in terms of transforming into a new space of understanding, intimacy, healthy communication, and spiritual connection. This process could be described as the transformation of and changes in personality experienced by the couple, and fits with the PTG experience's creation of a fundamental change in life perspective. Perhaps this could be conceptualised as a journey from shame to understanding, healing, and growth. I drew this interpretation from the manner in which the couples discussed understanding and healing in the relationship, which fits with the literature on PTG.

Findings from the aforementioned PEP study also showed that many of the participants expressed the capacity to move on from trauma and see the relationship with new hope. As one of the participants stated, "*this betrayal has given us an opportunity to look at the relationship in a new light, while it was devastating, the understanding and healing occur in our marriage has given us a far better marriage than before*" (Hudson, 2016: 23).

Research on traumatic experience has advanced to the point where trauma alone is no longer necessarily considered to be solely negative but as having the potential to offer empowering experiences whereby the individual is able to heal, grow, develop, and build resilience. PTG is the experience of positive change that occurs as a result of highly challenging life crises (Calhoun & Tedeschi, 1999, 2001). Within the context of this research and the well-documented negative effects of SA&CSB, new research is beginning to point to healing and personal growth for the couple as a result of trauma (Gordon & Baucom, 1998).

This conclusion seems to be in line with previous empirical research, which purports that couples who stay together following SA&CSB report improvement in their relationships, with increases in personal understanding and insight (Heintzelman, Murdock, Krycak, & Seay,

2014). Writers such as Balswick and Balswick (1999) argue that SA&CSB can offer an 'opportunity for growth through insight, [and] personal and couple understanding' (p. 423). Abrahamson et al. (2012) also explored the processes of couples who stayed together following the discovery of infidelity, utilising a narrative approach to interview the couples. The authors suggested that relationships can flourish despite SA&CSB and infidelity.

6.7 Summary and conclusion of the discussion and overall research

The aim of this research was to explore the impact SA&CSB can have on the couple relationship and to examine in depth how this impact can play out in those relationships. The study demonstrates that SA&CSB impacts couples' relationships in the immediate and longer term, with the betrayal of trust, sexual intimacy, the trauma experienced by the non-addicted partner, and the addicted partner being profoundly affected by the shame they carry. From the analysis and discussion, it can be seen that the findings of this research are largely supported by the literature. These themes have been contextualised with regard to the existing literature in an attempt to understand the experiences of the couples and the impact SA&CSB has on the couple's relationship.

Framing the discussion to lead on from the findings, this section will look more closely at the nature of the impact on the couple's relationship and how the couple made their recovery journey. Some of the challenges for couples impacted by and recovering from SA&CSB were to overcome their grieving the loss of the old relationship, restore trust, and rebuild an intimate relationship with the addicted partner. Theories of relational betrayal (Whisman & Wagers, 2005), trauma (Zeitner, 2014), post-traumatic stress (Schwartz, Galperin, & Masters, 1995), attachment and shame (Cassidy & Shaver, 2017; Target, 2015; Hazen & Shaver, 1987) within sex addiction (Carnes, 1983), and PTG (DeGuzman et al., 2016; Calhoun & Tedeschi, 1999, 2001) have been helpful in providing language and context for what the couples reported in the study. In particular, relational betrayal, trauma, and shame are understood to occur when the couple is impacted by SA&CSB (Laaser et al., 2017). Understanding the couples' experiences and emotions, as well as the psychological impact of the dysfunctional

dynamics, and placing these experiences in the context of relational betrayal, seems to be a way of meaning making.

The subsequent discussion on recovering trust can be a monumental task. However, the present study's findings demonstrate that this is possible. PTG revolves around an appreciation of positive change and the development of a deeper relationship (Tedeschi & Calhoun, 2004). The work that the couples interviewed for this study did during their recovery seemed to take them to a deeper level of emotional, spiritual, physical, and sexual intimacy than they had before the discovery of the SA&CSB. Additionally, the couples talked about how they worked together to achieve a deeper level of growth and healing.

In terms of the scope of the wider material presented within this thesis thus far, I feel it is prudent to provide an overview of what has been achieved in chronological order.

Chapter 1 was an orientating introduction that aimed to provide a historical context and overview of the field of SA&CSB. This included a discussion of the suggested research for this paper and its anticipated contribution to the knowledge. The main component of this chapter included important self-reflections as to my own motivation, background, and reflexivity within the research context. This chapter was significant, as it allowed me to explore my motivation for doing this research while exploring my own history of sex and love addiction recovery. The reflexive aspect of the research allowed me to locate my own experiences and disentangle them from the participants' narratives so that I was able to enter their phenomenological worlds.

Chapter 2 discussed the PEP study in May 2016 as part of the preliminary stage of my doctoral journey. Due to the large number of responses and the direct relevance of the findings, it was deemed to merit inclusion in the present study. The PEP sought to contribute to wider knowledge and to the rationale that, traditionally, couple therapists have been trained to work with couples to resolve conflict, psychosexual issues, and infidelity. However, working with couples impacted by SA&CSB is a complex issue that requires additional and specialised training. My hope, therefore, is that the data from the PEP study and the main research will

be a valuable contribution to supplementing the product, so that therapists from all backgrounds can develop the necessary competencies and proficiencies to support the complex needs of this population.

Chapter 3 provided a comprehensive overview of the main theories undergirding the field of SA&CSB in order to orient the reader to core areas of literature. This included discussing a number of controversies surrounding the definitional terms for SA&CSB. This foundational definition served to introduce the literature and provide a sociohistorical context to the research area. The literature in this section allowed me to explore several theoretical perspectives and frameworks to better understand SA&CSB. These have been framed within the context of betrayal trauma, attachment, and sexual shame. This chapter also explored how each therapeutic tradition (psychodynamic, systemic, CBT, existential) has historically thought about and sought to respond to SA&CSB and highlighted that much of the existing literature to date has been undertaken through a heterosexual lens, to the exclusion of more diverse sexualities. Due consideration was given to the theoretical and empirical literature that covered issues relating to SA&CSB within sexual minority communities.

When we consider experiences of SA&CSB in relation to gender, feminist analysis is of great significance in helping us understand and conceptualise the impact of a non-addicted partner's experiences and the couple's relationship. From an analytical lens, two concepts stand out: the continuum of women's role in pornography (Kelly 1988) and the conducive context (Kelly 2007). The continuum of women's role in pornography is a concept proposed in relation to women's experiences and has been critical in bridging the gap between definitions of women's role in pornography and the understanding of the impact of a non-addicted partner's experience on the couple's relationship. This definition also takes into account the different forms of online pornography. The findings highlight the ways in which the participants struggled at times to describe women's experiences.

A queer lens was considered, looking at normative gender and sexual identities and what is offered to be a 'man' or a 'woman' and a heterosexual. A queer lens puts under scrutiny those normative constructions of ourselves as gendered and sexualised subjects. But I think queer

theory is more than that. It is not a simple assimilationist thing, taking these identities, heterosexual man or woman, and critiquing them for what they exclude – gay, lesbian, bisexual, and transgender – and opening those categories up to be more inclusive, more diverse. Queer theory is a way of thinking about and calling into question the structures of power. When we queer them, we are saying, 'How is power operating through these categorial assignments that is problematic, that produces its own exclusion, its own hierarchies of value?'

