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## **Partner Reactions to Disclosure of Relapse by Self-Identified Sexual Addicts**

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*This study examined the experience of relapse and disclosure from the perspective of the partner who is in a committed relationship with a sex addict. Partners (N = 92) answered questions related to the first disclosure of sex addiction, experiences of relapse, the effect of relapse on the self and relationship, and reasons partners decided to stay vs. leave the relationship. In general, relapse was a common experience, and had a wide range of (mostly) negative consequences. Partners often viewed themselves as a victim of interpersonal relational trauma. Honesty and clarity surrounding relapses and disclosures were related to more positive relational outcomes.*

For a partner, the infidelity associated with sexual addiction is represented by a vast array of betrayals and is perceived as a violation of trust (Corley, 1998; Gottman, 2011; Kafka, 2001; Kafka, 2010; Kalichman & Cain, 2004; Ross, 1996; Steffens, 2009; Young, Griffin-Shelley, Cooper, O'Mara, & Buchanan, 2000). Often, the most harmful part of the infidelity is repeated dishonesty (Brown, 1991; Corley & Schneider, 2002; Glass & Wright, 1997; Gottman, 2011; Pittman, 1990). 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 marital/couple relationship therapists (Atkins, Eldridge, Baucom, & Christensen, 2005; Brown, 1991; Butler, Seedall, & Harper, 2008; Gottman, 2011; Olson, Russell, Higgins-Kessler, & Miller, 2002) and

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addiction therapists (Blankenship, 2007; Butler & Seedall, 2006; Corley & Schneider, 2002; Earle & Crow, 1998; Magness, 2009). Disclosure involves communicating details about one's addiction. The disclosure can be (a) full disclosure which would include all elements of the addict's behavior related to the betrayal, (b) partial disclosure of only select information, (c) nondisclosure, or (d) measured disclosure determined by the expressed desires of the partner (Butler, Jarper, & Seedall, 2009). Disclosure can be either voluntary (i.e., addict discloses on his or her own accord) or involuntary (i.e., partner discovers some aspect of the addict's behavior, formerly kept secret, then partner confronts the addict and the addict does full or partial disclosure).

Despite the effort of the addict to be accountable for his/her behaviors in an attempt to restore some modicum of trust, for the partner of a sexual addict, disclosure of these behaviors is often a verification of betrayal (Schneider, Irons, & Corley, 1998). Partners describe hearing details regarding the addict's dishonesty as highly distressing, which may result in a significant relational trauma (Berger & Bridges, 2002; Glass & Staeheli, 2003; Steffens & Rennie, 2006). Once the infidelity has been discovered and/or disclosed, partners often experience a vast array of emotions and consequences including feeling shock, rage, decreased personal and sexual confidence, a damaged sense of self, anxiety, depression, confusion, and shame (Charny & Parnass, 1995; Schneider et al., 2000). For some partners, symptoms of post-traumatic stress disorder (PTSD) are present long after the disclosure including flashbacks, intrusive thoughts, disturbed sleep and concentration, and emotional numbing (Glass & Staeheli, 2003; Ozer, Best, Lipsey, & Weiss, 2003; Milrad, 1999; Steffens & Rennie, 2006).

In response to disclosure, some partners feel a "surge of justification to leave the spouse" (Charny & Parnass, 1995; Tatkin, 2009) or make the threat to leave (Schneider et al., 2000). In some of the original research on disclosure, 60% of partners threatened to leave after learning about the addiction for the first time (Schneider et al., 1998). This initial impulse to leave may be warranted as the potential for relapse, which has been defined as *a return to the use of addictive behavior after a period of abstinence* (Miller, 1999), is a well-recognized characteristic of addictive disorders. Prochaska, DiClemente, and Norton (1992), in their widely used model of stages of change, include relapse as a natural part of the change process, and have specifically applied it to addictive disorders. Substantial research has shown that relapse rates are high for substance addictions, but the actual figures depend on the substance and its formulation, gender of the user, definition of relapse, severity of addiction, involvement in aftercare and ongoing support, and time in recovery. For example, at 3-year follow-up of 461 individuals who initially sought help for their drinking, 37.6% of individuals who had attended AA and/or received counseling had relapsed, as had 56.6% of those who had not attended AA and/or received counseling (Moos & Moos, 2006).

