Sexual Intimacy and Pornography Addiction

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Abstract

As pornography becomes more acceptable and pervasive in society, sexual intimacy in relationships is suffering. Since the rapid pornography growth has been recent, there is little research done on improving sexual intimacy for couples who are trying to recover from a pornography addiction. However, there is a clear link between pornography addiction and damaged sexual intimacy. Also, there is a clear link between relationship satisfaction and satisfaction with sexual intimacy in the relationship. After studying the effects of pornography addiction and combining it with useful sex therapy techniques, a therapeutic approach is offered for couples suffering from pornography addiction.

Defining Terms

Many terms used in this report may have subjective definitions. For this report pornography will be defined as either pictures containing nudity or video that contains nudity or sexual acts. Addiction as it pertains to pornography will be defined as: 1) remarkable amounts of time using or preoccupied with using, 2) markedly increased use, 3) use despite major areas of life being significantly impaired because of use, and 4) continued use despite requests or efforts to stop. This is not a clinically recognized definition of pornography addiction and merely serves to provide an understanding of what is being referred to when describing someone as addicted to pornography. Also, pornography addiction will be assumed to be the struggle of the male in a heterosexual relationship. This is not because females or homosexual relationships are immune to pornography addiction, but largely because most of the research done on this topic is focused on the males in heterosexual relationships. Finally, sexual intimacy will be defined as touching with the intent of expressing attraction to the partner or sexual acts consisting of intercourse or oral pleasure. The researcher of this paper also wants to point out that there are several places in
which individuals with a pornography addiction are referred to as an “addict.” This does not suggest a belief that the individual is defined by their addiction. The researcher strongly believes that the individuals have infinite value and worth and struggle with an addiction to pornography. For purposes of sentence flow and structure the terms “pornography addict” and “addict” are used throughout this paper.
Sexual Intimacy and Pornography Addiction

While it is true that not all happily married couples are having sex, there is a strong correlation between marital satisfaction and sexual satisfaction. Ellen Frank and Carol Anderson (1979) found that of couples who identified as being happily married, only 14% of women and 15% of men was less than satisfied with their sexual relationship. Call, Sprecher & Schwartz’s (2001) findings were consistent after they conducted a study that linked marital satisfaction as the second largest factor of frequency of sexual intercourse behind age. Thus, a case can be made that improving the sex life of a couple may be important for improving marital satisfaction.

McCarthy and McDonald (2009) discuss a clinical adage that states when couples are functioning well sexually it will contribute 15-20% to their satisfaction with each other. However, when sex between the couple is avoided, dysfunctional, or filled with disagreement, it contributes 50-75% to the lack of intimacy and stability in the relationship. Further, McCarthy and McDonald (2009) write that the negative impact becomes even more influential when the sexual problem is addressed through medication or therapy and failure reoccurs. “They (couples) do not have positive anticipation of change, are sexually self-conscious, are stuck in a blame-counter-blame dynamic, and feel helpless and hopeless” (McCarthy & McDonald, 2009, p. 321).

An alternative perspective could be that people are having more sex because they are happy with their marriage. This would suggest that once the non-sexual aspects of the marriage are working better, sexual satisfaction and frequency will naturally increase. In many instances this could likely be the case. However, Frank & Anderson (1979) found that the frequency of intercourse fluctuated heavily for couples who were both satisfied in their marriage and sexual
life. The constant therefore, is not the frequency of sexual intercourse but mutual satisfaction about the sexual aspects of marriage.

Mutual satisfaction in the sexual part of marriage is very difficult to obtain when one of the members is addicted to pornography. Bird (2006) reported findings that wives of sex addicts feel isolated. Further, wives feel that the men’s lack of commitment to them sexually shows a lack of commitment to the marriage. In this case, improving the sex-life of the couple would directly help with the marriage. At the very least, the wife would be able to see the husband’s commitment to her sexually, and that may increase her belief that her husband is committed to the marriage. The link between sexual satisfaction and relationship satisfaction clearly illustrate the purposefulness of moving a couple, suffering from the presence of a pornography addiction, towards increased sexual intimacy with each other.

The Addiction Process

Bergner & Bridges (2002) observed that people using pornography are attempting to repair their self-esteem. Pornography use is more likely after someone has experienced an event which has reduced self-esteem. A man for example might use pornography more heavily after losing his job if he feels his masculinity has been diminished. In such an instance, the use of pornography is an attempt to restore the lost masculinity. Pornography use is also a way for people to feel in control. This is common for men who have had childhood’s filled with degradation, shame, and lack of control. Instead of relying on the intimacy of partnership to receive pleasure and cope with uncomfortable feelings, pornography is used as a way to try and regain the control that was missing in childhood.

A common cycle for people addicted to pornography starts with despair, which in itself is a cycle of guilt and shame. Carnes (1989) describes despair as coming from a faulty belief about
one or many things. When someone is sexually addicted and despair sets in, the next step is preoccupation. The plan to escape from despair starts to enter the mind. Eventually the rituals begin after some time of preoccupation and finally the sexual compulsivity occurs. This cycle can repeat itself and takes over the lives of those addicted to pornography. Shame and guilt resurface either from sexual compulsion or from other life events and the cycle has begun again. Using pornography compounds feelings of guilt and shame, but then is used again to cope with the increased negative feelings.

Pornography can also be used to receive validation. It can be considered a way of escaping problems. Instead of disclosing a fear, frustration or a vulnerability to a partner, pornography is used as an outlet. The intimacy of the couple suffers as one of the partners is now using pornography for validation. Intimacy cannot exist without expression of insecurities and anxieties. Shame for inadequacies or mistakes is masked by the pleasure and validation received from pornography. Similarly, alcohol and other drugs are often abused for this reason. Martha Turner (2009) found a correlation between someone addicted to alcohol and sex. She noted that it is not infrequent for someone to quit alcohol and begin to struggle with sex addiction. Cross-addiction is more likely for someone recovering from an addiction if new coping skills are not learned.

Turner (2009) described a couple that was both struggling with alcohol problems and were in and out of Alcoholics Anonymous (AA). Eventually the husband came home one day to find his wife having sex with another man. While the initial response was that she was drinking and made a mistake, it turned out that she was addicted to extra-marital affairs. After the wife begged for forgiveness, the husband agreed to try and mend the relationship through counseling and eventually the couple found a more satisfying relationship. The point of this case was that
wife never learned how to deal with her shame through going to AA. When she discontinued drinking she used sex to cope with her feelings of shame and guilt. Their success was signified by their ability to remain in open conversation and discuss their weaknesses and shame. Eventually new coping skills were formed instead of using alcohol or sex to deal guilt and shame.

Carnes (2001) adds that as the addiction progresses, the addict becomes increasingly isolated. As the addict becomes more isolated, the more he relies on pornography to cope with his despair. He has cut himself off from his partner and relies only on himself to process his feelings. This behavior is damaging to the intimacy of the relationship and the health of the addict. Pornography has become his only crutch. He is now alone and stuck in a repeating cycle of pornography use and feelings of despair.

**Neurobiology of Pornography Addiction**

Landau et al. (2008) provide further information in regards to the development of pornography addiction. Their approach looks at the brain chemistry involved in sexual addiction. They describe the release of dopamine as being the neurotransmitter that gives the feeling of pleasure. Sexual arousal releases this chemical in a similar way that cocaine does. When someone is behaving a certain way and is rewarded, a compulsion starts to form. In this way, the rituals leading up to ejaculation, along with ejaculation, are all very rewarding. Thus, a compulsive habit is learned as a way of receiving pleasure.

Fisher (2000) explains that romantic relationships provide us with this pleasurable chemical response early on. She points out that increased attention, motivation, and goal-directed behavior correlate to increased dopamine levels. When relationships begin, there is an increased amount of attention paid to the positive attributes of the other partner. Further, Fisher
(2000) reports that 82% of men and 90% of women replay precious moments that they share together. During the first 6-18 months of romantic relationships dopamine levels are significantly increased. Unfortunately these diminish after a period of time and many individuals believe that this decreased pleasure response means something is missing in their lives. The rush is gone and individuals are left trying to replace that feeling through avenues like pornography. Landau et al. (2008) write, “The very neurochemical that allows and fosters bonding is what drives addicted persons back to seek the behaviors, emotional distancing, and fantasy cognition that bring them what they are missing.”

