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Marital Satisfaction During Recovery from Self-Identified Sexual Addiction Among Bisexual Men and Their Wives

JENNIFER P. SCHNEIDER and BURTON H. SCHNEIDER

To learn the effect of the self-label of "sexual addict" on the marital adjustment of bisexual married men, we studied a specific subset who viewed their homosexual activities as addictive. Forty men and women, representing 22 marriages, were studied via telephone interviews and/or written surveys. All had committed to monogamy when they joined 12-step, self-help programs four months to six years previously. Current marriage ratings were good for 47%, average for 37%, and poor for 16% of couples. Ten couples (45%) believed their current sexual relationship was good, 27% rated it poor, and 27% were abstinent at the time of the study. Although a strong homosexual identity was associated with difficulties in marital satisfaction, viewing the same-sex activities as compulsive facilitated commitment to the marriage and to monogamy.

The issue of homosexuality among married people is a complex one, made more so by the understanding that homosexuality and heterosexuality exist on a continuum of sexual expression. Bisexuality in married men is common. Kinsey¹ reported that 10.6% of married men ages 21–25 were having sex with other men, thereafter dropping gradually to about 2% at age 45. In the past, many men did not reveal their bisexuality to their wives and led a double life. Clinical researchers have reported on the role of disclosure on marital adjustment of the couple. Latham and White² interviewed five couples in which the man rated himself as 3–5 on the Kinsey scale and was homosexually active; all the couples favored honest disclosure. Coleman³ described 31 married men who were in a "bisexuality group" designed to make them more comfortable with the same-sex feelings and activities. Following treatment, only 11 men remained committed to their marriage, and only two of these chose to be

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monogamous with their wives. Six who were pursuing same-sex relationships felt that "what my wife doesn't know won't hurt her, me, or our relationship," and three men had open-marriage contracts with their wives in which the husband had the freedom to pursue same-sex partners but the wife chose not to do the same. Coleman observes that in the past, open-marriage contracts appeared to be a stepping-stone to divorce.

Matteson⁴ studied 30 married bisexual men not in therapy, of whom 13 had told their wives; six of the 13 wives experimented with extramarital sex with men, but three decided it was not right for them. All three women who opted to continue outside sexual relationships separated from their husbands within two years. The most stable marriages appeared to be those in which the wives were sexually exclusive with their husbands and the husbands were free to be sexual with other men, whether or not they acted on this permission.

Several studies have addressed the factors that determine marital satisfaction among bisexual men and their spouses. Latham and White² found that the couples with the poorest adjustment also had the least sexual contact with each other. In a study of 18 couples in therapy, Coleman⁵ found that marital satisfaction was negatively correlated with increased emotional involvement with male partners and with increased sexual dissatisfaction and conflict. He concluded that some marriages can survive by way of open communication, acceptance, and understanding. Matteson⁴ studied a nonclinical sample of 41 spouses representing 30 marriages and concluded that when the homosexual behavior is acknowledged, a positive homosexual identity and a stable marriage can be developed. Brownfain,⁶ after interviewing 60 married bisexual men drawn from a nonclinical population, concluded that some men are able to express with minimal conflict their homosexual and heterosexual impulses within the framework of a conventional marriage. He found that the stable marriages had a pleasant but flat emotional tone and that the spouses met role expectations but went about their separate business much of the time.

Wolf,⁷ in his study of a nonclinical sample of 26 couples in which the husband was bisexual, found that a high level of sexual activity within the marriage, open and direct communication, a valued friendship, previous therapy, cognitive flexibility, and financial independence were the factors that fostered acceptance of the husband's homosexual behavior. The husbands reported a great deal of ambiguity about their homosexual behavior, and the couples reported intense conflict dealing with their open marriage styles.

A goal of the above studies was to learn what helps the couple adjust to the husband's bisexual identity and activities. In cases where the bisexuality was disclosed, the task of the therapist was seen as helping the couple accept the husband's bisexuality and establishing guidelines for its expression that would be acceptable to both partners. The recent AIDS epidemic, however, has forced people to reevaluate the significance of unsafe sexual behaviors in their lives. Some married men have chosen to continue only "safer sex" practices with other men; some wives have

become unwilling to be sexual with partners who were continuing to have *any* sexual activities with other men.

A subset of married bisexual men who wished to stop their same-sex activities, but were unable to, identified themselves as "sexual addicts," sought help for their sexual compulsivity, and committed themselves to sexual monogamy with their wives. A model of sexual addiction was first presented by Carnes,⁸ who proposed that problematic sexual behaviors can sometimes be viewed as addictive. In analogy with the alcoholic or drug addict, the sexually addicted person is obsessed with obtaining the sexual object, his or her sexual behavior is compulsive, and it is continued despite adverse consequences. Carnes⁹ has published a Sexual Addiction Screening Test to aid diagnosis of this disorder. Schneider^{10,11} addressed the problems of spouses of sexually addicted men.

Sexually compulsive behavior affects about 6% of Americans, according to Carnes.⁹ Men are affected more commonly than women, in a ratio of perhaps 4:1. Sexually compulsive behaviors include those generally accepted by society, such as excessive masturbation, excessive expenditures on pornography, frequent use of prostitutes, multiple affairs, and anonymous homosexual encounters; nuisance crimes such as voyeurism, exhibitionism, and frottage; and serious crimes such as rape and incest. Sex addicts typically exhibit more than one compulsive behavior. What makes the behaviors compulsive is not their nature or their frequency, but rather the inability of the person to stop behaviors that are causing significant problems in the areas of health, relationships, finances, the law, and/or career.

