



Support Utilization by Partners of Self-Identified Sex Addicts

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Support Utilization by Partners of Self-Identified Sex Addicts

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Abstract

This study examined the support resources utilized by partners of sex addicts. Partners ($N = 92$) answered questions about which sources of support they found most useful, relationship functioning, and demographic and background variables. Partners rated therapists, spirituality, support groups, and friends most useful, and the mate, children, and other family members less useful. Intrapersonal religious/spiritual activities were used more than interpersonal religious/spiritual activities. Older partners and those who viewed themselves as traumatized utilized more support. Rating the mate as useful was most strongly associated with positive relationship outcomes. We conclude with recommendations for working with partners of sex addicts.

(100 words)

Keywords: impulsive sexual behavior, relationship factors, and psychological treatment

Support Utilization by Partners of Self-Identified Sex Addicts

Partners of sex addicts often experience a number of personal and relational difficulties related to their mate's addiction and its impact on the relationship (Schneider, Corley, & Irons, 1998). However, little is known about where partners of sex addicts seek support and what types of support are most helpful to them. This gap in the literature is troubling given that many sex addicts are in long-term relationships and that the well-being of the partner and the relationship are likely to affect the addict's recovery (Matheny, 1998). This study explored the types of support utilized by partners, the effects of partner characteristics on support utilized, and the impact of support on relational outcomes.

For a partner, the infidelity associated with sexual addiction is often experienced as a betrayal of trust (Gottman, 2011; Hardin, 2002; Kafka, 2001; Kafka, 2010; Kalichman & Cain, 2004; Young, Griffin-Shelley, Cooper, O'Mara, & Buchanan, 2000), which in many cases, is exacerbated by repeated dishonesty (Corley & Schneider, 2002; Glass & Wright, 1997; Gottman, 2011). When the addict discloses his or her addictive sexual behaviors to the partner in an attempt to restore the relationship, the partner may experience it as traumatic (Berger & Bridges, 2002; Glass & Staeheli, 2003; Steffens & Rennie, 2006). Partners experience a range of feelings including shock, rage, loss of confidence, damaged sense of self, anxiety, depression, confusion, and shame (Charny & Parnass, 1995; Schneider, Irons, & Corley, 1999). Symptoms of post-traumatic stress disorder (PTSD) may persist well after the disclosure including flashbacks, intrusive thoughts, disturbed sleep and concentration, and emotional numbing (Bird, 2006; Glass & Staeheli, 2003; Ozer, Best, Lipsey, & Weiss, 2003; Milrad, 1999; Steffens & Rennie, 2006).

Many partners also experience sexual problems which may originate from the partners' anger, loss of trust, unresolved problems, and fear of sexually transmitted diseases, as well as

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3 from the addict's unrealistic expectations, reduced libido, or shame and guilt (Schneider, 1990;
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6 Schneider & Schneider, 1990). In addition, problems may originate from within the dyadic
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8 relationship, including new fears and excessive analyzing of sexuality, decreased sexual
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10 intensity, and an unbalancing of power in the relationship (Hardin, 2002; Schneider, 1990;
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12 Schneider & Schneider, 1990). Furthermore, emotional, sexual and physical abuse histories are
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14 quite common among sex addicts and partners (Carnes, 1991; Corley & Hook, 2012; Corley,
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16 Schneider, & Hook, in press; Steffens & Rennie, 2006). Carnes argued that most sex addicts and
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18 partners have felt abandoned by at least one parent and often need to heal from such wounds
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20 before they can attain healthy adult relational functioning. He further noted that, in many cases,
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22 couples must move past the guilt, shame, distrust, betrayal, and unforgiveness before they can
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24 attend to the sexual problems in themselves. However, although most addicts and partners report
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26 an unsatisfying sexual relationship before and after the discovery of the addiction, most also
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28 report that their sexual relationship improved as a result of identification and treatment of the
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30 addiction problems (Schneider & Schneider, 1996).
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37 Given the high risk of relapse for sex addiction (Harnell, 1995; Schneider et al, 2000;
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39 Corley et al., in press; Wan, Finlayson, & Rowles, 2000), many partners consider leaving the
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41 relationship (Schneider, et al., 2000), and partners who choose to stay with the addict must often
42
43 develop plans for what to do in the case of additional relapses. Couples often report difficulties
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45 establishing boundaries by defining situations they would consider intolerable and planning a
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47 course of action in case of future relapse, which may involve either leaving the relationship or
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49 seeking counseling (Schneider & Schneider, 1996). Partners of addicts may fear abandonment
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51 or doubt their capability of leaving the partner (Schneider & Schneider, 1996).
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In the many cases in which the couple tries to heal from the betrayal, disclosure as one of the first steps toward restoring trust is recommended both by couple therapists (Atkins, Eldridge, Baucom, & Christensen, 2005; Brown, 1991; Butler, Seedall, & Harper, 2008; Gottman, 2011; Olson, Russell, Higgins-Kessler, & Miller, 2002) and addiction therapists (Blankenship, 2007; Butler & Seedall, 2006; Corley & Schneider, 2002; Earle & Crow, 1998; Magness, 2009). A couple's healing frequently involves rebuilding trust, as most partners do not trust the addict completely. Difficulties with trust may be focused specifically on the addict's relational and sexual behaviors or may stem from a partner's more global and longstanding difficulties with trust (Schneider & Schneider, 1996).

