# Couples Research & Therapy *NEWSLETTER*

The Newsletter of the Couples Research & Therapy ABCT–SIG, Fall/Winter 2007

*****SPECIAL ISSUE: COUPLES AND SEX*****


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# An Invitation to Couple Therapists to Become Involved in Sex Therapy and Research


Barry McCarthy and Maria Thestrup
*American University*


The sad truth is that couple/marital therapy and sex therapy professionals do not typically communicate with each other nor speak the same "language." They read different journals, attend different conventions, and are often unaware of the major issues and controversies that exist within the other field. For example, how many couple therapists read the major clinical journal in the sex therapy field—*Journal of Sex and Marital Therapy*? How many couple researchers read the leading sex research journal—*Archives of Sexual Behavior*? How many couple therapists attend the Association of Sex Educators, Counselors, and Therapists convention or the convention of the Society for Sex Therapy and Research?

When the first author was trained as a marital therapist, he learned that

1) Sexual dysfunction is best understood as a symptom of an individual or relationship problem.
2) Sexual issues are best approached indirectly rather than risk intimidating the couple or violating sexual boundaries.
3) A hierarchical approach should be taken to dealing with problems—address core issues first (such as depression or alcohol abuse), then address relationship issues, and lastly, if necessary, sexual issues.
4) The more intimacy the better the marriage and marital sex.
5) Once a sexual problem is resolved, it can be neglected without fear of without fear of relapse.

In fact, there is not only a lack of empirical support for these assumptions, but growing evidence that these are potentially iatrogenic concepts.

Sexual dysfunction is multi-causal and multi-dimensional. There are many individuals who experience sexual dysfunction separate from individual and relationship pathology. Sexual problems can be influenced by a range of individual, couple, cultural, and value issues. When sexual problems arise, couples fall into a cycle of anticipatory, tense and performance-focused intercourse, and these increasingly frustrating, embarrassing and failed encounters lead to sexual avoidance. The couple then settles into a blame/counter-blame dynamic and feels increasingly demoralized and alienated.

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# Letter from the Co-Presidents

Philly, here we come! We're looking forward to seeing you all soon at the 2007 ABCT conference in Philadelphia. Our SIG continues to make a strong showing at the conference, and we anticipate a stimulating few days of intellectual (and not so intellectual) exchange.

We will kick-off the conference with the **Couples SIG preconference event**, at 6:00-8:00 PM on Thursday November 15th in Room 410 of the conference hotel. By popular request, this year's seminar will focus on sex! Dr. Barry McCarthy will present on integrating psychobiosocial sex therapy techniques into couple therapy. Dr. McCarthy is a clinical psychologist, a professor of psychology at American University, a certified sex and marital therapist, and the author of 72 professional articles, 20 book chapters, and 11 lay public books about relationships and sexuality. His book "Coping with Erectile Dysfunction," co-authored with Michael Metz, won the Society for Sex Therapy and Research consumer book of the year. In his seminar, Dr. McCarthy will confront the typical disconnect between couple and sex therapy, and discuss the integration of sexual permission-giving, clinically relevant information, and specific sexual interventions into couples therapy. He will discuss major controversies in the sex therapy field with implications for couple researchers and clinicians. Dr. McCarthy is familiar with our group and will focus on practical, clinically relevant suggestions for incorporating sex therapy techniques into our work with couples. Dr. McCarthy's work is empirically grounded, exemplifying the tradition of our SIG and this year's convention theme of developing clinical interventions from scientific findings.

Our **SIG Business Meeting** will be held from 1:45 to 3:15 on Friday (Room 403/404). We will be holding elections for several SIG offices: co-presidents, student co-presidents, newsletter editors, and webmaster. Typically, the co-presidents are recent graduates and the other offices are filled by graduate students. Please start thinking about potential nominations. We'd like to avoid the painful silence last year as we waited for a treasurer volunteer (again, many thanks to Lorelei Simpson!!), and given the number of offices to fill this year, we certainly don't want to have a six hour SIG meeting! So, we encourage people to start submitting nominations via the couples SIG website soon. On the website, there is a description of the job responsibilities for each office. Please email webmaster Nikki (nikkif@utk.edu) to nominate yourself or a colleague for any of the open positions. You just need to send a name and a brief "blurb" about the nominee, and Nikki will post the list of candidates as we get closer to the conference.

The **SIG Exposition and Welcoming Cocktail Party** is scheduled 6:30 to 8:30 pm on Friday the 16th (Grand Ballroom, E-I). This year, we've had an amazing response to our request for poster submissions from our SIG members; we will have 15 posters representing the Couples SIG! Please come socialize and see research findings from the many members of our SIG. Speaking of socializing, don't miss the **Couples SIG Cocktail Party** on Saturday evening (see sidebar for details). It promises to be a great party at a fun restaurant, with dinner to follow for those interested. There will be plenty of opportunities to chat, network, and even get in a game of pool or darts.

Finally, we are very proud to be sponsoring the **Couples SIG Student Symposium**, a symposium developed and conducted entirely by our very own Couples SIG student members! Entitled "Positive Aspects of Relationship Functioning," the symposium will be chaired by our student co-presidents Brian Baucom and Eric Gadol, include talks by student members Amy Meade, Katherine Williams, Laura Evans, and Lydia Mariam, and conclude with discussion by student member Cameron Gordon. One of the great strengths of our SIG is its support of students as they grow into the promising young scientists of tomorrow, so please attend this symposium to show your support! (Sunday 9:15-10:45, Liberty A).

Thanks and kudos to all of you for all the wonderful contributions to this year's conference!

In addition to planning for conference events, we have also been working at updating the Couples SIG website. We received much helpful input from SIG members at last year's business meeting about potential website improvements—thank you! Since then, the SIG officers have continued to brainstorm and make plans. Based on these plans, Brian Baucom is currently developing a new, updated website that we think will not only look cool but will have many useful features for our SIG. We will have SIG member contact information and links, listserv and newsletter archives, and updated links to research resources, couples related employment and training, conference information, and some fun stuff like pictures and humor. One major improvement is that SIG members will be able to log on and update their own contact information, eliminating the forms we all fill out every year at the SIG business meeting and allowing you to be sure that your info is always up to date. We are planning to solicit contributions from you all this fall, so if you haven't gotten an email already, expect one soon!