The existence of sexual addiction is somewhat controversial. Coleman¹² prefers to talk of problems of sexual control while Quadland¹³ writes of sexual compulsivity. Renshaw¹⁴ presents a primarily negative critique of the concept of sexual addiction, and Levine and Troiden¹⁵ believe that sexual compulsivity is a myth. Barth and Kinder¹⁶ suggest the term "sexual impulsivity" and posit that addiction should be reserved for use only in discussions of substance dependence. Nonetheless, clinicians working with persons whose sexual behavior has seriously interfered with their marriage or job, or has caused them legal difficulties, have found the sexual addiction model to be a helpful paradigm.¹⁷

The role of sexual compulsivity in homosexual activities is also a controversial subject. Before the advent of the AIDS epidemic, the opportunity of gay men to have multiple anonymous sexual encounters was asserted by gays to be part of an acceptable homosexual lifestyle. Now, however, many in the gay community acknowledge that some behavior by homosexual men is compulsive. Some men who continue to have unsafe sex with strangers, despite the risk of contracting a life-threatening illness, have recognized their behavior is out of control.

Pincu,¹⁸ writing from the perspective of the criminology field, concludes that "for the gay man who is plagued by a seemingly uncontrollable need for continuous sexual activity at the expense of other activities and values, his thought processes are obsessive, his behavior compulsive, and the need exhibits many of the features of a true chemical addiction." A

recent medical article¹⁹ reported that in 1987, 64% of over 800 gay or bisexual men seeking medical care at a community clinic had engaged in at least one definitely unsafe sexual act, although most of the men recognized the sexual acts were unsafe. The "unsafe" group had an average of 14.5 sexual partners in the previous six months, compared with 1.8 partners for the men who had engaged exclusively in safe sex. The authors advocate the development of programs "directed to monitoring and controlling compulsive sexual behaviors."

In researching a book on married couples who are recovering from self-identified sexual addiction problems,²⁰ we obtained information on a subgroup in which the husband had been sexually active with other men but was now committed to marital monogamy. The present study focuses on this subset. The goal was to learn how successfully these men have adjusted, what factors might predict their satisfaction with heterosexual monogamy, and how their self-label of "sexual addict" might influence their marital and sexual satisfaction with their wives.

METHODS

The group consisted of a nonclinical sample of men and women who were members of 12-step self-help programs for sexual addicts and coaddicts modeled after Alcoholics Anonymous. The subjects were found in two ways: 28 men and women, representing 16 couples, completed a lengthy written survey which had been distributed at 12-step meetings; three of these couples were also interviewed at length by telephone. Twelve other persons (six couples) were found by the snowball technique and were interviewed by telephone. Thus, 40 persons comprising 22 marriages were studied. For comparison, telephone interviews were carried out with two couples who did not consider the bisexual husband to be a sexual addict. In all cases, the husband was interviewed separately by the male researcher and the wife by the female researcher.

Among the 22 couples, the husbands ranged in age from 24 to 57, the wives, 21 to 55. Most subjects were over 30 years old. The mean duration of their present marriage was 18.3 years, with a range of 3 to 32 years. The majority, 60%, were both in first marriages. For an additional 23%, it was the first marriage for one of the pair. Five couples had no children; the other 17 couples had an average of 3.0 children. Almost all subjects had college or graduate degrees. Twelve of the husbands had professional careers, including five who were counselors, psychotherapists or psychiatrists. Six of the wives had professional careers, including three therapists and two nurses. Ten husbands and seven wives reported sexual abuse in childhood. Sixty percent of the men reported no sexual encounters with other men since joining a 12-step program for sexual addicts four months to six years previously (mean, 2.6 years). The reported activities of the other men ranged from a single episode early in recovery to ongoing inability to maintain sexual monogamy.

Four of 21 men (19%) were also chemically dependent, and 5 said they were compulsive overeaters; 5 of 17 wives (29%) were chemically de-

pendent, and 4 were compulsive overeaters. All the chemically dependent subjects were abstinent.

Among 19 men and 19 women who rated their current relationship on a scale of 1 to 5, with 1 being terrible and 5 excellent, 10 men and 8 women (47% of the total) rated their marriage 4–5, 5 men and 9 women (37%) rated their marriage 3, and 4 men and 2 women (16%) gave their marriage unsatisfactory ratings of 1 or 2; among the latter were a couple who were about to separate. When asked how likely it was they would be together in five years, 68% of the group thought it was likely or very likely (4 or 5), and 12% thought it was unlikely (1 or 2); the rest were uncertain (3).

RESULTS

Sexual Identity, Sexual Behaviors, and Sexual Addiction

The 22 couples who were self-identified recovering sexual addicts and coaddicts were asked how they viewed the husband's bisexuality. Some believed it was a strong and integral part of their sexual identity, whereas others distanced themselves from their gay side by considering it to be their "addict."