Boettiger et al. (2007) studied individuals recovering from alcohol addiction. They discovered that there are signals, bold oxygen level-dependent (BOLD) signals, associated with a bias towards immediate reward decision-making. These signals exist in the posterior parietal cortex (PPC), dorsal prefrontal cortex (DPC), and rostral parahippocampal gyrus regions in the brain. Individuals addicted to alcohol, or as their study shows individuals whose decisions are made based on short-term gain, have dampened BOLD signals. Boettiger et al. (2007) tested a group of individuals claiming to be alcoholics versus a group of recovering alcoholics. The individuals were given options of how they would like to receive money for participation in the study. Their options were weighted by having an increased dollar amount the longer the individuals waited to receive their money.

The results showed that recovering alcoholics were willing to receive a significantly greater amount by waiting a significantly longer amount of time. Boettiger et al. (2007) also took images of the brain to monitor the chemical levels that showed the heightened BOLD signals in the individuals associated with long-term gain. This study illustrated two important concepts related to addiction. First, addiction correlates with an increased focus on short-term
gain. Second, it showed that these signals can be increased the longer someone is into sobriety. This is encouraging for individuals recovering from an addiction and makes a strong case for the practice of cognitive-behavioral therapies.

In summary, pornography addiction is the result of biological, psychological, and social factors. The chemicals released during pornography use help the individual escape feelings of insecurity. People with a pornography addiction take care of these feelings of insecurity in isolation. Addicts’ fear of being vulnerable with their partner leaves them trying to meet their needs on their own. Doing this leads to guilt and shame. A vicious cycle then begins as the addict is using pornography more to deal with the shame and guilt. Socially, the addict becomes more withdrawn and spends more time coping through unhealthy rituals. His mistaken beliefs disadvantage him psychologically as he cannot allow himself to show weakness to his partner or others. Pornography addiction significantly affects him, his partner, and his relationship.

**Effect on the Partner**

In order to work with a couple on improving their sex life, there must be an understanding of the problem. There are problematic reasons that the male is habitually using pornography. As a result of the male’s pornography addiction, the female likely has many struggles herself. Typically the male has neglected her sexually and spent considerable amounts of time looking at pornography. This has affected her mentally and also affected the relationship. Couples in this predicament have some problematic themes that need to be addressed before they can enjoy being sexually intimate with each other again.

In order to determine themes in relationships where the male is addicted to pornography, Bergner and Bridges (2002) collected letters from women involved in this type of relationship. They collected letters through internet message boards and stopped when they had 100 letters
that met the desired criteria. Their criteria were for the men to have been significantly addicted to pornography, which meant daily use for several hours. Also, if the men had advanced to live, phone, or chat room interaction, the letters were thrown out. It should also be noted that the sites were for victims of pornography addicts that were distraught and wanted solutions. While there were only 100 letters collected, they were studied independently. Any differences in observed major themes were not included. After discovering their partner’s pornography use, the women began to view themselves and their partner much differently than they did before.

**Changed View of Self**

Bergner and Bridges (2002) observed several consistent themes amongst the women’s letters about how they viewed themselves as a partner to a pornography addict. A common theme found amongst the women was a feeling of being unlovable. Women felt like they had not done enough to keep their partner interested. Therefore, they were not worthy of being loved. The women expressed feeling worthless since she could not win their partners’ affection. They also perceived their partner’s fantasizing about other women as meaning he was not attracted to his partner. Further, they believed that they were not attractive because their partners had to use other outlets to get sexual satisfaction. Finally, the women felt weak and stupid as a result of the pornography use. Many felt weak because they remained in the relationship and stupid for being with someone that had to use pornography to be sexually satisfied.

**Changed View of Partner**

After women discovered their partner’s pornography addiction, Bergner and Bridges (2002) noticed a distinct change in how the women viewed their partner. Many women found their partner to be a sick, degraded being. This feeling increased as they learned about the material in which their partners were viewing. Another belief amongst the women was that their
partners were liars who only cared about their own pleasure. Finally, women found their partners to be a considerably less adequate husband and father. It appeared that the women’s willingness to stay with her partner depended on the husband’s remorse over what had transpired.

**Effect on the Relationship**

Gonyea (2004) quotes Shaw (1997) to define internet infidelity as “taking the sexual energy of any sort—thoughts, feelings, and behaviors—outside of a committed sexual relationship in such a way that it damages the relationship, and then pretending that this drain in energy will affect neither partner nor the relationship as long as it remains undiscovered” (Shaw, 1997, p. 29). Gonyea (2004) goes on to add that energy used for masturbation to pornography is taken directly from the energy that could be put into the primary relationship. As the focus of energy is increasingly put on using pornography, the sexual dissatisfaction of the couple will also increase.

Gonyea (2004) references Shaw (1997) again when she elaborates on the use of the internet for sexual satisfaction. As a partner becomes more lost in sexual fulfillment through fantasies, the gap between the couple grows. One partner is exiting emotionally from the relationship by the continued use of pornography. The indulgence in pornography stunts self-awareness and personal growth, and the connection of the couple can only deteriorate.

Vogel (2007) describes the behavior patterns of people addicted to pornography. She explains that addiction causes people to “…progress towards dishonesty, self absorption, isolation, fear, confusion, apathy, and control” (p. 6). Paradoxically, this creates a greater distance between the individual and the one he or she is trying to connect with. These behaviors generally cause others to withdraw in response. When someone hides the true self the
connection to others that is desired becomes more difficult. For those with an addiction to pornography, there is often worry of punishment, rejection, humiliation, or ridicule if someone was to discover their addiction.

Zitzman and Butler (2009) interviewed 14 women in couple’s therapy about their husbands’ pornography use. They found some consistent themes among the women that are worth noting. Two of the three major themes found involved deceit. The women felt betrayed and expressed a severe loss in trust. It was hard for the majority of women to think about how this was happening when they “assumed they were safe and secure in a trustworthy pair-bond relationship” (Zitzman & Butler, 2009, p. 221). The final theme was a feeling that the husband caused emotional harm, and damaged the emotional and sexual intimacy. The conclusion Zitzman and Butler (2009) came to was that heavy pornography use is very damaging to relationships, in particular due to the deceit involved in using pornography.

Schneider (2000) also reported significant findings on the impact of cyber-sex addiction. The focus of this paper is on pornography, and Schneider’s (2000) findings were applied to cyber-sex activities beyond just pornography. However, this article provides valuable insight into the effects of pornography addiction, and much of the articles discussed pornography as the major cyber-sex activity. She found that in 68% of the couples in which there was a cyber-sex addict, one or both of the partners had lost the interest in relational sex. More than half of the addicts had lost interest, and 34% of the partners of the cyber-sex addict no longer had interest in relational sex. Again, these statistics describe couples in which the activities of the addict may go beyond viewing pornography.

Schneider (2000) cautions her readers, however, to stay mindful of the existence of tolerance in addiction. She describes tolerance as needing more to get the same effect. This is
similar to the use of any drug. With cyber-sex it often starts out as pornography. For those who become addicted, they begin to view pornography longer, and need to start participating in riskier behaviors to get the same effect. Some riskier behaviors may be viewing pornography containing children and teens, which is illegal. Others will eventually starting having virtual sex over the internet and even arrange to meet in each other in person. In Schneider’s (2000) study, she found that the average age of cyber-sex addicts that eventually arranged an offline affair was older than those that did not. An older age of those going beyond online affairs to offline affairs suggests that tolerance builds, and as time goes on riskier behavior is sought out to receive the same level of pleasure.

