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In pact of Disclosure of Relapse for Self-Identified Sexual Addicts

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ARTICLES

Impact of Disclosure of Relapse for Self-Identified Sexual Addicts

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Disclosure as a process of both recovery and healing within committed relationships is advocated by couple and addiction therapists. The traumatic impact for partners of an initial disclosure or discovery of betrayals has been well documented, but less is known about the impact of disclosure for sex addicts. The present study explored the experience of relapse and disclosure among sex addicts. Relapse was a common experience among sex addicts, and the disclosure of relapse had a range of consequences for the addict and the relationship. Voluntary disclosure of relapse (rather than the partner discovering relapses independently) was associated with positive relational outcomes.

The majority of sexual behaviors engaged in by sexual addicts who are in a committed relationship are considered a violation of trust by their partners (Bird, Butler, & Fife, 2007; Kalichman & Cain, 2004; Young, Griffin-Shelley, Cooper, O'Mara, & Buchanan, 2000). This violation is also considered a betrayal and may be described as a secret sexual, romantic, or emotional involvement that violates the rules of and commitment to an exclusive relationship (Glass, 2002; Laaser, 2011; Whisman & Wagers, 2005). The most significant betrayals are those associated with repeated secrets, lies, deceptions, and broken promises (Corley & Schneider, 2002; Corley, Schneider,

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& Hook, 2012; Gottman, 2011; Laaser, 2011; Schneider, Weiss, & Samenow, 2012; Whisman & Wagers, 2005).

Finding out about the betrayals can occur via (a) discovery of evidence by the partner, (b) being told by others, or (c) disclosure by the addict (the word addict refers to sexual addict throughout this article). 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, and then confronts the addict who then discloses). The disclosure can be (a) full (i.e., including all elements of the addict's behavior related to the betrayal), (b) partial (i.e., only select information), (c) nondisclosure, or (d) measured (i.e., determined by the expressed desires of the partner) (Butler, Harper, & Seedall, 2009; Corley & Schneider, 2012; Reid & Woolley, 2006).

A well prepared and full disclosure is often recommended by marital/couple therapists (Atkins, Eldridge, Baucom, & Christensen, 2005; Butler, Seedall, & Harper, 2008; Gottman, 2011; Olson, Russell, Higgins-Kessler, & Miller, 2002; Snyder, Gordon, & Bausom, 2004; Softas-Nall, Beadle, Newell, & Helm, 2008) and addiction therapists (Bird, 2006; Butler & Seedall, 2006; Corley & Ferree, 2012; Corley & Schneider, 2012; Laaser, 2011; Magness, 2009) as an important step toward rebuilding trust and honesty, which are viewed as essential to recovery. Despite this recommendation, fear of loss of the relationship with the partner or negative consequences may be a motivation to forego or minimize disclosure by addicts (Corley & Schneider, 2012). A partner's reactions to a disclosure about the extent of the addict's betrayal often contribute to increased distress in the couple and have been found to be a precursor to relapse (Fals-Stewart, O'Farrell, Birchler, & Lam, 2009; Gottman, 2011; Lebow, Chambers, Christensen, & Johnson, 2012; O'Farrell, Hooley, Fals-Stewart, & Cutter, 1998). And as feared by many addicts, it is common for partners to threaten or to leave after the initial revelation of sexual addiction (Charny & Parnass, 1995; Schneider, Irons, & Corley, 2000; Steffens & Rennie, 2006).

This initial desire by partners to leave may be warranted because relapse, defined as a return to the use of addictive behavior after a period of abstinence (Miller, 1999), is a well-recognized characteristic of addictive behavior. Research has shown that relapse rates are high for substance and behavioral addictions including gambling, Internet, and food (Block, 2008; Darke et al., 2005; Douaihy, Daley, Marlarr, & Spotts, 2009; Gonzalez-Ibanez, Mora, & Gutierrez-Maldonado, 2005; Moos & Moos, 2006; Walitzer & Dearing, 2006). Some reports have shown that sex addicts report relapse rates that are as high as other types of addicts (Harnell, 1995; Magness, 2009; Schneider et al., 2000; Wan, Finlayson, & Rowles, 2000). In one study among 100 self-identified sex addicts, 87% reported at least one return to previous behaviors they had committed to stop (Magness, 2009). In another study, 98% of married sex addicts attending 12-step sex addiction programs reported

they slipped at least once, and many had had multiple relapses (Schneider et al., 2000).