Gay Side Is the Addict. A 50-year-old man who had previously been very active homosexually had been monogamously heterosexual for the last seven years, with satisfactory but infrequent sexual relations with his wife. He stated:

Physiologically I'm bisexual, but my true orientation, my preference, is heterosexual. I fit Patrick Carnes' description in *Out of the Shadows* of men whose addiction is acting out homosexually. When I discovered that, it just seemed to fit exactly.

It's been a long time since I've had a fantasy about men. Fleetinglly it will come up once in a while. The only area that is still a problem, and I guess it will be a problem forever, is being stimulated visually by men.

Having identified their gay side as their "addict," several men chose not to label it further, but rather to regard it as a part of their life they wished to avoid. A man who had had multiple homosexual encounters before and during a previous marriage, often in conjunction with cocaine use, rated his sexual relationship with his current wife as very good. He said, "I don't consider myself homosexual or bisexual—my acting out with men was a manifestation of my sexual addiction." When asked whether he believed his homosexual activities were part of his personality or part of the addiction, a 50-year-old physician replied. "I am not gay, straight, or bi. I am an addict. I've had sex any place, any way. I've also had sex with female prostitutes when male prostitutes weren't available." What was important to him was not so much a sexual label as the un-

derstanding that he had an addictive disease. He drew an analogy with other chronic diseases:

Schizophrenics are never cured and manic-depressives are never cured. As long as they take their medicine they do beautifully. They have a chronic progressive disease, just like I do, just like diabetes. Looking at it this way does just the opposite of what some people say: It does not produce shame, it gives me relief. I do not believe it's shameful to say, "I'm sick." I do not believe I can ever successfully have sex with a man again. It would be exactly like if I would take another drink of alcohol.

This couple went through a several-month period of abstinence and reported that their sexual relationship was subsequently greatly improved. Whereas before it was very frequent but mechanical, it was now infrequent but more intimate.

Bisexual Identity. Some husbands did not identify their gay side as their "addict." Rather, they saw it as an integral part of their identity but had accepted that they could no longer act on that part of themselves. A middle-aged former minister who lost his job because of his homosexual activities related:

I identify myself as bisexual. I've never had any trouble being attracted to my wife. I don't look at my homosexual identity as part of a disease. I never involved myself too much in what you would call the masculine pursuits. As I look on the masculine-feminine scale, I'm somewhere in the middle. It's the acting out part which is the addiction. Just because I'm attracted to men doesn't mean I'm going to have to do anything about it.

A person could be homosexual or bisexual and not be addicted. I see sexual preference and identity as a different issue from being sexually addicted. It took me a long time to recognize that I was sexually addicted.

Monogamous for three years, this man and his wife reported a good sexual relationship. Her opinion of his sexual orientation was: "Except for our relationship, he's drawn primarily to men. I guess he would say he's primarily gay. I don't think too much about it. Since he has become sober, it doesn't have a lot of relevance to me."

Bisexual men who took this position believed it was their compulsive sexual behavior and not their bisexual identity which had made their life unmanageable. They accepted their bisexual identity and feelings but chose not to act on those feelings because of the perceived negative consequences. Some gave the analogy of married men who are attracted to much younger women but choose not to act on the attraction.

A 41-year-old man, in Sexaholics Anonymous for three years, believed he had a bisexual *identity* but considered his homosexual *behaviors* as an addiction.

I am married, but I've also had homosexual affairs with other men, so I guess I'm bisexual. My acting-out behavior was very compulsive. The gay side of me is always there, and just coping with that fact is sometimes overwhelming.

I have to acknowledge and accept it, but that doesn't mean I need to devote all my energy to it. One thing I have found since I've been into my recovery is that because I don't spend so much time cruising or fantasizing or acting out, I have more time to devote to worthwhile projects. These projects have helped build my self-esteem, which in turn makes it so I don't feel I have to resort to that drug [sexual acting out] as often.

This man did not find the going easy. He related: "A year ago I had a slip, and was kicked out of the house for two months. It's been a rough road, and I don't have any guarantees. If I get into a certain situation—public parks, public restrooms, gymnasiums—I'm hopeless." Labeling his homosexual activities addictive, he attended meetings regularly and learned to avoid situations that were likely to lead to gay activities. Meanwhile, he related that his sexual relationship with his wife was good.

Primarily Gay Identity. Some men recognized their sexual identity was primarily homosexual. Nonetheless, they had decided to separate their identity from their behavior and to remain with their spouse monogamously. One such man, age 36, was on the verge of divorce because his wife had been unable to forgive him and had refused to have sex with him since the disclosure 18 months previously. Although he was considering returning to his "natural inclination" of being gay, he would have preferred the opportunity of being totally heterosexual with his wife. Regardless of his sexual preference, he continued to regard himself as a sexual addict in need of a program. He said,

I believe the bottom line for sex addicts is that, of course, we're gluttonous. The sexual preference doesn't really matter. If you love the other person emotionally and there's a reasonable amount of attraction, which there is with my wife, it can work. Rather than getting hung up on sexual preference, the real issue is, am I willing to rule out fantasizing about other people, and cruising, and picking up people, and wanting to be titillated all the time. But if someone says, "I really don't like to have intercourse, I have to fantasize about a man to perform with my wife," I think that's pushing it too far, faking it. If they can't "be" with their spouse, be loving to her and talk to her and think of her as they're making love, that's a pretty good clue they're probably more homosexual and it may not be fair to themselves to stay in the marriage.