Behavioral addictions including Internet, gambling, and food also have high relapse rates despite advances in treatment (Block, 2008; Broome, Simpson, & Joe, 2010; Corwin & Grigson, 2009; Dark, Ross, & Teeson, 2005; Douaihy, Daley, Marlarr, & Scott, 2009; Griffins, 2005; Hser, Joshi, Anglin, & Fletcher, 1999; Simpson, Joe, & Broome, 2002; Walitzer & Dearing, 2006). High-quality studies of sex addiction relapse are nonexistent, most likely because of methodological difficulties in conducting such studies. The most intensive studies of relapses have been carried out on populations of incarcerated sex offenders, where factors leading to re-offending and recidivism are subjects of intense scrutiny. Interestingly, according to Marshall et al. (2011), “sexual preoccupation (sometimes called *sexual addiction*, *sexual compulsivity*, and *excessive sexual desire*) has been shown to a significant criminogenic factor.” They cite a study (Hanson & Morton-Bourgon, 2005) in which “sexual preoccupation” was the strongest predictor of recidivism, and also several of their own studies which have shown that up to 40% of sex offenders meet criteria for sex addiction.

The few available reports examining relapse rates for sex addicts are as high as for other types of addicts (Harnell, 1995; Magness, 2009; Schneider et al., 2000; Wan, Finlayson, & Rowles, 2000). In one study (Magness, 2009, 2012), among 100 self-identified sex addicts, 87% reported at least one return to previous bottom-line behaviors. The author defines a “slip” as a one-time event that happens unexpectedly; a “relapse” is a prolonged move back to compulsive sexual behavior. In another study, (Schneider et al., 2000), ninety-eight percent of married sex addicts attending 12-step sex addiction programs reported they slipped at least once, and many had had multiple relapses. Partners of sex addicts are likely to discover and/or experience disclosure of relapse if they remain in a committed relationship with a sex addict. It is advisable, therefore, for partners to develop plans for what they want to do in the case of additional relapses, including what information they wish to know, and what actions they will take.

Although relapse is a common experience among partners who are in a committed relationship with someone who struggles with sexual addiction, little is known about the experience of these partners, or what aspects of disclosure and relapse are related to more positive outcomes. This study was designed to fill these important gaps in our knowledge of these issues. We had five primary research goals in the present study:

- To examine the partner’s thoughts and actions after the first time the addict disclosed his/her problems with sex addiction.
- To describe what occurs during a relapse and disclosure episode.
- To explore the impact of relapse and disclosure on the partner and relationship.
- To determine what characteristics of relapse and disclosure were related to positive and negative outcomes.

- To discover the reasons partners give for staying vs. leaving a relationship following a relapse.

We had two primary hypotheses for this study. First, we hypothesized that relapse and disclosure of relapse would be a common occurrence among partners of sex addicts, and that relapse would be associated with mostly negative relational outcomes. Second, we hypothesized that honesty and clarity around relapses would be valued by partners as a signs of trustworthiness, and that these characteristics would be associated with positive relational outcomes.

## 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 ( $SD = 11.4$ ). Most participants were highly educated (3.3% high school graduate/GED, 29.3% some college, 22.8% college graduate, 44.6% advanced degree).

Over half of participants (57.8%) reported being a victim/survivor of significant trauma or neglect in the past. This included “severe childhood physical and sexual abuse bordering on torture, and emotional deprivation,” “father was an alcoholic,” “child abuse of every form, and molestation from boy in high school,” “rape,” “abandonment was huge in my childhood,” “Sexually molested as a child.”

### Instrument

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 Health (SASH), and (c) personal conversations with several clinicians who treat partners and sex addicts. The questions that were used for the present study included demographic information, the initial disclosure and history of relapse, the current relapse and disclosure, and the impact of relapse and disclosure on the self and relationship. The survey included both forced-choice and open-ended questions. Participation rates for the optional open-ended questions ranged from 50% to 80%. Definitions of the terms used in the present study are listed in the Appendix.

## PROCEDURE

We first secured IRB approval for the present study. Participants were recruited through announcements made on the SASH Professional Listserv and mailings to treatment professionals. Links to the survey were placed on a number of websites of treatment programs that provide services for sex addicts and their families. To complete the survey all participants had to indicate they were at least 18 years of age and had agreed to the informed consent. The informed consent and information in the questionnaire directed the participant to answer the question based on the initial disclosure of the addict's sexual addiction or the most recent relapse. Definitions for terms used in questionnaire were included after the informed consent prior to the participant completing the questionnaire. The definitions we used are given at the end of this article. Questions from the questionnaire used in the article were selected based on their application to the research questions.

