News release



James Gardiner
06-350-5255
021-275-3394
j.c.gardiner@massey.ac.nz

news.massey.ac.nz

MASSEY UNIVERSITY

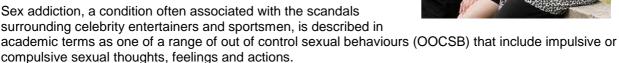
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Sex survey finds link to intimacy problems

A study of so-called sex addiction and its impact on relationships has found that those with problematic sexual behaviour are more likely to feel threatened by or anxious about intimate relationships.

The study, a New Zealand first, was conducted this year as part of an honours project by clinical psychology student Karen Faisandier, with assistance from practising clinical psychologist Robyn Salisbury and academic specialist Dr Joanne Taylor.

More than 880 adults agreed to participate in an anonymous on-line questionnaire about their sexual orientation, preferences and activities and their feelings about the impacts of these on them and their relationships with others. Questions included whether they engaged in online sex, prostitution, sex that made them feel degraded or put them at risk of harm, sex with multiple partners or public indecency. They were also asked about alcohol and drug use, relationship experiences and feelings about themselves.



Ms Faisandier says many factors are thought to play a role in such behaviour, including attachment – the way childhood relationships with parents and caregivers shape feelings and behaviour towards intimacy and closeness in adult relationships. She investigated the differences in attachment styles between those who did and did not report sexual behaviour that was problematic.

Previous research, of which there is very little, found those with problematic sexual behaviour were more likely to be anxious about intimate relationships and more likely to avoid intimacy than those whose sexual behaviour was not a problem for them or those around them.

Of the participants, 621 responses were considered and compared after some had to be excluded because they were not living in New Zealand or did not complete important parts of the survey. Two thirds of the respondents (407) were assessed as having problematic sexual behaviour and a third (214) were assessed as not in that group because they reported relatively few behaviours.

Ms Faisandier emphasises that those percentages in no way indicate how many people overall have problematic sexual behaviour because the participants were self-selected and a diagnostic approach was not used. "It's not what we were looking at here," she says. "The very nature of the study means it was more likely to attract people who may have had OOCSB. Existing research suggests between 3 and 6 per cent of adults may have problematic sexual behaviour, although there are limits to being able to generalise from that research."

The OOCSB group reported higher rates of insecure styles of attachment, characterised by a perspective of relationships as threatening, and feelings of either anxiety towards or avoidance of closeness or intimacy. In contrast, the non-OOCSB group reported higher rates of secure attachment styles,



characterised by a perspective of relationships as safe, partners as trustworthy, and closeness and intimacy desirable and rewarding. OOCSB was associated with higher insecurity in attachment relationships, and the presence of a secure attachment style may be important in healthy sexual relating. These findings are consistent with previous research, and indicate that attachment styles should be considered in the development of theory and intervention for OOCSB."

Dr Taylor from the School of Psychology, the academic supervisor of the research, says it involved a much larger number of participants than would normally be expected in such a project and most of the responses came in within 48 hours of the survey going online, suggesting a high level of interest in the subject.

"Although the findings cannot be generalised to the population, they do suggest that problematic sexual behaviours exist for some New Zealanders and can affect their everyday lives in quite profound ways."

Ms Salisbury, the clinical supervisor of the research, is co-director of Sex Therapy New Zealand, a national referral network for specialists providing treatment for all sexual and intimacy problems. She says the study's findings confirm clinical impressions that adults with problematic sexual behaviours are likely to have missed out on important developmental experiences. "While sexual addiction is a popular term, it is not commonly used by clinicians because aspects of problematic sexual behaviour do not fit the addiction model. Clients presenting with such problems have usually got to the point in life when they are seriously concerned about their own behaviour and what it is costing them or their partner has made it clear that they will no longer tolerate it.

"Although a strong intimate relationship benefits individual, couple and family wellbeing, and problematic sexual behaviour undermines and even destroys relationship wellbeing, there is no funded treatment available at present for this problem; it has to be accessed privately through skilled sex therapists."

Ms Faisandier will next year start study towards a doctorate in clinical psychology and, providing she can get funding, plans research that will evaluate whether an attachment-based treatment approach helps people with OOCSB.

Clinical psychology helps people deal with a variety of mental, physical, behavioural, and relationship problems. Clinical psychologists work in a range of health and mental health settings, including those within district health boards (child and family, community, and inpatient mental health, as well as forensic, alcohol and drug, and rehabilitation services), prisons and psychological services as well as private practice.

A response to participants in the survey, along with the original survey questionnaire and background information, can be found here: http://psych-research.massey.ac.nz/faisandier/

For more information about Sex Therapy NZ: http://www.sextherapy.co.nz/

Caption: Robyn Salisbury, Karen Faisandier and Dr Joanne Taylor.