Both members of the couple often feel ashamed and compelled to maintain secrecy, which may isolate the couple from other couples who have had similar challenges (Schneider & Schneider, 1996). Some addicts join 12-step programs for sex addicts, and partners of sex addicts may define themselves as sexual co-addicts, or as relationship addicts, and may participate in 12-step programs such as S-Anon and Codependents of Sex Addicts (COSA). According to Schneider and Schneider (1996), the relationship is more likely to survive when both members identify themselves as "addict" and "co-addict," attend separate individual and joint 12-step meetings and counseling, seek feedback from other couples, and commit to ongoing work on individual problems and on the relationship. Couples meetings commonly address restoring trust, forgiveness, softening discussions about problems, shifting attitudes, healthier sexuality, fair fighting, dealing with illness, improving communication, avoiding monitoring the partner's recovery, how to talk to the children about the parents' recovery programs, financial negotiation, problems solving, and increased unity (Schneider & Schneider, 1996; Zitzman & Butler, 2005).

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3 Of Schneider and Schneider's (1996) sample recruited from a 12-step group, nearly all
4 participants had been in some counseling or therapy related to their addiction or codependency.
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6 Unfortunately, few reported a successful first therapy experience, and in many cases, the clients
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8 reported knowing more about the diagnosis than the therapists. Models of treatment that include
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10 partners are relatively new and include a narrative approach involving externalizing the problem
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12 and noting exceptions (Corley & Alvarez, 1996), an emotionally focused approach targeting the
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14 meaning of the betrayal (Johnson, 2005), and an adult attachment-based approach (Butler &
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16 Seedall, 2006). Even these models focus more on the importance of the partner to the addict's
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18 recovery than on the partner's own experience in itself. It is uncertain to what extent partners
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20 view psychotherapy as useful, and much remains to be learned about what predicts successful
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22 outcomes.
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29 Other than a small literature on 12-step programs and couple therapy, little is known
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31 about the ways in which partners of sex addicts cope with the difficulties of their relationship and
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33 the emotional consequences of learning of their partner's addiction. This study was designed to
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35 explore the prevalence and perceived usefulness of various sources of support for partners of sex
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37 addicts, the impact of partner characteristics on support seeking, as well as the links between
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39 support utilization and their current relationship functioning.
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43 We had three primary research questions. First, we wanted to describe the types of
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45 support used by partners of sex addicts, and determine which types of support they viewed as
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47 most useful. Because of their popularity and utilization among partners of individuals struggling
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49 with other types of addiction, we hypothesized that support related to psychotherapy, small
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51 groups, and spirituality would be most highly utilized and viewed as most useful. Second, we
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53 wanted to examine the extent to which personal characteristics of partners were related to
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utilizing support. We hypothesized that partners who were older and more highly educated would have more experience and awareness of the types of support available, and thus would be more likely to utilize support and view it as useful. Prior research has found that individuals who are more highly educated have more positive attitudes toward seeking mental health services (Sheikh & Furnham, 2000). Also, we hypothesized that partners who viewed themselves as victims of trauma or as co-addicts would be more aware of their need for help and support, and thus be more likely to seek and utilize support. Third, we wanted to investigate the relationship between support utilization and relational outcomes. Because utilization of support ideally would provide the partner with resources to improve individual and relational well-being, we hypothesized that utilization of support would be positively related to relational outcomes such as relationship satisfaction, sexual satisfaction, trust, and discussion of emotional issues.