Although suspicion and confrontation may precipitate disclosure when relationship distress is high (Allen & Atkins, 2005), most addicts report that their partners do not know about their extramarital behaviors (Allen & Baucom, 2004; Fals-Stewart et al., 2003; Glass, 2002; Turner, 2009) or that they only tell what they believe the partner already knows (Corley et al., 2012), continuing to perpetuate deceptiveness. Gottman (2011) identified other behaviors that increase the likelihood of a relapse that are associated with untrustworthiness beyond secret keeping. These include the lack of transparency (not being totally forthcoming even when asked), failing to be accountable for actions, conduct inconsistent with couple's values, and lack of continued alliance with the partner (i.e., the addict does not put the interests of the partner before the addict's own interests).

Research has shown there is a positive correlation between prompt, full disclosure and forgiveness (McCullough, Fincham & Tsang, 2003; Olson et al., 2002, Vaughn, 2002); therefore disclosure can be an important opportunity for the addict to be accountable and return to the tenets of recovery. When the addict makes a full disclosure, acknowledges the legitimacy of the partner's pain, declares a commitment to the relationship, and works to restore trustworthiness, forgiveness is possible (Gordon, Baucom, & Snyder, 2004; Karremans, VanLange, Ouwerkerk, & Kluwer, 2003; Zitzman & Butler, 2005).

The purpose of the present study was to explore the experience of relapse and disclosure from the perspective of the addict. Although relapse is a common experience among addicts who are in a committed relationship, little is known about 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:

1. Describe the experience of initial disclosure (i.e., the first time the addict disclosed about his or her sexual addiction, including disclosure prior to relationship commitment/marriage).
2. Explore the addict's history of relapse and disclosure episodes.
3. Examine the impact of relapse and disclosure on the addict's view of the relationship.
4. Determine how the characteristics of relapse and disclosure are related to positive and negative relational outcomes.
5. Identify possible differences between how addicts and partners of addicts view their relationships.

We had two primary hypotheses for this study. First, we hypothesized that multiple relapse would be a common occurrence among sex addicts. Second, we hypothesized that honesty and clarity around relapses would be

valued as signs of trustworthiness, and that these characteristics would be associated with positive relational outcomes.

METHOD

Participants

Participants were 62 self-identified sex addicts who completed an online survey about their experiences. Participants ranged in age from 22 to 69 years ($M D 47.5$, $SD D 12.1$). Participants were predominantly male (89.5%) and heterosexual (86.0%). Most participants (82.0%) were married or in a committed relationship (1.6% separated, 4.9% divorced, 11.5% single). Of those still married or in a committed relationship with the partner who learned of their most recent relapse, the average length of this relationship was 17.6 years ($SD D 12.7$). The majority of the participants were highly educated (10.5% high school graduate/GED, 17.5% some college, 21.1% college graduate, 47.4% advanced degree) and had been in some type of therapy (only 12% of sample said they had not been in any type of therapy). Most (71.2%) reported being a victim of past trauma or abuse. We report one exploratory analysis comparing responses from this survey with a previous study that examined partners ($n D 92$). These participants are described in detail elsewhere (Corley, Schneider, & Hook, 2012).

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 work with 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 relationship. The survey included both forced-choice and open-ended questions.

Procedure

We first secured IRB approval for the present study. Participants were recruited through announcements made on the Society for the Advancement of Sexual Health (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. All participants had to indicate they were at least 18 years of age and had

agreed to the informed consent prior to completing the survey. Definitions for terms used in the questionnaire were included after the informed consent and prior to the participant completing the questionnaire. Questions from the questionnaire used in this article were selected based on their application to the research questions.

RESULTS

For clarity, we made 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 Pearson's product moment correlations to assess relationships between variables. We used independent samples t-tests to compare responses of the addict group and the partner group from a previous study (Corley et al., 2012).

Initial Disclosure

The first research goal was to describe the impact of the addict's initial disclosure to the partner, as well as the responses to the initial disclosure. Of the addicts who knew about their addiction prior to committing to their marriage or partnership (68.8%), over half (55.7%) withheld all or most information about their problematic sexual behavior. Only 13.1% disclosed everything necessary for their partner to make an informed decision. About half of the addicts (48.2%) reported that the impact of the first disclosure on their relationship was mostly or totally negative, about a quarter (26.8%) considered it a mixture of positive and negative, and 25.0% reported the impact was positive or mostly positive.