Is SA&CSB different for the LGBTQI+ population? I would argue that in some ways it is, as many LGBTQI+ individuals experience stressors throughout their lives that heterosexual people do not, such as rejection by parents, wider family, and friends, bullying and harassment, isolation, and discrimination. These experiences create emotional pain that may be 'self-medicated.' This is not to label or pathologise the LGBTQI+ population, just pointing out some of the potential triggers and underlying causes that could contribute to an LGBTQI+ individual using sex in a compulsive way to self medicate emotions. Critics of SA&CSB often accuse SA&CSB of pathologising sexual behaviour and promoting homophobia. One basis for these arguments comes from the 12-step support group Sexaholics Anonymous (SA). This group describes "healthy" sexual behaviour as being between a man and a woman. Those who are advocates of LGBTQI+ legitimately argue that this definition is shaming of LGBTQI+. However, there are other 12-step support groups, such as Sex Addicts Anonymous (SAA), Sex and Love Addicts Anonymous (SLAA), and Sexual Compulsives Anonymous (SCA), that do not restrict healthy sexuality to this definition. The reality is that LGBTQI+ are not compulsively SA&CSB because of their sexual orientation, but rather as a consequence of their individual psychological issues and biological predisposition toward addiction. This is exactly the same set of risk factors presented by heterosexual SA&CSB. Unfortunately, for the LGBTQI+ (sex) addicts, their increasingly destructive patterns of behaviour take place against a cultural background of greater sexual and social freedoms than those enjoyed by their heterosexual peers. The single LGBTQI+ individual who has problems with sex, alcohol, or drugs is, in some ways, a prisoner of their own freedoms, having fewer cultural opportunities for self-examination and less cultural support for behaviour change than does an average heterosexual male. My contribution consisted of an attempt to move away from a

medicalised model of SA&CSB as being representative only of disease or illness towards a more relational, meaning-making and recovery model. In accord with this ethos, the literature review covers empirical and theoretical literature that has given due consideration to issues of PTG.

Chapter 4 explored the methodology selected for the present study, namely interpretative phenomenological analysis (IPA). IPA was chosen because it is concerned with exploring how individuals make sense of their individual and social worlds (Smith, Flowers, & Larking, 2012). This chapter included a rationale for the qualitative approach, as well as detailed information about the IPA methodology. It also set out the research's recruitment structure and potential ethical considerations and gave details of the data analysis process, such as steps taken to thematise and make sense of the participants' own accounts and experiences by giving narrative form.

Chapter 5 explored the research findings in terms of the impact of SA&CSB and the couple's relationship and the harm it can cause. This section demonstrates that SA&CSB has a complex set of interconnecting impacts, with non-addicted partners responding to devastating experiences and destabilising effects on themselves and their relationship, while also seeking to deal with the addicted partner's secrecy and shame. Other important experiences common across the findings included the impact of betrayal trauma on the non-addicted partner, the breach in the relationship and the wider effects beyond the couple. While the couples were trying to come to terms with what had happened and make sense of it, an important consideration was how they moved towards accepting the reality of SA&CSB in the relationship. Through this lens, the couples moved towards a space where they were able to transcend their traumas and into a place of PTG.

In the current chapter, these findings have been interlinked with the relevant existing literature and supplemented by my own interpretation and critique. The consistency of the couples' responses throughout this study strengthens the validity of my findings and could be attributed to the fact that I undertook this research because I wanted to explore not only the

problem of SA&CSB, but also to discuss solutions and treatments for this (please see Chapter 7 for the product).

In conclusion, the five couples in the study described their subjective experiences of SA&CSB and the difficulties they experienced following the discovery. Through their narratives, a commonality of experiences has emerged. It is my hope that this research and the findings, as well as my interpretation and discussion of the literature, as presented herein, will go some way towards supporting couples and individuals through their recovery journey. Additionally, I hope that experienced and novice therapists alike will be able to use this work to support their practice and research. My desire is that this research will be a valuable contribution to knowledge, adding to effective and empirically grounded psychotherapeutic practice within the context of SA&CSB.

6.8 The Relevance of the research

This study is concerned with couples with one self-identified sexually addicted partner. All the couples at the time of discovery sought sexual addiction treatment and therapeutic support to navigate their recovery. The couples shared how beneficial this process was in providing a space to share what had been discovered, as they could not share the discovery with family and friends. In addition, the couples felt that talking about their experience reduced the addicted partner's shame and validated the non-addicted partner's reality, identifying their therapy as an important step in moving forward. However, there are many other couples who are still affected by SA&CSB and may or may not seek recovery support during this process. Most of the recovery work initially, but not exclusively, involved 12-step programmes, residential treatment facilities, couple's therapists, counsellors, psychotherapists, and counsellors.

The internet offers easy access to sex (Griffiths, 2001), alongside affordability and anonymity (Cooper, 1998), which Young, Griffin-Shelley, Coper, O'Mara, and Buchanan (2000) suggest may have opened the door to potentially vulnerable users developing SA&CSB, causing a potential impact on the couple relationship. It is estimated that up to four per cent of the UK

population suffers from SA&CSB (Kraus, Voon, Potenza, 2016). In July 2018, sex addiction was first classified as a mental illness by the WHO and was included in the International Classification of Diseases (ICD-11) (Bodkin, 2018). This is a monumental step for couples and individuals impacted by SA&CSB, as it moves the illness away from its traditional portrayal as an individual choice of excess and lust and its recovery as necessitating religious and moral discourse, and instead concentrates on asking whether or not the suffering individual has a set of issues that are affecting their lives. The WHO's new classification of sex addiction as a mental disorder could change the discussion about a condition that is often deeply misunderstood. With both the new data available to illustrate the high percentage of the UK population suffering with SA&CSB, and the new classification, it is clear that this study and the findings are a relevant and timely contribution to the existing literature and therapeutic practice.

The impact of SA&CSB on the couple's relationship also has important implications for couples therapists, counsellors, and addiction treatment centres working with this client group. Unlike a recovering drug addict, who must abstain from drugs for the rest of their life, people ~~suffering from~~ affected by SA&CSB are supported back to healthy sexuality and a healthy sex life in a manner similar to people who are ~~suffering from~~ impacted by eating disorders and who must learn healthy eating patterns. However, working in a collaborative relationship, couples therapists and counsellors could identify the enduring impact of the illness on the couple and incorporate the partner in the treatment. For example, the couple's therapists and counsellors could focus parts of the treatment on teaching the couple about the origins of SA&CSB, reducing shame, and supporting the couple in sharing their stories of betrayal trauma. This will enable them to break down the barriers to intimacy and resolve the issues of mistrust in the relationship, stages that are essential to the couple's recovery plan.

Over the past 15 years, I have met many couples in my clinical practice who reported that they have worked with couples therapists who have not had a lot of experience or awareness about SA&CSB. As a result, the counsellors often asked the non-addicted partner to either accept the partner's behaviour or advised them to be more sexually accepting and move forward. Furthermore, while at a conference in the USA in 2017, I saw a speaker presenting

on the confusion around treating sex addicts and on how they are sometimes treated by therapists without experience or qualification in the area of sex addiction. The speaker went on to say that many therapists still experience uneasiness or a lack of knowledge about SA&CSB. This might cause the therapist to miss cues or fail to address the issue of SA&CSB in therapy. Schneider et al. (2012) suggest that the couple impacted by SA&CSB can sometimes experience intense emotional reactivity in therapy, especially during the early stages of discovery and disclosure. Additionally, many therapists have preferred to offer treatment to the addicted partner in isolation, rather than as a couple. Schneider, Weiss, and Samenow (2012) suggest that there is a gap in training provision for counsellors treating couples who are impacted by SA&CSB, and that most couples therapists and counsellors who are treating this population have not had specialist training. In this sense, they perhaps fail, either through lack of experience or training, to address SA&CSB directly. Consequently, I feel that the present study is extremely relevant, as my research and eventual product will attempt to bridge the gap towards a more couple-focused rather than an individual treatment programme.

6.9 Strengths and limitations

In this section, the strengths and limitations of the study will be acknowledged. This is so that further research can build upon the findings of this study, taking into account the gaps identified here.

6.9.1 Strengths

The concept of SA&CSB has gained prominence in recent years due to increased media attention and social scrutiny (Griffiths, 2001). This research has attempted to understand how the couples involved make sense of SA&CSB themselves. The main strength of this study is that it explores an area of growing concern, as reflected in the findings and supported by the literature. This study will thus make a valuable contribution to the field of SA&CSB and psychotherapy by attempting to understand how couple relationships are impacted by the presence of SA&CSB. With its examination of the experiences of the couple's relationship via

the addicted and non-addicted partner and further extension of scope to encompass the wider family, this study will fill an important gap in the literature. As discussed, existing research has focused predominantly on USA contexts to the exclusion of a UK perspective. This is important as USA research and clinical work within the context of SA&CSB has tended to rely heavily on the co-dependency model or the assumption that both partners are implicated as responsible for the presence of the sexual addiction (Schneider and Schneider, 2000). Therefore, the current study fills a gap in the literature by examining couples predominantly from the UK in order to holistically understand how SA&CSB impacts their relationships, family, and children.

