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COLLEGE OF HUMANITIES
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TE KURA PŪKENGĀ TANGATA

The Relationships and Sexual Behaviour Study

Dear participant,

I am writing to let you know about the study you participated in during 2012/2013. I firstly would like to extend a warm thank you for your contribution to this research project which formed the research component of my Doctorate in Clinical Psychology that I have successfully completed. I also want to acknowledge the lengthy wait for this summary which was due to the therapy phase, data collection, and subsequent analysis taking longer than expected. Thanks for your patience and I hope you will find the following summary interesting and useful.

This project was the first New Zealand study to evaluate a therapy for 'out-of-control sexual behaviour' (OCSB). OCSB, often called 'sexual addiction,' involves a range of experiences where the person has difficulties with controlling sexual thoughts/feelings/and behaviours, which causes distress or impairment to the individual or those close to them. There are lots of factors that are thought to play a role in OCSB, and more recently attachment and intimacy difficulties have been identified as one such factor. Attachment is the way that relationships with caregivers early in life shape feelings and behaviour towards intimacy and closeness in adult relationships, as well as patterns of sexual behaviour. There are differences in the type of adult attachment that can develop which shape the degree of anxiety or avoidance of closeness an individual will experience, including secure attachment (comfortable with closeness) and insecure attachment (which could be anxious, avoidant, or mixed anxious and avoidant of closeness).

Sex Therapy New Zealand have been providing a therapy approach for OCSB that focuses on the kinds of attachment and intimacy difficulties that are thought to be relevant to OCSB. I aimed to evaluate the effectiveness of this therapy approach (Intimacy Focused Therapy) because there had not yet been very much research on what kind of therapies are effective for people with OCSB.

Study Method

Between 2012 and 2013, you were one of 12 men with OCSB who volunteered to take part in the study. The study included a pre-therapy phase, therapy phase, post-therapy phase, and follow-up phase at 1, 2, and 3 months after therapy ended. As you know, you and the other participants provided a lot of information that assisted with identifying the effect of the therapy you completed, including information about control over and distress and negative consequences about sex, fear of intimacy, attachment style, and weekly frequency and duration of sexual behaviours. All data was analysed on an individual basis as well as looking at patterns that occurred across participants, and where possible included tests to look at the degree of change that occurred.

Study Findings

Control, Impairment, and Distress

Pre-therapy scores indicated low control over sexual behaviour and a large degree of negative consequences of sex and distress about sexual thoughts, feelings, and behaviour. At post-therapy, control over sexual behaviour increased and negative consequences and distress about sexual behaviour reduced for all participants, and these patterns largely continued over follow-up.

Adult Attachment and Intimacy

At pre-therapy, participants scored higher than the average scores for fear of intimacy that have been found in a general population sample, suggesting there was a relatively high level of fear of intimacy. However, fear of intimacy did not tend to reduce at post-therapy and instead increased somewhat for several participants, suggesting that fear of intimacy was not changed by the therapy.

In terms of adult attachment, avoidance of closeness reduced slightly for several participants at post-therapy, and anxiety of closeness reduced slightly for several participants at 3-month follow-up. Secure attachment (comfort with closeness) did not appear to increase at post-therapy or follow-up. It is likely that at least some of the lack of findings regarding attachment was due to how adult attachment was measured in the study, but it could also be that attachment cannot change after a brief 12-week therapy.

Sexual Behaviour Change

The frequency and duration of sexual behaviour pre-therapy was varied across individuals as well as within individuals. Over the therapy phase, specific sexual behaviours did not show a clear pattern of change as some behaviours reduced for some participants while others stayed the same or increased. The most consistent pattern was that sexual fantasy, pornography viewing, and masturbation reduced, and partner sex increased for some, however this did not occur for all participants. At 3-month follow-up, changes were largely maintained.

Summary

This study supported the notion that Intimacy Focused Therapy was effective at reducing OCSB for those in this study in terms of their control over out-of-control sexual behaviour, and impairment and distress about out-of-control sexual behaviour. Because I did not ask what participants' specific goals for therapy were, I was not able to map the data I collected against what participants were seeking help for.

In terms of improving intimacy and attachment, there were no clear conclusions about whether the therapy had an effect, mainly because of the problems with the measures that were used but also due to the therapy being short-term. Although the study was limited by being exploratory, it is the first New

Zealand study to evaluate a treatment approach for OCSB. It is hoped that results will be disseminated through academic journals and related conferences. This will serve to increase understanding about OCSB and its treatment in order to help improve the lives and functioning of those affected.

Thank you once again to all participants of this study; your bravery and willingness to participate was immensely appreciated and I hope that this process has been beneficial in some way to you. Please email me if you have any questions (OCSB@live.com) or contact my supervisor Dr. Joanne Taylor (J.E.Taylor@massey.ac.nz)

Warm regards from the research and supervision team

Karen Faisandier, Dr Joanne Taylor, Dr Shane Harvey, and Robyn Salisbury.