SURVIVING DISCLOSURE OF INFIDELITY: RESULTS OF AN INTERNATIONAL SURVEY OF 164 RECOVERING SEX ADDICTS AND PARTNERS

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One of the most significant steps in early recovery from addictive sexual disorders is disclosure by the addict to his or her significant other of the sexual behaviors in which the addict has been engaging, usually outside the primary relationship. To learn about couples' experiences with disclosure, we prepared an anonymous survey, filled out separately by each partner. Surveys were returned by 82 sex addicts and 82 spouses or partners. Addicts had a mean of 3.4 years in recovery. Key findings:

1. Disclosure is often a process, not a one-time event. Even in the absence of relapse, withholding of information is common.
2. Initial disclosure usually is most conducive to healing the relationship in the long run when it includes all the major elements of the acting-out behaviors but avoids the "gory details."

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3. Over half the partners threatened to leave after disclosure, but only one quarter of couples actually separated.

4. Half the sex addicts reported one or more major slips or relapses, which necessitated additional decisions about disclosure.

5. Neither disclosure nor threats to leave prevented relapse.

6. With time, 96% of addicts and 93% of partners came to believe that disclosure had been the right thing.

7. Partners need support from professionals and peers during the process of disclosure.

8. Honesty is a crucial healing characteristic.

9. The most helpful tools for coping with the consequences of sexual addiction are counseling and the 12-step programs. Disclosure, threats to leave, and relapses are parts of the challenge of treating, and recovering from, addictive disorders.

Persons who suffer from addictive disorders may engage in a wide variety of sexual behaviors, frequently outside of their marriage or primary relationship (Carnes, 1991). This is particularly true of sex addicts, but many chemically dependent persons who are not sexually addicted also engage in extramarital sexual behaviors before recovery, sometimes because their judgment is impaired or the chemical use is dishibiting, at other times as part of an exchange of sex for drugs. When help is finally sought, one of the questions most frequently asked by patients is whether to disclose the sexual behaviors to the partner. Regardless of the presence or absence of an addictive disorder, the secret existence of sexual activities outside of a committed monogamous relationship involves several ethical considerations. These include

1. the accumulation of lies about the behavior;
2. the possibility of health risks to the partners; and
3. the ethical dilemma of the couple’s therapist, who is told by one partner about extramarital sexual behavior but is asked not to reveal the information to the other partner.

Honesty and fidelity are implied or clearly stated in most marital contracts or agreements (Brown, 1991; Hyde, 1990; Reiss, 1980). Pittman (1989, p. 20) defined infidelity as “a breach of the trust, a betrayal of a relationship, a breaking of an agreement... We are talking here about a sexual infidelity in a monogamous relationship.” However, infidelity involves much more than sex: The dishonesty about the infidelity involves self-esteem, the value of the rule broken, and the energy that keeping the secret
takes from the relationship. Pittman (1989) stated that dishonesty may be a greater violation of the rules than the affair (or misconduct) and acknowledged that more marriages end as a result of maintaining the secret than do in the wake of telling. He firmly supported rigorous honesty. He speculated that the partner may be angry, but will be more angry if the affair continues and the partner finds out later.

Brown (1991) advised that, in most circumstances, the unfaithful person must tell the partner if healing is to occur. When an affair remains secret, communication about other matters is gradually impaired. She did indicate that behaviors from previous relationships or the long-ago past do not always have to be revealed. Brown also advised that time and support for the partner are necessary, and longer sessions or more sessions of therapy often are required to help the partner express her or his anger and sadness about the infidelity before actual rebuilding of the relationship can occur.

Health Risks

Extramarital sexual activities which involve physical contact with another person bring with them the risk of acquiring potentially fatal or incurable diseases (HIV, herpes) and other infections and these may be transmitted to the unknowing partner. This possibility brings a new ethical dimension to the choice to reveal or not to reveal such activities to the partner. Because of this risk, more therapists are now insisting on disclosure of extramarital sexual behaviors to the partner (Brown, 1991; Schneider, 1988).

The Therapist and Concealed Infidelity

The therapist who knows of a concealed affair or other sexual acting out faces an ethical dilemma about its revelation. Glass and Wright (1992, p. 327) believed "it is inappropriate to conduct conjoint marital therapy when there is a secret alliance between one spouse and an extramarital partner that is being supported by another secret alliance between the involved spouse and the therapist." However, they were willing to see the couple without addressing the affair if it is first terminated. In this context, then, they do collude in maintaining a secret. Brown (1991) wrote,

I believe that the integrity of the therapeutic process with couples depends on open and honest communication. Nowhere is this truer than with affairs. The therapist cannot be effective while colluding with one spouse to hide the truth from the other. (p. 56)

She listed a few exceptions in which maintaining the secret with the client is the wiser choice: when there is the potential for physical violence or for
destructive litigation in divorce courts, or when the unfaithful client is remaining in the marriage to care for a permanently incapacitated spouse. Brown's position is clear:

Sometimes the Infidel refuses to tell the Spouse. In that case marital therapy cannot continue. Once you know about the affair, nothing else can be done until the affair is out in the open. . . . If you are tempted to see [each of] them individually, consider the impact on the therapeutic relationship when the Spouse finds later that you knew about the affair all along. Refer each of them to separate therapists. (p. 68)

**Infidelity as an Element of Addiction**

When the extramarital sexual activity is part of an addictive pattern, the need for honesty takes on an additional dimension. An assumption of addiction-sensitive therapy is that rigorous honesty is required if one is to remain sober and in recovery. These assumptions are based on the teachings of the book *Alcoholics Anonymous* (1976), which states that those who do not recover are men and women who are "constitutionally incapable of being honest" (p. 58). The 8th of the 12 Steps of Alcoholics Anonymous relates that "[we] made a list of all persons we had harmed, and became willing to make amends to them all." The purpose of the 8th step is to identify the individuals who have been harmed by the addict's behavior, as well as to assign responsibility for the addict's behavior. By preparing to eliminate the burden of long-held emotions, the addict may release guilt and other feelings which have been mismanaged through the addictive sexual behavior.

Honesty is also important in aspiring to a deeper level of intimacy. Addicts who survive disclosure are able to get to deeper levels of connection with their partners. Disclosure may therefore be seen as a proactive approach to higher levels of relationship.