This study makes three significant contributions. The first is the addition it makes to the body of empirical literature that seeks to understand how SA&CSB impacts couples, addicted partners, non-addicted partners, and families. It examines the immediate consequences of SA&CSB on the couple's relationship, including both pre/post-discovery of addiction and the longer-term consequences. These consequences include the couple's stability, safety, sense of grief and loss, and other complex trauma reactions, as well as the wider impact on family functioning. The study also provided evidence of what couples did to cope, heal, and grow. Second, through this theoretical basis, it offers insight into how future therapeutic interventions may be tailored in order to sensitively and effectively accommodate the therapeutic needs of this population. Therefore, the findings contribute to the existing body of research on SA&CSB treatment, in particular for academic psychotherapy and traditional couples therapy. The couples reported that the experience of SA&CSB allowed them to work on their own, thus learning more about their own personhood and how they relate to others in their respective relationships. This research is likely to be of value to researchers, psychotherapists, psychologists, and other mental health professionals who are engaged or interested in therapeutic work oriented towards supporting couples impacted by SA&CSB.

Third, drawing from positive psychology, in particular the concept of PTG, this study sought to find new and novel ways to make sense and find meaning in the couples' trauma following a traumatic experience. Accordingly, this study has attempted to resist a medicalised or overly pathologised view of SA&CSB through the use of semi-structured interviews as a means of

gaining the couples' perspective. Additionally, this study was geared towards a phenomenological focus in order to try to understand lived experiences rather than theoretical language. By using the phenomenological lens of interpretative phenomenological analysis, this study gained a detailed, in-depth, and penetrating exploration of SA&CSB from the perspective of a couple. Additionally, in setting out to undertake this project, I examined my personal reflexivity and meaning making, as this interrelated with and potentially affected the interpretation of the findings of the present study (see Section 1.7). Furthermore, this study drew upon earlier survey research that I had undertaken (Appendix A). These results were integrated into the present study, where they were deemed helpful.

6.9.2 Limitations

There are, of course, limitations attached to the present enquiry that are important to unpick in order to provide insights and suggestions that future research might build upon. Blow and Harnett (2005) suggested that since SA&CSB is often carried out in secret and can be a traumatic and painful experience for a couple, one that is often perceived as shameful, it may be difficult to recruit participants for these studies. Although the present study was successful in recruiting participants via convenience sampling, there are some considerations worth mentioning that may have altered the types of responses and experiences shared in the study. In particular, it is possible that couples who are still trying to make sense of the trauma related to SA&CSB may not have come forward to participate in the present study. It is also possible that this may have worked to orientate the sample and the types of responses given, so that only those couples who had either processed or come to terms with the SA&CSB in their relationship are represented here. For example, there is the possibility that the fear of recalling experiences relating to a traumatic nature may have prevented some participants from coming forward for the research (Blow & Harnett, 2005). This is because the topic area of SA&CSB is often associated with secrecy, pain, and shame.

Furthermore, as the topic area of SA&CSB is known to be traumatic, the present study potentially exposed couples to a level of re-traumatisation. This, however, is an inevitable

possibility for the research and should not preclude further studies, so long as proper ethical procedures are followed.

This study had a small sample size of five couples (ten participants). This is not a large enough sample to allow reliable generalisation of the results, meaning that it cannot generate insight into the dynamics of a particular claim (Smith et al., 2009). However, this is a limitation caused by using a phenomenological methodology, since that does not allow researchers to identify generally applicable laws of cause and effect (Willig, 2008). Additionally, the study could not test hypotheses or correlations. Nevertheless, Kvale (1996) stated that hypothesis testing is not a necessary criterion or goal for social research. Rather, he believes that the nuanced description of the phenomenon being studied has intrinsic value and contributes to the other strengths of qualitative research.

Although the SA&CSB diagnosis was included in the ICD-11 in July 2018, another significant critique that should be reported is the contentious nature of SA&CSB as a diagnostic or medicalised criterion (Potenza, 2014). As such, SA&CSB is currently not included, nor is it being critiqued and debated for potential inclusion in the DSM-5. In consideration of this controversy, it seems important to highlight some of the dominant reasons why sexual addiction has thus far been rejected by the DSM-5.

First, there is a pervasive belief that the diagnostic criteria do not differentiate between high sex drives and pathological levels of sexual activity. As such, how can researchers or clinicians determine whether a sex drive reaches a clinical threshold or whether it is merely representative of a heightened sex drive due to individual differences? Additionally, other researchers and clinicians have argued that hypersexual behaviours are simply variants of normal sexual behaviour. Second, researchers have argued that hypersexual behaviours could be better accounted for by other already existing psychological disorders, for example, attachment and intimacy disorders. Third, there are also concerns regarding increasing the number of people diagnosed with mental illness, the number of false positives, and the number of people on unnecessary psychotropic medications.

In my clinical experience over the last 15 years, I have worked therapeutically with hundreds of men and women in individual, couple, and group settings who have struggled with disproportionate problematic sexual compulsive behaviours such as internet pornography, compulsive masturbation, the use of prostitutes, and conducting affairs. Therefore, having observed the struggle first-hand in my clinical practice, it is hard to reject the notion of SA&CSB as an entity. I am, of course, aware of the controversy surrounding labels, particularly for behavioural problems. This is potentially problematic for the present research because of two perspectives: one, because the non-addicted partners may dismiss the notion of SA&CSB as a unified disorder, and two, because some academics and medical professionals do not accept SA&CSB as a disorder in its own right. Both of these perspectives undermine the serious nature of the problem and hence the merits of the present enquiry. Considering the above difficulties, the participants were self-described as one partner in the relationship impacted by SA&CSB, which is not a full representation of the population.

It is worth noting that the data collection relied on the participants' self-selection and self-assessments.

6.10 Directions for future research

This research focused on the impact SA&CSB can have on the couple relationship, with particular reference to how couples make sense of what the presence of SA&CSB means for their own personhood, and for themselves as a wider couple unit. However, there are limitations to the synthesis, as outlined above. Nevertheless, this study has contributed to filling an important gap in the literature, and I believe that it has raised a number of useful suggestions for future research that are worth further consideration.

The present study, and most of the previous research, has been largely cross-sectional in study design, meaning that researchers have used either quantitative or qualitative methodologies in order to gain an understanding of SA&CSB in the present moment. In other words, they have been largely interested in exploring the here-and-now impact of SA&CSB. I believe, however, that, while that research is important and useful, future research might also

begin looking at implementing a longitudinal design, following couples impacted by SA&CSB over a period of 12 to 24 months after treatment, to see how their experiences and sense-making have evolved. This will have the advantage of allowing researchers to explore experiences in greater depth and to examine how these may or may not change over time.

Additionally, one of the challenges that emerged from the current study was that, in following the addicted partner and their SA&CSB, there is a sense that the addicted partner is expected to move forward immediately, with little space provided for the non-addicted partner to process the trauma. As such, the addicted partners tended to deny the iterative process of sexual healing in the couple's relationship. Further research could look in greater depth at the consequences of this dynamic. This could be accomplished through conversation analysis (Weiss, 2018) or other qualitative analyses of micro-level interactions in therapeutic encounters (Willig, 2009). This supports the need for future research in this field in order to build upon this knowledge and invest in studies that can uncover the long-term effects on the couple and that can subsequently help in their healing and recovery.

The second area of suggested future research would be to explore the wider impact of SA&CSB on a couple's children and extended families. Couples in the present study made frequent references to the impact of SA&CSB on their children. In particular, some of the couples discussed how their children were vicariously impacted by shame within the family dynamic. After consulting the literature, however, it appears that there are few publications that attempt to explore SA&CSB within the context of families and children. This was somewhat surprising, given that the couples in my study often spoke of the traumatic impact that SA&CSB had on their children. It is because of this that I suggest that future research should explore, either with adults or possibly also with adolescents themselves, how children and young people experience the presence of SA&CSB in the home. This research could benefit from both quantitative and qualitative designs.

