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The Experience of Sexual Betrayal Trauma: A Qualitative Analysis of
Responses from the Trauma Inventory for Partners
of Sex Addicts (TIPSA)

Laurel Kaylee Williams

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Educational Specialist

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ABSTRACT

The Experience of Sexual Betrayal Trauma: A Qualitative Analysis of Responses from the Trauma Inventory for Partners of Sex Addicts (TIPSA)

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Partners of sex addicts report symptoms similar to those of post-traumatic stress disorder in a mental health crisis known as betrayal trauma. Behaviors that constitute sexual addiction include viewing pornography, a behavior often claimed to affect no one but the user. This article presents an analysis of 1,191 qualitative responses to an item on the Trauma Inventory for Partners of Sex Addicts (TIPSA), with particular emphasis on respondents' self-reported disruption to relationships outside of the marriage/romantic relationship (e.g., with their children, employers, friends) following discovery of betrayal. Phenomenological analysis was conducted on participants' responses to determine if other relationships are/are not being significantly affected. Seven themes of disruption were found, including impairment to functioning, difficulty fulfilling roles, preoccupation, loss of identity, shame, getting stuck, and moving on. A discussion is included on the implications of these findings, including the implications for therapists who work with sex addicts and their partners and recommendations for policy changes.

Keywords: betrayal trauma, sex addiction, relationships, parenting, pornography, infidelity

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“Wherefore, it burdeneth my soul that I should be constrained, because of the strict commandment which I have received from God, to admonish you according to your crimes, to enlarge the wounds of those who are already wounded, instead of consoling and healing their wounds...For behold, I, the Lord, have seen the sorrow, and heard the mourning of the daughters of my people... because of the wickedness and abominations of their husbands. And I will not suffer, saith the Lord of Hosts, that the cries of the fair daughters of this people...shall come up unto me against the men of my people...Ye have broken the hearts of your tender wives, and lost the confidence of your children, because of your bad examples before them; and the sobbings of their hearts ascend up to God against you” (Jacob 2:9-35, The Book of Mormon).

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CHAPTER 1

Introduction

Sex addiction has been defined in the literature as a recurrent failure to control sexual behaviors despite significant negative consequences and efforts to stop (Braun-Harvey & Vigorito, 2016; Carnes, 1991; Schneider, 2004; Steffens & Rennie, 2006). One of these consequences is a recently discovered psychological crisis for the partner of the addict referred to as betrayal trauma. When a partner is made aware of the sexual misbehaviors, the resulting feelings of betrayal have been shown to most resemble the diagnostic symptoms of post-traumatic stress disorder (PTSD) including re-experiencing, hypervigilance, intrusive thoughts, and mood fluctuation (Bergner & Bridges, 2002; Carnes, 1991; Milrad, 1999). Prior to the publication of the Trauma Inventory for Partners of Sex Addicts (TIPSA) employed in the present study, no measure had been used to directly assess the validity of PTSD as a phenomenon for partners of sex addicts.

The goal of this research is to qualitatively analyze the self-reported experiences of respondents to the TIPSA, specifically in response to an item about the effects the discovery of their partner's sexual behaviors has had on their ability to fulfill roles. A significant theme of disruption in roles and relationships outside the romantic partnership would indicate that behaviors often seen as affecting only the user (such as viewing pornography) actually have a far-reaching effect, including consequences for the addict's partner's friends, children, employers, and beyond. This would affect how clinicians treat both sex addicts and their partners by further understanding their experiences and the unintended consequences of sexual compulsions. A deeper understanding of the effect of betrayal trauma on families and communities may also affect education and policy changes regarding pornography, as

precedented by Utah's governor Gary Herbert, who signed a resolution declaring pornography a public health hazard in April 2016 (Concurrent Resolution on the Public Health Crisis, 2016).

The following research question is addressed: What is the experience of men and women who report having experienced sexual betrayal as recorded in open-ended responses that focus on relationships?

CHAPTER 2

Literature Review

The experiences of partners of sex addicts is a relatively new research area. According to a search results analysis for the term “betrayal trauma” within published articles, the number of related publications per year began increasing in 2001 at four that year, reaching 22 publications in 2017, and continuing today with eight so far this year (Scopus, 2019). As a consequence, this review will cover the very recent and preliminary research on this topic, as well as rationale for the present study on partners of sex addicts’ experiences in their relationships, a topic not yet thoroughly discussed in prior publications.

Sex Addiction

The term sex addiction is a controversial topic (Gold & Heffner, 1998). Opinions vary from it being a public health hazard (Concurrent Resolution on the Public Health Crisis, 2016) to having some benefits (McKee, 2007) to being nonexistent (Ley, Prause, & Finn, 2014). Hall (2016) found that in a survey of 126 partners of sex addicts, only 30% had heard of sex addiction before their partner’s diagnosis, 36% thought of it as just an excuse, and 25% did not believe it even existed. Part of the issue stems from the fact that the term sex addict has become almost colloquial, making a formal definition difficult to disseminate and a serious conversation on the topic unlikely. Cohn (2014) compares it to the term nervous breakdown, in that its meaning depends upon context.

Recent research, however, suggests that sex addiction does exist. It has been defined in publications as a preoccupation with sexual behaviors that continues despite negative consequences and efforts to stop (Braun-Harvey & Vigorito, 2016; Carnes, 1991; Schneider, 2004; Steffens & Rennie, 2006). Hall (2016) proposes it is not classified by an individual’s

sexual behavior per se, but rather by their obsession or dependence upon those behaviors as a method of mood regulation. Whether the term “addiction” is the most appropriate is debated by researchers and clinicians alike, given the differences between behaviors subscribed under sexual addiction and those defined under other addictive behavior. Other names used in the literature include hypersexuality, sexual dependency and sexual compulsivity (Coleman, 2003). The term sex addiction will be used in this article to refer to all such names, for the purpose of clarity and in congruence with the name of the measure employed in the study (the Trauma Inventory for Partners of Sex Addicts).

It is worth noting, however, the differences and similarities between sex addiction and other addictive behavior if implications of the present study are to be informed by current findings as well as prior research on the topic. Sex addiction is a process or behavioral addiction, much like compulsive overeating and gambling disorder (American Psychiatric Association, 2013; Straussner, 2014). Behavioral addictions differ from substance addictions in terms of their antecedents required for creating a high. While the physical chemicals that alcohol and other addictive substances contain interact with the brain to create the high, addictive actions such as viewing pornography or eating a ninth piece of pizza trigger a release of chemicals that the brain itself creates. The effect has been shown to be the same; however, Voon et al. (2014) found that the same areas of the brain are activated when drug users are triggered as when pornography addicts are triggered.

There is also a moral aspect to sex addiction that may or may not exist among other addictions. Many religions that have strict standards regarding sexual behaviors may have much more lenient ones regarding alcohol consumption, recreational drug use, and other compulsive behavior (Adlaf & Smart, 1985). This also affects how willing certain individuals are to seek

treatment for a sex addiction, as there exists a different stigma around sex than around alcohol in religions such as Catholicism and Judaism, which happen to be the highest represented religious affiliations in the sample of this study.

Hall (2016) states that one thing all addictions, and most behaviors for that matter, do have in common is the neurochemical dopamine, which is one of the main neurotransmitters responsible for the high that people feel when they run a race, win a contest, or ace a test. Dopamine is released in the brain when an addict participates in the activity upon which they are dependent, be it drinking, gambling or engaging in cybersex, and causes the “buzz” often described by addicts. This sensation is present in all stages of addiction, from onset to maintenance to relapse (Di Chiara & Bassareo, 2007). There may be a propensity for multiple addictive behaviors once an individual has experienced this high in conjunction with a certain substance or behavior (Schneider & Irons, 2001). In a survey of 82 sex addicts, Schneider, Corley, and Irons (1998) found that only 34% of respondents stated they had no additional addiction. Of those with other addictions, 45% reported substance abuse, 23% reported having an eating disorder, 10% were workaholics, and nine percent were compulsive spenders.

Other commonalities among addictions include the likelihood of trauma earlier in the addict’s life as well as the existence of other related psychological diagnoses. Cohn (2014), a marriage therapist specializing in compulsive sexual behavior, typically finds that the sexually compulsive partner has undergone some kind of parental abuse or neglect. He also found that in some cases, “the behaviors are an expression of OCD, or a reaction to a sluggish ADD brain” (Cohn, 2014, p. 80).

Schwartz and Southern (2000) found, similarly, that in their sample of 40 self-acclaimed cybersex addicts, 43% suffered from post-traumatic stress disorder (PTSD), 73% had some form

of affective disorder, and 48% had some kind of eating disorder. Lusterman (1998) speaks to additional possible causes or catalysts that lead to sex addiction, including life crises, a sense of entitlement, sexual identity issues, or engaging in exploratory, retaliatory, or exit affairs.

On the problematic combination of mental illness and the highly reinforcing nature of dopamine, Hall notes, “It’s like rocket fuel; unresolved issues and unmet needs from childhood can render the braking mechanism almost useless. Hence, when it comes to choice and addiction, it’s like having the turbo-fueled engine of a rocket, and the brakes of a bicycle” (2016, p. 6).

Diagnosis. Despite all of these similarities sex addiction has with what society readily accepts as substance addictions, sex addiction is not a diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), the current diagnostic system for mental disorders in the United States (American Psychiatric Association, 2013). There is a category for addictive disorders but currently the closest it comes to identifying a behavioral addiction is gambling disorder. The inclusion of sex addiction was a topic of great debate among the Revision Committee for this most recent edition. They ultimately decided against it, perhaps because there was not enough research at that time to show that sex addiction involves tolerance, withdrawal, progression, and is chronic and fatal, the current diagnostic criteria for an addiction (Cohn, 2014). Until either that criteria are adjusted or more research is conducted, sex addiction could present in such a way that it would be diagnosable under existing DSM-5 categories including obsessive compulsive disorder (OCD), attention deficit disorder (ADD), social anxiety, or PTSD (American Psychiatric Association, 2013; Cohn, 2014).

Even though sex addiction is not currently found in the DSM-5, clinicians are finding a need to assess for it and have developed their own criteria for the purpose of their treatment. These measurements include screeners or other question-based assessments. There are also

dozens of commercial sex addiction screening tests online, a few being found at sexhelp.com, psychcentral.com, centerforhealthysex.com, sexaddict.com, and menscenter.org. Some of the measures created by professional clinicians include the Hypersexual Behavior Inventory (HBI; Reid, Garos, & Carpenter, 2011) and Assessing Pornography Addiction scale by Kevin B. Skinner (Skinner, 2011).

As an example, sex addiction therapist Paula Hall (2016) developed the following set of questions to ask individuals in her office as part of the initial assessment process:

1. Does your sexual behaviour have a negative impact on other areas of your life such as relationships, work, finances, health, and professional status?
2. Does your sexual behaviour contradict your personal values and potentially limit your goals in life?
3. Have you tried to limit your sexual behaviour or stop it altogether, but failed?
4. Are you more tempted to engage in sexual behaviour when you're experiencing difficult feelings such as stress, anxiety, anger, depression or sadness?
5. Are you secretive about your sexual behaviours and fearful of being discovered?
6. Do you feel dependent on your sexual behaviour and struggle to feel fulfilled with any alternative?
7. Have you noticed that you need more and more stimuli or risk in order to achieve the same level of arousal and excitement?
8. Do you find yourself struggling to concentrate on other areas of your life because of thoughts and feelings about your sexual behaviour?
9. Have you ever thought that there might be more you could do with your life if you weren't so driven by your sexual pursuits?

10. Do you feel as if your sexual behaviour is out of your control?
11. Do you currently, or have you in the past, struggled with any other addictions, compulsive behaviours or eating disorders, such as drug or alcohol addiction, compulsive gambling, gaming, work or exercise, or collecting?
12. Has anyone in your family currently, or in the past, struggled with any addictions, compulsive behaviours or eating disorders such as those listed above? (pp. 11-12).

As is evidenced in question number one, clinicians recognize the effect compulsive sexual behaviors have on the individual's relationships. In fact, Hall adds a final and conclusive question for partners of the addict to answer: "Would your friends and family, the people who know and love you most, find it hard to believe what your partner has done? If your answer to this question is a resounding 'yes' then your partner is most likely to be suffering from sex addiction" (Hall, 2016, p. 12).

The behaviors involved in sex addiction can vary across the "sexual activity spectrum" (Schneider, 2000b, p. 263). They have been broken into two broad categories by current research: isolative behaviors and relational behaviors. Isolative behaviors are characteristically consumptive and include viewing pornography, participating in sexually explicit chat or fantasy role-play rooms, and masturbation (Young, 2008). Relational or interactive behaviors involve physical contact with another individual. Lusterman (1998) breaks relational behaviors into three main categories: one-night stands, philandering, and affairs.

Treatment. Due to the wide variation in the actual behaviors involved in sex addiction, Cohn (2014) does not suggest treating it like other addictions. He suggests a method of processing trauma: "By bringing together the present-day stimulus and emotions with the antecedent childhood memory, even asking them to register the body experience, understanding

the meaning, and all in the presence of an empathic other – this is how we process trauma” (Cohn, 2014, p. 84). Hall (2016) also recommends resolving childhood trauma, or the “braking system” referred to above, as well as finding healthier ways to boost dopamine, or the “engine fuel.” She further suggests six treatment objectives for overcoming sex addiction, which form the acronym UR-CURED: understand sex addiction, reduce shame, commit to recovery, understand and personalize the cycle of addiction, resolve underlying issues, establish relapse prevention strategies, and develop a healthy life (Hall, 2016, p. 25).

There is evidence that 12-step programs have been effective for sex addiction (Khantzian, 2014). The steps help the individual admit he/she needs help in overcoming the addiction and can reclaim control of life. These kinds of support groups have gained popularity in recent years, arguably indicating a need for a more research-based approach to how best to operate them. “Online peer support groups for young guys trying to give up porn have unenviable numbers, reaching into hundreds of thousands” (Hall, 2016, p. 10).

Despite the increase in treatment and support groups for all types of addiction, there remains a belief for some that addiction cannot be helped and healed:

What I find most destructive about the addiction model is the notion “once an addict, always an addict,” meaning that we cannot cure but at best merely arrest the disease.

Although this model may accurately describe alcohol and drug addiction, my experience is that compulsive sexual behavior can, in fact, be healed once and for all. In my experience, the doctrine of incurability often serves as permission for the sexually compulsive person to “continue to fail.” Likewise, it provides permission to the hurt partner to continue to suspect, condemn, and view the partner who practices compulsive sexual behavior through a pathological or “perpetrator” lens. (Hall, 2016, p. 78)

Effects. Part of the definition researchers have proposed for sex addiction includes an aspect of continuing the behaviors despite negative consequences (Braun-Harvey & Vigorito, 2016; Carnes, 1991; Schneider, 2004; Steffens & Rennie, 2006). Some of these negative consequences have included separation, divorce, loss of interest in relational sex, extramarital affairs, sexual permissiveness, substance use, decreased productivity and damage to the individual's mental health (Braun-Courville & Rojas, 2009; Cooper, Safir, & Rosenmann, 2006; Schneider, 2000a).

Regarding mental health, Weiss (2004) found that the rate of depression for the 220 sexually addicted participants was 28% higher than the rate among the general male population not sexually addicted. Additionally, Zapf, Greiner, and Carroll (2008) found that men with sex addiction are more likely than the general male population to have insecure attachment styles in romantic relationships, specifically in terms of high relational anxiety and avoidance behaviors.