This is our last column as co-presidents, so we'd like to take this opportunity to say thanks to all of you for all the support and input you have provided to the SIG and to us over the past two years. It has been a great pleasure to serve this strong and active SIG. This group is extraordinarily valuable as a source of collaboration, student mentorship, clinical and empirical advice, and lively fellowship. We both look forward to growing and participating with this group for years to come.

- Beth & Sarah

## Editors' Note

Hello Couples SIGers! The crisp fall air has finally begun to break the heat of summer, meaning it's time for another edition of the Couples SIG Newsletter! Continuing with the idea we implemented last fall, this is a special issue on the topic of the Couple SIG Preconference Event at the upcoming ABCT Convention: SEX! Look for great articles by our featured sex specialists, Barry McCarthy, Maria Thestrup, and Brian Zamboni. Dr. McCarthy will be the featured speaker at the preconference event in Philly! Thanks to these authors and to everyone who submitted items for the regular "Kudos" and "In Press and Recently Published" sections.

This issue is especially meaningful to us as co-editors as it is our last one on the job. Our time as co-editors has been fantastic and we'd like to again thank everyone with whom we worked and everyone who read the Newsletters we put out twice a year for the past two years (this means YOU!). We've had a lot of great professional experiences, added some new bells and whistles for the newsletter (such as our format tweaks and these annual special issues), and best of all started many new friendships and professional relationships.

We are saddened by the thought of our term ending but excited to enjoy future editors' own additions to the SIG Newsletter. As Brian and Eric have proposed, we hope that this will include the beginning of a regular feature on public policy issues relevant to couples research and therapy. In any event, know that this newsletter continues to be a success because of all you contributors and readers! Let's keep our newsletter thriving with support and encouragement for our new co-editors as they begin their term.

Please be sure to stop us and say "hello" at the upcoming ABCT Convention in Philadelphia!

- Will & Diana

**Comments? Suggestions? Crazy ideas? Send them to the new Couples SIG Newsletter Co-Editors, to be elected at the SIG Business Meeting in Philadelphia!**
**Interested in running for this position? Email Nikki (nikkif@utk.edu) to nominate yourself or a colleague.**

## "AN INVITATION TO COUPLE THERAPISTS"

FROM PAGE 1

The paradox of sexuality is that when sex is functional and satisfying, it plays a small, integral, positive role in the relationship, contributing 15-20% to relationship vitality and satisfaction. However, when sex is dysfunctional, conflictual, and becomes avoidant--which results in a non-sexual relationship, sex plays an inordinately powerful role (especially early in a marriage) draining intimacy and threatening relationship stability.

A prime assumption in traditional couple therapy was that once other psychological and relational issues were dealt with, sexual problems would either resolve themselves or be easily dealt with by focusing on communication and love. In reality, once dysfunction is established, it is quite difficult to return to functional sex. When the sexual problems are anxiety-based, involve poor psychosexual skills, or the core issue is inhibited sexual desire (hypoactive sexual desire disorder), it is particularly important to directly treat the sexual dysfunction. Rather than the traditional hierarchical treatment approach, the "both-and" model of addressing problems is beneficial for most couples. For example, anxiety and sexual dysfunction or an affair and sexual dysfunction are addressed concurrently. The traditional strategy of treating sexual problems with "benign neglect" can be iatrogenic because it increases self-consciousness and reinforces sexual avoidance.

Although couple communication and emotional intimacy is a foundation for a healthy relationship, excessive intimacy can stifle sexual desire and result in de-eroticizing the partner. The challenge for serious couples (married or unmarried, straight or gay) is to balance intimacy and eroticism so that sexual desire remains vital. By far, the most frequent sexual dysfunction couples struggle with is inhibited sexual desire.

It is crucial to be aware that sexual problems, as well as couple problems, have high rates of relapse. An individualized relapse prevention program is integral to successful couple sex therapy.

Research Issues in Sex Therapy

The couple therapy field has seen an impressive growth in high quality research over the past 20 years. Unfortunately, the same is not true of the sex therapy field. There are two factors that have crippled sex research. The first has been the dearth of funds, especially from the federal government. Since the University of Chicago's *Sex in America* study in 1994, sex research has been quite limited. Sex research now emanates primarily from Canada and Europe. The second factor is the medicalization of the male sexuality field. Since the introduction of Viagra in 1998, funding for sex therapy research has been dominated by pharmaceutical companies. This funding raises major concern over the quality of the reported research. A major exception to this funding trend is the research programs at the Kinsey Institute.

There are two primary textbooks in the sex therapy field, *Principles and Practice of Sex Therapy* (Leiblum, 2006) and the *Handbook of Clinical Sexuality for Mental Health Professionals* (Levine, Risen, & Althof, 2003). These textbooks as well as the authors' chapter in the *Handbook of Couple Therapy* (Gurman, in press) are rich in clinical detail, intervention strategies and techniques, and the conceptualization of the causes and meanings of sexual problems. Unfortunately, there are major weaknesses regarding

empirical support for sex therapy strategies and techniques. For example, the widely-quoted statistic that one in five American marriages are non-sexual (defined as having sex less than 10 times a year) has only weak empirical support. Couple researchers (as well as clinicians) will find the area of sexuality generally, and sex therapy specifically, a rich field for exploration and empirical research.

Sex Therapy as a Sub-Specialty of Couple Therapy

Couple therapy and sex therapy are different but complementary. A clinician can not engage in high quality, comprehensive sex therapy without being comfortable and competent in dealing with both individual and couple issues. In couple sex therapy there are five clients. This includes both members of the couple, their general relationship, their sexual relationship, and their couple sexual history (this is usually the most difficult issue). The sex therapist needs to be skilled in individual assessment and treatment, couple assessment and treatment, sexual assessment and treatment, and design and implementation of a relapse prevention program. Rather than a standardized, mechanical approach, couple sex therapy is a complex, multi-dimensional treatment which is challenging for both the clinician and the couple.

