

# **"Couple Recovery from Sexual Addiction/Coaddiction:**

## **Results of a Survey of 88 Marriages."**

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### **ABSTRACT**

To obtain information on how couples recovering in 12-step programs from sexual addiction and coaddiction were actually dealing with their problems, the authors anonymously surveyed 142 persons representing 88 marriages. Additional information was obtained over a 7-year period through facilitating 12-step couples' retreats attended by approximately 100 couples.

The most common problems identified by couples were rebuilding trust, learning intimacy, establishing boundaries, developing a healthy sexual relationship, and forgiving. Most couples also reported great difficulty in conflict resolution. The factors which appeared most helpful to couples in rebuilding and improving their relationship were individual involvement in 12-step meetings and therapy, and joint counseling and attendance at couples' mutual help and/or therapy groups. Coaddicts typically required over a year to forgive and become willing to trust the addict again. New sexual problems were common in the early recovery period, and tended to gradually improve. Eighteen percent of male addicts had engaged in same sex activities. Despite enormous past hurts and significant relational, financial, legal, and health problems faced by many of the couples, most were actively working on their marriages and were committed to a future together.

These results suggest that for couples in crisis because of multiple affairs, use of pornography and masturbation in preference to relational sex, visits to prostitutes, arrests for voyeurism or exhibitionism, or other compulsive sexual behaviors, survival of the relationship can be enhanced when both members self identify as "addict" and "coaddict," attend individual and joint 12-step meetings and counseling, seek feedback from other couples, and commit to ongoing work on the individual and on the relationship.

### **Introduction**

Persons who have engaged in compulsive sexual activities often come to treatment as a result of a crisis such as disclosure of extramarital sexual involvement, arrest

for illegal sexual activity, or job loss or financial crisis related to the behavior. When such persons are married or in a committed relationship, both members of the couple typically feel shame and tend to maintain secrecy. As a result, most couples are isolated and are not in contact with other couples who have dealt with similar problems.

One subset of such persons are those who come to define themselves as sex addicts and seek help in self-help programs modeled after Alcoholics Anonymous. Twelve-step programs for sex addicts (Sexaholics Anonymous or SA , Sex Addicts Anonymous or SAA , Sex and Love Addicts Anonymous or SLAA, and Sexual Compulsives Anonymous or SCA, are available in many parts of the U.S., as well as in some cities in Canada, Germany, and other countries. Spouses or partners of sex addicts may define themselves as sexual coaddicts, or as relationship addicts, and seek help in 12-step programs such as S-Anon and Codependents of Sex Addicts (COSA ), also found in many cities.

Couples who had broken their isolation were also attending 12-step couples meetings. Common topics for couples meetings include: rebuilding trust, forgiving oneself and one's partner, sexuality in recovery, how to fight fairly, dealing with illness in one member of the couple, building communication skills, how to avoid monitoring the partner's recovery program, how to talk to the children about the parents' recovery programs, and how to negotiate financial decisions. These topics are not frequently discussed at separate 12-step meetings for addicts and coaddicts. In these meetings members of each couple have a chance to speak before going on to the next speaker. Couples reported that they felt hopeful after hearing how other couples had dealt with similar problems.

We found that couples' 12-step programs were most helpful to persons who were also individually involved in their own 12-step programs. The couples who had most difficulty are those where only one partner (typically the addict) was going to meetings; in such cases, the coaddict tended to maintain a blaming attitude, believing that the addict was the only person who needed to be fixed. This is also a common complaint of sex addicts in 12-step programs whose partner declines to attend a 12-step program for family members such.

Although 12-step programs provide powerful support, most respondents reported benefitting from couples therapy.

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## Methods:

Over a one year period, married couples attending 12-step support groups for sexual addicts and coaddicts throughout the United States were offered the opportunity to fill out a 14-page anonymous survey relating to their recovery experience. Thus, the study comprised 88 marriages.