Some of the consequences may even include legal ramifications. In a study asking wives of sex addicts about their experience, 11 of the 35 participants reported that their husbands had undergone some form of serious consequence for their behavior including arrest, loss of employment, and lawsuits (Milrad, 1999). Unfortunately, due to the nature of addiction, these negative effects are likely intensify with the increased need for more or varied stimulation to reach that high, a principle known as tolerance.

These negative consequences can extend beyond the addict. Those affected by sex addiction include the individual and if he/she is in a committed relationship, the partner as well. "Of course, there is a category of incontrovertibly dystonic sexual behaviors that engender great shame and remorse, both on the part of the sufferer and others" (Cohn, 2014, p. 77).

Betrayal Trauma

The literature describes the experience following disclosure or discovery of sex addiction to partners as betrayal trauma (Bergner & Bridges, 2002; Steffens & Rennie, 2006). The term “betrayal trauma” emerged in the literature in the late-1980s and initially referred to the theory that children experience symptoms of amnesia as a coping mechanism for abuse (Freyd, 1994). It started being used in the context of sexual betrayal by a romantic partner in the early 2000s and has since become the term used to describe the mental health crisis that can follow finding out about various levels of infidelity (Hunyady, Josephs, & Jost, 2008).

What makes it a crisis for many is a combination of intense emotional and mental problems. These may include anxiety, depression, anger, rage, obsessive compulsive thoughts and behaviors, trouble concentrating, feeling of isolation, re-experiencing, loss of self-esteem and hypervigilance (Bergner & Bridges, 2002; Carnes, 1991; Milrad, 1999). Oftentimes these emotions and states of mind lead to poor choices and in turn, secondary distress. For example, in a study by Milrad (1999), the detective behaviors involved with hypervigilance led female participants to feel angry, sad, afraid and shameful, creating a kind of cycle of feeling bad for actions taken when feeling bad.

Through multiple self-report studies, researchers have discovered that the symptoms being reported by partners of sex addicts closely resemble those of PTSD as defined in the DSM-IV (American Psychiatric Association, 2000; Steffens & Rennie, 2006). The PTSD-specific symptoms that are present in betrayal trauma from a study by Steffens and Rennie (2006) include obsessive and intrusive thoughts, re-experiencing, distress, numbness, and hypervigilance. The experience is similar to those of war veterans or disaster survivors, but in this case, the traumatic event is a discovery or disclosure of sexual betrayal. The disclosure “sends a jolt of adrenaline

into the body that sets off a stress reaction” (Steffens & Rennie, 2006, p. 251). In this way, hearing a spouse explain they have been viewing pornography may be comparable to surviving a major earthquake.

In their study, Steffens and Rennie (2006) found that 69.6% of participants met all but Criteria A1 for a diagnosis of PTSD according to the DSM-IV-TR (text revision; American Psychiatric Association, 2000). Criteria A1 reads “Exposure to actual or threatened death, serious injury, or sexual violence... [by] directly experiencing the traumatic event” (American Psychiatric Association, 2000, Posttraumatic Stress Disorder section). Those who did not meet criteria for PTSD either had subclinical levels of scores on the subscales or did not experience terror or helplessness during the disclosure, another criterion for a PTSD diagnosis.

In the same study, researchers found 71.7% of wives of sex addicts had scores in the severe level of functional impairment, as measured by the Posttraumatic Diagnostic Scale (PDS; Foa, 1995). The PDS is a self-report measure used to determine the severity of PTSD symptoms following a specific traumatic event. It reflects all of the criteria listed for PTSD in the DSM-IV-TR, including criteria F which states that the symptoms experienced must result in significant impairment in “social, occupational, or other important areas of functioning” (American Psychiatric Association, 2000, Posttraumatic Stress Disorder section). One respondent’s experience exemplifies this functional impairment; “I was shocked. I threw up, couldn’t sleep, couldn’t eat, cried constantly, couldn’t work” (Steffens & Rennie, 2006, p. 261).

Researchers have been looking at firsthand accounts of betrayal trauma for the past 20 years. Table 1 summarizes the key studies about partners of sex addicts’ experiences.

Table 1

Research on Partners of Sex Addicts' Experiences (In Chronological Order)

Author(s)	Research Question	Methodology	Key findings	Limitations
Schneider et al., 1998	What is the experience of disclosure like for recovering sex addicts and partners?	Qualitative: Surveyed 164 sex addicts and coaddicts	Disclosure tends to take place over time, is best done without too many "gory details," and was believed to be the right thing to do by the vast majority of respondents.	No reliability or validity data for the measure used
Milrad, 1999	What are the themes associated with coaddicts' early recovery?	Qualitative: Interviewed 35 female coaddicts	Coaddicts in recovery experience depression, anxiety, PTSD, self-esteem issues, as well as 12-step programs, therapy, and a rebuilding of intimacy.	Limited sample of Caucasian, married, affluent, well-educated women
Schneider, 2000a	What are the effects of cybersex addiction on the family?	Qualitative: Surveyed 94 male and female partners who experienced serious adverse consequences of their partner's cybersex involvement	Partners reported experiences of betrayal, distress, and loss of interest in relational sex and self-esteem. Adverse effects on the children included exposure to cyberporn, involvement in parental conflict, and lack of attention from the both parents.	Limited sample of those who have experienced <i>significant</i> adverse consequences
Bergner & Bridges, 2002	What meaning does a woman derive from finding her partner is heavily involved in viewing pornography?	Qualitative: Collected 100 personal letters from female partners of heavy pornography users	Partners of pornography users experience a new and diminished view of the relationship, the self, and the partner.	Limited sample of women who had posted on internet message boards

Wildmon-White, 2002	Is there a relationship between relational attachment/learned helplessness of the wife and degree of sexually addictive behavior for the husband?	Quantitative: Administered measures to 69 wives, half of which were partners of sex addicts and half were not	Wives who fear abandonment by others and experience helplessness reported more sexually addictive behaviors for their husbands.	Limited sample of conservative Christian wives
Corley & Schneider, 2003	What are the factors related to disclosure to children by sex addicted parents or partners?	Qualitative: Surveyed 57 addicts and partners	Themes indicated that parents recommended disclosure if it was planned and the child was old enough. Children generally reacted with fear, anger, sadness, or attempts to comfort or praise the addict for getting help.	Small and convenient sample
Gordon, Baucom, & Snyder, 2004	How effective is an integrative treatment designed to help couples recover from an affair?	Mixed-methods multiple case study: Administered measures to six couples recovering from an extramarital affair before and after a three stage couples counseling technique	The injured partners met all but criteria A1 for PTSD, had experienced a decrease in self-care and self-esteem, and developed issues with trust. Treatment was preliminarily effective.	Small sample size with low external validity
Steffens & Rennie, 2006	Do the symptoms experienced by wives of sex addicts closely correlate with PTSD symptoms?	Quantitative causal-comparative: Administered measures of trauma to 63 wives of sex addicts	69% of participants met all but Criteria A1 for a diagnosis of PTSD	Relatively small and nonrandom sample
Zitzman & Butler, 2009	What are the attachment implications of a partner's pornography use and the associated deception?	Qualitative: Interviewed 14 women in couple therapy for their partner's pornography use	All 14 wives experienced a loss of attachment or security in their marriage indicative of attachment trauma as a result of their husbands' pornography use and associated deception	Limited sample of only Christian wives from three states in the United States

Likely due to the unethical nature of manipulating variables related to sex addiction and/or betrayal trauma, all of these studies relied on data provided by personal experiences. Most of these studies utilized qualitative methods to collect that data, allowing for a wider range of responses and perhaps a more complete understanding of that article's specific question about the experience. Common findings include the experience of PTSD-like symptoms, lowered self-esteem, and a significant amount of distress for the partner of the sex addict.

Several of the published studies included quotes from the betrayed, which highlight these key findings. One notable quote from the research of Steffens and Rennie (2006) included, "[My] initial reaction was to shake uncontrollably. I've had this kind of reaction before to death. This was death" (p. 263). Another from the research done by Milrad (1999) included, "At first I was fighting to save the relationship. Then, I realized that I was fighting to save myself" (p. 132).

A common limitation of these studies was a very narrow sample demographic (e.g., only married affluent women, only married Christian women from three states in the United States). In addition, only two of these studies explicitly asked participants about relationships outside of the marriage/romantic relationship. The first, completed by Schneider (2000a), asked partners of cybersex addicts, "If you have children, how have they been affected by the cybersex addiction?" (p. 35). Of those who reported having children, 37.1% mentioned the theme of their children losing parental time and attention and/or losing the two-parent home. One participant stated "One afternoon [my partner] was so caught up in the computer that he failed to meet my daughter coming off the school bus" (Schneider, 2000a, p. 47). Not only was the cybersex-addicted parent unavailable for their children, but "the other parent may also be unavailable because of preoccupation with the addict" (Schneider, 2000a, p. 47).

Another commonly reported adverse effect on children from this study was witnessing arguments in the home, with two women reporting cases of domestic violence witnessed by their children. Participants also described their children having been exposed to or becoming involved in pornography as a result of the addict's behaviors. One participant reported, "One daughter became promiscuous, the other wants me to leave him. My son now thinks that hurting women is normal" (Schneider, 2000a, p. 47).

The second study that explicitly asked participants about outside relationships was done in 2003 by Corley and Schneider. These researchers conducted a survey of couples dealing with sex addiction and betrayal which included a question asking about their disclosure to their children. Qualitative data suggested parents waited or did not disclose out of fear of negatively affecting the child, the child-parent relationship, or the partner-partner relationship. When parents did disclose, they reported doing so either impulsively, because circumstance forced them to, or in a planned and occasionally therapeutic atmosphere. Children reacted with disbelief, fear, sadness, and/or anger. Some children expressed that the disclosure validated their suspicions while others reacted more positively with expressions of comfort or praise that the addict was getting help.

According to respondents in this study, if parents were given the chance to change the way they disclosed, they would have waited until "the initial shock and rage" left. Some mentioned wishing they could have waited until the child was older or both parents could be present (Corley & Schneider, 2003, p. 310). All of the addicts who disclosed recommended disclosure for other parents. These studies, while important in increasing awareness of the seriousness of the issue of sex addiction, still did not directly research the effects on relationships outside of the romantic relationship.

Summary and Statement of the Problem

Both sex addiction and betrayal trauma have been researched with a variety of focuses. This study specifically looks into the experience of men and women who report sexual betrayal through the lens of effect on relationships. Significant themes of negative effects to relationships (including children, friends, family, employers) would potentially alter how clinicians treat three different populations in the following ways: (a) For those experiencing betrayal trauma, an emphasis on reestablishing the relationships in the client's life would become an evidence-based approach to therapy; (b) Sex addicts themselves could be made aware of the far-reaching effects their addiction has on those around them; and (c) Those in relationships with the betrayed partner, including children, friends, family, and employers, could be taught that betrayal trauma is a mental health crisis, rather than a sudden, inexplicable change in personality which has resulted in either lack of attention or increase in problematic behavior (e.g., inability to nurture, proclivity to lose temper, tendency to arrive late). Affected others could be taught that the trauma is not their fault and healing is possible, potentially mediating the transfer of trauma from the partner of the sex addict to themselves (Herzog, Everson, & Whitworth, 2011; Suozzi & Motta, 2004).

A majority of the studies reviewed above relied on responses from narrow groups of individuals, both in number and in diversity. This study will examine the responses of nearly 1,200 men and women, as opposed to the past studies' samples of 35-100. Respondents in this study vary widely in demographics due to the data-gathering method: an online measure. These responses will help address the question: What is the experience of men and women who report sexual betrayal as stated in open-ended responses which focus on relationships?

CHAPTER 3

Method

Positionality Statement

At the time of this research, I was a graduate student at Brigham Young University studying school psychology. Several experiences in my life up to this point led me to be interested in researching this topic. I interned at the Salt Lake City Children's Justice Center for abused children, where my whole job was to call parents after their child's forensic interview to see how things were going and offer support. As part of that job, hundreds of cases of child sexual abuse crossed my desk, which I read individually before making my calls. I also was working in the public schools with families who I could presume had experienced sex addiction and betrayal trauma, based on the experiences my students shared with me. I sat in on a 12-step addiction recovery meeting for partners of sex addicts as part of my research for this study. I had been invited by a colleague from a nonprofit I was involved in called Reach 10. The vision of Reach 10 is to create a society that talks openly and honestly about pornography, which they suggest can be accomplished by individuals talking to 10 people at a time about hope and connection as a replacement for addiction. Finally, my older sister is a Guardian ad Litem who always served as an example in my life of someone who heard the voiceless and spoke out to better their lives.

I was raised as a member of the Church of Jesus Christ of Latter-day Saints, with the understanding that God intends sex to be between a husband and a wife. This belief helps me understand why sexual infidelity hurts so much; I believe our very souls sense the sanctity of sexual intimacy, so the idea of having that shared with another person/picture/video hurts.

Participants

Participants (N = 3,199; 2,339 women, 164 men, 696 unknown) ranged in age from 18-20 to over 60 years (M = 36-40). Of the 3,199 respondents to the survey at large, 1,191 participants, or 37% of the total respondents, chose to respond to the open-ended prompt. Most were women; 94% were women (1109), 6% were men (66), and 1% left the item about gender unanswered (16). Participants came from various regions in both the United States and Canada.

Of these 1,191 participants, 845 were currently in a relationship (273 in committed relationship, 572 married) and 330 were not in a relationship (98 single, 134 separated, and 98 divorced). The relationship status for 16 of the respondents was unknown. There were 1,137 respondents who had at least a high school diploma (124 high school graduates, 372 some college, 128 associate's degree, 304 bachelor's degree, and 209 graduate degree), while 39 had a GED and 15 did not respond as to their education level. Religious preference varied across 17 domains, with most respondents being either Catholic or Jewish (177 Catholic, 168 Jewish, 128 non-religious, 126 Christian, 123 Methodist, 92 Atheist, 84 Agnostic, 62 Buddhist, 51 Born Again Christian, 39 Latter-Day Saint, 19 Baptist, 15 Lutheran, 12 Protestant, 11 Muslim, eight Wicca, seven Hindu, and 69 either marked "Other" or did not respond to the question regarding religion). Of the 1,191 respondents, 751 reported having been diagnosed with at least one of eight psychological diagnoses, with some individuals reporting as many as five (586 depression, 512 anxiety, 237 PTSD, 108 ADHD, 59 bipolar, 31 substance related disorder, 25 borderline personality disorder, and four narcissism).

A chi-square test of independence helped determine possible influencing factors for why more than half of the participants did not choose to respond to the open-ended prompt in item 56. Results show that age had a significant effect on whether participants responded to the prompt,

with 36-40-year-olds being significantly less likely and individuals over 60 significantly more likely to answer the item ($p=.018$, $df=9$). Religious preference also proved significant ($p=.000380$, $df=15$) with Buddhists, Lutherans and Catholics being less likely to respond and Jews being significantly more likely to respond. Non-significant factors included gender, relationship status, educational background, and psychological diagnosis.

Participants were informed at the beginning of the measure that their responses would be used for research purposes; consent was inferred by their continued completion of the measure. The instructions for the measure are found in Appendix A. Institutional Review Board (IRB) approval was received to conduct this study; the approval letter can be found in Appendix B. Participants were not reimbursed nor rewarded in any monetary way or otherwise. However, the survey ended with the following offer: “If you would like more information regarding betrayal trauma, please leave your name and email and we will send you additional material. This information will be sent from Bloom for Women. Thank you for participating in this assessment,” followed by a place for participants to fill in their name and email address. All data was de-identified prior to analysis. The Brigham Young University Institutional Review Board approved the use of this data in January 2017.

