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A Thematic Analysis of Clients' Reflections on the Qualities of Group Work for Sex and Pornography Addiction

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ABSTRACT

A sample group of 19 recovering sex and porn addicts who had attended both one-to-one and group therapy at the Laurel Centre sex addiction clinic in the UK undertook an hour-long semi-structured interview relating to the usefulness of group work to their recovery. Interview data was analysed for themes and cross-referenced with Yalom's 11 therapeutic factors of group therapy (Yalom and Leszcz, 2005). Some additional themes were also found that related specifically to the Hall Recovery Course psycho-educational programme that they each attended. Group work was found to be more important to participants' recovery than one-to-one therapy but this was not consistent, and drawbacks to group work were also identified.

Aim

To identify those factors unique to group work (in this case the Hall Recovery Course) compared to one-to-one therapy that clients identified as beneficial.

Sample

A volunteer sample of 19 participants was drawn from a target population of male clients, current and past, of the Laurel Centre who had attended at least 6 sessions of individual psychotherapy and group therapy in the form of a sex addiction psycho-educational recovery course (either a six-day residential or 12 week program). All participants had either self-referred, or been referred by a rehab or therapist.

Procedure

Participants individually took part in a one-hour (approx.) semi-structured interview ([Appendix 1](#)), conducted either face to face or by video conference

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Table 1. Therapeutic factors referenced by participants.

Instillation of hope	8
Imparting information	19
Universality	27
Altruism	17
Imitative behavior	9
Development of social skills	12
Interpersonal learning	15
Group cohesiveness	27
Existential factors	2
Catharsis	20
Corrective recapitulation of primary family group	1
Total mentions	158

(using Zoom) with the researcher. The interviews took place over the course of four weeks. Most questions were open and allowed for considered reflection of the participants' experience of both types of therapy, with a focus on those factors that had contributed toward their recovery. One question (7) was forced-choice to generate a preference, in terms of helpfulness to recovery, for one therapy over the other. Answers were then analyzed for themes. These themes were cross-referenced against Yalom's therapeutic factors of group therapy (Yalom and Leszcz, 2005) .

Results

Table 1 and Figure 1 show the two biggest therapeutic factors (17%) referenced by clients were 'universality' and 'group cohesiveness'. 'Imparting information and 'catharsis' (12.5%) also featured strongly and these four factors together comprise 59% of all therapeutic references. All of Yalom 11 factors were referenced at least once.

In addition to Yalom's therapeutic factors, a notable theme of other factors were also mentioned, which are perhaps more unique to the treatment of sex and porn addiction. Whilst they fall within Yalom's framework, they are worthy of additional consideration. These factors were sharing the story, formation of relationships that extended beyond the course, shame reduction and accountability as illustrated in Table 2 and Figure 2.

Discussion

Most addiction specialists agree that group work is an essential component of lifetime recovery (Nerenberg, 2002). Although most people balk at the thought of joining a group, when working in the field of sex and porn addiction, it is often the most effective way of reducing shame whilst challenging denial and minimization. Furthermore, for those with an attachment-induced addiction, rather than a purely opportunity-induced or