After the initial disclosure, about half of addicts and their partners made significant changes to their living situation. The addict moved out of the house in 21.0% of cases, or to a separate room in 8.1% of cases. The partner moved out of the house in 11.3% of cases, or to a separate room in 4.8% of cases. In the query about why the addict got back with the partner after separation, the majority (73%) of respondents stated it was because of love and wanting to try to make the marriage work. Living arrangements remained the same in 54.8% of cases.

Once the partner found out about some aspect of the sexual addiction, most participants (77.0%) reported that their partner asked the addict for additional information. About one third of partners (32.8%) asked for general categories of behavior, whereas 44.3% asked for everything to be disclosed, including specific details. In response to the request for additional

information, 25.5% of addicts reported that they told partners everything, 34.5% disclosed a great deal but withheld some information, 34.5% disclosed only a small amount, and 5.5% refused to answer. About one third of addicts (30.5%) reported having a plan or agreement with their partner about what each of them would do in the event of a relapse. These plans included disclosure, separation or breakup, and contingencies for different types of relapses. Among the respondents who reported having a plan, 38.5% followed the plan, 42.3% did not follow the plan, and 19.2% followed parts of the plan. Almost half (44.6%) of addicts reported that their partner stated an intent to end the relationship in the event of a relapse. When asked what it took for their partner to stay in the relationship, most addicts reported the addict's honesty and willingness to work a recovery program was critical.

Relapse

The second research goal examined the addict's history of relapse and disclosure episodes. Relapse was a consistent experience for participants. The total number of relapses varied widely across addicts (1: 27.1%; 2–5: 25.4%; 6–10: 13.6%; more than 10: 33.9%). Most addicts reported never (40.7%) or rarely (28.8%) disclosing their relapse to their partner prior to the partner independently discovering the relapse, whereas 16.9% reported that they disclosed most relapses, and 13.6% reported that they disclosed every time they relapsed. Addicts who reported a higher number of relapses also reported less voluntary disclosure of relapse ($r = -.29$, $p = .027$).

With regard to the most recent relapse, most addicts (63.9%) reported believing that their partner suspected they had relapsed (9.8% no, 26.2% uncertain). Relapses often involved Internet pornography or other online sexual behaviors (73.8%), and over a quarter (26.2%) reported meeting someone in person that he or she arranged for online. About half of addicts reported that they and their partners were in agreement about what constituted a relapse (52.5%; 21.3% had differences of opinion, and 26.2% were uncertain).

Impact of Relapse on Relationship

The third research goal examined the impact of relapse on the addict's view of the relationship. Overall, addicts reported their relationship was more positive than negative. Specifically, 20.0% of addicts reported that their relationships were excellent, 40.0% reported their relationships were good, 23.3% reported their relationships were okay, and 16.7% reported their relationships were poor or very poor. Slightly less than half of participants reported that their sexual relationship worsened after the disclosure of relapse (31.0% got worse; 12.1% became terrible/no sex; 31.0% stayed the

TABLE 1 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	.49	—									
3. Discussing Emotional Issues	.37	.28	—								
4. Trust	.55	.28	.44	—							
5. Partner Helps Recovery	.35	.13	.32	.40	—						
6. Number of Relapses	.12	.08	.10	.07	.21	—					
7. Voluntary Disclosure	.39	.34	.09	.38	.17	.29	—				
8. Suspected Relapse	.11	.04	.12	.04	.20	.07	.17	—			
9. Relapse—Internet	.18	.05	.01	.17	.02	.24	.09	.20	—		
10. Relapse—Met Someone Online	.03	.03	.04	.02	.01	.11	.24	.04	.27	—	
11. Agreement about Relapse	.15	.04	.38	.15	.24	.01	.09	.27	.19	.05	—

Note. $p < .05$ $p < .01$.

same; 25.9% improved). About a quarter of addicts (25.9%) reported that they believed the disclosure of the relapse damaged the relationship to the point where the partner would not trust the addict again (39.7% not sure; 34.5% no). Over half of participants reported that they talked more frequently about emotional issues with their partner since the addict's recommitment to sexual sobriety (56.1%; 26.3% same; 17.5% less). A little over half of participants reported that their relationship with their partner mostly helped in their efforts to maintain sexual sobriety (56.9%; 22.4% equally helps and hurts; 20.7% mostly hurts). Relationship satisfaction was positively related to experiencing higher levels of trust ($r = .55$, $p < .001$), more talking about emotional issues ($r = .37$, $p = .005$), better sexual relationship ($r = .49$, $p < .001$), and viewing the partner as helpful in the recovery process ($r = .35$, $p = .008$).

