Strategies for Addressing Sexual Problems in the Hope Focused Approach

April Hudson, Justin Dewberry, Aaron Farley, Darchelle Curry & Tanya Ward

Regent University Hope Research Project

This module will briefly assist in the more specific issues of emotional infidelity, past sexual trauma, sexual satisfaction and disorders, and referral issues.

Issues of Infidelity

The term infidelity is often used to describe a breach of faith and it may be used generically to describe more specific transgressions such as sexual infidelity, emotional infidelity, and pornography use (Whitty, 2003). The term infidelity assumes that there was a promise made between two individuals and one individual has failed to honor their side of the commitment. The introduction of the internet age has broadened the means by which individuals can seek out relationships, sexual gratification, and emotional support. Whereas emotional infidelity describes the forming of a deep emotional attachment with a person outside of the primary relationship, both sexual infidelity and pornographic infidelity involve a partner enjoying a sexual relationship with another person without the consent of their primary partner. Recent research suggests that gender differences exist between men and women in regards to how they respond to various types of infidelity.. Specifically men tend to more distressed by a partners sexual infidelity whereas women tend to be more distressed by a partners emotional infidelity (Fernandez et al., 2007).

Information from clinical settings suggests that couples who are dealing with infidelity typically show "greater marital instability, dishonesty, argument about trust, narcissism, and time spent apart" (Atkins et al., 2005, p. 470). Similarly, substance abuse and sexual dissatisfaction show strong correlations in males who are unfaithful whereas emotional dissatisfaction shows a strong correlation in females who are unfaithful (Atkins et al., 2005). Couples who have infidelity may not be appropriate for the standard Hope approach requiring a tailored approach to address their infidelity. If a couple has a recently discovered infidelity, or their primary presenting issue is an infidelity then we recommend the approach created by Snyder, Baucom, and Gordon (2007) described in their book "Getting Past the Affair: A Program to Help You Cope, Heal, and Move On -- Together or Apart**."** This book walks through the stages of affairs and has specific interventions needed for couples addresses infidelities. If, however, the couple's infidelity is not recent and they are seeking relationship improvement, not specific attention to an affair in their history, then the Hope approach can be helpful for relationship repair and strengthening.

Issues of Sexual Trauma

With suggested prevalence rates of sexual trauma (i.e. abuse, incest, assault, violence) ranging from 6-34% of women and 2-11% of men (Walker, Carey, Mohr, Stein, & Seedat, 2004) clinicians working with couples and marriages will encounter couples where at least one member of the couple has experienced sexual trauma. Discussion of sexual trauma history within couples therapy is particularly needed when considering the effects the abuse history may have on the couples dynamics and possible efficacy of the HOPE treatment.

Anderson and Miller (2006) note two themes in research concerning the outcome effectiveness when working with couples where a spouse has experienced sexual trauma.

1. There appears to be a norm for survivors of sexual trauma to refrain from sharing their history with their therapist.

2. Couples reporting sexual trauma histories present as more distressed at the beginning of therapy than couples that do not report sexual trauma.

However, Anderson and Miller's (2006) own research suggests the presence of a sexual abuse history, when acknowledged by the client, may not have the same negative impacts on therapy outcome as previously thought. Similarly, they suggest the appearance of increased distress may be based in the biased perception of the clinician. It is important to note this possible perception bias of increased marital distress, since becoming involved in a power struggle with a client about the impact of sexual trauma on their marriage could *potentially revictimize the client* (Mennen & Pearlmutter, 1993). So while it is imperative to acknowledge the history of sexual trauma, it is even more imperative to cautiously gauge the significance of the abuse on the couples functioning.

Building an environment of empathic support and safety is essential to treating a couple where a member has a history of sexual trauma (Mennen & Pearlmutter, 1993). The Empathy session in the HOPE approach is a time to capitalize on this desired environment and to address creating a similarly empathic environment within the marriage. Although, the Empathy session may encounter obstacles in creating this environment with the couple as many sexual trauma survivors exhibit issues with self-esteem, trust, abandonment, intimacy, depression, and anger which could potentially impede an empathic environment (Brack, Brack, & Infante, 1995).

It is also important to create an atmosphere where the couple views themselves as working together on a common problem (Brack, Brack, & Infante, 1995). The HOPE approach explicitly and implicitly fosters this atmosphere throughout the therapeutic process. From early on, the attitude of working toward a common goal is developed in discussing the couple's Covenetal/Contractual commitment to one another and their vision for the marriage. LOVE encourages team oriented problem solving while exercising grace in the process. Finally, the Empathy session explicitly emphasizes the work on a common problem as couple's are asked to acknowledge the hurts and vulnerabilities of their partner's past.