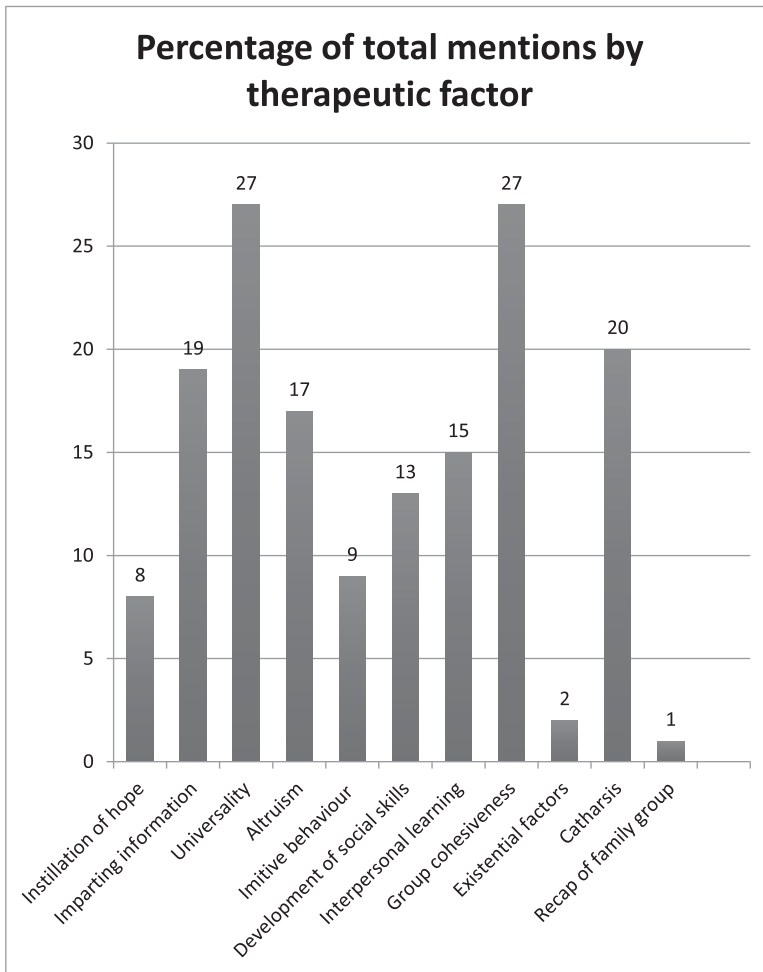


Figure 1. Therapeutic factors referenced by participants.

Table 2. Notable additional factors.

Sharing the story	16
Formation of relationships beyond course	13
Shame reduction	5
Accountability	4

trauma-induced addiction (Hall, 2019), building relationships is an integral part of the recovery process.

The hall recovery course

At the Laurel Centre in the UK, we have been providing a psycho-educational group work program, called the Hall Recovery Course, for over ten years. The program has evolved over time as our understanding, and experience, of sex

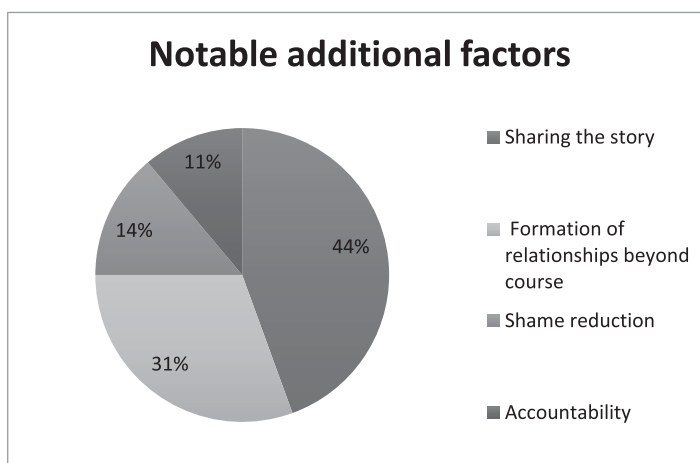


Figure 2. Notable additional factors.

and porn addiction has developed, but the core precept of psycho-educational groups, namely 'growth through knowledge' (Erford, 2018) has continued. The Hall Recovery Course follows the CHOICE Recovery Model (Hall, 2019) and is delivered in three key stages as explained below:-

1. Face It – recognize harmful consequences and discrepancies between current life trajectory and desired future goals and rescript limiting cognitive distortions.
2. Understand it – develop greater understanding of the bio-psycho-social elements of sex and porn addiction and personalize the 6-phase cycle of addiction (Hall, 2012).
3. Fight it – establish a life vision and SMART goals to achieve it, along with pragmatic relapse prevention strategies and healthy lifestyle habits.

These stages describe the psycho-educational component of the group work, but as the authors of Group Cognitive Therapy for Addictions warn "A strong grasp of the theoretical framework that underlies the successful implementation of group psychotherapy will allow facilitators to harness the power of group support and interaction. Failure to recognize this dynamic puts facilitators at risk of conducting a group that feels like a classroom, with little opportunity for interaction among group members. Groups conducted in this manner do not capitalize, then, on an important mechanism of change." (Wenzel, Liese, Beck, & Friedman-Wheeler, 2012, p. 39).