However, another assumption of the 12-step recovery model is stated in Step 9: "[We] made direct amends to such people wherever possible, except when to do so would injure them or others." Fear of hurting the partner and fear of the partner's response are common reasons for minimizing the disclosure (Carnes, 1991; Schneider & Schneider, 1990; Schneider & Corley, in press). This presents a dilemma for the addict, his or her partner, and the therapist. Berry & Baker (1996) advised those who have great fear about disclosure that, to effectively manage the fear, the first step is to be honest about the behaviors. These authors speculated that one of the reasons Alcoholics Anonymous (AA) is so effective is that AA emphasizes making amends, then asking forgiveness for what one has done.
When referring to sex, however, the author of *Alcoholics Anonymous* favored nondisclosure:

We know of situations in which the alcoholic or his wife have had love affairs. In the first flush of spiritual experience they forgave each other and drew closer together. . . . Then, under one provocation or another, the aggrieved one would unearth the old affair and angrily cast its ashes about . . . and they hurt a great deal. . . . In most cases, the alcoholic survived this ordeal without relapse, but not always. So we think that unless some good and useful purpose is to be served, past occurrences should not be discussed. (pp. 124–125).

How not to disclose to the spouse is spelled out in greater detail:

If we are sure our wife does not know, should we tell her? Not always, we think. If she knows in a general way that we have been wild, should we tell her in detail? Undoubtedly we should admit our fault. She may insist on knowing all the particulars. She will want to know who the woman is and where she is. We feel we ought to say to her that we have no right to involve another person. We are sorry for what we have done and, God willing, it shall not be repeated. More than that we cannot do; we have no right to go further. . . . We have often found this the best course to take. (p. 81)

Sex addicts who have sought guidance about disclosure have likewise received mixed messages. On the other hand, they are repeatedly reminded that they are in a program of "rigorous honesty" and that honesty is essential for recovery. On the other hand, *Sexaholics Anonymous* (1984), a 12-step guide for recovery used by members of Sexaholics Anonymous (SA), cautioned the recovering addict to be very careful about disclosure to the spouse. The book advised newcomers to the program not to discuss their sexual past with partners who do not already know of it until some time has elapsed, and even then only after first talking about it with group members. Echoing the AA Big Book, *Sexaholics Anonymous* cautioned that some marriages otherwise might not withstand the shock. Avoiding compulsive sexual behaviors and working the steps of the program will, it is hoped, cause improvement in behavior and attitude that the partner will see and feel. "The best amends is a changed life over time" (p. 87).

*Hope and Recovery* (Anonymous, 1987), a 12-step guide for sex addicts comparable to the Big Book of AA, expresses the same point of view. The recovering addicts who authored this book advise waiting to tell the partner
until one has first discussed it with the group, prayed about it, and felt it was the right time to do so:

Some of us found that it was helpful to have our sponsors with us when we told our partners about our addiction. And if our partners also happened to be in recovery, it was helpful to have their sponsors present too. . . . We wrote down exactly what we wanted to say to our partners and shared it with other addicts first. (p. 97)

Schneider (1988), having interviewed wives of male sex addicts, found that many of the wives had ceded to their husbands the power to make them happy or unhappy and to make decisions about their emotional life. Many wives also reported having lived with an ongoing pattern of deception and dishonesty. For the addict to continue to withhold information about the infidelity felt by these wives like perpetuation of the old pattern in which the husband decides what is best for the wife and what information to withhold. Schneider reported that nearly every woman felt she should decide how much to be told; most did not ask for information that they were not ready to hear. According to Schneider, “If a relationship is to survive the crisis of disclosure of his affairs, a spirit of honesty and respect for each partner is essential. Treating one’s wife with respect means letting her decide how much she needs to know and then giving her answers to the questions she asks” (p. 251). On the basis of her interviews, Schneider strongly recommended disclosure guided by the spouse’s desire to know.

The disclosure dilemma is more acute for recovering sex addicts than for other persons who have been sexually unfaithful. On the one hand, because of the addictive nature of the behaviors, there is usually an extensive history of sexual infidelities, and thus a heightened fear of the consequences of disclosure for the relationship. On the other hand, the emphasis on honesty in the 12-step recovery process results in pressure to disclose. Although the books cited above made suggestions regarding disclosure by sex addicts of extramarital sexual behaviors, specific research is virtually nonexistent about the outcome of disclosure for the survival of the coupleship, the role of threats to exit the relationship, what the disclosure process is like for each member of the couple, the meaning of disclosure for each person, the prevalence of relapses and how disclosure about relapses is handled, how therapists can best facilitate the disclosure process, and what tools and practices help the addict and partner to recover. We investigated these issues in a cohort of 162 recovering sex addicts and partners of sex addicts. In other papers we will report on the meaning of disclosure for each party, on the optimal role of the therapist, and on the outcome of threats to leave. In this
article we will describe the outcome of disclosure, handling of relapses, and what helped addicts and their partners to recover and to stay in the relationship.

METHODS

Anonymous self-administered surveys were constructed for sex addicts and their partners; each was completed and mailed separately by each member of the couple. However, each pair of surveys was coded with a corresponding number so that it was possible to compare the surveys completed by both members of the same couple. The surveys contained a combination of multiple-choice and open-ended questions, and themes were developed using qualitative inductive theme generation. Standards for protection of human subjects met the criteria set by the Menninger Clinic human research committee.

A convenience sample of 17 American and Canadian psychotherapists who treat sex addicts and their partners were asked to distribute surveys to current and former clients. Additional surveys were sent to 5 contact persons within the sex addiction recovery community for distribution to other recovering sex addicts and their partners. The unsigned surveys were returned to the authors in pre-addressed stamped envelopes. In this fashion the authors did not know the identity of the respondents.

The survey respondents therefore consisted of persons (and their partners) who had been diagnosed by a professional as having an addictive or compulsive sexual disorder or were self-identified as sex addicts or partners of sex addicts. Some of the partners identified themselves as coaddicts, where others did not.

RESULTS

Demographics

The authors distributed approximately 500 pairs of surveys (1,000 surveys) to 17 licensed therapists plus 5 persons within the recovery community, for distribution to couples. It is likely that considerably fewer of these surveys actually went to the couples. A total of 164 surveys were returned to us, comprising a return rate of at least 16% of those actually distributed. Eighty-two addicts and 82 partners responded. In 48 cases, both members of a couple responded; in 34 cases only the partner replied; and in another 34
TABLE 1
Occupations of Respondents \(n=155\)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed helping professionals</td>
<td>38</td>
<td>(25%)</td>
</tr>
<tr>
<td>Other regulated professionals</td>
<td>36</td>
<td>(23%)</td>
</tr>
<tr>
<td>Other employed (CEOs, trades, etc.)</td>
<td>64</td>
<td>(41%)</td>
</tr>
<tr>
<td>Non-wage-earners</td>
<td>17</td>
<td>(11%)</td>
</tr>
</tbody>
</table>

cases, only the addict replied. In total, 116 couple relationships were represented.

Of the 164 respondents, 50% were male, 50% female; almost 93% were currently married or in a committed, long-term heterosexual or homosexual relationship, whereas less than 8% were separated or divorced. The mean age of the respondents was 44.6 (SD = 9.1 years), with a range of 26 to 70; the mean age of the addicts was 44.6 years, the partners 44.5. Among the addicts, 73 (89%) were male and 9 (11%) were female; among the partners who responded, 6 (8%) were male and 72 (92%) were female. As to sexual orientation, 90% of the respondents were heterosexual, while 10% were homosexual or bisexual.