## RESULTS

For clarity, we refer to the participant as the *partner* and the sexual addict as the *addict* or *mate*. We also make a distinction between the initial disclosure, which is the one that took place when the partner first learned of the addict's sex addiction (often years earlier), and the relapse disclosure which refers to the most recent disclosure.

We used percentages to summarize the descriptive information for the forced-choice questions. We used paired-samples t-tests to assess for differences between variables, and we used Pearson's product moment correlations to assess relationships between variables. Open-ended questions were treated as qualitative data. The raw data of each open-ended question were condensed into categories or themes using summative content analysis as described by Hsieh and Shannon (2005). Themes were established by the first two authors, based on valid inference and interpretation by inductive reasons of constant comparison and deductive reasoning using previous studies of the subject. Themes were then compared and if similar, established as reliable interpretation. Disagreements were discussed by the first two authors. Disagreements were resolved by either (a) reaching consensus about an acceptable category title or (b) placing the items in an "other" category.

### Reaction to Initial Disclosure

The first research question examined the partner's reaction to the initial disclosure (i.e., the first time the mate disclosed his/her problems with sexual

addiction). The majority of partners reported that they did not know the mate had issues with sex addiction before committing to the relationship (78.0%). Almost half the mates (44.4%) had said nothing, 24.4% had disclosed a little about it, and 7.8% had disclosed everything necessary for the partner to make an informed decision. More than 23% (23.4%) of partners reported the mate began to develop addictive behaviors or recognized the sexual addiction only after entering into the relationship.

Once the partner found out about some aspect of the sexual addiction, most participants (90.1%) asked the mate for additional information. Of the participants who asked for more information, about  $\frac{1}{4}$  (28.1%) asked for general categories of behavior, and about  $\frac{3}{4}$  (71.9%) asked for everything to be disclosed, including specific details. In response to the request for additional information, 24.1% of mates told partners everything, 36.1% disclosed a great deal, 36.1% disclosed only a small amount, and 3.6% refused to answer.

Some partners reported that the mate took a polygraph test as part of his/her addiction evaluation or recovery plan (16.7%). Of those respondents, 60.0% reported that the partner suggested the polygraph, 60.0% reported that the therapist or addiction treatment center suggested the polygraph, 6.7% reported that the mate suggested the polygraph, and 6.7% reported that a person in an authority position (e.g., law enforcement, attorney, monitor, or supervisor) suggested the polygraph (percentages add up to more than 100% because partners could select more than one response).

Of the partners who reported that their mate took a polygraph test, 46.7% reported that the results confirmed what the mate had told them, 20.0% reported that the results helped them trust or begin to trust the mate again, 26.7% reported the results helped their relationship, and 26.7% reported that the results were very upsetting to them.

Overall, the majority of partners (53.5%) reported the impact of the first disclosure was a mixture of positive and negative. In regard to positive impact, partners were relieved and grateful to hear the truth and were able to express some support about the mate's recovery. In regard to negative impact, partners felt hurt by the information revealed and felt cautious and fearful about the future. Nearly 28% (27.9%) of partners reported the impact was mostly negative or totally negative, and 18.6% of partners reported the impact was positive or mostly positive.

After the initial disclosure, 41.1% of partners reported they separated for some period of time, 15.6% moved into separate bedrooms, and 43.3% stayed together. Among the partners who separated for a finite time period, the separation lasted an average of 10.2 months with a range of a few days to 2–1/2 years. The main reasons that the partner agreed to get back together after an initial separation were organized into four categories (see Table 1). First, 49% of partners noted that the mate got help (e.g., "He committed to recovery."). Second, 27% of partners noted commitment or love (e.g., "We're attempting to make our relationship work."). Third, 10% of partners noted

**TABLE 1** Reasons Partner Agreed to Get Back Together

Reason	Example	Percentage
Mate got help	He committed to recovery	49
Commitment or love	We're attempting to make our relationship work	27
Children or financial considerations	Financially, we couldn't afford to live separately	10
Other		14

children or financial considerations (e.g., "Financially we couldn't afford to live separately."). Finally, 14% of partners reported some other reason.