Previous research has almost exclusively explored SA&CSB from a heterosexual perspective. The present study, however, has sought to explore the experiences of couples in a more inclusive manner by incorporating perspectives from those who identify as outside

heterosexual norms, for example, individuals who identify as gay or bisexual. The importance of investigating these minority groups is undergirded by research that has shown that same-sex attracted men may have higher levels of SA&CSB compared to women and heterosexual men (Cooper, Delmonico, & Burg, 2000; Gullette & Lyons, 2005; Missildine, Feldstein, Punzalan, & Parsons, 2005). Arguably, the needs of gay men and lesbian are likely to differ from those of their heterosexual counterparts. Furthermore, the literature highlights that minority stress has a significant impact on sexual minorities. Minority stress is a concept that refers to internalised prejudice, shame, discrimination, and lack of familial and social support (Brooks, 1981; Cochran, 2001; DiPlacido, 1998; Krieger & Sidney, 1997; Mays & Cochran, 2001; Meyer, 1995). Although the present study did not include the perspectives of gay and bisexual couples to keep the sample homogenous, I believe further research is needed that focuses exclusively on the experiences of gay, lesbian, bisexual, and transgender couples.

There is a growing wealth of information on shame and its impact on individuals. While a section of the present research focuses on shame as a driver behind addiction and how it is understood by couples, more research is needed in order to effectively understand the role sexual shame plays within the couple's relationship. Specifically, what is the impact on the couple's relationship when one partner engages in sexual behaviour that might be considered outside the sexual norm? Examples of this might be heterosexual men cross-dressing for sexual purposes to have sex with other men, or sex with transgender individuals. Further research into this area is needed to build upon this knowledge and to support couples who are experiencing these challenges.

My hope is that this study can increase the general awareness of SA&CSB among couples therapists, counsellors, and psychologists. However, more research related to couple-specific interventions is needed to support therapists helping couples impacted by SA&CSB to overcome the trauma of discovery and disclosure. As suggested by Schneider, Weiss, and Samenow (2012), there is also a need for more outcome research to identify which treatment modalities might be more effective in the process of recovering from SA&CSB.

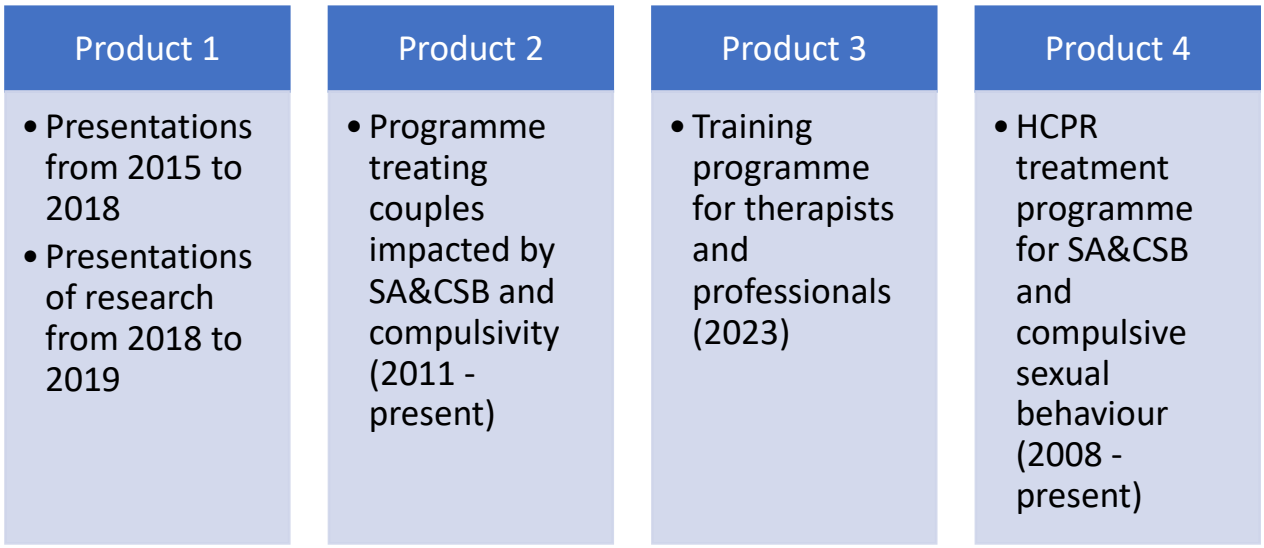
Until this point, the empirical literature has used a predominantly pathologising lens to make sense of and account for SA&CSBs. The present research, by contrast, originates from a psychotherapeutic, as opposed to a medicalised, discourse, and is more interested in and concerned with making sense of the couples' experiences, rather than pathologising those experiences. It is because of this that the present study sought to use positive psychology, as in the concept of PTG, in order to understand SA&CSB and its impact. From the participants' accounts, it emerged that although trauma had a devastating impact, there was room for positive growth (Gutorow, Jarniewicz, & Kennedy, 2010). I believe that future research could focus solely on PTG within the context of SA&CSB in order to uncover and elucidate new and novel understandings of growth through relational betrayal.

The present study used IPA as a methodology, and the PEP study used descriptive statistical analysis and thematic analysis. However, I wish to note that other methodologies are worth considering in future research. These include using discourse analysis as a means to understand the particular discursive dynamics (Potter & Wetherell, 1987). This would offer a deeper understanding of the reasons why people draw upon a particular discursive account, as opposed to solely understanding their experience.

Chapter 7

Products of the Doctoral Process

Figure 7.1 Product diagram (developed June 2015 at The Hudson Centre for Psychotherapy and Recovery HCPR).



7.1.1 Introduction to the products of the project

The path to my DPsych programme began with my clinical experience and my journey into love and sex addiction recovery. It gave me the thirst for knowledge that led to my DPsych, PEP, and main research.

This chapter sets out to describe the four products of my research and their relevance to the fields of SA&CSB and psychotherapy. Carnes (1991) was interested in the phenomenon of SA&CSB, and focused in particular on finding a solution: 'There is a possible solution as well as a problem' (1991: 185). Carnes advocated that sex addiction is a complex but treatable

disease that affects brain function and behaviour and that no single treatment is appropriate for everyone. He also suggested that effective treatment needs to be immediately available, readily accessible, and must attend to the multiple needs of the individual, not just to their SA&CSB. Furthermore, he stated that behaviour therapies – including individual, couple, family, or group addiction treatment and counselling – are the most commonly used forms of sex addiction treatment (Carnes, 1983, 1989, 1999, 2009). Consequently, throughout the research process, I endeavoured to focus on possible solutions for the treatment of couples recovering from SA&CSB.

Before the main research was conducted, I carried out a PEP to decide on the feasibility of the present research (see Appendix B). The PEP was deemed to be a valuable contribution to the field of SA&CSB, as it developed the foundation of this research. The large number of responses to the PEP suggested the need for further in-depth qualitative research, namely, an exploration of the impact of SA&CSB on a couple's relationship. In the PEP study, 96% of the 135 respondents identified professional counselling/support as a means of coping with SA&CSB. This, therefore, signified that a greater understanding of the impact of SA&CSB on the couple relationship would be beneficial for professional therapists working in this complex area.

From the larger research project, I derived the four products outlined in Figure 7.1. These products were developed to contribute to the existing literature and clinical applications in the field. The following sections describe the four products and their relevance to the fields of addiction and psychotherapy. This chapter, as a whole, reflects the shape and direction of my journey.

7.2 Product 1

7.2.1 Overview of the products

The first product is divided into two parts (1A and 1B) and comprises a number of presentations at conferences, interviews, and workshops. In these, I shared the outcome of

the PEP study from 2015 to 2018, and discussed the main research and work carried out at The Hudson Centre from 2011 onwards.

The second product is a psychoeducational group programme designed for couples who have been impacted by SA&CSB, which started before the DPsych programme and has continued to the present day. This product was intended to help bridge the gap between my work at The Hudson Centre and the research project.