It was mentioned earlier that Scheider’s (2000) article includes activities that go beyond heavy pornography use. She addresses this by including the perspectives of women who have experienced both a physical affair and internet activities that did not result in a physical affair. Many say it feels no different, as their partners are choosing to be satisfied through a computer screen instead of relational sex. These partners feel that it is just as “dirty” as an actual physical affair. The pornography use mirrors infidelity in several ways. There is lying and hiding of activities that leave the other partner feeling alone and isolated. Often the opposite spouse feels betrayed and inadequate to the addict’s other source of pleasure. The addict is emotionally and physically unavailable as relational sex is usually completely abandoned by the partner. Understanding the similarities pornography addiction has to physical infidelity is important for helping the couple’s future. Schneider’s (2000) alarming statistics about cyber-sex addiction as it relates to relational sex is likely very similar amongst couples where the addict is currently only viewing pornography.
Schneider (2000) reports some common themes regarding couples that have a partner addicted to cyber-sex. These themes will be helpful in understanding what the couple has experienced and with this understanding the therapist will be better able to move the couple towards renewed sexual intimacy. Again, these themes pertain to couples in a broader spectrum of cyber-sex activities, but are consistent with Bergner and Bridges (2002) findings, and are likely consistent with couples experiencing purely pornography addiction.

- The partner's initial response in some cases was to increase the sexual activities in order to "win back" the addict. This early response was only temporary.
- The partner felt repelled and disgusted by the addict's online or real sexual activities and no longer wanted to have relationship sex.
- The partner could no longer tolerate the addict's detachment and lack of emotional connection during sex.
- In reply to pressure or requests by the addict to dress in certain ways or perform new sexual acts, the partner felt angry, repelled, used, objectified, or like a prostitute (Schneider, 2000, p. 42).

While the tendency of the therapist may be to spend significant time discussing all of the ways the addict has wronged the other partner, it will be important to keep the addict engaged by not spending an unequal amount of time blaming him. This balanced approach will be discussed later in slightly more detail. Schneider's (2000) themes are important though, and all of them need to be addressed during therapy. In particular, pressure being put on the female partner to try new sexual acts, is a theme that may be an early obstacle for the couple when trying to become sexually active again. When the couple begins to have relational sex, it may be difficult
for the addict to become as sexually aroused without trying new sexual acts that the opposite partner is uncomfortable with. Becoming sexually intimate again will take practice and potentially some time. As a therapist, it will be helpful to be mindful of this and remind the couple that restoring the sexual part of the relationship may take time. Early struggles or failures do not indicate that there is no hope for restoration.

**Contradictory Approach**

Many researchers support the belief that pornography use has many harmful effects on the relationship. Zitzman and Butler (2009) contest that many therapists tried to ignore the effects of it, but the faltering relationships involved with heavy pornography use became too common. Padgett et al. (1989) did a study that takes an almost contradictory approach to pornography use. Their study showed that increased pornography use had no correlation with a more negative view of women. They conducted questionnaires and administered them to college kids in a classroom setting. They also administered the questionnaires to people attending a movie theatre. The results were that increased pornography use did not indicate more negative attitudes towards women, p > .07.

In case people wanted to mask the negative aspects of their pornography use, Padgett et al. (1989) conducted another study. This study consisted of 75 volunteers from a psychology class. The volunteers read a statement informing them that they may be exposed to pornographic material. Next, the volunteers were split up into two groups and would come to view one hour of film for five consecutive days. One group viewed pornographic material during this time and the other would view non-pornographic material. This was determined by a coin flip. After five days a questionnaire was handed out that tested their views on women. The group that had viewed pornographic material did not express more negative views towards women. While this study
does offer interesting insight, it does not negate the negative effect heavy pornography use has on relationships. The study offers useful insight towards understanding the addict. Regardless of the addiction, the pleasure it offers is always the priority for individuals in active addiction. When women are being degraded for a pleasurable payoff by men addicted to pornography, it does not necessarily indicate they have no regard for women specifically. It is simply that they will do anything for a fix, just like someone addicted to alcohol or drugs.

After discussing the findings of Schneider (2000), Bergner & Bridges (2002), and others, it may appear that the researcher is suggesting that the isolated act of pornography destroys sexual intimacy for all couples. Convincing people that pornography destroys all relationships is not the intent of this paper. Instead the goal of this paper is to provide insight on how to help couples become more sexually intimate where pornography has created significant relationship problems. Bridges et al. (2003) provided research that may lead readers to believe that viewing pornography does not necessarily damage relationships. The research done was on a group of 100 women that met the qualifications of the study. These women had to be involved in a relationship where there was knowledge of her partner’s pornography use and the use had to be limited to internet images, magazines, and videos, at least to the best of her knowledge. This study does not require the pornography use to meet the previously listed requirements for addiction, and that will limit what can be concluded from the study as it pertains to this paper.

Bridges et al. (2003) found that 26% of the women viewed the pornography use as a kind of affair, 42% answered the use made them feel insecure, and 39% felt the use negatively affected the relationship. These statistics mean that the majority of women do not believe pornography is similar to having an affair, makes them insecure, or has a negative effect on the relationship. Again, the limitations of this study are that many of these men viewing
pornography may not be addicted to pornography and the development of the pornography use and how the use is communicated to the female is not mentioned. However, this does suggest that pornography use is not implicitly viewed negatively by all women, and it may not always be damaging to women and the relationship. Baltazar et al. (2010) et al. cited Cooper’s (2002) findings that there are 18 million pornography users. “Two million of them are addicted… and experiencing negative consequences as a result (Baltazar et al., 2010, p. 33).” Both Baltazar et al.’s and Bridges et al.’s findings have something in common. There are a lot of people using pornography that are not addicted and may not be experiencing problems. Also, there are a lot of people using pornography that are addicted and are experiencing problems. The goal of this paper is help the people that are experiencing problems.

Further, the fact that not all women in relationships have negative feelings towards pornography may suggest something important. When pornography is not used in excess, or used by someone with an addiction, it may not be harmful to the relationship. However, when pornography use turns into an addiction, along with it comes lying, deceit, neglect, and many other destructive behaviors. Whether the female partner is opposed to pornography or not, the addiction to pornography and what comes with it is what disrupts the relationship and has significant, negative effects on the partner.

**Getting an Addict to Treatment**

It should first be noted that the primary goal of this research is to improve the sex lives of couples struggling with pornography addiction. However, some time needs to be spent discussing what should be done with the partner that is addicted to pornography. Just like an alcohol or drug addiction, sex addiction will not go away just with will power. Patrick Carnes (1989) recommends going to a group for sexual addicts such as Sexual Addicts Anonymous or
Sex and Love Addicts Anonymous. Working the 12 Steps adapted for sexual addicts will be an important part of recovery for the individual with a pornography addiction. For someone giving up an addiction to pornography, it is like losing a best friend. Pornography has always been there for that person; building up self-esteem when it was down and comforting the shame and guilt.

Therapy will be helpful for someone trying to recover from a pornography addiction, but most of the addiction recovery will occur outside of therapy. Grieving the loss of the addiction will be something that can be done in therapy. Carnes (1989) writes that many people become resentful and angry after giving up their addiction because of the painful loss. Pornography had become a vital coping skill and has now been taken away from the person. Encouragement, grieving, and learning new coping skills can all be worked on in therapy. However, Carnes (1989) highly recommends the use of a sexual addicts group for serious recovery.

The process of getting someone to attend a sexual addicts group or other form of sexual addiction treatment can often be difficult. Landau et al. (2008) provide insight for moving someone a pornography addiction into a treatment setting. They use the ARISE model (A Relational Intervention Sequence for Engagement) to move a resistant individual towards treatment. This model consists of Phase 1 and Phase 2. Everything leading up to the individual going to treatment is considered Phase 1 and everything after is Phase 2. It is recommended that the network of people in support of treatment meet with the individual for an average of six months once treatment has begun. This is to ensure continued presence and engagement in treatment. This paper is concerned with the relationship of the couple and improving their sexual intimacy. Therefore, the details of Phase 2 will not be discussed. The therapist working with the couple in this situation would be considered a supporter in the intervention. S/he will be an
active member in Phase 1 and after that hold the individual accountable for attending treatment throughout Phase 2.