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 1. The most robust predictor of relational outcomes was the extent to which addicts disclosed their relapses voluntarily. Voluntary disclosure was positively related to relationship satisfaction ($r = .39$, $p = .003$), sexual satisfaction ($r = .34$, $p = .011$), and trust ($r = .38$, $p = .004$). Also, the extent to which the addict and partner agreed on what constituted a relapse was positively related to more discussion of emotional issues following the relapse ($r = .38$, $p = .004$). Other characteristics of relapse (e.g., number of relapses, the extent to which the partner suspected the relapse, and the extent to which the relapse involved the internet) were not related to relational outcomes.

Differences between Addicts and Partners

Because the questions asked in the present study were very similar to the questions asked in a previous study on partners of sex addicts ($n = 92$; Corley et al., 2012), we conducted a series of exploratory analyses to determine whether there were differences between how addicts and partners of sex addicts generally viewed their relationships. Overall, there were few significant differences between how addicts and partners of sex addicts viewed their relationships. The differences that did emerge reflected a similar pattern. For these differences, addicts generally held a more positive view of their relationship than did partners. For example, addicts reported higher levels of overall relationship satisfaction than did partners ($t = 3.75, p < .001$). Addicts reported higher levels of trust within their relationship than did partners ($t = 2.47, p = .015$). Addicts thought partners helped in their recovery process more than partners thought addicts helped ($t = 3.42, p < .001$). Partners more often thought there was a difference in opinion about what defined a relapse than did addicts ($t = 2.34, p = .021$).

DISCUSSION

The present study explored the experiences of relapse and disclosure from the perspective of the addict. As hypothesized, multiple relapses were a common occurrence among our respondents. Furthermore, honesty and clarity around the disclosure of relapse (as measured by the extent to which the addict voluntarily disclosed relapses) was associated with positive relationship outcomes.

There were different strategies for how addicts handled the initial disclosure of their sexual addiction, as well as the disclosure of relapse. Of the addicts who knew about their sexual addiction before entering their marriage or committed relationship, many withheld or minimized some aspects about their addiction. Once the initial disclosure was made, over three-fourths of the addicts reported that their partners requested more information, but full disclosure was not given in most cases.

For about half of the addicts, the impact of that first disclosure was experienced as negative. After that first disclosure, about half of the addicts separated for a period of time. The primary reason addicts gave for why the couple got back together was the hope of working things out and that they loved each other. In contrast, in a previous study on partners of sex addicts, the majority of partners stated the reason they got back together was because the addict got help and began to work a program of recovery (Corley et al., 2012). In addition to the desire to repair the relationship, the addicts were aware of the importance to their partners of the addict working a strong recovery program.

In regard to the disclosure of relapses, many addicts reported that they did not disclose relapses prior to their partner discovering them. These findings are important when considering which characteristics of relapse are important in determining relational outcomes. The aspect of relapse and disclosure that was most consistently associated with positive relational outcomes was voluntary disclosure of relapse. Thus, it appears that honesty and disclosure around relapse episodes are important considerations for the relationship, although such honest disclosure does not appear to be the norm among the addicts in this study.

There was variability in how addicts viewed their relationships, and many addicts reported their relationship satisfaction to be excellent or good. This may be surprising, considering the difficulties that many of the participants and their partners were facing. It may be that the addicts in our study were in relationships characterized by high levels of commitment (Finkel, Rusbult, Kumashiro, & Hannon, 2002). Indeed, about four of every five participants in our study were currently married or in a committed relationship, and the average length of this relationship was over 15 years. Additionally, the majority of the respondents noted the reason for reconciliation after separation was due to their love and desire to work on the marriage. This level of commitment may provide the structure necessary to work through the pain and hurt caused by the sexual addiction.

Another finding from the present study to consider when evaluating addict's (mostly) high levels of relationship satisfaction is that there may be discrepancies between how addicts view their relationship and how partners of sex addicts view their relationship. Indeed, an exploratory analysis revealed some evidence that addicts may view their relationship more positively than partners of sex addicts. This may indicate that the positive views of their relationship held by addicts may not accurately reflect the state of their relationship. There are several possible reasons for this discrepancy. For example, in relation to their addiction, addicts are likely more aware of the energy they are putting into their relationship and their struggle against addiction than are partners. Also, partners may not have communicated the extent to which they are hurt or unhappy, or tried to support the addict in their quest for recovery and kept quiet about their own needs, so addicts may view the relationship as more positive than it actually is. Viewing the relationship from a positive perspective may have been the advice given by others or merely helped the addict retain some hope for the future.