A very helpful concept/intervention is the PLISSIT model (Annon, 1974). This model contains four levels of intervention:

P-Permission Giving
LI-Limited Information
SS-Specific Suggestions
IT-Intensive Sex Therapy

This model urges couple therapists (and, in fact, all helping professionals) to be comfortable and competent in the first two levels of intervention, giving permission and information. Rather than being value-neutral, the clinician takes a pro-sexuality stance. Sex can be a means of sharing pleasure, reinforcing intimacy, and serve as a tension reducer. The role of healthy sexuality is to energize the couple bond and enhance feelings of desire and desirability.

The couple therapist can present information about sexuality in a respectful, empathic manner which empowers the couple to make "wise" sexual choices based on scientific and clinically relevant guidelines. Sexual issues require the clinician to take a psychoeducational approach which emphasizes accurate psychological, biological, relational, and sexual information with a focus on positive, realistic expectations. Our culture has moved from an extreme that entailed ignorance, misinformation, fear of sex, and repressive attitudes to the opposite extreme of being inundated with sensationalized, confusing, and intimidating sexual performance demands. Examples of positive, realistic information and expectations include an emphasis on pleasure and satisfaction as opposed to perfect performance, particularly the "Good Enough Sex" model of male and couple sexuality (Metz & McCarthy, 2007). Another example of implementing positive sexual information is relaying that many women by age 40 and most women by age 50 benefit from using a vaginal lubricant before beginning a sexual encounter or as part of the pleasuring process. Even if her subjective arousal is high, her objective arousal is reduced as a result of aging (similar to male erectile function).This information can help normalize vaginal dryness for the couple.

The third level of intervention, specific sexual suggestions, can be an important addition to the couple therapist's repertoire and successfully integrated into ongoing therapy. The new mantra in sexual functioning is to establish a mutually comfortable level of intimacy, integrate non-demand pleasuring, add erotic scenarios and techniques, and establish positive, realistic sexual expectations (McCarthy & McCarthy, 2003). This includes normalizing the variability and flexibility of sexual function, and specifying that it is normal for five to 15% of sexual experiences to be dissatisfying or dysfunctional. Other interventions include taking responsibility for his/her sexuality; being an intimate team; developing "hers", "his" and "our" bridges to sexual desire; awareness that physical health promotes sexual function; dealing with sexual side effects of medications; and integrating a pro-erection medication into the couple's sexual style.

Common psychosexual skill interventions/suggestions include the use of non-demand pleasuring exercises with a temporary prohibition on intercourse (the most common sexual suggestion used by couple therapists); use of the stop/start technique to learn ejaculatory control; self-exploration /masturbation exercises (with or without a vibrator) to address primary non-orgasmic response; wax and wane erection exercise to regain erectile comfort and confidence; creating erotic scenarios to build anticipation and desire; and developing afterplay scenarios to reinforce the meaning of the sexual experience and enhance satisfaction. The essence of the sexual intervention is to use semi-structured sexual exercises to facilitate changing attitudes, behaviors and feelings (McCarthy, Ginsberg & Fucito, 2006). Exercises provide the clinician with a continuous assessment/treatment method to identify self defeating attitudes, inhibitions, and psychosexual skill deficits and to build a comfortable, functional and resilient couple sexual style.

Strategies and Techniques for Female Sexual Dysfunction

The most common female dysfunction (by order of frequency) is 1) hypoactive sexual desire disorder 2) non-orgasmic response during couple sex 3) painful intercourse. Female sexuality has traditionally emphasized intimacy and pleasuring but de-emphasized eroticism. There are three core therapeutic strategies to address female sexual dysfunction. The first strategy is to value both intimacy and eroticism which includes accepting responsive sexual desire (Basson, 2006) and developing erotic scenarios and techniques which are compatible with the context and meaning of female

sexuality (Heiman, 2006). The second strategy is to help the woman develop her own "sexual voice" that promotes receptivity and responsivity to sensual and sexual touch. The third strategy is to emphasize "desire, pleasure, satisfaction, and variable, flexible sexual response" rather than the traditional male focus on intercourse and orgasm (Foley, Kope, & Sugrue, 2002). A positive way to understand female orgasmic response is that it is more complex and variable than male orgasm and can occur in the pleasuring/foreplay phase, during intercourse (especially with multiple stimulation which includes breast stimulation, kissing, testicle stimulation, and/or use of erotic fantasies as a bridge to high arousal and orgasm), or during the afterplay phase. Exercises/interventions include using self-stimulation to reach orgasm during couple sex; focusing on multiple stimulation during both erotic, non-intercourse sex and incorporating multiple stimulation during intercourse; transitioning to intercourse during high levels of arousal; and using "orgasm triggers," especially erotic fantasies. The focus is not on orgasm as a performance goal, but to increase arousal and erotic flow and reduce inhibitions and self-consciousness. Orgasm is an integral part of the pleasuring/eroticism process, not a pass-fail test.

A major paradigm shift has occurred in the understanding and intervening with dyspeurunia (painful intercourse). Bink, Bergeron, and Khalife (2006) propose conceptualizing this as a pain disorder, not a sexual dysfunction. In the treatment of mild to moderate cases, the woman learns to take control of the sexual scenario, utilizes physical and psychological relaxation, uses a lubricant either preventatively or as part of the pleasuring process, and initiates and guides intromission. In chronic, severe cases, the treatment team includes a couple sex therapist, a gynecologist, and a female physical therapist with a sub-specialty in female sexual health.

Strategies and Techniques for Male Sexual Dysfunction

Traditional male sexual socialization conceptualizes sex as easy, highly predictable, and most importantly, autonomous, with an emphasis on perfect intercourse performance. This perspective is problematic for middle-aged and older men, and especially for marital sexuality.