The occupations of the respondents are summarized in Table 1. The category of licensed helping professionals included physicians, nurses, psychologists, social workers, physical therapists, and clergy members. Other regulated professionals included lawyers, professors, and teachers. The great majority of respondents, both male and female, were employed, and most had at least a college education.

Of sex addicts who specified their compulsive behaviors \((n = 80)\), 71 (89%) had engaged in sexual activities with people outside the marriage or primary relationship. Many had engaged in a variety of activities including affairs with opposite or same-sex persons, sex with prostitutes, patronage of massage parlors, and frequenting of pornographic bookstores or theaters. Among the 9 persons whose sexual activities had not involved contact with other people, several had engaged in voyeurism or exhibitionism, so that disclosure was an issue for them as well.

Multiple addictions were common. Only 28 (34%) of the sex addicts stated they had no other addiction. Thirty-seven (45%) were also recovering from addiction to alcohol, other drugs, or nicotine (3, or 4%, identified nicotine as their only drug of addiction), 19 (23%) identified an eating disorder, 8 (10%) were workaholics, 7 (9%) were compulsive spenders, and the remainder identified other addictions.

Of the 82 partners, 42 (51%) identified themselves as in recovery from sexual coaddiction, 21 (26%) had an eating disorder, 13 (16%) were chemically dependent (of whom 3, or 4%, had nicotine as their only addictive drug), and 5 (6%) were workaholics.
A majority (79%) of the partners had attended some 12-step program. Nearly all (91%) of the respondents had seen or were seeing a professional counselor or therapist; 59% of the addicts and coaddicts had seen more than one type of professional. In other words, this population had received both professional and peer support in their recovery process.

**Time in Recovery**

The mean time in recovery from sex addiction was 3.4 years, with a range of 2 months to 14 years. Because recovering people’s perceptions about various aspects of recovery can be expected to be influenced by their length of time in recovery, we divided the respondents into several groups.

Among the addicts, 31 (38%) had less than 2 years in recovery; 23 (28%), had at least 2 but less than 5 years; and 28 (34%), had at least 5 years’ recovery. Thus, the addicts were fairly evenly distributed along the continuum of recovery time. Among the 82 partners, 65 (79%) identified themselves as “in recovery” or attending some 12-step program, whereas 14 (17%) said they were not in recovery and 5 did not respond. Of 61 “coaddicts” who specified their time in recovery, 15 (25%) had less than 2 years in recovery, 21 (34%) had 2-5 years, and 25 (41%) had at least 5 years in 12-step recovery. Thus, among partners who identified themselves as in recovery, there was a preponderance in long-term recovery. Fourteen partners said they were “not in recovery” and did not attend any 12-step program as part of their own healing from the consequences of their partners’ addictive sexual disorder.

**Relapses**

Addictions are generally recognized as being chronic disorders with an ongoing propensity for relapse. This is why recovery is considered to be a process rather than an event. Relapses present additional challenges for making choices about disclosure. In a relapsing disorder, disclosure too is likely to be a process or a series of events rather than a single occurrence. Although our survey focused on the first major disclosure, we wanted information about disclosure after relapses as well.

When addicts were asked, “Have you had a significant slip or a relapse?” 41 out of 80 (51%) responded affirmatively. We did not ask about the nature of the significant slip or relapse, which was self-defined. Table 2 presents the responses to this question by length of time in recovery.

Addicts who had been in recovery for more than two years were twice as likely as addicts in short-term recovery to have experienced a relapse. Among those with at least 5 years in recovery, 64% reported having had a
significant slip or relapse, in many cases well after the first year or two. This result confirms that sex addiction, like other addictions, is a chronic, relapsing disease; a corollary is that recovering sex addicts and their partners will face disclosure decisions and consequences more than once in the course of their relationship.

**Withholding of Information**

Another clue to the ongoing presence of disclosure dilemmas for addicts, can be gleaned from their responses to questions about ongoing withholding of information. When asked, “Are you still withholding some significant information about your past sexual behaviors from your partner?” 33 out of 79, or 42%, answered yes. As to withholding significant information about current sexual behaviors, 28 out of 78, or 36%, responded affirmatively. Table 3 summarizes the responses.

Again, more of those in long-term recovery than in early recovery reported withholding significant information about both past and present behaviors, confirming that disclosure is an ongoing issue for couples.

**Disclosure is a Process**

While many questions in the survey asked about the initial major disclosure, 44 out of 75 addicts (59%) and 53 out of 76 partners (70%) reported that there had been more than one major disclosure.

Several partners reported that receiving a series of disclosures was destructive to their recovery process. Here are two reports:

**TABLE 2**

<table>
<thead>
<tr>
<th>Time in recovery</th>
<th>&lt;2 years</th>
<th>2-&lt;5 years</th>
<th>&gt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>No</td>
<td>20</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>29</td>
<td>23</td>
<td>28</td>
</tr>
</tbody>
</table>

**TABLE 3**

<table>
<thead>
<tr>
<th>Time in Recovery:</th>
<th>&lt;2 years</th>
<th>2-&lt;5 years</th>
<th>≥5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes, re past behaviors</td>
<td>9/28=32%</td>
<td>8/23=35%</td>
<td>16/28=57%</td>
</tr>
<tr>
<td>yes, re current behaviors</td>
<td>8/29=28%</td>
<td>7/22=32%</td>
<td>13/27=48%</td>
</tr>
</tbody>
</table>
There were several major disclosures over 6 months. I was completely devastated. He continued to disclose half-truths, and only increased my pain and made the whole situation worse. Each new disclosure was like reliving the initial pain all over again. I wish the truth had been disclosed all at once and not in bits and pieces.

Disclosure came in parts during the first year. Some of the past was reported to the pre-sentence investigator, and I read it while he was in prison for 3 months. I felt immense pain and anger. Part of that was not being told. I felt lied to and didn’t trust any of the relationship.

**Threats to Leave: Prevalence and Outcomes**

A frequent reason that sex addicts give for not disclosing their sexual behaviors is fear that the partner will respond by leaving the relationship (Schneider & Corley, in press). In some cases the fear is exacerbated by prior threats to leave “if I ever find you’ve had an affair,” or some similar statement; 36 out of 81 addicts (44%) reported having received such threats. This finding suggests that many partners were suspicious of the addict even before disclosure. Among the survey respondents, 8 out of 72 (11%) reported that the addict’s behaviors were known to them all along; another 44 (61%) reported having suspicions, and most (53% of the 72 partners) had confronted the addict in some fashion.