Method

Participants

Participants were 92 self-identified partners of sex addicts who completed an online survey about their experiences. Participants ranged in age from 21 to 72 years ($M = 44.4$, $SD = 11.9$). Participants were predominantly female (95.6%) and heterosexual (95.6%). Most participants (82.0%) were married or in a committed relationship (7.9% separated, 6.7% divorced, 3.4% single). For the participants still in a married or committed relationship with the addict, the average length of this relationship was 16.6 years ($SD = 11.4$).

Measures

We created a 60-item anonymous survey utilizing feedback from (a) clients from two outpatient practices, (b) clinicians on the listserv of the Society for the Advancement of Sexual

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3 Health (SASH), and (c) personal conversations with several clinicians who treat partners and sex
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6 addicts. The questions used in the present study are described below.

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8 **General support.** We assessed the usefulness of general support using seven items
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10 created for the present study. Each item represented a possible source of support (e.g., friends,
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12 therapist). Participants rated the usefulness of each source of support from 0 = *N/A does not*
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14 *apply* to 5 = *most useful*. We summed the seven items to create a total general support score.
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16 For the present sample, the Cronbach's alpha coefficient was .56.
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20 **Spiritual support.** We assessed the frequency of spiritual support using five items
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22 created for the present study. Each item represented a possible source of spiritual support (e.g.,
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24 attend religious services, pray). Participants rated the frequency of each spiritual support activity
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26 from 0 = *N/A does not apply* to 5 = *daily or more*. We summed the five items to create a total
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28 spiritual support score. For the present sample, the Cronbach's alpha coefficient was .77.
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32 **Partner characteristics.** We asked for information about several partner characteristics,
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34 including gender, age, sexual orientation, education level, as well as whether partners viewed
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36 themselves as co-addicts and/or victims of interpersonal relationship trauma.
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40 **Relationship functioning.** We asked several single-item questions about current
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42 relationship functioning, including general relationship satisfaction, sexual satisfaction, trust, and
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44 discussion of emotional issues.
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46 **Procedure**

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48 We first secured IRB approval for the present study. Participants were recruited through
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50 announcements made on the SASH Professional Listserv and mailings to treatment
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52 professionals. Links to the survey were placed on a number of websites of treatment programs
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3 that provide services for sex addicts and their families. To complete the survey all participants
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5 had to indicate they were at least 18 years of age and had agreed to the informed consent.
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8 **Results**

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10 For clarity, we refer to the participant as the *partner* and the sexual addict as the *addict* or
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12 *mate*. We organize our results into three sections. First, we describe the general and religious
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14 support utilized by partners of sex addicts. Second, we examine the relationship between partner
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16 characteristics and types of support utilized. Third, we explore the relationship between types of
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18 support utilized and relational outcomes.
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21 **Sources of Support**

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23 The first research question examined the partner's utilization of general and spiritual
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25 support. We summarize these data in Tables 1 and 2. For general support, partners found the
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27 following sources of support most useful: therapist, higher power/spirituality, 12-step/mutual
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29 support group, and friends. Partners found the following sources of support less helpful: the
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31 addict, other family members, and children. For spiritual support, partners were more likely to
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33 utilize intrapersonal forms of spiritual support (e.g., prayer, read/study spiritual writings, and
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35 meditation) than interpersonal forms of spiritual support (e.g., attend religious services, attend
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37 12-step/mutual support group).
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43 **Partner Characteristics and Support**