Another man who had a strong gay sexual identity had difficulty staying away from gay encounters. He stated,

I consider myself sexually predominantly homosexual, but relationally I seem to be strongly heterosexual. I like to be with my wife and family. In large measure my gay experience has been very positive. I'm very comfortable with the fact that I'm gay. Were I not married and didn't have a relationship already established, I would seek a gay relationship.

I would like to know how other bisexual men have resolved the sexual problem, how the gay member managed to shut down his extramarital activity and yet not feel torn apart the way I'm feeling by losing a part of who I am, or at least refusing to allow it expression.

I can be completely open and transparent with a man in terms of the fact that I am homosexual. Even in nonsexual expressions and touches, it fits a need somewhere deep inside that my wife doesn't have the capacity to meet. I haven't managed to find that kind of relationship with men on a nonsexual basis. There's never a safe place for me to be in a gay environment and attempt not to be sexual.

His wife reported,

Recently I realized that all along I've been getting vibes from my husband that made me feel very bad sexually. I was having to repress my sexuality. There's an unspoken wall between us. I don't want to be hurt any more, so I'm pulling my emotions back from him. I'm afraid that if I let down my guard once again I will be hurt again.

This couple exemplify the dilemma of the man with a strong homosexual identity and a strong commitment to his wife and family. Their sexual relationship was infrequent and unsatisfactory, and a recent HIV diagnosis in the husband further distanced them sexually and emotionally. They were receiving extensive counseling.

Whether or not the men considered themselves primarily heterosexual with an addictive gay side, primarily gay, or bisexual, all were in agreement they were sexual addicts who needed to be in a recovery program to learn how to make healthier choices in their sexual activities. They believed this to be true whether or not they planned to remain in their current relationships. Because they hoped to remain in heterosexual relationships, their goal was to eliminate their gay behaviors despite their sexual orientation.

Couples Who Do Not Perceive the Husband as a Sex Addict. A woman whose husband did not identify himself as sexually addicted related,

The counselor I saw [soon after the disclosure] suggested I look at my husband's sexual activity with other men, not so much as unfaithfulness, but as a kind of impulsiveness. It wasn't

a planned sort of meeting with a particular person, but it came about on a whim, on the spur of the moment.

I don't think it is compulsive. I feel that there is free choice involved. I have a hard time talking with my husband about this without getting angry because I want to say to him, "You don't *have* to do this. You can make a decision not to." I've said that to him, and he acknowledges that that's true, that he *can* make a decision not to.

Spouses of self-identified sexual addicts have it easier in several ways. First, by viewing their husbands' homosexual activities as addictive rather than free choice, they may find it easier to understand, especially if they themselves are in recovery programs. Second, men who view their own gay behavior as addictive generally desire to stop. Their goals—heterosexual monogamy—then become the same as those of their wives. In this setting, additional episodes of homosexual activity are viewed as lapses to be avoided or learned from, rather than behaviors which the wife is expected to accept.

In marriages of bisexual men with a strong gay sexual preference, it appears that if the wife accepts the husband's ongoing extramarital activities, the major stresses arise from the wife's unhappiness; in contrast, in the marriages of such men who define themselves as sexual addicts and attempt to become heterosexually monogamous, the major stresses appear to come from the husband's difficulty in adjusting to monogamy.

Disclosure of Bisexual Identity

For most couples who did not discuss sexual identity before marriage, the eventual disclosure of the husband's bisexuality precipitated a major crisis. Even if the wife had been aware of her husband's homosexual feelings, disclosure of actual sexual encounters with other men was often devastating. Many women felt anger, betrayal, and fear of abandonment. Yet a surprisingly large number convinced themselves they were overreacting or that the problem would disappear. They tended to deny evidence that the sexual activity was ongoing. The result was often a series of disclosures, spread out over a several-year period, until some final event, perhaps arrest or fear of AIDS, led to the husband's involvement in a recovery program. Between the time of the first disclosure and the final crisis, the couple's marriage was typically conflicted, their sexual relationship often deteriorated, and their self-esteem spiraled downward.

A man who had had many years of anonymous sex with men, cruising, pornography, use of prostitutes, and homosexual and heterosexual affairs, caught gonorrhea and gave it to his wife after 24 years of marriage. He then disclosed his sexual activities to her:

He told me he had gonorrhea and that I had to get treated. I felt ashamed, unloved, violated, hurt, embarrassed. I was angry at him. I felt he didn't love or even care about me. My

doctor gave me a shot for gonorrhea and wanted me to go for counseling. I didn't go because my spouse was going and after a few months, when his therapist told him he didn't have to return, I assumed he was "cured." Then when AIDS was in the news, I got scared and angry, but only mentioned it. I really didn't want to know he was acting out. Then after 29 years of marriage he got arrested.

Some wives found it more comfortable to focus on the financial costs of their husbands' behavior rather than the sexual aspects. A young white-collar worker frequented adult bookstores where he bought pornography and had sex with strangers. After each such episode he would confess to his wife. She related:

I accused and condemned and berated him for wasting our money. For the most part, though, I kept silent and hoped he would stop somehow. He would confess when I accused him of visiting bookstores. His body language always gave him away, so I usually knew when it happened. I would go for long periods of time without asking questions about the behavior. I didn't really want to know about it. It was too threatening. I feared I would be rejected and abandoned. I felt inadequate and had low self-esteem. I believed I couldn't satisfy him, that I was ugly. I also felt anger at his irresponsibility, lies, and use of our money. I felt angry that he continued a behavior when he knew it bothered me.

