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## Support Utilization by Partners of Self-Identified Sex Addicts

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This online survey examined the support resources used by partners of sex addicts. Partners ( $N = 92$ ) answered questions about which sources of support they found most useful, relationship functioning, and demographic and background variables. Partners rated therapists, spirituality, support groups, and friends as most useful; and the mate, their children, and their other family members as least useful. Participants indicated that they used intrapersonal religious/spiritual activities (e.g., prayer and meditation) more than interpersonal religious/spiritual activities (e.g., religious services and support groups). Older partners sought more religious/spiritual support, and more educated partners rated therapy as more useful. Rating the mate as useful was most strongly associated with positive relationship outcomes. The authors conclude with recommendations for working with partners of sex addicts.

Partners of sex addicts often experience personal and relational difficulties related to their mate's addiction (Schneider, Corley, & Irons, 1998). However, little is known about where partners of sex addicts seek support and what types of support help them most. This gap in the literature is troubling given that (a) many sex addicts are in long-term relationships and (b) the well-being of the partner and relationship likely affect the addict's recovery (Matheny, 1998). This study explored the types of support partners used, the effects of partner characteristics on support used, and the relations between support and relational outcomes.

Partners often experience their mate's sexual addiction as a betrayal of trust (Gottman, 2011; Hardin, 2002), which is often exacerbated by repeated dishonesty (Glass & Wright, 1997). When the addict discloses his or her addictive sexual behaviors, partners may experience a range of symptoms including shock, rage, loss of confidence, damaged sense of self, anxiety, depression, confusion, shame, symptoms of posttraumatic stress disorder, and sexual problems (Schneider,

1990; Schneider, Irons, & Corley, 1999; Steffens & Rennie, 2006). After learning of their mate's sexual addiction, partners are likely to find themselves in need of support to cope with (a) feelings of betrayal; (b) posttraumatic symptoms; (c) other emotional distress; and, if they choose to remain with the mate; (d) improving the relationship. Although there has been little empirical research exploring the kinds of support partners of sex addicts use, three types of support have received some attention: 12-step or support groups, psychotherapy, and religion/spirituality.

First, some partners of sex addicts may define themselves as coaddicts or relationship addicts, and may participate in 12-step programs such as S-Anon and Codependents of Sex Addicts. Meetings that include partners address issues such as restoring trust, forgiveness, softening discussions about problems, shifting attitudes, healthy sexuality, fair fighting, dealing with illness, improving communication, avoiding monitoring the partner's recovery, talking to children about the parents' recovery programs, financial negotiation, problems solving, and increased unity (Schneider & Schneider, 1996; Zitzman & Butler, 2005).

Second, models of psychotherapy that include partners include a narrative approach involving externalizing the problem and noting exceptions (Corley & Alvarez, 1996), an emotionally focused approach targeting the meaning of the betrayal (Johnson, 2005), and an adult attachment-based approach (Butler & Seedall, 2006). Even these psychotherapy models focus more on the role of the partner in the addict's recovery rather than on the partner's own experience and needs. According to Bergner and Bridges (2002), therapists can help partners understand the addict's behavior (i.e., as an attempt to repair the addict's low self-esteem rather than caused by the partner) and use more effective coping behaviors such as defining, communicating, and maintaining boundaries.

Third, partners of sex addicts may use their religion or spirituality to cope with the distress associated with a mate's sexual addiction. Positive religious/spiritual coping strategies (e.g., seeking support from a deity or faith congregation, positive religious reframing of events) have benefits for psychological adjustment to a variety of stressors, and some evidence links religious coping to positive marital outcomes (Pargament, 1997; Tremblay, Sabourin, Lessard, & Normandin, 2002). Estimates of the prevalence of religious/spiritual coping vary widely depending on the sample (for a review, see Pargament, 1997), but no data are yet available on the prevalence of religious/spiritual coping strategies among partners of sex addicts. Also, support groups using the 12-step model emphasize religious/spiritual processes such as turning one's life over to God, asking God's help to remove shortcomings, making amends for mistakes, and looking to God for direction (Pargament, 1997).

Our study was designed to explore the prevalence and perceived usefulness of various sources of support for partners of sex addicts, the relations between partner characteristics and support seeking, as well as the links between support utilization and current relationship functioning. We proposed three primary research questions.