Phase 1 consists of three levels. Landau et al. (2008) consider the beginning of the process to be when a concerned partner calls a clinician seeking guidance. This clinician is considered the ARISE Interventionist. During this time, the clinician must instill hope in the caller and establish who should be there for support when the intervention occurs. Coaching of appropriate intervention strategies also occur during this conversation. When the intervention occurs, the ARISE Interventionist is the one conducting this meeting. During this time supporters of the person with the addiction will discuss the loss they feel as a result of the addiction. It is also recommended that the neurobiological process, which will be explained later in this paper, is discussed during this time. Landau et al. (2008) report that over 55% of the time the individual enters treatment during Level 1.

If the individual does not enter treatment after Level 1, 2-5 sessions are held, with or without the individual, to discuss motivational strategies. Landau et al. (2008) report that less than 2% of the individuals need to advance to Level 3. During the final level boundaries and consequences are presented in a loving way. The support group spends this time meeting to ensure that consequences and boundaries are being enforced. This process results in 83% of addicted individuals entering treatment. If a couple enters therapy and it is discovered that pornography addiction is present, Level 1 will most likely not apply. The couple and the therapist would spend time in session discussing the content in Level 2 & 3. It would be very difficult for a couple to increase their sexual intimacy without the addicted individual entering treatment.
Setting the Stage for Intimacy

Once the partner addicted to pornography begins treatment and begins abstaining from pornography the family system will change dramatically. The addict that is now abstaining from his addiction will likely have a large increase in unreleased sexual energy. As previously discussed, however, the effects of the addict’s behaviors on the partner are significant. Usually the partner of someone addicted to pornography has been emotionally and physically neglected. The result is significant feelings of anger, guilt, hurt, loss and many other confusing emotions. Realistically, a partner that is in the beginning stages of working through the discovery of a pornography addiction will not likely be interested in being sexually intimate. Before this can happen the partner must be given the appropriate amount of time to grieve and then eventually forgive her partner. Each of these processes will be thoroughly discussed.

Grieving what was Lost

The grief experienced by the victimized partner will be slightly different than someone grieving a death. However, there are some considerable losses that may need to be grieved. Landau & Hisset (2007) describe the kind of loss experienced by partners of pornography addicts as being ambiguous loss. Landau (2008) compares the ambiguous loss that occurs during pornography addiction as being similar to having a family member suffer a traumatic brain injury. This event completely changes how the members of the family relate to each other and themselves. Physically, the pornography addict still exists, but has completely changed. The functioning of the addict is physically and emotionally deficient leaving many of his partner’s boundaries violated and blurry. The partner has lost her sense of self as she can no longer identify her boundaries. As the pornography addiction progresses and increasingly changes the dynamics of the couple’s relationship, the partners of pornography addicts adjust and slowly
experience a loss of self. Landau & Hisset (2007) write about ambiguous loss saying, “Early recognition and intervention may prevent relational and marital breakdown as well as unnecessary distress to family members.”

Landau & Garrett (2008) mention that partners of pornography addicts often feel like they are living with a stranger. This adds to the list of losses because now the addict has become a completely different person in the eyes of the partner. The discovery of the addiction is often received as a shock. While many of the recent behaviors of the addict are now explained, the new knowledge makes the addict seem even more different than they already appeared. As sadness sets in with the discovery of the addiction, partners often feel as if they have lost time being with someone they did not really know. At a minimum, partners of pornography addicts usually feel like they have lost themselves, their partner, and significant time.

To determine the magnitude of grief that the partner is experiencing, Melges and DeMaso (1980) outline what to look for. They list nine obstacles to normal grieving. Some of these obstacles directly address losing a loved one to death, and all but one of them can be applied to the losses that one may feel after discovering her partner is addicted to pornography.

1. **Persistent yearning for recovery of the lost object.** If this is present, unresolved grief is present. This can be identified by a search for ideals that have been ruined or lost. It may appear as the partner of the addict talking about wanting all of the years back that her partner was using pornography. She may have ideals about what she wanted her marriage to look like that did not include having to be married to a recovering pornography addict. “Linking Objects” are pictures or mementos that remind her of what she longs for. These might include pictures of times when the shared intimacy before the
addiction or even gifts that were given to her when she believed her partner was not immersed in pornography addiction.

2. Over-identification with the deceased. This obstacle is identified by somatic symptoms or changes in personality that cannot be explained. These symptoms will mimic the unresolved loss. In this case, the partner may describe not being able to be close to anyone because of the lost intimacy in the relationship. If her biggest loss was time, she may believe that her entire life was a waste of time because of the time she believes was lost being with someone who addicted to pornography. These feelings will often be exaggerated during anniversaries in which she felt disconnected to her partner. For example, she might feel great remorse on their wedding anniversary if the couple had some wedding anniversaries that significantly lacked intimacy.

3. The wish to cry or rage at the loss coupled with the inability to do so. People struggling with this obstacle may express a limited range of affect about the losses they are feeling. Anger and crying are healthy emotions to express when grieving. Some will avoid these feelings and often become more involved in others’ affairs as a way of stuffing difficult emotions they do not want to feel.

4. Misdirected anger and ambivalence toward the deceased. Due to the felt loss, people struggling with this obstacle feel hopeless about having the life they want. The anger that they are feeling is often taken out on the self and others. Guilt and feelings of “not having done enough” are common.

5. Interlocking grief reactions. The losses the partner of the addict is currently feeling triggers other unresolved losses in the past. An example may be the partner suggesting
she did not do enough to earn her father’s love. She may then express remorse over the loss of a close relationship with her father.

6. *Unspoken, but powerful contracts with the deceased.* This obstacle may be difficult to relate to this situation, but it is still noteworthy. If the victimized partner is making contracts like “I will start exercising every day so I am attractive enough” this would suggest a struggle with this obstacle.

7. *Lack of a support group and alternative options.* Some couples are fairly exclusive and use each other as the sole source of support. Now that the couple is emotionally disconnected, the partner of the addict may not have a close person(s) to support her. Many of her relationships may be surface-level relationships where the environment does not support expression of deep emotions.

8. *Secondary gain or reinforcement from others to remain grief stricken.* This obstacle pertains to people who remain feeling helpless and defeated. They are content capitalizing on their brokenness to get comfort and free themselves of responsibility.

If these obstacles are present in the partner of a pornography addict, it will be important for time to be spent grieving the ambiguous losses. Boss (2009) describes ambiguous loss as a relational disorder. She describes ambiguous loss as also being traumatic, unclear, externally caused, confusing and incomprehensible. There are two types of ambiguous loss, but this paper will focus on the loss that occurs when the partner is physically present, but psychologically absent. Much of Boss’ (2009) writing on ambiguous loss refers to someone who is partners with a person who suffered a traumatic brain injury (TBI). For someone in this situation there can never be closure, in that the partner will never be cured of their TBI, and their relationship will never be the same. However, the same may be argued that a relationship where a pornography
addiction developed may never be able to return to its original form. In any case, a partner of a pornography addict experienced, and will likely continue to experience, significant psychological absence from her partner. Boss (2009) offers guidelines to dealing with ambiguous loss instead of stages. She proposes six guidelines for approaching ambiguous loss: (1) finding meaning, (2) tempering mastery, (3) reconstructing identity, (4) normalizing ambivalence, (5) revising attachment, and (6) discovering hope.

**Finding Meaning**

Often mistaken beliefs established from family values or early childhood can interfere with someone’s ability to be resilient and adjust to change. Someone may believe that the presence of internet pornography meant the marriage was a failure. This person may also believe that if she gets a divorce she is a failure. With these beliefs, the only foreseeable future is failure and a life devoid of meaning. In order to discover meaning, a discussion can be had about what the client’s cultural beliefs, attitudes and values are. Often these beliefs exist in the subconscious level of the brain. Once they are brought to the conscious level, the client can start to modify them to make room for new meaning.

**Tempering Mastery**

Boss (2009) writes, “To counteract helplessness and regain control, it helps to think of two possible answers to ambiguous loss.” For partners of pornography addicts possible answers may be: “He is both here and not here.” “I am both a wife and a parent to my husband.” “I feel both married and not married.” (Boss, 2009, p. 142) The practice of thinking this way moves someone towards accepting the undesired parts of the relationship and also staying mindful of the positive aspects. This challenges our need for certainty and requires tempering mastery. Throughout this process one can become more comfortable with the present, and possibly future,
ambiguity of the relationship. Thinking this way provides a balance between helplessness and control. Without the belief in any control one will likely be filled with anxiety. However, belief that one can be in complete control will result in constant dissatisfaction with life. Acknowledging that complete opposites exist within the same relationship encourages clients to take control where it is opportune and be serene in instances that are uncontrollable.