Once the addict made the initial disclosure of sexual acting out, threats to leave were very common: 47 out of 78 (60%) of partners reported making such threats. However, the threats usually were not carried out; 34 out of 45 partners (76%), who had threatened to exit the relationship reported that they never left, even temporarily. Half the partners who did not leave reported that going to therapy or 12-step meetings helped them work through the issues within the marriage; the other half reported they simply did not follow through. When relapse occurred, threats to leave were again common: 16 of 37 partners (43%) threatened to leave after learning of a relapse.

**How Much to Disclose Initially**

When they first get into recovery, addicts wonder how much to disclose to their partners. In addition to fearing that the partner will leave the relationship, female addicts in particular may fear physical or sexual violence from their partners as a response to the disclosure. Both male and female addicts may worry that an angry spouse will use the information against them as a means of emotional blackmail or in a future battle for custody of the children.
Addicts often get conflicting advice from therapists, friends, and sponsors about this, especially when the acting out involved sexual contact with other people. An addict who had engaged in a variety of behaviors reported,

*In treatment, my group split 50/50 about whether to disclose my affair to my wife.*

Some addicts were glad they had revealed “all”:

*It was very painful living with the Big Secret and all of its accompanying lies and omissions. Getting it all out in the open was like a huge catharsis.*

*I am incredibly grateful my marriage seems to have survived and is stronger and more firmly grounded than ever. I think it is important, however, to know that disclosure might mean a rapid break-up. In a way, it was the first real act of powerlessness in as much as I knew I had no power over the outcome and that I might lose my best friend and lover of many years. [2 years in recovery]*

Other addicts, however, regretted having told too much:

*I feel I offered too much information. To admit I was involved with another woman was one thing, but I truly wish I had never told her who the woman was. Some people cannot handle truth and honesty as well as others. You have to know your partner and what they can handle. [10 months in recovery]*

*I hope it wasn’t just “dumping,” but I felt cleaner, relieved. But I shouldn’t have shared so much hurtful to her. Now it’s hard for her to have so much information. The knowledge doesn’t help her and seems only to cause pain as dates roll around or if we drive past a particular place. [11 months in recovery]*

Partners also had mixed opinions:

*If I didn’t get information, I could not trust the relationship to go forward. I needed every question answered, or I would not have been able to trust and therefore stay in the marriage. I can deal with truths, but not half-truths.*

*I needed total disclosure so I could have a “level playing field” to start to trust my spouse. If he could still lie and hide the past, how could I be sure he wouldn’t continue to do so in the future? There*
are no guarantees, but disclosure of secrets on both our parts at least gave us an honest place to start.

I created a lot of pain for myself by asking questions and gathering information. I have a lot of negative memories to overcome; this ranges from songs on the radio to dates, places, and situations; there are numerous triggers.

I think it's best for the addict to work through it with a knowledgeable therapist, then disclose the nature of the problem and have the partner determine what level of detail they are comfortable with. For me, I didn't want any more detail, because it tormented me. Others feel they want to know everything. Not me. The bottom line I needed to know was whether he was exposing himself to disease and then not protecting me. The actual details of who, where, when were extremely distracting to me and caused me to lose ground. I'd make some progress, then think about one of those details and spiral down.

I wanted every detail. I thought that would help him with shame and I thought that there was safety in knowing everything. Looking back on it now, I would not have gone for such a detailed disclosure and not insisted on an instant turn to complete honesty.

Recurrent themes expressed by partners were (a) a desire to feel empowered, to be the one to decide how much to be told, and (b) a wish that they had sought or received more support from peers and counselors at the time of disclosure.

**Was Disclosure the Right Thing To Do?**

We asked addicts and partners two questions about their feelings about disclosure: “Initially, how did you feel at the time about the disclosure?” and “Looking back now at the disclosure, how do you feel about it now?” Choices were forced on a 5-point Likert scale, ranging from “It was definitely the right thing to do” to “It was the wrong thing to do.” We combined the “definitely” and “probably” responses to generate Tables 4 and 5.

When subjects related how they initially felt about disclosures, the differences between addicts and partners were significant at \( p < .001 \).

When subjects related how they currently felt about earlier disclosures, the differences between addicts and partners were no longer significant. There was a highly significant \( p < .001 \) and striking change in the attitudes of the addicts over time: Whereas 58% of them had felt at the time of the
TABLE 4
Was Disclosure the Right Thing? (Feelings Then)

<table>
<thead>
<tr>
<th></th>
<th>Addicts $n = 76$</th>
<th>Partners $n = 75$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58% (44)</td>
<td>81% (61)</td>
</tr>
<tr>
<td>Uncertain</td>
<td>30% (23)</td>
<td>16% (12)</td>
</tr>
<tr>
<td>No</td>
<td>12% (9)</td>
<td>3% (2)</td>
</tr>
</tbody>
</table>

TABLE 5
Was Disclosure the Right Thing? (Feelings Now)

<table>
<thead>
<tr>
<th></th>
<th>Addicts $n = 76$</th>
<th>Partners $n = 71$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>96% (73)</td>
<td>93% (66)</td>
</tr>
<tr>
<td>Uncertain</td>
<td>1% (1)</td>
<td>6% (4)</td>
</tr>
<tr>
<td>No</td>
<td>1% (1)</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

disclosure that it was probably or definitely the right thing to do, 96% felt so at the time they completed the survey. With time, the vast majority of both addicts and partners felt that disclosure was the right thing to do.

**What to Disclose About Current Sexual Thoughts and Behaviors**

Because sex addiction is a chronic disorder, significant slips and relapses may occur. Even when the addict does not violate significant boundaries, many deal with recurrent or occasional addictive sexual thoughts or minor behaviors (for example, flirting, viewing pornography, or masturbation). We asked addicts, "What types of information are you likely to disclose to your partner about your current addictive sexual thoughts, feelings, and behaviors?" The most common responses are listed in Table 6.

The following responses were all given by addicts with at least 5 years recovery from sex addiction.

TABLE 6
What Addicts Disclose About Current Status ($n = 78$)

<table>
<thead>
<tr>
<th>Disclosure Area</th>
<th>Addicts</th>
<th>Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td>When I'm at risk for relapse</td>
<td>34</td>
<td>(44%)</td>
</tr>
<tr>
<td>My thoughts &amp; fantasies</td>
<td>14</td>
<td>(18%)</td>
</tr>
<tr>
<td>Nothing</td>
<td>13</td>
<td>(17%)</td>
</tr>
<tr>
<td>Everything</td>
<td>13</td>
<td>(17%)</td>
</tr>
<tr>
<td>How I'm doing in general</td>
<td>11</td>
<td>(14%)</td>
</tr>
<tr>
<td>When health risk to partner/another person is involved</td>
<td>6</td>
<td>(8%)</td>
</tr>
<tr>
<td>When the relationship is affected</td>
<td>4</td>
<td>(5%)</td>
</tr>
</tbody>
</table>
When I’m at risk for relapse: “I would disclose a slip. I will also say if a place or movie doesn’t work for me.”
“T will not disclose ‘gory details,’ although sometimes it helps to talk about things with my partner—it takes the power out of them.”
“I tell them when I am not in a good space, when I need to be with recovering people. When I am ‘at risk,’ when it is necessary for me to step up my recovery program. We are able to talk and find out what is really going on with me or us.”
“Anything that would be considered secret or destructive.”