For a psycho-educational group to be effective, it needs to not only deliver information and tools for recovery, but also maximize the opportunities to build a recovery community that will provide emotional and psychological support. Group facilitators must learn to juggle both content and process, ensuring that neither is drowned out by the other.

Holding an awareness of therapeutic factors can ensure that desired outcomes are maximized.

Therapeutic factors in group work

When considering group work, a therapeutic factor is an element created by the group process that improves the group member's outcome. In the 1970s, Irvin Yalom, widely considered as one of the pioneers of group psychotherapy, identified 11 therapeutic, or sometimes referred to as curative, factors that underlie effective group work. Each of those factors is explored further below with reference to how the sample experienced them.

1. Instillation of hope – many people attend therapy for sex and porn addiction believing they can't change. This factor, identified by eight of the sample, provides clients with a sense that change is not only possible, but achievable.

Shared experience gives you the acceptance that you are worthwhile as an individual and capable of change.

People at rock bottom don't think they can get out of their addiction; it's more believable when you listen to a group than when a therapist tells you there's hope.

2. Imparting information – one of the second highest scorers in the sample with 19 mentions, this factor provides new information, not just from group facilitators, but from other group members.

Educational value – neuroanatomy of addiction and group discussion cemented the scientific basis of sex addiction.”

I learned coping mechanisms from the group – how to deal with triggers etc.

We get a group consensus on ideas and group wisdom to rival the therapist.

3. Universality – knowing that you are not alone and other people struggle with the same issues was one of the top scoring factors with 27 mentions.

Seeing people in the same room that struggle with sex addiction is more powerful than being told by your therapist that there are others who struggle.

Meeting normal people in the same boat.

I'm broken in the same way as everyone else – you get normalcy and camaraderie around the struggle.

Motivation comes from all wanting the same thing.

4. Altruism – this factor is perhaps one of the most critical to addiction groups as it gives people the opportunity to rise above their own difficulties and experience the sense of self worth that comes from helping others. 17 of the sample experienced altruism, most often referred to as support, and for many this was cited as the most important factor.

We took it in turns to send out the pillars and we're all still in contact.

Group is a constant support, whereas one-to-one has to be scheduled.

Good to know others might benefit from your experience.

5. Imitative behavior – learning by observing others in the group was mentioned by nine of the sample, most often within the context of learning from other's experience.

All at different stages of recovery meant I was able to learn from their experiences.

If you see positive changes in them, you'll try to mimic that.

6. Development of social skills – in my experience, one of the common denominators in group work is that none of the members want to be there, most often because of attachment issues that mean they've lost the ability to relate to others, if indeed they ever learned. 12 of the sample felt they had benefited in this area.

I was surprised by how ready I was to talk about things that I'd never really spoken about with anybody. It was an incredible experience.

Building of friendships – good to laugh and have jokes.

Getting a new set of friends.

7. Interpersonal learning occurs through the interactions within the group where members learn more about themselves by the way that others respond and react to them. In the sample there were 15 mentions of this factor

The group has centred me and I've discovered my sense of self.

You find out so much about yourself in those six days.

Helps critique your own life.

Other people picked up on things in my story which weren't obvious to me – I learned a lot from them.

8. Group cohesiveness – this is similar to universality, but goes further to express the depth of trust that is built within the group that allows for greater vulnerability. This similarity perhaps explains why it was the second top scorer with universality with 27 references.

I'm able to be vulnerable.

They understand me and don't judge me.

Shared experience and trust.

You share things that you've never shared with anyone else. And so you develop a bond – an attachment borne of the vulnerability that you've shared.

9. Existential factors – this relates to opportunities provided within group to consider issues relating to the human condition such as mortality and a search for meaning. Whilst the Hall Recovery Course puts particular

emphasis on positive psychology and establishing a life purpose, only two of the sample mentioned this.

Sharing our visions for the future was very powerful.

