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“It’s a Very Silent Pain”:

A Phenomenological Study of Women Who Are in a Relationship with a Sexually Addicted Spouse

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THESIS

Submitted to The Faculty of Social Work
in partial fulfillment of the requirements for
Master of Social Work
Wilfred Laurier University

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Abstract

Being in a relationship with someone who is sexually addicted has been recognized as disorienting and painful. What is lacking in the literature is inclusion of the voices of those individuals who have been affected by his behaviour. This study attempts to capture the phenomenon experienced by those individuals who are in a relationship with a person who is sexually addicted. Twelve women, who identified being in a current or past relationship with a person who is sexually addicted, participated in qualitative interviews where they were encouraged to share their experiences. The interviews were analyzed within the transcendental phenomenological framework. Three themes were identified: discovery/acknowledgment, living with the knowing, and healing. Within these themes, a number of sub-themes were identified. These findings are discussed and examined, contributing new insight to the current literature regarding individuals who have experienced this phenomenon.

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To my advisor, Dr. Eliana Suarez: thank you for your insight, dedication, and support.

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To the participants: thank you for sharing your experience.

Table of Contents

1.0 Chapter 1: Introduction	06
1.1 Purpose of the Study	06
1.2 Overview of the Content	07
2.0 Chapter 2: Literature Review	08
2.1 Theoretical Framework	08
2.2 Sexual Addiction	10
2.3 The Experiences of Partners	10
2.4 Treatment Approaches	12
2.5 Need for Research on Partners' Experiences	13
2.6 Summary	13
3.0 Chapter 3: Methodology and Data Analysis	15
3.1 Paradigm	15
3.2 Methodology	17
3.3 Research Design	17
3.4 Procedures	18
3.4.1 Ethics approval and permission	18
3.4.2 Participant selection	18
3.4.3 Participant recruitment	19
3.4.4 Research strategy	20
3.4.5 Data analysis	21
3.5 Limitations	23
3.6 Strategies to Provide Trustworthiness	23
3.7 Ethics	25
3.8 Summary	26
4.0 Chapter 4: Findings	27
4.1 Participants	27
4.2 Themes	27
4.3 Discovery and Acknowledgment	29
4.3.1 No emotional space for her	30
4.3.2 Deceit and betrayal	31
4.4 Living With the Knowing	32
4.4.1 Crazyiness	33
4.4.2 Fixing him	35
4.4.3 Multidimensional impacts	36
4.4.3.1 Physical impacts	36
4.4.3.2 Impacts on her sexuality	37
4.4.3.3 Spiritual impacts	38
4.4.3.4 Loss of self	39
4.4.4 Pretending	39
4.4.5 Emptiness/disconnection	40

4.4.6 Isolation	42
4.4.7 Not enough	43
4.5 Healing	45
4.5.1 Understanding sexual addiction	46
4.5.2 Establishing boundaries	46
4.5.3 Developing connections	47
4.5.4 Developing self-care	48
4.5.5 Helping others	49
4.5.6 Finding the self	49
4.6 Summary	51
5.0 Chapter 5: Discussion of Findings	52
5.1 Overview	52
5.2 Discussion of Major Findings	53
5.2.1 Discovery and acknowledgment	55
5.2.2 Living with the knowing	56
5.2.3 Healing	57
5.4 Relevance and Significance of the Study	58
5.5 Implications for Research	58
5.6 Implications for Social Work Practice	59
5.6.1 Therapeutic models	60
5.7 Personal Reflection	62
5.8 Conclusion	64
References	66
Tables	
4.1 Themes and Subthemes	28
5.1 Integrated Trauma and Addictions Recovery Model	61
Figures	
4.1 The Three Themes	27
4.2 Discovery and Acknowledgment Subthemes	29
4.3 Living with the Knowing Subthemes	32
4.4 Healing Subthemes	45
Appendices	
Appendix A Invitation to Participate	70
Appendix B Informed Consent Statement	71

Chapter 1

Introduction

The aim of this study was to explore the lived experiences of women who are in a relationship with an individual who has a sexual addiction. This chapter will discuss the purpose of the study and the experiential context of the researcher, and will conclude with a brief summary of the content of each chapter.

1.1 Purpose of the Study

Life with a partner who struggles with sexual addiction is strenuous, immensely painful, and often requires professional support. The literature addressing partners of sexually addicted spouses explores a variety of topics, including the couple's relationship (Zitzman & Butler, 2009), trauma (Dahlen, Colpitts, & Green, 2008; Milrad, 1999), and community supports (Manning & Watson, 2008). What is absent is the essence of the experience of the partners, the individuals' stories, and the meaning they give to these stories. This has created a gap in understanding and honouring the individuals affected by these experiences.

The purpose of this study was to inquire, through in-depth interviews, about the experience of having a spouse that is sexually addicted. This generated themes and subthemes that led to the essential core of the lived experiences of female partners of sexually addicted males, through qualitative research using phenomenology as methodology.

Honouring the human experience of individuals who have experienced living with a spouse's sexual addiction was implemented with the hope of reaching a greater understanding of the essence of the experience. This process attempted to strengthen the literature in order to offer more refined and efficacious therapeutic techniques and to provide a more comprehensive understanding of this phenomenon.

Through facilitating therapeutic groups for partners whose spouses suffer from sexual addiction, I have developed a passionate interest in working with this population. I recognize that the voices of these individuals are powerful and their experiences, although painful, are rich in perception and are worth exploring.

1.2 Overview of the Content

Chapter 1 is the introductory chapter of this thesis and serves as a guide for the content of the study.

Chapter 2 will discuss the review of literature pertaining to the impact of sexual addiction on partners. The goal of this chapter is to gain an overview of the current literature and draw attention to the gaps in understanding the phenomenon itself.

Chapter 3 discusses the methodology selection of phenomenology that guided this study. The research design, data analysis, trustworthiness, and limitations will also be addressed in this chapter.

Chapter 4 explores and documents the findings that were generated from the data analysis through structural and textural phenomenological data analysis, weaving in both the findings and a discussion of the study.

Finally, Chapter 5 will outline the overall study, compare the findings in the key literature on this topic, explore implications for social work practice and research, and discuss the personal reflections that resulted from the process.

Chapter 2

Literature Review

This chapter will discuss the theoretical framework regarding the understanding of sexual addiction and interpersonal relationships. An examination of the effects of being married to a sex addict will be explored, as well as an overview of the treatment approaches and some of the gaps that are evident in the current literature.

2.1 Theoretical Framework

Theory is an interconnected set of constructs that specifies the relationship among variables (Creswell, 2009). This study weaves together the addiction model, attachment theory as well as the phenomenological philosophy.

There have been a number of theories that explain the range of sexual behaviour disorders. It has been described as an intimacy disorder (Schwartz & Masters, 1994). The goal for treatment being to assist the client in recovering from early attachment failure and to master enduring and intimate relationships with others (Adams & Robinson, 2001). Schneider (1988) views sexual addiction through the lens of a shame-based cycle of relapses, and places an emphasis on the 12-step model as central to recovery. Coleman (1990) takes a considerably different perspective than Schneider (1988) and postulates that such a model prevents appropriate medical intervention from occurring.

Any conceptualization of addiction has a powerful impact on several groups of people, for example, people suffering from the addiction, families, partners, researchers, practitioners, policy makers, and others (Griffiths, 2005). The dominant addiction framework is built on the foundational concept of the disease model, which understands addiction as an illness or disease that must be addressed through recovery behaviours in order to obtain remission (Steffens &

Rennie, 2006). Based on the systems theory, the biopsychosocial model places importance on the genetic and molecular underpinnings of addiction (biological systems), emphasizes how development, motivation, and personality contribute (psychological systems), as well as the cultural, familial, environmental factors (social system) that play a role in the development and maintenance of the addiction (Samenow, 2010). A biopsychosocial understanding of the addictions model and its impacts allows for a more holistic understanding and treatment (Hall, 2011). This study views addictions through a biopsychosocial lens to frame an understanding of sexually addictive behaviours as well as to illustrate how this addiction may impact the partner.

Addictions damage the relational capacities of the person struggling with the addiction and disrupt the connections in significant relationships (Vogel, 2007). Using the framework of attachment theory provided a powerful lens in which this study's theoretical framework was structured. Secure pair-bond attachment in adulthood can result in empowered, fulfilling adult activities and experiences, whereas attachment disruption may have a significant negative impact on individual, relational, and societal well-being (Hazan & Zeifman, 1999). Sexual addiction is inherently disruptive and destructive to secure attachment (Zitzman & Butler, 2009). This framework was used in this study to provide an understanding of how a rupture in an intimate relationship could result in having a negative impact on those relationships.

Finally, phenomenology is centered on the understanding the lived experiences which marks phenomenology as a philosophy as well as a method. (Creswell, 2009). The philosophy of phenomenology is infused into the addiction model and attachment theoretical framework of this study through the unique and individualized experience of each participant.

2.2 Sexual Addiction

Accessibility, affordability, and anonymity of sexual content that is available on the Internet has resulted in an increased number of those who suffer from a sexual addiction (Carnes, 2010; Cooper, 1998), and therefore the complex pain and trauma of their partners is also on the rise (Bergner & Bridges, 2002; King, 2003; Matheny, 1998). Sexual addiction has been defined by the World Health Organization as “a pathological relationship with a mood altering experience or thing that causes damage to the person and /or others” (see Griffin-Shelley, 2002, p.345). Sexually addicted behaviours can include, but are not limited to, online chat rooms, pornography, voyeurism, risky sex, and fantasy sex (Carnes, 2010). Although many therapeutic communities are critical of the term sexual addict, as it can be stigmatizing and be wide reaching in symptoms and severity (Hall, 2011), the term sexual addiction will be used in this paper to describe the out-of-control and destructive thoughts and behaviours that centre on sexual behaviours.

Although a range of individuals engage in online sexual behaviour, the majority of people who identify as having a sexual addiction, specifically an online sexual addiction, are heterosexual males in a married and/or committed relationship (Cooper, Delmonico, & Burg, 2000), meaning the relational impact of sexual addiction is experienced largely by heterosexual women, who are the focus of this study.

2.3 The Experiences of Partners

Having a partner who suffers from sexual addiction can result in feelings of despair, hopelessness, confusion, anger, sadness, anxiety, isolation, diminished intimacy, and a lack of control (Tripodi, 2006; Schneider, 2000a). Studies have shown that disclosure of addictive

sexual behaviours negatively affects the wives of sexual addicts in a number of major life areas, including social and occupational areas (Hentsch-Cowles & Brock, 2013). The revelation that one's spouse is sexually addicted can result in a traumatic experience for the partner, as well as in the functional impairment of the relationship (Tripodi, 2006). Furthermore, symptoms of post-traumatic stress disorder can occur in such relationships (Milrad, 1999). Female partners of sexually addictive males have often been ignored by their partners or manipulated physically and emotionally, and they may have been asked to participate in sexual practices that they consider abusive (Laaser, 1996).