**Reconstructing Identity**

As the pornography addiction develops and becomes more severe, the identity of the opposite partner has likely become distorted. A good question to for this partner to ask herself would be, “Who am I now that I am a partner of a pornography addict?” As was previously discussed, many women would likely answer with adjectives like undesirable or unattractive. It is important for the partner of a pornography addict to understand that the addiction is making the decisions. While the addict is physically choosing to have needs met through pornography, the addiction is telling the addict how to behave. These behaviors are independent of the partner’s physical appearance and sexual nature. These partners need direct reinforcement from the therapist as well as themselves regarding their sexual identity. The existence of the pornography addiction does not indicate that the partner is sexually undesirable. Time inside and outside of therapy needs to be spent reconstructing this partner’s identity regarding who she is as a wife and a sexual partner.

The identity of the relationship may also need to be reconstructed. For those who wish to stay in the relationship, it will not be helpful for the couple to believe the relationship is a failure because of the pornography addiction. In order to establish the identity of their relationship the couple can talk about attributes they believe make for a healthy relationship or a relationship they both want. There should at least be some things happening in the relationship that gives it
worth. Since this paper is mostly written for those couples deciding to work through the addiction, the attribute of commitment can be a starting point. By doing this, the couple can realize that there are things in their relationship that they are doing well and not doing well. This approach removes the worth of the relationship away from being solely determined by the presence of the pornography addiction.

**Normalizing Ambivalence**

Boss (2009) describes the reality of ambivalence in the presence of ambiguous loss. For the partner of a pornography addict this may manifest in the desire to intimately reconnect with her partner in combination with deep anger and resentment. These feelings need to be explained as natural. It will be helpful for her to talk about both the positive feelings and the negative feelings with her close support. She can begin to openly acknowledge how angry she is with him for the hurt he has caused her, but recognize that she still loves him and hopes to reconcile. As these feelings are expressed the ambivalence will likely be minimized. Bringing the feelings of shame, guilt, and hurt out into the open can relieve the burden of having to bury them inside.

**Revising Attachment**

Revising attachment in the case of pornography addiction disrupting a relationship does not refer to conceding the intimacy that used to be there and accepting the current relationship. Instead, revising attachment involves defining the current status of the relationship and honoring the time and work that are necessary to regain the desired intimacy. However, it may take significant time before that intimacy returns. In the meanwhile, revising attachment can nurture the movement towards intimacy. This involves finding joy and celebrating the parts of the relationship that are still good. There may be parts of the relationship that are still going well and used to be appreciated before the addiction started disrupting the relationship. Revising the
attachment reminds the partners to enjoy what connections are currently present and build off of them.

**Discovering Hope**

The last guideline for grieving ambiguous loss is developing hope. Some concepts helpful for developing hope can often be spiritual in nature. Forgiveness, in particular, is often considered a spiritual practice and will be discussed in detail in the next section. Embracing spirituality in general may provide hope. Understanding suffering can also bring hope to people. Often people believe they are suffering because they are “bad”. This belief is discouraging and needs to be challenged to find hope. Otherwise people will believe that the suffering will continue because they are inherently bad people. Hope can also come from developing more meaningful relationships with friends and relatives. Sometimes taking up a new hobby or rekindling a passion for an old hobby can stir hope. The important message that needs to be sent for hope to exist is that life can continue in a different way that is presently being experienced. By finding more joy in other areas of life someone will make room for hope in their lives. Joy in life can come from many different areas, and while one area of life is currently a source of despair, there are other reasons to be hopeful.

The amount of time needed for grieving will depend on the client. It is important to recognize how much time is needed based on the client’s progress in overcoming the obstacles to grieving. Helping the client come to terms with what was lost and helping her develop a healthy plan for moving forward will be important for moving the couple towards intimacy.

**Forgiveness**

The use of forgiveness is thought of by some clinicians to be a spiritual or spiritual practice and avoided in therapy. However, research shows that marital satisfaction can be
increased through forgiveness, and the use of forgiveness in therapy should not be overlooked. This is especially true in instances of significant hurt caused by a romantic partner. Wade et al. (2005) conducted research at three different counseling centers and asked people with significant hurts to fill out questionnaires regarding forgiveness. Over 75% reported a desire to forgive the perpetrator. Using a stepwise multiple regression, Wade et al. (2005) discovered there was no correlation with having a religious affiliation and a desire to incorporate forgiveness in therapy. They also discovered there was a relationship between willingness to forgive and self-esteem. Individuals with more confidence in their strengths and abilities showed a significantly greater desire to forgive those that hurt them. Since better self-esteem increases the client’s ability to forgive, individual therapy before couples therapy may be most appropriate for clients with low self-esteem.

Frederick A. DiBlasio (2000) discusses a decision-based approach to using forgiveness in therapy. He carefully discusses his step-by-step approach to using forgiveness in couples through therapy where infidelity has occurred. While pornography may not be considered as severe of a form of infidelity as physically having sexual intercourse with another person, there are many similar themes. In relationships where pornography addiction is present there are still considerable issues regarding trust, intimacy, and mutual sexual satisfaction. Further, using forgiveness in therapy can help couples work through many kinds of hurts that have been experienced in the relationship and is not specific to acts of infidelity.

DiBlasio and Benda (2008) gathered married couples through newspaper advertisement, poster distribution, and word of mouth. Both spouses had to score five or greater on a 10-point Likert severity scale regarding the seriousness of the offense(s) that led them to participate in this study. These couples were split into three groups: forgiveness treatment, problem-solving
treatment, and a no-treatment control group. The distribution of clients was 38, 32, and 18, respectively. Diblasio’s (2000) step-by-step approach was used for forgiveness treatment during an approximately three-hour session. A three-hour session was also used for couples in the problem-solving treatment group. Couples in this group would discuss the hurts they receive and come to an agreement on strategies that would lead to problem-solving. The control group received no treatment. These groups were given a pretest consisting of the Enright Forgiveness Inventory (EFI), Index of Marital Satisfaction (IMS), and Generalized Contentment Scale (GCS). Two weeks after the session the couples took a post-test consisting of the same tests as the pretest.

DiBlasio and Bendo (2008) found that the mean score of couples in the forgiveness group improved 6% on the EFI, and 17% on both the IMS and CGS. Couples in the problem-solving group improved 3% on the EFI, scored 2% worse on the IMS, and noticed no change on the GCS. The control group improved 2% on the EFI, and scored 20% and 14% worse on the IMS and CGS, respectively. For the purposes of this paper, the dramatic improvement in marital satisfaction is most significant since it was reported earlier there is a direct correlation with marital satisfaction and sexual intimacy. It does not appear the research done in this study was extensive enough to say forgiveness therapy is better than other techniques since it was only tested against one other approach. However, the improvements in all of the scales were significantly greater than the control group that received no therapy. These findings suggest DiBlasio’s step-by-step forgiveness approach will be useful when trying to move a couple struggling with a pornography addiction towards renewed sexual intimacy.
Step-by-Step Forgiveness

There are many different definitions of what forgiveness is which has made researching the effectiveness of forgiveness difficult. DiBlasio’s (2000) step-by-step approach was tested and proven effective, and when describing his approach to using forgiveness in therapy his definition will be used. He writes, “Decision-based forgiveness is defined as the cognitive letting go of resentment, bitterness, and need for vengeance (DiBlasio, 2000, p. 150).” He continues to write, that contrary to popular belief, the decision to forgive does not necessarily depend on emotional readiness. Much like many CBT techniques, a decision can be made that aligns with reason and is contradictory to feelings. Making this decision to cognitively start the forgiveness process does not instantly change feelings, but instead appreciates the possibility that emotional hurt and pain will exist throughout much of the process. Approaching the decision to forgive this way is empowering to clients as they are no longer a helpless victim to their feelings. Instead they can overcome the hurt by taking initiative. It is with these beliefs that DiBlasio takes clients through the 13-step forgiveness process.