About 1/3 of partners (35.6%) reported having a plan or agreement with their mate about what each of them would do in the event of a relapse. The plan for several couples was that the mate would disclose the relapse to the partner and the couple would deal with it. For example, one partner said that the plan was that "He was to be completely honest and tell me right away." Other plans included separation or ending the relationship. Still other plans involved several contingencies for different types of relapses. For example, one partner reported that "Relapses involving breaks in sobriety would result in separation or separate rooms, but acting out with others would result in my leaving the marriage." Other plans were less concrete. For example, one partner reported "It was lame—he'd tell his sponsor and his therapist, and his therapist would tell my therapist and then he would tell me—but he didn't follow it." Among the partners who reported having a plan 20.0% followed the plan, 28.6% did not follow the plan, and 51.4% followed parts of the plan.

### Relapse

The second research question examined what occurred during relapse and disclosure episodes. Relapse was a consistent experience for partners with mates who struggled with sexual addiction. The total number of relapses varied widely across partners (1: 27.2%, 2–5: 33.3%, 6–10: 7.4%, more than 10: 32.1%). Partners were more likely to report that they learned about a mate's relapse through their own discovery 1 (*never*) to 4 (*every time*;  $M = 2.85$ ,  $SD = 1.16$ ) rather than the mate's voluntary disclosure ( $M = 1.94$ ,  $SD = 1.13$ ,  $t = 4.07$ ,  $p < .001$ ). For partners who reported their mates had a large number of relapses, partners were more likely to find out about the relapses through their own discovery ( $r = .29$ ,  $p = .009$ ) and less likely to find out about the relapses through the mate's voluntary disclosure ( $r = -.35$ ,  $p = .001$ ). About 1/3 of partners (36.3%) reported that they had different opinions on what constituted a relapse than did the mate.

For the most recent relapse, the majority of participants reported they suspected the mate had relapsed before his/her disclosure (65.2%). The



majority of relapses involved the use of the Internet, either to view pornography or engage in other online sexual behaviors (65.9%). About  $\frac{1}{4}$  of relapses (27.9%) included meeting someone in person that the addict arranged for online.

### Impact on Self and Relationship

The third research question examined the impact of relapse on the partner and relationship. We were interested in how partners of sex addicts described themselves. Specifically, we were curious about whether participants would describe themselves as (a) co-addicts/co-dependents or (b) victims of interpersonal relationship trauma. The terms co-addict/co-dependent were defined as a person in an emotionally intimate relationship (marriage or other long-term relationship) with an addict, who himself or herself develops unhealthy behaviors in hopes of changing the addict or situation (Irwin, 1995). In regard to whether the term co-addict or co-dependent described them, 41.3% of partners said yes, 40.2% said no, and 18.5% said somewhat. In regard to whether the term victim of interpersonal relationship trauma described them, 76.9% of partners said yes, 7.7% said no, and 15.4% said somewhat. When examining participants' responses to both questions together, 30.8% of partners said both terms described them, 29.7% labeled themselves as victims but not co-addicts, and 16.5% labeled themselves as victims and somewhat as co-addicts (other combinations had a small frequency of responses). Regarding the impact of relapse on the relationship, overall partners reported average levels of relationship satisfaction 1 (*very poor*) to 5 (*excellent*;  $M = 2.86$ ,  $SD = 1.21$ ). Specifically, about  $\frac{1}{3}$  of partners reported their relationship to be excellent or good (32.6%), slightly less than  $\frac{1}{3}$  of partners reported their relationship to be ok (28.3%), and slightly more than  $\frac{1}{3}$  of partners reported their relationship to be poor or very poor (39.1%). About half the partners reported that their sexual relationship worsened after the disclosure of the relapse (54.1%, 25.9% stayed the same, 20.0% improved). About  $\frac{1}{3}$  of partners (38.5%) reported that the disclosure of the relapse has damaged the relationship to the point that the partner could not trust the mate again. Over half of participants reported that they talked more frequently about emotional issues with their mate since his/her recommitment to sexual sobriety (57.3%, 19.1% same, 23.6% less). Relationship satisfaction was positively related to sexual satisfaction ( $r = .66$ ,  $p < .001$ ), discussing emotional issues ( $r = .57$ ,  $p < .001$ ), and trust ( $r = .50$ ,  $p < .001$ ).