Initially, I did nothing, even when I knew he had sexual contact with others. Fear of contracting AIDS eventually led me to confront him, seek details, set limits, seek help, read books, and find a twelve-step program.

Before she was able to take this action, she first had to work on her own recovery. Low self-esteem, brought even lower by her reactions to her husband's behavior, had kept her immobilized. Many wives were willing to settle for "less than" because they believed they were unlikely to find anything better, or because life without their partner seemed intolerable, no matter how unhappy they were.

Effect of the Bisexuality on the Marriage and on the Self-Esteem of the Couple

For many couples, one of the early casualties of disclosure was trust. Most couples reported adverse effects of the husband's gay activities on the marriage and on the self-esteem of each member of the couple. Husbands wrote that their dual existence caused them to pull back and be "unable to be open or share emotionally," and that they would "lie and have to sneak around. I felt guilty. I lost all respect for myself." An administrator and his wife, both 45, wrote:

Husband: It degraded our relationship to the point of separate lives, lots of fighting, pain, isolation, and loneliness. It lowered my self-esteem tremendously.

Wife: I blamed myself for his unhappiness. I didn't have any self-esteem. Everything was my fault. I believed everything I was told. I was very needy. I tried to please him so he would not be angry. I resented him and hated him at times. I felt damned if I did and damned if I didn't. I tried to be cute and seductive, but it did not work. He had no interest in sex with me because he was acting out outside of the marriage. I could only assume I did something wrong.

Both partners frequently felt intense anger. A marriage where the husband has anonymous sexual contact with men in adult book stores was very stressed. The wife reported,

I was afraid to ask questions about the acting out. I was afraid to rock the boat, even when I was angry about his behavior. I shut down emotionally and sexually. His addiction made him extremely moody, critical, and secretive. He pushed me away. I felt undesirable—or why would he turn elsewhere? I found self-worth in my job instead of at home. I thought he didn't love me, or couldn't. I thought his addiction was my fault in some way, which lowered my self-esteem.

What happens in marriages where the husband's ongoing same-sex activities are accepted by both partners as integral to his well being? We spoke with two such couples, each still committed to one another after approximately 20 years of marriage. One couple reported:

Wife: Before he became sexually active, he talked to me about it. We shed a lot of tears. We really wanted the relationship to work, and we decided we would try it. I also became very depressed about it, to say the least. I felt angry and betrayed.

In the beginning I was very supportive of him. I empathized a lot with his struggles. But as he began going out more, it became more difficult for me to deal with it, and we began to argue a lot, mostly about where our marriage was going.

Early on I made up all kinds of rules, hoping to contain it, like you have to be in by three o'clock in the morning and you can't ever bring anyone home that you've slept with. Once or twice he stayed out until four, and I could have killed him when he came in the door. We had huge arguments. Then I began to see that it didn't make any difference what time I arbitrarily set—if he was lucky enough to score, he was going to come home when he was finished, no matter what time it was.

Sometimes I feel a lot of resentment, and other times, when the rest of my life is going smoothly, it isn't so bad. It's an

unresolved issue, and it's difficult to resolve. We are both committed to making our marriage work, but my husband gets his needs met whether it works or not. At times I can share my feelings with him, but I still don't do it enough. For the last two years I've been taking an antidepressant.

Husband: If we wanted to stay together we had to come to some compromise that was based on the fact that I was going to be sexual in the gay world. My wife wants, and has the right to want, a totally heterosexual husband, but she is also very much in love with me and has accepted the good qualities along with the others. She has come to terms with it. I'm not saying she is happy.

I see us as a lifetime commitment. We've had to become very honest and open with each other. I think we have a much stronger marriage than do most people. And we've had to deal with the real possibility that I may someday leave. She could come to the point where she could not accept who I am. Or I could feel I had fallen out of love with her for some reason.

In marriages such as this, the husband was able to persuade his wife to accept his same-sex activities. When faced with what she may see as her only two possible choices—accepting her husband's extramarital homosexual activities or having him leave her—a woman may opt to continue the marriage on the husband's terms. The emotional cost to her may be substantial.

Effect on the Couple's Sexual Relationship

Ten of the 22 couples (45%) believed their current sexual relationship was good or at least significantly better than before recovery. Six couples (27%) rated their sexual relationship as poor or worse, and six couples (27%) were celibate at the time of the survey. Early in the marriage, the sexual relationship was generally good. Over the years, however, it tended to deteriorate more than did the sex life of couples where the sexual addiction involved the opposite sex. The study group described the effect of their recovery from sexual addiction on their sexual relationships.

Sex Is Better. A 50-year-old physician who engaged in frequent sexual activity with other men until he joined a self-help group several years previously, described what happened to his sexual relationship with his wife:

I was always abusive to her. We had sex at least once or twice a day from before we were married right until I got into SA. She didn't want it and I always wanted it. She finally found it was easier to give in than to say no to me because I'd get angry or upset. When she was sick I'd want sex anyway.