The partners of sexually addicted spouses struggle with the fear of public ridicule if they decide to reach out for support, as well as the false assumption that they hold the power and responsibility to help rid their partners of their addiction (Wildmon-White & Young, 2002).

There are two categories that the partner of a sexually addicted person can be assigned before entering treatment: those who knew about the behaviours and those who did not. Tripodi (2006) reports that those who have tolerated the sexual behaviours often deny that the behaviours were problematic and felt that they could "fix" it themselves. Those partners who reported not overtly knowing about their partners' behaviour indicated having intuitive feelings that something was wrong. Women in both categories experienced intolerable levels of emotional unavailability and disconnection by their addictive partners (Wright, 2008). Despite knowing about the addiction or simply having a hunch that something was wrong results in the underlying theme that permeates the experience of these women, which is, the lack of a developed self, as a result of living with the addicted spouse (Carnes, 1991; Tripodi, 2006; Cavaglion & Rashty, 2010). Often this population is referred to as "co-addicts." Carnes (2001) refers to the partner's co-addictive experience as being "an illness too, in which reaction to compulsivity and addiction

causes the loss of self” (p. 191). Furthermore, this co-addictive behaviour results in a toxic cycle where the partners are helpless to control their spouse’s actions, yet they attempt to do so and as a result feel like their own life is powerless and unmanageable. This results in further attempts to control their spouse’s behaviour in efforts to gain control (Carnes, 2001). Schneider (2000b) argues that a partner’s co-addiction is often based on four core beliefs: (1) I am not a worthwhile person. (2) No one would love me for myself. (3) I can control other people’s behaviour. (4) Sex is the most important sign of love.

What is lacking in this literature is the description of the lived phenomenon in the individuals’ own words.

2.4 Treatment Approaches

Treatment approaches and supports systems are expanding in order to address the psychological concerns experienced by partners of sexually addicted individuals. Carnes (1991) has briefly addressed six stages of recovery regarding the partner: developmental stage of pre-recovery, crisis stage of recovery, shock stage, grief stage, repair stage, and growth stage. Other theorists addressing this population identify the importance of trauma and attachment theory (Zitzman & Butler, 2009; Johnson, 2002; Johnson, Makinen, & Millikin, 2001). Connection, advocacy, validation, education, and direction have been identified as common intervention strategies that have been helpful to spouses (Manning & Watson, 2008). Family of origin can impact the experience of discovering, processing, and healing from the effects of a spouse’s sexual addiction and must be taken into account when therapeutically engaging with these individuals. Carnes (1991) states that 91% of people who are in a relationship with a person who is sexually addicted have experienced emotional abuse within their family of origin, and that 81% have reported sexual abuse.

2.5 Need for Research on Partners' Experiences

Although research regarding recovery stages, support systems, and therapeutic theories for individuals who have a partner who is sexually addicted has been slowly evolving, there seems to be a void regarding the lived experiences of these women (Tripodi, 2006; Manning & Watson, 2008). Zitzman and Butler (2005) indicate that giving importance to incorporating the partner's story in therapeutic treatment is a critical part in the recovery process. In other addictions, partner's experiences have had a platform that fostered meaningful research, leading to informed innovative treatment approaches that allowed these women's experience to be honoured. For instance, a qualitative analysis explored the stories of 10 women who lived with alcohol-addicted partners where subthemes of deviance, strength, and self-fulfillment were discussed and the results contributed to the domain of treatment (Peled & Sacks, 2008).

It is clear that there is importance and value in the analysis of these individual stories, but what is often lacking in the literature is inclusion of the lived experiences of the people who are affected (Steffens & Rennie, 2006). As the loss or "lack of self" appears to be a defining characteristic of this population (Carnes, 2001), the imbalance of not examining the experiences of partners of spouses who are sexually addicted is shortsighted and is likely to lead to a significant gap in treatment strategies.

2.6 Summary

Examining sexual addiction through a biosychosocial lens and understanding its impact on attachment theories inform the theoretical framework of this study, which is intended to provide a perspective on how to interpret and understand this phenomenon as it relates to partners of sex addicted individuals. The lack of attention given to the experience of women in a

heterosexual relationship with an individual who is sexually addicted has been the motivating force for this study.

Chapter 3

Methodology and Data Analysis

This chapter provides the structural, methodological, and theoretical framework that guided the study. The philosophical paradigm guiding this study is discussed, leading to an exploration of the methodology. The research design and data analysis will then be discussed. The strategies used to achieve trustworthiness as well as limitations of this study will be outlined. Finally, ethical considerations and a brief summary will conclude the chapter.

3.1 Paradigm

Careful consideration was given to deciding on which methodology to use for this study. According to Heidegger (1997), the word phenomenon is rooted in the Greek word *phanesthai*, to flare up, to show itself, to appear. Heidegger (1997) goes on to state that the construction of phenomenon comes from *phaino*, which means to bring light, to show itself in itself, the totality of what lies before us in the light of the day (pp. 74-75). This definition speaks to my decision to use phenomenology as the study's framework. I wanted to *light up* the experiences that these women were having. After careful consideration, I realized that my goal for this research was to honour the lived experiences of women co-habiting with a their sexually addicted partner, as well as to provide a foundational understanding of a poorly researched social phenomenon.

Within the social constructionist paradigm, phenomenology acted as the philosophical lens in this research. Phenomenology places value on what things mean, rather than on the measurement of a phenomenon. From the phenomenological viewpoint, human experience is a valuable source of data (Creswell, 2009). Transcendental phenomenology was the specific type of phenomenology used. Transcendental phenomenology values meaning as the core piece of

phenomenological science used in looking for the essence of the human experience and when designing and collecting data (Moerer-Urdahl & Creswell, 2004).

Edmund Husserl is considered the pioneer of transcendental phenomenology. Moustakas (1994) states that “step by step, [the framework] attempts to eliminate everything that represents a prejudgment, setting aside presuppositions, and researching a transcendental state of freshness and openness” (p. 41). The rationale for using this specific framework was determined by the existing lack of pre-judged knowledge and literature regarding a woman’s experience of being in a heterosexual partnership with a male who is sexually addicted. This framework attempts to look at the experience from a fresh and unobstructed perspective, allowing this newly recognized phenomenon to be researched in a fashion that treats these experiences as unique and without bias.

Phenomenological research is a qualitative strategy in which the researcher identifies the essence of human experiences about a phenomenon, as described by the participants in a study. This process respects the experience of the participants (Creswell, 2009). In this study, 12 women who were identified as being in a partnership with a male who had a sexual addiction were asked to participate in individual research interviews. During the interviews a grand tour question (an open-ended question that allows the interviewee to set the direction of the interview) was asked in order to collect data and generate an understanding of their personal experiences. These interviews were then scrutinized for themes and patterns so that the essence of their experiences could be captured.

Becker (1992) states that the study through a phenomenological lens departs from the assumptions in the natural science model, that the meaning is co-created by those who experience the phenomena being studied and research. The aim of phenomenologist is to uncover

the nature of experience, while maintaining the integrity of the perception of the individual (Morrissey & Higgs, 2006). Using a phenomenological approach, this research examined the essence of the lived experiences of being a woman who is or has been in an intimate relationship with a man who has a sexual addiction.

3.2 Methodology

Qualitative research works within a methodological arena where the meaning that is ascribed to human experience is examined (Creswell, 2009). The qualitative process is structured around emerging questions that arise due to the evolution, neglect, or absence of research in a specific subject area. Exploratory research questions and inductive reasoning (Engel & Schutt, 2013) are standard components for a qualitative approach to research. An advantage to using a qualitative method with this study is that it values the focus on individual meaning and the importance of rendering the complexity of the situation that is being examined (Creswell, 2009) by giving a voice to the participants. The decision of studying this phenomenon with qualitative research methodology can be justified by the gaps and scarcity in the literature regarding this populations' lived experiences. Examining this information has provided a platform for the voices of these women to be heard, creating a better understanding of this phenomenon for service providers.

3.3 Research Design

Phenomenological research involves studying a small number of subjects so that relationships of meaningful patterns may be generated (Moustakas, 1994). My goal was to identify the essence of the participants' lived experiences. During this inquiry, I attempted to put aside my own experiences of working with the population and the information I gained during the literature review, so as to understand those participants in their own unique context

(Creswell, 2009). Phenomenological research assumes that in order to describe, rather than explain a phenomenon, the researcher must be free of preconceptions, and I attempted to weave this philosophy into my research, however I also recognized the challenges and limitations to objectivity. Once the preliminary research and literature review was complete, I restricted my viewing of any recommended books, documents, or journal articles that arose during my data analysis. This was done in an attempt to immerse myself in analyzing the data and transcripts without external influence. This process will be discussed further in the trustworthiness and limitations section of this chapter.

Partners affected by their spouses' sexual addictions were asked open-ended questions, which were meant to elicit a meaningful story of their lives. The phenomenological research design was the foundational and guiding framework of this study.

3.4 Procedures

The following steps were taken in completing the methodological section of this study:

3.4.1 Ethics approval and permission: Ethics approval was obtained from the Wilfrid Laurier University Research Ethics Board on June 11, 2014.

3.4.2 Participant selection: The majority of individuals suffering from sex addiction are heterosexual males in a partnership (Cooper, Delmonico, & Burg, 2000), and the majority of their partners are women. This frames the rationale to include women who have been or continue to be in a relationship with a man who is identified as having a sexual addiction as the population of interest for this study.

Since the participants were selected based on their gender and their experience of having a partner who is sexually addicted, purposive sampling was used. The sample was selected using

Herbert Rubin and Iren Rubin's (1995) guidelines for selecting informants (p. 65). These guidelines suggest that the participants be:

a) Knowledgeable about the cultural arena or situation or experience being studied: All women self-identified as meeting the criteria of the population studied. Therefore, the women were familiar about their personal lived experience of having a partner who is sexually addicted.

b) Willing to talk: All individuals included in this study volunteered their participation with a clear understanding that the process would include a heavy portion of talking about their lived experience.

c) Represent the range of points of view: Due to the complex and meaningful data that were collected, the decision was made to include 12 women, considering that information and theoretical saturation was achieved with this number of participants. This number also allowed for a thorough and effective data analysis within the time limitations of a master's thesis.

Participants spoke English and lived in the southern Alberta region.