The third product is scheduled to commenced in January 2023 and will be a training programme for therapists and addiction professionals who treat couples impacted by SA&CSB. The training programme will be developed from the research and aims to inform and contribute to the existing knowledge base.

The fourth product aims to synthesise treatment and training, and this was developed from the ongoing work carried out at The Hudson Centre with individuals, couples, and families impacted by SA&CSB.

7.2.2 Product 1A

Product 1 comprised a series of presentations. The first part of Product 1 details seven presentations that were completed between 2015 and 2018. The second part of this product explores an additional four presentations that were carried out between 2018 and 2019.

7.2.2 Product 1A – presentations from 2015 to 2018

The presentations that make up Product 1A included interviews, conference presentations, and workshops in which I discussed the results of the PEP study, current issues related to SA&CSB and compulsivity, and its impact on the couple relationship and the work we do at The Hudson Centre. The audiences that were present at these conferences were couples therapists, addiction therapists, psychotherapists, counsellors, psychiatrists, and psychologists. The presentations included:

- Interview with Channel Four on 'Twitter and Porn' (February 2015). https://www.channel4.com/news/one-in-every-thousand-tweets-is-porn
- Humanise the Web – 'Apps, Sex, Intimacy, and Infidelity' (June 2015)
- Interview with the BBC Newsbeat on 'Porn Addiction' (June 2015). http://www.bbc.co.uk/newsbeat/article/32916056/porn-addiction-i-couldnt-focus-on-everyday-activities
- UKESAD conference – 'Treating the couple: Exploring the impact of SA&CSB and compulsive behaviour on relationships between couples' (May 2016)
- BAM - Being a Man festival (November 2016) – 'Is pornography changing the way men view sex and relationships?'
- ATSAC conference – 'Sex Addiction - Not just a man thing' (January 2017)
- Lee Fitzgerald's 6th Annual London Workshop (November 2017) – 'Treating the couple: Exploring the impact of SA&C on couple relationships' (PEP document)

One of the more important presentations in this list includes the presentation of the PEP study's findings at two sex addiction conferences. The presentations were well received at these events, and the feedback indicated that the research was necessary and that it provided a useful contribution to the field. In addition, the PEP I completed and discussed offered a distinctive contribution that emphasised the impact of SA&CSB on the couple's relationship. Furthermore, both conference organisers expressed an interest in future presentations of the main study at the 2023 symposiums.

When reviewing the complete list of presentations in Product 1A, it is notable that there is substantial media interest in this area of research. Despite this interest, sex addiction is not yet considered a mental disorder in terms of the disease model within the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V, 2013). This lack of official recognition has had an impact on couples who present for SA&CSB treatment, and it has the effect of centralising discussion on the addicted partner or non-addicted partner and not the couple. However, it should be noted that, as of July 2018, SA&CSB is classified as a mental

disorder in the *International Classification of Diseases, Eleventh Revision* (ICD-11). This is very timely, as it highlights the need to learn and contribute more to the field by sharing relevant research.

Through presenting at the conferences, leading workshops, and giving television and radio interviews, I shared my work publicly for the first time, and this provided an excellent opportunity to present my work in a focused and rigorous way. As I am new to research, it has also helped me reflect on the value of this area of study.

Additionally, the above interviews, presentations, and workshops helped to enhance my research and highlighted to practitioners, including general practitioners, psychiatrists, psychologists, counsellors, and psychotherapists, the importance of treating couples rather than individuals.

7.2.3 Product 1B – Presentations of research undertaken between 2018 and 2019

The second part of Product 1 features presentations. In these presentations, I will discuss the results of my main research and my subsequent findings. The scheduled presentations are as follows:

- Lee Fitzgerald's 6th Annual London Workshop (2022) – 'Treating the couple: Exploring the impact of SA&C on the couple relationship' (main research)
- ATSAC Conference (2022)
- IITAP Symposium (2022)
- Two or three articles to be written based on the research, which I will aim to submit for publication in the following journals: *SA&CSB & Compulsivity, College of Sex and Relationship Therapy (COSRT), British Association for Counselling and Psychotherapy* (BACP) and *Counselling Psychology Review*.

While these presentations have not yet occurred, due to my illness and long hospital stay, they will focus on a discussion of my main research findings, including the literature review and therapeutic implications. In these presentations, I will inform practitioners of the direct impact that the findings of my study can have on their work treating couples and the existing

literature on the subject. The audiences that will be present at these conferences include couples therapists, addiction therapists, psychotherapists, counsellors, psychiatrists, and psychologists. This planned series of presentations will help to build on Product 1A and further highlight how much work is needed on the couple relationship within the treatment of couples impacted by SA&CSB.

7.3 Product 2

7.3.1 Overview

The impetus for the creation of a treatment programme for couples impacted by SA&CSB was first generated out of the need for clinical support. Additionally, I became increasingly aware that within the UK and USA, clinicians, and treatment centres were treating the addicted partner and the non-addicted partner separately, while the couple's relationship and the associated trauma were often overlooked (Schneider & Schneider, 2000). As I reflected on my work, I was always aware of the need for a place where I could refer a couple recovering from SA&CSB for a group psychoeducational treatment programme.

Recent research into the impact trauma caused by SA&CSB has on the couple emphasises the role of early trauma in sex addicts and how this can affect the couple's relationship later in life (Vaillancourt-Morel et al., 2015; Craparo, 2014; Hall, 2014). Sex addiction patients have been described as generally not being good at sex, as functioning poorly in the bedroom, and as feverishly pursuing their dysfunctional sexual behaviours. They are also described as having sexual difficulties with intimate partners, yet generally have healthy sexual encounters and stable relationships (Rosenberg et al., 2014). Thus, in addition to addiction treatment, sex therapy for disorders may be advisable, although behavioural interventions need to be modified when working with addicts. Furthermore, studies have shown that therapy cannot commence until the patient has their dysfunctional behaviours under control (Kingston & Firestone, 2008; Carnes, Murray & Charpentier, 2005).

7.3.2 Product 2A – Three-day psychoeducation group treatment programme for couples impacted by SA&CSB

In response to the points discussed previously, Product 2 is a programme designed for couples recovering from SA&CSB. Even though this programme was developed in 2011 and was the first of its kind in the UK, the findings of the present study will further enhance this programme. Drawing from emerged themes and their subthemes, couples will be informed of the difficulties each partner can experience due to the impact of SA&CSB to help them reflect on how to best heal and repair their relationship. Moreover, since the present study has shown that couples find it helpful during their journey towards recovery to talk to others with similar experiences, the established group treatment programme will provide a safe space for couples to address the trauma experienced and support each other.

The essence of this programme utilises psychoeducation techniques and was designed to be an important step in helping individuals achieve healthy intimacy with their partners. This programme has been supplemented by sex addiction treatment training with Patrick Carnes, partner treatment by Stephanie Carnes and Dr Jennifer Schneider, as well as my clinical practice and personal experience of addiction recovery. Its necessity and utility are attested by feedback from couples who have attended the programme.

The creation of the three-day programme was supported by research carried out by Zitzman and Butler (2005), Butler and Seedall (2006), and Swisher (1995), whose study included 248 professional psychotherapists and counsellors. Swisher's (1995) study found that some form of marital/couple's therapy is a significant part of the recovery and healing process. Swisher and Carnes's (1995) study suggests that group programmes and therapy have proven to be the most successful resource with which to treat couples and individuals impacted by SA&CSB. This was supported by the couples in this study. During this group treatment programme, it was notable that certain components, such as psychoeducation lectures and group sharing, were particularly useful, as these can help the couple to reduce feelings of shame and trauma and encourage them to access support.

The programme is split into three parts and divided into three days. The first part (day one) is about psychoeducation on the origins of SA&CSB and the impact of SA&CSB on the non-addicted partner and the couple's relationship. This part of the programme helps the couple

rebuild broken trust by enabling the addicted partner to understand why the non-addicted partner separated their 'self' from the problem. It also promotes an understanding of the impact disclosure has on the non-addicted partner and the pain it can cause them. This helps the couple see that there is an end to their struggles with SA&CSB in sight, thus creating a shift in the recovery process to refocus on the positives that can come out of disclosure.