First, we wanted to describe the types of support used by partners of sex addicts and to determine which types of support they viewed as most useful. We hypothesized that support related to psychotherapy, small groups, and spirituality would be viewed as most useful. We expected that formal support tailored to the individual (e.g., psychotherapy, support groups) would provide more specific assistance, including advice on the basis of experience with sex addiction and, thus, be viewed as more helpful than other sources of support (e.g., friends and family). These informal sources of support may be less focused in their support, spend less time on the partner's concerns given the mutuality of the roles, and may be more likely to offer

uninformed advice (e.g., “Just have more sex,” “Improve your appearance”) as a result of a lack of familiarity with the complexities of sexual addiction. On the basis of their relevance to recovery from other addictions and prominent role in 12-step programs, as well as their implications for promoting forgiveness and hope (Pargament, 1997), we also expected spiritual sources of support to be perceived as highly useful.

Second, we wanted to examine the extent to which personal characteristics of partners were related to using support. We hypothesized that partners who were older and more highly educated would have more experience and awareness of the types of support available and, thus, would be more likely to use support and view it as useful. Prior research has found that individuals who are more highly educated have more positive attitudes toward seeking mental health services (Sheikh & Furnham, 2000). Also, we hypothesized that older partners might have been coping with a sexual addiction for a greater length of time and consequently be (a) more willing to go to greater lengths to improve the relationship and (b) more familiar with available and helpful resources. Age was expected to be related to more spiritual support, given prior findings that older adults are more likely than younger adults to report religious/spiritual coping and support seeking (Allen, Phillips, Roff, Cavanaugh, & Day, 2008). Older and more educated individuals may have more financial resources to devote to paying for psychotherapy. Also, we hypothesized that partners who viewed themselves as victims of trauma or as coaddicts would be more aware of their need for help and support, and thus be more likely to seek and use support.

Third, we wanted to investigate the relation between support use and relational outcomes. Because utilization of support ideally would provide the partner with resources to improve individual and relational well-being, we hypothesized that utilization of support would be positively related to relational outcomes such as relationship satisfaction, sexual satisfaction, trust, and discussion of emotional issues.

## METHOD

### Participants

Participants were 92 self-identified partners of sex addicts who completed an online survey about their experiences. Participants were recruited through announcements made on the Society for the Advancement of Sexual Health Professional Listserv and mailings to treatment professionals. Links to the survey were placed on a number of websites of treatment programs that provide services for sex addicts and their families. To complete the survey, participants had to confirm that they were at least 18 years of age and agree to the informed consent. Participants ranged in age from 21 to 72 years ( $M = 44.4$ ,  $SD = 11.9$ ). Participants were predominantly female (95.6%) and heterosexual (95.6%). Most participants (82.0%) were married or in a committed relationship (7.9% separated, 6.7% divorced, 3.4% single). For the participants still in a married or committed relationship with the addict, the average length of this relationship was 16.6 years ( $SD = 11.4$ ).

### Measures

We created a 60-item anonymous survey utilizing feedback from (a) clients from two outpatient practices, (b) clinicians on the listserv of the Society for the Advancement of Sexual Health,

and (c) personal conversations with several clinicians who treat partners and sex addicts. Before completing the survey, participants were given definitions of several main constructs in the survey, including recovery and sexual addiction. The questions used in the present study are described below.

### *Usefulness of Sources of Support*

We assessed the usefulness of several sources of support using seven items created for the present study, each representing a possible source of support. The sources of support assessed were the addict, friends, support group, children, other family, spirituality, and therapist. Participants rated the usefulness of each source of support in maintaining their recovery and mental health on a 6-point scale ranging from 0 (*N/A does not apply*) to 5 (*most useful*).

### *Spiritual Support*

We assessed the frequency that partners used spiritual support using five items created for the present study. Each item represented a possible source of spiritual support (e.g., attend religious services, pray). Participants rated the frequency of each spiritual support activity on a 6-point scale ranging from 0 (*N/A does not apply*) to 5 (*daily or more*). We summed the five items to create a total spiritual support score. For this sample, the Cronbach's alpha coefficient was .77.

### *Partner Characteristics*

We asked for information about several partner characteristics, including gender, age, sexual orientation, education level, as well as whether partners viewed themselves as coaddicts and/or victims of interpersonal relationship trauma.

### *Relationship Functioning*

We asked several single-item questions about current relationship functioning. We assessed general relationship satisfaction with the question, "How would you describe your current overall relationship with your spouse?" Participants responded on a 5-point scale ranging from 1 (*very poor*) to 5 (*excellent*). We assessed sexual satisfaction with the question, "Since disclosing about his/her relapse, in what ways has your sexual relationship with your spouse/mate been affected?" Participants responded to this question on a 4-point scale ranging from 1 (*became terrible or no longer sexual*) to 4 (*improved*). We assessed trust with the question, "Despite the work you have done to stay in this relationship, do you think your spouse/mate's disclosure about his/her sex addiction has damaged the relationship to a degree that you can never trust him/her again?" Participants responded to this question on a 3-point scale ranging from 1 (*no*) to 3 (*yes*). Last, we assessed discussion of emotional issues with the question, "Since your spouse/mate's recommitment to sexual sobriety, do you talk more or less frequently about emotional issues with your spouse/mate?" Participants responded to this question on a 3-point scale ranging from 1 (*less*) to 3 (*more*).