Limitations

There were several limitations of the present study. First, the study used a cross-sectional design. Because of this type of design, we can only speak to relationships between variables and cannot make inferences about causality.

For example, although greater levels of honesty and voluntary disclosure may in fact lead to higher levels of relationship satisfaction, it is also possible that couples who have higher levels of relationship satisfaction are more likely to voluntarily disclose a relapse. Second, the sample had several limitations. The sample was predominantly male and heterosexual, so generalizations to homosexual or female addicts should be made with caution. In addition, we did not assess for the race/ethnicity of participants. Third, the analysis comparing addicts to partners from a previous study (Corley et al., 2012) should be considered exploratory and interpreted with caution. The surveys were administered separately and the two groups likely represent mostly addicts and partners from different couples. Thus, we could not match the addict's data to the partner's data, and can only speak generally of overall trends between addicts and partners.

Areas for Future Research

There are several exciting directions for future research. First, longitudinal studies of couples could track relapse and disclosure episodes over time. Collecting longitudinal data would give more evidence of whether different types of disclosure are actually causing changes in relationship outcomes. Second, more in-depth information could be collected about individual disclosure episodes. It may be that the manner in which disclosures are communicated has an important effect on recovery and healing. Third, future research on relapse and disclosure should incorporate addicts who are homosexual and female, as well as addicts from minority groups. We have little information about how relapse and disclosure is experienced by lesbian or non-white individuals. Finally, future research should collect data from both members of the couple. Research using the Actor-Partner Interdependence Model (APIM, Cook & Kenney, 2005) with both members of all couples should be undertaken to replicate these results and clarify mutual influences between partners.

Implications for Clinical Practice

Based on the findings from the present study, there are several implications for clinical practice. First, when working with a couple in which one member is a sex addict, it is likely that there have been gaps in the addict's initial disclosure or disclosure of relapse episodes. Helping a couple to work through these gaps may be an important avenue for counseling and future work. Second, voluntary disclosure was linked with more positive relational outcomes. Clinicians should work with couples to establish a plan for how relapse and disclosure will work in their relationship. Some couples may

wish for full disclosure of relapse episodes, but other couples may determine that another type of plan is more beneficial (e.g., disclosure of relapse to a therapist, 12-step group, or accountability partner). Finally, clinicians should be aware that there may be differences in how addicts and partners view their relationship, and these differences are likely to be in the direction of addicts viewing their relationship more positively than partners. It may be helpful to work with addicts and partners so that both have a more realistic (and accurate) view of their relationship and the emotional states associated with betrayal and healing. Better understanding the partner's honest appraisal of the relationship may help the addict to understand the seriousness of the situation and the risks (e.g., relationship dissolution; lack of trust; increased loneliness within the relationship) and the importance of continuing to maintain effort on both his/her recovery and the relationship.

Conclusion

Relapse is a common experience for sex addicts, and relapse and disclosure is associated with a wide range of consequences for the addict, partner, and relationship. The present study revealed that although there are gaps in addicts' disclosure about their addiction and relapse episodes, voluntary disclosure is associated with more positive relational outcomes.

REFERENCES

- Allen, E. S., & Atkins, D. C. (2005). The multidimensional and developmental nature of infidelity: Practical applications. *Journal of Clinical Psychology, 61*, 1371–1382.
- Allen, E. S., & Baucom, D. H. (2004). Adult attachment and patterns of extra dyadic involvement. *Family Process, 43*, 467–488.
- Atkins, D. C., Eldridge, K. A., Baucom, D. H., & Christensen, A. (2005). Infidelity and behavioral couple therapy: Optimism in the face of betrayal. *Journal of Consulting & Clinical Psychology, 73*, 144–150.
- Bird, M. H. (2006). Sexual addiction and marriage and family therapy: Facilitating individual and relationship healing through couple therapy. *Journal of Marital & Family Therapy, 32*, 297–311.
- Bird, M. H., Butler, M. H., & Fife, S. T. (2007). The process of couple healing following infidelity: A qualitative study. *Journal of Couple & Relationship Therapy, 6*(4), 1–25.
- Block, J. (2008). Issues for DSM-V: Internet addiction. *American Journal of Psychiatry, 165*, 306–307.
- Butler, M., Harper, J., & Seedall, R. (2009). Facilitated disclosure versus clinical accommodation of infidelity secrets: An early pivot point in couple therapy. Part 1: Couple relationship ethics, pragmatics, and attachment. *Journal of Marital & Family Therapy, 35*(1), 125–143.