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45 The second research question examined the relationships between partner characteristics
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47 and use of support. We had two main hypotheses. First, we hypothesized that partners who
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49 were older and more highly educated would utilize higher levels of general and spiritual support
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51 than partners who were younger and less educated. Second, we hypothesized that those
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53 participants who (a) viewed themselves as victims of interpersonal relationship trauma, and (b)
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3 viewed themselves as co-addict/co-dependent would utilize higher levels of general and spiritual
4 support. We present intercorrelations between these variables in Table 3. The hypotheses were
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6 partially supported. Older partners were more likely to utilize general and spiritual support.
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10 Higher education was related only to a greater perception of therapy's helpfulness. Interestingly,
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12 there were different patterns of relationships between self-identification and use of support.
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14 Whereas participants who viewed themselves as victims of interpersonal relationship trauma as a
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16 result of their mate's addiction used more general support and found a wide range of sources of
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18 general support to be helpful, participants who viewed themselves as co-addicts/co-dependents
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20 specifically found support groups to be most helpful.
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24 **Support and Relational Outcomes**

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27 Our third research question examined the relationships between utilization of general and
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29 spiritual support, and relational outcomes. Our main hypothesis was that utilization of general
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31 and spiritual support would be associated with more positive relational outcomes (i.e., higher
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33 levels of general relationship satisfaction, sexual satisfaction, trust, and discussion of emotional
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35 issues). We present intercorrelations between these variables in Table 4. This hypothesis was
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37 partially supported. Overall, general support was positively related to relationship satisfaction
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39 and trust. Interestingly, the strongest predictor of positive relational outcomes (global
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41 satisfaction, sexual satisfaction, trust, and discussion of emotional issues) was the extent to
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43 which partners found the mate to be useful to the partner's recovery process and mental health.
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46 No other correlations between support and relational outcomes were significant.
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50 **Discussion**