It should be noted that due to the self-selection nature of recruitment, there may be selection bias based on factors such as access to internet, identification/acceptance of the title “partner of sex addict,” experience with completing online measures, and happenstance of seeing the article online.

Materials

The data used in this study were collected using the Trauma Inventory for Partners of Sex Addicts (TIPSA). The TIPSA was developed by Skinner and Keffer to aid mental health

professionals in assessing PTSD as a valid diagnosis for partners of sex addicts (Skinner & Keffer, 2005). The first version was developed in 2005, following a discussion between the two clinicians regarding the symptoms being seen in their clients. Realizing the symptoms of partners of sex addicts closely resembled those of PTSD, they “wanted to know whether trauma was present just in clients we were seeing or if it was present in the general population” (Skinner, 2015, para. 10). The TIPSA was revolutionary in that it was the first measure that assessed trauma experienced by partners of sex addicts.

The majority of participants accessed the TIPSA via an in-text hyperlink found within an article published on Psychology Today on August 13, 2015 entitled “The Lasting Effects of Sexual Betrayal: Disturbing study results make a case for recognizing PTSD within relationships” written by Kevin B. Skinner as part of a series of articles entitled “Inside Porn Addiction: The path to healthy intimacy” (Skinner, 2015). The complete article is found in Appendix C. The remaining participants were recruited through Skinner’s private practice and his website, BloomForWomen.com.

For this study, two updated versions of the TIPSA, versions 2.0 and 2.1, were administered via Survey Monkey and accessed through a web link on his Psychology Today article published in August 2015. Some participants were referred to the measure through his private practice and website BloomForWomen.com. Version 2.1 was developed to clarify the demographic item regarding religion and to add eight additional questions regarding “gaslighting,” or manipulation in order to cause doubt.

Version 2.1 consists of 73 items, 69 of which are quantitative Likert scale responses to items such as “I struggle to think of other things besides what my partner has done” with response options of never, occasionally/rarely, about half the time, more often than not, and

always. Items were written to reflect the diagnostic criteria for PTSD as determined by the DSM-IV-TR (American Psychiatric Association, 2000). The last item on the measure asks the participants if they would like to provide a name and email for more information. The remaining three of the 73 items combine quantitative and qualitative aspects with both a Likert scale/multiple choice response and open text box. For example, item number 57 reads “Below is a list of sexual behaviors. Please indicate by selecting which of the following behaviors your partner has been involved in. Please check all that apply. Other (please specify).” The measure took about 30 minutes to complete.

For the purposes of this study, responses to one two-part item were analyzed. This item included a quantitative and qualitative response to the following prompt: “It has become difficult for me to fulfill important roles (that of employee, parent, etc.) since discovering my partner’s sexual behaviors.” This statement was followed by a Likert scale with response options of never, occasionally/rarely, about half the time, more often than not, and always. The participants were then prompted to comment on their answer with the statement “Please explain your answer” and a blank text box.

Design and Analysis

All data were collected via the survey administration platform Survey Monkey and exported to SPSS (Statistical Package for the Social Sciences). Identifying information was scrubbed from the data set (i.e., name, email address, and IP address) prior to researchers receiving it in two separate SPSS files. The files were combined into one for analysis and were stored on a password-protected computer.

Qualitative analysis was used to answer the research question. Responses to item 56 of the TIPSAs was the focus of analysis, which reads “It has become difficult for me to fulfill

important roles (that of employee, parent, etc.) since discovering my partner's sexual behaviors. Please explain your answer" followed by a Likert scale and blank text box. Likert scale responses were analyzed in SPSS to determine frequencies for response options of never, occasionally/rarely, about half the time, more often than not, and always. Responses to the open-ended prompt within item 56 were copied from the dataset in SPSS and pasted in a Microsoft Word document for meaning condensation analysis. The descriptive phenomenological process as outlined by Giorgi and Giorgi (2003) was used to find themes within the responses. This method of analyzing qualitative data was used for two primary reasons. One was the aim of this study: to understand the self-reported experience of betrayal trauma, with particular focus on relationships. The alternative interpretive phenomenology is more concerned with how individuals make sense of those experiences. The second reason was the fact that the data was collected without opportunity to ask participants any follow-up questions, which may have provided more information as to how they made sense of their experience. Analysis included the following steps:

Step one: Read the whole "interview" or in this case, all responses to item #56, to get a sense of the whole. This step did not involve thematizing specific responses but rather introduced the researcher to the length, tone, and subject matter of all responses as a whole. As Giorgi and Giorgi (2003) stated, "One cannot begin an analysis of a description without knowing how it ends."

Step two: Determine the natural "meaning units" (i.e., where one idea begins and ends) of participants' responses. These meaning units varied in length from one word to several sentences, and there were often multiple meaning units within one response.

This step aided the analysis process and is not independently meaningful. It should be noted that not all meaning units were necessarily psychologically meaningful for answering the research question (e.g., “I’m a manager” is a natural meaning unit but does not necessarily have psychological meaning that informs about the experience of betrayal trauma).

Step three: State the theme that dominates each natural meaning unit as simply as possible. This step was completed initially by writing the theme next to the meaning unit. After the first several hundred meaning units, this step was then completed by copying and pasting the meaning unit under one or more theme headings that had been generated during the first part of step 3. Secondary themes emerged within the primary themes as the volume of responses allowed for differentiation between several ideas within one idea (e.g., The initial theme of “Shame” began to include a wide difference between feeling ashamed due to what others were saying versus feeling ashamed due to self-blame. Thus, secondary themes emerged.) These primary and secondary themes were combined, split, and morphed over the course of the analysis.

Step four: Interrogate the meaning units in terms of the specific purpose of the study by asking “What does this statement tell readers about the experience of men and women who report sexual betrayal?” The results section is comprised of answers to this question for each theme found, with the best articulated responses from participants quoted verbatim.

Step five: Tie together the essential, nonredundant themes of the entire dataset together into a descriptive statement.

Two examples of how these steps were completed are found in Appendix D.

CHAPTER 4

Results

Firstly, some of the more surprising findings will be reviewed, followed by a report of the more common topics and themes. Those more surprising findings from this study included reported experiences that were not necessarily prompted by prior items on the TIPSA. Others were so extreme in nature that they stood out among the other thousand responses. Such experiences included feeling unworthy to write or speak, understanding why the partner's first wife had killed herself and feeling suicidal herself, abandoning one's own children, fearing one's children had been sexually abused by the partner, quitting a job to be able to stay home and monitor the partner, feeling "nonexistent," closing oneself in a bedroom for five years, feeling like "I'm the one with the addiction," taking on responsibility for preventing the infidelity from happening again, going through 10 affairs, and an inability to remember "at least two whole years of my life."

Another surprise was how common and pervasive the theme of an inability to concentrate was. While this qualitative work was not concerned with describing meaning in quantifiable ways, it felt to the researcher as though this was one of the most commonly shared experiences among participants. Some of the unexpected results in terms of outliers, or disconfirming evidence of impairment to relationships by betrayal trauma, included participants wanting to be responsible for their part of the situation, commenting on the love they have for their partner, explaining that their partner is a sex addict yet "loves me like a fairytale," and little to no impairment to roles. One respondent's comment appears almost comical next to so many dozens of responses detailing the devastating effect the experience has had on their identity and lives; he/she wrote "I had to take a half day off work one day for mental health." These kinds of

responses were rare but should still be considered and ideally interrogated as to why their experience was so much less painful than their peers.

Participant responses ranged in length from one to 461 words, with an average of about two sentences per response. Phenomenological analysis of responses produced seven primary themes composed of 20 secondary themes. Primary themes included impairment to functioning, difficulty fulfilling roles, preoccupation, loss of identity, shame, getting stuck, and moving on. These themes will be explored in detail in the following section. Spelling and grammar mistakes in participant quotes were corrected for readability and out of respect for their experiences.

Impairment to Functioning

Many participants reported that it became difficult to function after finding out about their partner's sexual behaviors. One participant succinctly stated, "I'm barely functional." Disruption occurred in the form of difficulty performing daily tasks, physical symptoms, and persistent negative emotional states.

"Simple tasks are extremely difficult most of the time." Following disclosure or discovery, participants struggled in day-to-day tasks like maintaining personal hygiene, feeding themselves and their children, performing housework, checking the mail, making appointments, exercising, and even getting out of bed in the morning. The struggle came from either a lack of desire, a lack of energy, or an inability to remember to do those tasks. Alternative behaviors to completing these daily tasks included laying around for hours, taking naps, watching television, crying, being alone, and thinking about what happened.

On difficulty maintaining personal hygiene, one participant wrote, "Forget to take showers or brush my teeth." Another stated, "I just don't care about housework or self-care like I used to."

One participant explained the “bare minimum” mentality she adopted,

I do what it takes to survive. I go to work. I do just enough laundry to have clothes for the next day. I clean just at the time when it starts to be unhealthy, and I do the bare basics so my kids are fed and educated. I just can't find the energy to do more.

On the extreme end of the impairment spectrum, one participant wrote, “I stopped writing and speaking.” Another said, “My partner has hurt me to the point that, most days, I don't get out of bed. I got to the point I wouldn't leave my room for days on end.”

“I don't feel as healthy as I used to feel.” After finding out about their partner's sex addiction, participants experienced undesired physical symptoms ranging in severity from fatigue and headaches to cysts and increased blood pressure. Other symptoms included stomachaches, migraines, weight loss, anemia, shaky muscles, lowered immune system and difficulty sleeping and eating. One wrote, “I couldn't sleep. I wasn't eating.”

One participant wrote, “The trauma I experienced caused a cascade of medical issues including strange cysts that started popping up in multiple areas of my body. The trauma of discovery was horrific, ripping through my body like nothing I've ever experienced.” Another stated, “I could easily not eat for a week, the anxiety and feelings are so intense.” In reference to how the experience affected both her and her children's health, one explained, “We all had trouble functioning, trouble sleeping. We got sick a lot.”

Another example of a health concern reaching beyond the partner of the sex addict included this response:

So depressed I had a hard time eating, to the point my medical provider recommended me discontinue breastfeeding my baby, because I couldn't sustain the pregnancy I had. No matter how hard I tried to eat, I had no appetite and continued to lose weight.

Some of the health concerns developed due to the sex addict's promiscuous behavior, which then transferred to the partner of the sex addict. For example, one participant explained:

My now ex has been paying prostitutes while overseas on business for over 10 years. Additionally, he had girlfriends in several locations. He was having unprotected sex with the girlfriends and the prosties. The result for me? Well years of anemia because of several things wrong with my uterus - infection, fallopian tube cyst, uterine polyps, heavy bleeding, etc.

Another stated, "He has raped me three times while pregnant and never cared what serious health issues such as yeast infection post-birth and torn labia from birth. . . . and put me through pain and bleeding."

"I am depressed and anxious and can't find enjoyment." The final secondary theme within the primary theme of impairment to functioning involves persistent negative emotional states such as sadness, depression, anxiety, apathy, and self-doubt. Some of the responses seem indicative of a clinical diagnosis of depression and/or anxiety, which is not unlikely, considering nearly half of the participants reported having been diagnosed with one or both (586 with depression, 512 with anxiety).

The intensity of these emotions is indicated by the verbiage used by participants. One respondent reported, "I experienced up to 15 panic attacks a day in the first weeks." Another explained, "It is hard not to cry all the time." Yet another wrote, "Classical clinical depression. Not overly motivated, productive or energized." Suicidality was mentioned by a couple respondents. One stated,

At my darkest time after catching my husband and realizing the depth of deception and lies that our marriage foundation was on, I was so depressed I began thinking I didn't

have anything left in me to be an adequate parent. I was too lost in a wormhole of grief to adequately care for my newborn. I remember asking God to please let someone crash into me (I was driving) and take my life.

Another stated,

My husband's first wife killed herself; I believed his stories about her problems, but I now understand exactly what drove her to suicide and I have been very close to it myself to try to stop the relentless pain he deliberately inflicts on people who once loved him.

Difficulty Fulfilling Roles

As prompted by the questionnaire item, phrased, “It has become difficult for me to fulfill important roles (that of employee, parent, etc.) since discovering my partner’s sexual behaviors,” there was a theme among responses of difficulty fulfilling roles. The primary roles affected included parent, employee, student, and friend. Each of these will be expounded upon below.

“I am less attentive to the needs of my children.” Participants expressed having a hard time with the role of mother/father due to the emotional and physical resources that were unavailable while dealing with betrayal trauma on top of parenting. Some of the parenting tasks that became challenging included providing food, spending time with/playing with the children, helping with homework, running errands, homeschooling, grooming, listening and celebrating birthdays. Several participants simply summarized the parenting tasks with comments similar to this one: “Less attention on daily issues of our children.”

It seemed those daily issues became less of a priority because the participants were preoccupied either externalizing or internalizing their pain. One respondent wrote, “I’m always pre-occupied; therefore, I’m very impatient handling the kids.” This would be more of an example of externalizing, as the preoccupation led to impatience with the children and in other

cases within the study, even yelling and snapping at their children. For example, one participant explained, “On bad days, I will take out the pain by yelling at my kids.” Another stated, “When I become overwhelmed thinking of the betrayal, I become short-tempered and agitated with those around me. Makes being a full-time mom difficult because I lash out at my children.” Some even expressed feelings of resentment for having to care for their children. One wrote, “I feel detached from my children as I sometimes feel I was tricked or fooled into having them.” Yet another participant explained,

Due to feeling anxious and worried about him getting angry at me for not having a clean house or dinner ready when he'd get home from work, I found myself constantly on edge and impatient with my kids. I came to resent them because they were the reason I couldn't get things done like he wanted them to be done.

On the internalizing side, participating parents explained they disengaged, rather than negatively engaged, in parenting in order to deal with their own pain. One expressed, “Sometimes I zone out in despair and find myself ignoring the cries of my 3-year-old daughter.” Another explained, “Get distracted easily; forget I have to feed the baby.” In order to cope, one participant avoided spending time with her children altogether,

I try to sleep/nap as much as possible so I don't have to face the pain. I don't give [the children] enough attention or play time with me. They watch too much TV because I can't handle the meltdowns (since I deal with my own meltdowns).

Another participant echoes the idea of letting her children watch too much television, “Sat my son in front of the TV all day because of my reaction to my partner's sexual behaviors.” One participant explained she struggled to care what her children did or did not do, “Missed out

on a lot of things going on around me, because I really don't care about things as much. Let my kids do what they want."

Similar to the idea of missing out on things around them, some expressed that they do not remember whole periods of their children's lives. For example, one stated, "During that time I was going through the motions of caring for my three kids, but I have no recollection or memories of that period." Another parent confirms this experience,

I am doing much better but still feel so guilty that I cannot remember my last child's first steps at all because I was just in a different mental space. I have almost no concrete memories of him before about four. I'll never get them back. I was in such a fog of grief.

A few other themes within the area of parenting included not feeling as much joy with their children, trying to be upbeat for them, avoiding spending time with them to avoid disappointing them, and the loss of motivation to care for them. One wrote, "I used to be best friends with my children but now rarely reach out and see them." Another stated, "I abandoned my children." One insightful comment was, "I have two children and feel like I don't provide for them like I used to, because I spend so much time avoiding them because I am afraid of disappointing them like my husband has."