The second part (day two) takes place in smaller groups and focuses on helping the couples explore their relational difficulties in a safe environment (consisting of honest communication, effective problem solving, and increased unity) while learning how to work together to heal their relationship. This allows both addicted and non-addicted partners to create a support system around themselves, so they have a place to turn if they are triggered. The programme encourages both partners to identify and name things that would cause them to relapse back into addiction patterns or cause the non-addicted partner to be triggered (Zitzman & Butler, 2005).

The third part (day three) also focuses on small groups of couples and explores relationship repair. On this day, the couples practise how to address painful issues, develop new boundaries, and improve communication, thereby building on existing strengths within their relationship. Vulnerability is encouraged, and new rules of engagement are introduced. Additionally, this day involves an exploration of dysfunctional patterns of behaviour stemming from the family of origin in order to reduce shame and aid in the release of those behaviours. By doing this, the couple can achieve restoration within their relationship (Schneider, 2000; Butler & Seedall, 2006).

The couples who participated in the three-day programme were invited to share their experiences of the programme using qualitative outcome feedback. All the couples responded that the intensive programme was a positive experience. In conjunction with the completion of the final study, I will update the programme to include the outcomes of the present research. I am committed to continuing to deliver this programme to couples, as well as training therapists to run group therapy, which can also be delivered as an individualised, tailored programme for a couple. This product has been developed in an evolving field, and more awareness of SA&CSB is needed in relation to the impact on couples and their families.

Thus, it is necessary to develop treatment programmes for patients in addition to training programmes for professionals who treat couples dealing with SA&CSB.

7.4 Product 3 – Two-day training programme for psychotherapists and professionals who work with couples impacted by SA&CSB

7.4.1 Overview

As a couple's therapist, sex addiction therapist and supervisor working at The Hudson Centre delivering services to couples, individuals, and families impacted by SA&CSB, it was important that the research not only contributed to my ongoing professional development, but also allowed for the dissemination of the findings to other practitioners and centres. I would like to continue this sharing of the research findings and develop my research into a training programme.

Historically, sex addiction treatment has not worked with couples. Instead, early treatments focused on the addicted partner, with later treatment also working with the non-addicted partner. This stems from the 12-step programme with a heavy co-dependency model based on work done in the USA. Traditional couple's therapy attempts to resolve interpersonal conflict and improve romantic relationships (Abrahamson, Hussain, Khan, & Schofield, 2012). This study confirms that the traditional model needs to be adapted to include the additional requirements of working with couples impacted by SA&CSB (Schneider, 2000).

Additionally, Schneider (2000) raised the question of why, if SA&CSB is seen as an attachment and intimacy disorder (Carnes, 1989), we ignore the primary unit of adult intimacy when it comes to treating the couple. Currently, in deciding upon a course of action for treating trauma in sex addiction, it would seem that experienced clinicians agree that a psychoeducation treatment programme involving patients affected by sex addiction and compulsivity needs to consider the complex interplay of biology, psychology, and systemic culture present in these couples (Rosenberg, Carnes, & O'Connor, 2014).

7.4.2 Product 3A

Product 3 will be developed in 2022, after the completion of the doctoral project. This product will aim to deliver a two-day training programme for therapists, counsellors, addiction treatment practitioners, psychologists, and healthcare workers and will assist them in working with couples impacted by SA&CSB. This will be designed as either a standalone programme, or as one aimed at continuing professional education and development. The training will have the broader aim of locating the impact of a couple's experience of SA&CSB in the broader context of addiction treatment. It will have the following key objectives:

- Explore definitions of SA&CSB in the context of working with a couple and betrayal trauma.
- Examine how internet pornography and the easier 'access', 'availability' and 'anonymity' afforded by technology impact the couple's relationship.
- Explore clinical dilemmas and challenges that may be present in work around betrayal trauma in couples therapy.
- Consider approaches for responding to couples impacted by SA&CSB.

At the conclusion of this training, participants will be able to:

- Practise skills needed for working with couples in SA&CSB recovery.
- Demonstrate sex-positive couples counselling skills in order to support couples in choosing a sexual style that is comfortable for them, and that will help them enhance safety, sexual desire, pleasure, and satisfaction.
- Identify physical, spiritual, and meditative exercises to enhance a couple's toolbox for sex, both inside and outside the bedroom, and apply the sexual relationship vision concept in therapy.

These objectives have been chosen in response to my exploration of the literature, the theoretical frameworks of SA&CSB and some of the challenges inherent in the work. There will be some teaching elements, with an interactive component that will include an exploration of the practitioner's values and beliefs regarding sex addiction.

The purpose of the programme is to train therapists. To establish its effectiveness, it will first be trialled with a small group of therapists. During this trial, an evaluation form will be given

to all participants in order to monitor the usefulness of the programme. This feedback will be evaluated and integrated into the training going forward.

While this training programme is an amalgamation of the work of others, it has been supplemented by IMAGO therapy; 'Getting the love you want' (Hendricks, 2007); my own clinical practice and sex addiction training through the International Institute for Trauma Addiction Professionals (IITAP) pioneered by Carnes (1999); partner training by Schneider (2000); prior workshops and seminars; my personal experience with addiction and recovery; and the present study.

The programme will be written up in January 2023 and piloted at The Hudson Centre for Psychotherapy and Recovery. Several addiction counsellors and psychotherapists have already agreed to participate in this process.

I am hoping that the development of the training programme will be an extension of this 'good use of self' (Bachkirova, 2016). This is an exciting opportunity, and part of my commitment to continue to follow my interest in this area. However, it is also important to be able to engage in discussions with those in the addiction and counselling field who may want to contribute or who have different ideas from mine.

7.5 Product 4

The previous three products are an important part of this research project and are all incorporated into the work of Product 4: The Couples Treatment Programme. The Hudson Centre for Psychotherapy and Recovery (HCPR) was founded in 2006. It provides psychotherapy, counselling, psychosexual and couples therapy, and it offers the most cutting-edge and comprehensive sex addiction treatment in the centre of London. Additionally, it provides treatment for trauma, SA&CSB, compulsive sex, sexual obsession, intimacy issues, and problematic sexual behaviours. We work with the following groups: couples, addicted partners, non-addicted partners, and adult families. The services we provide to groups, individuals, and couples include individual and group psychotherapy, counselling, intensive programmes and interventions, and trauma and addiction treatment. During the period from

January 2017 to December 2017, 117 individuals and 28 couples utilised the therapeutic services offered at the centre.

Our approach to sex addiction treatment is evidence-based, task-oriented, and designed to restore the individual and the couple to full sexual health. We provide assessment and treatment in a safe, discreet and affirming environment. As far as HCPR treatment is concerned, the best practices for treating sex addiction and the trauma within it are based on numerous controlled studies, case reports, sound theoretical frameworks, the consensus among practising clinicians, and expert opinions that span the last 25 years (Kaplan & Krueger, 2010; Carnes & Adams, 2002; Earle & Earle, 1995). Furthermore, popularised general treatment for addiction and trauma is utilised in the form of group and individual therapy, motivational interviewing, cognitive behavioural approaches that help identify triggers of past and present traumatic events, relapse prevention strategies and referrals to appropriate 12-step-based recovery groups (Carnes, 2009). In addition, HCPR's work will be informed by the present study. Since the results revealed that men experience emotional difficulties, during and after discovery/disclosure, in the form of shame and guilt, which could then lead to a relapse (Reid, Carpenter, & Lloyd, 2009), the treatment at HCPR will be adapted to promote self-forgiveness in order to set men on a journey to forgive themselves. Moreover, the dissonance between men wanting their relationship to get back to normal as soon as possible versus their spouse's need time to heal will be addressed in therapeutic work to create an understanding between partners. The couple's treatment programme (Product 4) will also address the non-addicted partner's trauma and will support them in conceptualising and verbalising their experiences next to their addicted partner in order to consolidate and promote understanding between partners. This will be supplemented by the findings on the impact of SA&CSB on children to support couples and families with healing from the addiction.