After I confessed to her about the men, the sex with her just got more. Apparently she thought if she were only more sexual

with me, I'd have less reason to go out. She never knew I was masturbating as well.

After several years in SA, we had 21 months of celibacy, and during that period I believe I got true recovery—an understanding that lust even permeated my marriage. And then for two years or so, the only time we had sex was when she requested it, which was hardly ever, maybe only once a month. We now have sex about once a week; she requests it. A few months ago we decided it might be time for me to request it—it was getting lopsided. I requested it only once—I feel it works out best for her to do the initiating.

Sex Is Unsatisfactory. When serious conflicts persisted over the husband's sexual identity, the couple's sexual relationship was likely to continue to be poor. Some men also reported new sexual difficulties. A 35-year-old man, married for three years, wrote, "I have so much guilt and shame about my acting out that even when I fantasize about other women, I feel too guilty to have relations with my wife." As a result, his sexual drive significantly diminished, and they rarely had sex. His wife, in contrast, believed the quality of their sexual relationship had improved because her husband was more present for her when they made love, but she was disappointed at the diminished frequency.

A businessman, age 36, married three years, rated his sexual relationship as worse because it was less frequent. He believed the reason was that his wife was still angry over his infidelity. Because he had had sex with other males, the couple was now using condoms. For his wife, this was a great barrier to intimacy. She wrote,

Because he was worried about AIDS, he began wearing a condom any time we had intercourse, which was awful because there was a physical, visible reminder of where he had been. By that time I'd had a tubal ligation, so there was no way I could pretend it was for contraception.

Recalling a mate's prior extramarital sex is a sexual turn-off for many women; for some wives of bisexual males, the intrusion of condoms in their sexual activities is a constant reminder of past infidelities and may repeatedly bring up anger, resentment, and pain.

A 52-year-old accountant, married many years, related how his bisexuality adversely affected his marital sexual relationship. He had been aware of his homosexual feelings at the time of marriage.

When we got married, my wife's understanding, and my hope, was that our sexual behavior would be normal. If there was anything sexually I especially wanted that she was unfamiliar with, I would explain it. The activities she was not willing to participate in, I just put aside and experienced those with other men.

In recent years our sexual relationship was poor. This was because of my fear of transmitting disease, my preoccupation with other partners, and that I was too often spent when my spouse was interested. Just before I got into the Program I counted four times in a year that we'd made love, and I was having sex with male partners as much as three times a week.

Since getting into the Program, our sex life has lacked spontaneity and creativity. Homosexual sex created greater highs for me. I expect my spouse to know what pleases me most and am disappointed when she cannot intuit this as another man might. However, we have more frequent sex than before because I no longer practice high-risk activity with homosexual friends.

Whether a bisexual man can successfully make the transition to heterosexual monogamy depends in large part on his level of sexual arousal with his wife. If he finds that sex with men is much more exciting, he is likely to have a difficult time giving it up.

Couple Is Abstinent. Sexual addiction treatment programs often suggest a period of abstinence, typically 30–90 days, during early recovery. The stated reasons are that abstinence, defined as no masturbation and no sex with others, teaches addicts that they do not need sex to survive, allows them to become aware of their repressed feelings, and gives them an opportunity to learn nonsexual intimacy. For couples dealing with bisexuality, however, abstinence was often a problem rather than part of the solution.

Two couples were celibate because the husband was HIV-positive and therefore could transmit the AIDS virus to his wife. One of these couples had apparently decided that the only really "safe sex" was abstinence. For the second couple, the husband's positive HIV status was only the last straw in a sexual relationship which had been problematic for years.

Other couples were celibate because of ongoing sexual problems. A 42-year-old man had had many sexual encounters with men. Married for many years, he and his wife reported:

Husband: Initially I did what was expected but I was always uncomfortable. I stopped having sex with her at first out of fear of disease transmission; now because I don't know what to do with my fear of physical intimacy. There were at least 9 or 10 years of celibacy between my wife and me. We are still celibate but we are starting some sex therapy.

Wife: We have had no sex for 13 years. Before, he was acting out outside the marriage and had no interest in sex with me. My self-esteem was nonexistent, so I felt it was my fault. I tried to be alluring, but he did not respond. I felt I wasn't attractive or sexy enough. I am feeling resentful about it, but we are working on it.

At times the damage appeared to be beyond repair. A couple who had been married for 10 years and had a 1-year-old child were on the verge of separating. He had been in a twelve-step program for over two years; she was not in a recovery program. She stated,

Since he told me two years ago, we haven't had sex at all. He'd had hundreds of partners! The thing that really angered me, it was a double whammy, was that I was this close to dying, this close to having AIDS. I kept thinking, how could you jeopardize my life and my child's life?

I don't think I can ever trust him, even though he's been sexually sober and is going to a lot of meetings. I still can't get out of my mind that I could have died. We're planning to separate by the end of the month.

One reason for abstinence mentioned by several people was that having sex with their spouse triggered their interest in sex with male partners. The more sexual they were with their wives, the more they thought about pursuing gay sex. A 43-year-old man, who did not consider himself a sex addict and continued to have sex with men, described what happened when he tried to curtail his outside sexual activities in order to please his wife:

We would go through periods where I was asexual for a while. It wasn't that my wife wasn't fulfilling; it was because I was trying to control my sexuality. Because I was suppressing who I was, it was easier for me to suppress sexuality than to suppress the gay side.

