Group Counseling for Women’s Sexual Addiction

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 The legitimacy of sexual addiction as a diagnosis has long been a hotly debated subject. (Riemersma et. all, 2013) Nevertheless the growing prevalence rates of sexual addiction in general (Riemersma et all, 2013) and in women specifically (McKeague, 2014; Opitz et all, 2009) indicate there is a need to further research and develop treatment for women’s sexual addiction. Sexual addiction is an uncontrolled preoccupation with sexual behaviors to the extent of causing adverse affects in the addict’s life and the diminishing of the subject’s control over their ability to make choices regarding their sexual behavior. (Opitz et all, 2009; Roller, 2004)

**Review of the Literature- Factors behind Women’s Sexual Addiction**

 Shame, trauma (usually from physical or emotional neglect or abuse) and disconnection often fuel the women’s sexual addiction. (McKeague, 2014) Addicts also experience neurochemical changes that are similar to those created by substance abuse with alcohol or cocaine. (Riemersma et all, 2013; Roller, 2004) It is important that all of these factors be taken in consideration when developing treatment for women with sexual addiction.

 Women who struggle with sexual addictions often have encountered serious traumas in their childhood. Although trauma rates are high for all sexual addicts, they are especially high and often more severe for female sexual addicts. (McKeague, 2014) A study done in 2009 found a significant positive relationship between women’s sexual abuse and sexual addiction, as well as positive relationships with emotional abuse, emotional neglect and physical neglect and women’s sexual addiction. (Opitz et. all, 2009) This means that women who struggle with sexual addiction have often encountered one type or abuse or neglect and often they have experienced multiple. Women with sexual addictions “learn in the course of their development that sex is a powerful escape mechanism, for it both medicates the pain caused by trauma and often reenacts that trauma. In this way, trauma is a foundational piece of the sexual addiction and an integral part of the addictive process.” (McKeague, 2014)

 Another area that factors heavily into women’s sexual addiction is their connection or rather, lack of connection with others. The majority of sexual addicts have trouble forming close attachments to others. (Opitz et. all, 2009) Often as was noted above, they have a history of being abused sexually, emotionally or physically. This history of abuse makes it hard to them to trust others. In the same study that noted the positive relationships between these abuses and sexual addiction, negative correlations were found between family cohesion, family adaptability and women’s sexual addictions. This means that the less adaptable and cohesive a women’s family was in her childhood, the higher the risk of her developing a sexual addiction as scored by the Women’s sexual addiction screen test. (Opitx et. all, 2009)

 Female addicts often have a hard time connecting with their families. They see their fathers as less caring (Opitz et all, 2009) and often have attachment ruptures with their mothers. (McKeague, 2014) These ruptures with their mothers can often prove especially damaging as they then find it harder to develop their female identity. “Overall attachment deficits in childhood can have a profound effect on an individuals ability to engage in intimate relationships as an adult. Disrupted attachments in childhood leave children desperate to find something else to attach to, and if that is sexual behavior then this can set the stage for an addictive pattern.” (McKeague, 2014)

 Female addicts also suffer from a tremendous amount of shame. This is not unique to female addicts however, “shame and a profound sense of personal worthlessness are among the toxic emotions that have been observed to both catalyze and maintain patterns of ‘classic’ sexual addiction.” (Riemersma et. all, 2013) It is however, often more intensely experienced for women because of the cultural beliefs they have been exposed to that feed their shame. (McKaegue, 2014) This shame is so toxic and dangerous to the addict because “it leaves the individual vulnerable to sex addiction because the person who feels chronic worthlessness and deficiency inevitably searches for something to alleviate these feelings.” (McKaegue 2014)

**Group Theory, Techniques and Interventions**

 Addicts in the early stages of recovery are often in denial about the fact that they are addicts. This is especially true with female sexual addicts because of social beliefs such as women who engage is sexual behaviors are bad or sex addiction is about sex and thus the female sex addict is a ‘whore.’ (McKeague, 2014; Roller, 2004) Since addicts are in denial about either their addiction or their need to change anything therapies such as Cognitive Behavioral Therapy (CBT) are often ineffective at first though once the addict is further on in their recovery CBT can be very effective.