Since the introduction of Viagra in 1998, there has been a strong professional and public focus on medicalization. This is in sharp contrast to the couple, psychobiosocial perspective of the Good Enough Sex model of male and couple sexuality which reinforces an intimate, interactive, pleasure-oriented approach to couple sexuality (McCarthy & Metz, 2007). The most common male sexual dysfunctions (by frequency) are 1) premature ejaculation 2) erectile dysfunction 3) hypoactive sexual desire 4) ejaculatory inhibition.

Metz and McCarthy (2003) emphasize a comprehensive approach to assessing the nine types of premature ejaculation. It is even more important to employ a treatment program that addresses all the causes and dimensions to ensure successful treatment and guard against relapse. Although psychosexual skill training, medication, and self-entrancement arousal interventions can be crucial, change is fundamentally an interpersonal process that includes increasing couple empathy, intimacy, and cooperation.

Erectile dysfunction is an example of how the professional and lay public culture swings from one extreme to the other. Traditionally, erectile dysfunction was understood as 90% caused by psychological and relational factors—now the mistaken belief is that biological factors are the cause of 90% of cases. Viagra is used as the first line intervention, typically prescribed by an internist or family practitioner. In contrast, Metz and McCarthy (2004) propose a couple integrative, psychobiosocial approach to assessment and treatment and the necessity of a relapse prevention component. When a pro-erection medication is used, it needs to be integrated into the couple's intimacy, pleasuring, and eroticism style. A key element is the maintenance of the positive, realistic expectation that 85% of experiences will flow from comfort to pleasure to eroticism (this phase involves a high level of subjective arousal combined with manual, oral, and rubbing stimulation) to intercourse. The transition to intercourse is made at high levels of arousal. When the sexual episode does not flow into intercourse, the couple transitions (with no apologies) to either an erotic, non-intercourse scenario or a cuddly, sensual scenario. The goal of returning to 100% perfect performance is unrealistic for men sensitized to erection problems. The Good Enough Sex model helps maintain erectile comfort and confidence.

Male hypoactive sexual desire disorder is misunderstood and stigmatized. Primary male desire problems affect as many as 10% of men with the most common cause being a sexual secret (a variant arousal pattern, being more comfortable with masturbatory sex than couple sex, an unresolved history of sexual trauma, and conflict about sexual orientation). Much more common are secondary desire problems, usually caused by sexual dysfunction, especially erectile dysfunction. Whether the couple stops being sexual at 30, 50, or 70, it is almost always the man's decision, made unilaterally and conveyed non-verbally. He has lost confidence with predictable erections and intercourse, and sees sex as a failure and embarrassment.

Revitalizing sexual desire is an excellent example of the personal responsibility/intimate team model of change. The key is for the man to value intimacy and pleasuring, enjoy sharing pleasure rather than clinging to the male performance model, view the woman as his intimate/erotic friend, and accept the Good Enough Sex model.

Ejaculatory inhibition is the "unspoken" male sexual dysfunction, affecting only one to two percent of younger men but as many as 15% of men after the age 50 (where it is often misdiagnosed as erectile dysfunction). In treating ejaculatory inhibition, the core strategies are to avoid transition to intercourse until he is experiencing high levels of subjective arousal and use multiple

stimulation during intercourse. Another strategy is to utilize "orgasm triggers" to allow erotic flow to culminate in orgasm (Metz & McCarthy, 2007b).

Couple Sexual Style and Relapse Prevention

The therapeutic challenge is to help the couple develop and maintain a couple sexual style which integrates intimacy and eroticism (Perel, 2006). Perhaps most important for couple sexual vitality is to value touch and the multiple pathways of connection-affection, sensual, playful, erotic, and intercourse touch. A crucial relapse prevention strategy is to maintain positive, realistic expectations: 40-50% of sexual encounters involve mutual desire, arousal and orgasm while five to 15% of experiences are dissatisfying or dysfunctional (Frank, Anderson & Rubenstein, 1978). An individualized relapse prevention program is an integral component of both couple and sex therapy.

The challenge for couple/marital theorists, clinicians, and researchers is to integrate intimacy and sexuality issues into their work and to engage in careful empirical research on the interplay between couple and sex therapy strategies and techniques.

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**2007 COUPLES RESEARCH & THERAPY SIG PRECONFERENCE EVENT**

Thursday, November 15th, 6:00-8:00pm
Room 410 ABCT Convention Hotel (Marriott)

**An Invitation to Couple Therapists to Become Involved in Sex Therapy and Research**

Barry McCarthy Ph.D.
Professor of Psychology, American University
Certified Sex and Marital Therapist, Washington Psychological Center
Author of 72 professional articles, 20 book chapters, and 11 lay public books about relationships and sexuality, including the new release by Routledge, *Men's Sexual Health: Fitness for Satisfying Sex* (McCarthy & Metz, 2007).

The paradox of sexuality is that when sex is functional and satisfying, it contributes 15-20% to relationship health, but when sex is dysfunctional, conflictual, or avoided it plays an inordinately powerful role in draining intimacy and threatening relationship stability. Sex therapy research has not kept up with the research breakthroughs in the couple field, and has been largely ignored by couple therapists. This is a mistake for the field and the couples we serve. This presentation will focus on important issues in sexuality and sex therapy, with the hope of generating conceptual, empirical, and clinical interest in sex function and dysfunction.

# Letter from the Student Co-Presidents

Dear Couple SIGers,

As we conclude our two years as Student Co-Presidents, we would like to thank the SIG for allowing us to serve in this position. It has been a joy to continue to get to know the remarkable people that make up this SIG, and we have been grateful for this opportunity to contribute to the functions of our group.