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53 This study investigated the types of support utilized and found most useful by partners of
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55 sex addicts. Consistent with our hypotheses, therapists, support groups, and spirituality were
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3 rated most useful overall, and several aspects of spiritual support were regularly used by partners
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5 of sex addicts. The participants' more frequent use of intrapersonal forms of spiritual support
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7 may reflect the fact that these forms of spiritual support are more readily available (e.g., about
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9 half of participants reported using prayer daily or more) than interpersonal forms of spiritual
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11 support such as religious services. Overall, it appears that partners of sex addicts are seeking a
12
13 wide range of support options to deal with the difficulties related to their mate's sexual addiction.
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17 This study also evaluated personal characteristics of partners that were related to the
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19 extent to which partners sought support. With regard to demographic correlates, consistent with
20
21 our hypotheses, older partners used general and spiritual support more often than younger
22
23 partners. There are several possible explanations for this finding. First, older partners may have
24
25 more familiarity with sources of support due to the length of time they have been coping with a
26
27 mate struggling with sex addiction. Second, older partners may feel more comfortable asking for
28
29 help or may be more likely to have access to support due to a larger social network and greater
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31 knowledge of and access to services. Third, older partners may have an increased commitment
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33 to restoring the relationship compared to younger partners, and may be more willing to 'do
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35 whatever it takes' to get the support they need. We note however that this sample did not
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37 include many older adults, who often tend to be less open to psychotherapy (Leong & Zachar,
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39 1999). Thus, it is possible that age predicts a greater utilization of support, but only to a point.
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47 Contrary to our hypothesis, education was unrelated to utilizing general and spiritual
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49 support. The one exception was that partners who were more highly educated were more likely
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51 to seek psychotherapy. This finding was consistent with prior research (Sheikh & Furnham,
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53 2000) and might be attributable to both greater knowledge about psychotherapy and lower levels
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3 of stigma associated with seeking psychotherapy. It is also possible that participants who were
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5 more highly educated were more able to afford (and thus utilize) psychotherapy.
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8 Consistent with our hypothesis, partners who considered themselves victims of
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10 relationship trauma as a result of the mate's addiction sought more support overall, perhaps due
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12 to being in greater distress or being more aware of their distress. Partners who do not feel
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14 traumatized may not feel as strong a need to seek support from others. Contrary to our
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16 hypothesis, partners who identified as co-addicts did not seek greater levels of support overall.
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18 The one exception was that partners who identified as co-addicts reported a preference for
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20 support groups. This is not surprising given the systemic perspective and discussion of
21
22 codependency in many support and 12-step groups (Schneider & Schneider, 1996). Self-
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24 identified co-addicts likely assume some responsibility for their contribution to their problems,
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26 and they may appreciate that support groups address their co-addiction issues in ways that may
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28 not be addressed as well by other sources of support, perhaps because they provide access to
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30 others in similar situations. It is also possible that partners who attended support groups were
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32 more likely to learn about co-addiction in those groups and thus began to identify as a co-addict.
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39 Finally, this study examined possible relationships between utilization of support and
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41 relationship outcomes. General support was associated with more positive relationship
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43 outcomes. However, when we examined the extent to which specific types of support were
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45 related to relationship outcomes, perceiving the mate as useful was the best predictor of several
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47 measures of relationship functioning (global satisfaction, sexual satisfaction, trust, and
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49 discussion of emotional issues). Thus, although fewer partners overall found their mate to be
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51 useful compared with other aspects of support, partners who did find their mate to be useful
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53 reported more positive relationship outcomes. This may be because the mate's support is the
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3 variable that is most proximal to the actual relationship. In other words, other types of support
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5 may be useful for outcomes related to the partner's individual mental health and well-being, but
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7 it appears that the mate's usefulness is most important for relational outcomes. The implication
8
9 of this finding is that sources of support that do not include or incorporate the mate, while
10
11 perhaps helpful for the partner individually, may not have a strong effect on the functioning of
12
13 the relationship itself. It is also possible that some sources of support may actually have negative
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15 effects on the overall relationship (e.g., friend who encourages the partner to leave the
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17 relationship).
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22 While spiritual/religious support strategies were often used by partners, they were not
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24 strongly associated with relational outcomes. It may be that this finding has a similar
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26 explanation as many of the sources of general support—in other words, it is possible that the
27
28 religious/spiritual support utilized by the current participants, which tended to be intrapersonal
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30 rather than interpersonal, may have contributed more to individual mental health and well-being
31
32 (which was not directly assessed in this study) compared to relational functioning. It is also
33
34 possible that certain types of shared spiritual/religious support strategies may contribute to
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36 positive relationship outcomes more so than individual spiritual/religious support strategies.
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38 Future research could assess the types of spiritual/religious support more specifically, as well as
39
40 the extent to which the support strategies are shared with the mate. In addition, it may be that the
41
42 impact of religious/spiritual resources and coping strategies may depend on the individual's level
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44 of religious commitment. Future research should assess the relationship between support
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46 utilization and individual as well as relational outcomes, and also consider the possible
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48 moderating effect of religious commitment.
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3 This study has several implications for practitioners working with partners of sex addicts.
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5 First, this study summarizes data on several sources of support that are reported to be useful for
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7 partners of sex addicts. Therapy, support groups, spirituality, and friends are all resources that
8
9 partners find helpful. Other sources of support are viewed as less helpful (e.g., the mate,
10
11 children, other family). Furthermore, there are certain populations that may be less likely to seek
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13 support on their own (e.g., clients who are younger, clients who do not view themselves as a
14
15 victim of relationship trauma). It may be helpful to inform these clients about sources of support
16
17 that have been found to be helpful, and encourage these clients to seek out these avenues of
18
19 support. Finally, recommendations for seeking support may be contingent on the particular goals
20
21 of the partner. For example, if the goal is primarily individual coping and well-being,
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23 practitioners are encouraged to recommend the sources of support that were found to be most
24
25 useful (e.g., therapy, support groups, spirituality, friends). However, if the goal is primarily
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27 restoration of the relationship, it may be important to focus on whether the mate could be utilized
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29 as a source of support, or what steps must be implemented so that the mate is transformed from a
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31 source of trauma to a source of support. Furthermore, other sources of support should be
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33 evaluated to determine if they are helping or hurting the overall goal of restoring the relationship.
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41 This study had several important limitations. First, the study used a cross-sectional,
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43 correlational design, thus conclusions about causality should not be made. Second, the study
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45 used self-report measures that had no prior evidence supporting their reliability or validity. In
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47 this study, the internal consistency of the general support measure was lower than was desired.
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49 Third, the sample was somewhat homogenous, in that it assessed partners who were
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51 predominantly female and heterosexual. Furthermore, the study did not ask about the
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53 racial/ethnic background of participants. Thus, the results may not generalize to male partners of
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3 female sex addicts, members of same-sex couples, or persons of color. Prior research has shown
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5 that males, older adults, and ethnic minority individuals are least likely to seek mental health
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7 services (Leong & Zachar, 1999). Future research with more diverse samples, longitudinal
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9 designs, and observational or other measures of partner coping and adjustment could be helpful
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11 for understanding what resources are most beneficial for partners of sex addicts.
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14 15 **Conclusions**

