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ETHICAL TENSIONS IN SEX ADDICTION COUNSELLING

BY

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Submitted by

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In partial fulfillment of the requirements for the degree of

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The thesis examination committee certifies that the thesis
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Abstract

There is little research about how counsellors experience the process of sex addiction counselling. This study used the research methodology of Interpretative Phenomenological Analysis (IPA) to explore how counsellors experience and manage ethical tensions in sex addiction counselling. Four certified sex addiction therapists (CSATs) were selected as participants and interviewed about their experiences. Analysis of interview transcripts produced three superordinate themes: preventative strategies, nuanced emotions during ethical tensions, and resolving tensions. Preventative strategies describe the counsellors' efforts to implement practices that prevented negative experiences with ethical tensions. The theme of nuanced emotions refers to the intricate emotional experience the counsellors often had when they encountered ethical tensions. Resolving tensions relates how counsellors constructed ethical and personally meaningful decision-making processes to resolve their tensions. Findings are discussed in relation to extant literature about sex addiction counselling, including this study's contributions, implications for practice and future research, and strengths and limitations.

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Ethical Tensions in Sex Addiction Counselling

Chapter 1: Introduction

Background of the Problem

Responding to a survey, fifty-three percent of 164 clinicians from the American Association of Marriage and Family Therapists (AAMFT) said they noticed increasing numbers of clients seeking counselling for sex addictions between 2006 and 2008 (Goldberg, Peterson, Rosen, & Sara, 2008). This growing need may present a serious challenge for counselors, many of whom are uncomfortable working with people who struggle with sex addictions (Hughes, 2010). Further complicating the issue for counsellors, there is currently no generally accepted diagnosis or definition of sex addictions (Duffy, Dawson, & das Nair, 2016; Giugliano, 2013; Jones & Tuttle, 2012). As a result, counsellors struggle to establish and apply evidence-based treatment approaches (Giugliano, 2013). Some counsellors and researchers have reported people who experience numerous negative consequences of sex addictions, including emotional turmoil, damage or loss of important relationships, social difficulties, and health problems (Carnes, 2001; Hughes, 2010; Jones & Tuttle, 2012). Others have opposed traditional definitions of sex addictions, arguing that defining and treating sex addictions stems from morality, not science (Reay, Attwood, & Gooder, 2013).

These conflicting positions have important implications for counsellors. Some counsellors report substantial fear toward the concept of sex addictions, even to the point of avoiding work with people who have sex addictions (Hughes, 2010). Counsellors and clients possess diverse spiritual, personal, and professional perspectives on sexuality and addiction. Such diversity sets the stage for deep-seated value-conflicts and problematic

ethical tensions between counsellors and clients, or between counsellors and couples in group counselling (Griffin-Shelley, 2009).

Statement of the Problem

Sex addiction counselling inevitably involves ethical tensions that affect ethical practice (Griffin-Shelley, 2009; Herring, 2001; Schneider & Levinson, 2006). As a result, there is a need for research that specifically addresses ethical tensions in sex addiction counselling and explores how counsellors experience these tensions in their work.

Purpose of the Study

I used interpretative phenomenological analysis (IPA) to explore sex addiction counsellor experiences when they recognize and negotiate the complexities of ethical tensions in sex addiction counselling.

Research Question

In this study, I sought to answer the question: How do counsellors helping clients with sexual addictions experience and manage ethical tensions in sex addiction counselling?

Importance of the Study

My research presents an analysis of important themes of counsellor experiences with ethical tensions in sex addiction counselling. At the most fundamental level, stories influence how we understand ourselves, the world, and our experiences (Marsten, Epston, & Markham, 2016; White & Epston, 1990). The analysis section of this study presents extensive verbatim quotations from the participants. These quotations grant readers access to important stories about how seasoned sex addiction counsellors have experienced ethical tensions. I submit that simple exposure to those stories is of value to sex addiction counsellors in training, or to other counsellors working in the field of sex

addictions. The study also deepens the value of those stories by organizing them into interpretative themes and exploring those themes with careful analysis. Reading about these themes may help reduce the stigma of what many counsellors perceive as an unfamiliar domain of counselling practice (Hughes, 2010), especially since IPA research often helps to improve understanding of the unfamiliar (Pringle, Drummond, McLafferty, & Hendry, 2011). The transferability of IPA studies to actual practice is also an important contribution of many IPA studies (J. A. Smith, Flowers, & Larkin, 2009). This study is designed to present an engaging account of counsellor experiences that will support readers' thoughtful application of those results in other scenarios.

Scope of the Study

Interpretative phenomenological analysis is a qualitative research method ideally suited to in-depth exploration of personal experiences with people who are intimately familiar with the topic of study (J. A. Smith et al., 2009). IPA sample sizes are small, typically not exceeding 3 to 6 participants (J. A. Smith et al., 2009). Validity and credibility in IPA studies is rooted in the researchers' adherence to the philosophical roots of IPA, clarity in reporting methods and results, and rigor in applying the structured analysis process of IPA (J. A. Smith et al., 2009). For this study, I conducted interviews, focused on the above-noted research question, with four Certified Sex Addiction Therapists (CSATs) who have experience working with the ethical tensions unique to sex addiction counselling. I then transcribed the interviews word-for-word and analyzed the transcript based on IPA guidelines. While the small sample size and qualitative nature of the study will preclude generalizing the results, counsellors will be able to critically examine my findings and transfer some of what they learn into their own counselling practices (J. A. Smith et al., 2009).

Definitions of Terms

Ethical Tensions

Previous work on ethical practice in sex addiction counselling has focused on guidelines about salient ethical issues (Griffin-Shelley, 2009; Herring, 2001, 2011; Jones & Tuttle, 2012). Schneider and Levinson's (2006) research explored ethical dilemmas related to disclosure. In this study, I focused specifically on ethical tensions in sex addiction counselling. Jameton's (1984) definition of ethical tensions encompassed three kinds of ethical problems. *Ethical uncertainty* comes from ambiguity about which ethical principles should have the greatest weight in a given circumstance. *Ethical distress* refers to situations where the counselor believes that the best course of action conflicts with institutional rules. Ethical distress could apply to any institutional regulation, including agency policies, standards of practice, or legislation. Any situation where the counsellor believed that the best course of action was in conflict with regulations could give rise to ethical distress. *Ethical dilemmas* are predicaments where professionals must choose between what they see as two or more undesirable but mutually exclusive courses of action. Like Jameton (1984), in this study I will use the term *ethical tensions* to refer to all three kinds of ethical problems.

Morals and Ethics

The terms moral and ethical are often used interchangeably. For the purpose of this research project, I will distinguish between the terms based on Truscott and Crook's (2013) definitions, which were designed for the practice of psychology in Canada. Specifically, I will use the term morals to refer to personal views of what is right and wrong, and ethics to refer to professional codes of conduct.

Sex Addictions

In this study, I define sex addictions as repetitive participation in sexual activities that the client feels are problematic. As I will explore more thoroughly in the literature review, there is no generally accepted definition of sex addictions (Giugliano, 2013). There is also no consensus regarding what constitutes problematic sexual behaviour, or when sexual behaviour can be formally defined as an addiction or as problematic (Short, Wetterneck, Bistricky, Shutter, & Chase, 2016). It is beyond the scope of this paper to explore these issues in depth. I also do not intend to situate myself in a specific location in the intricate debate over the definition of sex addiction. My definition is deliberately simple and intended to encompass any situation where a client is seeking help for a self-identified problem with their sexual activity. Although my definition could be easily contested, a broad definition supports open ended conversation with counsellors about sex addictions. As an additional note on terminology, although professionals apply a wide variety of terms to the topic (Giugliano, 2013; Hall, 2014; Herring, 2011), I will refer to the issue as sexual addiction or sex addiction simply because these are probably the most widely accepted terms at present (Giugliano, 2013; Montgomery-Graham, 2017).

Counsellors

In referring to health care practitioners who use talk-therapy to support their clients, I will use the term "counsellor." The term counsellor can effectively refer to people with many different professional designations including counselling psychologists, certified counsellors, sex addiction counsellors, addiction recovery therapists, marriage and family therapists, and so on. Professionals with all of these designations may work with people presenting with sex addictions. The International Institute for Trauma and Addiction Professionals (IITAP; 2016c) provides a list of

CSATs. The list includes counsellors who are registered psychologists, registered social workers, registered nurses, and counsellors certified with Canadian Counselling and Psychotherapy Association (CCPA). While the IITAP's CSAT certification program is not accepted by everyone as a defensible response to sex addictions—some oppose the diagnosis and treatment of sex addictions entirely (Klein, 2003; Moser, 2011a)—IITAP's list of certified counsellors suggests that a variety of professionals may support clients who present with sex addictions.

Reflexivity Statement

It is important to note at the outset that I subscribe to a religious code with strict rules regarding sexual behaviour. I strongly oppose pornography use, affairs, paying for sex, and many other sexual activities. I object to these practices on religious grounds, and also because I have seen these behaviours lead to heartache for some of my friends and family members. At the same time, I realize that these behaviours may indicate that people have many other problems in their life. I believe they deserve compassionate and nonjudgmental support, regardless of their behaviour. People may engage in these behaviours for many different reasons. Some possible contributing factors that have been postulated in professional literature include upbringings where a family of origin held a shameful view of sex, or if cultural norms pressure the client toward sexual conduct the client believes is undesirable (Hall, 2011). I feel that respect for the complex factors that shape human experience and sexual behaviour supports adopting a nonjudgmental perspective.

Some may see my religious commitment and understandably think that my beliefs could make it impossible for me to conduct effective research on the topic of sex addictions. However, I believe the best way to respond this legitimate concern is to

expand on my beliefs. Although I subscribe to a strict and traditional moral code, I am equally and religiously committed to at least two moderating principles that parallel important concepts in counselling literature: First, I believe that every person is a child of God and therefore deserves to be treated with the utmost respect and dignity. In essence, this belief is a religious companion to the Canadian Psychological Association's (CPA, 2017) first ethical principle: respect for the dignity of persons. Second, I hold sacred every person's right to choose their own path, whether or not I agree with that path. Making a similar point, Yarhouse and Johnson (2013) proposed that the final step of resolving value conflicts between psychology and religion should be to remember that the client must make their own decisions. I believe that such close connections between my religious beliefs and professional ethics literature mitigates any risk that my beliefs will compromise my academic integrity. Rather, my beliefs and my naturally curious inclination support open and respectful dialogue and an earnest commitment to rigorous analysis of data.

Furthermore, like Gadamer and Heidegger, I believe that Husserl's version of bracketing—essentially the suspension of my own perspective during the research process—is impossible due to the influence my own experiences have on my perception of the world (Converse, 2012; McConnell-Henry et al., 2009). To account for this, I cycled continually between analyzing my own worldview and analyzing the research data I collected (McConnell-Henry et al., 2009; J. A. Smith et al., 2009). By relying heavily on this cycle, and on peer review, I believe I was able to carefully check the influence of my opinions to ensure that my interviews and analysis focused on the study participants' experiences.

Even so, in spite of my best efforts to keep my perspective in check I understand that my views have inevitably influenced the research process. This may be especially the case since my topic is ethics in sex addiction counselling, which is a particularly value-laden realm of counselling (Jones & Tuttle, 2012). As one example of this influence, J. A. Smith et al. (2009) indicated that an IPA literature review will often be short and be designed to identify a gap in the research as well as some characteristics of participants. Since such a literature review is not comprehensive or systematic, the researcher's choices and perspectives will have some impact on the review. In my own literature review below, I have tried to present a balanced portrait of extant research in the field of sex addiction counselling. I have attempted to maintain a spirit of openness and curiosity to moderate how my perspective affects my research. However, readers will likely note hints of my traditional perspective in the literature review, and perhaps throughout the interview and interpretive process. I proceeded with the belief that my own voice, though not definitive, will provide a useful contribution to scholarly dialogue.

Chapter 2: Literature Review

Introduction

In the following literature review, I explore how ethical tensions in sex addiction counselling may influence counsellors' ethical decision-making processes. Very little published literature and even less empirical research has directly addressed ethical tensions in sex addiction counselling. For this reason, a literature review on the topic depends partially on exploring how related literature about sex addiction counselling may influence ethical decision making in practice. From my own exploration of the literature, it appears that sex addiction counsellors will likely struggle to find definitive answers about how to effectively resolve ethical tensions in practice. Disparate views about the nature of sex addictions combined with the diversity of possible ethical problems make navigating ethical tensions in sex addiction counselling an expansive and ambiguous process.

To begin my review, I will summarize the professional debates over the definition of sex addiction, describing how these debates create an inherent ethical tension as counsellors engage with ethical tensions in practice. I then review the potential ethical tensions that may appear in the counselling process, beginning at a broad scale social justice level and working toward smaller scale issues such as value conflicts between clients and counsellors. Next, I consider how models of ethical decision-making and the CPA's code of ethics can support counsellors as they navigate these nuanced decisions. Finally, I argue that extant codes of ethics do not provide the specificity needed to help counsellors to prepare for the intricate and unpredictable ethical tensions of sex addiction counselling. I propose that research exploring how counsellors experience and negotiate ethical tensions in sex addiction counselling may help to fill this gap in the literature.

The Ethical Tension of Defining Sex Addiction

Disagreements among professionals over definitions, diagnosis, and terminology create some of the ethical tensions in sex addiction counselling. Kafka (2010) proposed Hypersexuality Disorder (HD) for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; *DSM–5*; American Psychiatric Association [APA], 2013). Kafka's proposal is probably the most prominent recent attempt to create formal diagnostic criteria of sex addictions for professional use. Kafka's (2010) definition was lengthy, but essentially listed specific criteria for diagnosing whether an individual's sexual behaviours have been prolonged, intense, and problematic enough to warrant a clinical diagnosis. A field trial tested the HD criteria and found it to be a reliable and valid tool (Reid et al., 2012). However, the *DSM-5* task force rejected the proposal for a complex set of reasons, including potential for false positives, possible forensic abuse of the diagnosis, objections to pathologizing sexuality, and lack of non-clinical studies about hypersexuality (Reid & Kafka, 2014). Even in spite of the rejection, the New York State Supreme Court found that "the condition of hypersexuality is generally accepted within the relevant psychological community" (*State of New York v Victor H.*, 2018, Issue Presented section, para. 2).

Moser (2013) strongly opposed the proposed diagnosis, and leveled four arguments against Kafka's concept of HD: First, there is no noticeable association between objectively measured impulsivity and HD. Second, an exclusive diagnosis of HD does not seem possible, due to overlap with other diagnoses. Third, HD is a vague term that lacks objective support. Fourth, HD, as proposed, inaccurately describes the clients it is meant to serve, and therefore will not help them. Reay et al. (2013) made more general objections to the concept of sex addiction. They argued that the concept of

sexual addiction is a socially constructed phenomenon that has been driven by therapist interests yet has little objective connection to reality and often depends on clients' self-diagnosing themselves as having a sex addiction.

More recently, several authors have argued that atheoretical evidence supports defining sexual addiction as a disease based on the American Society of Addiction Medicine's (ASAM, 2017) new definition of addiction. This definition states that addiction is a disease that affects brain composition and damages a person's ability to control their life and relationships. Within the framework of this definition, process addictions such as addiction to sex, gambling, food, or shopping may be tenable (Love, Laier, Brand, Hatch, & Hajela, 2015; Phillips, Hajela, & Hilton, 2015; D. E. Smith, 2012).

Authors who argue this position point toward research that may identify physiological processes that are associated with sex addictions. For example, Voon et al. (2014) compared neural imaging of people who fit the proposed diagnostic criteria for HD with people in a control group. They noted parallels between the neurological response of people with HD when they were exposed to sexually explicit videos and previous research about the neurological response of people with drug addictions when they were exposed to drugs. Kuhn and Gallinat (2014) performed brain scans on 64 adult males and noted that the participants' self-reported number of weekly hours using pornography correlated with statistically significant structural changes in the brain. This evidence suggests that drugs and some kinds and rates of sexual activity produce similar physiological responses. If so, treating sex addictions using a disease model may be helpful. Griffiths (2012) reviewed the literature on Internet sex addictions and concluded

that counsellors working on the basis of a disease model may help to reduce client distress.

Researchers continue the long and intense debate over defining and treating sex addictions (Giugliano, 2013; Hall, 2014). I make no claims of resolving this debate, or even of thoroughly exploring evidence for and against the many theories about sex addictions. Such an investigation may prove valuable, but for the purposes of this research project, it is important to understand that some counsellors may perceive their involvement in the field of sex addictions as an inherent ethical tension. Counsellors' perspectives on the debate over sex addiction may influence how they experience counselling people with sexual addictions, and how they make decisions related to ethical issues in their work.

As an example, a counsellor who explores the evidence and determines that sex addiction is an acceptable construct must consider what this means in practice. If they believe that sex addiction is real, the counsellor may be inclined to assess whether clients meet diagnostic criteria for sex addiction and consider including treatment of sex addiction as part of the overall plan for therapy (Phillips, Hajela, & Hilton, 2015). On the other hand, if a counsellor believed that sex addiction is a harmful construct that pathologizes sexual behaviour, they may feel drawn toward questioning how society has defined the boundaries of sexual behaviour (Klein, 2003; Reay, Attwood,, & Gooder, 2013). In actual practice, counsellors with these opposing perspectives may respond to their clients in very similar ways. Out of respect for their clients' right to self-determination they will likely avoid allowing their own theoretical perspectives to displace what is important to the client. Both proponents and opponents of the construct of sex addiction advocate for respect for all clients' sexual practices, even when those

practices conflict with the practitioners' perspective (Griffin-Shelley, 2009; Moser, 2013; Reay et al., 2013). What is ultimately relevant to this study is understanding how counsellors experience the numerous arguments and perspectives that may create ethical tensions in the process of defining, diagnosing, and treating sex addiction.

Indeed, even leading opponents of traditional definitions of sex addiction agree that some clients display problematic sexual behaviours that counsellors should be prepared to address (Moser, 2013; Reay et al., 2013). In other words, although professionals do not yet agree on how to define sexual addiction, there are still clients who struggle with problematic and repetitive sexual behaviours and who could benefit from competent help (Moser, 2013). Counsellors must, therefore, do their best to provide ethical, client-centred care even in the absence of a clear diagnosis or a generally accepted method of treatment (Giugliano, 2013). However, it seems possible that some counsellors may experience a sense of ethical tension due to the intense debates surrounding the definition and diagnosis of sex addictions.

Potential Ethical Tensions in Sex Addiction Counselling

The above conceptual tensions set the stage for exploring specific ethical tensions that may appear in sex addiction counselling. Some of the most prominent issues include the tension between duty to the client and civic responsibility, tension between supporting clients and supporting their families, and tension between counsellor and client worldviews. Factors that further complicate these tensions include the importance of professional values, societal values, and our culture's powerful dominant discourses surrounding sexuality and sexual behaviour. Moving the discussion through these layers of interaction draws attention toward the counsellor as a central figure in negotiating these ethical tensions for the sake of helping society, families, and individual clients.

Understanding the complex ways these factors can interact in sex addiction counselling underscores the need to better understand how sex addiction counsellors experience and work through the difficult ethical tensions they may encounter.