In particular, we would like to draw the SIG's attention to two efforts that we hope will become traditions. For this year's conference, we organized a student symposium on positive psychology in couples therapy and research. The student members of the symposium voted to select this topic, and we recruited exclusively student presenters for this symposium as well as a recent graduate to serve as the discussant. We are grateful that the Couples SIG sponsored this symposium, and we are thrilled to announce that the Program Committee has accepted it for this year's conference. To our knowledge, this is the first symposium that has focused on recruiting only students, and we are excited that both the SIG and the Program Committee have chosen to support this effort to acknowledge the excellent research that our student members are producing. We would also like to thank Andy Christensen for his support through the application process. Please attend this symposium as a sign of your own support! The student symposium on Positive Aspects of Relationship Functioning will be held on Sunday, 9:15-10:45, in Liberty A.

Our second effort has been to heighten the SIG's awareness of policies being considered and passed across the country that impact couples therapy and research. This proposal was described in the last newsletter, so we will not belabor the point here, but we do hope that future SIG officers will work together to introduce a continuing policy-based article in the newsletter. As decisions are made at local, state, and federal levels that impact our field, we hope that we will stay informed and become more involved in the decision-making process.

We would like to thank the SIG again for the opportunity to serve as Student Co-Presidents. We have truly enjoyed this experience, and wish the next Co-Presidents good luck.

Sincerely,

Eric & Brian

## 2007 Couples Research & Therapy SIG Cocktail Party

Saturday, November 17th, 6:00-8:00pm
Independence Brew Pub (across the street from the Marriott)

For this year's SIG event we are continuing our new tradition of having a cocktail party and also bringing back our old tradition of having dinner together. Both will take place on Saturday night at the Independence Brew Pub (www.independencebrewpub.com), which is across the street from the conference hotel. The cocktail party will be from 6-8pm. We'll have the 2nd floor game room to ourselves to enjoy some appetizers like baked brie, bruschetta, chicken satay and tenderloin canapé while we socialize, shoot a round of pool and toss some darts. We're also hoping to put together a round of SIG trivia (please send any good trivia questions to Brian Baucom via email, bbaucom@ucla.edu). Dinner will take place as soon as the cocktail party ends in the downstairs dining area. There is no set menu for dinner; everyone can order whatever they would like off of the menu (which is on-line if you'd like to take a look). Please plan to join us for one if not both of these events!

# Working with Couples Facing Compulsive Sexual Behavior: A Brief Overview of Therapeutic Considerations

Brian D. Zamboni
*University of Minnesota Medical School*

Compulsive sexual behavior (CSB) is common problem that many couples face. In this writer's own work in sexuality, well over 40% of presenting concerns relate to CSB. What is CSB? This can be difficult define, but consider this: CSB is any sexual behavior that is taken to an extreme or cannot be controlled and interferes with some aspects of an individual's functioning. CSB is also known as sexual addiction, which can be a controversial term. What most therapists should know is that there are more similarities than differences when it comes to CSB and sexual addiction. These are not the only two terms that have been used to describe this phenomenon, but experienced therapists and scholars in this area would tell you this that there is no right term. It is important to remember that there many different types of CSB (e.g., compulsive masturbation; multiple affairs) and there are different levels of severity. The varying diagnostic labels that have been used reflect the diversity of cases. Sexual Disorder NOS is the only diagnostic category in the *DSM-IV-TR* (2000) that fits this specific presentation. That said, clinical experiences and some research shows that most clients will have comorbid diagnoses. Good research in CSB is severely lacking, but some studies suggest that 31% of cases will have some type of depression, 33% will have some type of anxiety disorder, and 23% will have some type of substance abuse problem (Black, Kehrberg, Flumerfelt, & Schlosser, 1997). Other Axis I diagnoses (e.g., ADHD) and Axis II features or diagnoses may also be seen (Black et al., 1997; Montaldi, 2002).

Women who engage in CSB often show a pattern of serial or multiple love relationships. Note that these patterns are closely tied to how women are socialized with regard to sex (i.e., women are taught that sex occurs in a relational or emotional context). Some women with CSB are working in the sex industry. Men also show these patterns, but men also engage in several other types of CSB, such as compulsive masturbation, use of pornography, use of prostitutes, frequenting strip clubs, telephone sex, or various forms of internet-related sexual activity. For the purposes of this brief article, persons with CSB will be referred to as men because the vast majority of presenting clients are men (Leedes, 2001). Also, sex offending behavior that involves CSB will not be addressed because it is a complex topic beyond the scope of this piece.

Partners of men with CSB may have had suspicions that "something was going on" even if they do not know that the problematic behavior is related to sexuality. It is very common for partners to have no suspicions whatsoever. Indeed, many men present for treatment without their partner in attendance and these men will report that their partner knows nothing. When partners learn of his CSB, it is often by accident and sometimes the result of "detective work." For example, a partner might read his e-mail or look for the internet sites that he has visited (McCarthy, 2002).

Understandably, partners are often shocked, embarrassed, and angry. They feel betrayed and may blame themselves, thinking that they should have known or that they caused the CSB in some way. Partners often experience ambivalence and confusion about their partner or the relationship. Some partners will have legal concerns (e.g., is he doing something illegal), health questions (e.g., has he put me at risk for a sexually transmitted infection?), financial concerns (e.g., how much money has he been spending on CSB?), and social concerns (e.g., what do I tell my family or friends?). It is comparatively easier to talk about and get support for chemical dependency problems than it is to talk about CSB or sexual addiction (McCarthy, 2002).

In therapy, it is important to validate a partner's thoughts, emotions, and questions. As a partner, he or she will need a great deal of support (Corley & Alvarez, 1996; Matheny, 1998). This may involve a separate therapist or a self-help group such as COSA [www.cosa-recovery.org] or S-Anon [www.sanon.org]. There is disagreement about whether COSA is an acronym for 'Codependents of Sex Addicts' or 'Co-Sex Addicts'; be aware that these are pathologizing terms for partners and that they are not necessarily "codependents" or "co-addicts." That said, it is important as a therapist to be aware of any Axis I or Axis II features that a partner may have because such features may influence a partner's response to his compulsive sexual behavior. Some therapists or clinics may have their own partner support program. Some partners have also found support via Al-anon groups (Al-anon is the group devoted to friends and family members of individuals who are alcoholic).