There is some evidence to suggest that when addressing sexual trauma in a couple or marital context that a combination of couples and individual therapy is most effective (Brack, Brack, & Infante, 1995). However, caveats to this suggestion may be seen in the sufficiency of the extent to which it has been addressed prior to the couple's current presentation and the recentness of the sexual trauma. If the member with the history of the sexual trauma has received extensive individual counseling after the sexual trauma and possibly received previous couple's therapy which considered the sexual trauma's impacts then the past sexual trauma may not warrant a special focus in treatment. This does not, however, diminish the need for inquiry about sexual trauma history or assessing for current impact. Similarly, the recentness of the event may provide significant implications for how the sexual trauma is addressed. Logically if one member of the couple experienced the trauma last week it may be handled notably differently than if the sexual trauma occurred 30 years ago and had been addressed. If the event is recent it may be advantageous to stop current couples treatment and engage in individual therapy to help the traumatized member of the couple stabilize before re-entering couples therapy. Finally, it is important to note that if the clinician feels he or she is not trained in the sex therapy modalities needed

to address sexual trauma or any sexual concern in the HOPE approach it is advisable that extensive consultation or a referral may be sought (Worthington, 2005, p. 235).

Issues of Sexual Satisfaction

Problems of sexual satisfaction, are generally explained by a couple's thoughts and feelings concerning their sexual relationship. These thoughts and feelings could focus on, sexual pleasure, desire, communication, differences in preferences, and sexual compatibility. All of which can be manifested emotionally and/or physically.

Several studies have been conducted and have found a correlation between marital satisfaction and sexual satisfaction. From this, it appears sexual satisfaction is an important component of a marriage that should be addressed in marriage therapy, especially if the couple reports intimacy and/or sexual problems (Yeh, H., Lorenz, F., Wickrama, K., Conger, R., & Elder, G., 2006).

Psychoeducation is an important component in addressing all sexual concerns. A couple may need to know what is "normal" in frequency, gender differences, and so on. Getting a picture or script of the couple's sexual life would be beneficial to establish how the couple operates and what changes they may be looking to make.

At the root of many sexual satisfaction problems is a lack of communication or dysfunctional communication. One study found that communication and sexual satisfaction both independently and combined predicts marital satisfaction (Litzinger, S., & Gordon, K., 2005). TANGO, LOVE, and CLEAVE are appropriate sessions to integrate a couple's sexual satisfaction concerns into treatment by discussing their sexuality as the topic for learning the skills.

CLEAVE, in and of its self, is a session for building intimacy. Be sure to approach the sexual satisfaction concerns directly (but not in an overbearing way) during this session and do not allow the couple to shy away from the topic, as they are most likely doing the same thing with one another at home – preventing the achievement of sexual satisfaction. "When couples learn to communicate better, their sex lives improve" (Litzinger, S., & Gordon, K., 2005).

Several studies have looked at the impact of one's attachment on their sexual relationship and sexual satisfaction. The HOPE approach administers a prescreening assessment of attachment style. It would be beneficial as a counselor to know the attachment of the couple within their marriage and how that may be playing a role in their sexual relationship and satisfaction. Individuals with an avoidant attachment are most likely to experience difficulties associated with the physical aspect of sexual satisfaction and somewhat related with emotional satisfaction. Individuals with an anxious attachment are most likely to experience difficulties associated with the emotional aspects of sexual satisfaction and insignificantly associated with physical sexual satisfaction. Individuals with insecure attachments, in general, are more likely to experience negative emotional satisfaction, because anxious people are characteristically unable to achieve desired levels of emotional closeness and intimacy, and avoidant people characteristically prefer less intimate, less affectionate forms of relating (Davis, D., Shaver, P., Widaman, K., Vernon, M., Follette, W., & Beitz, K., 2006).

When to refer:

Common reasons to refer out of the standard Hope approach to treatment include diagnosable sexual disorders, recent or previously undisclosed sexual abuse or severe untreated trauma related to abuse, and currently active or previously undisclosed infidelity. The reason for referral is that these sexual issues require counseling specifically tailored to the problem or disorder.

Case Vignette

Deb, a petite attractive redhead of 22, married for 4 years, presented for marriage therapy with her 26-year-old husband, Ron. Their marriage can be described as a rebound marriage, for Ron. His previous fiancé, Joan, died 2 years ago a few months before the wedding. Deb had known both Ron and Joan, as they were all raised on the same street in a rundown section of Chicago.

Deb went over to pay condolences to Ron after the funeral. He was devastated by the tragedy, and Deb was greatly impressed by his deep devotion to Joan. It was a totally new and admirable emotion for her to observe in him. They drank many cups of coffee together in the following days. He stared; she sat. Sometimes Deb patted Ron's shoulder, feeling motherly toward him although she was newly 20 and he 24. As months passed, they began to go out for an occasional dinner.

Then Ron landed his job, and Deb graduated from high school. "Let's get married next month," he said, and they did. They spent the first weekend fixing their tiny new efficiency apartment. "We were so exhausted I didn't worry that we hadn't made love. I was a virgin. I knew Ron needed a little more time to get over Joan. He cried a lot and I let him.

The couple did eventually begin having a sexual relationship but Ron remained rarely interested and emotionally withdrawn from Deb. He sometimes spoke of Joan in glowing ways that were hurtful to Deb. She would approach him occasionally for various types of intimacy, sexual and emotional. Recently, she felt like giving up and wanted to seek counseling. Their pastor recommended a local counselor who used the Hope approach.