TABLE 1  
Partners of Sex Addicts' Utility Ratings of General Sources of Support

Source	M	SD	N/A	Not useful	Slightly useful	Equally useful as not	Very useful	Most useful
Addict	2.26 <sub>a</sub>	1.25	2.2%	33.0%	24.2%	22.0%	14.3%	4.4%
Friends	3.10 <sub>c</sub>	1.41	4.5%	9.0%	22.5%	16.9%	30.3%	16.9%
Support group	3.26 <sub>c</sub>	1.87	15.7%	7.9%	9.0%	5.6%	25.8%	36.0%
Children	1.38 <sub>b</sub>	1.59	44.3%	20.5%	8.0%	11.4%	12.5%	3.4%
Other family	1.78 <sub>a</sub>	1.45	20.5%	31.8%	17.0%	13.6%	13.6%	3.4%
Spirituality	3.66 <sub>c</sub>	1.59	7.9%	5.6%	9.0%	7.9%	29.2%	40.4%
Therapist	3.73 <sub>c</sub>	1.64	11.2%	1.1%	7.9%	7.9%	27.0%	44.9%

Note. Means that have the same subscripts do not differ significantly from one another. Means with different subscripts vary significantly from one another in perceived usefulness ( $p < .01$ ).

## RESULTS

For clarity, we referred to the participant as the *partner* and the sexual addict as the *addict* or *mate*. We organized our results into three sections. First, we described the general and religious support used by partners of sex addicts. Second, we examined the relation between partner characteristics and types of support used. Third, we explored the relation between types of support used and relational outcomes.

### Sources of Support

The first research question examined the partner's utilization of general and spiritual support. We summarized these data in Tables 1 and 2. Partners found the following sources of support most useful for their recovery and mental health: therapist, higher power/spirituality, 12-step/mutual support group, and friends. Partners found the following sources of support less useful: the addict, other family members, and children. A within-subjects analysis of variance found significant differences in perceived usefulness between the support types ( $F = 35.45$ ,  $p < .001$ ,  $df = 6$ , 486). Pairwise comparisons using a Bonferroni correction revealed that the mate was perceived

TABLE 2  
Partners of Sex Addicts' Frequency of Use of Spiritual Sources of Support

Source	M	SD	N/A	Once a month or less	2-3 times per month	Once a week	2-3 times per week	Daily or more
Religious services	1.47 <sub>a</sub>	1.46	37.4%	20.9%	9.9%	22.0%	8.8%	1.1%
12-step/support group	2.03 <sub>a</sub>	1.56	27.0%	12.4%	13.5%	28.1%	15.7%	3.4%
Pray	3.30 <sub>b</sub>	2.02	20.2%	5.6%	5.6%	7.9%	13.5%	47.2%
Meditate	2.92 <sub>b</sub>	1.87	18.0%	10.1%	11.2%	10.1%	23.6%	27.0%
Spiritual reading/study	3.18 <sub>b</sub>	1.89	15.7%	10.1%	7.9%	10.1%	19.1%	37.1%

Note. Means that have the same subscripts do not differ significantly from one another. Means with different subscripts vary significantly from one another in frequency ( $p < .01$ ).

as significantly more useful than children ( $p = .002$ ), about as useful as other family members ( $p = .257$ ), and significantly less useful than friends ( $p = .008$ ), support groups ( $p = .003$ ), spirituality ( $p < .001$ ), and therapists ( $p < .001$ ). There were no significant differences among the perceived usefulness of friends, support groups, spirituality and therapists, and those four sources of support were each perceived as significantly more useful (all  $ps < .001$ ) than other family members and children.

For spiritual support, partners were more likely to use intrapersonal forms of spiritual support (e.g., prayer, read/study spiritual writings, and meditation) than interpersonal forms of spiritual support (e.g., attend religious services, attend 12-step/mutual support group). A within-subjects analysis of variance found significant differences in frequency between the spiritual support types ( $F = 28.76, p < .001, df = 4, 336$ ). Pairwise comparisons using a Bonferroni correction revealed that partners attended religious services about as often as support groups ( $p = .212$ ), but less often than prayer, reading spiritual writings, and meditation (all  $ps < .001$ ). Also, there were no differences in use among the three intrapersonal forms of support (all  $ps > .650$ ).