Tension Between Duty to the Client and Civic Responsibility

Child pornography likely provides the most vivid illustration of the tension between duty to client and duty to society. In Canada, the production, distribution, and possession of child pornography is illegal (Criminal Code, 1985, § 163). However, provincial laws define the necessity and process for reporting people involved with child pornography. The Alberta government has not finalized legislation mandating the reporting of all users and producers of child pornography (Mandatory Reporting of Child Pornography Act, 2010). I contacted the Legislative Counsel branch of Alberta Justice and learned that legislators have not and may never proclaim the act as binding law (D. Moreau, personal communication, November 12, 2015). For counsellors practicing in Alberta, this means there is probably no direct legal obligation to report a client who uses child pornography.

Some have argued that counsellors should assess whether clients struggling with sex addictions pose a risk to children with whom they associate (Herring, 2001; Jones & Tuttle, 2012). Although viewing child pornography may not predict sexual contact with minors (Seto, Hanson, & Babchishin, 2011), extensive viewing of child pornography may combine with other factors to increase pedophilic interests (Seto & Hanson, 2011; Wood, 2013). Some counsellors reported concerns that clients who experience addiction to child pornography are at high risk of abusing children with whom they have frequent contact (Herring, 2001; Jones & Tuttle, 2012; Schneider & Levinson, 2006). Counsellors who work with users of child pornography are thus faced with conflicts between incomplete

legislation about professional reporting obligations, possible risks associated with child pornography use, and supporting their client's needs.

The Canadian Counselling and Psychotherapy Association's (CCPA; 2007) Code of Ethics specifies that counsellors should break confidentiality "when a child is in need of protection" (p. 7). Considering trends in legislation and the conflict between duty to the client and duty to protect others, Samenow (2012) asserted that if clinicians cannot identify an imminent risk, disclosing possession or use of child pornography breaches confidentiality prematurely. In subtle contrast to Samenow's (2012) argument, Herring (2011) proposed that in any client case involving child pornography, the decision to *not* disclose should be considered and documented carefully with local legislation in mind. However, determining whether or not to report an issue is only the first decision to be made. For example, counsellors may feel a need to self-reflect on their experiences, and especially on how they perceive their clients (Crisp, 2014; Pieterse, Lee, Ritmeester, & Collins, 2013). A counsellor who learns that their client has repeatedly used child pornography may benefit from giving careful thought to how this discovery influences their perception of the client. Do they now see the client as a criminal who must be cured? Or as a struggling person who needs help? How the counsellor answers such value-laden questions will significantly affect the counselling experience and outcomes derived from their work (Farnsworth & Callahan, 2013).

Furthermore, counsellors occupy a position of authority in society and may consider the importance of using that influence in social justice arenas pertinent to child pornography. Indeed, Reynolds (2012) argued persuasively that there may be no peace for a counsellor or a culture without active engagement in community social justice work. Bourke and Hernandez (2009) study off 155 convicted child pornography users

demonstrated a powerful correlation between child pornography use and hands-on sexual abuse of children. Of the 155 participants who were sentenced for possession, distribution, or receipt of child pornography, 115 had no known history of hands-on sexual offenses against children at the time of sentencing. At the end of a six-month treatment program, 85% of these 115 had disclosed that they had committed at least one hands-on sexual offense against a child and averaged 8.7 victims per offender. The 155 participants averaged 13.56 hands-on victims per offender with a total of 1,777 known victims. These findings sharply question the possibility that people may collect and use child pornography without increasing their risk of sexual offenses against children.

Experimental research that could decisively establish a causal relationship between child pornography use and hands-on sexual offenses with children would be ethically inconceivable. Even so, Hilton and Watts (2011) argued that the strong correlation between child pornography use and sexual assault against children demands attention to the possibility that the correlation may stem from causation. Whether such a causative link is accurate or not is beyond the scope of this literature review. However, the current literature suggests that sex addiction counsellors may experience ethical dilemmas around their perception of child pornography, its users, and the possibility of related civic involvement.

Other issues relevant to sex addiction counselling connect more exclusively to morality and health than to legislation. For example, research indicates that media, such as pornography on the Internet, is associated with increased sexual behaviour. Braun-Courville and Rojas (2009) conducted a survey to explore the relationship between adolescent exposure to sexually explicit websites and sexual attitudes and activity. They found that increased exposure correlated with more high-risk sexual activity. Some the

activities categorized as high risk in the study included multiple sexual partners in life, multiple sexual partners in the last 3 months, drug use in conjunction with sexual encounters, and anal sex. The study's limitations are equally important and prompt some caution in interpreting the results. Ninety-two percent of adolescents who completed the study came from at-risk populations and may not represent larger scale trends. In addition, this survey cannot establish causation and does not rule out the possibility that individuals with lenient sexual attitudes are more likely to seek out sexually explicit websites.

Furthermore, the authors only elaborated on the risks associated with behaviours such as having multiple sexual partners but gave no explanation why they consider anal sex to be high risk. Reay, Attwood, and Gooder (2012) argued that the predominant discourse about sex addictions focuses on heterosexual behaviour in a heteronormative society, in which sex addictions often refer simply to some kinds of socially rejected sexual behaviours. Braun-Courville and Rojas' (2009) research seems to reflect that dominant discourse. Contrasting Braun-Courville and Rojas' (2009) research with Reay, Attwood, and Gooder's (2012) critiques makes it clear that counsellor evaluations of risks in sex addiction counselling is a value-laden exercise that is heavily influenced by some of the dominant discourses of our culture.

Doornwaard, Bickham, Rich, ter Bogt, and van den Eijnden (2015) improved upon Courville and Rojas' (2009) survey research by conducting a similar study, this time using mean-level development and cross-lagged panel modelling. Cross-lagged panel modelling allowed the researchers to observe whether changes in one variable could consistently predict changes in other variables over time (Doornwaard et al., 2015). Mean-level development analysis referred to tracking and analyzing changes in SEIM

use, permissive sexual attitudes, and sexual behaviours (Doornwaard et al., 2015). While this change in method did not allow the researchers to identify causal relationships between variables, they were able to observe temporal relationships between events. They discovered that adolescent boys' early use of sexually explicit Internet material (SEIMs) consistently predicted more permissive sexual attitudes and more sexual behaviour 6 to 18 months later. The cross-lagged study design clearly demonstrated a temporal relationship between use of SEIM, sexual attitudes, and behaviour. The authors cautioned that "particular attention should be paid to boys' use of SEIM as a potential cultivator of permissive sexual attitudes" (Doornwaard et al., 2015, p. 1486). As my research project is about the ethics of sex addiction counselling, it is worth noting here that, although the researchers did not explain their own values directly, they seemed to take a conservative view of acceptable sexual behaviour. For example, their questionnaires evaluated boys' agreement or disagreement with ideas such as whether relationship development should precede having sex. Klein (2003) criticized such traditional views as supporting an unhealthy and sex-negative culture. Once again, these opposing views show an inherent ethical tension in sex addiction counselling and the difficulty of objectively evaluating risk.

Returning to Doornwaard et al.'s (2015) research, the boys in the study only demonstrated low rates of SEIM use, raising questions about the impact of high rates of exposure to SEIM, as pornography addicts would display. As this study's population came from a convenience sample in the Netherlands, readers cannot generalize the findings without reservations. Even so, the discovery may have far reaching implications for practice and future research. For example, Doornwaard et al., (2015) suggested that future research could replicate their results and use variations in age samples and

measurement intervals to improve understanding of sexual development when SEIM is present.

Fully exploring the research surrounding sexually explicit websites and sexual addictions in general is beyond the scope of this literature review and thesis project. However, the above evidence about the social impact of sexually explicit materials is pertinent to the ethics argument. The CPA's (2017) code of ethics states that respect for the client's dignity should receive more weight than the counsellor's duty to society "except in circumstances where there is a clear and imminent danger of bodily harm to someone" (p. 4). Sexual promiscuity may not be evidence of immediate danger to the client, just as a client's use of child pornography may not be evidence of immediate danger to the children with whom the client associates. However, a substantial portion of recent increases in HIV seem to stem from casual sex initiated online (Chan & Ghose, 2014), which again suggests that a client engaged with SEIM may face very real personal health risks. Does respect for autonomy—or the client's ability to make decisions for themselves—mandate counsellor neutrality on such issues? Some professionals may feel ethical tension due to their desire to oppose sexually explicit materials from a social justice perspective and to use directive interventions to reduce their client's risk of exposure to sexually transmitted infections (STIs). These competing ideas demonstrate clear tension between the counsellor's responsibility to society and the paramount dignity of the client (CPA, 2017).

Tension Between Duty to the Client and Supporting Their Families

Turning the focus of discussion from the demands of civic responsibility to the needs of family and peers adds a layer to the ethical tensions associated with sex addiction counselling. Sex addictions may create significant distress for family members

of addicts, and these negative effects may create serious ethical tensions in sex addiction counselling. For example, while some research points toward positive or mixed effects of pornography on relationships (Campbell & Kohut, 2017; Kohut, Fisher, & Campbell, 2017; Muusses, Kerkhof, & Finkenauer, 2015), some research suggests that sexual addictions can negatively affect the family and relationships of the person with an addiction (Black, Dillon, & Carnes, 2003; Jones & Tuttle, 2012). Jones and Tuttle (2012) suggested that children of people with sex addictions often suffer because they may not develop a healthy attachment when an addicted parent neglects them. If a counsellor is working with couples or families, they may find tension between their duty to the individual and duty to the family system. I will address these tensions as first centering on the possible risks accompanying sex addictions and then several possible scenarios that may necessitate disclosure of the addiction to the addict's children, spouse, or partners.

Risks of sex addictions for the family. While sex addictions may cause harm to the families of addicts, it is important to note that little research has explored such risks. The implications for practice and policy are uncertain. For example, the courts in the United States are not convinced that a parent with a sexual addiction poses a risk to his/her children. In an overwhelming majority of divorce cases where plaintiffs cite sexual addiction as a factor, the court grants custody or shared custody of children to the parent with the sexual addiction (Krueger, Weiss, Kaplan, Braunstein, & Wiener, 2013). The exceptions typically involve situations where children are exposed directly to pornography or experience considerable neglect from the parent who uses pornography (Krueger et al., 2013). In other words, counsellors have neither legislation nor clear legal

precedent to support definitive ethical decision-making when repetitive sexual activity creates problems for a family they support.

Furthermore, researchers have documented some of the effects sex addiction has on partners of addicts. Partners of addicts often feel as if they are experiencing an affair (Jones & Tuttle, 2012) and in a majority of cases in one study, they experienced all the symptoms of Post-Traumatic Stress Disorder (PTSD) when they become aware of their partner's sex addiction (Steffens & Rennie, 2006). In a different study, many stated that their partner's sex addiction motivated their pursuit of divorce (Schneider, 2000). With these findings in mind, treatment options that involve helping clients to become more accepting of the behaviour may seem questionable (Jones & Tuttle, 2012).

However, this does not necessarily eliminate potential ethical tensions for sex addiction counsellors. Murray (2017) expressed her own inner conflict as she supported a client who felt that his use of pornography was damaging his relationship with his partner. Murray stated that she vacillated between three possible approaches: She could remain neutral toward pornography and simply follow her clients' lead in the treatment process. Alternatively, she could introduce her anti-pornography feminist perspective into the dialogue to try to help reduce her client's use of pornography. As another option, she could express her pro-pornography feminist view that pornography could be seen as an art that served a real purpose in her client's life. Some writers argue for a sex-positive discourse that questions dominant social discourses of mononormativity and heteronormativity (Klein, 2003; Reay, Attwood, & Gooder, 2013). For some counsellors, the experience of determining a treatment approach in the midst of these ideas may be ethically and emotionally complicated.

As another example of possible complications, some clients may also pursue acceptance regardless of their family's or their counsellor's opinion. It is an ethical dilemma if a person with a sex addiction does not see a problem with his/her behaviour and the counsellor stands between supporting the individual client's desire for acceptance and the family's desire for change. In such cases, counsellors face the difficult task of moving forward in therapy in spite of disparate client values.

Situations where disclosure of the sexual addiction may be necessary. In cases where a sexual addiction puts other people at risk, sex addiction counsellors are faced with decisions regarding the disclosure of the behaviour. These decisions may create ethical tensions as counsellors evaluate who may be at risk due the addiction and how that risk can be mitigated. Three prominent disclosure issues appear in the literature: disclosure to the spouse (Schneider & Levinson, 2006), potentially facilitating disclosure to children who may have been affected by the addiction (Black et al., 2003), and disclosure to people at risk of contracting STIs (Herring, 2001). Most counsellors agree that sexual addicts should disclose their behaviour to their spouse (Butler, Rodriguez, Roper, & Feinauer, 2010; Schneider & Levinson, 2006; Steffens & Rennie, 2006). Many factors, however, should be considered, including the burden of secrecy on the addict, the pain and risk of disclosure for both the person with the addiction and their partner, and the increased potential for healing, wholeness, and restored intimacy after disclosure (Schneider & Levinson, 2006). Although not commenting directly on sex addictions, Butler et al. (2010) emphasized that when counsellors work with a couple and discover infidelity, they should remember that the couple's relationship equality must include equal ability to choose to stay in or leave the relationship with full knowledge of the partner's behaviour. Schneider and Levinson (2006), writing about counselling couples

after one partner has had an affair, suggested that counsellors should consider how disclosure and non-disclosure could affect every party involved. As Jones and Tuttle (2012) argued that sex addictions resemble affairs in many respects, the same deliberation about the effect of disclosure on all involved parties may also be pertinent for sex addiction counsellors.

Steffens and Rennie's (2006) research provides insights that can help inform this decision-making process. They surveyed 63 women, married to, or separated from, sexual addicts, and inquired about the effects of disclosure of a sex addiction. They also used a convenience sample to try to balance ethnicities and urban and rural residents. Using self-report questionnaires designed to diagnose PTSD and evaluate trauma symptoms, Steffens and Rennie conducting a multivariate analysis of variance to determine the effect of the type of disclosure (intentional or accidental) on symptom severity scores. The results were striking: 69.6% met all criteria for PTSD with the exception of criteria 1 from the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; *DSM-IV-TR*; APA, 2000). Criteria 1 specifies that diagnosis with PTSD requires a person to have experienced, received threats of, or witnessed serious injury or death. Comparing accidental and intentional disclosure of the addiction did not appear to affect the spouses' response, but the longer the delay between marriage and disclosure, the more severe the reaction (Steffens & Rennie, 2006). This provides empirical support for Schneider and Levinson's (2006) position in favour of disclosure.

Disclosure to children presents additional considerations. Black, Dillon, and Carnes (2003) conducted a survey of 89 people who, when they were children, learned of a parent's sex addiction. In general, the data indicated that if the child already suspected the addiction, disclosure validated and eased suspicions, created a healthy disclosure

environment, fostered safeguards for children at risk, and potentially broke the generational cycle of addiction. If the child did not suspect the addiction, or had not reached mid-adolescence, disclosure did not seem advisable. In such situations both the counsellor and the parents are faced with a difficult decision between disclosure and nondisclosure.

A third ethical tension connected with disclosure appears when clients may be at risk of transmitting STIs (Herring, 2001). Although not always legally mandated, Canadian case law establishes a legal precedent that creates a clear obligation for healthcare counsellors to warn third parties who may contract HIV from a client (Chaimowitz, Glancy, & Blackburn, 2000). Herring (2001) pointed out that counsellors take many different approaches to this sensitive issue, but did not specify any source for that information. He provided his own list of suggestions, including establishing and discussing precise policies with clients, understanding local legislation, and being prepared to discuss the risks associated with various sexual practices.

Tension Between Counsellor and Client Worldviews

Differences between client and counsellor views of morality and sexuality can also create potential ethical tensions and introduce conflicts between the counsellor's personal moral code and his/her responsibility to support the client. Regardless of what the values are, counsellors ought to observe how their values influence the counselling process. Many clients reportedly seek help and find that counsellors do not acknowledge the gravity of sex addiction, either encouraging acceptance of unwanted behaviours or ignoring the potential risks (Jones & Tuttle, 2012). In particular, younger counsellors who grew up in a sexualized culture may tend to normalize sexual activity on the Internet (such as pornography use or sexual conversations online) and other sexual behaviours

(Jones & Tuttle, 2012). However, Griffin-Shelley (2009) cautioned against overemphasizing sex addictions and encouraged counsellors to remain alert to other possible diagnoses.

Counsellors may also work with clients who engage in bondage, domination, submission, and sadomasochism (BDSM) practices where participants physically harm or are harmed by their sexual partners (Griffin-Shelley, 2009). Counsellors may tend to identify and treat these behaviours as pathological (Griffin-Shelley, 2009). These behaviours harm the client and his/her partners, but Griffin-Shelley argued that the counsellor must not make value judgments in such scenarios and should instead give precedence to the client's right to self-determination. This may be particularly difficult because counsellors commit to careers of compassionate helping and may struggle when the value conflict involves both sexuality and risk of harm to the client. Sex addiction counsellors must remain acutely aware of how their values and personal responses influence counselling processes in these scenarios. Indeed, conflicts between counsellor and client values and characteristics can create particularly difficult ethical problems (Mintz et al., 2009).

To explore the influence of counsellor values and characteristics in sex addiction counselling, Hecker, Trepper, Wetchler, and Fontaine (1995) conducted a survey to better understand how the gender and religiosity of counsellors influenced their work. One hundred and ninety-nine members of the AAMFT evaluated written vignettes of client scenarios. One version of the vignette described a married man or woman coming to counselling, concerned about his/her own high levels of sexual activity with his/her spouse. The second vignette depicted a single person engaging in the same sexual activity with various partners. Male counsellors rated the clients as more sexually addicted, in

need of long-term therapy, and predicted less favorable outcomes. Highly religious participants also tended to diagnose the clients as sexually addicted. Highly religious male subjects pathologized their clients more frequently. Respondents rated the fictional single people as more pathological, more likely to be a sex addict, and more likely to need long-term treatment. The research team observed statistically significant but small differences in overall responses, meaning the results may not indicate substantial differences in practice. Even so, the findings indicate that counsellors' values, religion, and gender may influence the counselling process.

More recently, Hertlein and Piercy (2008) conducted a similar study to evaluate how counsellor age, gender, and religiosity affected their evaluation of fictional vignettes about clients presenting with concerns over Internet infidelity (specifically, flirtatious emails, physical affairs resulting from online encounters, and downloading pornography). Respondents evaluated male clients as more likely to have a sexual addiction. Younger counsellors recommended fewer therapy sessions and suggested more focus on the environment. Female counsellors tended to connect flirtatious emails to larger processes in the couple's relationship. Male counsellors recommended fewer therapy sessions for pornography users. More religious counsellors seemed more prone to rate the fictitious client as sexually addicted and to evaluate pornography as harmful, but religiosity did not appear to influence the process of treatment.