7.6 Conclusion

The four products set out above have begun to disseminate the research findings in several different ways. To further integrate the research findings through ongoing conferences and my work at The Hudson Centre, I will continue to develop a training programme for therapists

and professionals, as this will allow me to connect and interact with other practitioners from a range of disciplines. In addition, I will continue to develop and run the intensive couple's workshop. The training programme has not yet been developed, but will be guided by feedback from the participants and the final study. This will, I hope, bridge the gap between guidance and training.

Another important contribution I would like to make to the field is publishing journal articles based on my research findings. As I am part of The Hudson Centre, which works with individuals, couples, and families, I have greater access to sex addiction organisations, and this allows for wider dissemination of the research findings. This process has already started, and the completion of this research will help to further support this objective.

When I started my doctoral research, I was unsure about the direction that possible products might take. However, now that I am at the end of this process, I feel that the research identifies that there is an impact on a couple's relationship, and these couples need specialised treatment by appropriately trained therapists. This specialist training will facilitate therapists' understanding of the needs of this population and will be part of the specialist service that my training programme will offer.

Chapter 8

Concluding Chapter

In this chapter, I will describe the ways in which this research study has contributed to the existing foundation of knowledge and its ability to offer a way forward for future research. I will conclude the chapter with a personal reflection on my research journey.

8.1 Contribution to the knowledge

In this study, I have contributed to the existing knowledge on SA&CSBs from the perspective of an 'insider' researcher. This standpoint has played a crucial part in allowing me to gain, examine, apply, and evaluate my contribution critically. I think I have demonstrated this by showing an ability to participate, observe, and engage closely and empathically, while at the same time, I have been able to hold my position, reflect, and have a mind of my own. Through this position, I have gained better insight into existing research, possible gaps, and areas that will benefit from further studies.

It can be argued that most of the existing research on SA&CSB focuses on the needs, usage, and impact on the addicted partner, with later research shifting to a focus on the needs and impact on the non-addicted partner. Some research has expanded in scope to explore the couple's relationship, but this work has been minimal and is confined to the US. This research study appears to be the first study in the UK to explore the impact of SA&CSB on the couple's relationship. Other than this study, four British studies have been carried out relating to SA&CSB; three out of the four looked at the addicted partners (Birchard, 2004; Hall, 2013; Voon, 2016) and one focused on the non-addicted partners (Hall, 2015). This study will, therefore, provide a positive contribution to the existing knowledge on couples' therapy, psychosexual counselling and psychotherapy, and the broader field of SA&CSB treatment by examining the impact on the couple's relationship and wider family.

Additionally, the findings from the earlier pilot PEP study and this final study support the conclusion that SA&CSB impacts individuals, couples, and their wider families. Placing the

couples' experiences in the continuum of SA&CSB and linking them to shame, attachment, and betrayal trauma provides a context within which we can understand the couple's experiences.

One essential contribution will be to enhance the understanding of this phenomenon in the field of couples therapy, psychosexual therapy, counselling, and psychotherapy and to improve their responses to the couples impacted. These therapeutic fields need to understand the complex nature of SA&CSB and its impact on couples. It is also vital that services recognise the difference between a couple presenting with an issue of infidelity and a couple impacted by SA&CSB. These findings can be used as guidance when providing services to this population.

While this research focused on the couple's relationship, it has also made a contribution to the knowledge of SA&CSB's impact on their children and the wider family. It is hoped that this study will provide practitioners with a language to support families as they talk about SA&CSB, particularly in relation to children exposed to their parents' online sexual content and conversations. However, more research is needed on the longer-term impact on the couple's relationship and the wider family, particularly children.

This research has provided incremental knowledge that builds on the current literature. It is hoped that it will show other practitioners and researchers within the field of psychotherapy and counselling that the issue of SA&CSB impacts not only the couple, but also their children and wider family, and is an area that requires greater attention. It is evident from the literature review included in this paper that there is a need for more research in this area. I have presented the earlier PEP study at several conferences to facilitate this, and it has been well received. Furthermore, due to my contributions to field practice through training and the production of educational material (still in progress), I have been invited to present the final study at conferences and other events scheduled for 2022.

8.2 The way forward

The present study has suggested a number of areas worthy of further research. It has purposefully focused on the impact of SA&CSB on the couple's relationship. It is worth noting

again that when I started this study, sexual addiction had been rejected from the DSM-5 and was not in the ICD-10. As of July 2018, SA&CSB is now included in the ICD-11, which is timely for my study, and I feel it is a helpful justification and validation of my work. However, future research is needed to explore the critique and contentious nature of SA&CSB as a diagnostic or medicalised inclusion in the DSM-5 (Potenza, 2014). Future research can have the potential to cover this subject in a much wider sense and should include its impact on children and families.

As set out in Chapter 7 (Products of the Doctoral Process), I have started to work toward disseminating research findings in several different ways and settings. In order to continue integrating my research findings into the clinical fields of SA&CSB, namely couples therapy, psychosexual therapy, psychotherapy, and counselling, I will proceed with undertaking presentations and workshops as these allow me to connect, collaborate, and interact with practitioners and researchers from a range of disciplines, and, crucially, with the target group for this research.

Prior to my commencement of the DPsych, I was running at The Hudson Centre a three-day psychoeducation group treatment programme for couples impacted by SA&CSB. The outcome of this study will be integrated into this programme and used to update my practice. In addition, I am planning to develop a training programme that will be widely available to any practitioner who will come into contact with individuals, couples, children, and families impacted by SA&CSB. This product will be developed in 2022, thus falling outside the timeframe of this doctoral project. The training will be piloted with a select group of practitioners and will be developed by taking their feedback on board.

I am also planning to write several journal articles to continue building on the foundation of this work. As I am part of a UK and USA SA&CSB organisation and a member of the College of Sex and Relationship Therapy Organisation (COSRT) in the UK, both of which work to support couples and individuals impacted by SA&CSB, I can access contacts and groups to allow greater dissemination of the research findings and to continue the conversation by raising awareness. Part of this process has already begun, and the presentations at conferences and training programmes will help to further support this work.

When I started my DPsych in 2013, I was unsure about this study's direction. However, now that I am at the end of this process, I can see from my literature review and from the findings of the study how important it is to have a specialist training programme that will support couple therapists, psychotherapists, counsellors, psychologists, and other practitioners who come into contact with couples and their families impacted by SA&CSB. The UK and USA member organisations have already invited me to present the outcomes of my study, and I will use these opportunities to get more feedback on the training programme that I am planning.

8.3 Concluding comment

As I begin the concluding comment segment of this chapter, I am conscious of the journey that I have undertaken in the course of this research study. I feel intellectually full and tired at this stage, but I still do not want to end my work or this challenging process.

SA&CSB is a new phenomenon, specifically as a result of the increasing growth in the popularity of the internet and smartphones (Carnes, 1983). The internet and portable communication offer users many opportunities, but we now face unprecedented changes in patterns of both social connection and intimate and sexual interactions. Griffiths and Young (2000) claimed that, with the growing number of applications that facilitate online sexual interactions, vulnerable users are increasingly at risk of becoming sexually addicted. Further research suggests that this addiction has an impact on the couple's relationship. Both the earlier PEP study and this final study support the idea that SA&CSB impacts the individual, the couple, and the wider family. It is clear that the increasing growth in popularity of the internet and smartphones offers both new opportunities and new challenges for the couple's relationship. One partner in a couple can now use the internet at their convenience and with anonymity, and doing so is easy and affordable (Cooper, 1998). This creates multifaceted opportunities for ~~a vulnerable~~ an individual to fall into patterns of SA&CSB. This complex new reality requires a response that considers and explores these challenges and their impact on the couple. This is a process that I hope this study has begun.

The consequences of SA&CSB are immense, and its pervasive impact on couples and individuals is well recognised. It can cause areas of distress and dysfunction in multiple domains of sufferers' lives. It also creates multiple trauma symptoms, including post-traumatic stress symptoms. There is little doubt that the use of the internet linked to SA&CSB will continue to expand. The fields of psychotherapy and counselling need to consider that, while technology is here to improve our lives and our clients' lives, it is also causing problems for others, including a higher level of SA&CSB. This field now needs to be part of understanding and addressing the needs of individuals, couples, and families impacted by SA&CSB. This study has sought to contribute to the rationale that, traditionally, couples therapists have been trained to work with couples in conflict regarding psychosexual issues and infidelity. Additionally, I hope that this study and the resulting products will help aid professionals working with couples impacted by SA&CSB.