### Partner Characteristics and Support

The second research question examined the relations between partner characteristics and use of support. Table 3 shows the intercorrelations between these variables. Older partners were more likely to use spiritual support. Higher education was positively related to a greater perception of therapy's usefulness. It is interesting that there were different patterns of relationships between self-identification and use of support. Whereas participants who viewed themselves as victims of interpersonal relationship trauma as a result of their mate's addiction found a wide range of

TABLE 3  
Intercorrelations Between Support and Partner Characteristics

	1	2	3	4	5	6	7	8	9	10	11	12
1. Age	—											
2. Education	.14	—										
3. Coaddict	-.03	-.01	—									
4. Victim of relationship trauma	.13	.22*	.03	—								
5. Addict	.00	.01	.05	.10	—							
6. Friends	.10	.02	.15	-.01	.04	—						
7. Support group	.07	.00	.39**	.17	.02	.24*	—					
8. Children	.13	.09	-.05	.27*	.01	.11	-.02	—				
9. Other family	.11	-.03	-.16	.29**	-.08	.10	-.06	.37**	—			
10. Spirituality	.20	.08	.03	.10	.18	-.01	.25*	.09	-.13	—		
11. Therapist	.12	.23*	.15	.34**	.18	.23*	.52**	.22*	.22*	.39**	—	
12. Spiritual support frequency	.33**	.05	.10	.15	.12	.01	.45**	.08	.05	.61**	.39**	—

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

TABLE 4  
Intercorrelations Between Support and Relational Outcomes

	1	2	3	4	5	6	7	8	9	10	11	12
1. Relationship satisfaction	—											
2. Sexual satisfaction	.66*	—										
3. Trust	.50**	.32**	—									
4. Discussion of emotional issues	.57**	.59**	.29**	—								
5. Addict	.67**	.63**	.42**	.58**	—							
6. Friends	-.16	-.10	.06	-.19	.04	—						
7. Support group	.07	-.01	.19	.03	-.02	.24*	—					
8. Children	.00	.02	-.04	-.15	.01	.11	-.02	—				
9. Other family	-.17	.00	-.06	-.17	-.08	.10	-.06	.37**	—			
10. Spirituality	.21*	.10	.12	.19	.18	-.01	.25*	.09	-.13	—		
11. Therapist	.21*	.04	.29**	.12	.18	.23*	.52**	.22*	.22*	.39**	—	
12. Spiritual support frequency	.09	-.04	.21	.06	.12	.01	.45**	.08	.05	.61**	.39**	—

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

sources of support to be useful, participants who viewed themselves as coaddicts/codependents specifically found support groups to be most useful.

### Support and Relational Outcomes

Our third research question examined the relations between utilization support and relational outcomes. Table 4 shows the intercorrelations between these variables. It is interesting that the extent to which partners rated the mate to be useful for maintaining the partners' recovery and mental health was the support variable most strongly related to positive relational outcomes (global satisfaction, sexual satisfaction, trust, and discussion of emotional issues). Viewing spirituality as useful was positively related to relationship satisfaction, and viewing the therapist as useful was positively related to relationship satisfaction and trust.

## DISCUSSION

This study investigated the types of support that partners of sex addicts rated most useful for maintaining the partners' recovery and mental health. Consistent with our hypotheses, therapists, support groups, and spirituality were rated most useful overall, and several aspects of spiritual support were regularly used by partners of sex addicts. The participants' more frequent use of intrapersonal forms of spiritual support may reflect the fact that these forms of spiritual support are more readily available (e.g., about half of participants reported using prayer daily or more) than interpersonal forms of spiritual support such as religious services. Overall, it appears that partners of sex addicts seek a wide range of support options to deal with the difficulties related to their mate's sexual addiction.

This study also evaluated personal characteristics of partners that were related to the extent to which partners sought support. Regarding demographic correlates, consistent with our hypotheses, older partners used spiritual support more often than did younger partners. This is consistent with past research that has found that older adults are more likely than younger adults to report religious/spiritual coping and support seeking (Lee & Lee, 2008). Contrary to our hypotheses, however, there was little evidence that older partners found other sources of support to be more useful than younger partners.

Consistent with our hypothesis, education was positively related to finding psychotherapy useful. This finding was consistent with prior research (Sheikh & Furnham, 2000) and might be attributable to both greater knowledge about psychotherapy and lower levels of stigma associated with seeking psychotherapy. It is also possible that participants who were more highly educated were more able to afford (and thus use) psychotherapy.