It seems clear, based on the results of these two studies, that the age, gender, and religiosity of the counsellor are significant in the assessment and treatment of sex addictions. Pinpointing the reasons behind the findings and solutions to the issues they present takes more effort. For example, the likelihood that a younger counsellor will recommend fewer therapy sessions may increase the risk that the counsellor will not

appreciate the significance of a sex addiction. By contrast, some clients may participate in sexual activities that are concerning for the counsellor but have no need of therapy. In any case, counsellor characteristics should be seen as a significant element in the diagnosis and treatment of sex addictions. While those characteristics may not be easily mutable, attention to the influence of those characteristics will support ethical counselling practice when a client's sexual experiences are discussed. Additionally, the significance of counsellors' values reiterates the importance of exploring how counsellors experience ethical tensions in sex addiction counselling. Since counsellors' values probably play a significant role in the counselling process (Hecker, 1995; Hertlein & Piercy, 2008), qualitative interviews enable exploration of how counsellors conceptualize their own experiences and how their values affect their decision-making processes.

Implications for Counsellors: Navigating Ethical Tensions

Sex addiction counselling will produce many unexpected scenarios where counsellors must find their way through complicated ethical tensions (Schneider & Levinson, 2006). There are no universal answers. Each case will require robust ethical decision-making processes. I present here a brief analysis of how the CPA (2017) code of ethics, combined with ethical decision-making suggestions from Mintz et al. (2009) can provide a useful decision-making apparatus. These resources are valuable and demonstrate that counsellors do have some tools at their disposal to deal with difficult ethical tensions. However, the sample below also illustrates the importance of specific research on how counsellors experience and negotiate ethical tensions in sex addiction counselling.

Codes of Ethics

The CPA code of ethics states:

> Psychologists are not expected to be value-free or totally without self-interest in conducting their activities. However, they are expected to understand how their own experiences, attitudes, culture, beliefs, values, individual differences, specific training, external pressures, personal needs, and historical, economic, and political context interact with their activities, to be open and honest about the influence of such factors, and to be as objective and unbiased as possible under the circumstances. (2017, p. 25)

This is both comforting and challenging in sex addiction counselling. Disagreement among professionals and the personal nature of issues related to sexuality make it difficult to adopt a fully objective or unbiased position regarding sex addiction. Furthermore, the nature of sex addictions means that any perspective that a counsellor adopts will inevitably be in tension with the perspectives of some clients and some other professionals. At the same time, the CPA code is reassuring because it gives counsellors room to carefully review the evidence and develop their own perspective about sex-addiction, always being mindful of how their values and context influence their clinical decisions.

To guide this decision-making process, the CPA (2017) code specifies four foundational principles of ethics ranked in the order in which they should generally take precedence. First comes respect for the dignity, inherent worth, and moral rights of persons and peoples; second, responsible caring through competent practice; third, integrity in relationships; and fourth, responsibility to society (CPA, 2017). The code also acknowledges that, although decisions should be made based on the weighted order of the ethical principles, no lockstep rank order of values applies to all situations. Some cases—most notably where there is risk of harm—necessitate reordering these foundational

principles. Mintz and colleagues (2009) proposed that counsellors learn to identify the highest order values at play in a value conflict scenario, and then determine how higher order values can support ethical counselling or even erase the value conflict altogether.

As an example, some sex addiction counsellors may become actively involved in opposing child pornography out of a desire to protect children and better their society (Samenow, 2012). Those virtues in mind, the counsellor may negatively perceive a client who uses child pornography. Such a perspective could compromise the possibility of a strong therapeutic relationship. In this simple example, the CPA (2017) code of ethics and analysis of higher order values may lead the counsellor to decide that both professional duty to support the client and an ethic of compassion outweigh their desire to oppose child pornography. A more complete synthesis of the picture may lead the counsellor to emphasize the transcendent value of compassion and to focus on helping a person addicted to child pornography to set their own socially responsible goals. This course not only fulfills the counsellor's professional responsibility, but potentially strengthens the counsellor's ability to build a strong working alliance and possibly even supports the counsellor's social justice objectives. Ethical decision-making models should not become simplistic tools for the counsellor to satisfy his/her personal objectives for social improvement, but those objectives will always enter the counselling room. If counsellors work to see their objectives in the context of the client's problems, a value conflict could grow into a powerful synergy of client and counsellor ideals that contributes to success in therapy (Haverkamp, 2005).

However, combining the CPA (2017) code of ethics and ethical decision-making principles from Mintz et al. (2009) is still a generic approach to ethical decision-making. The process lacks specificity that could make it more useful for sex addiction counsellors.

As indicated by the literature review above, sex addiction counselling is filled with complicated and unique ethical tensions. Schneider and Levinson (2006) astutely pointed out that in the face of such diverse ethical predicaments, sex addiction counsellors do well to learn about the possible problems in advance, so they will be able to make more sound decisions when unexpected ethical problems arise. As research on this topic is limited, future research may be essential to provide more detailed understanding of ethical tensions for counsellors who may encounter clients with sex addictions.

Literature Review Summary

Professionals disagree about the definition of sex addiction. Some perceive the issue as an urgent and growing need (Goldberg et al., 2008) while others feel that traditional conceptions of the issue are inaccurate (Moser, 2011a, 2011b). Compounding the conflicted nature of the field, sex addiction counsellors must also negotiate a variety of ethical tensions, including tension between social justice and duty to support the client, tension between supporting the client and supporting their families, and tension between the counsellor and client values.

Resolving these conflicts in the near future seems unlikely, and this state of affairs requires counsellors to develop their capacity to navigate through the ethical tensions. Integrating the recommendations of professional documents, such as the CPA code of ethics, with approaches to ethical decision-making, like those proposed by Mintz et al. (2009), can provide a functional foundation for counsellors to negotiate challenging ethical tensions. Appreciating and carefully deliberating about these issues not only benefits counsellors who will encounter sex addictions, it helps ensure ethically sound practice. Whereas previous writers have provided guidelines on ethical practice in sex addiction counselling (Griffin-Shelley, 2009; Herring, 2001; Jones & Tuttle, 2012;

Schneider & Levinson, 2006) my research project gives greater focus to how some counsellors experience these tensions in practice. Awareness of these experiences will assist counsellors to prepare to make sound ethical decisions when they inevitably face the difficult ethical tensions in sex addiction counselling.

Chapter 3: Methodology

In this study, I aimed to answer the question: "How do counsellors helping clients with sexual addictions experience and manage ethical tensions in sex addiction counselling?" To accomplish this, I used interpretative phenomenological analysis (IPA) to guide the investigation. IPA is a relatively new qualitative research approach that continues to gain popularity internationally and in a growing number of fields (J. A. Smith, 2011). Researchers using this approach explore how people experience significant events in their lives (J. A. Smith et al., 2009).

In this section, I provide a concise overview of the historical and philosophical origins of IPA, areas of research IPA best supports, the process of conducting IPA, validity criteria, and potential ethical issues. I will discuss how IPA provided a rigourous platform for exploring how sex addiction counsellors experience ethical tensions in sex addiction counselling. Overall, IPA is a philosophically nuanced and structured research approach that can provide unique insights into how participants experience the world. This detailed idiographic focus supported a thorough analysis of sex addiction counsellors' experiences with ethical tensions.

History of IPA

Jonathan Smith (1996) introduced IPA as a middle ground between the competing theories of social cognition and discourse analysis. Smith proposed a dual approach that aimed "to get close to the participant's personal world" while simultaneously recognizing that the researcher could only "make sense of that other personal world through a process of interpretive activity" (p. 264). Prominent topics of inquiry using IPA include patient experiences with illness, psychological distress, counsellors' experiences providing services, dementia, sexual identity, spirituality, addictions, and eating disorders (J. A.

Smith, 2011).

Although educational psychology used to be absent from the IPA scene (Hefferon & Gil-Rodriguez, 2011), several IPA studies have recently explored issues in educational psychology (2015; Doutre, Green, & Knight-Elliott, 2013; Rizwan & Williams, 2015), suggesting that IPA continues to prove useful in new fields of inquiry. For a number of years, almost all IPA research came from the UK, where it originated, but international publication of IPA studies is increasing quickly (J. A. Smith, 2011). In sum, IPA has garnered extensive attention in its twenty-year history, and current trends seem to indicate that the number of researchers, professions, and countries that take advantage of IPA will continue to grow.

IPA's Philosophical Roots

Phenomenology

The philosophy of IPA includes phenomenology, hermeneutics, and idiography (J. A. Smith et al., 2009), and I will discuss each of these concepts in turn, beginning with Edmund Husserl's approach to phenomenology. The core of Husserl's (1970) phenomenology draws from the Cartesian philosophy that all human experience resides entirely in the mind (Moran, 2012). *Intentionality* is a central concept in Husserl's paradigm, and describes "the relationship between the process occurring in consciousness, and the object of attention for that process" (J. A. Smith et al., 2009, Chapter 2, Husserl, Para. 7). In other words, for Husserl, intentionality meant that conscious thought never exists independently, but only in relation to objects (Moran, 2012). However, since the meaning of the objective world depends entirely on conscious thought, Husserl believed that empirical methods could not study intentionality (McConnell-Henry, Chapman, & Francis, 2009).

Husserl proposed phenomenology as the antidote to empiricism's deficit (McConnell-Henry et al., 2009). Husserl contended that part of the solution is to step outside of one's *natural attitude*—the non-reflexive, day-to-day interaction with "the taken-for-granted, everyday life that we lead" (J. A. Smith et al., 2009, Chapter 2, Husserl, Para. 16)—and step into a *phenomenological attitude*. This attitude is a reflexive stance that demands active examination of perception (J. A. Smith et al., 2009), and required what Husserl called *bracketing* or *epoché*: the total suspension of pre-existing understandings (Moran, 2012). Commitment to bracketing, a hallmark of Husserlian phenomenology, is designed to enable description of a phenomenon's fundamental *essence*: the unchanging nature of experience (McConnell-Henry et al., 2009). Thus, Husserl's phenomenology drives toward knowing and describing the core of an experience (McConnell-Henry et al., 2009). In IPA, Husserl's version of bracketing is primarily a pretext for a more nuanced view of the concept developed by Husserl's student, Martin Heidegger.

In contrast to Husserl's descriptive approach, Heidegger focused on ontology and the interpretation of experience (McConnell-Henry et al., 2009). Heidegger emphasized the fundamental concept of *dasein*, or "the uniquely situated quality of 'human being'" (Heidegger as cited in J. A. Smith et al., 2009, Chapter 2, Heidegger, Para. 4). Dasein implies an unbreakable connection between people's perceptions and their world, which prevented Husserlian bracketing (McConnell-Henry et al., 2009). In this state of being, *intersubjectivity* is an attempt "to account for our ability to communicate with, and make sense of, each other" (Larkin, Eatough, & Osborn, 2011, p. 324). It is this intersubjective capacity for sense making that IPA researchers endeavour to explore with research participants; to try to grasp how they make sense of the world around them (J. A. Smith

et al., 2009). However, as Maurice Merleau-Ponty pointed out, the physical origins of human perceptions are inescapable (cited in Larkin et al., 2011), making total empathy impossible, because no two people share either physical space or experience (J. A. Smith et al., 2009). Due to this unbridgeable gap, trying to understand how others make sense of the world is an interpretive process. Heidegger's phenomenology is thus primarily interpretive, in contrast with the descriptive focus of Husserl's version of phenomenology.

With a research question focused on how counsellors experience ethical tensions, the IPA focus on phenomenology was a good fit for the current research project. As I presented in the literature review, counsellor characteristics such as age, gender, and religiosity have a significant influence on several aspects of the sex addiction counselling process (Hecker, Trepper, Wetchler, & Fontaine, 1995; Hertlein & Piercy, 2008). It therefore seems likely that most counsellors will experience ethical tensions in a way that is personally unique. A phenomenological focus supports detailed appreciation of those unique experiences.

Hermeneutics

Friedrich Schleiermacher was a leading figure in hermeneutics who suggested that understanding an author's technique and historical context could enable an interpreter to attain insights that the writer had not reached themselves (J. A. Smith et al., 2009). This concept is fundamental to IPA: if a researcher's analysis can add value to participants' accounts, interpretative research may substantially add to human understanding (J. A. Smith et al., 2009).

Heidegger's view further refined this interpretive theory. He proposed that previous experiences, often called *fore-structures,* always influence interpretation

(Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Cycling between analyzing these fore-structures and analyzing the text creates the hermeneutical circle (McConnell-Henry et al., 2009). As researchers monitor how their previous experience affects their interpretations, they may more consciously focus the interpretive process on the data (J. A. Smith et al., 2009). Hans-Georg Gadamer (2004) added that, in order to deliberately manage the effect of their own perspective, they must be open to learning from other people and perspectives (Converse, 2012). Synthesizing Schleiermacher, Heidegger, and Gadamer's concepts, J. A. Smith (2007) presented the hermeneutic circle as a process of cycling between interviews and the larger research project, between considering episodic accounts to larger life narratives, and between analyzing the researcher's fore-structures and participants' experiences.

For the current research project, I viewed the IPA process of detailed interpretation as a companion strength alongside a phenomenological focus. Detailed exploration of sex addiction counsellors' individual experience would likely be valuable by itself. Data focused, cyclical interpretation of those experiences may compound that value by analyzing themes and synthesizing insights that are not immediately apparent in the data. The cyclical process of examining interview data and my own interpretive fore-structures also provides a robust process for deep analysis while continually checking the influence of my own experience and beliefs. Given my above statement about my religious beliefs, such a cyclical process appears especially valuable.

Idiography

To situate the hermeneutic circle in the larger context of research methodologies, IPA steps away from the nomothetic pursuit of general laws to focus on idiographic study, meaning a focus on the details of smaller cases (J. A. Smith et al., 2009). An

idiographic focus, combined with the hermeneutic and phenomenological roots of IPA, help researchers to appreciate, focus on, and productively analyze how individuals experience diverse phenomena (J. A. Smith, 2011). In fields such as nursing, where people from nondominant groups often have the greatest needs for service, IPA may provide detailed information about little known populations (Pringle et al., 2011). Similarly, my research explores a small niche in counselling; specifically, how sex addiction counsellors experience ethical tensions. Sex-addiction counselling is still a new and controversial field of practice (Giugliano, 2013). IPA provides a system of detailed, analytic methods that helped to illuminate how counsellors' experience ethical tensions in a new and challenging realm of counselling. While these four participants' experiences may not be generalizable, IPA's idiographic focus on their experiences with ethical tensions may still produce useful insights regarding this important phenomenon.

IPA Research Methods

Research Question

Research begins with questions, and Smith et al. (2009) recommended that IPA is well-suited to answering questions that focus on how participants make sense of their experiences, search for meaning rather than causality, and explore details (J. A. Smith, 2007). In this study, I focused on the single question: How do counsellors helping clients with sexual addictions experience and manage ethical tensions in sex addiction counselling?

Sampling

To explore such questions, IPA uses small, homogenous samples of people who have experienced a similar phenomenon, enabling comparison of similarities and differences within the group (Hefferon & Gil-Rodriguez, 2011). J. A. Smith et al. (2009)

suggested selecting the sample after designing the study so researchers can define the homogeneity needed in their sample to answer the research question. IPA studies should rarely include more than 3 to 6 individuals to allow sufficient depth of analysis (J. A. Smith et al., 2009).

To follow IPA method, I interviewed four counsellors who have practiced as CSATs for five years or more. CSATs are certified by the International Institute for Trauma and Addiction Professionals (IITAP, 2016a). The IITAP (2016c) had listed 66 CSATs practicing within Alberta, where I live. Finding four with sufficient experience and interest in participating was not difficult. Although some CSATs I spoke with stated they did not have sufficient experience in the sex addiction field, I was able to quickly contact four who had specific and substantial experience working with sex addictions in their practice. Two were registered social workers, one was a registered psychologist, and one was a counsellor with the Canadian Professional Counsellors Association (CPCA). They were each able to provide significant feedback about numerous ethical tensions they have encountered. Although the selection of only CSATs restricted the number of counsellors I interviewed to those who agree with the IITAP perspective, the homogeneity is fitting for IPA research (J. A. Smith et al., 2009). The IITAP (2016b) stated that they believe that sex addictions are real; they also advocate for nondiscrimination and competent, compassionate care by professionals. Such core beliefs are compatible with codes of ethics used by Canadian counsellors, making CSATs a viable option for this research project.

Data Collection

In accordance with IPA procedures, I conducted in-depth interviews with participants to explore how they have made sense of ethical tensions in their counselling.

I completed three of these interviews in-person and one using video conferencing software. Interviews lasted from sixty to ninety minutes. Each conversation was focused on understanding participant experiences, not searching for absolute truths (J. A. Smith et al., 2009). As each interview produced rich and detailed accounts of participants' experiences with ethical tensions, I did not feel a need to conduct any follow-up interviews (Wagstaff & Williams, 2014). In my informed consent documents (see Appendix B), I informed participants of the expected interview duration, the possibility of a follow-up interview, and our flexibility to choose an interview location where they would feel comfortable (J. A. Smith et al., 2009). At the beginning of each interview, I discussed the informed consent documents verbally and answered questions to help participants feel secure (J. A. Smith et al., 2009).

The interviews were conducted as sensitive searches for specifics where I sought to understand the participants' perspectives as thoroughly as possible (J. A. Smith, 2007). I designed carefully-worded questions in a brief interview schedule (see Appendix A) and listened attentively as participants elaborated on their experiences (J. A. Smith et al., 2009). Due to the uncertainty of semi-structured, in-depth interviews, I tried to foster comfort with silence, allowed time for reflection, and set a pace that allowed us to explore the topic in detail (J. A. Smith et al., 2009). During the interview, I also aimed to forgo interpretation in order to focus entirely on the participants' experiences (Hefferon & Gil-Rodriguez, 2011).

Interview Schedule

Writing and mastering an interview schedule is a good idea to prepare for focused, effective interviews (Hefferon & Gil-Rodriguez, 2011). Following recommendations from J. A. Smith et al. (2009), my interview schedule began with the

research question, followed by additional exploratory questions that gradually directed conversation to more sensitive topics (J. A. Smith et al., 2009). As transcripts must be verbatim (J. A. Smith et al., 2009), I checked my recording equipment in advance to avoid losing data (Banner, 2010). In addition, I recorded each interview using both my phone and laptop to ensure at least one quality recording. Each device captured high quality recordings which remained fully encrypted on the device hard drive.

Data Analysis

After the initial interviews, I transcribed the audio recordings verbatim (J. A. Smith et al., 2009). The transcription process served as a first opportunity to engage more carefully with the data, as every word had to be accurately captured and typed. Following transcription, I began an iterative and inductive analysis, moving repeatedly through the hermeneutic circle by cycling between the complete text and small pieces of it, and between my own preconceptions and the participants' narratives (J. A. Smith, 2007). J. A. Smith et al. (2009) provided a list of steps to help guide novice IPA researchers, which I used to guide my interpretative processes. First, I read and re-read the first transcript to place the participants' worlds at the centre of the analysis process and begin to look for patterns. Second, I began making notations, aiming to commentate exhaustively on the text. My comments described the dialogue; explored use of tone, metaphor, and other language structures; asked questions of the text to explore meaning and themes; and explored the influence of researcher fore-structures. Third, I developed concise themes that preserved the detail and complexity of the interview. Fourth, I looked for connections between themes, organized them, named categories, and considered their function, frequency, and context. I also created detailed mind maps to experiment with the suggestion from J. A Smith et al. (2009) to try different spatial organizations of

themes.