My thoughts and fantasies: “I disclose thoughts and fantasies, but not their frequency.”
“I’m honest with all my thoughts and feelings, but not specifics about behaviors.”

Nothing: “None. It is only painful to hear. I disclose these things in my SAA group, to a sponsor, and to a trusted colleague.”

Everything: “I share all; my wife can tell by my actions if I’m hiding anything.”
“I would share practically all. I don’t believe I would not disclose anything.”
“To discuss the above will help to not carry it any further.”
“I would disclose all except my not being physically attracted to her body.”

How I’m doing in general: “I share my sobriety, my bottom lines, and how well or not well I’m doing.”
“I reassure her that feelings are being dealt with.”
“I don’t go into detail about thoughts or actions; I save those for my sponsor.”

Involvement with another person: “I disclose any slip with another person (this has not happened). I do not disclose fantasy and sometimes masturbation. I first process it with group and then tell partner if it seems appropriate.”

When relationship is affected: “Whatever affects our current relationship or our shared past.”
“I am not likely to discuss feelings or thoughts, except to help understand general attitudes, or feelings directly related to the relationship.”
TABLE 7
What Information Partners Currently Seek About Addicts’ Status \( (n = 82) \)

<table>
<thead>
<tr>
<th>Information Provided</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some specific information</td>
<td>31</td>
<td>(38%)</td>
</tr>
<tr>
<td>General status of addict’s recovery</td>
<td>27</td>
<td>(33%)</td>
</tr>
<tr>
<td>Nothing</td>
<td>10</td>
<td>(12%)</td>
</tr>
<tr>
<td>Everything</td>
<td>6</td>
<td>(7%)</td>
</tr>
<tr>
<td>It varies, depending on partner’s state of mind</td>
<td>3</td>
<td>(4%)</td>
</tr>
<tr>
<td>No answer/divorced</td>
<td>5</td>
<td>(6%)</td>
</tr>
</tbody>
</table>

We also asked partners, “What type of information do you currently want to know about your partner’s addictive sexual thoughts, feelings, and behaviors?” Their responses are summarized in Table 7. Some individual responses and their time in recovery follow.

**Some information (38%)**

“I still want to ‘know’ everything, but I know what this information will do—create pain. Right now merely knowing if he’s sober, and if acting out is with others, is enough.” (1 year in recovery)

“I want to know general content of fantasies and behaviors, when they happened. I prefer not to know times and triggers.”

“Anything that he did to our children. Nothing else.” (4 years)

“If he loses h is sobriety, I would want to know when and how and what he plans to do about it, so that I can act accordingly.” (7 years)

“Only if he’s having a consistent, ongoing problem resulting in relapse.” (8 years)

“I want to know if he’s engaging in sex outside the marriage because that affects my health and our commitment to each other. I don’t want to know his addictive thoughts. I appreciate when he can share the inner pain he feels. This helps me understand and forgive.” (6 years)

“Specific behaviors which might have legal consequences.” (9 years)

“If he has sexual feelings for anyone but me.” (not in recovery)

“Anything he wants to tell me.” (11 years)

“How I compare to others in his mind.” (not in recovery)

**General status of addict’s recovery (33%)**

“I don’t want to know specifics. I need to be reminded, however, that this disease doesn’t just go away. It is in my life always. But knowing my husband has had a difficult day or needed sponsor help is enough of a reminder.” (1 year in recovery)

“I only want to know what he does to get help for his lustful thoughts. His program is for him to work; I work my own.” (4 years)
“I’d like to know about his struggles. I don’t want to know what each girl looked like that he was tempted by, but I do want to know the mental struggle and if he acted out or not.” (3 years)
“I want to know if he’s been feeling addictive, because we both agree we should not have sex if he is.” (3 years)
“I definitely want to know feelings and thoughts; I don’t care to know about acting-out behaviors.” (2 years)
“His triggers and what he does about them.” (8 years)
“We talk together about feelings, anger, and stress so we can support one another.” (6 years)
“I want to know that he is working on his recovery. I want to be able to ask, ‘How’s it going’ ‘Are you having trouble with this?’ ‘How can I help?’ I guess I still want reassurance, not details.” (7 years)
“Does our marriage mean enough to him to try to get control of his addiction?” (1 year)

Nothing (12%) “I feel I know everything I wish to be told.” (4 years.)
“I feel comfortable knowing what I know now with no further disclosure. I haven’t seen any of my partner’s behavior that suggests that he might be crossing one of my bottom lines.” (7 years)
“I don’t want to know anything. It’s not my problem. It took me a long time to get my focus back on my own problems and ‘own’ my own head. I’m not willing to give up my peace of mind.” (7 years)
“My partner is actively involved in SA for many years. I know that he diligently works his program and helps others in recovery. I trust him. That’s all I want to know.” (11 years)
“My husband and I talk very infrequently about his sexual thoughts and feelings—that is better shared in SA or in therapy. I don’t want to hear something that may hurt me.”

Everything (7%) “I would like to know it all, now that I know most.” (3 years)
“I want to know everything. We spend about 30 minutes each morning becoming current with feelings, thoughts, and behaviors. There is nothing that I prefer not to know.” (9 years)

It varies, depending on partner’s state of mind (4%) “It varies. If I am feeling good about myself, I prefer not to concern myself with his life. I would just like to know what he is active in his recovery. At times when I am feeling low self-esteem, I seem to want to know what is going on with him, but then I obsess about it. I guess I prefer to know nothing.” (2 years in recovery)
"Sometimes I’m scared. Sometimes I feel brave and want to know everything. Sometimes I don’t want to face the reality. I want to forget it and not be reminded." (considers herself a "victim")

Non-Identification of Partners with 12-Step Recovery

Fourteen of the 82 partners (17%) were not involved in any 12-step program; 10 of these women were helping professionals or teachers. One did not threaten to leave at the time of disclosure, but subsequently divorced the addict.

Two women said they had known about the addiction all along. One of the women, married for only a short time, reported that her husband was already in recovery when they met, and he had disclosed everything to her. His earlier marriage had ended after his disclosure of several types of illegal sexual activity including child molesting. The second woman wrote that she would not recommend disclosure, stating, “I don’t see any positive results.” She has gotten no advice from a counselor and is “afraid to know any more.” One of the five methods that she says has helped her cope is “not talking about it so much.”