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17 Many sex addicts are in long-term relationships, and their addiction has consequences not
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19 only for themselves but also for the relationship and partner. However, the vast majority of
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21 research examining sex addiction has studied this problem from the perspective of the addict.
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23 The present study adds to the small body of literature examining the experience of the partner
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25 who is in a committed relationship with a sex addict. Specifically, this study examined the types
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27 of support utilized by partners of sex addicts and correlates of support utilization. Several
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29 sources of support were found to be useful, including therapists, spirituality, support groups, and
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31 friends. Interestingly, although other sources of support were listed as more useful overall, the
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33 one source of support that was most strongly associated with relationship outcomes was the
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35 mate. This finding indicates that the best type of support for partners of sex addicts may depend
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37 on the goals and desires of the partner.
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Running head: PARTNER SUPPORT UTILIZATION

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Table 1. *General support*

Source	M	SD	N/A	Not useful	Slightly useful	Equally useful as not	Very useful	Most useful
Addict	2.26	1.25	2.2%	33.0%	24.2%	22.0%	14.3%	4.4%
Friends	3.10	1.41	4.5%	9.0%	22.5%	16.9%	30.3%	16.9%
Support group	3.26	1.87	15.7%	7.9%	9.0%	5.6%	25.8%	36.0%
Children	1.38	1.59	44.3%	20.5%	8.0%	11.4%	12.5%	3.4%
Other family	1.78	1.45	20.5%	31.8%	17.0%	13.6%	13.6%	3.4%
Spirituality	3.66	1.59	7.9%	5.6%	9.0%	7.9%	29.2%	40.4%
Therapist	3.73	1.64	11.2%	1.1%	7.9%	7.9%	27.0%	44.9%

Table 2. *Spiritual support*

Source	M	SD	N/A	Once a month or less	2-3 times per month	Once a week	2-3 times per week	Daily or more
Religious services	1.47	1.46	37.4%	20.9%	9.9%	22.0%	8.8%	1.1%
12-step/support group	2.03	1.56	27.0%	12.4%	13.5%	28.1%	15.7%	3.4%
Pray	3.30	2.02	20.2%	5.6%	5.6%	7.9%	13.5%	47.2%
Meditate	2.92	1.87	18.0%	10.1%	11.2%	10.1%	23.6%	27.0%
Spiritual reading/study	3.18	1.89	15.7%	10.1%	7.9%	10.1%	19.1%	37.1%

Table 3. *Intercorrelations between support and partner characteristics.*

	1	2	3	4	5	6
1. General support	-					
2. Spiritual support	.48**	-				
3. Age	.26*	.33**	-			
4. Education	.15	.05	.14	-		
5. Co-addict	.09	.10	.03	.01	-	
6. Victim of relationship trauma	.33**	.15	.13	.22*	.03	-

Note. * $p < .05$, ** $p < .01$

Table 4. *Intercorrelations between support and relational outcomes.*

	1	2	3	4	5	6
1. General support	-					
2. Spiritual support	.48**	-				
3. Relationship satisfaction	.24*	.09	-			
4. Sexual satisfaction	.18	-.04	.66**	-		
5. Trust	.27*	.21	.50**	.32**	-	
6. Discussion of emotional issues	.10	.06	.57**	.59**	.29**	-

Note. * $p < .05$, ** $p < .01$



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