8.4 Personal reflection on the study

This reflexive personal account is intended to provide insight into my research journey. The purpose is to convey the challenges of the journey and to share with the reader what I have learnt, as a means of capturing the naivety I exhibited and my internal discourse. For me, while I struggled initially with elements of my own visibility and mistakes (Probst and Berenson, 2014:817), my own experience of the research subject demanded a reflexive stance.

Through the process of writing this thesis, I have felt and exposed emotions that I have suppressed in my life so that they were almost unreachable. This has been painful, cathartic, and, on many occasions, overwhelming. I will now reflect on the overall process from a practice, professional, and personal perspective.

It is important to position myself reflexively in relation to the process and to provide some insight into how the research took shape and how my own challenges, fear of failure, and moments of insight were experienced in parallel (Etherington, 2004). Throughout the process, I have revisited aspects of my past that I have previously explored. This has, at times, been

painful but cathartic, and I am now reflecting on my past and my recovery journey with a lens of professional and personal perspective.

Although my DPsych began in October 2013, I believe that my journey to it started when I began my own passage into sex and love addiction recovery. On reflection, I chose to investigate the impact of SA&CSB on the couple's relationship for multiple reasons. First, I wanted to explore a phenomenon that was emerging and observable within the clinical centre where I was working. Given that my colleagues were reporting similar challenges with couples to the ones I was experiencing, I felt that it was important to get a deeper understanding of the impact SA&CSB had on the couple relationship and the wider family. Second, there was no research in the UK addressing the phenomenon; the majority of the research came from the USA. Also, in numerous SA&CSB conferences that I attended in the USA, it was suggested that the addicted partner and non-addicted partner should be treated separately, ignoring the couple's relationship. Third, I am a recovering love and sex addict, and I am now sober from these behaviours. This behaviour had a profound impact on my relationship at the time, and I subsequently went into residential treatment. While there, my recovery was a priority, and I was getting all the support I needed, but I can see that I was then neglecting my relationship at that time. Consequently, my key motivating factor in carrying out this research was its inextricable links to my professional and personal life.

In 2015, I completed an earlier PEP study (see Chapter 2), and the preparation work for this study was far more challenging than I had anticipated. The process of carrying out the PEP was often confusing and fraught with conflicting emotions, and I initially struggled with the methodological approach, which was a key element of the study. At times, I found myself worrying about the methodology and whether I was reading enough of the literature to cover all the necessary points, all while studying and working full time. My academic consultant invited and challenged me to reflect on the relationship between my research participants and how my personal history and recovery might have been affected. In particular, I had to focus on keeping myself safe and on how the work that I was doing with couples impacted the research itself.

Throughout this process, building in a reflexive approach, as suggested by researchers such as Finlay and Gough (2003), allowed me, as the researcher, to deconstruct my position in

relation to the data and thereby mitigate any bias. Throughout the PEP research, it was important for me to reflect on my own experiences and preconceptions of SA&CSB and on how my personal history and professional experience might affect my perception of the data. For transparency, I asked a critical friend to review the data, themes, open coding, and the final write-up of the study. Thus, the rigour and quality of the analysis were considered in an ongoing manner in keeping with the guidelines of thematic analysis (Braun & Clarke, 2014).

Throughout the study, I focused reflexively on my process as a researcher and on the participants. My reflective focus formed a part of the study; the dynamics between the researcher, participants, and supervisor were taken seriously and were used as a way of enriching understanding (Finlay & Gough, 2003). First, I concentrated on my dual role and on deconstructing my position in order to ensure transparency within the research. The loss, pain, distress, and sadness reported by the participants were hard to read at times, and I made use of supervision and therapy to make sense of my own perceptions and feelings. I also focused on journaling my process as a way of sensitising my issues and separating the themes. This was a slow process, but it was deeply beneficial to tease out reflectively the feelings that belonged to the researcher and those that belonged to the participants. Through this process, I came to feel gratified and engaged by the detail and richness of the data and the participants' responses.

In 2016-2017 I started the final research project. I felt excited, as I was ready to carry out the study and learn from the couples I was going to interview. After the interview schedule had been arranged, I began to feel nervous and uncertain, but I also felt more like a researcher. The couples who volunteered to take part in the research were resilient, warm, and generous with their stories and their time, but their narratives were painful, and I became very self-conscious and felt I had a sense of responsibility to do justice to their stories. In the course of this learning, I came to a clearer realisation that my own well-being was of particular concern due to my own history of SA&CSB and recovery. To help me manage these challenges, I was supported by an academic colleague who conducted 'bracketing interviews' before, during, and after the research. Rolls and Relf (2006) believe that these types of interviews enable the researcher to hold the tension of the dialectic process of investigating and testing the nature of the participant's experience, at the same time as holding and recognising their own

experience in a way that relates to the research data – almost a parallel process. This process allowed me to access unconscious assumptions and values about the researched area and provided me with emotional support.

As for my practice as a therapist, I have enhanced my therapeutic understanding in many ways: I understand at a deeper level the importance of attuned empathic listening with clients. During my research interviews, I experienced a visceral connection with my participants; this desire to understand the essence of their experience by truly listening in order to understand what was being said, rather than listening in order to reply, allowed me access to authentic dialogue with the participants. This reinforced my belief about the importance of listening as part of an empathetic therapeutic relationship, and how authentically people tell their stories when they feel they are being truly heard.

While I recognised that researching this area might cause distress for the participants and myself, I also thought it would be therapeutic, as it would allow the participants' voices to be heard and might help support others going through similar experiences. Before the interviews, the participants were informed that if they had experienced distress after the interview, then one session of support would be paid for to support them, but none of the participants took up this offer. I was learning at every point. During and after the interviews, I felt some tension and pressure, but my colleagues were supportive.

After completing all the interviews and subsequently transcribing them, I found the immersion in the transcripts and rereading process to be far more demanding and draining than I had anticipated. Nevertheless, I became aware of a shift in my thought process during my research journey. In this process, I was aware of how I listened to the non-addicted partners' experiences to the exclusion of the narratives of the addicted partner. I reflected on the emerging themes in my journal and found that doing so helped me to find evidence of movements within myself and my thinking process. This allowed for a shift that enabled me to better hear both participants.

At times, my immersion into the participants' transcripts felt painful, and at some point, I felt stuck and unable to make progress with the work. At other times, I felt like I was drowning in the data. I became worried about the volume of data I had and whether I would be able to

write it all up, and I began to feel stressed and anxious about getting the work done. Months went by, and I was still unable to make any progress, but my academic consultant and advisor were both very supportive and reminded me to stay grounded, take time out, and journal, which helped me to feel more connected to the research. I took a break and switched focus to the literature review, but it too felt overwhelming. I tried not to feel despondent, but instead, I shared my experience with colleagues, which enabled me to continue.

This research allowed me to have a greater awareness of the issues raised for the participants and myself. I looked more closely at myself and the impact the research was having on me. I am sober from my addiction and have remained so throughout the research. I began to focus more on areas of my life that had been compromised during my research journey. My partner and I bought a dog as a way to encourage me to take time out of the day for long walks. I took up regular exercise and became more organised with exercise and sleep; this brought about a better understanding of my relationship with stress and the body.

Furthermore, the knowledge and experience gained from this study have improved my confidence when working with couples impacted by SA&CSB.

My study set out to explore the impact of SA&CSB on the couple's relationship and to explore in-depth how this impact played out in their relationships. What I discovered in the process is that the impact on me is also ongoing My actions in the past had enormous consequences, and those consequences will remain with me for a long time: the impact of my behaviour on my partner at the time and the trauma and loss associated with the relationship. I feel a sense of loss at what might have been, though this loss has diminished over time. The study ultimately confirmed that there are a number of impacts, and that further research is necessary to explore how these can be best treated. This research will hopefully start accomplishing this through the dissemination of the findings and the resultant products.

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