### Relapse and Outcome

The fourth research question examined the relationship between characteristics of relapse and relational outcomes (i.e., relationship satisfaction, sexual satisfaction, discussion of emotional issues, and trust). Intercorrelations between variables are summarized in Table 2. Partners who experienced a

**TABLE 2** Correlations between Relational Outcomes and Characteristics of Relapse

	1	2	3	4	5	6	7	8	9	10	11
1. Relationship satisfaction	—										
2. Sexual satisfaction	.66**	—									
3. Emotional issues	.57**	.59**	—								
4. Trust	.50**	.32**	.29**	—							
5. Number relapses	-.22	-.20	-.26*	-.11	—						
6. Voluntary disclosure	.24*	.15	.14	.25*	-.35**	—					
7. Discovery of relapses	-.27*	-.14	-.20	-.23*	.29**	-.69**	—				
8. Suspected relapse	-.22*	-.23*	-.20	-.22*	.05	-.15	.22*	—			
9. Different opinion relapse	-.42**	-.35**	-.35**	-.25*	.05	-.24*	.22*	.31**	—		
10. Relapse—internet	-.12	-.20	-.10	-.02	.16	-.14	.23*	-.04	-.05	—	
11. Relapse—met someone online	-.14	-.09	-.04	-.18	.31**	-.16	.08	-.02	.06	.17	—

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

greater number of relapses reported lower levels of relationship satisfaction ( $r = -.22, p = .052$ ), sexual satisfaction ( $r = -.20, p = .086$ ), and discussion of emotional issues ( $r = -.26, p = .020$ ). Partners whose mate more often voluntarily disclosed his/her relapse reported higher levels of relationship satisfaction ( $r = .24, p = .022$ ) and trust ( $r = .25, p = .018$ ). Partners who more often learned about their mate's relapse through their own discovery reported lower levels of relationship satisfaction ( $r = -.27, p = .011$ ), trust ( $r = -.23, p = .033$ ), and discussion of emotional issues ( $r = -.20, p = .067$ ). Partners who suspected that the mate had relapsed before he or she disclosed the most recent relapse reported lower levels of relationship satisfaction ( $r = -.22, p = .039$ ), sexual satisfaction ( $r = -.23, p = .036$ ), discussion of emotional issues ( $r = -.20, p = .059$ ), and trust ( $r = -.22, p = .038$ ). Having differences of opinion as to what constitutes a relapse was negatively related to relationship satisfaction ( $r = -.42, p < .001$ ), sexual satisfaction ( $r = -.35, p = .001$ ), discussion of emotional issues ( $r = -.35, p = .001$ ), and trust ( $r = -.25, p = .016$ ). Relapses that involved using the Internet to view pornography or engage in other online sexual behaviors resulted in marginally lower levels of sexual satisfaction ( $r = -.20, p = .072$ ). Relapses that involved meeting someone in person that the mate had arranged for or met online resulted in marginally lower levels of trust ( $r = -.18, p = .104$ ).

### Reasons to Stay vs. Leave Following Relapse

The fifth research question examined reasons partners gave for staying vs. leaving a relationship following a relapse. Partners were asked to describe the reasons that kept them in the relationship despite the most recent relapse. These data are summarized in Table 3. Most reasons to stay focused on the value of the relationship, external constraints, and the mate's commitment to recovery. Partners were also asked to describe the reasons that would cause them to leave the relationship. These data are summarized in Table 4. Most reasons to leave focused on relapse, dishonesty, or failure to work on

**TABLE 3** Reasons to Stay in Relationship Despite Recent Relapse

Reason	Example	Percentage
Value of relationship	A belief that we can work through this, and that the relationship is worth it	26%
Children or finances.	I'm currently pregnant and can't get a divorce in this state	23%
Mate was committed to recovery	He has been active with 12-step groups, and has been doing serious therapy	23%
Hope or faith	Hope that a better marriage is coming	7%
Other		20%

recovery. The percentages add to more than 100% because some partners gave more than one reason.

## DISCUSSION

Trustworthiness is one of the most widely desired characteristics of a potential partner in a relationship (Cottrell, Neuberg, & Li, 2007; Gottman, 2011). Being able to trust one's partner increases the resilience of the relationship because it permits action with incomplete information, protects the relationship's resources, and reduces complexity in all transactions. When we don't trust our partner, interactions are more difficult because of the energy and resources required for testing our partner to see if we can trust him/her to tell the truth, keep promises, and to have our best interest at heart.