3.4.3 Participant recruitment

Two outpatient therapeutic agencies were identified as engaging with women who are in a relationship with an individual who is sexually addicted. These agencies were approached and given invitations for women to participate in a voluntary interview for the purposes of furthering research and understanding of their own lived experience. The invitation gave a brief overview of the study and my contact information (see appendix A). Although the sampling strategy was purposeful, a snowball effect occurred where women who engaged in the interview informed other women, who were in a similar experience, about the research opportunity. Women who were interested in participating contacted me through phone and/or email. Meeting times were

set up that accommodated their schedules. All interviews were held in a private therapy clinic that provided a confidential, safe, and convenient location for the participants.

3.4.4 Research strategy

Phenomenology as a research methodology is broadly understood as a set of methods where “there is more than one legitimate way to proceed with a phenomenological investigation” (Streubert & Carpenter, 1999, p. 48). Once the interview began, each participant was asked the same open-ended, grand tour question (Cresewell, 2009):

How would you describe, in your own words, the experience that you have had, or continue to have, as being in a relationship with someone who is sexually addicted?

Most participants provided a rich and detailed answer to this question; however, some follow-up and clarification questions were needed in order for me to best understand what was being said. I also used a number of probing questions to help elicit a deeper more textured understanding of their experience. These probing questions included:

- How has your partner’s addiction affected you physically, mentally, spiritually, and sexually?
- What is something useful that you know now that you wish you would have known when you first realized your partner was sexually addicted?
- What does your healing journey look like now, and what would you like it to look like in the future?
- Is there something you feel is important for me to know that would help me understand what it is like having a partner that is sexually addicted?

3.4.5 Data analysis

The format on which I based my data analysis was taken from Moustakas's (1994) work where he modified the Van Kaam (1994) method of analysis of the phenomenological data.

Below I have outlined this model and documented the processes taken while analyzing the data.

A-Listing of Preliminary Grouping

I went through each transcript and extracted text that was relevant to the description of the experience of being in a relationship with someone who is sexually addicted.

B- Reduction and Elimination

I then reread the preliminary texts and screened the content under two lenses:

- *Lens 1: Does the statement contain a moment of the experience that is essential and an adequate constituent for understanding the experience?* This was done through reviewing the text and examining what the participant was saying, the context in which it was said, and how that statement contributed to the understanding of the experience. I then turned to the second lens.
- *Lens 2: Is it possible to extract and label it?* Once I reread the statement and validated the use of it as an experience statement, I attempted to understand how it might be understood as a larger theme.

Both of these processes allowed me to condense the complex and rich information so that I could develop a horizontal understanding of the experience. Overlapping, repetitive, or vague expressions were eliminated (as suggested by Moustakas, 1994), which produced the invariant constituents or the living descriptions that brought to light the experience of being in a partnership with an individual who is sexually addicted.

C- Filtering the Invariant Constituents into Thematic Labels

Once the invariant constituents were determined, I attempted to filter these into labels to capture the entire essence, what resulted was the identification of three main themes and several subthemes (Creswell, 2009). This was done through a chronological lens, examining the invariant constituents and understanding at what point in the described experience these themes took place. What resulted was a broad understanding of the experiences, feelings, and perspectives of their lived reality, which included experiencing the disclosure and/or discovering that their partner was sexually addicted or engaging in sexually addictive behaviours; living with the knowing; and healing from the impact.

D- Final Identification of the Invariant Constituents and Subthemes by Application Validation

Once the major themes and subthemes were determined and categorized, I then went back to examine the complete transcripts from the participants to confirm that these labels were indeed described throughout. If there were any inaccuracies, the themes or subthemes were deleted.

E- Provide a Structural Description of the Experience Based on Individual Textural Description and Imaginative Variation

Once the textual description, or the noematic understanding (or meaning of a thought or what is thought about), was complete, an attempt to gain a noetic or structural description took place.

This is to say, in order to provide a vivid account of the underlying dynamics of the experience, an analysis of the “how feelings and thoughts connected to the phenomenon” (Moustakas, 1994, p. 135) was completed. After reading the transcripts in their entirety, the gathering of a structural understanding of the themes and subthemes was completed through a descriptive writing process. This process specifically took into account the explanation of how the essential structure of the phenomenon was experienced by the participants. Both the structural and textual

description and understanding were woven together to produce a thorough data analysis based on imaginative variation and invariant constituents.

3.5 Limitations

Three limitations to phenomenological research can be identified in this study. First, the limited number of participants allowed for only a small portion of the population's experience to be illuminated. Secondly, the accuracy of descriptions can raise a number of issues. Hycner (1999) identifies that difficulty verbalizing non-verbal experiences along with personal defensiveness can interfere with an authentic and accurate participation in the interview. As I engaged with these women in the research interviews I was aware that even my simple presence changed the essence and dynamic of what they chose to share. Thirdly, there is a limitation to full engagement and objectivity simply because full objectivity is not humanly possible given that I have worked with this population previously. I am passionate and deeply interested in this population, which prevented me from engaging in full bracketing.

3.6 Strategies to Provide Trustworthiness

The study follows closely the guidelines of a phenomenological framework, which has allowed the complex, rich, and unique stories of each interviewee to be explored in an open, non-restrictive fashion. The data that were generated from this approach attempted to capture the essence of the interviews along with common Subthemes and patterns. The following strategies were used in attempts to provide trustworthiness in the procedure and analysis of the study:

- Bracketing: The entire data analysis process was framed under the *epoch* approach, which is to refrain from judgment, to abstain from or stay away from the everyday, ordinary way of perceiving things (Moustakas, 1994, p. 33). This approach informed how I read and looked at the data. Although I acknowledge that total bracketing is not possible

because full objectivity is not humanly possible (Ahern, 1999). I attempted to engage with the participants with an unbiased mind and analyzed the data using only the participants' vocabulary and terms, refraining from using my own clinical language. It is important to note that paradoxically, it is my experience working with this population that stirred my interest in this study, yet I attempted to put those experiences aside when conducting this study and the subsequent data analysis. My limitations and struggle with bracketing are further explored in the personal reflection section.

- Member Checking: Participants permitted me to contact them in regards to follow-up questions or to gain further clarification. This follow-up took place four months after the initial interviews. After I analyzed the data, I contacted five participants through email. Two participants responded to the email and agreed to a phone call to discuss the findings. These participants were given the themes and subthemes as I had understood them. During this contact, I encouraged the participants to provide feedback regarding the accuracy and validity of the findings. Both participants stated that they felt the finding accurately represented their experience and did not provide any suggestions or critiques to the findings.
- Supervision: Supervision was a key component in addressing interpretations and experiences of the study. During supervision, I was given feedback on how to best honour the experiences that were presented to me.
- Peer Debriefing: Peer debriefing also contributed to a reflection of my understanding and contribution to the study. I was able to engage in informal conversations with individuals who were not familiar with the population featured in the research. This outsider's eye

provided support and critical feedback concerning findings and the potential meaning of the findings.

- Reflexive Journal: Before the study was conducted, I began a reflexive journal in an attempt to guide my experience and anchor myself in the research process. This journal allowed me to evaluate my assumptions regarding my experiences with the population, to continually evaluate how I was engaging in the phenomenological framework as well as how the study was impacting me personally. The journal helped enhance my ability to “sustain a reflexive stance” (Tufford & Newman, 2010, p. 86).

3.7 Ethics

Ethical considerations were incorporated into every aspect of the study. Informed consent was given by each participant (see appendix B). Debriefing was also done with the participants following the interviews, as I was mindful that describing their lived experiences could produce distressing feelings. The participants were encouraged to access their supports (therapist, therapeutic group, or community members) if they felt it was needed.

It was critical to maintain the participants’ confidentiality so as to avoid causing them any harm. The setting in which the interviews took place was chosen by the participants. Confidential options were provided as a meeting place, including the University of Lethbridge. All of the participants indicated that they wanted to meet at the outpatient therapeutic clinic, as this was an environment that the women were familiar with. The names and other personal information were kept confidential on computers that used password-protected software. Finally, any descriptive information that may have identified the participants was expunged from the transcripts, this included names of individuals, cities, towns and countries mentioned as well as specific job

identification. Although all of these procedures could not guarantee the confidentiality of participants, these steps helped ensure, where possible, protection from serious harm.

Finally, when beginning this study I was aware that I would be venturing into a new role regarding this population. Originally, I had played the role of a therapist and now I was attempting to alter my perspective to that of a researcher. In making this transition into my new role, I indicated that I would not be interviewing any woman whom I had therapeutically engaged with in the past. In fact, when I met the women for their interviews, I was meeting each one of them for the first time. With the exception of one participant, who stated that we had met when I was a young child in the community, all of the women were unknown to me. As there was no therapeutic rapport and available history I was able to begin a relationship with these women that allowed me to apply a researcher's perspective.

3.8 Summary

A phenomenological research approach to data collection and data analysis has been used in the creation and implementation of this study. Careful consideration has been paid to limitations of this study, trustworthiness, and ethical issues.

Chapter 4

Findings

This chapter presents an overview of the study and offers the findings that were generated from the data analysis of the transcribed interviews with the 12 participants.

4.1 Participants

All 12 participants were adult women. Of the 12 women, three individuals are separated or divorced from their sexually addicted spouses. One participant identified as First Nations, the other participants did not identify with a specific ethno-racial identity demographic. Eleven participants identified as having children. All 12 participants had accessed therapeutic services such as group, individual, and or couples counselling, but only 10 were currently engaged in therapeutic services.

4.2 Themes



Figure 4.1 The Three Themes

Table 4.1 Themes and Subthemes

Themes	Subthemes
Discovery and Acknowledgment	No Emotional Space for Her Deceit and Betrayal
Living With the Knowing	Multidimensional Impacts Physical Impacts Impacts on Her Sexuality Spiritual Impacts Loss of Self Craziness Fixing Him Pretending Emptiness/ Disconnection Isolation Not Enough
Healing	Understanding Sexual Addiction Establishing Boundaries Developing Connections Developing Self-care Helping Others Finding the Self

The experience of the participants is characterized into three major themes (Figure 4.1): (1) Discovery and Acknowledgment, (2) Living With the Knowing, and (3) Healing. Each period is characterized by distinctive subthemes of the experience (Table 4.1). These themes, along with the subthemes, are discussed below.