- Butler, M. H., & Seedall, R. B. (2006). The attachment relationship in recovery from addiction. Part 1: Relationship mediation. *Sexual Addiction & Compulsivity*, *13*, 289–315.
- Butler, M., Seedall, R., & Harper, J. M. (2008). Facilitated disclosure versus clinical accommodation of infidelity secrets: An early pivot point in couple therapy. Part 2: Therapy ethics, pragmatics, and protocol. *The American Journal of Family Therapy*, *36*(4), 265–283.
- Charny, I. W., & Parnass, S. (1995). The impact of extramarital relationships on the continuation of marriages. *Journal of Sex & Marital Therapy*, *21*, 100–115.
- Cook, W., & Kenny, D. (2005). The actor-partner interdependence model: A model of bidirectional effects in developmental studies. *Journal of Family Psychology*, *18*, 361–371.
- Corley, M. D., & Ferree, M. C. (2012). Systemic issues in treating female sex and love addicts. In M. Ferree (Ed.) *Making advances: A comprehensive guide for treating female sex and love addicts*. (pp. 215–254). Royston, GA: SASH Publications.
- Corley, M. D., & Schneider, J. P., (2002). Disclosing secrets: Guidelines for therapists working with sex addicts and co-addicts. *Sexual Addiction & Compulsivity*, *9*, 43–67.
- Corley, M. D., Schneider, J. P., & Hook, J. N. (2012). Partner reactions to disclosure of relapse by self-identified sexual addicts. *Sexual Addiction & Compulsivity*, *19*(4), 265–283.
- Darke, S., Ross, J., Teeson, M., Ali, R., Cooke, R., & Ritter, A. (2005). Factors associated with 12 months of continuous heroin abstinence: Findings from the Australian Treatment Outcome Study (ATOS). *Journal of Substance Abuse Treatment*, *28*, 255–263.
- Douaihy, A., Daley, D., Marlarr, G., & Spotts, C. (2009). Relapse prevention: Clinical models and intervention strategies. In R. Ries, D. Fiellin, S. Miller, & R. Saitz (Eds.) *Principles of addiction medicine*. (4th ed. pp. 883–898). Philadelphia: Lippincott Williams & Wilkins.
- Fals-Stewart, W., Birchler, G. R., Hoebbel, C., Kashdan, T. B., Golden, J., & Park, K. (2003). An examination of indirect risk of exposure to HIV among wives of substance abusing men. *Drug and Alcohol Dependence*, *70*, 65–76.
- Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., & Lam, W. (2009). Behavioral couples therapy for alcoholism. In J. H. Bray & M. Stanton (Eds.). *The Wiley-Blackwell handbook of family psychology* (pp. 388–401). Boston: Wiley-Blackwell.
- Finkel, E., Rusbult, C., Kumashiro, M., & Hannon, P. (2002). Dealing with betrayal in close relationships: Does commitment promote forgiveness? *Journal of Personality & Social Psychology*, *82*, 956–974.
- Glass, S. (2002). Couple therapy after the trauma of infidelity. In A. S. Gurman & N. S. Jacobson (Eds.), *Clinical handbook of couple therapy*. (3rd ed., pp 488–507). New York: Guilford.
- Gonzalez-Ibanez, A., Mora, M., & Gutierrez-Maldonado, J. (2005). Pathological gambling and age: Differences in personality, psychopathology, and response to treatment variables. *Addictive Behaviors*, *30*(2), 383–388.
- Gordon, K. C., Baucom, D. H., & Synder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital & Family Therapy*, *30*, 1–12.