Fifth, I moved to the next case and repeated steps one to four. I tried to bracket the themes I identified in the previous case. However, I believe that my previous analyses inevitably influenced my continuing analysis, making it a challenge to allow new themes to develop. Sixth, I looked for patterns across cases and altered and combined previously identified themes. In this step I aimed to reach for deeper levels of analysis through "microtextual analysis of small extracts of text" (J. A. Smith, 2004, p. 51). None of these steps were discreet, and I moved forward and backward through the sequence as needed (J. A. Smith et al., 2009). Even so, the steps provided structure that helped me attain deeper levels of interpretation.

Writing the Research Report

I wrote the analysis section first. The writing process certainly helped deepen my analysis by continuing to shape and connect themes (J. A. Smith et al., 2009). In the analysis section that follows, I present a detailed description of themes and participants' contexts, all supported by data from participants (J. A. Smith, 2004). I relied heavily on verbatim quotations from the interview transcripts to help clearly illustrate the themes and to keep my interpretation as close as possible to the participants' experiences (J. A. Smith et al., 2009).

Ethical Issues

A primary directive for counsellors is to "do no harm" (CPA, 2017, Principle II). In Canada, all research involving human participants is required to undergo an ethical review (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Science and Humanities Research Council of Canada, 2014). To comply with this requirement, I submitted my research proposal for

review by the Athabasca University Research Ethics Board and received approval to proceed (see Appendix C). Although several counsellors recalled strong emotions when describing their experiences, none displayed significant personal discomfort during the interviews.

Prior to beginning interviews, I also engaged participants in a written and verbal informed consent process, ensuring they were fully informed of the research prior to choosing to participate (see Appendix B). Truscott and Crook (2013) pointed out that informed consent is based on respect for the autonomy of individuals and that it must meet at least three criteria: First, professionals must provide clients (or in the case of this study, participants) with all information that an objective reasonable person would want to have in the circumstances. Second, consent should be voluntary and avoid any semblance of coercion. Third, consent should be a continual process that can be adapted as needed. I met these criteria by providing participants with written documentation explaining the topic and structure of my study, as well my interview process. I also informed them that their participation would not bring incentives or other benefits, helping to ensure that their participation was entirely voluntary. Furthermore, the dissemination of my findings will make it impossible to retract the data the participants provided. Accordingly, I indicated during the consent process that their deadline for withdrawing from the study would be two weeks after I sent them a copy of the analysis for their review.

Confidentiality is also an important ethical standard (CPA, 2017, Principle I.44), but is somewhat complicated in IPA. J. A. Smith et al. (2009) noted that anonymity is a better term for qualitative researchers to use than confidentiality. The term confidentiality implies that no one else will see the data, but in IPA research verbatim quotations from

the dataset are essential in the analysis. As a result, the participants' data is not truly confidential. Instead, researchers must remove potentially identifying information that could be connected to participants. I specifically requested permission to use anonymized verbatim quotations in the analysis and indicated my commitment to maintain anonymity by removing all data that could identify participants (J. A. Smith et al., 2009). As part of the transcription process, I replaced the names of each participant with pseudonyms and eliminated information that could be used to identify them. I also provided the participants with copies of the transcript and analysis to review. Three of the four participants reviewed the analysis and confirmed that it accurately represented their experiences. The fourth participant was unable to review the results.

Methodology Summary

The extensive philosophical background for IPA provides strong support for conducting research that explores how people experience a given phenomenon. The primary limitation of this focused method of analysis is the difficulty of generalizing results from small scale studies to larger populations. However, the detailed, ideographic exploration associated with IPA will still yield insights that counsellors and other readers can judiciously apply to similar settings and populations. Robust IPA studies can provide nuanced insights for counsellors. Such contributions are powerful indicators for the independent value and applicability of qualitative research. IPA allows researchers and readers to contextualize, appreciate, and apply how others experience the world in ways that may not be available using other research methods. With such transferability in mind, using IPA to explore how sex addiction counsellors experience ethical tensions in sex addiction counselling may enhance understanding of how to provide useful and ethical supports for people struggling with sex addictions.

Chapter 4: Analysis

Data analysis yielded three superordinate themes: preventative strategies, nuanced emotions during tensions, and resolving tensions. Contained within each superordinate theme, were a number of subthemes. I present the superordinate themes based on the sequence in which the counsellors would likely experience them: Preventative efforts to mitigate ethical tensions usually preceded the nuanced emotions that accompanied ethical tensions, which in turn usually preceded resolution to the tension.

Preventative Strategies

Each of the participants implemented proactive strategies intended to prevent or mitigate negative emotional experiences that accompany ethical tensions. Most of these preventative approaches arose from the participants' past experiences with tensions. Three of the four participants made more reference to their preventative efforts than to any other aspect of their experience with ethical tensions. These preventative strategies are especially significant because they are not indicators of an absence of tensions; rather, they represent the participants' deliberate attempts to prevent ethical tensions from becoming problematic. The three most prominent practices that participants used to mitigate ethical tensions were delineation of responsibility, unambiguous decision-making, and focus on helping. These practices are the subthemes of this section, which I will now explicate in further detail.

Delineation of Responsibility

Perhaps the most prominent of all subthemes within this superordinate theme is the counsellors' distinction between what they viewed as their own responsibilities and their clients' responsibilities. The counsellors were not just creating parameters around their own responsibilities, but boundaries between themselves and the experiences that

they believed would otherwise have created tension or discomfort in their practice. James' words are a fitting summary for the theme:

> People's choices, tensions, ethical dilemmas, I can't take that on. That would kill me! Uh, it's my job to help them see it more clearly, to present, uh, strategies for - for remediation. All kinds of things. But the onus is on them to do the work or not do the work, so I don't take any of that and I - I refuse to take any investment in that decision. What they choose to do is what they choose to do.

The decisive exclamation "that would kill me!" underscores how James perceives the consequences of not clearly separating his responsibility from those of his clients'. While surely not a literal matter of life or death, the image portrays the imminent death of his peace of mind should the separation be undermined. Each counsellor found a personally meaningful way to protect that peace of mind. James drew the line between his responsibility to counsel and the clients' responsibility to act. Stacy also described very clear methods of separating her responsibilities from those of her clients. The contrast between Stacy and James' approaches to this separation illustrates how each created preventative measures that they found to be useful. One of Stacy's important limits revolved around disclosure to spouses due to an unnerving previous experience, which she described thus:

> So, I had a - a woman I tr… I worked with one time whose partner lied to her about having sex and she ended up getting HPV and then cervical cancer and she has a 10-year-old, and she's had three surgeries, and I don't know - I think she still alive. But she's had very serious health problems and after that I just thought I can't ever - I never want to be in a situation where I'm keeping that secret from - like as a couple it's a no-brainer. I tell people upfront I don't - I don't keep secrets.

By contrast, James recalled working with men who were having affairs and said:

> If somebody comes and tells - if somebody - if a husband comes and tells me that he's - he's having marriage problems and 'oh, by the way I've had - I've had uh, a series of affairs, of which my wife is not aware.' Not my responsibility to call her up, and tell her. In fact, that would be a significant betrayal of a counselling relationship.

James elaborated by saying that although he placed all responsibility for disclosure on his clients and had no policy to require that disclosure, he would also tell his clients, "you don't have a healthy relationship without honesty and you never will." The different positions James and Stacy take with respect to confidentiality when a spouse may be at risk is surprising, but insightful. What makes the no-secrets policy an obvious choice to Stacy while the no-disclosure policy seems just as obvious to James? From Stacy description, it is that she finds it emotionally unacceptable to be in a position where she is keeping a secret that could cause harm: "I find it very distressing because, um, I feel like I'm holding a secret and that person is damaging - could be damaging - they could be giving a partner an STD. Let alone all the betrayal trauma that goes with that."

It may be noteworthy that Stacy continues to refer to such experiences in the present tense: "I find it very distressing," even though elsewhere, she stated that her screening and referral policies have enabled her to prevent distressing ethical tensions. She said, "if there's something like that (a client unwilling to disclose their sexual addiction to their spouse), I refer on." Perhaps her present tense statement indicates that the distress was so powerful that the memory is vivid in the present moment. With such powerful memories, Stacy's insistence that she is not responsible to keep secrets for the

client seems more understandable: she is setting protective limits around her responsibilities in a way that helps her to maintain peace of mind.

To draw another parallel, Stacy's no-secrets policy seems to be a practical application of Jenn's expressed concern that the weight of knowing a secret can create a heavy burden for the counsellor. Describing an uncomfortable memory of a client disclosing illegal behaviour in connection with his sexual addiction, Jenn said:

> Um, well I can remember standing in the room. I was lecturing. Um, and he made the comment that he knew he was engaging in stuff, um, that had the potential to, uh, get him into trouble. Um, and [*chuckle*] you know, I almost want to say that my immediate gut reaction was 'oh God, I don't wanna know!' Because with knowledge comes [*chuckle*] problems . . . so, I think there's a little piece of me that was like, 'Oh, I'd really rather not know, because when I know that changes everything.'

Like Stacy, Jenn recognized that being privy to the secret would transform her experience. Awareness of others who were at risk of harm disturbed the previous stability of Jenn's counselling experience. Stacy's strict no-secrets policy is a simple and logical insulation against that discomfort. If she requires complete disclosure between spouses, she never need be in a situation where she feels she is supporting a client whose behaviour may be emotionally or physically damaging to their spouse. For Stacy, a no-secrets policy was an important proactive strategy. For James, placing responsibility to disclose on the client's shoulders served the same purpose of preventing potential ethical tensions connected to disclosure.

Donna found another avenue to prevent tension over confidentiality issues by using detailed signed release forms. She said:

> You know, I haven't experienced uh, many ethical issues because how I work is if I am seeing a client who has a partner, we discuss very clearly, what are the restrictions around conversations with that partner. Um, 'do you want me to have conversations with that partner. So, if that individual signs a release to have conversations with that partner, then ethically, I would be bound by what was in that release. Um, and I would not have conversations with anyone – treatment team, any partner, anyone – unless they had signed a release.

When I commented that these release forms provide protection for both the client and the counsellor, Donna responded, "Totally. Totally." For her, release forms created an impregnable boundary between herself and legal or emotional struggle. It could be speculated that Stacy could have chosen to adopt such a policy, rather than a no-secrets policy. However, the difference in approaches suggests what each counsellor is striving to achieve. Donna's use of release forms suggests the she feels emotionally secure if she is in a clearly defined, legally defensible position. For Stacy, delineation of responsibility seems to have less to do with documented legalities and liabilities and more to do with her personal comfort zone. She said, "my own boundaries are kind of around what I can manage in terms of my own emotional, or kind of, anxiety capacity." This statement is similar to James' comment that taking on his clients' problems would be fatal. Where and how each counsellor drew a line around their duties varied, but the overall purpose seems clear: they defined their responsibilities in personally meaningful ways that protected them from the discomforts of ethical tensions.

Unambiguous Decision-Making

The participants in this research identified unambiguous ways to make decisions about potential ethical tensions. Counsellors achieved this clarity through consulting a

variety of authoritative resources, such as licensing bodies, legislation, and peer-reviewed research. However, the unifying theme was that they established a clearly defined response that prevented or eliminated their experience of uncertainty.

For example, Stacy and Donna's experiences of clients reporting use of child pornography are remarkable for the overwhelming lack of tension. By contrast, James most notable experience of ethical tensions came when his client reported using child pornography. Although details of the cases each person experienced are surely a factor, Stacy and Donna had adopted strict, unambiguous guidelines for themselves that prevented difficulty.

Here are Stacy's comments about how she created this clear preventative strategy:

> The laws, like were, at the time, when I had those clients, they were like streaming - if you were streaming it and you weren't sharing it, or downloading it, or making it, then it technically wasn't an issue where you needed to report it. So then, that helped me to just be able to just work with clients without feeling the stress of, like, 'oh my goodness I have to report this person.'

To paraphrase, the technicalities of legislation circumvented any stress for Stacy over reporting a client who was using child pornography. She used an unemotional tool (legislative decisions made by someone else) to prevent the difficult subjective and emotional experience of deciding to report a client. Donna's proactive approach was similar, though Donna prevented the tension by deferring to the decision made by her licensing body, rather than legislation. She said:

> I've only dealt with people that were either accused and not convicted of child pornography via their lawyers, or I have dealt with the guys in jail, and consulted with. So, I haven't had someone disclose to me, in my practice, um, but I would

> be on the phone to my college immediately to discuss with them, 'do I have a duty to report this case?' And I can't tell you, cause I haven't had that.

What stands out about this example is that Donna did not display any concern over an issue that could be very ethically challenging. She felt assured that consultation with her licensing body would resolve any tensions associated with any ethical dilemma. The urgency she attaches to contacting her licensing body also underscores the importance of her preventative strategy: rather than remaking a difficult decision, Donna simply planned to sidestep the difficult decision-making process and consult her college. In similar ways, Donna and Stacy created issue-specific responses that allowed them to practice ethically, while making it less likely that they would experience a difficult emotional response.

Jenn examined case law to try to facilitate the same end of preventing or quickly resolving an ethical tension using objective criteria. She stated:

> I did quite a bit of research, actually, on the law, and I looked for case law. Um, because I wanted to find out if what he was doing was a criminal offence and a reportable offence. So, I think, for me, even though my gut didn't feel good; even though my heart didn't feel good, I had to check that this wasn't simply me reacting to my own bias. Um, so, I pulled up a bunch of case law, um, and previous cases in Alberta where people had, um, where somebody had been posing as somebody else online to engage in underage sex. So, I looked at some histories so that I could figure out - I looked at things like the Child Luring Act, in Alberta, um, and some of the other acts, um, cause I wanted to arm myself with academic knowledge as well as just what didn't feel right in my gut. So that

> helped me to um, recognize what I believed was not just ethical, but it was a legal issue.

Like Stacy and Donna, Jenn's exploration removed ambiguity from the decision to report by comparing her client's behaviours with legal precedent. In other words, Jenn created a strategy that prevented the difficulty of deciding whether to report the client. The strategy was to have someone else – namely, the lawyers and judges of previous cases – answer the question. The strategy seems appealing because of its efficiency. If lawyers and judges, a licensing body, or legislators have already examined difficult ethical issues and struggled through the challenges of making a decision about an ethical situation, then counsellors need not repeat the struggle. The result for these counsellors was that they were able to circumvent the difficulties of making a complex decision. By doing so, they avoided some of the negative experiences associated with ethical tensions.

The above participant descriptions all reference a situation involving the need to report. To illustrate the theme with a different issue, Donna referred to a legislative decision that helped her find clarity surrounding the diagnosis of sexual addictions. She said:

> On March twenty-second of this year, the US Supreme Court in King's County, New York, actually um, verified, uh, from expert witnesses that hypersexuality is a construct and does exist, and can be – and they could hear, um, evidence based on that construct. That was a huge coup, uh, for, uh, the CSAT community and individuals that um, that work from that framework.

Donna's image of a "huge coup" suggests some kind of decisive victory. What then, is the victory? The simplest interpretation is that gray areas, or tensions, surrounding the diagnosis of sexual addiction have been alleviated by a decision made by

the New York state supreme court. Indeed, the *New York State v. Victor H.* (2018) case that Donna referred to came from a criminal defendant objecting to a psychologist's use of the term hypersexual disorder as part of his assessment of the defendant. The Supreme Court upheld the use of that term, finding that "the condition of hypersexuality is generally accepted within the relevant psychological community" (*State of New York v Victor H.*, 2018, Issue Presented section, para. 2). Given the heated debates surrounding the diagnosis of sexual addiction, it seems to come as a comfort to Donna that no less an authority than the Supreme Court of the State of New York supports her position. Her experience seems to be that the authoritative support of this court decision alleviates some tensions she could otherwise experience in diagnosing sexual addictions.

Donna also found a sense of clarity about the nature of addiction by consulting neuroscience research. Previously, it seems that the clarity had been relatively limited. In her words:

> The research on, um, on, uh GABA and on delta FosB, uh, and understanding how they work to promote cravings in an individual's brain and delta FosB is a protein that promotes craving. And, so, just to understand the neuroscience is so important, um, if you do this work. And that, actually, alleviates a lot of gray area for me.

Consulting peer-reviewed neuroscience research prevented the uncertainty Donna may have felt without reassurance from a reliable source. To further illustrate, she described a little of her work prior to the publication of this neuroscience research. Of that time, she said, "Well, I think that you would vacillate between a harm reduction model, and, uh, you know, a model that was based in the principles of the twelve steps or smart recovery." Neuroscience eliminated the need to vacillate between models and

provided a new experience of stability. The wording Donna uses is also significant. She described the lack of clarity she experienced while using harm reduction and twelve-step models as a past problem that no longer troubles her. Yet she also described that past lack of clarity as something that practitioners, referred to under a collective "you," would experience, rather than describing it as something which she experienced herself. Such a description removes the uncertainty not only to the past but to an abstracted concept no longer connected with Donna. Donna's wording reinforces the strength of clarity she now experiences with the support of peer-reviewed research: for Donna, the gray area is a thing of the past. Neuroscience has given her a more unambiguous perspective on the issue of diagnosis.

Stacy may have provided an effective summative statement for this theme by describing these unambiguous decisions as the "easy ones." Whether based in research, case law, or legal authority, the counsellors found unequivocal ways to make important decisions and cut through issues that could otherwise have created unpleasant experiences with ethical tensions.

Focus on helping

Another preventative strategy that the counsellors used involved sidestepping the tension altogether by focusing on their clients' needs. Stacy said:

> I get so tired of like the go rounds, with like, in the sex addiction community between people that, like, you know, have beefs with 'sex addiction' the term and 'is it fake?' 'Is it something to make money?' 'Is it over pathologizing?' Ummm, I don't, um, I don't - I find those arguments really boring and just fruitless. Like, I'm like, 'people come to me because they've self-identified a problem that's

wrecking their life in some way and I just want to be helpful. That's my main intention.'

In this case, the potential tension came from debate over the diagnosis and treatment of sex addiction. Stacy mitigated the tension by obviating the need for the debate. Her approach was to simply focus on the client's identified concerns and accompanying desire for change . If the client has "self-identified a problem that's wrecking their life" and finds the support which Stacy provides to be helpful, debates about sexual addiction are irrelevant.

Speaking to the same issue, James said:

If I have a referral from a source who doesn't believe in sex addiction, that's fine. We can call it compul - compulsivity. Not a problem for me. For me, the labels are much less important than, um, 'what does somebody need?' Nah. Figure of - my - that is neither here nor there. What is of importance is what happens in this room with that client, their belief system, what they're struggling with. And if somebody - and if - if the referring party wants me to write sexual - sexual compulsion, do I care? [pause] Not at all.