4.3 Discovery and Acknowledgment

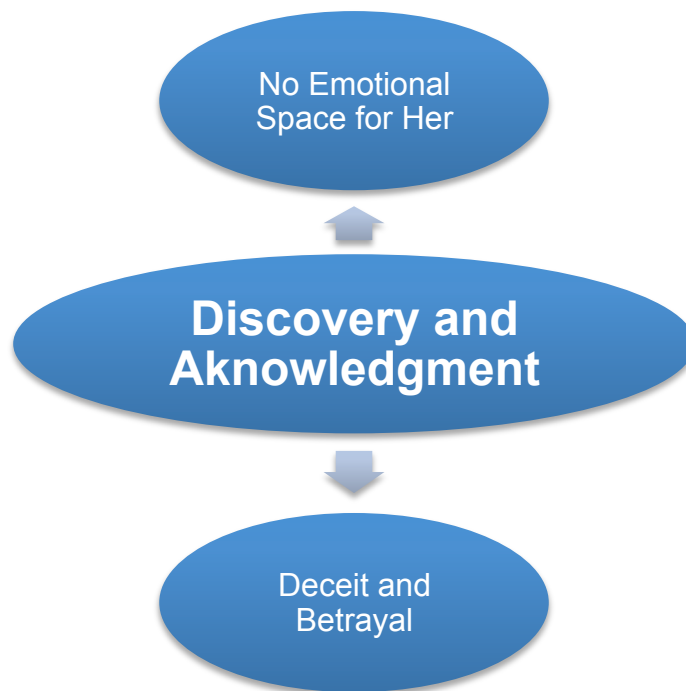


Figure 4.2 Discovery and Acknowledgment Subthemes

Each disclosure or discovery of a participant's spouse being engaged in sexually addictive behaviours was a unique set of events or conversations. For instance, some women were told directly by their spouse that they were having an affair, or watching pornography uncontrollably. Other women discovered a history of pornography on their computer, or a bill indicating that sexual services were paid for by their husband's credit card. Although the concept of the sexually addictive behaviour was not immediately identified, when the behaviour did become an acknowledged reality of what was happening, the experience of discovery was characterized by a feeling that there was no room for personal processing of the experience as well as feelings of betrayal.

4.3.1 No emotional space for her

Although some participants may have had a sense that something did not feel right with their spouse, or even suspected that there was something wrong, the experience of discovery came as an intense realization for a number of the participants. Some of the women discussed a feeling of wanting to know more information, desiring to understand just exactly what had happened, and who was involved.

I wanted to know more details, but he refused to talk to me about it. Within that 24-hour period of that time since he told me I could feel myself going into this, I felt like was just falling into this deep, dark abyss. (P8, p. 3)

In another participant's experience, she questioned her partner about sexually transmitted diseases after she was told that he had unprotected sex with another woman:

I don't know if he's really as ignorant as he was acting but he kept thinking that it was just a ridiculous concern [STDs]...it was a non-issue in his mind. (P12, p. 5)

There was also an expressed desire to have a space to feel, to process, and to understand just exactly what was being told to them. The priority of the spouse's feelings, rather than the woman's own feelings was described in the following way by another participant:

I felt like I had to console him and comfort him...this wasn't about me, it was all about him and I didn't have, I wasn't really entitled to have any feelings about it because he could deal with it and I just needed to get over it. (P4, p. 2)

Some women talked about the fear of asking questions, anticipating that they may be lied to yet again, which would prevent them from gaining the information that they needed in order to process the experience:

I just feel like there's something wrong and I'm afraid if I ask him. I'm not going to get an honest answer because I have had times when I've asked him and he has looked at me directly in my eye and has lied to me and said 'no'...and that hurts, I think, twice as bad. (P7, p. 1)

Other participants talked about confronting their partners after they discovered some of their behaviours and being met with denial along with being blamed for the behaviour, which prevented them from having the space for processing the experience. The following participant described her experience:

When I confronted him about it, he denied he had a problem, it was my fault and if I would just give him more in the bedroom then we wouldn't have to look at those pictures. (P6, p. 1)

4.3.2 Deceit and betrayal

Once the sexually addictive behaviours were brought to light, the participants expressed a severe sense of deceit and betrayal. The following participant described her surprise regarding the duplicate life that her partner was living:

I didn't see myself as a naïve person or a clueless person, but when it came to this he was living like a completely double life and I just had no idea. (P9, p. 1)

Not only did the secrets influence how participants saw their spouses but also how they understood their relationships up to that point.

I feel like he tricked me almost, he says 'no' but I feel like he trapped me. Had I known this, I wouldn't have had kids. (P3, p. 13)

I feel like it's infidelity, it's sneaking around, it's lying and other women are involved, thousands of them. Yes, they're on a computer screen but it just feels like cheating to me. We took vows and I just feel like they're a joke. (P3, p. 5)

This rupture in trust was described as both deceitful and terrifying. For the participants' partners to be living a double life called into question their own lived reality. Analysis of what

was the truth and what was part of the lie shook the safety of the participants' understanding of their world.

It's probably been one of the hardest experiences in my life because you're involved with somebody that you think you know but you really don't because of all the secrets and the deceit and the lies. (P8, p. 1)

Where do the lies start and where do the lies end? It's very confusing, it's very frightening, it's very lonely, and at times it's very terrifying. (P8, p.1)

It's scary because he's shown me that he's capable of lying and deceiving and I never would have thought that marrying him. He's shown me that he's capable of keeping secrets for years and years. (P3, p. 12)

4.4. *Living With the Knowing*



Figure 4.3 Living With the Knowing Subthemes

The participants experienced the knowing of their partners' sexual addiction as a deep pain. The participants describe that the experience of living with a person who was engaging in sexual addiction was so monstrous and overpowering that it changed the way they engaged in their everyday world. The desire to understand and fix the problem along with the feeling of being in a unique and stigmatizing position resulted in a shame-based isolation. The unraveling of the reality that was previously understood was such a shock that a robotic survival like instinct dominated everyday interaction for the extreme emotional experience that they encountered. It was too tremendous and complex a situation to understand or process.

4.4.1. Crazyiness

Once the lies and the betrayal related to their spouses' addiction entered the participants' landscape, a shift in understanding their reality took place. The lack of space they had for processing the information and the betrayal mentioned above, resulted in their feelings of suspicion and mistrust. Many participants were not sure if their spouses were still engaging in the sexually addictive behaviour, or if there were more secrets that were going to be disclosed or discovered. The participants often kept these instinctual feelings secret, or, if they were discussed with their spouses, they were quickly dismissed. This experiences was described by many of the participants as "crazy" – a sense that they could not trust their feelings, their partner, or even their understanding of reality.

You sense that something isn't right, you get these feelings and it's probably from him but because everything is secret you don't know what it is and you're left with this crazy feeling. Crazy is a really good word. It feels crazy. (P8, p.1)

I feel like a caged animal. It's seriously making me crazy. I'm screwed. I have no choice. (P9, p. 5)

You're always questioning your thoughts. It's the crazy-making behavior that they put on you. Yeah, always wondering what is real and what isn't. (P11, p. 1)

I never wanted to be that way and I ask a lot of questions, like "who was there" and "what did you talk about," and I just feel like a crazy person. (P3, p. 6)

The internal feeling of helplessness was also described:

Before treatment I would kind of equate it to a weather disaster, chaos and craziness. (P10, p. 1)

Participants indicated how their spouses' mood contributed to the distorted reality that they experienced. One participant shared how she would experience her partner's turbulent moods as something that she would come to expect, making her hyper-vigilant:

I would just kind of latch on and go up and down with him and that was kind of devastating, left me feeling confused about my own feelings and how I would spend my time... There's just so much uncertainty with how he was and what upset him that for a while I was just walking around on eggshells all the time. Even when he was happy, 'OK, this is great you're happy, but when is it going to change?' (P2, p. 11)

Some participants likened living with their partners while they were acting out in their addiction as being on a rollercoaster ride. This participant shared that her experience of her partner went beyond the moods and the craziness that she experienced and actually impacted who her partner was, that this addiction went to the core of her partner, creating destruction and violence in their relationship:

It's been difficult; it's been a rollercoaster ride.... Anger played a huge part of the addict that I was married to. Very explosive, and it didn't happen all the time of course, it's the Jekyll and Hyde. One day he's very nice and kind and the next time he busts the door.... It just becomes the personality of who he is, the Jekyll and Hyde, the anger and controlling, the trying to compensate and being really nice, the mind games, so I think that's the biggest thing that I want people to know, it's not just that they're

acting out and that there's a problem. It's [that] their whole person changes. (P11, pp. 1 & 15)

4.4.2. *Fixing him*

Feeling helpless about their partners' addiction resulted in attempts to control their partners, in hopes of solving the perceived problem and to better understand it. For some participants, monitoring their partners' gaze or their computer history became part of their routine.

I just have my radar on. Whereas I never used to before, I am constantly watching him to see what he's watching. (P3, p. 6)

I did become a little bit of a history Nazi. I always checked it [Internet browsing history] once in a while to see and make sure everything was OK and what not. (P10, p. 2)

The attempts to control also came with the intention of helping or fixing their spouses, giving little consideration to the attention and recovery that they themselves needed. For the following participant, this type of fixing came in the form of giving more, sexually, to her spouse in the hopes of helping him feel satisfied so he would not have to act out his sexual behaviour:

It seemed like every single time it would come up that I would almost try and rescue it, like be with him more... and I couldn't keep up, who could? You can't keep you with an addict. (P11, p. 7)

This participant talked about her initial experience of trying to help her spouse through his addiction, but later viewed this helping and controlling as just the opposite:

I was trying to fix him. But it was in a way that I recognize now I was enabling him. He was not having to take responsibility, he just knew that I was in there and I was waiting, no matter what. (P8, p. 11)

4.4.3. Multidimensional impacts

All the participants in this study expressed some type of profound impact from living with a spouse who had a sexual addiction. The variety ranged from distress to strengthening in the following areas: physical, spiritual, sexual, and a loss of self. The participants did not all experience the same impacts in the same way, but the common thread of experiencing the multidimensional consequences of their partners' addiction echoed as truth to all of the participants.

4.4.3.1 Physical impacts

Two clear characteristics of physical impacts came to light in the interviews with the participants: the tendency to eat more, or less, and a general physical tension that resulted in headaches and jaw pain. A number of participants identified a loss or gain of appetite as a coping strategy to manage the pain of their partners' addiction:

I start putting on weight and it's because it's my way of trying to deal with this, his addiction. (P8, p. 7)

Near the end I had hardly much of an appetite. It's just severe stress. (P11, p. 4)

The cause of an identified weight fluctuation was unclear for the following participant. She considered if and how it may have related to her experience of being with a spouse who had a sexual addiction, but described her understanding this way:

I would just feel like I was, I guess, empty and so if I wanted to look at it, was I using food to fill me up? I don't know, I can't honestly say that I was, but I was also huge so I don't know. (P5, p. 5)

Participants acknowledge the physical tension that they felt and how that impacted their bodies:

I'm very convinced that it's related to this but I've been having problems with my jaw... just trouble eating, sometimes the pain limited movement and I think that would be very connectable physical symptom. (P2, p. 4)

Being tired, headaches, and I clench my teeth a lot so I get a lot of headaches because I was having a lot of bad dreams about it [the addiction]. I would wake up just with clenched teeth, just headaches, just tired. (P3, p. 3)

I have had a lot more headaches, started clenching my teeth in my sleep, sometimes during the day, just depending on what we're doing and what's happening. (P10, p. 6)

I've ended up having a bunch of diagnosis over the last year and a half, all stress related, and there was a time when I was on medication for PTSD and some other stuff, all stress related. (P9, p. 6)

4.4.3.2 Impacts on her sexuality

For many participants, the impact of their partners' sexual addiction resonated with their own sexuality and understanding of sex. For some participants, their partners' addiction infiltrated the sexual relationship within the partnership. This often resulted in feelings of being used or objectified.