Therapists should be aware of unhealthy relationship dynamics that can occur in the process of

recovery. For example, a man with CSB may feel the need to confess everything he has done. His partner may not be ready to hear this, particularly if he is inclined to divulge unnecessary specific details about his sexual acting out. In these situations, the men are often looking to assuage their own guilt. Similarly, some partners ask too many questions of the men, who may feel as though they are being "grilled" (McCarthy, 2002).

Therapists can help by providing several suggestions to couples struggling with these dynamics. First, some couples might benefit from agreeing to discuss the CSB and its related issues only on certain days and times of the week. This provides more structure to the recovery process and the couple can plan or prepare themselves for these discussions. Second, therapists might help couples by preparing them for "a process of disclosure." This involves asking the man to make a list of his secrets and his partner to make a list of her questions. Ideally each list is reviewed by a therapist in individual therapy sessions before the couple starts to share their lists in couple therapy. The therapist can act as a moderator, but also join the relationship by asking questions of both individuals and offering feedback. Men may find this very difficult, particularly if they want to keep their secrets. Thus, this process requires considerable preparation and occurs over several therapy sessions. Regardless, for the health of the relationship, men must make a pledge to be honest with their partner and keep no more secrets.

Therapists might also find it useful to read the Patrick Carnes book *Don't Call It Love* (1991). Carnes, one of the individuals who promulgated the notion of sexual addiction and raised awareness of this overall phenomenon, describes further "partner tendencies" in this book. Furthermore, this book is a great candidate for therapists looking to recommend outside reading to couples whom they are seeing for CSB.

If the man with CSB only recently stopped his sexual acting out, a good rubric for therapy is for him to do a fair amount of individual therapy. The goals during this treatment should include identifying triggers and risk situations for CSB, setting boundaries, identifying cycles of CSB, going through CSB history, creating a better support system, defining healthy sexuality, and examining basic identity and intimacy functioning issues (Adams & Robinson, 2001). Medication and group therapy are often components of treatment as well. Individual therapy should be complemented with occasional couple therapy. As he progresses in his recovery, more consistent couple therapy is usually advised. These are basic guidelines, but every situation is different. Therapists need to gauge the needs of the relationship and of each individual. The timing and process of recovery will vary.

Finally, therapists should remember that CSB is a broad concept. Thus, therapists should take their time with the assessment of such presenting problems and understanding the sexual concerns fully. For example, a couple may present with CSB when it truly reflects a difference in values within the relationship regarding masturbation, pornography, or both. Some adults do not have CSB, but are instead struggling to reconcile their sexuality with religious convictions or cultural standards. Explain to clients that it is important as a professional to take time to understand problems fully, noting that sexual behavior is complex and varied, making it difficult to come to firm conclusions. With patience and a willingness to discuss sexual matters in an open way, therapists can work with couples to explore different ways of understanding the CSB, which can lead to many solutions for resolving the difficulty.

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# *TREASURER'S UPDATE*

Dear SIGers,

It's getting to be that time of year again – the ABCT conference approaches and it's time to support our SIG. Dues are $20 for professional members and $5 for students, post-docs, and retired members. To become or remain an active member in the SIG, you should plan to pay your dues sometime this fall, either by mail to the address below or at the conference. Checks should be made out to Lorelei Simpson, with ABCT Couples SIG in the memo line. The current SIG balance is $1500.85. We are using our current funds to update the website and plan exciting SIG events at the conference. Please remember to contribute so that we can keep it up!

Our membership continues to be strong – we have 120 members: 62 professionals and 58 students. Since the last newsletter we've gained 2 new members, and will hopefully have even more join at the conference, so encourage your students, post-docs, and colleagues to become part of or renew their membership in our active and exciting SIG!

And finally, if you're not already on it, remember to join the SIG listserv at www.couplessig.net/listserve.htm.

See you in November!

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Don't Forget to Pay Your Dues!
Our SIG Needs Your Support!

KUDOS

## Kudos to the following people...

Dave Atkins was recently promoted to Associate Professor in Clinical Psychology at Fuller Graduate School of Psychology.

Jennifer Langhinrichsen-Rohling received two honors this year: "Olivia Rambo McGlothren National Alumni Outstanding Scholar Award" as well as the "USA Dean's Lecture Award for Scholarship in College of Arts and Sciences".

Erika Lawrence was elected Vice President of Science in APA's Division 43 (Division of Family Psychology).

Elizabeth Allen is the proud mother of Benjamin, born 5/1/07. Benjamin was welcomed home by his big brother Nathan, who is having a great time in his new role.

KUDOS

# Get Whiz Wit in Philly!

Diana Coulson-Brown
Your Friendly Newsletter Co-Editor & Philly Tour Guide
Philadelphia College of Osteopathic Medicine

Alas, ABCT sets out to visit the birth place of racial harmony and religious tolerance! Although William Penn is no longer with us, his Quaker ideals laid a firm foundation here in Philly allowing us to hold bragging privileges for being housed in the very first multicultural state in the United States. More incredulously, Philly is the birthplace of the Declaration of Independence and the Constitution. Even further, prior to 1776 Philly had already established itself as the "City of Firsts." We hold claims to the first public school (1689), the first public library (1731), the first volunteer fire company (1736), the first fire insurance company (1752), and America's first hospital (1755).

While attempting to learn our unique lingo, I recommend you visit some of our unique places of interest as well. **Chinatown** is a short 4 blocks from the convention center. In Chinatown you will be greeted by many authentic restaurants including those serving Malaysian, Japanese, Vietnamese, Thai, and Chinese foods. If you'd like to show that you are acculturated, here is a pointer; pouring tea for someone is considered polite and gratitude is indicated by tapping the fingers of your right hand on the table while someone is pouring your tea.

**Koreatown** is located on 5th street in Olney. This section of Philadelphia houses the largest Korean American population in the area and is flourishing with businesses catering to the Korean American community. There is an excellent flea market in Koreatown where I have found some amazing authentic things for my home including an amazing Korean blanket (these are wonderful!).