To take this analysis a little deeper, it is useful to contrast Stacy, James, and Donna's positions. For Donna, the debate over diagnosis seems to be extremely important. The New York state supreme court's movement to support hypersexuality as a legitimate diagnosis would not be a "huge coup for the CSAT community" if diagnosis were unimportant for Donna. However, although Donna prevented discomfort from ethical tensions by appealing to reliable sources – such as neuroscience and the Supreme Court decision – James and Stacy mostly sidestepped the issue by focusing on their clients' needs. All three counsellors found different ways of resolving the issue on their

own terms. Indeed, this thread of personally meaningful preventions and resolutions of tensions weaves its way throughout the themes of my analysis. In this instance, Stacy and James prevented tensions surrounding diagnosis by giving their clients' perspective precedence over the debate.

Even for Donna, with her focus on consulting credible sources of information, the importance of her clients' perspectives seems to have had some influence. Referring to her work before neuroscience research on sex addiction was available, Donna commented:

> You knew that people needed something, but you didn't know why they needed it. You didn't understand what was going on in their brains, only that some of those models were helpful and worked for people. I really don't think we knew what the hell was going on, [audio unclear] you know.

In other words, when lack of research left room for ambiguity, Donna's insulation from the uncertainty was her understanding that her work was helpful to clients. To be sure, Donna did not see herself as operating without sound evidence. She frequently mentioned research about the harms of pornography and attachment theory that informed her practice. Yet at the same time, she acknowledged the unanswered questions of peer-reviewed research and filled the space with attention to her clients' needs.

Nuanced Emotions During Ethical Tensions

Though the participants established strategies to prevent problems from ethical tensions, three of the four described experiencing significant difficulty from ethical tensions. In these instances, the complexity or unexpected nature of the ethical tension circumvented the counsellors' preventative strategies. The counsellors described an array of emotions that they experienced in these situations. Some of these emotions were

intense, such as fear or anger. Others were more subtle, such as uncertainty. All of the emotions the counsellors described underscored a nuanced emotional experience that was connected to the details of the ethical tensions. The subthemes of this section are emotional discomfort, compassion for clients, and uncertainty.

Emotional Discomfort

Three of the counsellors felt strong emotion related to their experiences. Jenn filled many of her descriptions of tensions with interjections such as "frickin' horrible," "it was a nightmare," "the whole case was a bit of a shit show," and calling it "a shitty situation." The counsellor's appreciation of nuanced aspects of the situation often contributed to the discomfort they felt.

One of Stacy's comments is a fitting illustration. Describing her emotions when clients contacted her outside of therapy she said:

> Uh, I just, I worry. Again, I kinda worry about, are they okay? Like what's going to happen to them. I feel anxious. Um, I feel a little bit caught off guard. It's hard for me to think, kind of, clearly sometimes. Um, I feel engulfed sometimes by their crisis I guess, that's part of it.

"Engulfed by their crisis" is a powerful phrase. What is behind the power? Contact outside of counselling hours seems like a smaller issue than concerns over a spouse contracting HPV or the use of child pornography. One explanation is that Stacy's feeling of being engulfed is connected to her recognition that she has, to some extent, been "caught off guard:" the preventative measures that separated her from ethical tension have been compromised. The result was an unexpected situation where Stacy's course of action became unclear. Reinforcing this interpretation, Stacy described her response to contact outside of counselling session, saying:

> I don't want to be rigid and I want to be compassionate and human but, um, but also there's just kind of normative boundaries that are a part of this work and - and I don't want to go - I don't want to go exceed those either, you know.

Stacy's response confirmed that the emotional discomfort came from her nuanced appreciation of the balance between flexibility and strict boundaries. Stacy could likely have avoided feeling "engulfed by their crisis" if she had established more rigid boundaries. Yet she also recognized that rigid rules may prevent her from conveying compassion to her clients. The tension seems to come from struggling to maintain boundaries: accommodative flexibility is in tension with strict normative boundaries that are intended to prevent such tensions.

An important nuance of these emotional experiences is that two of the counsellors noted that emotional discomfort indicated a need for further action. In some ways, the negative emotions served as warning signals that prompted careful responses. Jenn's frustration with an RCMP officer is a good example. She said:

> The RCMP showed up, uh, they told me that this gentleman had human rights - which, of course he does! - that I was breeching his human rights, um, by asking him to self-report, that he hadn't done anything illegal, and honest to God, and I - I - I'm - uh, tell no lie, I was, uh, wasting police time. So, I, you know, I - th - they left. Um, he - I allowed him to go cause he'd finished his program. But I did not feel good, at all, about it.

In this situation, Jenn's emotions conflicted with direct instructions from a law enforcement officer. She even recognized that, "it would have been way easier for me to have ignored what this client had said because I didn't want to get into the mess that was going to unfold." However, her competing thought was "I just knew in my gut and in my

heart that I wasn't going to leave it and that I needed to take it further." Jenn's appreciation of the details of the situation and the reportability of her clients' behaviour created a discomfort that made it difficult for her to drop the issue.

Adding to the discomfort, Jenn also recognized that, "that feeling of conviction was very overshadowed with fear, like 'oh my God, what if, you know, what if this ends my career?' 'What if my hunch isn't right?' All of that kinda stuff." Jenn's discomfort and her motivation to take the issue further were not a simple emotional experience. She was cognizant of how her actions could cause her problems, and considered those possible implications as an additional, nuanced factor of the ethical tension. Nevertheless, her emotional response motivated her to do the work that was necessary to resolve the tension.

Other counsellors' experiences of discomfort also served functional purposes. Stacy mentioned her concerns about reporting clients' offending behaviours: "Cause that's an ethical tension: being honest versus getting in trouble. And me getting them in trouble means damaging rapport, their lives changing. So that's a huge weight that also is quite stressful." Stacy's emotions seemed to remind her that her actions could affect her clients' lives. Stress prompted Stacy to think carefully about details that influenced whether or not she should report her clients. As a result, Stacy's emotional discomfort helped to protect her clients from the consequences of being reported.

Compassion for Clients

Compassion was the most prominent of the emotions each counsellor described. This theme was most obvious when the counsellors spoke with evident compassion about clients who had participated in offensive or even criminal behaviours. Their compassion

seemed to demonstrate the counsellors' ability to distinguish between their clients' behaviours and their need for humane support when they were in pain.

For example, Stacy remarked, "So I had a gentleman a number of years ago, he was um taking pictures up women's skirts." Jenn also consistently referred to her client – who was arrested on charges of child luring – as a gentleman. The word gentleman may be "a polite or formal way of referring to a man," ("Gentleman," 2018) a respectful and professional way to refer to any client. However, another definition of gentleman is "a chivalrous, courteous, or honorable man" ("Gentleman," 2018). This definition seems like a sharp juxtaposition to the men Stacy and Jenn both described as "engaging in offending behaviours." Yet the word gentleman made frequent appearances next to descriptions of entirely ungentlemanly behaviour.

Deepening the juxtaposition, Jenn also said, "I just choose not to work with people that offend," referring to sexual offenders. Yet immediately after that statement, she said, "I actually really like this gentleman." Although her client was not a sex offender, he was engaging in offending sexual behaviours with adolescents online. It would not have been surprising if Jenn had chosen to view her client in the same category as sex offenders and choose not to work with him. Yet she not only worked with him, but said she genuinely liked him, and added, "I could see how much pain he was in." Compassion is defined as "sympathetic pity and concern for the sufferings or misfortunes of others" ("Compassion," 2018). As Jenn had expressed clear positive regard for her client and concern for the pain he was experiencing, compassion seems to be a fitting word to describe her emotion. It also appears that Jenn's recognition of her clients' pain explains how she felt compassion for him in spite of his offensive behaviour.

Some of the details of Jenn's experience add another layer to the paradox. With support from case law, another CSAT, her IITAP supervisor, and both a provisional and registered psychologist, Jenn asked her client to self-report his offending behaviour. In her words:

> He did, uh, with me present he self-reported and the RCMP arrived and said that what he was doing was not a criminal offence, and that they didn't want to take a report from him. And, actually, I quote, accused me of 'wasting police time.'

Thereafter, the provisional and registered psychologist withdrew their support and, in Jenn's words, "suddenly started back-pedalling and saying, 'you should never have called the police, what you did was wrong, we're not supporting you, you have to start doing restorative justice,' um, and it was horrible." Although Jenn believed the psychologists had made a poor decision, they had never broken any law. By contrast, Jenn's client had engaged in offenses that were illegal and put youth at risk. This contrast creates irony around Jenn's expressions of frustration with the other professionals, while she never mentioned any ill will toward her offending client. Compassion again seems to be a good descriptive term for Jenn's positive view of the client.

James may have deftly expressed something behind that remarkable compassion when he described his feelings about a client who was using child pornography:

> For what it's worth I'm quite fond of the young man. Uh, that's independent of what he had done. And I think that if I were not - if I'm not fond of a client - and I tend to be - I'm not fond of a client it's unlikely that I can do very good work with them. Because people know that.

James, Stacy, and Jenn harboured a deep and abiding compassion for their clients that was separate from the offending behaviours. Many aspects of our conversations

provided further support for that thesis. James struggled over whether to report his client who reported using child pornography. Part of his struggle, as he put it, was that "once the police have knocked on his door, he's not going to work in a helping profession again. Ever, right? That's his li - that - that's that part of his life, over. And that makes the decision significant." James' slip of the tongue here seems to be more than a mistaken phrase: he almost said "that's his life, over" which would be a powerful metaphor of how James' carefully weighed how his actions would affect his client. If James chose to report the client, the client's old life and dreams would die. His life would be unchangeably influenced by the report.

The counsellors also directly stated their compassion for their clients. Stacy remarked:

> I really like, umm, I really like my clients. I like them as people. Umm, I really care about them and getting to work with them long term is rewarding to see the changes that they make. Not just to their sexual behavior but to their umm, their, just, their psyche. Their emotional regulation. Their mental health. Umm, developing a relationship with them. Umm, that's probably the most rewarding part. You know, some clients I've worked with - yeah, I've had - couple of clients I've worked with for, you know, over five years. And, yeah, it's - it's - it's a pretty special, unique situation to develop a rapport with someone and - and - and like, be a part of their life, in a way, that many years. It's - it's - it brings a lot of meaning to my life.

If James was correct in saying that clients recognize when a counsellor does not care about them, then Stacy's clients' long-term work with her is evidence that they felt her compassion. They would not likely work for five years with a therapist without

feeling that the therapist cared about them. Furthermore, compassion seems to be an ideal descriptor for Stacy's emotion because she is not describing simple appreciation of a good relationship. In the above passage, she explains her care for clients who are working hard to change sexual behaviour, their psyche, emotional regulation, and mental health. Stacy is clearly engaged in helping her clients overcome some of life's difficulties. The word compassion seems to capture the essence of Stacy's commitment to her clients.

Jenn also expressed her compassion for her clients by describing how much she valued her therapeutic relationships with those clients:

> Um, why I think now it's my favourite area to work with is because working with people with intimacy disorders is so rewarding because you can really, really work to build an intimate relationship with that client and offer them hope and opportunity to, sort of, replicate intimate relationships outside of the therapeutic setting. So, you get to know people, I think, um, and you get to know, sort of, sometimes people's real shadow side, their real dark side. But in - in such a - um, an honest way, that often you don't get when you're just - not just working with an addict - when you're working with somebody that's dealing with alcoholism for example, you don't really - often - get to see the real dark side of their addiction, for example. And you do when you work with intimacy disorders. So, I - it's, uh, it's a really, really neat experience, I think, as a therapist.

Hard feelings, disgust, or abhorrence of client behaviours was conspicuously absent from Jenn's descriptions of her clients, even though she mentions her awareness of "their real dark side." Her description conveys that she clearly understands some of the negative aspects of her clients' experiences. Rather than turn away from those negative

elements, Jenn takes a compassionate path of trying to bring those people "hope and opportunity."

As another example, James said "We do what we ca – we do what is ever necessary to protect children. Period." His change of phrase is probably significant in this statement: rather than say "we do what we can" he used the more forceful expression "we do what is ever necessary to protect children. Period." Such a strong phrase portrays James firm commitment to do all he can to prevent children from experiencing suffering or misfortune. James has thus expressed an unambiguous compassion for children who need protection.

James clearly stated compassion for children also helps to illustrate his compassion for a client. Describing his position about child pornography, James stated:

> We know, of course, child pornography is exploitation. We know, of course, that it is child abuse. But if a client has not produced that, is that then, uh, child abuse? And with a lot of reflection on the subject I've come down to the answer that, yes, it is.

Yet even with that personal perspective, when James' client said that he had been using child pornography, James remembered, "I was not disgusted, I was not, umm, I did not take it personally in any way." James was fully aware that his client was engaged in activity which he, James, viewed as child abuse. Even so, like Jenn's description of her clients, James's description suggests that he is able to value his client as a human being, even though he is fundamentally opposed to his client's behaviour.

Similarly, Stacy frequently reiterated that her response to pornography users was never, "oh my god, that's bad! How could they do that?" She went on to explain how her

nuanced view of her clients' situations mitigated ethical tensions connected to their offending behaviours:

> They have their own reasons why they do that. And, there good reasons. Like, there's a rationale of why people go from point A to point B and I don't - I don't judge people for that. Like, there's boundaries, but I don't - I don't fault them for that. Like - yeah, we come by our problems honestly, I think, most of the time. Yeah.

What Stacy means by "good reasons" could be a point of speculation, since the word "good" could refer to a thing being virtuous, pleasurable, useful, thorough, and so on ("Good," 2018). Any of these definitions may create another juxtaposition: can there be good reasons for using child pornography? While it would be presumptuous to imagine Stacy's answer to that question, the more important point is that Stacy recognized that her clients are not using pornography because they are morally flawed or foolish. Instead, she saw their current behaviour as stemming from real and compelling reasons that merit empathy and support rather than condemnation.

Stacy also mentioned that there are very real limits to her compassion, and situations where she would sometimes refer clients to other counsellors. She said:

> I just reach a bit of a stalemate with some clients where they weren't willing to tell their wives and we just kind of reached an impasse in therapy where I didn't really, um, I started to lose empathy for them.

However, given the morally and emotionally loaded nature of sexual issues, I find it significant that moral or personal recoil was absent from these counsellors' experiences with ethical tensions.

Uncertainty

Three of the counsellors referred to times when they had experienced uncertainty when they faced an ethical tension. Jenn's words provide a succinct summary of the theme:

> Unfortunately, things aren't very black and white when you end up wi - in these kinda ethical scenarios. There - there feels like - even though there's a right or wrong, and even though, um, we know, given the law, and we know, given our licensing, what we can and cannot do, it gets blurry.

Each counsellor experienced uncertainty to different degrees. Donna found that consultation with her licensing body essentially eliminated uncertainty. For the other three counsellors, situations they had not previously experienced created uncertainty in their decision-making. For James and Stacy, these experiences were notable but relatively brief. Jenn experienced a number of complicating factors that created deep feelings of doubt and uncertainty.

James' uncertainty came as he carefully considered nuanced factors that may have influenced his decision to report or not report a client who was using child pornography. Unlike most situations he experienced, James said this was one where he "thought long and hard about it." He elaborated by saying that the struggle was over, "balancing the - a young man in a - with a hope of working in a helping profession, and a you - a girl, somewhere, that many people have save - had shared an image with, and how do we balance those?" Although James did not use the word uncertainty, his description conveys a sense of uncertainty, or at least of careful deliberation to identify an acceptable course of action in an unusual counselling situation.

Stacy expressed a similar feeling of uncertainty about what to do in response to a client's offending behavior. She worked with a man who was taking pictures up women's skirts. When she described the emotion she experienced at that time, she said:

> There's not a - like a duty for me to report, but I do worry about like 'what should I be doing? Should I be reporting him?' Like, there's nothing I can do but, it's like, it's moving into harming other people and taking pictures without their consent.

Stacy was confident that she was not required to report her client because she could recognize the different between objectionable behaviour and behaviour that puts others at risk and must be reported. Yet she still indicated that the risk of harm created by her client's offending behaviour fostered uncertainty about how she should respond. Stacy and James' experiences were not extreme emotional events, but significant discomforts when they encountered challenging counselling situations. However, their uncertainties suggest that some experiences unique to sex addiction counselling may create ambiguity or uncertainty for some professionals.

Jenn experienced a high degree of uncertainty when an RCMP officer and two psychologists questioned her decision to ask a client to report sexual interaction with teenagers online. Jenn's said that her 60-year-old client disclosed that "he had been posing as an underage female online. . . Um, and he was doing this to engage in what he saw as, sort of, underage lesbian encounters." She also stated that her client had said that he had not had any direct contact with any of the girls he interacted with online. Since the client was working in a helping profession with vulnerable children, Jenn said, "I asked him if he had um, engaged in any behaviour with any of the vulnerable children that he was working with and he said, 'no.'" Jenn also consulted case law, legislation, her IITAP

supervisor, and an experienced colleague. All involved agreed that the client's behaviour needed to be reported to the police.

Jenn did not describe any uncertainty in connection with determining if this client had committed a reportable offense. However, when she described her general feelings about reporting clients to the police, uncertainty was a focal point of her description. She said:

> I don't believe as a clinician we ever, ever report a client unless we absolutely believe we have to. I mean it's the worst outcome for any clinician. Um, you question your judgement. You question if you're doing the right thing. You question whether you're ruining this person's life.

For Jenn, there was a clear possibility that uncertainty and questioning one's own judgement were likely components of choosing to report a client to the police. This possibility created a pretext for some of the intense emotions Jenn experienced as her situation became a much more complicated ethical tension. She described the next events by saying:

> I gave him (the client) the opportunity to self-report. Uh, which he did, uh, with me present he self-reported and the RCMP arrived, and said that what he was doing was not a criminal offence, and that they didn't want to take a report from him. And, actually, I quote, accused me of 'wasting police time.'

In spite of Jenn's careful efforts to be sure that calling the police was a well-informed decision, she faced a blunt rebuttal from the responding RCMP officer. Given Jenn's perspective on the potential uncertainty of reporting a client to the police, it is not surprising that uncertainty was one of her most prominent ensuing emotions. Reflecting on the magnitude of the tension and how she experienced it, Jenn said:

> The biggest tension, of course, was the police telling me that it was wrong. So then my fear of 'ok, so now what do I do? I've put this guy into the police system and he shouldn't be there. This is gonna follow him.' So that created a great deal of anxiety for me.

Anxiety could refer to a wide range of emotions. In this passage, Jenn's uncertainty about what she should do next is a major component of her anxiety. At the beginning of this section, I referred to Jenn's statement that sometimes "it gets blurry." Her experience seems to have informed the details of that statement: Believing that "there's a right or wrong," Jenn had worked carefully to be sure that she was making the right choice based on "the law" and "our licensing." Yet in spite of those efforts, the RCMP's unexpected response diminished her previous certainty that the client's behaviour needed to be reported.

Shortly thereafter, other professionals questioned Jenn's decision to invite the client to call the RCMP. A provisional psychologist was working under Jenn at the time. However, because Jenn was not a registered psychologist, the provisional psychologist had an external supervisor who was a registered psychologist. Jenn described how the response of these psychologists further complicated the dilemma:

> She [the provisional psychologist] had contacted her supervisor, um, and let her supervisor know that I had informed the RCMP. Now, they were ok with that until the RCMP came back and said, 'what you did was wrong.' So, then they suddenly started back-pedalling and saying, 'you should never have called the police, what you did was wrong, we're not supporting you, you have to start doing restorative justice,' um, and it was horrible.