DiBlasio’s (2000) forgiveness therapy consists of 13 steps. Each of these steps will be discussed in detail to remind clinicians of the care that needs to be taken when going through the forgiveness process. Couples sessions that deal with forgiveness can provoke strong emotions and if the session does not have structure the session may be ineffective or even destructive for the relationship.

Step 1: This step is designed to explain the reason for, and benefits of, forgiveness. Clearly the interpersonal benefits should be explained, but the intrapersonal benefits are also important. Some couples can divorce and maintain positive relationships by practicing forgiveness. DiBlasio suggests the following points should be highlighted in this step:
(a) forgiveness is a decision to let go of resentment and bitterness;
(b) forgiveness is an act of will;
(c) it is possible to have emotional pain but also to control revengeful thinking;
(d) emotional pain and hurt are addressed throughout the duration of therapy;
(e) a forgiveness decision is a beginning, not an end, to therapy;
(f) there are benefits to making a forgiveness decision; and
(g) a person may decide not to forgive or to withhold forgiveness for the time being (DiBlasio, 2000, p.151).

Step 2: The next step is designed so that each member can reflect on what they would like to seek forgiveness for. Seeking forgiveness is a choice for each member, but rarely is only one spouse solely responsible for the current dysfunction in their relationship. This step is especially important for couples with a pornography addiction as the blame is often put solely on the overtly offending spouse, in this case the pornography addict. Instead of blaming the other, each person becomes accountable for his or her contribution to the current dysfunction. As the couple is preparing to seek forgiveness from each other, it is important to remind them that this is an opportunity to come clean, and expectations about the response should try to be removed. This is a time meant to be void of demands of the other and filled with freedom to respond in any way. Forgiveness is a gift.

Step 3: During this time steps 4-13 are explained and the couple is offered a choice of whether they want to go through the process. Steps 4-12 are done in a way that one person
completes all of the steps first (usually the offending partner), and then the other partner repeats the steps. If couples need time to decide the clinician needs to allow them this.

**Step 4:** The offense it stated during this step. In the case of someone seeking forgiveness for addictive pornography use, the offender can choose to disclose or not disclose as much information as he wants. This may include duration, frequency, and content that was used for pleasure. An opposite approach to this is that revealing more information than is already known will cause more harm. However, this approach encourages honesty, and it reduces the damage they may result from the information being discovered in the future. A warning should be given explaining that the added information may cause the other to reconsider trying to reconcile. Diblasio (2000) addressed this and added that he is yet to see this happen when someone has chosen to be honest. Direct communication regarding the offenses can be framed as new beginning and a starting point to rebuilding trust. As Carnes (2001) described, and was previously discussed, addicts are usually stuck in a negative cycle consisting of guilt and shame, using pornography to deal with guilt and shame, and renewed guilt and shame because of continuous use. Being open and honest is an important step for addicts in breaking this recursive cycle.

**Step 5:** After stating the offense, the offender now offers an explanation for his behavior. Time should be spent explaining to the clients how to do this properly. An explanation is not meant as an excuse, but instead offers insight into what led to the offense. The therapist should explain proper ways to own feelings versus blaming the partner. “I” statements need to be carefully explained and “you” statements need to be avoided. Examples might look like “I felt so ashamed and guilty so I kept using”, “I thought I was unlovable”, or “I felt emotionally and
sexually neglected.” Expressing thoughts and feelings in this way will hopefully lead to empathy and more direct communication.

**Step 6:** At this point the other spouse is given the opportunity to ask questions. The other spouse may desire more specific details or just be uncertain about the information that was presented. Information that may not seem important to the offender may be important to the other spouse. This will allow the spouse to weigh the options now that more clarity is given.

**Step 7:** Once the offended partner has no more questions to ask, he or she gives an emotional reaction. Similar to Step 5, the offended partner should be encouraged to own his or her feelings and use as “I” statements. Feelings can often times be difficult to put into words so ample time needs to be given. Diblasio (2000) encourages clinicians to be patient and gentle as the offended partner expresses his or her emotional response.

**Step 8:** The goal of this step is for the offended to express empathy for the feelings that were expressed by the offended partner. This kind of communication is often foreign to couples in this predicament and may take considerable guiding from the clinician. Showing empathy requires genuine understanding and acknowledgement of how the other is feeling in response to the offenses. If this step is done correctly, there will be a considerable amount of vulnerability revealed by both spouses. A high level of intimacy may be felt which may be uncomfortable for one or both of the partners since intimacy has likely been deficient for a long time. The clinician needs to be aware of this and attempt to facilitate thorough empathy. Another reason that showing empathy may be difficult for the offender is if he or she is egocentric. In this case the clinician may need to ask several questions to the offender regarding what it would feel like if these things were to happen to him or her.
Step 9: A plan to discontinue behavior is developed by the offender. Making a legitimate plan to stop the behavior that is causing the pain is essential for forgiveness to occur. Diblasio (2000) writes that typically forgiveness and reconciliation occur at the same time. However, forgiveness can sometimes occur first, in cases of relapse, and reconciliation occurs later. For someone addicted to pornography treatment or sex-addict support groups are strongly encouraged, as was previously discussed. This plan should consist of cutoff from situations or environments conducive to pornography. Currently there are websites that monitor pornographic websites viewed on a computer. X3Watch is a website that sends alerts to an accountability partner every time a pornographic website is viewed. Choosing the accountability partner is important as it should be someone that it trusted by both partners. Adding a third party provides increased accountability and support, and will likely motivate the offender to stay faithful. The offended partner needs to be given unlimited access to treatment progress, information from the accountability partner, and any other part of the designed plan.

Step 10: At this time the offended partner offers empathy for everything that led up to the addiction to the decision to discontinue using pornography. For many addicts, tremendous loss is felt when they give up their addiction. Whether it is alcohol, drugs, sex, or pornography, that addiction has always helped addicts cope with life and made them feel better, albeit momentary. Some liken this to losing a best friend. Empathy surrounding this loss is important. Sexual and emotional neglect by the offended may have been present before and/or during the time of active addiction. The offended partner can offer empathy here as well. Empathy may be need to be shown for other things and are not limited to the above mentioned losses and hurts.

Step 11: Coverage of the offenses is largely completed at this point and now it is time for the offended partner to decide if he or she will choose to forgive the offender. If the offended
partner chooses to forgive, the therapist must encourage the partner to stay committed to the choice. There will likely be temptation in the future to use the offense against the offender in the future. The fact that there may still be some difficult feelings of hurt should be acknowledged. It may take time for the cognitive practice of forgiveness to align with the affective part of his or her. Feelings contradictory to the cognitive choice to forgive do not indicate failure. Instead, the awareness of this dissonance is a reminder that forgiveness is a choice and takes practice and time.

**Step 12:** If the offended partner chooses to forgive, the offender now makes a formal request for forgiveness. It may be appropriate for the couple to hold hands or even have the offender get on his or her knees as the request is made. To allow for a full range of expression the therapist can choose to leave the room during this time. DiBlasio (2000) reported in one instance the therapist returned to the couple embracing each other as each was full of tears. The couple should be encouraged to write down the time and date of this moment in a meaningful place to emphasize the meaning.

**Step 13:** Before couples move to the final step both partners should take turns completing steps 4-12. After the first partner, usually the pornography addict, completes steps 4-12 the opposite should then repeat these steps and seek forgiveness for his or her contribution to the dysfunction of the relationship. Now it is suggested that the couple partake in a ceremonial event that signifies the offense(s) have been forgiven. This can be done in private or in the presence of others. However, it should be made known to others involved that forgiveness has occurred. Some people exchange their wedding vows again in the presence of friends and families again. Others may have something engraved on their wedding rings or exchange the old ones for new ones. This ceremony is symbolic of the decision to forgive each other and is
important for reinforcing the decision made to forgive each other. The clinician can make suggestions, but it would be best for couples generate their own ideas of how they would like to complete this step.