Another woman who also used the strategy of not talking or thinking about the problem has been married for many years to a man who had had affairs and was arrested for child molesting. She did not threaten to leave, obtained no counseling, does definitely recommend disclosure of the behaviors, and writes that the only information she wants to know now is, “is my husband really satisfied and happy.”

One woman threatened to leave several times after her husband disclosed to her his cross-dressing, but she reported always knowing that she never would follow through. She is uncertain about recommending disclosure, because “I don’t like lying, but there is so much shame that goes along with this.” One of the five things that has helped her cope with her husband’s addiction is her belief that “it is part of the drug problem; he does not do it without drugs.” Her husband believes that disclosure was the right thing to do, “because her finding out put continued pressure on me for the next 2½ years which drove me to get help.”

Several of the woman reported a long-term struggle with lack of trust. One, who threatened divorce at the time of disclosure, reports that years later, "I am still dealing with possible separation and divorce.” Another also threatened divorce, but stayed and went to counseling to deal with the disclosure. She would “probably not” recommend it to others. Five years later, “I still deal with lack of trust.” Her partner states, “It’s hard to love with the lack of trust. Although he attends a 12-step meeting regularly, he is uncertain that he is indeed a sex addict.
TABLE 8
Most Helpful Recovery Tools for Sex Addicts ($n = 72$)

<table>
<thead>
<tr>
<th>Tool</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy/counseling</td>
<td>35</td>
<td>(49%)</td>
</tr>
<tr>
<td>12-step meetings/groups</td>
<td>29</td>
<td>(40%)</td>
</tr>
<tr>
<td>Spirituality/religion</td>
<td>27</td>
<td>(38%)</td>
</tr>
<tr>
<td>&quot;The 12-step Program&quot;</td>
<td>24</td>
<td>(33%)</td>
</tr>
<tr>
<td>Relationship with partner</td>
<td>22</td>
<td>(31%)</td>
</tr>
<tr>
<td>12-step sponsor</td>
<td>21</td>
<td>(29%)</td>
</tr>
<tr>
<td>Friends/recovery friends</td>
<td>20</td>
<td>(28%)</td>
</tr>
</tbody>
</table>

The husband of another woman who does not consider herself in recovery from coaddiction writes, "I've talked to my wife about my current thoughts, feelings, and behavior, but her reaction is one of resentment, anger, etc., even though I haven't acted out in over 4 years."

Lack of trust and a feeling of isolation is reported by another of these women, who didn't leave after threatening divorce because her husband begged her to stay:

I loathe the term co-addict. I have made a choice to stay in this relationship right now for my kids and for me. Just as I cannot predict his success at recovery, I cannot predict my need to stay in this relationship . . . . I worry about things not in my control. I don't trust him. I feel worn down. . . . I am tearful. I sometimes think I should give up on him and cut my losses. I don't want to be hurt again. . . . I feel alone. There are no counselors in my area like the one at the treatment center [where her husband was treated].

Several women whose husbands are new to recovery (weeks to months) are withholding judgment until they can evaluate their husbands' recovery.

**Helping Couples Cope With a Chronic Addictive Sexual Disorder**

When counseling addicts and their partners about recovering from sexual addiction and coaddiction, it is helpful for counselors to know what activities the patients themselves consider most helpful. Addicts were asked the open-ended question, "What five things have helped you the most to stay healthy while coping with your addictive sexual disorder?" Table 8 lists the responses most frequently given.

Similarly, partners were asked the open-ended question, "What five things have helped you the most to stay healthy while coping with your partner's addictive sexual disorder?" Table 9 lists the responses most frequently given.
<table>
<thead>
<tr>
<th>Therapy/counseling</th>
<th>44</th>
<th>(58%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-step meetings/groups</td>
<td>38</td>
<td>(50%)</td>
</tr>
<tr>
<td>Spirituality/religion</td>
<td>36</td>
<td>(47%)</td>
</tr>
<tr>
<td>Friends/recovery friends</td>
<td>31</td>
<td>(41%)</td>
</tr>
<tr>
<td>Books/tapes</td>
<td>27</td>
<td>(36%)</td>
</tr>
<tr>
<td>“The Program”</td>
<td>23</td>
<td>(30%)</td>
</tr>
<tr>
<td>Relationship with partner</td>
<td>21</td>
<td>(28%)</td>
</tr>
</tbody>
</table>

Therapy/counseling was included by more respondents than any other tool among the five most important factors that helped their recovery. Addiction-related recovery tools (12-step meetings, spirituality, “the Program,” 12-step sponsors, and recovery friends) were also frequently mentioned. Friendships were mentioned by more partners than addicts. This may be a reflection of the gender differences between most addicts in the survey (89% male) and their partners (95% female): women are traditionally more interested than men in relationships (Gilligan, 1992). Fewer than one third of both addicts (31%) and partners (28%) included the item “relationship with partner” among the five most important factors which assisted their recovery.

**DISCUSSION**

Disclosure is an important and recurrent theme in couple recovery from sexual addiction. Long after the initial major disclosure has taken place, both addicts and their partners can describe in detail exactly what happened and how they felt about it. The way the disclosure was handled can have long-lasting effects on the couple’s relationship and can have a major positive or adverse impact on the partner’s ability to forgive or rebuild trust.

**Disclosure as a Process**

Disclosure for sex addicts is usually a process rather than a one-time event. In our survey, 59% of addicts and 70% of partners reported that there had been more than one major disclosure. Addicts often begin by disclosing general information, deliberately concealing the most damaging or shameful behaviors, or minimizing the number of partners or instances of acting out. Some addicts may not initially remember various behaviors, especially if their addiction included multiple episodes or different types of activities.
Sometimes partners experience great distress when they later learn about some behavior that had not been disclosed, behaviors that the addict comes to realize only later were sufficient importance that they should have been disclosed.

How Much to Disclose to Partner Initially

Among our survey respondents, addicts reported that although disclosure brought relief, ended denial, and was the gateway to recovery for the individual and the relationship, it also brought shame to the addict, pain to the partner, and fears about loss of the relationship. Consequently, addicts tended to avoid complete disclosure and to report, in retrospect, the negative consequences of the disclosure and their wish that they had disclosed less. This was particularly true for addicts in early recovery (whose partners, of course, were generally also in early recovery).

In contrast, partners often began by demanding complete disclosure, which was for them a way to make sense of the past, to validate their suspicions and the reality they had experienced, which often had been denied by the addict, to have a sense of control of the situation, to assess their risk of having been exposed to sexually transmitted diseases, and to evaluate the commitment of their partner to the future of the relationship. A common theme was anger over stepwise disclosure in which significant information was initially kept hidden. Disclosure of various details, however, often turned out to be “devastating” and “traumatic” and left them with unpleasant memories and associations that were difficult to ignore. In later recovery, partners typically reported that they recognized that knowledge is not necessarily power, that no matter how much information they had, they still were unable to control the addict. Instead, they developed guidelines about what information they wanted (typically more general information such as risk of STDs, commitment to recovery, and commitment to the relationship) and what they did not want (details of sexual activities, locations, numbers, etc.).