I would tell my husband sexually what I liked and what I didn't like but he never believed me. He would still try to pressure me and force things onto me that did not feel right that did not feel comfortable, that were painful but the belief that pornography gave him was that anything he saw in pornography was true...that makes you feel defiled like you are an object. It's like it could have been anybody's face on you, it's the body, it's just using the body, and that is very painful. (P8, p. 2)

I felt like a piece of meat that he could just grab on the counter whenever he wanted and then when he was done with it he could just throw it in the garbage or he could throw it on the counter. So it really didn't feel good. (P7, p. 2)

I think in his mind I was a sexual object plus someone to do everything for him... sexually I always felt like I was being used. (P11, p. 2)

Just always having that tension or having him be upset when he wants to have sex and I have no interest whatsoever. I described it to him 'like I would like a tango partner, like someone to have all of those different things with,' but he's just wanting to dirty dance and grind and it just isn't working for me. (P2, p. 1)

For some, the concept of becoming physically intimate with their partners became a trigger for their pain and resulted in their own sexuality taking a back seat to the addiction.

It's so hard, like physically my body just freezes up and, you know, I could be sexually enjoying myself and then instantly something will come through my mind and it's just stone cold. I really don't have control over that. It's hard, it's really hard. (P5, p. 6)

A number of participants described a desire for emotional connection and trust in order to engage sexually with their partners:

I didn't even want him to touch me.... It's all this emotional baggage between us from things he's said or done and it's like that part of it is still bigger than my sexual desire for him. (P2, pp. 4 & 5)

I needed that emotional connection that he wasn't able to give me before moving on to the sexual places. (P10, p. 7)

4.4.3.3. Spiritual impacts

The topic of spirituality held a range of meanings for the participants, sometimes being questioned and sometimes being used as an anchor in their understanding and recovery. For some, the connection that the participants felt to a higher power provided the strength that they needed to understand the situation.

Spiritually, I always seem to keep that good. That was the thing that grounded me. And I felt very spiritual; that was the only positive. (P5, p. 5)

I really have been able to turn things over to the higher power, and so I would say spiritually if anything I am actually much stronger. (P9, p. 7)

It's helped me understand the different level of love that the Lord has for all people and, even though they're going through hard things, he still loves them. (P10, p. 6)

Yet, for other participants, the impacts of the addiction shifted their understanding of their spirituality that resulted in disconnection and devastation.

Spiritually, [the addiction] it's really disconnected me as well. (P2, p. 4)

Spiritually, it was devastating for me because I thought I married someone who was very strong in our religion. (P6, p. 6)

4.4.3.4. Loss of self

Living with the knowledge of the addiction went beyond experiencing the physical, sexual, and spiritual impacts and penetrated the root of their self-identity. For some participants, a change of personhood occurred, as identified below:

I feel like the wife I never wanted to be, the wife that keeps her man on a short leash, as they say, and I never wanted to be that person... It's funny because on one side of the coin I feel like I've been strong to stick it out and finally give [him] the ultimatum.... So [in] that aspect I feel like I was... liberated. But on the flip side, I just feel broken down. I'm not the same person I was when we started dating (P3, p.3 & 4)

The image of being in "pieces" was woven into a number of participants' descriptions of what they experienced:

If I drew a picture of myself of how this has affected me, I would be all in black. It would be like a black shadow except that I would have this big empty hole in my chest, and I would be holding pieces of my heart in my hands. That's the way that I have seen myself, it isn't in colour, it isn't happy and alive. (P8, p. 7)

I feel beat up, I feel like I've kind of been shredded and I'm in pieces, and it's like how do I even start putting it back together? (P9, p. 8)

4.4.4. Pretending

For a majority of the participants, a sense of self-preservation began to take precedent. In order for the participants to protect themselves, their spouse, and their family, a mask was

created for the outside world. Fear of stigmatization and judgment created the necessity of such an image, one of a perfect, problem-free, happy family and/or marriage.

Everybody is like ‘Oh you guys are perfect, you’re perfect parents’ ...if you had just stepped into our mental world for a few minutes, you would realize we’re a bit crazy, so I just felt like we would go out and there’s this perfect front. (P4, p. 9)

The following participant described a type of face she used in her work environment:

It’s complete turmoil [inside], and yet for my employees I have to put on this happy face and keep it together. (P8, p. 8)

Although the illusion of control and perfection was paramount for outside viewers to see, the internal emotional storm that was being experienced for the majority of participants was excruciating. The following participants provided a vivid description of their lived reality during this time:

My emotions get caught up in it and I’m just kind of a wreck on the inside, and then what I was doing, I was putting on a mask and just plowing ahead and doing the things I could control well, or as well as I could. (P2, p. 4)

You’re there and your heart is aching and you are hurting and you have so much pain inside but you’re not allowed to talk about it, you have to pretend that everything is fine. (P8, p. 4)

4.4.5. Emptiness/disconnection

Feeling like one had to pretend that their world was manageable left a majority of the participants slugging through their everyday life. This emptiness impacted how the participants engaged in their world. In order to complete mandatory tasks in the home and at work, they

described enabling an automatic functioning. Not only were their actions mechanical but also their feelings were muted in order to allow them to complete their scheduled tasks and duties. A shut-down, robotic-like nature took over, and any connections with their feelings and their personal experiences were subdued. The experience as well as the resulting lack of personal investment in herself was described by one participant in the following way:

I remember just feeling like I was in a fog all the time. And I was just like a robot just on autopilot, just dealing with what I had to deal with. But all the things that I used to love to do, all the hobbies and stuff I used to do, just stopped.... I was just dealing with the daily things that had to be dealt with, but the rest of the time you're just void of any feelings.... A dog had died or something, but I remember thinking I should feel really sad...but I was just a void. (P6, p. 4)

The following participant described how her sense of being and her connection with her reality was severed:

I would be doing the dishes and I felt like there was this empty thing doing the dishes. I wasn't even inside myself, like it was really weird. I felt totally disconnected from everything, from myself, from my family, from my kids. (P4, p. 9)

The existential meaning of the participants' experience, of their purpose, was called into question, and what resulted was a halting of their own lives.

I had shut down.... I was existing. I was there but I wasn't. I was just more in my head and more angry and more alone and isolated. (P5, p. 4)

Everything that I'd ever planned, all the dreams we had together, everything just stopped. And I understand that I kind of went into survival mode and basically life was on hold as I was trying to deal with that. (P6, p. 1)

The following statement from one of the participants indicates the depth of sorrow the experience stirred in her:

This addiction, I'll go through my mother's suicide, I'll go through my son's death again than go through this...this just never ends. (P7, pp. 7 & 8)

This emptiness and disconnection was felt so powerfully by the following participant that when she was told that her husband had continued to engage in sexually addictive behaviour years after he promised that he had stopped, she considered ending her life:

Something in my head, it was like 'I'm done, it's over,' the pain that I felt was so deep and so excruciating that I felt like I could not live in my body. I could not live in my head anymore. I could not bear that soul pain I was feeling.... I remember thinking, 'I am just going to disappear, I am going to disappear, I am going to be nothing so I can't feel anything anymore.' (P8, p. 4)

4.4.6. Isolation

The inability to normalize and connect with others due to fear of stigma, persecution, and misunderstanding was described as paralyzing for the participants. It was clear that the consequence of disconnection and feelings of emptiness resulted in loneliness.

At first when this all started I felt pretty isolated. I felt like someone had just given me a huge bucket of water to carry by myself.... I felt alone and like I was drowning.... I felt like there's just so much that was going on that instead of reaching out to friends to continue to hang out I pushed everyone away and out. It was easier to cut off those friendships than try and hang out with people and avoid certain topics. (P7, p. 2)

Just that feeling of wanting to protect my kids from other people knowing what's really going on, or just kind of keep people at a distance...and then you just get lonely (P10, p. 6)

I know now that there are so many people who are effected by pornography, but at the time you felt like you were the only one and there's nobody else. (P6, p. 7)

The loneliness was not simply due to a lack of supports or individuals in their life; rather, it was the result of their experience that isolated the participants. As one participant simply yet powerfully stated:

It's a very silent pain. (P5, p. 3)

The complex feelings of isolation can be understood in the realm of the relationship with friends, and with the self.

You're all by yourself and you feel really alone and they, your partner, your spouse feels really alone and there's just you, you don't have anywhere to go or anyone to turn to. (P4, p. 6)

I started to disconnect from people that I associated with because I felt different from them. (P4, p. 10)

I don't trust a lot of people still. I don't trust a lot of women. I keep people at a distance...because most of the affairs were [with] people who I let in [through] the wall...nobody crosses the wall, so I feel safe. (P5, p. 9)

One participant described how her feelings of loneliness resonated in her life, despite having people around her frequently:

I actually phoned a suicide line, not because I was feeling suicidal but I just needed somebody to talk to. I was so alone, yet I had a house full, there were five other people in the house with me. You find yourself so isolated. (P8, p. 2)

The isolation extended even further creating feelings of being trapped.

It was awful. I felt like I had no choice, no say. I remember once writing a poem. It was called 'Trapped'...that's how I felt, I felt trapped. (P11, p. 17)

4.4.7. Not enough

In attempts to make sense of the deep hurt and betrayal that the participants experienced as a result of their spouses' addiction, an internal self-examination appeared to take place. This

examination resulted in feelings of inadequacy in their self-image, their sexuality, and their relationship, and it appeared to highlight a void that the participants felt internally. The feeling that there was something missing, that somehow the participant was not enough, was a resonating theme for many involved in the study.

For a number of the participants, there was a sense of not being good enough physically or sexually, which was part of their attempts to understand why their partners engaged in sexual activities outside of their relationship.

I wasn't good enough because even if I tried to be more physical with him, sexual with him, I still wasn't good enough. (P6, p. 6)

I'm kind of mean to myself, but I think that a lot of that has been added because of his addiction, that I just don't feel like I'm as good enough as those people he looks at through porn...or that I'm missing something. (P7, p. 6)

Beyond the physical and sexual questioning was a feeling of not being a good enough spouse. The partnership and specifically the participant's role were called into question.