- Gottman, J. M. (2011). *The science of trust: Emotional attunement for couples*. New York: Norton.
- Harnell, W. (1995). Issues in the assessment and treatment of the sex addict/offender. *Sexual Addiction & Compulsivity*, 2(2), 89–97.
- Kalichman, S. C., & Cain, D. (2004). The relationship between indicators of sexual compulsivity and high risk sexual practices among men and women receiving services from a sexually transmitted infection clinic. *Journal of Sex Research*, 41(3), 235–241.
- Karremans, J. C., VanLange, P. A., Ouwerkerk, J. W., & Kluwer, E. S. (2003). When forgiving enhances psychological well-being: The role of interpersonal commitment. *Journal of Personality & Social Psychology*, 84, 1011–1026.
- Laaser, D. K. (2011). Posttraumatic growth: Hope and healing for women who have been relationally betrayed. Unpublished Masters Thesis. Adler Graduate School, August.
- Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. (2012). Research on the treatment of couple distress. *Journal of Marital & Family Therapy*, 38(1), 145–168.
- Magness, M. S. (2009). *Hope and freedom for sexual addicts and their partners*. Carefree, AZ: Gentle Path Press.
- McCullough, M. E., Fincham, F. D., & Tsang, J. (2003). Forgiveness, forbearance, and time: The temporal unfolding of transgression-related interpersonal motivation. *Journal of Personality and Social Psychology*, 84, 540–557.
- Miller, W. R. (1999). What is a relapse? Fifty ways to leave the wagon. *Addiction*, 91, S15–S27.
- Moos, R.H., & Moos, B.S. (2006). Rate and predictors of relapse after natural and treated remission from alcohol use disorders. *Addiction*, 10, 212–222.
- O'Farrell, T. J., Hooley, J., Fals-Stewart, W., & Cutter, H. (1998). Expressed emotion and relapse in alcoholic patients. *Journal of Consulting and Clinical Psychology*, 67, 744–752.
- Olson, M. M., Russell, C. S., Higgins-Kessler, M., & Miller, R. B. (2002). Emotional processes following disclosure of an extramarital affair. *Journal of Marital and Family Therapy*, 28(4), 423–434.
- Reid, R. C., & Woolley, S. R. (2006). Using emotionally focused therapy for couples to resolve attachment ruptures created by hypersexual behavior. *Sexual Addiction & Compulsivity*, 13, 219–239.
- Schneider, J. P., Irons, R. R., & Corley, M. D. (2000). Disclosure of extramarital sexual activities by sexually exploitative professionals and other persons with addictive and compulsive sexual disorders. *Journal of Sex Education and Therapy*, 24(4), 277–287.
- Schneider, J. P., Weiss, R., & Samenow, C. (2012). Is it really cheating? Understanding the emotional reactions and clinical treatment of spouses and partners affected by cyber infidelity. *Sexual Addiction & Compulsivity*, 19(1–2), 123–139.
- Snyder, D. K., Gordon, K. C., & Baucom, D. H. (2004). Treating affair couples: Extending the written disclosure paradigm to relationship trauma. *Clinical Psychology: Science & Practice*, 11, 155–160.

- Softtas-Nall, B., Beadle, M., Newell, J., & Helm, H. M. (2008). Spousal disclosure of extramarital relationships: Attitudes of marriage and family therapists. *The Family Journal: Counseling & Therapy for Couples and Families*, *16*, 328–337.
- Steffens, B., & Rennie, R. (2006). The traumatic nature of disclosure for wives of sexual addicts. *Sexual Addiction & Compulsivity*, *13*, 247–267.
- Turner, M. (2009). Uncovering and treating sex addiction in couples therapy. *Journal of Family Psychotherapy*, *20*, 283–302.
- Vaughn, P. (2002). *Help for therapists (and their clients) in dealing with affairs*. LaJolla, CA: Dialogue Press.
- Walitzer, K. S., & Dearing, R. (2006). Gender differences in alcohol and substance use relapse. *Clinical Psychology Review*, *26*, 128–148.
- Wan, M., Finlayson, R., & Rowles, A. (2000). Sexual dependency treatment outcome study. *Sexual Addiction & Compulsivity*, *7*, 177–196.
- Whisman, M. A., & Wagers, T. (2005). Assessing relationship betrayals. *Journal of Clinical Psychology*, *61*, 1383–1391.
- Young, K., Griffin-Shelley, E., Cooper, A., O'Mara, J., & Buchanan, J. (2000). On-line infidelity: A new dimension in couple relationships with implications for evaluation and treatment. *Sexual Addiction & Compulsivity*, *7*, 59–74.
- Zitzman, S. T., & Butler, M. H. (2005). Attachment, addiction, and recovery: Conjoint marital therapy for recovery from a sexual addiction. *Sexual Addiction & Compulsivity*, *12*(4), 311–337.