Several respondents described how their children were affected. One wrote, "It has taken me years to realize how much my emotional trauma has affected my children." Some of the consequences they mentioned included their children dropping out of school, getting sick a lot, becoming withdrawn/anxious, not getting to leave the house as much, and losing time with one or both parents. One commented on how her emotional state affected her children, "I'm depressed and anxious and I avoid public places where other women are, so my kids don't get out as much." Another commented, "Parenting my adolescent kids has become overwhelming as

THEY deal with the betrayal trauma that they are experiencing. They feel like their whole lives have been a lie.”

A few respondents wrote that they had fears their partner would or had sexually abused their children. One wrote, “I felt like I couldn’t leave the room with the kids in there for fear he would go to porn sites with them there.” Another explained,

I have to make sure my kids are safe all the time so he doesn’t hurt them since he is also engaging in child porn. I believe he hurt my daughter when she was one and I also believe he hurt my son and wouldn’t be surprised about my other two girls!

Another wrote,

I’m afraid of how he may look at my kids and grandkids since he watched porn so much. He has certain behaviors that he does when he’s thinking about porn, and I notice those behaviors when my daughters are around a lot of times.

“Feel unable to cope with employment.” Many respondents wrote about their struggle to either go to work, focus at work, or keep their job at all. While a few mentioned being laid off or fired from their jobs, most participants that wrote they had lost their job had quit. Some of the reasons for quitting included anxiety, the stress it put on the relationship, no desire to work, lack of sleep, panic attacks, and excessive crying. One simply wrote, “Chose not to go back to work as a direct result.”

Those who did mention being fired explained the reasons which included an inability to stop crying, poor attendance, and angry outbursts at work. One wrote, “My most recent job fired me as I could not stop crying after the latest betrayal, and I cried my way through a ten-hour shift.” Another wrote, “I am constantly angry, and this has caused me to explode at work and get fired a number of times.”

Some explained they had a hard time attending their full work hours; they either arrived late, left early or took days off. One wrote, “I can only work about 50% of the time that I used to be able to.” Others commented, “I call into work a lot,” “I’m often late because I try to sleep away the anxiety,” “I just don’t go to work,” and “I had to go home from work due to an emotional breakdown.”

Those who mentioned work in their responses but did not mention losing their job nor cutting hours wrote about being distracted or less productive at work. One wrote, “Work has been incredibly difficult and I spend most of my day being distracted and trying to focus on my duties. I’m not doing a very good job at work.” Others explained, “I have let things slip at work,” “Have postponed due dates and work continues to pile up,” “At work I am distracted 90% of the time,” and “I get sidetracked at work thinking about what my partner has done.”

A couple of participants explained their consequences of not being able to work as well as they used to, “Being unable to focus on my work, my two businesses went under, and I lost all my real estate including our own home” and “Went from chemical engineer and then territory manager to working at Sears as a lead/supervisor which was all I could handle.”

Included in the idea of not being able to work was the secondary theme of not being able to do schoolwork or perform well as a student. Several participants wrote about the effect the discovery/disclosure had on their grades, status as a student, and activity in school-related activities. One wrote, “I could not focus on school. I would constantly skip class instead, because I just felt like the emotional deal was too much to handle.” Another explained, “I cannot maintain focus or look at an assignment for an extended period of time.” Other related responses included, “My academics are on hold,” “In the past my grades went down significantly,” and “I stopped going to school.”

“Difficult to be a friend.” Many participants described some kind of change in their personality, desires, or abilities that made it hard to be a friend since discovering their partner’s sexual behaviors. One wrote, “Hard to social[ize] with friends.” Another explained, “I abandoned . . . long-standing friendships of 10+ years.” Some of the main factors under this theme included isolation, becoming less patient of others’ problems compared to their own, and feeling undependable.

On the topic of isolation, many participants explained that they “dread being out of the house” or “want to hide.” The behaviors described in this isolation include finding excuses to not go out with friends or family, cancelling appointments in order to be home, staying home, and/or staying in one’s bedroom or laundry room. One participant described, “I got to the point I wouldn’t leave my room for days on end.” Another wrote, “I want to hide. It’s difficult to be out around people. It’s difficult to know how to have normal conversations with people.” Another described the extent of this isolation, “When I first found out about it, I closed myself in my bedroom for five years. . . . I have no recollection or memories of that period.”

Several respondents mentioned feeling less patient towards others since the discovery. One explained, “When I become overwhelmed thinking of the betrayal, I become short-tempered and agitated with those around me.” Another put, “Not as attentive, uninterested, consumed with my own situation.” This impatience led to irritation or disinterest for some participants, who wrote, “I am uninterested and find it difficult to relate and care about people anymore,” “I become short tempered with everyone around me,” and “I feel either stupid or frustrated with others’ ‘stupidity.’”

Lastly, participants described either feeling undependable or actually becoming less dependable through this experience. For example, one wrote, “Have trouble completing tasks

and following through.” Others wrote, “I don’t feel reliable,” “Unable to be focused and dependable,” and “I am too preoccupied with what he’s doing or if he’s actively betraying me or not still to be worth a shit to anyone.” A few provided reasons why they felt they had become less reliable. One wrote, “Unable to provide emotional support to anyone. I feel like I have nothing to give.” Another put, “I tend to sit on the sidelines rather than participate, because I never know if I am going to be in trauma mode or not.”

Preoccupation

A recurring theme in responses was the participant’s difficulty focusing on much of anything else besides the betrayal since it occurred. This “emotional energy,” as one respondent put it, or “ruminat[ion]” as another stated, was centered around various issues such as legal fights, the worry it may happen again, trying to “be perfect,” wondering how to “repair us,” imagining the infidelious interaction, and/or trying to figure out why it happened and how the partner could have prevented it. One participant seems to have summed up what many of the responses alluded to, “My thoughts are consumed with what has been discovered and with the how’s and why’s of it all.” Problems with concentration as well as hypervigilance are secondary themes that were found within this particular phenomenon.

“I find it difficult to focus on anything that isn’t related to my partner’s sex addiction.” Many participants stated they are “Always distracted” or “It is always on my mind!” One participant wrote, “Sometimes I space out a little at work or anxiety will flare up during busy times like my head is too crowded.” Another echoes this idea of headspace being taken up with this statement, “I’m continually comparing myself to any blonde that looks like her and find myself obsessing. It just takes up too much space in my brain.”

Some of the areas that respondents mentioned that they can no longer focus on included work, goals, individual needs, parenting, and remembering events. One particularly concerning situation a respondent was distracted during was driving; he/she wrote, “Get distracted, have driven through red lights.”

Several responses around this issue mentioned distraction at work. One stated, “I cannot focus. And I’m easily distracted at work.” Another reported, “Can’t concentrate on tasks expected of me at work. What she’s done constantly going through my head. It never stops.”

One commented on how this preoccupation is affecting quality of life, “Can’t focus on anything without my mind wandering to my partner’s infidelity; I’m just not enjoying life.” Another respondent explained how not being able to concentrate is affecting his/her life, “It’s hard to focus. I seem to lose things.” Another explained that this preoccupation lead to tears, “Anytime mind is not focused on job task, thoughts of him and porn and pain consume me often resulting in tears.” Participants mentioned the inability to focus occurred “in my spare time” and that this difficulty “improved in time.”

“I’m constantly preoccupied thinking about where he is, what he's doing, who he's with, is he lying to me right now.” Responses around the issue of preoccupation were closely tied to a theme of hypervigilance, which is a state of elevated alertness and excessive searching for possible threat (Yoon, 2018). One of the main explanations for what participants were thinking about instead of their jobs, children, goals, and driving laws was what their partners were doing when they were not with them. One stated, “I am plagued with constant distracting thoughts, worrying about where he is, what he is doing, why he hasn’t answered my text messages, why he isn’t answering his phone, etc.” Another described how it feels by writing,

“Guarding him takes up so much of my time . . . it feels like my life is revolving around this. . . . It’s basically ruining my life and it feels like I’ve built my own prison.”

Many participants mentioned interruption to their workday or other daily activities by this heightened sense of danger and consequent checking behaviors. For example, one respondent wrote, “While I’m at work I try to follow up on him and find out what he’s doing, causing me to become behind in my work.” Another explained, “I will skip making sales calls to be home and monitor him. It is going to eventually catch up to me at work.” One participant wrote about the effect this hypervigilant behavior has had on her parenting, “I am busy monitoring my husband instead of spending time with my children.”

Several participants explained that they had stopped working altogether due to this hypervigilance. One wrote, “I cannot get a job because I’m worried while I’m working, he will be looking at porn. I cannot leave him home alone to go anywhere.” Another stated, “I had to withdraw from college courses because my partner was using this time to cheat on me.” Another explained, “I recently resigned from my job to monitor my spouse.” One participant “lost my job due to callouts, felt like I had to be home to watch him.” One response elaborated on why she felt the need to come home early from work:

At work, I left early most days because I was sick to my stomach worrying what he was doing or if he would be home after work. I liked to be home when he came home to see how he looked or acted without having the time to shower, come down from anything he had been excited about, email, call or go on the net for porn. If I was there, he couldn’t do that. I’d stay awake until he went to bed and fell asleep for the same reason: I like being home when he comes in from work.

Some participants took other actions to try to ensure their partner was not engaging in sexual misbehaviors. One wrote, “When I leave town, I set up a hidden camera, catch him and he lies.” Another explained he/she stopped doing basic human functions in order to find a way to catch him, “I was super hypervigilant. I was looking for any way to catch him. I couldn’t work. I couldn’t sleep. My mother/daughter relationship was deteriorating. I wasn’t eating. My ego was shattered.” Another wrote that he/she stopped doing things, “I would like, like work out or see friends” in order to avoid leaving “him at home alone.”

This hypervigilant behavior seems to be maintained by some participants by the release of anxiety that built up when the partner was unable to monitor the behaviors. One wrote, “Anxiety attacks at work when he does not respond to text messages.” One explained,

Feeling that I need to be there for him if I’ve been away too long (more than few hours) and the longer I stay away after the first thought of it, the more anxious I am every minute until I feel so uncomfortable I need to leave no matter where I am.

Another wrote,

I used to go to work and spend the entire time worrying about where and what my husband was doing. I would run home on my 30-minute lunch break just to check on him. Now that I lost my job, I spend lunch at his job, so I don’t have to wonder who he’s talking to or what he’s looking at on his work computer.

While most participants mentioned these checking behaviors without explicitly explaining that they actually find misbehaviors after checking, some did explain that their hypervigilance led to discoveries. For example, one reported, “When my son and I were home alone, I couldn’t enjoy him as much because I assumed (usually correctly) that my spouse was out being unfaithful.” Another wrote, “I really don’t have the energy to actually check up on him

because the few times I did, he wasn't where he was supposed to be." Another response read, "I'm constantly checking on her hoping to find I can trust her. Five years and I still find her crossing relationship boundaries. It consumes my time." Another explicitly stated he/she does not usually find anything, "I am usually busy checking my husband's phone and email and FB [Facebook]. A lot of the day. It's like I can't turn it off in my head. Even when I find nothing, I think 'there has to be something.'"

Loss of Identity

Many participants mentioned a distinct difference in who they used to be versus who they are now, since discovering their partner's sexual behaviors. They described acquiring new and undesirable personality traits and/or losing interests they once had. One participant simply wrote, "I feel like my identity, or whoever I was before this happened, has died." Another put it this way, "I feel like a shell of my former self." Another stated, "I don't feel like the same person that I was before this happened." The themes of losing interests and personality traits, starting substance abuse, and a new negative view towards self are further explained below.

"I felt like I lost a piece of myself." Responses around loss of identity specifically mentioned a loss of both interests and characteristics. For example, one respondent stated, "I have lost interest in things I usually like." Another stated, "I have lost interest in everything I once felt was important." Some of those important "things" participants mentioned losing interest in included sewing, keeping a clean house, cooking, reading, writing, drawing, playing instruments, singing, and parenting. One wrote, "My love of cooking has totally left me." Another explained, "I don't even enjoy playing guitar or singing or playing violin or piano anymore." One wrote, "I never want to work or do anything really anymore."

In terms of lost personality traits and characteristics, participants mentioned decreases in patience, sociality, ability to handle stress, confidence, attention to detail, focus, energy, motivation, work ethic, happiness, and effectiveness. One wrote, “I used to be very social, outgoing, start conversations, want to talk, etc. . . . Since finding out about his cheating, I have withdrawn. I feel awkward now, almost all of the time.” Another explained, “I lack the attention to detail I used to be so good at.” One detailed how this change had affected her behavior: “I have always been a room mom. No more now. 😞”

Several participants explained that they gained new undesired personality traits, such as mean, angry, anxious, easily irritated, less tolerant, fearful, and suspicious. For example, one stated, “Everyone says I’m angry, mean and snappy now and that was never my personality.” Another wrote, “I am not me. I was happy. Now anxious, grumpy, different.” A few respondents described how these new traits affected or became more evident in their relationships, “Feel like I get angry and irritated with my kids faster, I step back sometimes and wonder where did this come from? I didn’t use to be like this.” Another wrote, “I care for my elderly mother and seem to have less tolerance and become irritated more easily with her dementia.”

“I turned to drugs for the first time in my life to dull the emotional pain.” A handful of respondents described starting a new habit of substance abuse since discovering their partner’s sexual behaviors. The substances ranged from alcohol to “chemical dependence” to drugs to overeating. One simply wrote, “have begun self-medicating” while another also wrote, “I have to be both father and mother while my husband is bingeing on porn for years at a stretch, self-medicating while I have to handle providing, finances, child rearing and all other issues.” Another described his/her experience, “I started to take up drinking as a habit which made the situation worse.” One explained, “I am distant, compulsively overeat, or ‘checkout’ scrolling the

web.” These responses included key words and phrases such as “begun,” “started,” “become,” and “for the first time in my life” which indicate these behaviors did not occur prior to finding out their partner was acting out sexually.

“Am I not good enough?” A common theme within comments related to loss of identity was a loss of self-worth. One participant explained, “I feel like I have completely lost all of my confidence and self-worth that I once had.” One phrase that appeared several times was “good enough,” such as in phrases like “It’s never going to be good enough,” “Nothing I do will ever be good enough anyway,” and “I’m not good enough so why even bother?” Another common phrase was “no point” or “pointless,” such as in phrases like “I feel like everything is pointless,” “What’s the point when one has been so taken for granted!” and “I feel defeated. Like what is the point.” This feeling of pointlessness seemed to be coming from a sense of inadequacy, as in the following statement:

I have a hard time focusing on tasks that need to get done, because I feel like I'm easily replaceable and so therefore have no point. So, no matter how good I perform a task, if people just decide they want something else, they'll throw me away.

More responses centered around feelings of apathy, such as this one, “I feel like anything I do won’t matter in the long run.” One participant described his/her change in thinking about future possibilities, “It feels like there is no point pursuing greater heights anymore.”

Self-esteem was another topic that was addressed in many of the responses. One wrote, “Loss of self-esteem. Extremely self-conscious.” This self-consciousness seemed to stem from physical as well as other personal attributes. For example, one response read, “Don’t enjoy things I used to: beach, pool, because I’m ashamed of my body.” Another wrote, “I have felt very ugly and somewhat useless as a wife.” Others felt self-conscious about their professional

abilities after the discovery/disclosure. One wrote, “I used to work in the area of human trafficking. Now I feel I have lost credibility to work in my profession.” Another stated, “I am worried about getting a job and not working well enough, even though past jobs have always led to a promotion.” One explained, “I feel my confidence in my abilities is no longer there.”