I can handle not being sexual at all, but I can't handle only being sexual in the area that is the lowest percentage for me. I know some people who can be totally monogamous with their spouses and still consider themselves bisexual, but in general those people tend to be the ones who are at least equally if not more heterosexual than homosexual. For me, it was easier to make the decision not to be sexual at all.

After five months of celibacy, another bisexual man reported he was hesitant to resume sexual relations with his wife. "I'm afraid I'll begin to fantasize and I'll get back into my addiction."

Sexual Relationship in Marriages in Which Homosexual Activity Continues

Of the two couples who did not identify themselves as sexual addicts and coaddicts, one reported a satisfactory sexual relationship. The wife reported her husband had always been more interested in sex than she had so that the low level of marital sexual activity was not a problem for her. The second husband reported that having homosexual encounters had a positive effect on his sexual relationship with his wife. He said, "Because I am not exclusively having heterosexual sex, I am more relaxed about

it.” The wife, who believed she was generally more interested in sex with her husband than vice versa, reported that for the preceding two years their lovemaking did not include intercourse because of her husband’s fear of transmitting AIDS; she admitted to some resentment about this.

*Effect on Wives of Husbands’ Extramarital Sex
with Men Rather Than Women*

In her book, *When Husbands Come Out of the Closet*, Gochros²¹ wrote, “Dealing with a homosexual affair need not force a woman to doubt her own abilities as a woman, since she knows there are no added feminine wiles or ‘techniques’ that will help. It is not in her power to compete with her husband’s male lover.” In other words, it is easier for her to accept a male rather than a female lover. This, however, was not true of most of the women we interviewed. Of nine women interviewed at length, five thought the same-sex nature of their husband’s activities had been harder to deal with, one thought it was easier, and two believed it made no difference. One of the women had no opinion; her husband had married her after several years in a recovery program and was monogamous. Some of the women who thought it was more difficult that their husbands had had sex with men stated:

In a lot of ways it’s harder. If it was another woman, I would just have to compete better. I could be sexier, or wear different clothes, or do more. But how do you compete? What they really want you can’t give them. Over the years I found myself squelching my female side an awful lot and becoming more male. I stopped wearing dresses and became more logical and less emotional, and I even offered him anal sex.

It was harder, because I felt I didn’t have any ammunition. With another woman, I could find out whether I needed to lose weight, look sexier, what I needed to do to fulfill him sexually. But I didn’t know how to fulfill a man like a man does.

I never felt I was “less than” as far as my sexuality. [They had sex several times a day throughout their marriage.]. But I think it was still harder that he was seeing other men. Even now when I share at S-Anon meetings, there’s a great deal of shame that it was with men.

The primary reasons it was harder for them to deal with their husbands’ homosexual activities were: 1) their feelings of helplessness and inability to try to influence the situation sexually; and 2) the added shame they felt. Undoubtedly societal homophobia made it more difficult for them to talk to others about their situation.

A woman who believed it was easier that her husband saw men, stated:

I probably accepted his “excuse” that it was this irresistible drawing, not to another person but to another lifestyle, that

made it less personal for me. But at meetings I found myself less willing to talk about it with other people than if it had been another woman.

Feelings of shame, feminine inadequacy, or both, were present in these women as well. Shame was also described by the woman who said it made no difference to which gender her husband was attracted:

I don't think as far as my emotional reactions that there was any difference. I had a lot of low self-esteem. I felt inadequate. I thought, if I could just do the right thing, things would be better. Part of my despair at times was the feeling that he could not be fulfilled in the marriage relationship.

In contrast, the two women not in twelve-step recovery programs, who had accepted their husband's ongoing homosexual activities believed it would be worse if the other sexual partners were female:

If my husband had sex with another woman, I would be much more upset than I am now, because I would take that as a very personal affront. That really would be telling me that I'm inadequate. I can't give him what a man can, but if I can't give him what another woman can, then there must be something wrong with me.

If my husband were with a female prostitute, I would feel a lot of anger because of the increased risk of sexually transmitted disease. I think there's less chance of STDs by having mutual masturbation and oral sex with another man. Also, I would really feel like I was not fulfilling him and not being a good sex partner to him. I feel that way to some degree with his having sex with men, but I also feel there's no way I can be a man.

Wives' Support System

Wives of bisexual men often report that their biggest problem is isolation. One of the study women stated,

If I had some friends I thought would understand, I would feel free to explain my situation. I don't have a lot of close friends, because I isolated myself for years. Probably it has a lot to do with my relationship with my husband. Going to S-Anon meetings, being able to talk about my problems, has been very helpful. Bisexuality is stigmatized in our society. It's so difficult to find people to talk to.

A woman who was not in a twelve-step program related,

It's incredibly lonely. It's very isolating. I thought, what would people think of me if they found out I had to put up with it all this time? But I've told several friends. Probably the biggest thing that helped was the support of my friends and their willingness to listen.

Friends who can listen without judging can be an enormous help to spouses of bisexual men. Women in twelve-step programs were able to find support from others who had been through a similar experience.