This study presents multiple examples of how trustworthiness or the lack of trustworthiness by the addict was related to the experience of partners of sex addicts from the beginning of their relationships. Over  $\frac{3}{4}$  of the partners

**TABLE 4** Reasons that would Cause Partners to Leave Relationship

Reason	Example	Percentage
Relapse	Sexual contact with another person	48%
Dishonesty	Discovery of lying	29%
Cessation of recovery work	Failure to work his program	26%
Abuse	Physical abuse	6%
Other		19%

reported they did not know about the sexual addiction or knew very little prior to making a commitment to being in a relationship/marriage with the addict. When people make decisions, they weigh and measure the probability of risk or success of such a decision based on their past experiences and what information they are told (Gilcher, Camerer, Fehr, & Poldrack, 2009; Gottman, 2011). So it makes sense that over 90% of the partners asked for more clarification once they found out about the sexual addiction. Despite efforts by the partner to obtain information about the exact nature of the behavior, over a third of the addicts were not forthcoming with the truth.

The impact of the first disclosure was not totally negative. This is consistent with previous research that has found that partners reported relief to hear the truth and to have verification that they were not crazy for having suspected the addict in the first place (Schneider, et al., 1998). However, the pain of the information disclosed led some partners to separate for a period of time. Despite the risk of relapse and the pain of discovery and the first disclosure, partners made the decision to stay in relationships with addicts primarily because the addicts got help and were committed to recovery. Recovery programs support behaviors of trustworthiness like honesty, accountability, and transparency.

As hypothesized, multiple subsequent relapses were experienced by almost  $\frac{3}{4}$  of the partners in the study. After experiencing the trauma of the first and subsequent disclosures and in many cases, a period of separation, partners were more likely to look for evidence of a slip or relapse. Partners discovered relapses significantly more often than the addict disclosed relapses. In situations where the addict had many relapses, partners were more likely to discover these relapses on their own.

We hypothesized that partners who have already experienced a prior betrayal will feel the need to protect themselves from future pain by noticing any “red flags” of relapse and seeking information or objective proof of their suspicion. Whereas this behavior is viewed as understandable in the literature on trust and in the relational trauma model, it is also seen as a co-dependent or co-addict response to the chaos and uncertainty that comes from living with an addict. In this study, over  $\frac{3}{4}$  of the partners identified themselves as victims of a relational trauma; however, almost half identified themselves as co-addicts or co-dependents. Thus, it appears that although most partners of sex addicts identify with the victim role, some identify as a co-dependent or co-addict. It is important for the partners to address both the trauma of betrayal and the challenges of living with an addict. Moreover, if the partner was victim of relational trauma as a child or other significant traumatic events, as was the case for 60.2% of the partners in this survey, it is likely that she/he will experience even more distress and reactivity over real or perceived events of betrayal.

The continued lack of trust as a negative outcome was reflected in how the partners viewed the impact of the relapse on the relationship. With a

third of the partners experiencing enough damage to the relationship that they felt they could never trust the addict again, it is not surprising that over half reported that their relationship worsened after the last relapse. However, there was a significant difference in their response to discovery versus disclosure. Those partners who regularly discovered relapses before the addict disclosed reported worse relational outcomes. Many of the relapses involved the use of the Internet to view pornography or to secure a sexual partner; however, relapse connected to Internet use resulted in only marginally lower levels of sexual satisfaction and trust.

Disclosure did have some positive aspects. Many partners reported discussing more about emotional issues with their mates as a result of the disclosure. Furthermore, partners whose mates generally voluntarily disclosed relapses reported more positive relational outcomes.

Between the first disclosure and the present, partners shifted in their primary reason for staying in the relationship from (a) the addict got help to (b) the value of the relationship and acknowledgment that the addict was committed to recovery. Here are some examples of the reasons partners stayed:

1. The relationship is worth it, I love him: “a belief that we can work through this, and that the relationship is worth it” “He’s the nicest person I’ve ever known. I love him dearly.” “I love him and we’ve been together a very long time—and I do believe he is committed to staying sober.” “Basically, he is a very good person, honest, hard-working, caring, loving, and committed.” “We have come a very long way since the original discovery and I believe that divorce is a very last resort.” “I love him regardless of what he has done and am able to view the addiction as a real illness.” “I love him, we are 68 years old. Makes no sense to end the relationship.”
2. He’s working on his recovery: “I’m only staying because he has agreed to intense therapy and has begun showing progress,” “He confessed for the first time in a decade, he has been active with 12-step groups, and has been doing serious therapy. I also understand that the addiction isn’t about me. We have four beautiful children together. I am in therapy for myself and support groups,” “He’s going to an intensive, improving his recovery plan, and definite improvement on intimacy and honesty issues,” “Our marriage has thrived since we both entered recovery. We have both changed enormously, but it took a long time to trust him again.” “His commitment to recovery.”
3. Children, finances, logistics: “I’m currently pregnant and can’t get a divorce in this state.” “finances, children, caring if not love,” “My first hope is to see him sober enough to continue to be a parent to his kids.” “I stayed for a while because of the children and to get my own schooling finished and establish financial stability.” “We have young children and I feel I have more control over them being married so they are not exposed

- to my addict husband's lifestyle as much." "my 2-year old son, financial considerations, lack of employment." "He IS a great man, we have a 4 yr old daughter, he's really working hard on his recovery."
4. Hope "Many years of marriage, willing to wait and see" "Hope that he finally hit his bottom." "Hope that a better marriage is coming."
  5. Other: "God's promises; reading the Bible" "my faith" "Jesus Christ and my covenant at the marriage altar, plus this is the perfect storm of a relationship for me to get well." "The recent relapse was flirting, texting, not sexual" "I'm not sure how to define relapse. I don't think he's acted out with another person (but who knows really?) but he has never stopped using porn and masturbating, so by my definition he has relapsed many times." "I've been paralyzed by my spouse's actions." "He is treating me better overall." "I stayed initially to 'help him'." "I was addicted to him." "I wish I knew. I'm too numbed out to care. I just try not to think of the things he has done." "No relapses at all, not one according to him and his counselor." "I live one day at a time. I practice my own recovery." "My husband's addiction has nothing to do with me." "My partner took some polygraph exams."

At the time of the most recent relapse/disclosure, these partners were in long-term relationships with an average length of over 16 years. Partners had a great deal invested in the relationship, both emotionally and logistically. The survey responses indicated that many of the partners were now supported by counselors, friends, and involvement in 12-step mutual support groups. Many had worked on their own recovery. Partners could be expected by now to be well-informed about the nature of addiction and to have a more nuanced approach to the relationship. This was seen in the responses now focused on the addict's recovery attempts, efforts to work through problems together and commitment to the relationship rather than just on relapse. Here are reasons some partners would leave:

1. Specific relapse behaviors: "Sex with another woman." "If he committed adultery." "More incidents of prostitution, cruising, acting out with children present or neglecting children to act out." "contact with a prior acting out partner, return to use of pornography/strip clubs/emotional intrigue." "If he cheats again or touches another person," "One more emotional affair will take me over the edge." "Any of his inner circle behaviors including porn." "If my husband were to relapse with a 'live' woman, rather than what he does now, which is compulsive masturbation, staring, crossdressing, and pornography." "Continuation of online porn." "Major relapse (includes everything except porn and masturbation)."
2. Dishonesty: "Discovery of lying." "If he refuses disclosure." "If he was not honest about things that would greatly affect my future." "If I find myself to be overwhelmed with suspicion or doubt and lose hope that I will

eventually trust him.” “More dishonesty, disclosures that only happen on the eve of a polygraph, as in the past” “Not believing he can or will be honest” “If I find out things he has done without being honest—no lies are acceptable” “More lies, deception.” “If I catch him lying about anything significant.”

3. Addict’s unwillingness to work at change: “If he ceases active recovery.” “Failure to work his program.” “Little or no recovery behavior.” “Continued lack of effort; the clock is ticking.” “Unwilling to change.” “If he won’t get help before or soon after our baby is born.” “If he’s unwilling to work on the problems.” “If he doesn’t get medication [for his psychiatric disorder].” “Continuous addiction with no desire to heal the real issues that are causing the addiction.”

Relapse still remained the most frequent response as why the partner would leave, but this often depended on the details of the relapse activities. Interestingly, relapse was mentioned by fewer than half of the partners as a reason to leave; traditionally this would have been expected to be the overwhelming reason partners would choose to end their relationship. The next two most common reasons for leaving, together mentioned by over half the respondents, were dishonesty and cessation of working on the recovery program (in which dishonesty would be a symptom). For these partners, it seems that the addict’s motivation to change and honesty in the relationship were as critical as the relapse itself—indicating the partners were willing to stay, to keep working together as long as the addict returned to his/her recovery activities. This was particularly evident in a reply of a partner who stated that she would not leave if her mate was unfaithful, but rather if he did not admit his actions to her (as opposed to hearing it from another source).