One interesting word that appeared in the responses in relation to self-esteem was “unworthy.” The respondents wrote, “I stopped writing and speaking because of a feeling of being unworthy” and “unable/unworthy to get motivated or do what I am responsible for or want to do.” Another described the extent the experience had on her self-esteem on an hourly basis: “It affects my LIFE, my SELF-ESTEEM, my very EXISTENCE. Am I going to have a good day? Afternoon? Hour?”

Shame

The theme of shame appeared throughout the responses. The subject of the shame varied from fearing others would find out to blaming themselves to being blamed by others.

“It’s hard to keep up appearances.” Respondents expressed a kind of anxiety around having others in their life find out about their partner’s sex addiction. One respondent reported, “I feel awkward socially. I don’t want anyone to know he was an Internet porn addict.” Another elaborated on the idea of attempts to keep his/her relationship issues private,

I don't want to fulfill my volunteer commitments in the school or at church because I'm afraid someone will notice that I'm sad. I'm afraid that the topic will come up and I will get emotional. I'm afraid that the topic will come up and I will raise suspicion by either over-sharing or staying too quiet.

Some expressed being tired from trying to “fake a smile” in front of others. One wrote, “I don’t have the desire to dress up and fake a smile at the mechanic or doctor.” Another described

hiding emotions until nobody was around, “I find myself crying without warning. I relieve my feelings of anger and rage and betrayal and have to go in the bathroom to keep from screaming out loud or sobbing uncontrollably in front of others.” Another wrote, “Going through my day pretending to be okay was too hard.”

One parent explains that it took energy to keep her children from finding out, “Trying to keep my kids from learning takes a lot out of me.” Another wrote similarly, “I find it hard to be upbeat and not let on to my kids that I’m not okay.” A few described the effect this effort to keep their children unaware had on their relationship with their children. “I have lost my closeness to my children by not wanting to tell them all about our issues,” one wrote. Another explained, “I avoid talking with our adult children sometimes, as I feel like I’m being deceptive.”

Some explained that they had in fact not told very many, if anyone, about their partner’s sexual behaviors. One wrote, “I have friends who are worried about me. I haven’t been able to confide in ANYONE unless they’re being paid.” Another explained, “Maybe as a daughter or friend, I am not fulfilling my roles whole-heartedly, as I feel like I am hiding something from others (which I am)!”

Some were afraid of what others would think of them still being in a relationship with the sexually addicted partner. For example, one participant wrote, “I avoid nearly all situations where I may be asked how I am or how things are going. I’m embarrassed by the fact that I’m still in my marriage but too afraid to step out.” Another wrote about being ashamed for what her/his partner had done, “How can I explain to work that I am this way . . . because he is a porn/masturbation addict and a year ago I found child porn on his computer?? I’m ashamed and there is nothing I can do about it.” One described being nervous others would doubt his/her

claims, “But it feels like I am putting on a show as no one would believe me he is like that as he is always such a ‘gentleman.’”

One explained his/her experience of worrying others would notice the partner looking at other women,

Parenting my daughters became difficult as they began to notice my partner constantly scanning/staring/tracking attractive women and then would ask difficult questions. This also became true when with friends that noticed the scanning/staring/tracking behaviors and his dropping out of the conversation.

“I feel like I’m letting everyone down.” Several aspects of self-blame were found within the responses. Participants wrote about blaming themselves for either the sexual betrayal itself or for how they have reacted to that betrayal. Some described being embarrassed they are having such a hard time coping with the experience, while others wrote about feeling guilty for staying in a relationship with the individual. They explained taking on responsibility for “fixing” the relationship and being concerned that they may have prevented the betrayal from happening.

On the topic of blaming themselves for their partner’s sexual behaviors, one wrote, “I feel like I failed my husband as a wife, my children because I failed their father.” Another response read, “My behavior triggered most of the drama.” Another explained, “Depression and anxious feelings associated with being a failure in my relationship. Like something is wrong with me.” One described a frequent worry, “Everything I do, I sit and think is this the right decision because I must’ve done something wrong or I unconsciously pushed him away or pushed him into another’s arms.” One explained, “I am constantly wondering . . . what I could have done to prevent them.”

Some commented on how they attempted to prevent further infidelity. One wrote, “I spend most of my time trying to be with her/keep her happy. . . . I am usually broke from spending money trying to keep her attracted.” Another described how she/he tried to prevent it, “In the past, I have felt that it was my job to control his behavior and I was so fearful of what decisions that he would make that I was not connected to my kids as I should have been. I am doing better now.”

Many participants wrote about feelings of guilt and frustration over the fact that they were struggling to function since the discovery/disclosure. One participant wrote, “I’m barely functioning and feel lots of guilt over my present state.” Another explained,

I cried when my pediatrician told me my son was overweight at the extreme guilt and sadness I felt for not being able to cook him healthy, balanced meals because I could barely function.

Other participants explained a sort of cycle of feeling bad for feeling bad. For example, one response read, “Do bare minimum to keep house running but then feel like an inadequate mom/wife.” Another echoed that idea, “I am a stay-at-home mother, and half the time I don’t feel like doing anything around the house. Then I get discouraged because the house is a disaster and I know it is my fault.” Another wrote,

I can't concentrate for very long at work. I've lost interest in my job, which in turn makes me feel worthless. I am distracted a lot at home, and I am not as engaged with my children/family as I once was. Again, I feel guilty and like a failure.

Some expressed shame that they were still with the addicted partner. One put it this way: “I feel deep shame for choosing to stay rather than leave . . . It makes you question everything, your values, who you are, what you want for yourself, where are you going in life and makes you

feel worthless.” Another wrote, “I have serious guilt about the fact that I ignored obvious signs.” Another explained her reasons for staying, “They’d think I was nuts for staying with him, but I was so tired and scared of this crazy man and I needed help with my pregnancy and was too far along to leave.” Some also expressed wanting to change themselves so they and their partner could stay together. For example, one wrote, “I’m constantly thinking about how I can repair us.” Another commented, “Frustrated that I can’t forgive and forget.”

Lastly, some respondents expressed intense dislike for themselves, writing, “Feel like I can’t do anything because I hate myself so much.” Another wrote, “I can’t focus on anything but the empty feeling and how much I can’t stand myself.”

“He convinces himself as well as other people, that his sexual addiction is my fault.”

Participants mentioned feeling like others were blaming them in the situation. The parties who were doing the blaming included the respondent’s partner, children, “people,” and “everyone.” The participants explained they were being blamed for or accused of being controlling or manipulative, unfaithful, fat, a bad mother, wrong for leaving the relationship, neglectful, strange for thinking looking at porn is wrong, working too much, enabling the behaviors, having a mental health problem, having trust issues, not having a clean house, wrong for being negatively affected by the discovery, and responsible for the sexual misbehaviors themselves. One response explains a few of these accusations,

I suspected something was going on a year ago, but my ex-partner (I have now left her) always denied she was betraying me, to the point of accusing me of having a mental health problem and trust issues due to my last partner cheating on me. Each time I found some evidence and sought explanation, it was met with aggression, tears, breaking things and finally hitting me for the 'false accusations' and to get me to stop accusing her and

end the conversation. My ex-partner's behaviour, including withdrawing emotionally and sexually has had a profound effect on me.

Some were blamed for the infidelity due to their looks or other things they had done or not done. For example, one wrote, “Worst of all, he blamed me for this disgusting behaviour saying I was fat, unattractive, have a loose vagina, can’t cook, was a poor housekeeper, bad mother, etc. Devastating, I believed him.” Another stated, “I walked away from a six-figure job with the government . . . He blamed me for working too much so my immediate thought was to quit so he wouldn't have any more excuses.”

Some participants mentioned the general “everyone” or “people” who they were afraid were or would blame them for the situation. One wrote, “Feel afraid of being judged as somehow being at fault.” Another wrote, “I am considered as guilty as my husband or worse, even though I didn’t know.” One respondent described a phenomenon the literature refers to as gaslighting, which involves undermining an individual’s reality and questioning their mental stability (Hightower, 2017). This participant wrote,

I feel strange like something is wrong with me since I can’t accept that looking at porn is normal. I don’t think it is right. He and everyone make me feel like I am not normal, because I find it wrong.

Getting Stuck

Another theme that was seen in many of the responses was the experience of not being able to let go of the pain, mistrust, memories, anger, and even hatred that the situation brought. According to respondents, this holding on, in some cases, was intentional and in others, was uncontrollable despite desires to let go. One wrote, “I almost hold on to it. Like I can’t let go.” Others wrote about not being able to move on, “It’s as if my mind can’t stop thinking about what

he's done, I can't stop feeling intense negative emotions" and "He's still in my head every day, him and the pain he caused. I struggle to let go." One explained he/she believes the pain will always be there, "This is THE MOST PAINFUL thing that has ever happened to me. . . . Recovering now, but it simply not possible to describe how annihilated by this I was, and in some way it will always hurt."

It should be noted here that many participants referenced length of time in their responses, including how long they were in a relationship with their partner, how long the sexual misbehaviors occurred, and/or how long their trauma symptoms lasted. The length of time participants stated their relationship lasted ranged from six months ("Second husband cheated on me the six months of our marriage before I kicked him out.") to 30 plus years ("My spouse's involvement in pornography has been ongoing in our 30+ year marriage."). The length of time participants mentioned the sexual addiction lasted ranged from nine months ("My husband became emotionally, verbally, and physically abusive towards me, after I found out about the nine-month affair.") to 34 years ("My husband's behaviors have come & gone (I thought) over the past 34 years."). Finally, the length of time participants explicitly mentioned experiencing the effects of their partner's sexual behaviors ranged from one to two months ("Initially, the first month or two, it was difficult for me to focus on my daughter (13-months-old when D-Day happened).") to 20 years ("It subsides now and then, but the emotion and anger stays with me even after 20 odd years" and "I have been in trauma for two+ decades.").

The following section will detail this theme, including the secondary themes of staying in the relationship, experiencing flashbacks, generalized mistrust for others and a lasting hatred.

"Need the job to be able to divorce." Participants explained their inability to or difficulty leaving the relationship due to different reasons, including not being able to support

themselves alone and staying for the good of their children. For example, one participant wrote, “I feel worthless, but as I cannot hold a job, I cannot leave.” Another also wrote, “I’ve resolved that once I’m working and financially solvent enough, my only option is to leave.” Another described why he/she did not have the money to leave,

I knew I had to support myself so as an employee I worked harder than I have in my lifetime. I was 57 when I learned of his porn addiction. We were broke because he spent all the money we had.

One respondent explained his/her concern for the children, writing, “I have known for years that my partner has problems with masturbation and pornography. I have decided to stay for our children. Now, I am thinking of leaving.” One respondent actually did leave but described how having children involved made it extremely difficult, “I eventually left him. I also had to leave my children with him. It was the hardest thing I ever had to do.” One claimed she/he did not know why they stayed married and wrote, “No sex for years, sleeps in separate bedrooms for years, he is a stranger, don’t know why I’m still married, won’t do it again.” Another described the length of time it took to remove herself from the relationship, legally,

I still am wondering what I ever did in a past life to deserve this unceasing pain of not only having my beloved husband dump me and our life for his Ashley Madison schmoopie (there was at least one real woman on there!) but to continue for more than five years to try to extricate myself from him legally.

“Triggering events interrupt daily life.” Participants wrote about flashbacks and triggers that caused them to relive the traumatic experience whether or not they were still in the relationship. One wrote, “The relationship is over, but the aftereffects are far-reaching.” Respondents addressed sights, sounds, sensations, and thoughts that reminded them of the

trauma they had been through. The sights included areas of their own homes, familiar shopping centers, immodestly dressed women, and the addicted partner himself/herself. One wrote, “I won’t even go downstairs where I was when I learned of his biggest betrayal.” Another explained, “My husband looked at my lady neighbor while masturbating. I can’t even open my blinds in my own house without thinking of it.” One explained his/her difficulty, “Whenever there are triggers, half naked women in movies, people talking about porn, I get sick to my stomach and completely lose focus.” One participant wrote about his/her triggers,

I still get massive triggers shopping to places we used to go - Home Depot, groceries, Costco. I still get massive triggers from music from the 80s, 90s, 2000s. Honestly, I am sad and despite meds and counseling, I am not improving much.

The triggering sounds included certain types of music, as quoted above, as well as conversations about pornography and/or sex. A few participants explained that their jobs involved these kinds of conversations, which became a trigger for them, “I work with sex offenders (parole officer) and some interviews have triggered thoughts about him and I couldn’t finish the interview” and “I turned down a job that I knew would trigger memories of what my partner did.”

The sensation of physical touch from the partner affected one respondent who wrote, “But as soon as he even kisses or touches me, I feel like I need to physically defend myself. I cry when we have sex because I’m scared.” Several responses did not detail specific stimuli that prompted the flashbacks but gave more insight into what the flashbacks themselves were like. One wrote, “My mind goes elsewhere and it's like all physical, emotional, mental energy are brought down because of ‘flashback’ moments.” Another stated, “I kept reliving catching him over and over and over. As time went on and after therapy, it's happened less but the memory is

burned into my mind.” Another wrote about dreams interrupting his/her sleep, “I constantly have bad dreams relating to it. I can’t sleep well.”

A few participants wrote about prior sexual traumas resurfacing due to their partner’s infidelity. One wrote, “I was molested by my brother who looked at porn and showed it to me when I was five. Now I find that my life partner is the same way. It has brought all my trauma to the surface.” Another explained,

I was involved in two relationships prior to ours where my partner was a sex addict/sociopath/psychopath (unknowingly until after the conclusion of each relationship). In the first, I experienced physical abuse, rape, and emotional trauma. In the second, I experienced anxiety but had been damaged enough by the first relationship that I got away before seriously involved but not before contracting HPV. Then I met my current partner/SA and I found myself highly aware of particular behaviors. I knew he was a sex addict within three weeks of dating him, . . . But because I have now experienced this with multiple partners, I fear that my trauma is seriously compounded and exacerbated even when my current partner acts out in pretty ‘light’ ways.

“Don’t trust anyone.” Many responses spoke to the fact that this experience had led the partners of sex addicts to no longer trust anyone in their life, including the unfaithful partner, future prospective partners, their children, friends, colleagues, family members, people of the same gender as their partner, and more. Some of the consequences of this mistrust included not valuing people anymore, constantly “watching my back,” not letting others get emotionally close, preoccupation “worrying it would happen again,” pushing others away, “shield[ing] my daughters from meeting men like him,” not wanting to commit to anything or anyone, turning off

all emotions, not dating again, not “feel[ing] excited to have sex with my partner,” and being more “critical of my friends’ partners.”

Many participants wrote about mistrust of their sexually addicted partner. One wrote, “I also still do not trust my husband and never will. I still find porn on his phone.” One explained, “Always waiting for the next ‘bomb’ to drop.” Another wrote, “I do not feel excited to have sex with my partner anymore because of his cheating. I don’t trust him.” Another explained,

He had promised me he would never do it and didn’t even want to before we got married.

I find myself feeling our relationship was based on lies. . . . And I am constantly worried he is engaging in those behaviors. I worry he thinks of other women while we have sex.

Or to become aroused.

Respondents also commented on how their mistrust generalized to other parties in their lives. One wrote, “Constantly watching my back for being betrayed by everyone around me.” Another put it this way, “Trust nothing people say to me, even friends I have known for years, and think family must have known something and kept it from me.” A few relayed that they do not trust their children anymore either, such as in this comment, “I can’t relate to my sons in a loving way. I see all men as the same.”