The first few sessions went well. Ron was a bit stand offish, but seemed open to work and change. Deb was talkative to the counselor, but hesitant with Ron. The TANGO session, which focuses on communication, opened up the topic of Deb and Ron's sexual and intimate relationship, or lack their of. Deb and Ron are asked to chose a topic for discussion. After the TANGO exercise was explained, Deb began the exercise.

Deb: For the T, I don't feel like we don't make love enough, which makes me feel undesired, or that you don't love me. For the A, well like I just said, it affects me because I feel unwanted and unloved. For N, but, I truly love you and really want to make this work."

Ron: For G, so, you think that because we don't make love as often as you would like that I don't love you. For O, observe the effects. Um, I see that this is effecting you negatively, and it effects me because I am afraid to lose you.

Counselor: That was a very good start. Do you feel like you have an understanding of how Deb feels about your sexual intimacy?

Ron and Deb ran through it again, this time with Ron beginning. The couple was encouraged to use this exercise at home, and specifically to talk about their sexual relationship. A similar topic was used for the next session, LOVE. The CLEAVE session was also a good session to deal with all the aspects of intimacy, connecting the other forms of intimacy to the sexual intimacy. The couple also used the Softening session to address past hurts from childhood that were affecting their ability to fully be available for each other The following sessions, Confessions, and Forgiveness, will be instrumental for Deb and Ron to discuss and tackle things such as Joan's death, and the continued hurts that each are experiencing.

Annotated Bibliography

Compton, J. S. & Follette, V. M. (2002). Couple therapy when a partner has a history of child sexual abuse. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couples therapy* (3rd ed., pp. 466-487). New York, NY: Guilford Press. This chapter has a good review of the research on treating couples with CSA as well as practical clinical tips and a case description. A terrific basic primer on the issue for novices or advanced clinicians.

Davis, D., Shaver, P., Widaman, K., Vernon, M., Follette, W., & Beitz, K. (2006). 'I can't get no satisfaction': Insecure attachment, inhibited sexual communication, and sexual dissatisfaction. *Personal Relationships*, 13, 465-483. This research explains how attachment styles, communication and sexuality all relate in a cumulative effect creating vulnerabilities in couples. Attachment may be a helpful frame to assist couples in understanding and overcoming these vulnerabilities.

Harway, M. & Faulk, E. (2005). Treating couples with sexual abuse issues. In M. Harway (Ed.), *Handbook of couples therapy* (pp. 272-288). Hoboken, NJ: John Wiley & Sons Inc. This chapter is a good overview of issues common to couples who are dealing with sexual abuse in one or both partner's pasts.

Snyder, D.K., Baucom, D.H. & Gordon, K.C. (2007). *Getting Past the Affair: A Program to Help You Cope, Heal, and Move On -- Together or Apart*. New York: Guilford. This couples self-help book on dealing with infidelities is well informed by a program of clinical research and the cumulative clinical experience of decades of the authors. It moves through a 3 stage model of intervention to help couples address the affair, make choices, reflect on the experience and decide whether to reconcile or not. The book can be a good ancillary to couples therapy.

Additional References

Anderson, S. R. & Miller, R. B. (2006). The effectiveness of therapy with couples reporting a history of childhood sexual abuse: An exploratory study. *Contemporary Family Therapy: An International Journal, 28*, 353-366.

Atkins, D. C., Yi, J., Baucom, D. H., & Christensen, A., (2005). Infidelity in couples seeking marital therapy. *Journal of Family Psychology, 3*, 470-473

Brack, C. J., Brack, G., & Infante, K. (1995). Couples counseling with survivors of child and adolescent abuse. *The Family Journal, 3*, 306-315.

Haning, R., O'Keefe, S., Randall, E., Kommor, M., Baker, E., & Wilson, R. (2007). Intimacy, orgasm likelihood, and conflict predict sexual satisfaction in heterosexual male and female respondents. *Journal of Sex & Marital Therapy, 33*, 93-113.

Litzinger, S., & Gordon, K. (2005). Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *Journal of Sex & Marital Therapy*, *31*, 409-424.

Mennen, F. E. & Pearlmutter, L. (1993). Detecting childhood sexual abuse in couples therapy. *Families in Society, 74*, 74-83.

Rosen, R. C., & Leiblum, S. R., (1995). *Case Studies in Sex Therapy*. New York: Guilford Press.

Walker, J. L., Carey, P. D., Mohr, N., Stein, D. J., & Seedat, S. (2004). Gender differences in the prevalence of childhood sexual abuse and in the development of pediatric PTSD. *Archives of Women's Mental Health, 7*, 111–121.

Whitty, M. T. (2003). Pushing the wrong buttons: Men's and women's attitudes toward online and offline infidelity. *CyberPsychology & Behavior, 6,* 569-579.

Yeh, H., Lorenz, F., Wickrama, K., Conger, R., & Elder, G. (2006). Relationships among sexual satisfaction, marital quality, and marital instability at midlife. *Journal of Family Psychology*, *20*, 339-343.