A recurrent theme among partners was the damage of staggered disclosure by the addict. When the addict had claimed initially to reveal all the relevant facts but actually had withheld the most difficult information for later disclosure, partners reported great difficulty in restoring trust.

Several partners reported that it was very helpful for them to have a therapist encourage them to consider carefully what information they would seek rather than ask for “everything.” We recommend that therapists who work with couples in early recovery discuss this issue with them.

Overall, it appears that what is most helpful for the restoration of the relationship is for addicts initially to disclose at least the broad outlines of all their significant compulsive sexual activities, rather than holding back
some damaging material. Because, early on, the uncounseled partner tends to want “all the details,” we recommend that the partner discuss with a counselor or therapist what details are really important to know and what the likely effect will be on the partner. The therapist can assist in monitoring the intent of the disclosure: moving toward greater intimacy is a positive intent; to obtain ammunition to punish, control, or manipulate the partner is a poor intent.

The therapist working with addicts needs to recognize that characterological defenses such as narcissism and dependency influence the willingness of addicts to disclose. Narcissistic addicts may withhold information out of pride, out of a desire to appear healthier than they really are. Dependent addicts may minimize their disclosure out of fear of losing their relationship, and may tell their partner only what they believe he or she wants to hear or knows already. Addicts who withhold information do so in multiple dimensions; they do not limit their withholding just to the partner. By recognizing and confronting the client’s characterological defenses, the therapist may avoid the pitfall of believing that the addict has not withheld information from them.

**Threats and Outcomes**

One of the important findings of this study was that, although threats to leave the relationship are a common response by partners to disclosure of sexual acting out, these threats are not usually carried out. Because therapists were asked to distribute the surveys to couples, we have no data on the outcome of threats among couples who separated or divorced soon after disclosure. This explains why only 4 respondents out of 114 marriages represented by our sample reported that they were divorced. We therefore cannot assess what fraction of all partners who threaten to leave ultimately do so; a long-term prospective study is the best design for determining this. Nonetheless, considering the egregious and recurrent nature of the sexual acting out by many of the addicts, it is striking that 76% of the partners who had threatened to leave did not carry through their threats. This finding should enable therapists to reassure their clients that threats to leave, although likely, are not usually followed by action.

It is also of interest that threats to leave, which occurred in a majority of relationships, did not ultimately prevent significant slips or relapses, which also eventually occurred in a majority of relationships. We did not ask partners specifically about the goals of their threats, but we can speculate that in many cases they were an expression of anger and frustration on the part of the partner, which is a natural part of the process of recovery for the coaddict (Carnes, 1991). It is also apparent that in many cases threats were
also an attempt to control the future behavior of the addict. We have evidence of the latter in the reports of some respondents:

“She didn't follow through but she told me many times she would divorce me immediately if it ever happened again.”

“I threatened an end to the relationship if it ever happened again. He promised it would never happen again, but it did. I stayed with him.”

“I told him if he ever had sexual contact with another person outside the marriage, I would leave him.”

Our findings suggest that threats are not an effective way to control and direct the addict's behavior. Threats do not prevent relapse. Threats appear to be not only ineffectual, but even counterproductive, because they can deter disclosure and thereby delay the honesty which is necessary for the addict's individual recovery, the partner's sense of validation and empowerment, and the open communication essential for rebuilding trust. Threats may also box in the partner, who may feel compelled to follow through on them, even if the partner now feels differently. Some partners of sex addicts have reported a fear that if they do not follow through on threats, then nothing they say in the future will be taken seriously. Coaddicts need to understand that threats in themselves do not have much power; the honesty of communication and the commitment to individual recovery is what has power. Persons with addictive disorders are at risk of relapse, as is well known. The most effective way to prevent and reduce the severity and number of relapses is for the addict to do his or her own recovery work, not to be reactive to the partner’s threats.

The partner’s dilemma about threats and disclosure was commented on by a woman who had been in 12-step programs for many years. She wrote,

“I feel that disclosure is very important to start the relationship at baseline and build up trust again. My fear is that my partner will be reticent to tell me about a slip because he knows I will divorce him if he cheats again. I hope I will know if he is cheating again!!”

Having made her position clear—another affair will result in divorce—this woman is understandably concerned that her husband will not disclose to her any future sexual acting out. She recognizes that although disclosure is important, the very clarity of her position makes it likely that her spouse will not risk disclosure. This theme is echoed by another woman, one who is not in 12-step recovery and does not consider herself a co-addict:
“He knows and I know that if he relapses I will walk. Therefore he knows he must hide the truth should it occur or risk losing me. I know he may lie and I might not find out the truth.”

One way out of this double bind is to recognize that (a) threats about divorce are not an effective way to prevent relapse, and (b) even the most sincere stance about divorce may change if a relapse or slip does occur. Although it is desirable for the partner to have a clear set of guidelines about which behaviors are unacceptable to her or him, the partner needs also to recognize that every situation is unique and that there may be options other than leaving the relationship.

How Much to Disclose to Partner About Ongoing Struggles

Even when not dealing with actual relapses involving other people, a frequent issue for recovering sex addicts is deciding how much information to disclose to partners about ongoing struggles and addictive thinking and behaviors—and for partners to decide how much they want to be told. The survey results show a wide variety of solutions to this problem. We deliberately chose to quote addicts and partners with significant time in recovery, because the solutions these people have chosen, although varied, appear to be working for them. Some couples share a great deal, others work their individual recovery programs and share only generalities about the addict’s progress or setbacks. The counselor can help couples understand that each couple needs to work out its own solutions, and this is best done through open discussion and negotiation with each other. Often couples learn by trial and error which approach works best for them.

Honesty and Alcoholics Anonymous

Our findings do not support the position of the book Alcoholics Anonymous (1976) regarding disclosure. They do, however, reflect the emphasis of the book, and of the program of AA on the healing power of honesty.

While stressing the importance of rigorous honesty in working a recovery program, the AA Big Book places itself squarely on the side of nondisclosure of the addict’s sexual past. The recommendation of the Big Book (pp. 81, 124–125) is not to disclose to the spouse more than she or he already knows, and to use as a justification that it is wrong to compromise another person, because to disclose to the partner is to risk relapse and the end of the marriage. It is likely that the inconsistency between the emphasis on honesty in all other matters and advice not to disclose about sex resulted from the author’s own personal history. Bill Wilson, the founder of AA,
appears to have switched addictions, from alcohol to sex, and remained in his second addiction until his death. According to Nan Robertson, author of *Getting Better: Inside Alcoholics Anonymous* (1988),

"Particularly during his sober decades in AA in the forties, fifties, and sixties, Bill Wilson was a compulsive womanizer. His flirtations and his adulterous behavior filled him with guilt, but he continued to stray off the reservation. His last and most serious love affair... began when he was in his sixties. She was important to him until the end of his life, and was remembered in a financial agreement with AA. (p. 36)

Helen W., his last mistress, received 1.5% of the royalties of the book *Alcoholics Anonymous*. As for Lois, Bill's wife, "She never mentioned his philandering... She wouldn't share such a thing. It would have offended her sense of dignity, of the rightness, the appropriateness, of things," wrote Robertson (p. 40).