Consistent with our hypothesis, partners who considered themselves victims of relationship trauma as a result of the mate's addiction found more sources of support useful, perhaps as a result of being in greater distress or being more aware of their distress. Partners who do not feel traumatized may not feel as strong a need to seek support from others. Partners who identified as coaddicts reported support groups to be useful. This is not surprising given the systemic perspective and discussion of coaddiction in many support and 12-step groups (Schneider & Schneider, 1996). Self-identified coaddicts likely assume some responsibility for their problems, and they may appreciate that support groups address their coaddiction issues in ways that may not be addressed as well by other sources of support, perhaps because they provide access to others in similar situations. It is also possible that partners who attended support groups were more likely to learn about coaddiction in those groups and thus began to identify as a coaddict.

Last, this study examined possible relations between utilization of support and relationship outcomes. Partners who viewed their mate, spirituality, and therapy as useful for maintaining their recovery and mental health generally reported more positive relationship outcomes. However, perceiving the mate as useful for one's recovery and mental health was most strongly related to several measures of relationship functioning (global satisfaction, sexual satisfaction, trust, and discussion of emotional issues). Thus, although fewer partners overall found their mate to be useful in maintaining their recovery and mental health, compared with other aspects of support, partners who found their mate to be useful reported more positive relationship outcomes. In other words, other types of support may be useful for outcomes related to the partner's individual mental health and well-being, but it appears that the mate's usefulness is most important for relational outcomes. The implication of this finding is that sources of support that do not include or incorporate the mate, though perhaps helpful for the partner individually, may not have a strong effect on the functioning of the relationship itself. It is also possible that some sources of support may actually have negative effects on the overall relationship (e.g., friend who encourages the partner to leave the relationship).

This study has several implications for practitioners working with partners of sex addicts. First, this study summarizes data on several sources of support that partners of sex addicts report finding useful in maintaining their own recovery and mental health. Therapy, support groups, spirituality, and friends are all resources that partners find useful. Other sources of support are viewed as less useful (e.g., the mate, children, other family). Furthermore, there are certain populations that may be less likely to seek support on their own (e.g., clients who are younger or less educated, clients who do not view themselves as a victim of relationship trauma). It may be helpful to inform these clients about sources of support that have been found to be helpful, and encourage these

clients to seek out these avenues of support. Last, recommendations for seeking support may be contingent on the particular goals of the partner. For example, if the goal is primarily individual coping and well-being, practitioners are encouraged to recommend the sources of support that partners rated most useful for their mental health and recovery (e.g., therapy, support groups, spirituality, friends). However, if the goal is primarily restoration of the relationship, it may be important to focus on whether the mate could be used as a source of support, or what steps must be implemented so that the mate is transformed from a source of trauma to a source of support. Furthermore, other sources of support should be evaluated to determine if they are helping or hurting the overall goal of restoring the relationship.

This study had several important limitations. First, the study used a cross-sectional, correlational design; thus, conclusions about causality should not be made. Second, the study used single-item self-report measures that had no prior evidence supporting their reliability or validity. Third, the sample was homogenous with regard to female sex and heterosexual orientation. Furthermore, the study did not ask about the racial/ethnic background of participants. Thus, the results may not generalize to male partners of female sex addicts, members of same-sex couples, or persons of color. Last, this study did not ask specific details about (a) the nature of the mate's addictive behaviors or (b) each source of support (e.g., whether support groups were anonymous), nor did it ask partners to describe how each source of support was useful. Thus, additional qualitative research is needed to identify specific aspects of support or behaviors that the partners perceive as useful (e.g., the mate's disclosure and participation in therapy/group) for which goals (e.g., individual vs. relational well-being). It is also possible that different sources of support may be more or less useful for different types of addictive behaviors (e.g., affairs vs. pornography). Future research with more diverse samples, longitudinal designs, and observational or other qualitative measures of partner coping and adjustment could be helpful for understanding what resources are most beneficial for partners of sex addicts for which concerns.

## Conclusions

Many sex addicts are in long-term relationships, and their addiction has consequences not only for themselves but also for the relationship and partner. However, the majority of research examining sex addiction has studied this problem from the perspective of the addict. The present study adds to the small body of literature examining the experience of the partner who is in a committed relationship with a sex addict. Specifically, this study examined the types of support used by partners of sex addicts and correlates of support utilization. Several sources of support were found to be useful in maintaining the partners' mental health and recovery, including therapists, spirituality, support groups, and friends. It is interesting that although other sources of support were listed as more useful overall, the one source of support that was most strongly associated with relationship outcomes was the mate. This finding indicates that the best type of support for partners of sex addicts may depend on the goals and desires of the partner.

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