Several expressed that future relationships would be affected by this mistrust. One wrote, “My trust is completely gone. It destroys the chances of making meaningful relationships in all other areas of my life.” Another stated, “I also feel now that building relationships is terrifying because betrayal hurts like hell.” One expressed how her view on human nature changed:

I have less inclination to be social, . . . largely because I feel people are fickle and malicious as a result of my experiences - that they are at their core unreliable and deeply dangerous and I do not want to get close or involved and be subjected to that.

“I have become very angry.” Several responses exhibited strong emotions of hatred, anger, and resentment towards the infidelious partner. Some explicitly used words like hate and anger, while others exuded a tone of holding on to these emotions. For example, one simply wrote, “I hate him for it.” Another wrote, “I still feel so hopeless in this marriage. I hate my husband HATE!!! But yet, care for our marriage, confusing?” Another wrote a longer response about his/her strong feelings,

This doesn't scratch the surface of how much he tore me down and mistreated me, costing me dearly and then thrown out in street. Broke, no job, nowhere to go, just left me for dead! This man I was deeply in love with and he destroyed my life! Just to help himself get ahead and after five years he didn't work, he has recently gained employment and I was no longer needed so I was tossed out, . . . when ending it all he said was how much he hated me, how ugly toothless fat bar whore I was . . . THE EXTREME LOVE TO HATE blows my mind.

Some expressed this resentment graphicly. One wrote, “I'd like to see his uncircumcised body part clipped and cauterized. Other than that, I'm just peachy!” Another commented,

It's not often that I cannot fulfill my roles, just on days when my spouse has chosen to verbally attack me over not having sex, or when he has chosen to hold me down and TAKE IT, whether I'm crying or pushing him off, he will FINISH what he started.

Others expressed it more subtly, such as in the following responses: “I see that he doesn't have the ABILITY to feel normal, deep human love. He, of course, can't see the void. I see the void like a great, horrible black hole” and

I'm a piss poor father, frankly, but since I have to be both father and mother while my husband is binging on porn for years at a stretch, . . . I am tired of dealing with everything

while he self-medicates. I could be a lot more attentive to all my roles in life if I did not have to do all the work of both partners.

Others expressed this anger or resentment via writing about a lack of desire to serve or please their partner. One stated, "I could get a job, but in my mind that would be providing for her and why would I want to do that anymore?" Another commented, "As of right now, his betrayal is constantly in the back of my mind and maybe, I lack the motivation in pleasing him with a clean house or cooked meal."

Moving On

While most participants expressed the negative changes to their ability to fulfill roles in their lives, there were several participants that described either no significant effect to these areas or their ability to cope with the situation and move on. This section will detail some of the protective factors that participants mentioned as well as the steps they took to recover.

"I'm a great mom and employee. I do not let stupidity like porn affect that." Some respondents mentioned certain personal attributes, life circumstances, or conscious choices that they claimed helped protect them from experiencing the trauma described in other responses. One common characteristic alluded to in these kinds of responses was independence and a sort of understanding that their partner's choices do not reflect on them. For example, one wrote, "He chose that path. I didn't do anything wrong. I am a devoted parent and human, and I do not let this affect other aspects of my life." Another stated, "It's his problem, not mine. He loses out on how much better we could have been." Another described, "I've learned that I have to get on with my life and my responsibilities no matter what he does or has done. If he wants to join us, that is fine. We are going to be happy with or without him." One respondent explained that keeping the various areas of his/her life separated helped, "My emotional, professional and other

lives are all compartmentalized. And my responses to my wife being unfaithful did not hurt me so much.” Another echoes this idea, “My other roles do not involve him.”

Another common idea within this theme included an expressed desire and ability to not have their role as parent affected. Comments like this included “Sometimes work has been compromised but never my children, never!”, “Nothing will change my mothering skills,” and “As a mother, my duty is to my children before everything else, including feelings regarding my relationship.” Others wrote similarly about the roles in their life actually keeping them grounded in the situation, rather than the situation changing their ability to fulfill roles. One wrote,

A mother of three young children who became my only hope of surviving and getting through the terrible time I had when my husband was cheating and abusing me. I feel that I became more protective of my children and being with them and keeping a good routine going with them was the only thing that helped me through that time.

Another put it this way,

I NEED those other roles, so that I feel validated, needed, important to those close to me. If I didn't have those other roles, I would have no meaning. . . . My other relationships are air and water to me, and they always have been, to keep me centered.

The role of employee as well as parent kept some centered. One described, “Work is a welcome distraction. Keeps me busy and focused on that instead.” Another wrote, “Going to my jobs is my outlet where I feel appreciated and validated as a valuable person.” One explained that it actually became easier to fulfill his/her other roles, “It has been easier to fulfill every other role. I use excessive work week and my family as a distraction.”

Some respondents did not give a reason for their ability to remain unaffected. One simply wrote, “It has not affected me in those areas of my life.” Another put, “My partner’s sexual

behaviour has no influence on my work ethic or social interaction with other individuals.” One seemed almost indifferent to the finding out about the behaviors, writing, “I found out while we were dating and still choose to marry. Nothing seems different in work life or parenting.”

“I have arrived in a better place.” Finally, several participants spoke to what helped them recover from betrayal trauma. These factors included faith, counseling, addiction recovery programs, learning to compartmentalize, distancing oneself, the passing of time, medication, support groups, studying codependency, divorce, staying busy, and learning to manage emotions.

On the topic of faith, participants wrote, “God has done a work in both my husband and I in our marriage” and “When it all was exposed, I was suicidal, but now I’m good and stable due to Jesus and safe people.” Regarding medication, one wrote, “Doctor gave me anxiety and sleep meds which helps some. Now, instead of always, I only feel this way when triggered.”

Regarding staying busy, one wrote, “I found that focusing on other things becomes more pleasant than being idle and having time to entertain thoughts of him cheating. I like to be with friends, be doing something active, stay busy, etc.”

The passing of time was a common theme across responses about recovery. These responses included “I guess it was hard when I first found out about the affair, but it gets easier as time goes by,” “As the months have gone on, it is getting easier,” “Over time, this has subsided,” and “This was ‘always’ true during the immediate first few months and true about 50% of the time during the first year. It has become less true over time.”

Many of the responses that spoke to the process of recovering mentioned counseling or therapy. Some wrote generally about it (“It was difficult to focus on anything at first but with therapy and working through the complicated feelings, I have arrived in a better place.”) and some mentioned specific types of therapy. There are currently two main approaches to treating

sexual betrayal trauma: the codependency model and the trauma model (Skinner, 2015). One participant describes his/her experience with both types,

When I sought counsel after my discovery, I was told I was codependent, a co-addict! There was no way I enabled my husband nor knew of his double life. This was another assault on me. I was coached to clean up my side of the street, not to focus on what was done to me. Thankfully, I met other women who experienced similar trauma. I feel I am just starting to make progress after all these years through my counselor who is using the trauma model. I also will be seeking an E.M.D.R practitioner. I have had a difficult time functioning since discovery. Now that I'm working on trauma instead of codependency and calming my brain, I seem to be making some headway.

Another response that mentioned benefitting from trauma counseling was "Intrusive thoughts about what he did make it hard. This is better since trauma counseling though." On the other hand, several individuals remarked on how breaking from codependency helped them. One wrote, "I study codependency so I am getting better." Another commented, "I distanced myself. His behaviors are his choices and his responsibility, not mine. I've learned not to allow his dysfunction define me." Another explained, "I've had personal therapy and addiction support that has brought me to a place where I'm not displaying co-addictive behaviors. They still come to mind sometimes, naturally, but I know how to deal with them."

Others commented on changes they have made and responsibilities they have taken in the relationship, "I'm trying to be more grown up and move on," and "Also want to be responsible for my part and my own actions." One kind of therapy that was quoted as not being helpful was work-based counseling ("I have done lots of 'self-help' reading and had some work-based counseling (which wasn't helpful however)").

Some respondents mentioned attending a form of addiction recovery program for their own betrayal trauma recovery. One wrote, “Recovery for me takes a lot of work and mind power - and a whole lot of time (going to ARP groups and therapy sessions etc.)” Another stated, “S-Anon has helped me regain some self-strength. So, I am stronger in my parenting, but not nearly as effective as I was previously nor as I would like to be.” Along with these programs, support groups were also mentioned as being helpful. One wrote, “The answer was drastically different before I went to a spouse support group. I could do nothing but feel numbness [before].” Another commented,

I have since been to 12-step groups and done some of the 6-week Addo recovery stuff and found other women to reach out to. I have online support groups and have attended the Togetherness Project as well as Camp Scabs.

Some participants wrote about their positive experience with keeping the relationship together and how this was made possible. One commented on the positive affect couples therapy had on their relationship, “After many years of therapy (individual for both of us and couples’ therapy) I am back fully producing my art and in various art exhibitions.” Others wrote how the partner’s positive efforts made a big difference, “My spouse also stopped all behaviors over two and a half years ago” and “He still attends extensive therapy, two addiction recovery groups (one religious based, one secular), and he is desperately committed to keeping our family together, so trust has been rebuilding.” One explained how good it makes him/her feel when the partner apologizes,

I have been back home for about 14 months and most days are good. It's still there in my head and in his. In fact, he just thanked me again the other night for taking him back. I told him to never stop thanking me and apologizing. It makes me feel good.

In contrast, one wrote that divorce helped the healing process, “The Praise is I am now divorced and healing slowly but progressing.”

Statement of Essences

If one individual were to embody all of the themes found, she would be a middle-aged woman who had been married for 20 years. Since discovering her husband’s addiction to pornography seven years ago, she has been diagnosed with depression and anxiety. She finds it difficult to do her normal daily tasks such as cleaning the house and even showering. Her role as mother and employee have suffered; she is impatient with dealing with her teenage daughter’s seemingly trivial issues, and she is on her third job in the past year because she calls in sick to work about five times a month due to oversleeping. She has a hard time focusing when she is at work, because she can’t stop wondering why he did what he did and whether there was anything she could have done to prevent it. When her husband goes out of town on business trips, she spends the whole time wondering where he is and what he is doing, occasionally logging onto his email account to check for any evidence of misdeeds.

She used to be a generally happy and hard-working individual, but since the discovery she doesn’t feel like herself anymore. She struggles with feelings of inadequacy as a mother and wife, wondering why she is not enough for her husband. Sometimes these feelings get so intense that she wonders why anything in life matters at all. She used to lock herself in her bedroom for hours and still struggles with the thought of going to family parties. Few of her friends actually know what happened, because she feels so self-conscious about the fact that her husband and she aren’t the “perfect couple” she pretends they are. She had one friend tell her that she was overreacting because “looking at porn is normal.”

She doesn't leave her husband because she can't hold down a job and needs the money he makes, even though she knows he is still viewing pornography on a regular basis and even has suspicions of him acting out with one of his coworkers. She has experiences of reliving the discoveries, especially when triggered by pictures of attractive women on billboards. She doesn't trust her husband, which has generalized to all members of the opposite sex, including her son.

What has helped is attending a 12-step recovery program for partners of sex addicts and learning that his choices are his responsibility, not hers. Table 2 summarizes these findings.

Table 2

Summary of Findings

Theme	Example quotes
Impairment to Functioning	<p>“Simple tasks are extremely difficult most of the time.”</p> <p>“I couldn't sleep...I wasn't eating.”</p> <p>“I am depressed and anxious and can't find enjoyment.”</p>
Difficulty Fulfilling Roles	<p>“I am less attentive to the needs of my children.”</p> <p>“Feel unable to cope with employment.”</p> <p>“Difficult to be a friend.”</p>
Preoccupation	<p>“I find it difficult to focus on anything that isn't related to my partner's sex addiction.”</p> <p>“I'm constantly preoccupied thinking about where he is, what he's doing, who he's with, is he lying to me right now?”</p>
Loss of Identity	<p>“I felt like I lost a piece of myself.”</p> <p>“I turned to drugs for the first time in my life to dull the emotional pain.”</p> <p>“Am I not good enough?”</p>
Shame	<p>“It's hard to keep up appearances.”</p> <p>“I feel like I'm letting everyone down.”</p> <p>“He convinces himself as well as other people, that his sexual addiction is my fault.”</p>
Getting Stuck	<p>“Need the job to be able to divorce.”</p> <p>“Triggering events interrupt daily life.”</p> <p>“Don't trust anyone.”</p> <p>“I have become very angry.”</p>
Moving On	<p>“I'm a great mom and employee. I do not let stupidity like porn affect that.”</p> <p>“I have arrived in a better place.”</p>

CHAPTER 5

Discussion

The purpose of this study was to gain a deeper understanding of the experience of betrayal trauma via a large and diverse sampling and through a lens of effects on relationships. While several researchers in the past have collected and analyzed qualitative data from partners of sex addicts on their experience, this study's combination of a broad scope of participants and a unique prompt on roles and relationships provided valuable information on what the self-perceived effects of having a partner with sex addiction are, what relationships are affected and how, and what proved most helpful in healing.

The 1,191 participants varied within six levels of education ranging from GED to graduate degree and associated themselves with 16 different religious affiliations ranging from Hindu to Jewish. These individuals accessed the measure employed in this study, the TIPSA, largely via an online link within an article on the effects of betrayal trauma on Psychology Today. Within this 73-item questionnaire, one qualitative item read "It has become difficult for me to fulfill important roles (that of employee, parent, etc.) since discovering my partner's sexual behaviors" followed by a prompt to "Please explain your answer" and a blank text box. It is the responses to this prompt that were analyzed in this study, using phenomenological qualitative analysis which focuses on creating and interrogating meaning units for psychological meaning. The seven overarching meaning units, or themes, found in this study were impairment to functioning, difficulty fulfilling roles, preoccupation, loss of identity, shame, getting stuck, and moving on. The following sections will discuss the limitations of this study, suggest directions for further research, and expound upon the implications of the results for clinical practice and policy.

Limitations

Some limitations exist for the methodology employed in this study. One was the inability to triangulate, or cross-check (Leung, 2015), the results with the participants themselves. While the anonymity of the TIPSA likely encouraged participants to be candid in their responses, it also disallowed the researcher to ask the participants follow-up questions, check on meanings, or confirm themes.

Where the qualitative item studied was placed within the TIPSA may have influenced responses, as the preceding 55 items asked participants to rate their negative experiences on a Likert scale of never, occasionally/rarely, about half the time, more often than not, and always. It is feasible to argue that after having answered several questions about effect to their lives caused by the infidelity, their qualitative responses were more negative than they may have been had the open-ended question been asked in isolation.

Some readers may believe the self-selection nature of participant recruitment was a limitation, as participants were likely to be experiencing significant effects on their lives from their partner's sexual behaviors in order to choose to participate (in order to have accessed the TIPSA, one must have either been reading the article online entitled "The Lasting Effects of Sexual Betrayal: Disturbing study results make a case for recognizing PTSD within relationships" or seeking out professional help through Skinner's private practice or website for recovery, BloomForWomen.com). However, this pre-determining factor served as a way to purposely gather a sample that could provide meaningful data for the question at hand.

It should be noted that the context of interpretation was self-understanding, meaning interpretation was done in such a way that the condensed meanings could be validated by the participants and others in their situation if they were read by them. In other words, the researcher

did not claim to have a greater understanding of the responses that the participants themselves, such as in critical commonsense understanding. This could be considered a limitation, as the amount of responses did not lend itself to deep, inferential, or psychoanalytic analysis.