So I immediately thought I wasn't a good enough wife, I wasn't good enough sexually. I didn't give him what he needed. He didn't care about me enough not to look at stuff like that...he really hurt me. (P7, p. 1)

I was always questioning, 'Am I a good enough spouse?' (P11, p. 1)

One of my deep fears is not being good enough...trying to do everything really well all the time, every time. [It's] just kind of exhausting. (P2, p. 8)

This sense of not being enough pulls at that void, at their internal emptiness making it seem almost larger and more unmanageable than ever. The deep sense of shame that these statements hold demonstrates the utmost soul pain that reverberated from their partners' addiction into their very core.

I was always just kind of devastated. I guess, why wasn't I enough? (P10, p. 1)

Finally, the following participant shared, in her own words, how she experienced this personal void while in a relationship with her spouse who was sexually addicted:

I never valued myself, I never really thought of myself as a person. (P1, p. 8)

4.5 Healing



Figure 4.4 Healing Subthemes

All participants in this study had engaged in individual, couple, and/or group therapy that addressed the sexual addiction. Although each participant was in a different stage of their healing journey – some had ended their therapy while others were just beginning – common sentiments arose as each participant talked about being at this stage of her experience.

4.5.1. Understanding sexual addiction

When the participants had an opportunity to better understand the addiction that both they and their partners were experiencing, they expressed it as a sense of relief. The label of addiction took off some of the responsibility.

Actually, now it's a relief to know that he has an addiction. The whole marriage I wondered if it was an addiction, wondered if it was my fault, wondered if it was just a bad marriage. So finding out it was an addiction was actually a relief for me. It put things into perspective. (P5, p. 1)

It made me really think, what he was doing and his intention behind them. Was it him, or was it actually his addiction?... So by learning the whole definition of sexual addiction I definitely think I became more aware of different behaviours and how I could see them relating to even like a toxic shame sort of thing. (P7, p. 5)

By being told that what was happening was an addiction provided the participants with a framework in which to understand the experience. It allowed them to examine and understand how addiction works, and gave them hope that recovery could take place.

The scientific side of it, the dopamine and the receptors and the neuropathways made it better for me. Because it kind of took it off of being my problem, like being something wrong with me. So that aspect of it was reassuring. (P3, p. 8)

Learning that it was an addiction was quite helpful in this strange sort of way because then I could deal with it.... I could learn what was happening with him but also learn ways to deal with his addiction." (P4, p. 7)

4.5.2. Establishing boundaries

Some of the participants identified the ability to create emotional boundaries as a positive step in their relationship with their partner and with themselves. By examining what their

personal limits and comfort levels were in regards to what they could and wanted to give, they created individual boundaries that provided more safety and security in the world of addiction that they shared with their partner, thus giving them more power and a voice to express what was happening in the relationship.

One of my boundaries is not to snoop through his things, that's what I did, that's how I found things out and now I'm not going to go there. I'm not going to make myself crazy with that. If I know there's something going on, I'm going to come right out and ask and talk to him. (P5, p. 9)

Not only am I learning how to cope with his addiction but I'm learning more about myself and how to set these healthy boundaries and consequences and just stand up for myself, not to let anymore walk over me, especially my husband. (P7, p. 2)

It's really scary putting up boundaries sometimes, but the more I do it the better I get at it and the more safe I feel. (P11, p. 14)

4.5.3. Developing connections

All participants had engaged in some form of group, whether it was a formalized therapy group or a community-led support group. What was clear from the experiences shared was how powerful it was for the participants to have an opportunity to connect with others who had experienced a similar situation.

That has been a huge thing, just to have the support and to know that I'm not alone and going through that. (P10, p. 3)

Those little things really help me keep going. To have these people in my life to help me through this, people that have been through what I've been through. (P1, p. 11)

The following participant shared how her level of safety was influenced by her connection to others:

I am feeling safe and I'm feeling for the first time in a really long time that there are other women [who] are going through the same thing. (P7, p. 7)

The power of connecting with others facilitated what participants could process in their own recovery. By having a space where they could safely and respectfully explore their experience, they were able to find and connect with themselves in a new way.

It was a really hard process to go through, but definitely very freeing...just letting that go cause you hold that in so much and you don't realize how much it's weighing you down [until you talk with other women in group]. (P10, p. 11)

4.5.4. Developing self-care

The experiences of being disconnected and empty, which were mentioned above as part of the experience of living with their partner's disclosure, meant that reconnecting to their own sense of happiness became an important part of the healing process for the participants. Participants began to rediscover the light that once gave them joy, or perhaps discovered a new light that provided a space in which they could live once more, rather than simply exist. This came, for some, in the form of physical exercise, reading, engaging in a hobby, or simply enjoying the moments that happened in their lives.

It's my therapy time [running] a lot of times I would start out angry, very bitter, whatever and I'd come back smiling so why wouldn't you do something that makes you that way and helps you be that way. (P5, p. 4)

I'm trying to find one thing in my life that makes me really happy and trying to stick with it.... I try to do something crochet-wise because it makes me feel like I can use my talents in a positive way and it's relaxing for me. My mind de-stresses and it's like nothing in the world matters at that moment. (P7, p. 9)

I remember I had a birthday party for myself!... I've just been having fun.... I've learned to enjoy life a lot better. (P11, (p. 13 & 14)

4.5.5. *Helping others*

The participants who were coming to an end of their therapy or who identified as having completed therapy talked about wanting to help other women who were in a relationship with a person who was sexually addicted.

So I am educating myself. I am rebuilding myself and I do believe that one day I will be a strong voice for a lot of these women. I do want to help a lot of women. (P1, p. 15)

I think in that way just developing that [support group], I mean there's so much that you get from that experience too, right? Just being able to help other people who are also suffering. (P9, p. 11)

I guess it makes me happy that I know that I can help other people. (P11, p. 10)

4.5.6. *Finding the self*

The self-described rollercoaster ride that the sexual addiction caused resulted in indescribable pain along with a loss of self. What the participants powerfully described was the experience of discovering or rediscovering the self. Some of the participants talked about how the journey helped them to find their voice and to acknowledge some of their internal struggles.

I had to really dig deep and face some things that I didn't want to face and actually realize that I had feelings and opinions and [I'm] able to voice them, and so I just feel like it's been really good for me to go through this, it's been a long process and a huge struggle, but I've put in the work. (P4, p. 13)

Some of the women shared that they had learned how those concepts provided a clearer perspective regarding the situation of their partners' addiction.

I've learned a lot about what I've been through, what I've come [through], where I'm going, what I want. I've been learning so much about what I want to do with my life. (P1, p. 15)

I'm starting to feel a little more at ease with myself. Taking a bit of guilt and pressure off of myself for thinking that I caused his addiction in the beginning and if I had done things differently in the marriage right away or if I gave him more sex or whatever then he wouldn't have this issues, and that's not reality. (P7, p. 6)

Some spoke of how they realized that they were not crazy and that, although the situation they were living in may have been or continues to be chaotic, they could trust their feelings and intuitions. This provided an empowerment and a fulfilling piece of their recovery.

Now with what I've been learning, it's very typical.... I'm not crazy, I wasn't crazy! That's normal, that's what happens. (P6, p. 5)

I learned that I am important and lovable and you can't change that. (P11, p. 11)

Other women shared how they were experiencing being themselves in a different way, and that they had found strength in the internal work that they had done in their healing, while connecting with others, learning about the addiction, and creating boundaries.

I'm speaking from my heart and talking from my soul and thinking through my head. (P1, p. 16)

I am more confident with myself, I'm better attuned with my feelings. (P5, p. 8)

My whole thought process with love and attention and affection kind of warped...so I'm having to relearn all those appropriate things and that I am worth it and that I can have a good relationship. (P6, p. 8)

I cannot just be a wife but I can be an individual in my marriage and that I have rights. I have the right to say 'no.' I have rights to feel respected and be treated with dignity. And I have the right to look at myself every morning and not be ashamed of who I am. (P7, p. 7)

However, although many participants indicated that they found a greater sense of self through their healing process, the pain and effects of the addiction still resonated with them.

I guess it's that saying 'what doesn't kill you makes you stronger' is true to some degree, even though sometimes I still feel battered. (P3, p. 9)

I've been very willing to pay the price for me to get well and it has been hard, it's been hell. But I'm willing to go there and yet he's still held back and it makes me sad to think that I might spend the rest of my life alone but at least I'll be with somebody that I like. (P9, p. 13)

This has been an amazing journey; it's been a terrifying, heart wrenching, scary, sometimes devastating journey through this. And I'm not finished yet. (P8, p. 10)

The recovery journey, as described by these participants, demonstrates the lasting effects of the addiction, as well as the amount of resiliency needed to heal from the addiction.

4.6 Summary

Three themes were identified by the 12 women who participated in this study: (1) Discovery and Acknowledgment, (2) Living With the Knowing, and (3) Healing. Each of these themes was enriched with context and powerful language that, in turn, identified the subthemes within each period.

Chapter 5

Discussion of Findings

This chapter will present an overview of the study and a discussion of the significance of the study's findings as they contrast with the findings in recent literature. It will explore implications for social work practice and research, and discuss my personal reflection as a result of the research process. A conclusive statement will end the chapter.

5.1 Overview

A phenomenological approach was used to explore the lived experiences of women who are in a relationship with a person who is sexually addicted. This approach was chosen with the intention to best understand the unique and specific experiences rather than seek an oversimplified generalization or examination of theories and trends associated with the phenomenon.

Transcendental phenomenology demands that reflection be used throughout the entire process of research as it provides a “logical, systematic, and coherent resource for carrying out the analysis and synthesis needed to arrive at essential descriptions of the experience” (Moustakas, 1994, p. 47). This means that, as the researcher, I was constantly reflecting on the lived experiences, as shared by the participants, while attempting to suspend my own judgments and frameworks in order to best understand the phenomenon.

The key findings that appeared in this study included three themes that were expressed by the women: (1) Discovery and Acknowledgment, (2) Living With the Knowing, and (3) Healing. As presented in Chapter 4, each of these transition periods held a variety of subthemes that captured the experience of being in a relationship with someone who was sexually addicted.

5.2 Discussion of Major Findings

Recognition of sexual addiction and sexually compulsivity as a growing problem has increased in the counselling and therapeutic profession (Hentsch-Cowles & Brock, 2013). As this topic becomes more prevalent, the need for research regarding the impact of the partners of sexually addicted people and the therapeutic approach is critical. Although the phenomenological approach to the subject appears to be rare, if not unique, in the current landscape of academic literature there are studies that have shed some light on the impact and experience of being a woman in a heterosexual relationship with an individual who is sexually addicted.

This study's findings will be contrasted with themes in the current literature, beginning with Schneider's (2000b) four major core beliefs that individuals who are engaged with a person who is sexually addicted believe about themselves.

Core Belief 1: *I am not a worthwhile person*

Schneider (2000b) stated that individuals can feel deeply flawed and valueless and that they do not deserve to be happy. This core belief resonates with elements of the findings from this study. Many participants claimed that they were not enough, that they had a sense that something was inherently wrong with them. However, the participants did not express a sense that they did not deserve to be happy. This could be contributed to the fact that all of these women were in treatment, therefore they had a desire and hope for change and potential happiness.