**Germantown** is also one of my favorites and is located 6 miles northwest from center city Philly. William Penn recruited Quakers and Mennonites to create this little city and these two groups continue to be inhabitants. There is much history in Germantown as it is noted to be a settling place for the British during the American Revolutionary War as well as a hideaway for George Washington during the Yellow Fever Epidemic. Chubby Checker also claims Germantown as his former home. A word to the wise: the Schuylkill Express Way isn't so express during the hours of 7-9:30 am and 4 to 6:30 p.m. so you may not want to visit Germantown during these hours.

**City Hall** is located 2 blocks from the convention center
**JFK plaza** is 3 blocks away.
**Independence Hall and the Liberty Bell** is 7 blocks from the hotel
**Betsy Ross' House** is 11 blocks from the hotel
**Penn's landing** is 12 blocks away
**Franklin Institute Science Museum** is 15 blocks

…and for all Rocky fans (or art fans)… the **Philadelphia Museum of Art** is approximately 21 blocks from the convention center…hum Rocky's song and you will be at the bottom of the steps before you know it.

Finally, I speak of Philly's claim to fame: The cheesesteak. While in Center City try Jim's Steaks at 4th and South Street. Jim's serves the original cheese whiz on their steaks. "Whiz wit" is the way to order it and means you want Cheese Whiz and fried onions. If you have a car I recommend you drive to D'Alessandro's. It's about 15 minutes from downtown and well worth the trip. D'Alessandro's offers a huge combination of goodies to fill up a cheesesteak and the price is only 5 or 6 bucks while the sandwich is a foot long. The seating is limited but many of the locals come in for takeout. If there is a Phillies game many locals will be at D'Alessandro's early to get a counter seat to watch the game and if this is the case you are out of luck for seating (good thing the convention is in November).

I can't wait to see all of you!

# 2007 ABCT Convention Couple-Related Events Schedule

| Event | Day | Time | Location | Program Page # |
|---|---|---|---|---|
| ~ *Symposium 8*: Intimacy in Couples: Conceptualization and Measurement of Intimacy Development, Maintenance, and Deterioration | Friday | 9:00-10:30 a.m. | Grand Ballroom F | 68 |
| ~ *Symposium 18*: Relational Process and the Treatment of Depression: When Do Couple and Family Interventions Affect Depression? | Friday | 10:45-11:45 a.m. | Grand Ballroom H | 88 |
| ~ *Poster Session 4B*: Couples | Friday | 12:15-1:15 p.m. | Franklin Hall | 106 |
| ~ Couples Research and Therapy SIG Meeting | Friday | 1:45-3:15 p.m. | Room 403/404 | 49 |
| ~ *Symposium 44*: Anxiety: A Key Component of Problematic Couple Interactions and Relationship Therapy | Friday | 3:30-4:30 p.m. | Grand Ballroom H | 143 |
| ~ *Poster Session 7A*: Couples, Marriage | Friday | 4:00-5:00 p.m. | Franklin Hall | 146 |
| ~ *Workshop 13*: Contemporary CBT with Couples and Families: A Schema Enhanced Approach | Saturday | 9:00 a.m.-12:00 p.m. | Grand Ballroom I | 37 |
| ~ *Symposium 52*: Biology, Physiology, and Health Behavior: Implications from Basic Science to Relationship Functioning | Saturday | 8:30-10:00 a.m. | Liberty A | 158 |
| ~ *Symposium 66*: Challenges and Triumphs in Applying Different Methodologies to the Study of African-American Couples Relationships | Saturday | 10:15-11:15 a.m. | Liberty B | 187 |
| ~ *Symposium 67*: Innovative Assessment Strategies for Investigating Interpersonal Violence | Saturday | 10:15-11:45 a.m. | Room 407/408/409 | 187 |
| ~ *Clinical Round Table 6*: Behavioral Marital Therapy: Can We FAP It Up? | Saturday | 10:30 a.m.-12:00 p.m. | Independence Ballroom II & III | 189 |
| ~ *Symposium 76*: Using Community Resources to Assist Couples | Saturday | 12:15-1:45 p.m. | Liberty A | 205 |
| ~ *Poster Session 12A*: Family Functioning | Saturday | 1:30-2:30 p.m. | Franklin Hall | 221 |

***CONTINUED ON NEXT PAGE!!!***

**2007 COUPLES RESEARCH & THERAPY SIG BUSINESS MEETING**

**Please be sure to attend!!**

**Friday**, November 16th, 1:45-3:15pm
Room 403/404 ABCT Convention Hotel (Marriott)

## 2007 ABCT Convention Couple-Related Events Schedule Continued…

| Event | Day | Time | Location | Program Page # |
|---|---|---|---|---|
| ~ *Symposium 89*: Self-Concept and Interpersonal Violence: Beliefs About Self and Others in Understanding Violence | Saturday | 2:15-3:45 p.m. | Liberty B | 235 |
| ~ *Symposium 93*: The Potency of Commitment in Predicting Couple Outcomes: Accumulating Evidence and Implications for Interventions | Saturday | 2:30-4:00 p.m. | Grand Ballroom G | 238 |
| ~ *Symposium 95*: Behavioral Couples Therapy for Addictive Disorders: New Applications | Saturday | 2:45-4:15 p.m. | Grand Ballroom J | 240 |
| ~ *Symposium 99*: Understanding the Developmental Course of Physical Aggression in Marriage | Sunday | 8:45-9:45 a.m. | Room 407/408/409 | 260 |
| ~ *Symposium 105*: The Effect of Social Support on Conflict and Marital Satisfaction | Sunday | 9:00-10:00 a.m. | Liberty C | 265 |
| ~ *Symposium 109*: Positive Aspects of Relationship Functioning | Sunday | 9:15-10:45 a.m. | Liberty A | 275 |
| ~ *Symposium 124*: Innovative Behavioral Research Methods in Couples Research | Sunday | 11:00 a.m.-12:30 p.m. | Liberty A | 294 |