### Limitations

There were several limitations to the present study. First, the sample of partners was predominantly female and heterosexual, with mates who were male. It is unknown if the findings of the present study will generalize to partnerships involving a male partner and female sex addict, or to partnerships involving homosexual partners. Second, the measures used to assess the constructs evaluated in the present study were poor. Most constructs were assessed using single items, which did not have prior evidence supporting their reliability and validity. Third, the study utilized a cross-sectional, correlational design. Thus, conclusions about the causal direction of the relationships found in the current study cannot be made. Additionally, because the survey was limited to partners of addicts who had relapsed, this study cannot provide any information on the likelihood of relapse to sex addiction.

## Future Research

There are several exciting areas for future research. First, research on the experience of partners in regard to disclosure and relapse could be conducted using more rigorous research designs. For example, it would be interesting to assess partners directly after a disclosure of relapse occurred, and then follow their experience longitudinally. Future research could also assess partners and addicts simultaneously, and examine their data concurrently. Second, future research could utilize more precise measures, especially in regard to relationship functioning. Third, a more detailed account of the disclosure could be helpful in identifying other aspects of disclosure that help or hurt the future relationship. Finally, future research should examine partners who are male and non-heterosexual.

## Conclusions

Many sex addicts are in long-term relationships, and their addiction has consequences not only for themselves but also for the relationship and partner. However, the vast majority of research examining sex addiction has studied this problem from the perspective of the addict. The present study adds to the small body of literature examining the experience of the partner who is in a committed relationship with a sex addict. Specifically, this study examined the experience of relapse and disclosure from the partner's perspective. Relapse was a relatively common experience among partners of sex addiction, and relapse and disclosure was associated with a wide range of (mostly) negative consequences. Honesty and clarity about relapse and disclosure by the sex addict was related to more positive relational outcomes.

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## APPENDIX

### Definitions from the survey:

**Addiction Recovery:** Addiction recovery is “a voluntarily maintained lifestyle characterized by sobriety, personal health, and citizenship,” according to the Betty Ford Institute. Active recovery commonly includes 12-step meeting attendance, but can also include therapist-led group therapy, ongoing spiritual guidance and/or the involvement of other people who serve as agents of accountability (i.e. “accountability partners.”)

**Bottom line behaviors** - behaviors that have been agreed upon as indicative of a slip or relapse back to sexual addiction.

**Co-addict/codependent** - a term derived from alcoholism treatment that refers to a person in an emotionally intimate relationship (marriage or other long-term relationship) with an addict, who himself or herself develops unhealthy behaviors in hopes of changing the addict or situation.

**Prescribed abstinence or celibacy:** Avoiding all sexual behaviors for a period of time to experience life without the mood altering neurochemicals produced in the brain during sexual behaviors.

**Relapse:** A more than temporary fall into previous destructive bottom-line behaviors. It is usually accompanied by withholding information or lying about behaviors to people who have the right to know, minimizing behaviors to self and others, and using bottom line behaviors to cope with emotional distress.

**Sexual addiction/compulsivity** - a pattern of engaging in sexual activities that have become problematic to the point of interfering with life functions.

Much like any other addictive disorder, sex addiction is generally characterized by:

- a “high” from the behavior (mood alteration)
- a progressive need for more frequent or intense stimulation (tolerance)
- loss of control (compulsion)
- continuation despite significant adverse consequences
- inability to stop thinking about the behavior (obsession)
- strong desire for the mood-altering behavior (craving)

**Sexual sobriety:** Consistently avoiding behavior that constitutes a slip or relapse. Sexual sobriety is not the same as recovery, which involves pursuing underlying character growth toward positive ideals such as greater overall integrity, humility, and empathy. Sexual sobriety is also not the same as prescribed abstinence (which by definition is temporary) or celibacy (the conscious cessation of all sexual activity, even that which does not constitute a slip or relapse).

**Slip/lapse:** Temporarily engaging in some behavior that is the first stage of returning to addictive/bottom line behaviors, but immediately returning to activities that support recovery.