Core Belief 2: *No one would love me for myself*

This core belief is rooted in fear of the addicted spouse leaving the relationship and creating feelings of abandonment. In an attempt to keep the spouse in her life, the individual assumes increasing amounts of responsibility for her partner's life, often ignoring her own needs.

The participants in this study echoed similar sentiments as described by Schneider (2000b). Some participants identified that they would attempt to have more sex with their partner, even when they did not want to, or it was uncomfortable for them, with the hope that he would become sexually satisfied. Participants in this study shared that, before therapeutic treatment, they felt responsible for his recovery. This sense of responsibility was reported through behaviours such as Internet history checks and monitoring the partner's gaze.

Core Belief 3: I can control other people's behaviour

Schneider (2000b) states that individuals often believe that they can manipulate those around her to "carry out her wishes" (p. 54). The findings in this study did not reflect this core belief. The participants attempted to fix or control their husbands' behaviour, but a sense of manipulation was absent in the description of the lived experience.

However, Schneider (2000b) went on to describe this core belief as a motive for the individuals to help others do things they should do for themselves. This piece of the core belief is slightly more relevant to the findings of this study. As mentioned earlier, some participants described the obsession of checking and helping their partner in their recovery.

Core Belief 4: Sex is the most important sign of love

The meaning of this core belief is that the individual confuses sex with love and that she believes sex is the price for love and will agree to her partner's request for sex and sexual activities.

There were two participants who indicated that they originally understood marriage to be about their sexual availability to their husband. However, this understanding was described as a product of their cultural and religious environment.

Examining these core beliefs against the interviews generated in this study reveals that the participants indicated similar sentiments regarding their worthiness as individuals. However, the core belief of sex being associated with love did not correlate with the participants' descriptions of their lived experiences.

5.2.1 Discovery and acknowledgment

The identification of the betrayal associated with the disclosure that is described by the participants of this study parallels what is found in the literature.

The participants in this study described a *lack of space for their own processing*. McCarthy (2002) sheds some light on why this might be. McCarthy (2002) states that the sexually addicted spouse sees his addiction as secret, as totally separate from his partner, and as having no impact on his marriage or family. Not only does this attitude cause confusion and hurt for his partner but also the nature of the disclosure causes relational betrayal.

The impact of relational betrayal can dramatically change the experience of the relationship and cannot be underestimated in regards to the impact it can have on an individual. Finkel, Rusbult, Kumashiro, and Hannon (2002) state that "betrayal of one's partner constitutes one of the more serious threats to a relationship" (p. 956). Understanding betrayal as a type of attachment injury can further illuminate the impact and experience that an individual may have in regards to discovering their partner has been engaging in sexually additive behaviours. Johnson (2002) suggests that although such events may be seen as "small 't' traumas, rather than life-shaping events to which this term usually refers, they are nevertheless extremely significant...they overwhelm coping capacities and define the experience, in this case the relationship, as a source of danger rather than a safe haven in times of stress" (p. 182).

Examining the *discovery and acknowledgment* phase through a trauma model and attachment theory lens lends insight to the experiences of the participants.

By referring to Carnes's (1991) six stages of co-addictive recovery, the findings of this study can be compared to literature that is based on an addiction model framework. Carnes (1991) identified the following stages as part of the recovery processes for individuals who were in a relationship with a sexually addicted individual: the developmental stage (denial and pre-recovery), the crisis/decision stage (beginning of recovery), the shock stage, the grief stage, the repair stage, and the growth stage. The *discovery and acknowledgment* transitional period coincides chronologically with the developmental stage. This stage is understood to be a pre-recovery stage where individuals attempt to normalize the addicted spouse's behaviour by engaging in denial and ignoring their own intuition (Milrad, 1999). However the participants of this study did not identify experiencing denial about their partners' addiction; rather, they stated that they knew something was wrong, but did not comprehend the extent and impact of the addictive behaviours.

5.2.2 *Living with the knowing*

Viewing the subthemes of *craziness, multidimensional impacts, not enough, isolation, emptiness/disconnection, and pretending* through a trauma lens appears to resonate with the essence of what the participants described. It is important to note that these individuals did not mention the term or concept of *forgiveness* in regards to their partner's addiction. Rather, the processes described in the subthemes appeared to be more meaningful and effective for these participants.

In a study examining the traumatic nature of disclosure for wives of sexually addicted individuals out of 63 participants, 69.6% met all but Criteria A1 for a diagnosis of post-traumatic

stress disorder, and 71.7% of individuals studied reported levels of functional impairment in major life areas as measured by the post-traumatic stress diagnostic scale (PDS) (Steffens & Rennie, 2006).

However, the *fixing him* theme that is identified in this study as a part of this transitional period would perhaps best be understood under the addiction model. In the crisis stage (Carnes, 1999), individuals focus on and assess their partners' moods and behaviours as well as engage in behaviours such as having more frequent sex in hopes of stopping or reducing their partners' sexually addictive behaviours from taking place. This behaviour is part of the individual's own addictive behaviour (Steffens & Rennie, 2006).

5.2.3 Healing

Tripodi (2006) identifies the extreme turmoil that takes place for individuals with a sexually addicted spouse, stating that once treatment is sought there is "tremendous relief and freedom" (p.273). Indeed, the subthemes that the participants described in this study as representing their healing process – such as *understanding sexual addiction, establishing boundaries, developing connections, developing self-care, helping others, and finding their own self* – are echoed in the current literature.

Another part of the process involved in depersonalizing the addicted spouse's behaviour is education (Manning & Watson, 2008). *Understanding sexual addiction* was identified as an ingredient to the healing process, as this provided clarity about the problem. Although the understanding of addiction was helpful to some participants, not all individuals felt relieved to have their partners labeled as sex addicts.

It is worth noting that the participants identified *helping others* as an element that was healing for them. Individuals identified a desire to participate in hopes that their stories could

help other women in similar situations. Participants also informed other women whom they knew through therapeutic groups of the study. This desire to help others was interpreted as a generating factor of the snowball effect that was experienced in this study.

The participants' identification of *establishing boundaries and developing self-care* as subthemes in the *healing* theme are linked to the addiction model of treatment. By refraining from being involved in their partners' recovery and focusing on their own well-being, the individuals demonstrate health and recovery (Steffens & Rennie, 2006). *Developing connections* as a subtheme is regarded as a strong component to the healing of individuals affected by their partners' sexual addiction. Dahlen et al. (2008) identified "being involved in a caring community aids the sexual co-addict's recovery" (p.348). Manning and Watson (2008) state that connection can have a normalizing effect.

5.4 Relevance and Significance of the Study

The findings of this study suggest that the experience of being in a relationship with someone who is sexually addicted is a multi-themed understanding, that of *discovery and acknowledgment, living with the knowing, and healing*. Each of these themes contributes to the understanding of self and affects an individual's lived reality.

The display of resiliency that was demonstrated in these interviews is also of significance. Each of these individuals explored the hurt and pain associated with this experience but also shared their hope and healing process which reveals, with great impact, the level of resiliency that each of these women have.

5.5 Implications for Research

It is estimated that 3% to 6% of Americans suffer from sexual addiction (Seegers, 2003). It is also important to note that sexual addiction often coexists with other addictions such as

substance abuse (Carnes, 2001). Although there are no available statistics in regards to Canadians who suffer from sexual addiction, it can be concluded that this phenomenon affects a number of individuals, their partners, and their families.

In the realm of addiction recovery, there have been numerous platforms in which the experience of the partner has been researched, although the same spotlight has not been provided for partners of individuals who have a sexual addiction. It is critical that both qualitative and quantitative methods be used in order to examine the impact and therapeutic approaches of the partner as sexual addiction becomes more prevalent.

Alternative modalities for treatment are lacking in the research, such as family systems therapy (Hentsch-Cowles & Brock, 2013). The participants reflected and shared their experiences of being in a sexually addictive relationship. The effect on the participants was evident in the physical, spiritual, sexual, and emotional areas of their lives. Further research could explore the ramifications of this addiction on the family unit, as many of these participants had children who were present in the home during the time of the sexual addiction. A few participants indicated that they were concerned about their children, as some of them have already been discovered using online pornography and identified that they were struggling with out-of-control sexual behaviour. My recommendation for further research would be to engage in gathering empirical data regarding therapeutic approaches with the families of individuals with sexual addiction, as there is a lack of empirical data in this field (Phillips, 2006).

5.6 Implications for Social Work Practice

The participants in this study indicated subthemes that aided them in their healing journey. These subthemes can play a crucial role in understanding how to best engage with individuals who have been affected by sexual addiction.

A subtheme identified by the participants, *understanding sexual addiction*, indicates how important it is for social workers to be informed about sexual addiction. Having recent knowledge of what sexual addiction is, how partners are affected, and how it can affect the brain and subsequent behaviour is powerful information for social workers in the field.

Other subthemes discussed indicated that it is critical for social workers to acknowledge and allow space for individual experiences, such as those described by the participants. Although the impact and treatment of sexual addiction is still being understood, what is certain is that the experience is steeped in shame and secrecy. Approaching individuals who have been touched by a loved one's sexual addiction needs to be motivated by non-judgment, empathy, and education.

5.6.1 Therapeutic models

A study conducted by Ayres and Haddock (2009) revealed that of 99 therapists sampled, 78% reported receiving minimal to no training regarding sexual addiction (specifically pornography) and its effects on a couple. The study went on to state that only 12% of therapists sampled would validate the wife's concerns of her husbands' out-of-control pornography use, and 34% of respondents made pathologizing statements about the wife, such as being rigid or overreacting. Comparing this information to the participants' lived experiences as described in this study emphasizes that a dramatic shift in therapeutic engagement and understanding must occur in order to effectively treat individuals who have been affected by sexual addiction.

Currently, there are two major treatment approaches that are applied to individuals who have a partner who is sexually addicted: the trauma model and the addiction model (Steffens & Rennie, 2006). The addiction model views the experience of the individual as a part of an illness that she brought into the relationship, along with the illness of her addicted spouse, whereas the

trauma model understands her to have had experienced an event that was painful and destroyed her sense of safety. Both models share similar goals of health, growth, and recovery.

The exploration of an integrated model that uses both addiction and trauma frameworks would be beneficial to the therapeutic treatment of this population. Literature that explores integrated trauma and addiction services can be found in reference to substance dependency (Harris & Falloot 2001). Treatment phases addressing the experience of the partner of a person with a sexual addiction have acknowledged both the destructive addictive type behaviours an individual can bring to the relationship, such as co-dependency, as well as possible symptoms of post-traumatic stress disorder (Tripodi, 2006). The following chart is based on elements of both models as well as the work of Harris & Falloot (2001), and has been adapted to incorporate an integrative model designed for the studied population.