Directions for Future Research

Prior research within the area of betrayal trauma revealed that the experience led to negative mental, physical, and emotional effects for the betrayed individual (Berger & Bridges, 2002; Gordon, Baucom, & Snyder, 2004; Milrad, 1999; Schneider, 2000a; Zitzman & Butler, 2009). The experience was shown to be comparable to that of someone who was experiencing PTSD (Steffens & Rennie, 2006). Despite 20 years of research, what was not fully investigated in prior studies was the effect to parties outside of that individual, including their children, employers, coworkers, friends, and family. This study aimed to fill that gap and thus provide meaningful data on whether behaviors such as viewing pornography actually have far-reaching effects on society. The following suggestions for future research would further inform this idea.

First, quantitative studies could help validate some of the self-reported claims made by participants in this study. For example, many respondents reported having either lost or quit their jobs after discovering their partner's sexual behaviors. This could be quantified by asking partners of sex addicts to report their yearly salary before the discovery and then after the discovery. This could further be validated by reviewing those individuals' tax forms, rather than relying solely on self-reported data. Another quantifiable factor mentioned in the responses was diagnoses, both in terms of mental health and physical health. This could be validated by medical records released by the participants.

One way to triangulate the themes produced by the current study would be to recruit a new sample of this same population to verify or qualify the results. For example, a focus group

of partners of sex addicts could read the findings and be given a follow-up measure asking how valid they found the results to be with their own experience, what qualifiers or mediating factors they would add to the experiences described, and what additional themes they would add. Some purposeful or accidental overlap between this study's sample and that future sample would be acceptable, given the fact that the current study's sample did not get to read other participants' responses and could provide new insight as well as a new sample altogether.

A future study may lessen the effect of self-selection for those who have had significant distress following discovery/disclosure by placing the online link to the TIPSA in an article about the benefits of having an "open" marriage. The qualitative item studied in the current study may also be presented in isolation to allow participants an unbiased perspective on what kind of responses the researcher may be looking for. For example, the question may be phrased "Please explain the effect your partner's sexual behaviors have had on your ability to fulfill important roles (that of employee, parent, etc.), if any."

In terms of gaining further insight into how policy and clinical practice should be affected by these findings, three study ideas will be discussed. First, in order to justify changes as widespread as policy change, a future study may aim to estimate the number of marriages or relationships negatively affected by betrayal trauma or sex addiction. Second, a study may measure pornography usage before and then after a policy change, such as the change signed by Utah's governor Gary Herbert in 2016 which declared pornography a public health hazard (Concurrent Resolution on the Public Health Crisis, 2016). Third, to help clarify whether a trauma or codependency model is most beneficial for those experiencing betrayal trauma, a study may randomly assign a sample of that population to either treatment as well as a third control

group assigned to receive either no formalized therapy or a different treatment model altogether (e.g., cognitive behavioral or psychodynamic).

Implications for Practice and Policy

This study provides insight into what it is like to be in a relationship with someone who is, at least, perceived to be a sex addict. This insight has implications for clinicians and government officials alike, which will be expounded upon below. An emphasis will be made on preventative measures, meaning the implications for those affected by sex addiction will be discussed along with those affected by betrayal trauma.

Understanding the experience of betrayal trauma can help practitioners provide better therapy and resources for all parties involved: the addict, the partner, as well as other family members such as children. As empathy has been shown to be predictive of positive outcomes in psychotherapy (Elliott, Bohart, Watson, & Murphy, 2018), it may be beneficial for clinicians to better understand what their clients may have experienced as a partner of a sex addict. General experiences represented in this study's results that clinicians could consider and/or address in therapy include difficulty functioning at a basic level, impairment to relationships, decreased self-esteem, hypervigilance, a loss of identity, shame and embarrassment, fear of trusting again, and flashbacks.

The results of this study indicate there can be a significant disruption to the role of parent after an individual discovers a partner's sexual infidelity. Practitioners that work with children whose parents may have been affected by betrayal trauma can refer to the current study's findings in developing empathy and understanding as well. Some of the common experiences for children included loss of time with one or both parents, possibly having viewed pornography or been assaulted by a parent, having a parent with less patience or care for them, and not getting

out of the house as much as before the discovery. In terms of clinicians guiding affected families to community and other available resources, this study indicates help with childcare, employment, medical care, addiction recovery, support groups, and/or information on codependency would be beneficial and relevant.

Clinicians who have clients who are self-reported sex addicts may also benefit from gaining a deeper understanding of the experience of betrayal trauma. While this study focuses on the experience of the addict's partner, it could be surmised that the addict who seeks, or is at least willing to attend, therapy has also felt the impairment their own sexual behaviors has had on their life. The areas of impairment to functioning, difficulty fulfilling roles, preoccupation, loss of identity and/or shame would reasonably be present in this population as well. Perhaps for the reluctant client, the data from this study may inform him/her as to the far-reaching effects the sexual infidelity can have (on their partners, children, friends, family, etc.).

As many of the responses from the current study referred to pornography, as well as the fact that research has indicated viewing pornography is related to the other forms of infidelity reported by the study's participants (visiting topless bars, hooked up with a random person for a sexual encounter, multiple affairs, going to massage parlors; Maddox, Rhoades, & Markman, 2009), this study provides grounds for politicians to consider declaring pornography a public health crisis. Utah was the first state to pass such a policy in 2016, and 11 other states have passed similar resolutions since. Whereas the current resolution in Utah provides the following rationale: "This biological addiction leads to increasing themes of risky sexual behaviors, extreme degradation, violence, and child sexual abuse images and child pornography," the themes found in this study indicate a kind of secondary impairment to the partners and children of users (Concurrent Resolution on the Public Health Crisis, 2016, lines 55-57). Themes such as

mental and physical health problems for the partner, difficulty caring for children, and the onset of substance abuse add another layer to the rationale already provided in related policy.

It is recommended, however, that the purpose of any policy change be to educate and provide resources, not to further shame into the shadows those who use pornography and/or masturbation. In the review of literature above, it was shown that sex addiction shares many commonalities with substance addictions (Voon et al., 2014), has a moral or religious aspect to it (Adlaf & Smart, 1985), and is often associated with prior trauma (Cohn, 2014), psychological diagnoses (Schwartz & Southern, 2000), and life crises (Lusterman, 1998). Hall (2016) recommends treating sex addiction by teaching healthy ways to boost dopamine and resolving any childhood trauma. As part of her acronym for her treatment plan for these individuals, UR-CURED, one of the steps is to “reduce shame” (Hall, 2016, p. 25).

In reflecting on the fact that Utah has the highest number of subscriptions to pornography websites per thousand home broadband users in the United States (Edelman, 2009), is within the top 15 highly religious states (Lipka & Wormald, 2016), and is one of the country’s states that still requires its students’ parents to “opt in” for sex education, it is suggested that a lack of early, explicit, and universal conversation on the topic of sex may be related to the shame of asking for help when pornography or other sexual behaviors do impair one’s life. Without a culture of understanding and hope for healing for both the addict and the partner, the theme seen in this study of shame may continue to block meaningful change.

In order to cultivate such a culture, it is recommended that education on the potential negative effects of pornography usage be coupled with a more comprehensive sex education in schools. Arizona, for example, is currently in the process of passing both a bill to declare pornography a public health issue and one to promote medically accurate sex education (HB

2578, 2019). If adolescents gain their “sex education” through pornography, the function of sex in their lives (as an emotion-regulation tool that can be used alone or at the expense of another’s physical and emotional well-being) may become a pattern they carry into adulthood, which may produce further experiences like those found in the current study. The message that is sent to these adolescents by having an “opt in” model for sex education is that talking about sex is shameful or wrong, further creating the culture where individuals cannot speak up when a reliance on sexual behaviors for stress relief has impaired their life.

A final implication of the findings of this study is to provide more education at an early age on stress reduction strategies. Certainly, the participants of this study could have benefitted from having more coping skills when met with the unexpected life experience of betrayal trauma, but the sexually addicted partners may also have utilized more helpful strategies to relieve uncomfortable feelings than viewing pornography, masturbating, or having affairs. As quoted above, “When it comes to choice and addiction, it’s like having the turbo-fueled engine of a rocket, and the brakes of a bicycle” (Hall, 2016, p. 6). The turbo-fueled engine refers to an inability to boost dopamine in healthy, prosocial ways.

Such a stress-reduction curriculum could be provided in the general education classrooms as early as elementary school and continue throughout an individual’s formal education. An understanding culture where it is not taboo to speak about the reality of pornography as a stress reduction technique would also allow for an open conversation about the negative effects such behaviors can have, as evidenced by the current study.

In conclusion, the findings from this study illustrate that behaviors sometimes thought to only affect the user, such as viewing pornography, can actually affect families, businesses,

friendships, and communities. As such, clinicians and policymakers are implicated to focus efforts on preventing further addiction and trauma.

References

- Adlaf, E. M., & Smart, R. G. (1985). Drug use and religious affiliation, feelings and behaviour. *British Journal of Addiction, 80*(2), 163-171.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bergner, R. M., & Bridges, A. J. (2002). The significance of heavy pornography involvement for romantic partners: Research and clinical implications. *Journal of Sex & Marital Therapy, 28*(3), 193-206.
- Braun-Courville, D. K., & Rojas, M. (2009). Exposure to sexually explicit web sites and adolescent sexual attitudes and behaviors. *Journal of Adolescent Health, 45*(2), 156-162.
- Braun-Harvey, D., & Vigorito, M. A. (2016). *Treating out of control sexual behavior: Rethinking sex addiction*. New York, NY: Springer Publishing Co.
- Carnes, P. (1991). *Don't call it love: Recovery from sexual addiction*. New York, NY: Bantam Books.
- Cohn, R. (2014). Calming the tempest, bridging the gorge: Healing in couples ruptured by 'sex addiction'. *Sexual and Relationship Therapy, 29*(1), 76-86.
- Coleman, E. (2003). Compulsive sexual behavior: What to call it, how to treat it? *SIECUS Report, 31*(5), 12-17.
- Cooper, A., Safir, M. P., & Rosenmann, A. (2006). Workplace worries: A preliminary look at online sexual activities at the office--emerging issues for clinicians and employers. *Cyberpsychology & Behavior, 9*(1), 22-29.

- Corley, M. D., & Schneider, J. P. (2003). Sex addiction disclosure to children: The parents' perspective. *Sexual Addiction & Compulsivity, 10*(4), 291-324.
- Di Chiara, G., & Bassareo, V. (2007). Reward system and addiction: What dopamine does and doesn't do. *Current opinion in pharmacology, 7*(1), 69-76.
- Edelman, B. (2009). Markets: Red light states: Who buys online adult entertainment? *Journal of Economic Perspectives, 23*(1), 209-20.
- Elliott, R., Bohart, A. C., Watson, J. C., & Murphy, D. (2018). Therapist empathy and client outcome: An updated meta-analysis. *Psychotherapy, 55*(4), 399-410.
- Foa, E. (1995). *Posttraumatic stress diagnostic scale manual*. Minneapolis, MN: NCS Pearson, Inc.
- Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior, 4*(4), 307-329.
- Giorgi, A. P., & Giorgi, B. M. (2003). The descriptive phenomenological psychological method. In P. M. Camic, J. E. Rhodes, & L. Yardley (Eds.), *Qualitative research in psychology: Expanding perspectives in methodology and design* (pp. 243-273). Washington, DC: American Psychological Association.
- Gold, S. N., & Heffner, C. L. (1998). Sexual addiction: Many conceptions, minimal data. *Clinical Psychology Review, 18*(3), 367-381.
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital and Family Therapy, 30*(2), 213-231.

- Hall, P. (2016). *Sex addiction: The partner's perspective: A comprehensive guide to understanding and surviving sex addiction for partners and those who want to help them*. New York, NY: Routledge/Taylor & Francis Group.
- H.R. 2578, Fifty-fourth Legislature AZ. (2019). Retrieved from <https://www.azleg.gov/legtext/54leg/1R/bills/HB2578P.pdf>
- Herzog, J. R., Everson, R. B., & Whitworth, J. D. (2011). Do secondary trauma symptoms in spouses of combat-exposed national guard soldiers mediate impacts of soldiers' trauma exposure on their children? *Child & Adolescent Social Work Journal*, 28(6), 459-473.
- Hightower, E. (2017). *An Exploratory Study of Personality Factors Related to Psychological Abuse and Gaslighting*(Doctoral dissertation, William James College).
- Hunyady, O., Josephs, L., & Jost, J. T. (2008). Priming the primal scene: Betrayal trauma, narcissism, and attitudes toward sexual infidelity. *Self and Identity*, 7(3), 278-294.
- Khantzian, E. J. (2014). A psychodynamic perspective on the efficacy of 12-step programs. *Alcoholism Treatment Quarterly*, 32(2-3), 225-236.
- Leung L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of family medicine and primary care*, 4(3), 324–327. doi:10.4103/2249-4863.161306
- Ley, D., Prause, N., & Finn, P. (2014). The emperor has no clothes: A review of the 'pornography addiction' model. *Current Sexual Health Reports*, 6(2), 94-105.
- Lipka, M., & Wormald, B. (2016, February 29). *How religious is your state?* Retrieved from <https://www.pewresearch.org/fact-tank/2016/02/29/how-religious-is-your-state/?state=alabama>
- Lusterman, D. D. (1998). *Infidelity: A survival guide*. Oakland, CA: New Harbinger Publications.

- Maddox, A. M., Rhoades, G. K., & Markman, H. J. (2009). Viewing sexually-explicit materials alone or together: Associations with relationship quality. *Archives of Sexual Behavior*, 40(2), 441–448. doi:10.1007/s10508-009-9585-4
- McKee, A. (2007). The positive and negative effects of pornography as attributed by consumers. *Australian Journal of Communication*, 34(1), 87-104.
- Milrad, R. (1999). Coaddictive recovery: Early recovery issues for spouses of sex addicts. *Sexual Addiction & Compulsivity*, 6(2), 125-136.
- Reid, R. C., Garos, S., & Carpenter, B. N. (2011). Reliability, validity, and psychometric development of the Hypersexual Behavior Inventory in an outpatient sample of men. *Sexual Addiction & Compulsivity*, 18(1), 30-51.
- Schneider, J. P. (2000a). Effects of cybersex addiction on the family: Results of a survey. *Sexual Addiction & Compulsivity*, 7(1-2), 31-58.
- Schneider, J. P. (2000b). A qualitative study of cybersex participants: Gender differences, recovery issues, and implications for therapists. *Sexual Addiction & Compulsivity: The Journal of Treatment and Prevention*, 7(4), 249-278.
- Schneider, J. P. (2004). Understanding and diagnosing sex addiction. *Handbook of addictive disorders: A practical guide to diagnosis and treatment*, 197-232.
- Schneider, J. P., Corley, M. D., & Irons, R. R. (1998). Surviving disclosure of infidelity: Results of an international survey of 164 recovering sex addicts and partners. *Sexual Addiction & Compulsivity*, 5(3), 189-217.
- Schneider, J. P., & Irons, R. R. (2001). Assessment and treatment of addictive sexual disorders: Relevance for chemical dependency relapse. *Substance Use & Misuse*, 36(13), 1795-1820.