Criticism from both a law enforcement officer and two other credentialed professionals left Jenn in a true dilemma: she could do nothing despite knowing that her client's behaviour put others at risk, or she could look for ways to "take it further" to help protect those who were at risk. Jenn explained her own experience of uncertainty as she deliberated between those two options:

> I felt very conflicted because in my heart, I knew that what this gentleman was doing was an offence that needed to be reported. Um, so despite hearing from the police and despite hearing from this supervisor that I needed to be repairing the damage, I just knew in my gut and in my heart that I wasn't going to leave it and that I needed to take it further. But that feeling of conviction was very overshadowed with fear, like 'oh my God, what if, you know, what if this ends my career?' 'What if my hunch isn't right?' All of that kinda stuff.

Jenn cast this conflict as a struggle between her perceived ethical duty and fear that resulted from other professionals questioning her judgement. Being questioned by other professionals seemed to undermine Jenn's meticulous work to ensure that the decision to report was based on fact, not any personal or emotional perspective. Case law, legislation, an IITAP supervisor, another experienced CSAT, and even the two psychologists had agreed that Jenn's client's behaviour needed to be reported to the police. Then the psychologists, who had previously supported reporting the client, started to question her actions. As a result, Jenn experienced profound uncertainty that she described as "probably the wo – the worst time that I ever really questioned my judgement."

Even support from her licensing body did not entirely eliminate uncertainty. Jenn also described tension between waiting for written confirmation from her licensing body

and the risk that her client would reoffend while she waited. She said: “It wasn’t emergent. He wasn’t going to go out and offend - well, he was. I mean, he could have, potentially. He probably did, potentially.” Unfortunately, the complicating factor was that “the RCMP sent him (the client) away, he left, it took a week before he was ever picked up.” Further uncertainty was created by not knowing which would have taken longer: working around the RCMP officer’s objection to reporting the client’s behaviour, or waiting for written word from Jenn’s licensing body.

As a whole, Jenn’s experience highlights how a counsellor may carefully execute a rigorous ethical decision-making process and nonetheless experience uncertainty due to unexpected responses to their actions. James, Stacy, and Jenn’s experiences all suggest that uncertainty is associated with unexpected ethical tensions. Jenn’s extreme experience provides insight into the complicated problems that can arise, and the distress that uncertainty can cause sex addiction counsellors.

Resolving Tensions

The third superordinate theme involves the experience of resolving ethical tensions. Three of the counsellors described a personally meaningful approach to guide their decision-making processes when they experienced ethical tensions. All four counsellors also described how much they believed consultation was essential to achieving resolution. Resolution did not always come about as a conclusion to the problem, such as a reporting a client engaged in offending behavior. Rather, the counsellors largely experienced resolution as they gained the confidence that a particular course of action was acceptable. The experience of resolution usually occurred before the problem was actually solved. Accordingly, the subthemes of this section are compasses to guide decision-making, support from consultation, and experiencing resolution.

Compasses to Guide Decision-Making

Each counsellor described a specific approach used to guide and organize their ethical decision-making process. James introduced the idea of an ethical compass which seems an apt metaphor for the approaches each counsellor used to focus their decision-making. A compass is a simple tool that uses the earth's magnetic field to point North, almost regardless of the surroundings. The participants all similarly referenced a tool, of sorts, that helped direct their decision-making in a variety of situations.

Describing how his own ethical compass helped him make decisions, James said: "it becomes much more personal than a list of practice standards." He elaborated by saying:

> I would never deliberately - kn - knowing the code of ethics, I would never go 'oh, well that's not important,' and choose to, uh, to abrogate that. But, in terms of my personal decisions, uh, has to come down to, uh, I gotta live wi - my - my - end of the day, I gotta live with myself.

The simple test of being able to live with himself fits well with the compass metaphor: For James, being able to live with himself provides a constant direction to guide his decisions, regardless of the surrounding ethical challenges. Returning to James' struggle over a client who admitted using child pornography provides a good example of the compass metaphor in practice. Part of James' difficulty came from deciding if he had an obligation to report the client. Describing that struggle, James said:

> In the consultations that I've had, I don't think I have a legal obligation to report, I think I have a moral obligation to report. I have a moral obligation because there is somewhere out there a child who is being abused, and if, uh, the ICE unit which works internationally could track things down - and they're really good at track -

> in a - not perfect but they do incredible work to, uh, to find who, uh, looking at backgrounds, unscrambling faces, all kinds of things and I - so I think it's a moral obligation rather than a legal obligation.

Codes of ethics, policies, standards of practice, even direct feedback from the Internet Child Exploitation (ICE) unit did not draw or dictate this conclusion to James. Rather, he gathered relevant information, considered his code of ethics, and made a decision that would honor his professional responsibilities and also allow him to live with his own conscience.

In contrast, Donna's compass was based on consulting reliable sources of information. Statements that both Donna and James made can be fit together to create an interesting hypothetical dialogue that also illustrates the importance of consultation for Donna. Donna may have responded to James' feeling of moral obligation by repeating what she told me in our interview: "if you're going – looking at ethics and uh, practices, um, I think the minute you get into the moral argument you lose." For Donna, the answer to the scenario of a client using child pornography is simple and makes no reference to morality or individual perspectives. She said,

> I haven't had someone disclose to me, in my practice, um, but I would be on the phone to my college immediately to discuss with them, 'do I have a duty to report this case?' And I can't tell you, cause I haven't had that.

In other words, for Donna, direction from her college is the primary strategy that guides her decision.

James' words provide a hypothetical response as an acknowledgment that his feeling of moral obligation for reporting a child pornography user did cause him a lot

more difficulty than he usually feels. “I thought about it long and hard,” he said, but he also stated:

> But I wanna be able to look back and say that I have behaved decently. That is, for me, one of the core pieces. And, in behaving decently, I cannot rely on a policy, or a standard of pr - I need to - I need to be aware of, but I can’t just do what’s written down for me. I have got to explore it, and wrestle with my own perspective.

For James, personal values helped guide decisions that resolved tensions in a personally meaningful way. For Donna, adherence to codes of ethics and instructions from her college similarly guided her to a personally meaningful resolution. In the next section, I discuss how consultation occupies a theme of its own. However, consultation comprised such a central aspect of how Donna guided her decision-making process that it deserves special mention in this theme. When I asked if she had ever encountered a scenario where her approach did not provide a clear answer, Donna said “Um, not really. I don’t think so.” For her, consultation with her college has been sufficient to prevent or resolve ethical tensions.

Donna’s frequent consultation with her licensing body intimates her commitment to seek guidance from reputable sources. She frequently referred to the importance of peer-reviewed research to make decisions. She expressed her feeling that peer-reviewed research objectively supports the proposition that “you just have to have exposure to porn, and you’re in trouble.” For Donna, research is valuable because it helps one make ethical decisions on the basis of reliable information rather than personal feeling. In her words, “the more research and neuroscience based you are, um, probably the better, uh, positioned you are, uh, to be objective with people.” Peer-reviewed research, instructions

from her college, and reference to codes of ethics all function to provide a credible rationale for her decisions and practices.

James may have captured the essence of the counsellors' different approaches to resolution by saying, "it does come down to a question of uh, where does my line draw? When do I call uh, the police? The uh, the ICE unit?" Donna and James have each drawn that line in a different place: James has drawn the line with the personal decision to report users of child pornography (in at least some circumstances). Donna has drawn the line with the equally legal and justifiable decision to seek and follow her college's instructions if a client were ever to disclose their use of child pornography. While still being guided by ethical principles, Donna and James have created very different ethically tenable approaches to resolving tensions on the basis of a guiding approach that they felt would resolve the ethical tension.

Stacy described finding the middle-ground as an important guide to her ethical decision-making process. She said:

> I think about a lot about it and I try to think 'okay well what feels, kind of, what feels like the most reasonable solution?' Like if there's extremes, what is something in the middle? You know like what is - doing nothing isn't probably great. Being really strict about it or - or overly, you know, explicit about it maybe isn't the best. So, I have to find a middle ground.

From the above description, Stacy recognized a tension between doing nothing at all and being exclusively governed by rules. She attempted to resolve this tension by finding the middle ground that allows her to come to a reasonable decision. Elsewhere, she described referring to codes of ethics, consulting, and reflecting on past experience. Searching for a

moderate and reasonable solution was an approach that helped Stacy evaluate whether she felt a possible course of action was reasonable.

When Jenn described her decision-making process, it appears that data collection was a guide that Jenn used to make a decision that she felt was correct. She said:

> I think my ethical decision-making process is that if - if something comes my way that I believe is an ethical dilemma, um, I check it out, I check out the scenario. I will typically check it out with my supervisor. I will check it out with my team. Um, and then I will review the um, scenario, and look for data that supports the decision that I think I'm going to have to make. Um, I will only then make a decision, uh, based on all of the data that I've collected from supervisors, from team members, and in this case, um, from sort of, previous scenarios like this. So I will gather a bunch of data before I make a decision.

Jenn described a variety of strategies she believed were important to making decisions when faced with ethical tensions. Data collection served as a simple way to organize the rest of those methods: each strategy contributed to the body of information Jenn would use to make a decision and move forward. Data collection as an organizing approach also matches well with Jenn's frequently stated perspective that "there's a right or wrong" and that she believed counsellors needed "to stand for what they believe to be right or wrong as clinicians." However, Jenn was also careful to specify that she was "cautious not to react in a way that wasn't um, uh, backed up by facts and law." Gathering information provided a means for achieving the end of making a decision that Jenn believed was right on the basis of fact, law, and specific data.

In summary, each counsellor presented a personally meaningful approach that they used to guide their decisions in the face of ethical tensions. James focused on

congruity between his decisions and his personal values. Donna consulted reliable sources of information. Stacy looked for a moderate position that would avoid the dangers of extremes. Jenn compiled data from a variety of sources to the end of making what she could defend as the right choice. The diversity of these approaches illustrates how each counsellor was aware of the personally meaningful factors that influence their decision-making. Using this awareness, each undertook approaches that supported their application of professional standards.

Support from Consultation

As one component of their decision-making process, each counsellor described consultation as an indispensable resource when negotiating ethical tensions. The general purpose was, as James explained with a chuckle, to figure out:

> What the hell should we do?! That's - that's pretty much what it - what it looked like. What are - what are our options? What are our legal and moral obligations? What is effective for the young man? Umm, all that kind of stuff.

His exclamation captures some of the urgency of his consultation as well as his struggle to decide whether he should report a client who was using child pornography. James' desire for congruity between his personal values and his professional actions guided his decision-making process. Yet he also made it clear that personal values were not the sole determinant of his decisions. He used consultation to help ensure that he decisions were ethically sound.

Consultation was especially salient for Jenn. She and her client had agreed to report his online sexual interaction with teenagers. Thereafter, Jenn said that a provisional psychologist who worked with her, "had contacted her supervisor, um, and let her supervisor know that I had informed the RCMP. Now, they were ok with that until the

RCMP came back and said, 'what you did was wrong.'" Jenn then described the ensuing experience as one of the worst of her professional career. I asked her how she had worked her way through the difficulty. She responded by saying:

> Um, how did I get through it? Well, um, I talked with - I talked with my supervisor, with my sex addiction therapist supervisor at IITAP. Um, there was another social worker that was involved in the case - cause there was a few of us that were working in this intensive - and she is - she's a social worker, she's a CSAT. Very, very experienced lady as well, and her belief was the same as mine. So, I was able to talk very honestly and say, like, 'I'm freaking out here. Um, I need honesty. Am I - Do I take this further? Do I not? Am I right? Am I wrong? This is what my gut and my heart is telling me.' Um, so I think, I was only able to get through it through really good support and supervision from other professionals. And that was extremely helpful. I mean I don't think I - honestly, I think it - it's probably one of the worst scenarios that I've dealt with ethically. Um, well, it is, without a question. And, um, you really need the support of other professionals, I think, when you deal with something like that.

This passage highlights key reasons why consultation was essential for Jenn: she was looking for external confirmation of whether she was making the right choice. She was also facing uncertainty and doubt due to other professionals who, in her words, had "flip-flopped to whichever side (they) thought was not going to get (them) into trouble." Jenn's numerous questions such as "am I right? Am I wrong?" depicted her struggle in the midst of an extremely complicated ethical tension. Consultation with a trusted colleague was an essential support for Jenn while she struggled with what she described as "doubt" and "insecurity."

Consultation with her licensing body was an additional support that helped Jenn work through the ethical tension, even though that support did not resolve the tension. Jenn explained:

> But I did not feel good, at all, about it. Um, so I contacted my licensing body and said, ‘ok, these are the facts. This doesn’t feel good to me. If you tell me that this is ok, I will drop it, but I don’t think this is.’ And they wrote back and said, ‘oh my God, this is, like, outrageous! He is a [helping professional], um, works with vulnerable people, um, he has committed a crime, there are identifiable victims.’

Describing what it was like to face this persistent questioning from another professional, Jenn shared that “it felt very lonely out there. Um, and that wasn’t a pleasant feeling for me.” Yet with support from her licensing body, Jenn was able to move forward despite feeling of loneliness. She informed the registered psychologist that her licensing body “had said that it was reportable and I was taking it further” by reporting the issue to ICE.

Surprisingly, even the support Jenn found from her licensing body did not stop the registered psychologist from questioning her judgement and pursuing restorative justice on behalf of the client. When I asked for clarification, Jenn confirmed that the registered psychologist had reported her to the RCMP even after hearing that Jenn’s licensing body had confirmed that the offense was reportable. Jenn explained why she believed the registered psychologist had reported her to the police by saying:

> I think she panicked because if the police are saying it's wrong, then the client is probably gonna come back and say, 'you called the police. You had no reason to call the police. You've breached my human rights, I can sue you.'

Jenn expressed that the response of the RCMP and the two psychologists led to "anger towards those therapists for not supporting me," especially given they had originally agreed that Jenn's client's offense was reportable. Describing the stress she felt due to the psychologists' actions, Jenn said, "I felt, um, insecurity. Uh, I felt huge anxiety, um, I felt anger. Um, I - anger, insecurity, um, oh, just doubt, um. Questioning, just that feeling where you've [*pause*] royally fucked up - excuse my language." Support from Jenn's licensing body may not have changed the events related to the ethical tension. However, Jenn believed that support from her licensing body may have mitigated the anger, insecurity, doubt, and self-questioning she experienced during those events. She said, "I will in future speak to (her licensing body), and have in writing, 'yes, this is a reportable offence, this is what we recommend you do . . . Would it have changed the RCMP's response? No." And, as my own interjection, it is important to note that support from her licensing body also did not stop the registered psychologist from questioning her judgement. Jenn continued, "But it surely would have created, um - it would have lessened my stress with other professionals in this decision-making process."

Jenn's description suggests that for her as a professional, written confirmation from her licensing body would have changed her experience and lessened the emotional burden she carried. Even if consultation did not resolve the question, Jenn believed that she would have found it helpful to know that an authoritative licensing body had formally endorsed the legality of her decision. Jenn's account of what actually happened also reinforces the idea that support from the licensing body lessened the emotional discomfort. When her licensing body provided written confirmation that her client's offense was reportable, she made the final decision to take the issue further rather than doing nothing. In her words:

> I had let my staff member and the other staff member (the provisional psychologist) that was involved, and her supervisor (the registered psychologist) know that my (licensing body) had said that it was reportable and I was taking it further.

The value Jenn found in support from consultation aligns with Donna's commitment to immediately consult her college if confronted with a vexing ethical situation.

James explained the value of consultation in a similar way. Due to the uncertainty around reporting a user of child pornography, he said "I wanna talk about it and make sure that I'm doing the right thing." From this description, James appears to see consultation as a check and balance on his own decision-making process; a resource he could turn to for reassurance when facing a complicated ethical situation.

Consultation helped Jenn resolve her dilemma upon contacting ICE. Here is her description of that process:

> I subsequently called the ICE unit in Edmonton, uh, anonymously, and said, 'I'm gonna give you a scenario, you need to tell me if it is reportable or not.' So, I gave them the scenario. They told me it was reportable. So, I said, 'ok, here's my issue,' and I told them what had happened with the RCMP, and they were horrified. Um, horrified. And um, so then, they asked me to make a full report, which I did.

In brief, ICE then contacted the RCMP and told the RCMP to close the file that had been created because of the registered psychologist's report. They also gave the RCMP, in Jenn's words, "a very thorough talking-to." Although this was a major event in the process of resolution, it was not a focal point in Jenn's comments about the tension or its resolution. Jenn did not comment on the reason for this focus. However, if the

emphasis of her comments is a good indicator, Jenn's search for resolution reached its true apex prior to the ICE unit's involvement. The real culmination for Jenn was gaining written support from her licensing body, confirming that she had acted ethically and legally by choosing to report her client to the police. Support from her licensing body provided Jenn the additional confidence she needed to oppose the RCMP rather than letting the issue drop. Steps Jenn took after gaining that support, such as contacting ICE, probably occurred after the most difficult parts of her experience were resolved.

The counsellors' comments show that consultation helped them make decisions and work through the uncertainty and loneliness they experienced from ethical tensions. For all the participants, consultation helped mitigate difficult experiences of ethical tension, even though consultation did not always fully resolve a given situation. With the help of consultation, participants felt more confident in their course of action, which allowed them to do the work necessary to resolve the problem.

Experiencing Resolution

Participants experienced resolution to their tensions in a variety of ways. In some cases, a decisive resolution of the situation simultaneously resolved the tension and the difficulties that the counsellors had experienced. In other situations, counsellors struggled with aspects of their experience that they could not fully resolve.

Two of the counsellors described ethical tensions that resolved themselves. Stacy shared a situation where an ethical tension was resolved by her client dropping out of therapy before Stacy took action to resolve the tension herself. Stacy had been counselling a man who was taking pictures up women's skirts. She shared this story as an example of what was, for her, one of the most difficult ethical tensions: in her words, a situation where "someone is acting out . . . outside of their relationship and they, um,

don't want to tell their spouse." Stacy stated that this kind of situation brought with it a "sense of impending doom." As a result of that feeling, Stacy said that she was ready to tell the client:

> I get it you're not ready to do those things (such as telling his wife and following other suggestions Stacy had provided) but in order for us to move forward you - we have to do those things. So, if you want to take a break and come back to me, that's fine. But I don't - there's nothing else we can work on at this time.

However, before Stacy was able resolve the tension through her own efforts, she said that her client had discontinued counselling.

James' experience was similar. With a client who was viewing child pornography, James' ethical tension revolved around determining whether he needed to report his client to the police. However, he later said "By the time I'd made a decision the police had knocked on his door. They're really that good." When I asked him to describe what he thought about that experience, James chuckled and said, "I'm so glad the police knocked on his door!" Although James did not elaborate on that portion of the experience, it seems clear that he no longer had any need, in that situation, to deliberate or feel any sense of pressure or to decide whether he should report the issue because the police had already addressed the illegal behaviour.