10. Catharsis - describes the process by which strong, often hidden, emotions are able to be expressed and a sense of relief is experienced. This factor was one of the second highest scoring with 20 references.

Describing my acting out during the meeting was cathartic.

Telling my story was unburdening and a huge relief.

Sharing my story was very emotional (unlike one-to-one).

Sharing experiences and engaging with others was such a release.

Coming out of shame and isolation was a powerful experience.

11. Corrective recapitulation of primary family group – there was only one statement that could be referenced to this factor, which is perhaps not surprising within a psycho-educational group, compared to an analytical one. This factor describes where disruptive childhood relationships have the chance to be healed through relationships within the group and is perhaps more often experienced in long-term groups such as our aftercare groups.

Showing your vulnerability with strangers over several days meant they soon became like brothers.

Notable additional factors

In addition to Yalom's therapeutic factors, there were other themes that emerged from the interviews that are worthy of discussion. These factors are perhaps more unique to the field of sex and porn addiction generally, such as 'shame reduction' and 'accountability', whilst others are more particular to the Hall Recovery Course: 'sharing the story' and 'formation of extended relationships'. We will look at each of these.

Shame reduction

It is outside of the scope of this paper to discuss the role of shame in addiction, particularly sex addiction, but as most clinicians know, shame continues the cycle of addiction and for many clients it is both a cause and a consequence of their compulsive behaviors. Being able to break through shame is essential for healing and whilst individual therapy can go some-way to achieve this, the factors of universality and group cohesiveness add a dimension that individual therapy can't achieve. Five of the sample

specifically cited the experience of shame reduction, with two saying it was the most important factor.

There's a comfort of being with a group – not having to hide stuff because you know you won't be judged.

Shame is destructive and keeps you isolated. Bringing it into the group environment was the single most important thing.

Accountability

Accountability might be considered evidence of group cohesiveness and for four of the sample this was specifically mentioned as important, with one person saying it was the most important factor. Accountability can be a component of individual therapy, but when it is held as the responsibility of the group, it helps free the individual therapist from taking a monitoring role and focusing on therapy. For some, as the next quote states, it's easier to be honest (a prerequisite for effective accountability) amongst other people with sex addiction.

Easier to be honest when all members have just SA rather than mixed addictions.

Daily reminders from my WhatsApp group help me get into the zone every day – “Today I'm going to be watchful” – my network reminds me every day that I'm an addict and need to stay vigilant.

Sharing the story

One of the key components of the Hall Recovery Course is sharing the story. This involves each person taking 40 minutes to share their life story to the rest of the group and having 30 minutes to receive feedback. For most, this is the first time they have ever pieced their story together and the response of others is often profound and life-changing. Listening to the stories of others is equally important and often provides a new perspective. 16 of the 19 sample mentioned the power of sharing their story in the interview.

Telling my story was very powerful because of the level of honesty that was needed.

Telling my story was unburdening and a huge relief.

Hearing others' stories gave a sense of relief that you were with others going through similar things – helps you look at your own life objectively.

Hearing people's stories and the destruction that their addiction caused helped me with my own fear.

Formation of extended relationships

Like most group work programs, we encourage group members to build relationships that can continue beyond the life of the course. Many choose

Table 3. 'Not so helpful' aspects of group therapy.

Group didn't stay in touch or dissolved quickly	3
Some individuals 'hog the limelight'	1
Not all people say helpful things	6
Frustration with those less motivated	2
People at different stages of recovery	1

to join one of our aftercare groups and continue to receive support and affirmation that they may not be able to receive elsewhere. 13 of the 19 said that the on-going support was important to their recovery.

Six months on I'm still in touch with them even though they're hundreds of miles away.

The WhatsApp group is really helpful – the daily reminders of the ten pillars are great and I meet up with two or three of them outside of the formal sessions. There is always a response from the WhatsApp group when you reach out, unlike a personal therapist.