DISCUSSION AND CONCLUSIONS

The present study focuses on a subgroup of married bisexual men, those who have labeled their same-sex activities as evidence of a sexual addiction. Such a subgroup represents only a small proportion of the many married bisexual men, but one that may increase as more people look to twelve-step programs for relief from compulsive sexual behaviors. A criticism of such a perspective was voiced by one of the two men interviewed who did not label himself an addict. He said,

I think that sexual addiction is real. But I believe the sexual addiction program helps some gay people keep that side of themselves in line and so it's part of their internalized homophobia. A lot of people try to escape their sexuality in various ways—many of them become priests, for example, because it's a lifestyle where you are supposed to be celibate. It is not unheard of for people who cannot accept their own homosexuality to seek programs that say you don't act on it.

This argument has some validity, and it is therefore of interest to examine the belief system of self-identified sexual addicts about their bisexuality. Whereas some of the study group had labeled their gay side as the addict, most of the men accepted their bisexuality but had decided that it was not in their best interests to act on their homosexual feelings. Instead they used the addiction model to help them avoid same-sex activities. Sixty percent had been totally monogamous since joining a twelve-step program and the others were working toward that goal, with occasional lapses.

These were, in general, men who had previously lied to their spouses about their sexual behavior, who had distanced themselves from their families in order to avoid detection, and who had recognized that their marriages lacked intimacy. Their self-esteem had suffered as a result of their dishonesty and of marital conflict. They believed that their self-esteem had improved as a result of "working a recovery program." Ten of the couples (45%) believed their sexual relationship was significantly better than before recovery, and the majority were optimistic about their

marriage. Only 16% of the couples rated their current marriage as unsatisfactory, and only 12% thought it was unlikely they would still be together in five years.

In this study, most wives described feelings of inadequacy and low self-esteem related to their husbands' same-sex extramarital activities. Whether or not they actually knew about the activities, they were aware of a lack of intimacy in the marriage and a distancing on the part of the husband. Most of the wives complained about poor communication with the spouse. Most were very relieved to have had their husbands identify themselves as sexual addicts and commit to a goal of monogamy. Almost all of the wives were involved in twelve-step programs for spouses of addicts and/or in psychotherapy and were working on improving their own self-esteem as well as the marriage relationship.

In her study of 33 wives of bisexual men, Gochros²¹ found that in marriages that survived, the sexual relationship was maintained and was usually good. "Even when problems occurred, the husband was committed to helping his wife obtain sexual satisfaction within the marriage, found some degree of satisfaction himself (as opposed to merely 'servicing' his wife), and engaged in empathic problem solving rather than criticizing," she wrote. The wife's satisfaction depended not on the degree of a husband's homosexuality, but rather on the husband's ability to maintain a primary commitment to the wife, both emotionally and sexually. This was not often possible; over two-thirds of Gochros' sample had already divorced their husbands, and only a few of the rest had a stable marriage at the completion of her study.

Because all but one of the 22 recovering couples were committed to their marriage regardless of sexual satisfaction, we cannot directly answer the question whether sexual satisfaction is correlated with survival of the marriages of recovering sexual addicts. Nonetheless, what the couples told us supports Gochros's conclusions. Those persons who perceived their sexual relationship to be most unsatisfactory appeared to be having the greatest difficulty in their overall relationship. In Gochros's study, the bisexual men had the option of freely getting their homosexual needs met with other men. In the present study, on the other hand, the husbands had committed to getting all their sexual needs met within the marriage. For this reason, the men who had the least heterosexual arousal had the most difficult adjustment.

In marriages where the spouses have agreed to the husband's freedom to have ongoing same-sex encounters, the partner who is less content is generally the wife. In contrast, in the marriages of recovering sexual addicts and coaddicts committed to monogamy, the biggest potential problem is the husband's inability to adjust to heterosexual monogamy. The success of marriages committed to sexual monogamy depends to a great extent on the strength of the husband's homosexual identity and on his commitment to the marriage. For many recovering sexual addicts, however, we suggest that at least as important to the success of the relationship as the husband's sexual arousal with his wife is his emotional commitment to her and his ability to draw genuine satisfaction from his

roles of husband and father. Several of the couples who were celibate expressed high marital satisfaction and believed they were actively working on the relationship.

Support groups and therapy groups for married bisexual men can be of tremendous help to them in sorting out the role of their homosexual identity in their lives. They can be helped to see the costs of being sexual with other men while remaining in relationships with their wives. If they determine the emotional costs to them and their spouses to be excessive, they can get peer and/or professional support in their decision to leave the marriage or to commit to a monogamous sexual relationship with the spouse while maintaining a gay or bisexual identity. Twelve-step recovery programs support the position that homosexual identity does not mandate homosexual activity.

For couples with marriages troubled by sexual addiction problems, involvement of both partners in twelve-step programs, and often therapy, may be necessary for recovery of the marriage. Both tend to come from dysfunctional families, to have low self-esteem, and to have sexual issues. They tend to come together in an addictive relationship. The stresses in the marriage brought about by addiction and coaddiction tend to further erode the self-esteem of both spouses. In order to rebuild trust, forgive the betrayal, and restore her self-esteem, the wife needs a recovery program as much as the husband.

The concepts of sexual addiction and coaddiction are relatively new. Only a fraction of bisexual married men are sexually addicted. We have described a number of couples who, after identifying themselves as sexual addicts and coaddicts, were able to use the twelve-step program and change their sexual activities so as to have a more satisfactory monogamous heterosexual relationship.

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