Table 5.1 Integrated Trauma and Addiction Recovery Model

Assumptions	<p>Trauma has played a role in the individual's life, whether through the family of origin experience and/or the disclosure of the sexual addiction</p> <p>Using addictive behaviours, such as co-dependency, is a strategy for the individual to manage the impact of the traumatic experience</p>
Core Elements	<p>Psycho-education addressing both trauma and addictive behaviours is presented to the individual</p> <p>Personal development, relationship building, communication, and event processing is encouraged</p> <p>Equal importance is given to cross-over skills that address both addictive behaviours and trauma recovery</p>

The women's experiences, as described in this study, indicate that the women are trying to cope with a very difficult and painful situation the best way they know how. This would indicate that using the trauma model might be a more suitable form of treatment for these women. However, it is worth mentioning that reference to family of origin and addiction history was not asked about during the interviews and may indeed play a role in the lived experiences of these women. One participant did independently identify that she experienced addiction within her family of origin, and has struggled with her own substance addiction.

The participants in this study indicated that they found the long-term therapeutic treatment (both individual and group therapy) beneficial and necessary for their healing. This is supported by that literature which states that therapeutic healing of both the individual and potentially the couple is a multi-phased, long-term processes (Carnes, 1991; Milrad, 1999; Tripodi, 2006).

As the empowerment of the individual is critical in healing integration of the addiction and trauma model could also be enhanced through a feminist theory framework. A feminist approach is eclectic (Brown, 2004) in its nature which increase the likelihood that an individual will get a therapeutic intervention that is the best fit for them. Brown implies that symptoms of trauma are "evidence of resistance by the client to being coerced into silence and invisibility." (2004, p.465). This statement resonates with the experience that the participants of this study shared.

5.7 Personal Reflection

When I first began this journey, I was very aware of my intention. I had therapeutic experience working with individuals whose life had been affected by sexual addiction. I had seen the hurt, the bravery, and the confusion in the therapy room, and I was moved by my interactions

with these individuals. When I discovered the lack of attention the literature paid to their experiences, it became clear to me what type of study I was interested in doing.

When I arrived in Alberta, with the hope to gather the data, I was amazed by the interest that was shown in participating in the interviews. Many women stated that they were happy to participate as they felt like this could be helpful to others in their situation. These sentiments resonated within my motivation to analyze the interviews in an effective and respectful way as these participants not only gave their time to the study but also to other women who are suffering in silence.

Upon my return to Ontario, I was overwhelmed with the amount of data that I had obtained. I began to immerse myself in readings regarding phenomenological analysis as a way to best honour the interviewees. Once I became confident in identifying subthemes in the interview transcripts, I was able to complete the data analysis for this study.

My engagement with phenomenology, specifically the bracketing process, and the act of transcribing was experienced as challenges of a truly reflexive research process. Being passionate and professionally connected to the studied population meant that it was impossible for me to bracket off my personal lens and be completely objective to this study. As I researched bracketing even further I began to question if one can truly engage in bracketing as described in the phenomenological framework. My connection and interest in this population is what inspired me to do this work and I wanted to tap into that energy in hopes to best serve and respect the presentation of the experience in an academic format. In trying to bracket that energy off, I felt as part of the soul of the research was also bracketed off. Therefore I attempted to integrate the ethical piece of bracketing where possible, but also honoured the energy I felt necessary to complete this study. The other struggle I experienced was that of transcribing. While listening to

the interviews I realized that I had the responsibility to document the stories of the women in a respectful and accurate way. My decisions on how to transcribe the interview, what to include, and what to disregard, became a political act. For instance, I attempted to include every “um” and pause possible. However, I could not capture the non-verbal communication, nor could I account the impact of myself, a researcher, being in the room, and how that may shape the experience shared by the participants.

This process has been one of the most challenging experiences in my academic journey. Having the intense feelings of wanting to honour the participants as well as managing my dyslexia during the writing process, I have felt stretched and pulled as a graduate student. Yet I have reached the end of this journey, and I am reminded of a quote that I found while researching phenomenology:

The whole process of being within something, being within ourselves, being within others, and correlating these outer and inner experiences and meanings is infinite, endless, eternal. This is the beauty of knowledge and discovery. It keeps us forever awake, alive, and connected with what is and with what matters in life.
(Moustakas, 1994, p. 65)

This process has kept me connected to those I work with, to myself, and to the limitless meanings that all of these connections represent.

5.8 Conclusion

My intention in completing this research was to honour the experiences of the women who participated in this study and to contribute to a deeper and broader understanding of treatment strategies. The findings of this study suggest that the lived experience of being in a relationship with a person who is sexually addicted can be understood in three themes. The findings also show that the pain and betrayal of a spouse who is sexually addicted creates a secret, shameful way of living, and that this pain is reflected in how the individual experiences

reality. These secrets, pain, and shame, however, can be healed. Each individual is different and each experience is unique, just as each individual's healing journey will be shaped to meet her particular needs. I thank each one of the women who volunteered to be part of this study for their participation. My hope is that this study will further contribute to the much needed data and academic attention that these individuals not only need but also deserve.

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Appendix A

Hello,

You are invited to participate in a research study. The purpose of this study will be to inquire, through interviews, about the experience of having a spouse that is sexually addicted. The objective is to gain an understanding of this experience through qualitative research. The study is a part of a graduate social work thesis project and is in affiliation with Wilfrid Laurier University.

The researcher is Jacqueline Thibodeau, I am a graduate social work student at Wilfrid Laurier. I have worked in a clinical outpatient treatment centre that specializes in sexual addiction and am respectfully interested in the lived experiences of partners whose spouse is sexually addicted.

If you are interested in participating in this study please contact me:

Jacqueline Thibodeau
thib6630@mylaurier.ca
647-527-1047

Once you have contacted me, a time will be arranged to gain your formal consent to participate as well as an opportunity to address any details or questions you may have about the process.

Thank you for your considered contribution to this study.

Kind Regards,

Jacqueline Thibodeau, BHSc

Appendix B

Wilfrid Laurier University Informed Consent Statement

Project: A Lived Experience of Partners Whose Spouse or Partner is Sexually Addicted

Investigator: Jacqueline Thibodeau

Supervisor: Dr. Eliana Suarez

You are invited to participate in a study designed to explore the lived experience of having a partner who is sexually addicted. The objectives of this research study are:

- (1) to inquire, through in-depth interviews the experience of having a spouse who is sexually addicted
- (2) to generate Subthemes and patterns from these interviews so that a common meaning of this experience can be understood

Information

You are invited to participate in an individual interview. The goal of this interview is to understand your experience, as a woman, who is in a partnership with a male who is sexually addicted. The individual interviews will take place in a private room at the University of Lethbridge. The interview will take place over an estimated 1-2 hour timeframe. A possible follow up interview may be requested which would take place in the same location and last the estimated length of 1-2 hours. The interview will be recorded on an audio devices and transcribed by the reseracher. All names and identifying information will be removed from the final report and only the researcher and supervisor will have access to this information.

Identification of the Researcher

Jacqueline Thibodeau, a graduate social work student at Wilfrid Laurier will be conducting this research study. Jacqueline has worked in a clinical outpatient treatment centre and is respectfully interested in the lived experiences of partners whose partner is sexually addicted.

Risks

You will be asked, in an individual interview, to describe your lived experience of having a partner who is sexually addicted. A possible risk of participating in this research may be feelings of distress while discussing a personal experience. In order to minimize this possibility professional referral resources will be available to the participant, free of cost, as well as an opportunity to debrief with the researcher at the end of the interview. You may choose to end the interview at any point.

Identification is another potential risk in participating in this research. Absolute confidentiality cannot be guaranteed. However, every effort will be implemented to protect the confidentiality of the participant. In order to minimize the risk of being identified the interviews will be held in a private room at the University of Lethbridge, or a location of your choice. The interview will

be scheduled in such a way that there will be no overlapping time so that participants do not cross paths during the study.

You may also choose to withdraw from the study completely at any time. If you decided to withdraw your interview will not be transcribed, the audio recording will be destroyed and no data from the participant will be used in the research findings.

Benefits

The potential benefits that result from this study include a gained understanding of participants lived experience, feelings of empowerment from the participant in engaging in the study. There will also be a contribution to the literature of partners whose spouse has a sexual addiction that will inform and improve services to these individuals.

Confidentiality

The following considerations will help to ensure confidentiality and anonymity of the participants:

Location of the Interview: The University of Lethbridge, will allow for an anonymous environment for the participants to arrive and depart from as the facility is used for a variety of community events and programs.

Names and Identifying Factors: The names and other personal information will be kept confidential on computers with password-protected software. The researcher, Jacqueline Thibodeau, will transcribe the interviews. The only people who will have access to names and identifying information are the researcher and the supervisor. Names of the participants along with any identifying information will be expunged from the report. Quotations will be used in the report, in order to generate an accurate account of the participant's experience.

Data Storage: The interview will be audio recorded. The tape from the interview will be stored in a locked cabinet and will be destroyed after the interview has been transcribed.

These steps will help ensure, where possible, confidentiality of the participants.

Contact

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study) you may contact the researcher, Jacqueline Thibodeau, thib6630@wlu.ca or (647)-527-1047. You may also contact Dr. Eliana Suarez (supervisor to the researcher) at (519)-884-1970 extension 5273, or at esuarez@wlu.ca This project has been reviewed and approved by Wilfrid Laurier University Research Ethics Board. If you feel you have not been treated according to the description in this form, or your rights as a participant in research have been violated during the course of the project, you may contact Dr. Robert Basso, Chair, University Research Ethics Board, Wilfrid Laurier University, (519)-884-1970, extension 4994 or rbasso@wlu.ca

Participation

Your participation in this study is completely voluntary. If you decide to participate, you may withdraw from the study at any time without penalty. If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s)/ procedure(s) you choose.

With your permission, quotations will be used in the report, in order to generate an accurate account of your experience.

Feedback and Publication

The research will be used in a thesis project in association with Wilfrid Laurier University. Participants will be informed of the data and have access to the report once it is complete (estimated date of completion July 2015). The thesis will be available through the university. [If any other disseminations of the report occur (for example: books, journal articles, presentations) notification will be given to the participants.]

Consent

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Participant's Name (printed) _____

Researcher's signature _____ Date _____

Researcher's Name (printed) _____

I understand that direct quotations of my interview may be used in this research study and future publications. I understand that all identifying information, including names will be removed

before the quotation is used. I agree to the use of my quotations being used in this research study and future publications.

Participant's signature _____ Date _____

Participant's Name (printed) _____

Researcher's signature _____ Date _____

Researcher's Name (printed) _____