Beyond forgiving each other, this step-by-step process helps with many important parts of the relationship. The couple has now begun to practice being vulnerable with each other, which is an important part of intimacy. Trust is also an important part of intimacy, and now there is reason for them to start trusting each other again. Going through the forgiveness process has also taught the couple how to communicate their feelings in a healthy way. Being able to communicate feelings will be an important coping skill for the couple, especially for the addict that just gave up his most commonly used coping mechanism. Going through these steps does not signify the end of therapy, however, and the couple will need to continue practicing communicating frustrations and differences in a therapy setting. Sexual intimacy may return quickly once their issues begin to be resolved, but resuming sexual intercourse and heightening sexual intimacy may take time and come with frustrations. Sex therapy techniques will be useful for couples that are struggling to build sexual intimacy. Before those techniques are discussed, a quick note needs to be made about the structure of couples’ therapy.

**Keeping the Male Engaged in Therapy**

The effect on the female has been discussed extensively throughout this paper, and it is important to be mindful of the time spent dealing with the experience of the female. If the male feels he is constantly being attacked, he will likely become disinterested and disengaged in the therapy process. A mutual balance must exist in therapy of time spent dealing with each person’s experience. Couples therapy may not be appropriate early on if the female needs individual therapy to deal with personal grieving, forgiveness, and general mental health issues.
Once the female and male are ready to maintain an overall equal balance of time spent discussing their personal experience as it relates to their relationship, couples therapy can begin. There may be sessions where one member feels like he or she is on the “hot seat” more than the other, but over the course of therapy this should balance out.

**Improving Sexual Intimacy**

The primary goal of any research done for mental health should be to better help clients. Now that couples and addiction have been discussed, the next step is applying this to therapy.

There are clearly attributes that in general define couples struggling with pornography addiction and sexual intimacy problems. Thus, there should be a therapeutic approach that is specific to or at least focused on sexual intimacy problems related to pornography addiction. To begin determining what this therapeutic approach would look like, some research on increasing sexual intimacy will discussed.

**Therapeutic Environment**

Gonyea (2004) explained that an important part of therapy is authenticity. The ability to be authentic with a partner leads to healthy differentiation where partners can discuss individual vulnerabilities. This differentiation process consists of being able to connect emotionally with a partner without losing the concept of self. Next, each member needs to be able to self-sooth and not inherit the partner’s anxieties. Finally, as each partner expresses vulnerabilities and anxieties, the other must learn to tolerate the partner’s discomfort.

Shoshana Bulow (2009) wrote an article describing the case of a couple that was struggling with having sexual intercourse. This particular couple had tried therapy and medication in hopes of improving sexual activity. However, the man was unable to maintain an erection throughout intercourse even with the medication. They both found therapy to be too
intrusive and were uncomfortable so they stopped going. Eventually, they tried giving therapy another chance and contacted Shoshana Bulow (2009). The reason this case presentation is significant is because the case is not resolved perfectly, at least not to the likely majority. A reader might expect that someone would only publish a case that had an ending that seemed like a miracle. However, she brought up some important concepts worth understanding when dealing with improving sexual intimacy.

To illustrate the seemingly unsuccessful result of the therapy, the couple’s first completed sexual intercourse was not conventional. The first time the man ejaculated during intercourse came after four months of therapy. The male had to use a penile injection, and the female used pornographic material to get ready for her husband. They viewed it a success because it was the first time he was able to ejaculate. The husband continued to use penile injections and many of their attempts ended unsuccessfully after that. However, they were able to have some successes, and for this couple that may be as good as it gets. They were happy with their improved sexual intimacy despite the unconventional routine required for success.

McCarthy and McDonald (2009) support this idea by explaining that sexually healthy couples are able to accept imperfect sexual performances. Instead of dwelling on the imperfections of their sex, these couples accept them and resiliently keep seeking sexual intimacy. For couples that demand perfection, McCarthy and McDonald (2009) suggest the “Good-Enough Sex model.” They suggest that a variable, flexible, pleasure-oriented approach should be instilled in the clients that cannot settle with anything less than perfection.

Continuing with the case study, both partners held resentments toward the other for differing reasons. The wife felt undesirable due to her husband’s inability to perform and also wanted an active sex life. Feeling pressured, incapable, and defeated, the husband resented his
wife for making him feel like less of a man. As the couple continued coming to therapy, they began to communicate their feelings of resentment. Both admitted the difficulty in hearing the strong feelings from the other. Bulow (2009) created an environment that enabled them to start sharing their vulnerabilities and frustrations. Expressing these feelings increased the desire that both had to be sexually intimate. This case displayed how important it is for couples to be able to safely express vulnerability with each other. Moving someone, addicted to pornography, from isolation to sharing fears and insecurities will be an important part of improving sexual intimacy.

**The “Good-Enough Sex” Model**

Metz & McCarthy (2007) elaborate on the “Good-Enough Sex” model. This approach is focused on couple satisfaction, realistic expectations, and pleasurable experiences. The model has 12 essential principles that guide the couple towards more pleasurable sexual experiences. These principles consist of a cognitive, emotional and behavioral component. First, each person is responsible for cognitively committing themselves to pursuing a pleasurable sexual experience. This includes fostering a “…positive attitude towards sex and a deep commitment to mutual sexual health” (Metz & McCarthy, 2007, p. 353). Emotionally each person needs to be able to express genuine feelings about sex and their body. Behaviorally both members need to practice self-discipline. As mentioned before, this could come in the form of not masturbating in order to store the needed energy. Another behavioral focus is that the couple must learn to work towards receiving physical relaxation as part of the sexual pleasure. Finally, the couple must cultivate partner interaction arousal. Both partners must be able to forgive each other and themselves for sexual disappointments of the past and believe that sexual intimacy is essential to the relationship.
The following list is the 12 sexual guiding principles that can be found in the report by Metz and McCarthy (Metz & McCarthy, 2007, p. 354):

1. Sex is a good element in life, an invaluable part of an individual’s and couple’s long-term comfort, intimacy, pleasure, and confidence
2. Relationship and sexual satisfaction are the ultimate developmental focus and are essentially intertwined. The couple is an “intimate team”
3. Realistic, age-appropriate sexual expectations are essential for sexual satisfaction
4. Good physical health and healthy behavioral habits are vital for sexual health. Individuals value their and their partner’s sexual body
5. Relaxation is the foundation for pleasure and function
6. Pleasure is as important as function
7. Valuing variable, flexible sexual experiences (the “85 percent approach”) and abandoning the “need” for perfect performance inoculates the couple against sexual dysfunction by overcoming performance pressure, fears of failure, and rejection
8. The five purposes for sex are integrated into the couple’s sexual relationship
9. Integrate and flexibly use the three sexual arousal styles
10. Gender differences are respectfully valued and similarities mutually accepted
11. Sex is integrated into real life and real life is integrated into sex. Sexuality is developing, growing and evolving throughout life
12. Sexuality is personalized: Sex can be playful, spiritual, “special”
These principles are explained much more thoroughly by Metz and McCarthy (2007) in their article. Each principle will not be discussed in too much depth here. There are some important principles that pertain to couples struggling with a pornography addiction. One of these is having realistic expectations about sex. Metz and McCarthy (2007) report, that at any given time, 50% of couples are experiencing sexual dysfunction. For individuals trying to stop using pornography and reconnect sexually with his or her partner, it should not be expected that intercourse will be amazing every time. If sex was perceived as a failed attempt, it will be important to communicate any shame or insecurities that resulted from that experience. Open communication needs to start replacing the use of pornography as a coping skill. Setting realistic expectations will eventually lower the shame that may result from a less than desirable sexual experience.

Another principle that is useful for couples struggling with pornography is enjoying each other’s body. Many of the bodies that are seen in pornography are not realistic for most people to achieve. Many of the bodies that are viewed are either fake, due to surgical augmentation, or achieved by methods that are unhealthy to the individual. With intentional appreciation and time away from pornographic material, couples can learn to appreciate each other’s sexual bodies. As previously mentioned, many women feel undesirable and unattractive because of their partner’s pornography use. Corsianos (2007) added that some women are so insecure about their breast size they will only have sex with their tops on. It will be important for these women to practice appreciating their own sexual body.