James and Stacy's experiences are both aptly described by the literary term "deus ex machina," meaning "god from the machine." In Greek drama, some conflicts were not resolved through the actions of mortal characters in the script. Rather, a person was lifted into the scene with a mechanical crane to represent a deity decreeing an unexpected but final outcome to the conflict. In similar fashion, a client terminating counselling and the police intervening resolved the ethical tensions that Stacy and James were experiencing.

Donna also experienced relatively simple resolutions to her tension, also through external means. Her statement, referenced above, is again applicable here. She said, “just to understand the neuroscience is so important, um, if you do this work. And that, actually, alleviates a lot of gray area for me.” She described her understanding of neuroscience as part of a preventative effort. However, she also mentioned that, prior to the publication of neuroscience research, there was some tension from vacillating between “a harm reduction model, and, uh, you know, a model that was based in the principles of the twelve steps or smart recovery.” Though finding the neuroscience research required effort on Donna’s part, the research provided a resolution to that vacillation between models. For Donna, the reliable information generated by peer-reviewed research resolved the tension.

Other descriptions from the counsellors illustrated a much more complicated journey to resolution. Describing her feelings about referring clients elsewhere when she feels an ethical tension, Stacy said that:

> I definitely still feel a bit of guilt around that area but, umm, but I just have to do what's best for me, at the end of the day. Like I don't wanna leave ‘em high and dry. I make sure they have referrals. I - I bridge them. I give them tons of resources. But I just have to - I have - I know - and - I know what works for me at this point.

What stands out most in this passage is that referring clients elsewhere did not provide a perfect resolution for Stacy. Residual guilt prevented a perfectly clean separation from the previous tension. This is no judgement of Stacy’s practice of referral: she has found an area of practice that works for her. Yet it seems accurate to say that

staying within that area of specialty includes an emotional challenge, albeit a much smaller challenge than the tension of practicing outside her comfort zone.

Jenn, who experienced by far the most complex ethical tension also faced the most complicated journey to resolution. Evaluating her present feelings on the experience, she said "I think that I did the best that I could. I'm still very disappointed and very frustrated with the police - with the RCMP." Similar to Stacy, some of the emotions connected with the tension were still present for Jenn. Yet that lingering disappointment was also countered by Jenn's pride over how she resolved the tension. She said:

> To some degree I wish that that scenario hadn't happened. I wish that the RCMP aspect and the supervisor's aspect hadn't happened, because for me at the time it was very stressful. Um, I cried a lot of tears, um, I had a lot of doubt, and, um it just wasn't a nice experience. So, I - I - I think, I know what I did was right. I'm proud of myself for not letting it go because it would have been way easier to have let it go. Um, but I knew that I couldn't - shouldn't.

Jenn's final phrase here is an interest change of words that also serve as a conclusion to the subtheme of experiencing resolution. She started by saying "couldn't" and added "shouldn't." The two words together suggest that Jenn not only knew that she ethically should not have let the issue go, but she could not. Her personality, tenacity, compassion for the client, and her desire to be a competent professional impelled her to persist through a complicated ethical tension to find a satisfactory resolution. The whole of the above passage also creates a contrast between the agony of the tension and Jenn's success in resolving the tension. In similar fashion, most of the counsellors faced some kind of emotional disturbance as part of their experience of ethical tensions. When they

were able to identify an ethical course of action with the help of consultation, careful exploration, and their own values, they experienced at least partial closure to the emotional disturbance of the tension. Experiencing that closure enabled them to move forward confidently with their action plan.

Chapter 5: Discussion

In this study I sought to answer the question: How do counsellors helping clients with sexual addictions experience and manage ethical tensions in sex addiction counselling? In the above analysis, I identified three superordinate themes within the experiences of four certified CSATs: preventative strategies, nuanced emotions during tensions, and resolving tensions. These themes connect clearly to the counselling literature and also add greater depth to professional knowledge through a unique focus on counsellor experiences. In this chapter, I will add a brief discussion of the analysis, illustrate the connections and contrasts between my analysis and the counselling literature, explore this study's contributions and implications for practice, and discuss the advantages, limitations, validity, and credibility of the study.

Findings from this study indicate that the counsellors' experiences were complex, personal, and unique to each individual. The themes and patterns I have identified provide one way of organizing and understanding that complexity and personal experience. Other researchers would likely organize the same material differently. For this reason, I have used tentative language throughout the analysis. Yet the themes I have identified support greater depth of understanding and additional avenues for application, which I will discuss in the contributions and implications for practice section.

The themes are also strongly interconnected. I stated above that I organized the themes based on the sequence in which the themes are likely to appear. However, this organizational method does not always reflect how or when counsellors experience each theme. Exceptions to the chronological pattern helps elucidate the nature of the themes themselves. For example, Stacy's uncomfortable emotions during ethical tensions led her to design preventative strategies to avoid reexperiencing those tensions. In other words,

the emotions that Stacy experienced during tensions occurred before Stacy implemented preventative strategies in some cases. This suggests that the theme of preventative strategies is a recognition of the potential for ethical tensions to cause discomfort, and a deliberate attempt to avoid such discomforts. Preventative strategies could be seen as an outcome of the emotions experienced during ethical tensions just as much as an event that precedes those emotions. As another example of where the order of themes is reversed, Donna seemed to have been able to resolve most ethical tensions without uncomfortable experiences. For her, resolution came without any significant negative emotional experiences. Donna's experiences indicate that preventative strategies and resolving tensions are strongly overlapping themes, and not always a discreet precedent and resolution.

I conducted additional searches for recent scholarly articles about ethical tensions in sex addiction counselling. Multiple searches using many combinations of relevant key words brought me to an autoethnographic study about a female counsellors' experiences working with clients who struggled with addiction to online pornography (Murray, 2017). Murray's account explores the affect created by the intersection of her clients' struggles with pornography, her difficulties as her own partner experienced the same addiction, and her reflections on how various feminist perspectives affected her perception of the addiction, of her clients, and the therapeutic relationship.

Comparing the results of my study with the professional literature reveals both important parallels and contrasts. In the literature review, I identified four categories of ethical tensions in sex addiction counselling: tension surrounding defining sex addictions, tension between duty to the client and civic responsibility, tension between duty to the client and supporting the client's family, and tension between counsellor and client

worldviews. The first three of these categories were strongly represented in the results of this study, while the participants made only brief references to tension between their own views and those of their clients. I will discuss the connections between my study results and the categories of tensions in the literature in turn.

The first category is tension over definitions of sexual addiction. All four of the study participants referred to this tension. Three participants also gave the tension a slightly different emphasis. For them, the tension was less about opposing views about sex addiction and more focused on tension between the debate itself and the needs of their clients. As I explicated in the subtheme of focus on helping, these counsellors indicated that their clients' needs superseded the debate over definitions and treatment modalities. This revision of the tension contrasts Giugliano's (2013) assertion that counsellors are desperate for consensus in the sex addiction debate. The participants in this study did not indicate any sense of desperation. Rather, they found an acceptable way to practice in spite of the debate by focusing on their clients' needs. Kreinin (2003) described a similar sentiment by saying that amidst the unsettled debate over definitions the prime priority is compassion for individuals who are seeking help with a problem in their lives.

Although the counsellors' perspective carries a tone of compassion rather than desperation, it also seems clear that they, like Kreinin (2003) recognized the value of the academic dialogue. Indeed, their training as CSATs is an example of how they have utilized academic insights regarding the definition and treatment of sex addiction. Neither the academic debate nor the needs of the client could be ethically abandoned. As a result, the tension is not only tension between opposing academic views but tension between the debate and the needs of clients. This kind of tension could be seen as a hermeneutic

circle, where the larger scale debate should help practitioners to support their clients' needs. Conversely, the smaller, phenomenological experience of clients and counsellors in session should provide the impetus for the debate. In that sense, the counsellors focus on helping their clients changes the debate from an ethical tension into a synergistic relationship.

The second category is tension between duty to the client and civic responsibility. Three of the participants described ethical tensions surrounding their potential civic responsibility to report clients who were engaged in offending behaviours. In the literature, writers have specified that counsellors may have a clear legal requirement to report, such as when a child may be in danger of sexual abuse (Samenow, 2012), or when a spouse may be at risk of harm (Griffin-Shelley, 2009). These situations are what Stacy called "easy ones," where the imminent risk to an identifiable person is an unambiguous way to make a decision. The literature is also clear that it may be difficult to determine if the risk creates a legal obligation to report (Herring, 2001). For example, Schneider and Levinson (2006) described a challenging situation with a client who had not done anything that legally mandated a report, but was using child pornography, had high interest in young girls, and was a teacher for girls in his target age group. Precautious they suggested included spending several sessions discussing situations that would result in the therapist making a report, having the client sign informed consent documents written for sexual offenders, and requiring the client to change his work environment to teach an older age group.

Although Schneider and Levinson's (2006) account of ethical tension about the need to report is valuable, they say little about what it was like to experience the tensions. As I described in the subtheme of uncertainty, participants in this study experienced

varying degrees of uncertainty about the need to report a client's behaviour. This subtheme of uncertainty aligns with the current literature and also provides a more detailed explanation of how counsellors experienced the ethical tension.

The third category is tension between duty to the client and supporting the client's family. Most sex addiction counsellors strongly encourage clients to disclose their sexual addiction to their spouse or partner and suggest that counsellors establish very clear policies to encourage this disclosure to prevent ethical tensions (Herring, 2001; Jones & Tuttle, 2012; Schneider & Levinson, 2006). Stacy's no-secrets policy is an example of such a preventative approach. However, James' position contrasts the common standard. He also encouraged honesty, but did not create any policy to require that honesty. Instead, he simply placed all responsibility to disclose on his clients. By doing so, he created a unique approach that was ethically acceptable and personally effective for him, even though it was unique.

It is notable that counsellors made only brief mention of tensions between their worldviews and those of the clients. The simplest explanation for this is that the counsellors simply did not often experience this kind of tension. Murray's (2017) description of her experiences in sex addiction counselling may provide another possible insight into why participants in this study rarely mentioned any tension between their worldview and those of their clients. She explained how she felt the influence of anti-pornography feminism and pro-pornography feminism create uncertainty about how she should support a client who was addicted to pornography. She also described her simultaneous personal struggle due to her partner's addiction to pornography. As a whole, her account explores how theoretical perspectives and personal experience can combine to create ethical tensions with the clients' perspective and goals in sex addiction

counselling. Murray's (2017) firsthand account is intensely personal. It may be that her autoethnography was able to explore her experience in a much more intimate way than would be possible in a single semi-structured interview.

Contributions and Implications for Practice

This study contributes to the counselling literature by confirming the importance of previous research and recommendations, increasing awareness of what may be inevitable difficulties of sex addiction counselling, and providing practitioners with both patterns and specific tools for improving their ethical decision making-processes when they experience ethical tensions.

The participants' experiences emphasize the importance and urgency of current writing on ethical tensions in sex addiction counselling. For example, the theme of preventative strategies parallels the counselling literature and confirms the importance of many writers' recommendations. All participants in my study sought to circumvent ethical tensions through creative and personally meaningful preventative strategies. Some of these strategies appear in the literature. For instance, Donna used signed release forms to prevent ethical tensions surrounding confidentiality. Griffin-Shelley (2009) and Schneider and Levinson (2006) similarly encouraged using signed informed consent documents to clearly delineate the limits of confidentiality.

Furthermore, the results of this study expand on the importance of preventative strategies by exploring experiential reasons why counsellors created those practices. Herring (2001) and Schneider and Levinson (2006) commented briefly that counsellors will likely encounter difficulty if they have not implemented preventative policies. My analysis makes those difficulties more vivid by exploring counsellors' personal experiences. For instance, Stacy reported working with a client who contracted HPV and

cervical cancer due to a spouse who refused to disclose his affairs. She described benevolent concern for her client and the discomfort she felt as a professional when she became aware of secrets that may have caused her clients, or others, harm. To avoid the discomfort, she developed a preventative no-secrets policy. Stacy's experiences, therefore, magnify the importance of attenuating ethical tensions through pre-emptive measures. Knowing the discomforts Stacy experienced without such measures in place, preventative practices described in professional literature take on greater importance. For example, counsellor's should clearly inform their clients about their confidentiality policies and the conditions that would justify breaking confidentiality or terminating therapy (Herring, 2001; Jones & Tuttle, 2012; Schneider & Levinson, 2006). Providing such advance notice helps practitioners avoid charges of abandonment (Herring, 2001) and other ethically difficult situations for the counsellor, such as a client's refusal to share information that is essential for counselling to progress (Jones & Tuttle, 2012).

The theme of nuanced emotions during ethical tensions includes the theme of uncertainty, which created difficulty in the decision-making process for three of the four participants. These experiences align with Murray's (2017) experience of uncertainty in sex addiction counselling. The results of this study combined with Murray's (2017) experiences suggest that the ability to coexist with uncertainty and unresolved difficulties may be an essential quality for sex addiction counsellors. Stacy and James experienced some uncertainty when they encountered unexpected situations. Jenn experienced more pronounced uncertainty when an RCMP officer and two psychologists unexpectedly questioned her judgement. Murray (2017) also expressed profound uncertainty as she described her interactions with Tim: a fictional client based on her experiences working with a number of people who struggled with addiction to online pornography. Due to

that uncertainty, Murray (2017) proposed that moving forward may require accepting the uncertainty and the presence of unresolved difficulties. James expressed a similar thought by saying:

> They are always unfolding stories, because that is life . . . it's an ongoing - it's an ongoing - sometimes a struggle, sometimes a learning experience, I - I hate that word - process, an ongoing process. No, it's not finished. He's not finished. Even if he stops doing that kind of behaviour, still not finished.

One way to address this may be to help counsellors who work with sex addiction to develop greater cognitive complexity and the related capacity to tolerate ambiguity. Castillo (2018) indicated that as counsellors move toward cognitive complexity – or in other words, from rule oriented behaviour toward adaptable thinking and tolerance for ambiguity – their critical counselling skills likely also improve. Tolerance for ambiguity fits closely with Murray's (2017) suggestion that sex addiction counselling requires the ability to accept uncertainty. Castillo (2018 indicated that cognitive complexity has gained an important place in counsellor training, adding that developing evidence-based training methods for teaching cognitive complexity is an important future research endeavour. The results of the present study reiterate the need for such research and for the implementation of improved cognitive complexity training in sex addiction counsellor education.

My exploration of sex addiction counsellors' experiences may help counsellors address preconceptions about sex addictions and become more aware of an unfamiliar population and domain of therapy. Hughes (2010) noted that some practitioners avoid sex addiction counselling due to their concerns over practicing ethically in an unfamiliar field. The detailed firsthand accounts of IPA research make it ideally suited to increase

awareness of little known populations or issues (Pringle et al., 2011). The extensive firsthand accounts presented in this study may dispel some of the unfamiliarity of sex addiction counselling by improving awareness about tensions experienced in sex addiction counselling as well as ways that counsellors resolved those tensions.

This study may also prompt practitioners to seek a good personal fit in the ethical decision-making processes they adopt. Within the theme of resolving tensions, a subtheme addressed how counsellors adopted personally meaningful approaches to guide their decision-making processes. For example, Stacy approached some of her decision-making by trying to find moderate options and avoid extremes. James' central focus was on whether he could feel comfortable with the decision he came to after consulting, considering his code of ethics, and so on. The diversity of the participants decision-making approaches suggests that there is room for personal flexibility in designing ethical decision-making models. This flexibility does not mean a departure from codes of ethics. Several of the themes connect directly with guidelines in professional codes. For example, the theme of compassion is closely connected to the principle of respect for the dignity of persons" in the CPA (CPA, 2017, Principle I) code of ethics for psychologists. Consultation was also an important theme for all of the counselors. The codes of ethics that the participants are obligated to follow all include consultation as an important part of decision-making in ethically challenging situations (Canadian Association of Social Workers, 2005; 2017; 2017)

Indeed, flexibility does not obviate the importance of codes of ethics or academic rigour in decision-making processes. Even good intentions are not always a reliable way to make ethical decisions (Tjeltveit & Gottlieb, 2010). Decision-making methods must be

robust enough to negotiate the complex ethical questions that counsellors will inevitably need to answer (Kitchener & Kitchener, 2012).

Myriad resources from the counselling literature could inform this process of developing personally meaning ethical decision-making process. For example, James' approach to ethical-decision making relied heavily on his desire to feel comfortable with the decision. Such nonrational methods are not inherently unethical, but come with risks such as making decisions based on avoiding remorse at the expense of carefully considering important possibilities (Rogerson, Gottlieb, Handelsman, Knapp, & Younggren, 2011). Kitchener and Kitchener (2012) provided an ethical decision-making model that may help to integrate codes of ethics and other information in a systematic way that helps to avoid the risks of nonrational methods or haphazard approaches. It is beyond the scope of this study to explore these models in depth. However, if counsellors choose to design personally meaningful decision-making methods, the literature on ethical-decision making will add rigour to that process.

Finally, this study underscores a few simple but effective approaches that counsellors found to be useful in negotiating ethical tensions in sex addiction counselling. For example, three of the study participants found immediate consultation with licensing bodies to be extremely helpful. Similarly, consultation with ICE was indispensable for two counsellors working with clients engaged in offending behaviours. In one of these situations, a single consultation with ICE quickly resolved a disagreement over whether a client's behaviour was reportable. Drawing from these experiences, counsellors may benefit from consulting local law enforcement units that specialize in sexual offenses related to minors and the Internet.

Future Research

There is little research on how counsellors experience the process of sex addiction counselling. Hughes (2010) published a small IPA study of these experiences and found themes that addressed how clients and counsellors defined sex addictions and relevant terms such as sobriety, how they evaluated consequences of sex addiction, and its similarities to other addictions. Schneider and Levinson (2006) shared some anecdotes to illustrate their recommendations for sex addiction counsellors. Murray's (2017) recently published autoethnography shared a personal and challenging account of how she had experienced sex addiction counselling. Her account includes some exploration of ethical tensions, and especially the challenging tension of how her outlook on sexual addiction both aligned with and contradicted her clients' perspective. The current study specifically explored how counsellors experience ethical tensions in sex addiction counselling. Future research could investigate how counsellors who are not CSATs experience sex addiction counselling, the efficacy of strategies designed to prevent ethical tensions, or ways to improve counsellors' experience in negotiating those tensions. It would also be valuable to explore how clients experience situations where ethical tensions are present for the counsellor.

In the current study I interviewed only CSATs, whose certification comes from IITAP, and accepts a largely traditional perspective on sex addictions. However, there are many who object to the traditional construct of sex addictions for a variety of reasons (Klein, 2003; Ley, 2012; Moser, 2011). Research exploring the experiences of sex addiction counsellors who hold alternative few of sex addiction would undoubtedly produce valuable contrasts to the current study.

Future research could also examine practices that prevent ethical tensions, and explore how ethical tensions can undermine preventative measures. One of the superordinate themes from my analysis was that counsellors used preventative strategies to avoid ethical tensions. In most cases, counsellors were successful in preventing ethical tensions. However, complex circumstances could render those preventative strategies ineffective and create discomfort. This study focused on counsellor experience rather than counselling strategies and did not include enough counsellors to be a representative sample. Therefore, I made no effort to develop a comprehensive list of preventative measures and did not compare how counsellors perceived the effectiveness of those measures. Studies that explore the effectiveness of preventative strategies may enable counsellors to more effectively prevent ethical tensions. Such a project would be in keeping with Hagedorn's (2009a, 2009b) argument that teaching sex addiction counsellors preventative measures to avoid burnout is essential.