- Schwartz, M. F., & Southern, S. (2000). Compulsive cybersex: The new tea room. *Sexual Addiction & Compulsivity*, 7(1-2), 127-144.
- Scopus. (2019). *Analyze search results for "betrayal trauma."* Retrieved from <https://www-scopus-com.erl.lib.byu.edu/term/analyzer.uri?sid=69df341e7e192b10d25d4a78248d078f&origin=resultslist&src=s&s=TITLE-ABS-KEY%28betrayal+trauma%29&sort=plf-f&sdt=b&sot=b&sl=30&count=279&analyzeResults=Analyze+results&txGid=9c8a23e84cb8dba3aefb1f5f809f9e34>
- Skinner, K. B., & Keffer, S. (2005). *Trauma Inventory for Partners of Sex Addicts* [Measurement Instrument]. Retrieved from <https://www.surveymonkey.com/r/Pt2018J>
- Skinner, K. B. (2011). *Assessing pornography addiction (Revised and updated March 2011)*. Retrieved from <http://www.growthclimate.com/profile.i?cmd=select&t=apa>
- Skinner, K. B. (2015). The Lasting Effects of Sexual Betrayal: Disturbing study results make a case for recognizing PTSD within relationships. *Inside Porn Addiction*. Retrieved from <https://www.psychologytoday.com/blog/inside-porn-addiction/201508/the-lastingeffects-sexual-betrayal>
- Steffens, B. A., & Rennie, R. L. (2006). The traumatic nature of disclosure for wives of sexual addicts. *Sexual Addiction & Compulsivity*, 13(2-3), 247-267.
- Straussner, S. L. A. (Ed.). (2014). *Clinical work with substance-abusing clients* (3rd ed.). Retrieved from <https://ebookcentral.proquest.com>
- Suoizzi, J. M., & Motta, R. W. (2004). The relationship between combat exposure and the transfer of trauma-like symptoms to offspring of veterans. *Traumatology*, 10(1), 17-37.

- Utah State Legislature. Senate Concurrent Resolution on the Public Health Crisis, S.C.R. 9, General Session. (2016). Retrieved from <https://le.utah.gov/~2016/bills/sbillenr/SCR009.pdf>
- Voon, V., Mole, T. B., Banca, P., Porter, L., Morris, L., Mitchell, S., ... & Irvine, M. (2014). Neural correlates of sexual cue reactivity in individuals with and without compulsive sexual behaviours. *PloS one*, *9*(7), e102419.
- Weiss, D. (2004). The prevalence of depression in male sex addicts residing in the United States. *Sexual Addiction & Compulsivity*, *11*(1-2), 57-69.
- Wildmon-White, M. L. (2002). *Validation of the construct of sexual addiction through an analysis of relational attachment and learned helplessness among married conservative Christian women* (Doctoral dissertation, Mississippi State University. Department of Counselor Education and Educational Psychology).
- Yoon, S. A. (2018). *Neural Hypervigilance in Trauma-exposed Women* (Doctoral dissertation, City University of New York).
- Young, K. S. (2008). Internet sex addiction: Risk factors, stages of development, and treatment. *American Behavioral Scientist*, *52*(1), 21-37.
- Zapf, J. L., Greiner, J., & Carroll, J. (2008). Attachment styles and male sex addiction. *Sexual Addiction & Compulsivity*, *15*(2), 158-175.
- Zitzman, S. T., & Butler, M. H. (2009). Wives' experience of husbands' pornography use and concomitant deception as an attachment threat in the adult pair-bond relationship. *Sexual Addiction & Compulsivity*, *16*(3), 210-240.

APPENDIX A

Instructions for TIPSA**Trauma Inventory for Partners of Sex Addicts (TIPSA.V2)**

Trauma Inventory for Partners of Sex Addicts (TIPSA.V2) (PAGE 1 of 7)

It has been said that some men and women report post-traumatic stress disorder (PTSD) when they discover their partner's sexual betrayal. In an effort to better understand this the following survey has been designed to assess the validity of this claim.

This survey will take about 15-20 minutes to complete. Once you have completed this assessment you will be given the chance to provide feedback so that we can improve this survey.

Please carefully review each question and mark the response that most accurately describes your experiences. Your answers are confidential and will be used for research purposes.

(Note: Please speak to a professional counselor if the questions in this survey trigger emotional pain.)

APPENDIX B

IRB Approval Letter

Lane Fischer

From: Sandee Aina
Sent: Friday, January 20, 2017 3:18 PM
To: Lane Fischer
Cc: Human Subjects Committee
Subject: A17-006 PI Lane Fischer IRB Determination

INSTITUTIONAL REVIEW BOARD
 FOR HUMAN SUBJECTS

Memorandum

To: Lane Fischer, Ph.D.
Department: CPSE
College: EDUC
From: Sandee Aina, IRB Administrator
Date: January 20, 2017
IRB#: A17-006
Subject: *Psychometric and Qualitative Analysis of the Trauma Inventory for Partners of Sex Addicts (TIPSA)*

Thank you for your recent correspondence concerning your protocol referenced in the subject heading. Brigham Young University's Institutional policy requires review of all research. I appreciate your willingness to comply with this policy.

According to the Code of Federal Regulations 45.46.102 (f), Human Subjects research is when an investigator conducting research will obtain:

- Data through intervention or interaction with the individual, or
- Identifiable private information
<http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.102>

The protocol description does not include any interaction with research subjects and you will not have access to private *identifiable* information. You have no part in the recruiting of participants or the collection of exiting data. According to the regulatory definition of human subject research, this scholarly activity is not under the jurisdiction of the IRB.

You will not receive renewal memos from the IRB regarding this research.

Sincerely,

Sandee M.P. Aina, MPA

Institutional Review Board for Human Subjects, Administrator
 Office of Research & Creative Activities
 Brigham Young University
 A-285 ASB Campus Drive
 Provo, UT 84602
 Ph: 801-422-1461 | <http://orca.byu.edu/irb/>

APPENDIX C

**The Lasting Effects of Sexual Betrayal: Disturbing Study Results Make a Case for
Recognizing PTSD Within Relationships by Kevin B. Skinner**

"What is happening to me? I feel like I'm going crazy."

These were the first words out of my client's mouth after she told me about her husband's affairs. She continued, "Ever since I found out about his last affair, I haven't been able to sleep, eat, or do anything. I walk around in a daze feeling like nothing matters. What is wrong with me?"

I looked at her and said, "I think what you're feeling is perfectly normal. You may feel like you're going crazy or losing your mind, but what you're experiencing is real. It's what we call *betrayal trauma*."

"You mean there's a term for what I'm feeling?"

I told her yes. She looked relieved and said, "So I'm not going crazy?"

"It'll feel like you're going crazy," I said, "but that's a natural response when you feel unsafe and insecure in your primary relationship."

If your partner is cheating on you, looking at pornography behind your back, visiting topless bars, or sexually acting out in other ways, it is common to feel unsafe or fearful. In my research with more than 1,400 people in these situations, I found that a majority (more than 60%) experienced intense fear at least half the time. Another 55% reported that after they discovered their partner's sexual behavior, they had difficulty (at least half the time) determining who was safe and not safe to be around. In other words, when a spouse acts out sexually, more than half of those who responded to the survey felt unsafe and experienced intense fear.

Unfortunately, up until the last few years, professional therapists have used codependency as the primary model for treating partners of sex addicts. This was often confusing for a spouse since, in many instances, they didn't know of their spouse's sexual indiscretions until they caught them. Their initial discovery, often referred to as "D-Day," was so surprising that they could hardly believe what they heard or discovered. This didn't, and doesn't, fit with the codependency model of enabling.

What I believe to be a better model for helping partners of sex addicts is a *trauma* model. In 2005, I was talking with a therapist friend who used the term "Relationship Trauma." She said, "I think many of the partners I am working with show symptoms of post-traumatic stress disorder (PTSD)." As I reviewed the clients in my caseload it quickly became apparent that she was right: Many of my clients were showing signs of PTSD.

That same year we wrote an assessment to determine if the trauma we witnessed in our offices was similar for individuals not in therapy. In other words, we wanted to know whether trauma was present just in clients we were seeing or if it was present in the general population of individuals whose spouses were sexually acting out. This was one of the first assessments, if not the very first, that looked at trauma that stemmed from a spouse's sexual behaviors. Since that time 10 years ago, more than 1,400 people have completed our online survey. **(You can take the survey here.)**

The results have been stunning—and alarming to me as a therapist. After poring through the data, it has become clear to me that thousands of women and men are suffering deeply due to their partner's sexual behaviors outside of the relationship. Here are some categories, questions, and results from our research:

Fear and Questions of Safety

1. I feel violated due to my partner's sexual behaviors:

- Never (2.87%)
- Occasionally/rarely (9.86%)
- About half the time (9.65%)
- More often than not (25.05%)
- Always (52.57%)

Relive the Event/Experience

2. When my partner tries to get close to me or we are sexually intimate, I cannot help but question whether my partner is thinking about me or things he/she has done.

- Never (2.66%)
- Occasionally/rarely (11.53%)
- About half the time (15.96%)
- More often than not (27.05%)
- Always (42.79%)

Avoidance

3. I avoid sexual contact with my partner since discovering his/her behavior.

- Never (11.66%)
- Occasionally/rarely (24.89%)
- About half the time (23.32%)
- More often than not (23.77%)

- Always (16.37%)

Negative Self Evaluation and Mood

4. I feel like my partner acts out because I am not good enough.

- Never (9.89%)
- Occasionally/rarely (21.61%)
- About half the time (23.22%)
- More often than not (23.22%)
- Always (22.07%)

Emotional Arousal (e.g. anger, irritability)

5. After discovering my partner's sexual behaviors, I find that I am increasingly angry in response to my partner.

- Never (2.10%)
- Occasionally/rarely (17.06%)
- About half the time (23.13%)
- More often than not (34.58%)
- Always (23.13%)

Duration of the Disturbance

6. How long have you been experiencing the symptoms described in this assessment (e.g. recurrent thoughts, feeling anxious, being afraid)?

- Less than one month (3.77%)
- 2-3 months (4.95%)
- 4-6 months (5.42%)
- 7-12 months (10.85%)
- More than one year but less than two (16.51%)
- More than two years but less than five (25.47%)
- More than five years (33.02%)

Distress or Impairment in Social, Occupational, or Other Important Areas of Functioning)

7. It has become difficult for me to fulfill important roles (that of employee, parent, etc.) since discovering my partner's sexual behaviors.

- Never (11.53%)
- Occasionally/rarely (26.82%)
- About half the time (30.35%)
- More often than not (21.88%)
- Always (9.41%)

In reviewing the data above with many other responses, it became clear to me that the PTSD criteria model was a legitimate way to look at responses to infidelity and other sexual behaviors outside the marital bond. Betrayal trauma due to a partner's sexual behaviors is common, and the symptoms are real.

Now comes the difficult part: What do we do to help the millions of individuals and couples dealing with betrayal trauma in their relationship? Since our field is just starting to fully accept the trauma model for treatment, we are only in the beginning stages of identifying best practices. The learning curve for effective treatment is steep, but the need for professionals and all in the helping profession (e.g. religious and community leaders) to come together is crucial. Unfortunately, there are still therapists and others in society that do not understand the extent of the trauma that occurs when sexual misbehaviors happen in a relationship. In some situations, the pain is minimized or overlooked (e.g. *It's just pornography, what's the big deal?*). This can trigger more trauma as the pain is ignored.

Solutions for Individuals Seeking Help

You may feel that you are losing your mind or going crazy. In truth, what you are experiencing is common. There is a growing awareness that sexual betrayal triggers trauma. If you find that you identify with the symptoms described in this article, please reach out for help and support. There are people who understand what you are experiencing. You are not going crazy.

Fortunately, we now see a growing number of people who specialize in understanding and treating trauma. Experts such as Bessel van der Kolk, Peter Levine, and Pat Ogden are educating us on how to better understand and treat trauma. Their guidance provides a great model for treating betrayal trauma. For example, we now know that trauma is largely stored in the body and may best be resolved through using our senses (sensorimotor therapy). For this reason, yoga and meditation can be effective tools in healing from trauma.

Organizations for Professionals Treating Trauma

These organizations train professionals and have a list of therapists who specialize in the treatment of betrayal trauma:

- [International Institute for Trauma and Addiction Professionals \(IITAP\)](#)
- [The Association of Partners of Sex Addicts Trauma Specialists \(APSAST\)](#)

Online Resources for Individuals Experiencing Betrayal Trauma

There are also professionals who provide valuable educational and support content online to help individuals dealing with betrayal trauma:

- [Bloom for Women](#)
- [Center for Healthy Sex](#)

12-Step Support Groups

Many individuals find that attending a group is very helpful. You will be with others who understand what you are going through and will provide support outside of the group setting:

- [S-Anon](#)
- [Codependents of sexual addicts \(COSA\)](#)

Note: Data Sample Information

The sample data from this survey is from mostly women who live throughout the United States and Canada. They come from different religious beliefs, educational backgrounds, and most are married (68%).

APPENDIX D

**Examples of Analysis of Raw Data Reflecting Steps Two Through Four of the Descriptive
Phenomenological Method**

Example #1

“I was super hypervigilant.. I was looking for any way to catch him.. I couldn’t work.. I couldn’t sleep.. my mother/daughter relationship was deteriorating.. I wasn’t eating.. my ego was shattered”

Step 2: Determine the natural “meaning units”

1. “I was super hypervigilant.. I was looking for any way to catch him..”
2. “I couldn’t work..”
3. “I couldn’t sleep..”
4. “My mother/daughter relationship was deteriorating..”
5. “I wasn’t eating..”
6. “My ego was shattered”

Step 3: State the theme that dominates each natural meaning unit as simply as possible (the arrow denotes the decision to include that response in a secondary theme within the primary, or first, theme and could be replaced with the word “specifically”).

1. Preoccupation → or specifically, Hypervigilance
2. Difficulty fulfilling roles → Employee
3. Impairment to functioning → Physical symptoms
4. Difficulty fulfilling roles → Parent
5. Impairment to functioning → Physical symptoms
6. Loss of identity → Negative beliefs about oneself

Step 4: Interrogate the meaning units by asking “What does this statement tell readers about the experience of men and women who report sexual betrayal?”

1. Participants experienced preoccupation with the betrayal, with one becoming hypervigilant in hopes of catching his/her partner, rather than finding out after the fact, if the sexual misdeed were to happen again.
2. Those who report sexual betrayal had a hard time working, even explaining that they “couldn’t work.”
3. Some explained the experience took a toll on their basic functions such as sleeping.
4. One relationship that was stated to have “deteriorate[ed]” was that of parent.
5. Another basic function that was stated to be affected was eating.
6. Participants described that their self-esteem and sense of self was “shattered” by the experience.

Example #2

“I have less inclination to be social, partially because I am embarrassed about the relationship I allowed and largely because I feel people are fickle and malicious as a result of my experiences - that they are at their core unreliable and deeply dangerous and I do not want to get close or involved and be subjected to that if I can avoid it.”

Step 2: Determine the natural “meaning units”

1. “I have less inclination to be social.”
2. “Partially because I am embarrassed about the relationship I allowed”
3. “And largely because I feel people are fickle and malicious as a result of my experiences- that they are at their core unreliable and deeply dangerous and I do not want to get close or involved and be subjected to that if I can avoid it.”

Step 3: State the theme that dominates each natural meaning unit as simply as possible (the arrow denotes the decision to include that response in a secondary theme within the primary, or first, theme and could be replaced with the word “specifically”).

1. Difficulty fulfilling roles → Friend/member of society
2. Shame → Don’t want others to find out
3. Getting stuck → Mistrust

Step 4: Interrogate the meaning units by asking “What does this statement tell readers about the experience of men and women who report sexual betrayal?”

1. After discovery/disclosure, participants became less social in general.
2. Some shame was involved in admitting to others that they had stayed with the addict despite knowing about the infidelious behavior.
3. How these individuals view people in general changed; they now see people as “fickle and malicious” and “unreliable and deeply dangerous.” This causes them to avoid forming or being part of close relationships with anyone, not just their addicted partner.