 “Up to 80% of clients are either unaware of their need to change or when confronted with the need to change are not ready to take the necessary steps to make it happen… Insight and experiential therapies are most effective with clients in these stages whereas CBT is useful for clients who are planning for or making overt changes in their behaviors.” (Hagedorn et. all, 2009) Later on in the recovery of the addict it is helpful to incorporate CBT. CBT is particularly useful because it gives the client a way to reframe core-beliefs that were formed from traumas and shame (Riemersma et all, 2013)

 Experiential therapies include psychodrama, gestalt, adventure and play therapies. They are used to help the client develop awareness of internal conflicts, self-awareness, interpersonal skills, and self-esteem. They are also used to build trust, increase emotional expressions and facilitate problem solving. (Hagedorn et. all, 2009) These therapies can be especially helpful for addicted clients because they provide a safe way to develop trust and support, thus helping the addict find ways to end the isolation in their lives. (Hagedorn et. all, 2009) Experiential therapy gives the client a way to strengthen their interpersonal skills and form connections that they have not previously been able to make or maintain. (Riemersma et. all, 2013)

 Group therapy should not be the only therapy in which the client is involved. It is also recommended that the client attend individual therapy, a 12-step program and where applicable couples therapy. (McKeague, 2014; Riemersma et. all, 2013) Each of these will play a crucial role is helping the client to form connections, end shame and work through their traumas.

**Cultural and Developmental Considerations**

 It is important to note that many sexual addicts come from families that include at another addict. “87% of those in an inpatient treatment for sexual addiction in a study conducted by Carnes identified another addict in their family of origin. This can contribute to the addict’s feelings of shame and it is important to address it. “Sexually addicted patients experienced the greatest treatment success when they found clarity and resolution in their childhood and family-of-origin issues, along with the family’s contribution to the sexual addict’s feelings of shame inadequacy and core beliefs.” (Opitz et. all, 2009)

 Another part of sexual addiction that counselors must keep in mind is the fact that sexual addiction often presents with other addictions. “Clinicians should be aware of the high rates of comorbid substance and other behavioral addictions presenting with sex addiction. Therefore, a therapist must thoroughly assess for other addictions, since the interactions of multiple addictions can greatly inhibit treatment.” (McKeague, 2014) If a second addiction is present and either is left untreated it may derail the progress that the client makes on their first presenting addiction. Both must be treated simultaneously in order for the addict to recover.

**Ethical and Legal Considerations**

 The main concern with conducting a group for sexually addicted clients is that the counselor finds support and consultation. “It is important for any therapist treating clients with sex addiction to obtain clinical supervision or consultation and have a strong support group as countertransference issues are common when working with this population.” (McKeague, 2014) Counselors should be aware of their own limitations and not try to do this alone. It can sometimes be helpful to also have a co-leader of the group, especially if the counselor is a male. This will be helpful for two reasons. The first is that sexual addiction is complex and two counselors will be able to better observe and treat the complexities that arise in group than one would be able to do on their own. Secondly, it is better for the counselor to not be alone with the clients because of the nature of their addiction. When a second counselor is present this danger is naturally avoided.

**Conclusion**

 The purpose of this paper was to examine female sexual addiction and determine group treatment methods that would be effectual for female sexual addiction Although some research has been done in recent years much more is required to form a full picture of the differences between male and female sexual addiction and how to treat them. Current research supports the use of experiential and cognitive behavioral therapies in group settings to treat women’s sexual addiction. Experiential and CBT therapies are very useful for treating clients presenting with sexual addiction because they allow the client to move past shame and express themselves more feely. Experiential therapy is especially useful in the beginning stages of recovery while CBT is more useful later on in recovery after the client is willing both to admit to their addiction and to put effort forward to stop said addiction.

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