As a more systemic preventative measure, it would be pertinent to explore law enforcement organizations' policies and training methods about sex addictions and responding to counsellor and client reports of offending behaviours. When an RCMP officer censured Jenn for having her client report his luring activity, he created what may have been an unnecessary but intense ethical tension that was difficult to resolve. Furthermore, Jenn's client was employed in a helping profession, worked with children, and was engaged in online sexual activity with teenagers. His sexual addiction posed a risk for a number of identifiable people. The RCMP officer's disagreement with the reportability of the offense resulted in that client returning home and perpetuating the risk of offense. Evaluating current practices and considering changes to policy and training may prevent similar problems from occurring in the future.

Additionally, qualitative research exploring how clients experience ethical tensions would support counsellors' efforts to maintain the therapeutic alliance when ethical tensions are present. Several counsellors in the present study reported that they used the quality of the therapeutic alliance to evaluate how well they were managing an ethical tension. Clients may not recognize ethical tensions as such, but their experience in ethically difficult scenarios would likely prove insightful. For example, an IPA study exploring clients' experiences pertaining to disclosure to their spouse or their counsellor's duty to warn could produce rich insights that may prepare counsellors to approach confidentiality issues with sensitivity and understanding.

Advantages and Limitations

Both the strengths and limitations of IPA are strongly connected to its phenomenological, hermeneutic, and idiographic foundations. Phenomenological research provides depth of exploration and insight that helps healthcare workers provide personalized and sensitive support to the people they work with (Converse, 2012). IPA's hermeneutic commitment reinforces this depth and drives an intensive process of analysis that can help researchers and readers step past their initial assumptions and preconceptions about a person or a topic (J. A. Smith et al., 2009). The idiographic focus on details promotes appreciation of nuance, which can be useful when studying unfamiliar populations or questions (Pringle et al., 2011). I have endeavoured to commit fully to this focus on in-depth, participant centred, detailed exploration of counsellor experiences while also working carefully to observe the larger themes and patterns that connect and organize those experiences.

The primary limitation of this study is that IPA is not conducive to making generalizations as the method is designed to achieve depth of analysis rather than widely

applicable findings (Pringle et al., 2011; J. A. Smith et al., 2009). The homogeneity of IPA samples can also be a limiting factor, as the unique nature of study participants may jeopardize the potential transferability of the study's results (Pringle et al., 2011). A sample of four participants is certainly not large enough to produce generalizable results. Furthermore, I drew the sample exclusively from IITAP's list of currently practicing CSATs. Patrick Carnes founded IITAP and the organization takes a traditional approach to treating sex addictions. This means that the current study does not provide insights into how therapists with diverse views about sex addictions experience the same tensions. However, IPA research is not intended to be representative (J. A. Smith et al., 2009), and the present study may serve as an initial effort to better understand sex addiction counsellors' experiences.

The specialized work done by sex addiction therapists also creates some limitations on the transferability of the results. However, the frequency with which all counsellors encounter clients who present with sex addictions may be increasing (Goldberg et al., 2008). If this increasing frequency is accurate, then the unique experiences of sex addiction counsellors may be important for a growing number of counsellors. This possibility should also be tempered by the overall absence of reliable epidemiological data about sex addictions (Kraus, Potenza, Martino, & Grant, 2015; Montgomery-Graham, 2017; Reid, 2013).

Sampling bias may create another limitation. I contacted a list of CSATs who are practicing in Alberta to find counsellors who were willing to participate in interviews. Counsellors who have managed ethical tensions effectively are probably more likely to agree to participate in an interview exploring how they experienced those tensions. Indeed, the four participants that I interviewed seemed to have deftly prevented and

managed the ethical tensions they encountered. Counsellors who have had more difficulty managing ethical tensions may have been less likely to participate in the research. If so, their experiences are not represented in this study.

Assessing Validity and Credibility

Yardley (2000, 2017) presented four criteria for evaluating the validity of qualitative research: sensitivity to context; commitment and rigor; transparency and coherence; and impact and importance. As I will summarize below, J. A. Smith et al. (2009) proposed that IPA is designed to meet each of these criteria, and the present study was conducted to adhere carefully to each criterion.

Sensitivity to context refers to researchers attending to factors that may affect how participants describe their experiences and how researchers interpret the data (J. A. Smith et al., 2009; Yardley, 2000, 2017). Researchers using IPA manifest this sensitivity in numerous ways, including selecting participants based on their worldview and experience, conducting a relaxed and empathic interview, and clearly discussing the influence of contextual factors in the written analysis (J. A. Smith et al., 2009). In the present study, I selected participants from a pool of CSATs due to the likelihood of a common perspective on sex addiction.

During interviews and analysis, I aimed to take a nonjudgmental interest in participants' history and experiences. In this study, the participants had some circumstances in common: they were all licensed counselling professionals and were experienced CSATs. This shared context created similarities in how they perceive and describe their experiences with ethical tensions. For example, all of the participants supported the construct of sex addiction and explained how their clients had described personal difficulties that resulted from sex addictions. Although only one participant

expressed substantial involvement in academic debates around sex addictions, all of the participants' perspectives and training situated them on the same side of that debate. I was also mindful that I agreed with many of the participants' perspectives. However, this study is neither designed nor intended to contribute to the debates around diagnosing and treating sex addictions, but to explore how sex addiction counsellors experience ethical tensions. To keep this study focused on the participants' experiences I supplied extensive verbatim quotations in the analysis. I also tried to refrain from criticizing any aspect of the participants experiences, striving instead to respect the unique context of those experiences. To support this, effort, I kept a reflective research journal to help examine the influence of my own perspective. I believe this grounding in the data and nonjudgmental stance kept the results true to the phenomenological experience while avoiding engaging in the debate about sex addictions.

The concept of commitment and rigor relates primarily to the researcher's skill in applying their method of choice (Yardley, 2000, 2017). In IPA, researchers demonstrate their commitment by mastering the skills necessary to conduct effective interviews and engaging in a rigorous analysis process that produces an engaging interpretation of the data (J. A. Smith et al., 2009). The participants I interviewed, and those reading my completed analysis, are therefore the best evaluators of the study's commitment and rigour. However, it is my belief that my experience in a variety of interview settings allowed me to conduct each interview in a nonthreatening and inquisitive manner. Furthermore, I believe that my experience from an undergraduate degree in English literature contributed to a detailed and engaging analysis of interview transcripts. I also sent copies of my analysis to study participants to request their feedback and avoid misinterpretation of their experiences.

Transparency and coherence pertain to the strength of the researcher's argument, clear presentation of methodology, and a strong connection between the interpretation and the data (Yardley, 2000, 2017). In a transparent study, the researcher will clearly present the research process they have used (J. A. Smith et al., 2009). To help create this transparency, in chapter three, I detailed how I selected my sample, conducted interviews, and analyzed the data to follow IPA methods. A coherent IPA study presents a logical set of themes that manifest IPA's approach of exploring of individuals' experiences using a cyclical process of analysis. (J. A. Smith et al., 2009). To achieve this, researchers should plan ample time for substantial editing to help improve their interpretations and the clarify of their arguments (J. A. Smith et al., 2009). I have included many direct quotations of the study participants to maintain focus on their individual experiences. In the analysis, I have applied a hermeneutic approach to analysis by cycling between analyzing individual participants' experiences and considering the larger themes created by those experiences. Furthermore, I have devoted extensive time to writing, rewriting, and editing my analysis to the end of developing coherent insights that are both interesting and useful for practitioners in the field of sex addiction.

Finally, impact and importance refer to the simple requirement that research be of some real value to theory or practice (Yardley, 2000, 2017). To accomplish this, researchers must ask research questions that will lead to useful answers, and IPA furnishes a strong methodology for seeking those answers (J. A. Smith et al., 2009). Hughes (2010) indicated that many counsellors are reluctant to engage in sex addiction counselling due to lack of familiarity. Murray's (2017) account describes in further detail some of the uncertainty and emotional difficulty that may accompany sex addiction counselling. I believe that this study is important because it allows sex addiction

counsellors to become more familiar with ethical tensions in sex addiction counselling. Increased familiarity will not eliminate the challenges of sex addiction counselling, but may help to mitigate those challenges.

To evaluate how well IPA studies fit Yardley's criteria, Smith developed a structured system for rating IPA studies as "Good, Acceptable, and Unacceptable" (J. A. Smith, 2011, p. 15). When Smith and his colleague evaluated eight sample IPA articles with this method, they rated six of the eight identically, with only small differences in their ratings of the remaining two articles (J. A. Smith, 2011). Based on their evaluation, acceptable papers should adhere to the philosophical foundations of IPA, clearly present the methods used so readers can evaluate those methods, offer a "coherent, plausible, and interesting analysis" (p. 17), and demonstrate adequate representation of themes from across the sample. Unacceptable papers fail to meet some or all of these criteria. Good papers meet the criteria and also have a particularly clear emphasis, use ample data alongside thorough interpretation, and captivate readers' attention. Again, the final decision about whether I have developed an engaging and cogent analysis with abundant support from the data is ultimately the readers' decision. Even so, I submit that the above analysis is adequate to engage readers' interest and allow others to transfer this study's results to other situations.

Conclusion

In this study, I explored how counsellors experience ethical tensions in sex addiction counselling. The themes of preventative strategies, nuanced emotions during tensions, and resolving tensions provide a useful lens for interpreting these experiences. Lived experience will always be more expansive than the selected stories we emphasize, analyze, and apply. All the same, the prominent themes of my analysis are the result of an

interpretive process, in which I endeavoured to communicate the most significant experiences I learned of during interviews. Perhaps the most notable, unifying aspect of all these themes is how each counsellor must engage with ethical tension in a way that they find personally meaningful. The participants' experiences strongly suggest that there is no lockstep pattern that all counsellors must follow to ethically and effectively deal with ethical tensions in sex addiction counselling.

As this project draws to a close and I step back to reflect again on the whole rather than the detailed parts, it strikes me that the participants' accounts are ultimately stories of triumph. Each counsellor faced the complexity of sex addiction counselling and, in one way or other, gained a great victory. For some, the victory was learning how to prevent ethical tensions from causing them personal discomfort. Others grappled with complicated and unexpected dilemmas, yet still found ethical and personally satisfying resolutions, even though perfect certainty and perfect resolution may not be possible. Reflecting on the difficulty of attaining any decisive closure, Jenn pointed out that:

> I think when you work with people like sex addicts, when you work with people that engage in offending behaviours, it is going to be messy. Um, it's about relationships and it's about supporting our clients, whether it's a nice thing to support, or if it's an uncomfortable, unpleasant thing to support.

I think it is a great credit to the study participants that they were able to find adequate resolutions in spite of the potentially uncomfortable, unpleasant aspects of ethical tensions in sex addiction counselling.

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Appendix A: Proposed Interview Schedule

Introductory discussion:

Research question: "How do psychologists and counsellors helping clients with sexual addictions experience and appropriately manage ethical tensions in sex addiction counselling?"

Interview Questions:

1. Introductory questions
    a. What led you to sex addiction counselling?
    b. Is it what you expected?
    c. What do you like about your work? What do you find challenging?
    d. How often do you work with people who experience sex addictions?
    e. Do you work with an agency or in private practice? What is that like?
    f. What are your professional credentials?
    g. How do you conceptualize sex addictions?
2. Tell me about a time when you experienced an ethical tension while counselling someone presenting with a sex addiction.
    a. What happened?
    b. What made it an ethical tension?
    c. What was it like for you to experience that tension?
        i. Questions for exploration:
            1. What emotions did you notice? EMOTION
            2. What personal reactions did you experience?
            3. What did you do? BEHAVIOUR
            4. What thoughts came up? COGNITION
            5. Were you able to resolve the tension? How?
            6. What do you feel you learned from the experience?
            7. How did your own values and beliefs affect the experience?
        ii. Questions to have on hand:
            1. Response to ABSTRACTIONS: Could you give me an example of when that happened?
            2. What do you mean by that?
            3. Is there anything else you would like to mention?
            4. What was it like to experience KEY PHRASE
            5. "How does this inform you practice?" rather than "seems like ____"
            6. Follow up strong statements: "What leads you to lose empathy? What signs, within yourself, do you notice that allow you to recognize this? What happens when the empathy decreases?"
            7. Invite participant to answer their own questions.

Repeat question 2 and attending follow up question above to explore other experiences the counsellor/psychologist has had.

Appendix B: Proposed Informed Consent Form

HOW COUNSELLORS EXPERIENCE ETHICAL TENSIONS IN SEX ADDICTION COUNSELLING

PARTICIPANT CONSENT FORM

Principal Researcher:
Dustin Purnell
587-599-7444
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Supervisor: (if applicable)
Simon Nuttgens
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WHY AM I BEING ASKED TO PARTICIPATE IN THIS RESEARCH?

You are invited to participate in a research study about how counsellors experience ethical tensions when working with clients who present with sex addictions. I am conducting this study as a requirement to complete my master of counselling psychology degree. I will be using the research methodology of interpretative phenomenological analysis, which is a qualitative approach that uses in-depth interviews and intensive analysis of interview transcripts to explore how people experience significant events in their life.

WHAT WILL I BE ASKED TO DO?

As a participant, you are asked to take part in an in-person, audio recorded interview about how you have experienced challenging ethical situations when working with clients presenting with sex addictions. Participation will take approximately one hour of your time. We can schedule this interview in a professional location where you will feel comfortable discussing the topic. If I find I need to clarify anything after the initial interview, I will contact you to schedule a follow up interview.

WHAT IS THE REASON FOR DOING THIS STUDY?

This study will help to improve understanding of ethical tensions in sex addiction counselling. Little research has addressed this topic, which can present difficulties for new counsellors or counsellors who are trying to improve the ethical and competent support they provide for people with sex addictions.

WHAT ARE THE RISKS AND BENEFITS?

Risks of participating in this study include talking about professional situations that may have been difficult or perhaps emotional for you as a counsellor. Involvement in this study is entirely voluntary and you may refuse to answer any questions or to share information that you are not comfortable sharing.

You will not personally benefit or receive incentives (E.G., RECEIVE PAMENT OR A GIFT) for participation in this study.

CAN I WITHDRAW FROM THIS STUDY AFTER I CONSENT TO PARTICPATE?

You may withdraw from the study at any time during the data collection period by informing me during the interview, or by contacting me by phone or email within two months after the interview has been concluded. Once you state that you wish to withdraw, I will destroy all recordings and transcripts of our interview.

After the interview is completed, I will transcribe the audio recording WORD-FOR-WORD, and will provide you with a copy of THIS DOCUMENT for your review by email. I will also provide you with a copy of my analysis for your review. You may make additional comments, clarifications, or withdraw your comments within two weeks of receiving a copy of my analysis.

HOW WILL MY PERSONAL INFORMATION BE KEPT PRIVATE?

Our interview conversation will remain confidential. However, the results of this study, including my analysis of our interview and quotations from our conversation, will be published in my master's thesis and possibly also in one or more peer reviewed scholarly journals. As much as is possible, I will remove all identifying information from this material to ensure your anonymity. At your request, I will provide you a copy of these published materials by either email or regular mail.

If you have any questions about this study or require further information, please contact me, Dustin Purnell, or my supervisor, Dr. Simon Nuttgens, using the contact information above.

This study has been reviewed by the Athabasca University Research Ethics Board. Should you have any comments or concerns regarding your treatment as a participant in this study, please contact the Office of Research Ethics at 1-800-788-9041, ext. 6718 or by e-mail to rebsec@athabascau.ca.

Thank you for your assistance in this project.

CONSENT:
I have read the Letter of Information regarding this research study, and all of my questions have been answered to my satisfaction. I will keep a copy of this letter for my records.

My signature below confirms that:

- I understand the expectations and requirements of my participation in the research;
- I understand the provisions around confidentiality and anonymity;
- I understand that my participation is voluntary, and that I am free to withdraw at any time with no negative consequences;

- I am aware that I may contact the researcher, research supervisor, or the Office of Research Ethics if I have any questions, concerns or complaints about the research procedures.

Name: _____

Date: _____

Signature:
_____

By initialing the statement(s) below,

_____ I am granting permission for the researcher to use an audio recorder

_____ I acknowledge that the researcher may use specific quotations of mine, without identifying me

_____ I would like to receive a copy of the results of this research study by (circle one):

EMAIL or REGULAR MAIL

e-mail address:
_____

or

mailing address:
_____

If you are willing to have the researcher contact you at a later time by e-mail or telephone for a brief conversation to confirm that I have accurately understood your comments in the interview, please indicate so below. You will not be contacted more than six months after your interview.

_____ Yes, I would be willing to be contacted.

Appendix C: Ethics Approval

Athabasca University
RESEARCH CENTRE

CERTIFICATION OF ETHICAL APPROVAL

The Athabasca University Research Ethics Board (AUREB) has reviewed and approved the research project noted below. The AUREB is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS) and Athabasca University Policy and Procedures.

Ethics File No.: **22923**

Principal Investigator:
Mr. Dustin Purnell, Graduate Student
Faculty of Health Disciplines\Graduate Centre for Applied Psychology

Supervisor:
Dr. Simon Nuttgens (Supervisor)

Project Title:
Ethical tensions in sex addiction counselling

Effective Date: March 12, 2018 **Expiry Date**: March 11, 2019

Restrictions:

Any modification or amendment to the approved research must be submitted to the AUREB for approval.

Ethical approval is valid *for a period of one year*. An annual request for renewal must be submitted and approved by the above expiry date if a project is ongoing beyond one year.

A Project Completion (Final) Report must be submitted when the research is complete *(i.e. all participant contact and data collection is concluded, no follow-up with participants is anticipated and findings have been made available/provided to participants (if applicable))* or the research is terminated.

Approved by: **Date:** March 12, 2018

Donna Clare, Chair
Faculty of Health Disciplines, Departmental Ethics Review Committee

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Athabasca University Research Ethics Board
University Research Services, Research Centre
1 University Drive, Athabasca AB Canada T9S 3A3
E-mail rebsec@athabascau.ca
Telephone: 780.675.6718

Ethics Approval Continued

April 16, 2018

Mr. Dustin Purnell
Faculty of Health Disciplines\Graduate Centre for Applied Psychology
Athabasca University

File No: 22923

Certification of Ethical Approval Date: March 12, 2018

Dear Dustin Purnell,

The Athabasca University Research Ethics Board has reviewed the modifications to your research entitled 'Ethical tensions in sex addiction counselling' as outlined in the Modification Request form submitted April 16, 2018 and confirms that the amendment you have outlined are approved.

You may proceed with your project as amended.

At any time you can login to the Research Portal to monitor the workflow status of your application.

If you encounter any issues when working in the Research Portal, please contact the system administrator via research_portal@athabascau.ca.

If you have any questions about the REB review and approval process, please contact the AUREB Office at (780) 675-6718 or rebsec@athabascau.ca.

Sincerely,

Joy Fraser
Chair, Research Ethics Board