**2007 COUPLES SIG SPONSORED STUDENT SYMPOSIUM**

"Positive Aspects of Relationship Functioning"

**Sunday**, November 18th, 9:15-10:45am

"Liberty A", ABCT Convention Hotel (Marriott)

Featuring presentations by Amy Meade, Katherine Williams, Laura Evans, and Lydia Mariam

Discussant: Cameron Gordon

Chaired by Eric Gadol and Brian Baucom, Couples SIG Student Co-Presidents

| | | |
|---|---|---|
| Surf the Internet without guilt! | Visit the ABCT Couples SIG website: www.couplessig.net | Thanks to Nikki Frousakis for serving as our webmaster! |

# HOT OFF THE PRESS

## In Press and Recently Published Literature

Atkins, D. C., & Gallop, R. J. (in press). Re-thinking how family researchers model infrequent outcomes: A tutorial on count regression and zero-inflated models. *Journal of Family Psychology.*

Atkins, D. C. (in press). Regression. In W. A. Darity (Ed.), *International Encyclopedia of the Social Sciences, 2nd Edition.* New York: Thomson/Gale.

Atkins, D. C. & Marin Cordero, R. (in press). Infidelity. In W. A. Darity (Ed.), *International Encyclopedia of the Social Sciences, 2nd Edition*. New York: Thomson/Gale.

Brock, R. L., & Lawrence, E. (in press). A longitudinal investigation of stress spillover in marriage: Does spousal support adequacy buffer the effects? *Journal of Family Psychology*.

Covell, C., Huss, M., & Langhinrichsen-Rohling, J. (2007). Empathetic deficits in domestic violence perpetrators. *Journal of Family Violence, 22,* 165-174.

Frye, N. E., McNulty, J. K., & Karney, B. R. (in press). How do constraints on leaving a marriage affect behavior within the marriage? *Journal of Family Psychology.*

Hamberger, K., & Langhinrichsen-Rohling, J. (in press). Antisocial disorders and domestic violence: Treatment considerations. In A. Felthous & H.Sass (Eds.) I*nternational Handbook on Psychopathic Disorders and the Law*.

Heru, A., Stuart, G.L., & Recupero, P.R. (in press). *Family functioning in suicidal inpatients with intimate partner violence. The Primary Care Companion to the Journal of Clinical Psychiatry.*

Johansen, A. & Cano, A. (in press). A preliminary investigation of affective interaction in chronic pain couples. Pain. (to be published in the 2007 Special Issue on Pain in Women)

Johnson, S. (in press). *Hold me Tight - Seven conversations for a lifetime of love.* Little Brown, NY.

Langhinrichsen-Rohling, J., Rehm, T., Breland, M., & Inabinet, A. (2007). Coping, mental health status and current life regret in college women who differ in their lifetime pregnancy status: A resilience perspective. *Advances in Psychology Research, 47,* 39-53.

Langhinrichsen-Rohling, J., Turner, L. A., & McGowen, M. (2007). Family therapy and interpersonal violence: Targeting at-risk adolescent mothers. In J. Hamel and T. Nichols (Eds.) *Family Approaches to Domestic Violence* (pp. 477 – 498). NY: Springer.

Langhinrichsen-Rohling, J., & Friend, J. H. (in press). Stopping domestic violence: Detailing an integrative skill-based group approach for abusive men. *Psychology of Women Quarterly.*

Lawrence, E., Rothman, A.D., Cobb, R.J., Rothman, M.T., & Bradbury, T.N. (in press). Marital satisfaction across the transition to parenthood. *Journal of Family Psychology*.

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Leisring, P.A. (2007). Therapy at a distance: Information and communication technologies and mental health. In S. Kleinman (Ed.) *Displacing Place: Mobile Communication in the 21st Century (pp. 189-205).* New York: Peter Lang Publishing.

McNulty, J. K., Neff, L. A., & Karney, B. R. (in press). Beyond initial attraction: Physical attractiveness in newlywed marriage. *Journal of Family Psychology.*

McNulty, J. K., O'Mara, E. M., & Karney, B. R. (in press). Benevolent cognitions as a strategy of relationship maintenance: "Don't sweat the small stuff…but it's NOT all small stuff." *Journal of Personality and Social Psychology.*

Mitchell, A. E., Castellani, A. M., Sheffield, R. L., Joseph, J. I., Doss, B. D., & Snyder, D. K. (in press). Predictors of intimacy in couples' discussions of relationship injuries: An observational study. *Journal of Family Psychology*.

Moore, T.M., Stuart, G.L., Meehan, J.C., Rhatigan, D.L., Hellmuth, J.C., Keen, S.M. (in press). Drug abuse and aggression between intimate partners: A meta-analytic review. *Clinical Psychology Review*.

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Sayers, S. L., Riegel, B., Pawlowski, S., Coyne, J. C., & Samaha, F. (2007, in press). Social support and self-care of patients with heart failure. *Annals of Behavioral Medicine.*

Snyder, D. K., Baucom, D. H., & Gordon, K. C. (2007). Treating infidelity: An integrative approach to resolving trauma and promoting forgiveness. In P. R. Peluso (Ed.), *Infidelity: A practitioner's guide to working with couples in crisis* (pp. 99-126). New York: Routledge.

Stuart, G. L., Meehan, J., Temple, J., Moore, T. M., Follansbee, K, Bucossi, M., & Hellmuth, J. C. (in press). The role of drug use in a conceptual model of intimate partner violence in men and women arrested for domestic violence. *Psychology of Addictive Behaviors.*

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Turner, L., McGowan, M. W., Culpepper, C. L., & Langhinrichsen-Rohling, J. (in press). Social support for adolescent mothers: The role of community mentors. *Adolescent Behavior Research Frontiers.* (Ed). Chapter IV (pp. 1-14). Nova Science Publishers, Inc.

Whisman, M. A., & Snyder, D. K. (2007). Sexual infidelity in a national survey of American women: Differences in prevalence and correlates as a function of method of assessment. *Journal of Family Psychology, 21*, 147-154.