Along with accepting and appreciating their sexual bodies, women will also benefit from appreciating their own sexuality. Corsianos (2007) describes the difficulty women have understanding what they believe about sexuality versus what they are told by society to believe
about sexuality. Pornography commonly features lesbian scenes or scenes in which there are multiple women pleasuring one man. Increased numbers of women are now experimenting with each other believing that it is part of them becoming sexually independent. However, it is becoming increasingly difficult for them to know if they are doing this because society is telling them to or because that is what they desire. Couples trying to restore their sexual intimacy will benefit from discovering what each believes about their sexuality.

The movement towards becoming sexually intimate again will take practice and time. Honest communication of feelings is a key component sex therapy. Doing this will help start rebuilding the trust that was lost. However, allowing time for sexual intimacy to increase was also emphasized. It may take time for a pornography addict to start appreciating the beauty of his partner’s body. The female may also need time before she is ready to start being vulnerable with her partner again and engage in sexual intimacy. To help with this process, it will be helpful to apply some Adlerian concepts that will help the couple understand each other better and start learning how to more actively love each other.

**Applying Adlerian Theory**

Dreikurs (1968) described Adler’s belief that everyone had three basic needs. These needs are security or safety, significance, and belonging. When working with couples, the therapist will benefit from staying mindful about how the couple is trying to meet these needs. Each person’s behavior is a purposeful attempt to achieve one or all of these needs. Before humans are too old to understand how life works, they determine a belief about the best possible ways to have these needs met. For example, if a boy was frequently neglected by his mother at a very young age he may learn that he must always be in control to be safe. The ideas people form about how to be safe, significant, and belong help form the individual’s private logic. Since
many of these ideas are formed before the individual can even talk, there are many mistaken beliefs humans have about themselves, others, and the world. Mistaken beliefs may occur from how someone is encouraged or discouraged. If someone is praised only when they do well in a sport or at school, the individual may believe that achieving perfection is the only way to be significant. Often times traumatic events involving physical, sexual, or emotional abuse will form mistaken beliefs.

Humans are not typically aware of their private logic. Their private logic is like a reflex. When a doctor hits a knee the leg kicks. Private logic works similarly in that people respond a certain way to certain situations without even thinking. They reflexively respond based on the private logic that is constantly running in the subconscious part of the brain. Many of the beliefs that make up the private logic are useful for survival. For someone that grew up being sexually abused by family members or others, a useful belief might be to not trust anyone. The belief that no one can be trusted may have kept this person alive at one point in life. However, this belief becomes useless and interferes with life at a certain point and is no longer useful. In order to rebuild the trust that is essential to intimacy it will be helpful for the clients to become aware of their private logic. Affirming that at one point in their life the behaviors and beliefs were useful, but are now getting in their way will be a productive approach for promoting movement towards intimacy.

Ideas about what it means to be a man or a woman are also embedded in everyone’s private logic. In Adlerian therapy this is referred to as gender guiding lines. Powers & Griffith (1987) define gender guiding lines as:

1. largely outside the person’s conscious awareness,
2. patterns for the person’s expectations regarding gender,
3. experienced as if presenting a destiny, and

4. shaped in conformity with images of mother and father, who serve as the norms for what a real man and real woman are (Powers & Griffith, 1989, 134)

Based on this definition, couples may have predisposed themselves to a relationships filled with intimacies problems. If a female child observed a dysfunctional relationship in which the father emotionally neglected her mother, the child may believe that men are supposed to be insensitive and women’s feelings do not matter. Similarly, a male may believe men are supposed to always be emotionally strong because he had a father that never talked about his feelings. Dynamics like this are fairly common. Men commonly believe they should not show weakness and women often believe they are supposed to be what the man wants them to be. Women also commonly believe their worth is defined by men’s level of interest in them.

Couples that are struggling with intimacy issues will likely have profound mistaken beliefs and many useless behaviors that prevent intimacy. Some of these beliefs may be: “I must always be in control; being vulnerable will give the other person control.”, “I must never show weakness.”, “If he does not want to be sexually intimate with me today, I am undesirable.”, or “Men never talk about their feelings, struggles, or insecurities with women.” In order for clients to begin the change process their awareness of their private logic must increase. Awareness can be achieved by doing a lifestyle analysis. This will be difficult to do in couples counseling as it can take a considerable amount of time and generally focuses on one client at a time. Depending on the depth of personal and marital dissatisfaction, it may be clinically appropriate to encourage the couple to seek individual counseling in addition to couples counseling. However, some
private logic can be discovered in couples’ therapy by going through each partner’s genogram and spending time talking about each other’s beliefs about genders.

**Social Interest and Love Languages**

Another contribution Alfred Adler made that will be helpful will be his idea of social interest. Powers & Griffith (1987) write that people become unhealthy when they isolate and stop contributing to the social environment in which they live. This idea can be applied to couples therapy. When someone is addicted to pornography, the most important thing for that person is being satisfied through pornography use. There is minimal concern with meeting the needs of others or specifically, the needs of his partner. The partner of the addict may not be concerned with the needs of her partner either. This may have always been the case and contributed to her partner using more pornography or she lost interest in meeting his needs as he began to heavily rely on pornography. Either way, it will be important for both partners to move in the direction of paying attention to each other’s needs and wants.

This can be addressed by introducing the concept of love languages to the couple. Chapman (2004) talks about the five love languages that exist. The five love languages are quality time, touch, words of affirmation, gifts, and acts of service. Quality time means spending time with the partner that is devoted specifically to each other. Touch can be anything from holding hands to having sexually intercourse. Words of affirmation are expressions of appreciation, gratitude, praise, or compliments. Gifts can be expensive or inexpensive, but are meant to show that time was spent thinking about the other. Acts of service are doing things that the other will appreciate like picking up the groceries, fixing something around the house, or anything that requires the partner to go out of his or her way to do something for the other.
These are brief definitions reading the book *The Five Love Languages* will provide more thorough explanations.

Chapman (2004) explains that usually people have one or two primary love languages that are most important to them. People will speak the love language that they want to receive and often neglect providing the other love languages. Determining what each of the partner’s love languages is can be done by talking about how they observed their parents loving each other. Each person’s love language can also be determined by explaining the concept of love languages and discussing which languages are most important to each partner and which ones are being neglected. They can also be determined by taking the test in Chapman’s (2004) book or at www.5lovelanguages.com. Once each partner’s love language is determined, time can be spent in therapy getting creative on ways for each person to start speaking the other person’s love language.

Using Adlerian therapy to determine lifestyle, and promote social interest, will be important for long-term change. While forgiveness, discontinuing pornography use, grieving, and increasing sexual intimacy are all important, things will likely become dysfunctional again unless some significant changes are made in how they interact with each other. If the male still believes that he cannot share his feelings, and the woman still believes her feelings are secondary, relationship satisfaction will decline over time. Similarly, if each partner does not intentionally pay attention to meeting the needs of the other, the partners will start looking elsewhere to have needs met. This is why understanding each partner’s private logic and promoting social interest within the relationship is so important. Also, when the female sees her partner trying to speak her love language, she may notice the effort. This will likely help her increase the trust she has with her partner. By applying Adlerian concepts, the couple will be
able to increase their satisfaction with each other and maintain it by identifying the source of the problem, private logic, and instilling ways to show interest in the other partner.

**Conclusion**

The debate of whether pornography is right or wrong is not the concern of this paper, but rather understanding its affect on the couple and sexual intimacy. Clearly pornography addiction has negative effects on the couple and sexual intimacy. Since sexual intimacy is important to the mutual satisfaction of the relationship, it is important to have an approach for helping couples in this situation regain their sexual intimacy. There are many good techniques that can be found in sex therapy theories, but they will be most effective when understood in the context of pornography addiction. In couples dealing with pornography addiction, there are many barriers to having intercourse, which the models of addiction address. Combining these methods, with an understanding of pornography addiction and its effects, will provide hope for couples trying to restore their sexual intimacy.
References


www.5lovelanguages.com

www.x3watch.com