When these facts are taken into account, the recommendation in the Big Book concerning disclosure of sexual infidelity can be understood as a reflection of the denial process inherent in an active addictive sexual disorder, rather than as a reasoned recommendation of a group of recovering people.

**Most Helpful Recovery Tools**

In terms of coping with the family sexual disorder, the findings that counseling and addiction-recovery tools were listed by most respondents is not unexpected: Most of the couples were recruited through their current or past counselors and therapists, who had treated them using an addiction paradigm to explain their behaviors. Within this paradigm, however, it is interesting to note which specific items were mentioned most often and less often. The presence of counseling and therapy at the top of the list supports the importance of therapists as a major influence on the recovery process of both addicts and partners. Therapists are in a position to educate addicts and partners about the disease, about the role of disclosure, and about the path to recovery. Therapists can monitor the intent of disclosure and be a coach, ally, facilitator, and advocate of the process. Therapists can also model healthy relationships for their clients. Their perspective on keeping secrets, honesty, and disclosure is crucial in this process. By refusing to collude with the addict in keeping secrets from the partner, the therapist models to both partners the importance of honesty as an element of building trust in a relationship.

The relatively low rating given to the couple relationship as a recovery factor may be a reflection of the emphasis in early addiction recovery on the
individual. The addiction-sensitive model of treating couples who are dealing with some type of infidelity states that individual treatment has to precede couple treatment, and that individual recovery is a prerequisite to a healthy relationship. The focus in the early stages, therefore, is on teaching the addict coping skills other than reliance on the addictive behavior, and on empowering the partner (who often has been previously obsessed with the addict) to focus on his or her own needs and work his or her own recovery program. A goal for both partners is to be in the relationship by choice rather than out of neediness. A reflection of this perspective is the downplaying of the partner as a factor in the person’s own recovery. However, although the individual focus is important, helping couples to avoid further damaging the relationship is also an important goal.

**Role of 12-Step Participation in Coping With Partner’s Sex Addiction**

Because the respondents to this survey were sex addicts and partners of sex addicts, it was not surprising to find that all the addicts considered 12-step programs to be crucial elements of their therapeutic process. Not surprisingly, the great majority of the partners were also participating in some 12-step meetings. Not all accepted the label of “coaddict,” and many were not attending 12-step programs specifically for family and friends of sex addicts (S-Anon, COSA), but 73% of the partners had attended or were still attending some 12-step program such as Al-Anon, Codependents Anonymous (CODA), or Overeaters Anonymous, and considered the tools of the program to be of major importance in their healing (see Table 9).

It was therefore of interest to examine the writings of those partners (14 women) who had not attended 12-step meetings and did not consider the 12-step program relevant to them. All these women’s husbands, of course, had identified themselves as sex addicts and were involved with the 12-step programs.

Several themes were evident in this small sample:

1. If the addict is in recovery prior to getting into the relationship, his spouse may believe that the problem is under control and does not require her attention or involvement. The partner who receives the addict’s disclosure in such cases does not experience betrayal.
2. If the addict is in early recovery, the partner may not yet realize that “addiction is a family disease” and that it might be helpful for her in her own healing to become involved with a 12-step program.
3. Some partners may deal with the problem by using denial. Denial may take the form of simply not talking about the problem, of assuming that
it is not a significant part of the addict’s life, or of explaining away the addiction in some reassuring way (e.g., it is part of another problem—drug dependency—which is being dealt with).

4. Partners who are not actively involved with a 12-step program may experience isolation and a lack of support.

5. Partners who are in a relationship with a sex addict who has betrayed them may experience difficulty rebuilding trust in the addict, even after years of 12-step work by the addict.

These partners have not availed themselves one of the most potent tools for learning this—meeting others who have had similar experiences, hearing their stories, obtaining support, learning what has worked for others, and observing that indeed other couples have been able to restore their relationship.

In a survey of 88 couples recovering from sex addiction, Schneider and Schneider (1996) found that it took an average of 2 years for partners to rebuild trust in the addict after disclosure. In addition to the benefits listed above of attending 12-step meetings, the couples in the earlier survey reported that an important element of forgiveness and rebuilding trust was the partner’s work on her or his own recovery. This led to less blaming and shaming, willingness to take some responsibility for the difficulties in the relationship, ability to speak the same (12-step) language, and a greater understanding of addiction as a family disease.

Other significant benefits for the partner of working a 12-step program are an improvement in self-esteem, support for getting out of the victim role (“as children we were victims—as adults we were volunteers”), and the empowerment of the partner. The partner becomes able to make a real choice about staying in the relationship or leaving. In counseling a couple in the aftermath of disclosure, therapists should encourage partners of sex addicts to become involved with a 12-step support group, in particular S-Anon or COSA if they are available, or else Al-Anon or another 12-step program. Twelve-step attendance is a very beneficial adjunct to therapy, and one that is available long after therapy is terminated.

CONCLUSIONS

One of the most significant steps in early recovery from addictive sexual disorders is disclosure by the addict to his or her spouse or significant other of the sexual behaviors in which the addict has been engaging, usually outside the marriage or primary relationship. In order to learn about couples’
experiences with disclosure, the authors prepared an anonymous survey, to be filled out separately by each partner. Surveys were returned by 82 sex addicts and 82 spouses or partners. Addicts had an average of $5.1 \pm 3.9$ years in recovery. Key findings from the surveys included:

1. Disclosure is often a process, not a one-time event, even in the absence of relapse; withholding of information is common.

2. Initial disclosure usually is most conducive to healing the relationship in the long run when it includes all the major elements of the acting-out behaviors but avoids the "gory details."

3. Over half the partners threatened to leave the relationship after disclosure, but only one quarter of couples actually separated.

4. Half the sex addicts reported one or more major slips or relapses, which necessitated additional decisions about disclosure.

5. Neither disclosure nor threats to leave prevented relapse.

6. With time, 96% of addicts and 93% of partners came to believe that disclosure had been the right thing.

7. Partners need more support from professionals and peers during the process of disclosure.

8. Honesty is a crucial healing characteristic.

9. The most helpful tools for coping with the consequences of sexual addiction are counseling and the 12-step programs. Disclosure, threats to leave, and relapses are parts of the challenge of treating, and recovering from, addictive disorders.

REFERENCES