Not so helpful factors

Whilst some participants (32%) stated that they had experienced nothing unhelpful about group work, others gave various reasons (Table 3). Most common were problems with particular individuals in the group who were unhelpful in their approach. For example, "*Some have little understanding – they've found some sobriety but are still a mess emotionally*". This aspect of compatibility within a group will be a difficult one for any facilitator to predict or manage because of conflicting outlooks. Some participants found the insights shared by those further on in their recovery irrelevant, whilst others found them helpful and inspiring.

Group work or individual?

Whether or not individual or group work is most effective in counseling has been debated over many years and in short, group treatment has been shown to be as effective as individual treatment for most conditions, as long as the group treatment is specific to the condition (Erford, 2015). There was no consistent preference for group work over individual therapy across the sample, although 12 of the 19 participants showed a preference for group work in a hypothetical situation of referring a friend (Q 7). Most felt the therapies were complementary and that each type of therapy had its own merits. Many participants cited the unique benefits of one-to-one therapy, which are outside of the remit of this paper, but most referred to the uniqueness of group.

When looking at what people cited as the most important factor in group work, two could not identify any single element, four cited shame

reduction, one the continuing relationships beyond the group but overwhelmingly, 12 cited an element of group cohesiveness, such as being able to share, trust, and feel understood.

Conclusion

The predominant strength of group work seems to relate to the relationships within the group – ‘group cohesiveness’ which includes the ‘formation of relationships which last beyond the group’. For some this was critical: “My wife will never fully understand even though she’s been great, but the group get me”. The continuation of these relationships was therefore natural and more than 50% talked about the importance of their continued relationships toward their recovery: “The supportive network after the course was just as important because of the history of shared experience – many individual relationships have come out of it.”

It may be that relationship factors are particularly important to sex and porn addiction. Some participants talked about sex addiction “being at the bottom of the addiction hierarchy”. The resultant feelings of shame and vulnerability make for increased emotional investment in their group: “Knowing that I’m understood by people who know how hard the struggle is.” Many factors contributed to ‘group cohesiveness’, for example, shared language - “I’d never heard the word trigger before in that context, and we had shared metaphors – we all know the road to Brighton!”

Aspects unique to the Hall Recovery Course were described by many as ‘a turning point’ or ‘seminal’ to their recovery. All knew of, and some had attended, various addiction groups such as SAA and SLAA in addition to the Hall Recovery Course but there was a clear distinction made between the support of these groups and the work at the Laurel Centre. The most obvious of these was ‘Sharing the story’ cited by 16 of the 19 interviewees: “Sharing stories created a circle of trust.”

To summarize, group work is experienced by many as an essential element of recovery from sex and porn addiction and whilst the tools and information provided by a psycho-educational program is seen as valuable to group members, this must not be at the cost of other therapeutic factors. Group cohesiveness and universality are particularly important to group members and facilitators of groups need to ensure opportunities are created for experiencing catharsis, particularly around shame reduction.

Methodological limitations

The study used a small sample. However, the validity was high because of the uniqueness of the population and the qualitative nature of data gained. There was an unavoidable confounding variable of order of one-to-one and

group work. Most participants had started with one-to-one and some said they needed this first in order to benefit from the group work. Future research could investigate the effect (if there is one) of the order of therapies used. The study used a homogenous sample of articulate, middle-class, professional, working males, therefore, it is difficult to generalize the effectiveness of group work to other populations.

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Appendix 1. Interview questions

Thank you for participating in today's interview, and for the signed consent form. To reiterate, please feel free to withdraw from the interview, or to refrain from answering any question, if at any time you feel uncomfortable.

1. Have you received one-to-one therapy? If so, for how long?
2. Have you attended a Hall Recovery Course (6 day or 12 week)?
3. Have you received therapy elsewhere? (Record details)?
4. Considering both the group and the one-to-one therapy you have received, what is it about each that you have found helpful?
5. Of those qualities you have just described, which would you consider was the most important in terms of your recovery?
6. Please can you describe one session for both group and one-to-one therapy that you found particularly helpful? What was it about this session that was so helpful?
7. If a friend was considering therapy for sex and/or porn addiction and they could choose only one, would you recommend one-to-one or group therapy?
8. Is there anything about group therapy, which you find not so helpful?
9. How would you describe yourself?

Thank you for your time