## Results

### *Demographics*

The 142 respondents, 67 males and 75 females, ranged in age from 24 to 71.

Carnes (1991) has observed that sex addicts have an average of three compulsive sexual behaviors; our results were consistent with this finding. Nearly all the addicts listed compulsive masturbation and pornography among their compulsive behaviors.

Most respondents (83% of the sex addicts and 61% of the coaddicts) self identified more than one addiction (the primary addiction of the coaddicts was considered to be their coaddiction or relationship addiction).

Most respondents (81%) reported at least one addiction in their family of origin.

### *Treatment and Recovery*

The respondents were ascertained through 12-step programs, and most were still attending. Their time in recovery ranged from one month to seven years, with a median of 1-3 years; 8% of addicts and 6% of coaddicts had more than five years' recovery. Seventy-nine percent of addicts were attending meetings for sex addicts, and 29% were involved in 12-step programs for other addictions. Most of the coaddicts, 71%, were currently attending S-Anon or COSA, 12-step meetings for coaddicts; 20% were attending other 12-step programs. Nearly half of respondents were attending 12-step couples program.

Nine percent of the addicts had been through an inpatient program for sexual addiction, and 9% of coaddicts went through inpatient treatment for codependency.

Nearly all the respondents had obtained some counseling or therapy relating to their addiction or codependency. Individually, as a couple, or in a group setting, they saw psychiatrists, psychologists, psychotherapists, social workers, master's level counselors, clergy, marriage counselors, family counselors, sex therapists, and addiction counselors.

### ***Chief Problems***

When asked to rank the most important current problems in their relationship, the respondents rated the following problems as the top three:

**Table 2**

#### ***Rank order of three marital problems***

	Men (n=65 )	Women (N=74)
Rebuilding trust in my partner	48%	38%
Lack of intimacy	40%	42%
Setting limits or boundaries	38%	39%
Resolving conflicts	31%	19%
Developing our spirituality	31%	20%
Our sexual relationship	32%	28%
Forgiving my partner/being forgiven	29%	22%
Financial problems	17%	20%

### ***Forgiving and Rebuilding Trust***

The survey asked respondents, to rate on a scale of 1 to 5, how much they trusted their spouse. Not surprisingly, only 14% of coaddicts, compared with 42% of addicts, said they trusted their spouse completely. An additional 39% of addicts and 37% of coaddicts trusted their spouse mostly. The respondents were not asked to define trust, but many addicts chose to regard it narrowly as referring to sexual fidelity.

Coaddicts typically focused on their spouses' sexual behavior as the basis for confidence and found less to trust. Those who had a high level of trust reported the following factors to support the trust: Most described a real commitment to recovery by their spouse and a long term commitment to a 12- step program. Several mentioned their spouse's honesty in all areas of life. Most coaddicts were in recovery themselves for a significant length of time. They had improved their own self esteem and developed a willingness to risk trust. One related, "If it turns out that my trust is unwarranted, then I know I'll be okay alone."

When addicts were asked, "What needs to happen in order for you to increase your trust in your partner," those who had less than complete trust offered the following suggestions: "Continued progress in her own program"; "greater sensitivity to my feelings"; "more acceptance of me in her actions and desire to be more with me instead of emotionally distant"; "a little more love and intimacy interspersed with the anger, hostility and distancing" ; "she needs to deal with her rage better, and I need to not be so nice." "I have to be stronger in myself, not relying so much on her opinion of me." The factors most often mentioned by addicts were: Greater acceptance and less judgmentalism by the coaddict, greater willingness of the coaddict to be vulnerable, and continued recovery by the addict.

Coaddicts stressed the passage of time in recovery as a key factor in rebuilding trust in the addict. They wanted to see "a continued track record of success and sobriety." In addition to ongoing commitment by the addict to recovery work, their partners found that continued honesty, dependability and consistency in the addict's actions fostered rebuilding trust. Further, several coaddicts recognized that their own personal growth was an important factor. They wrote, "I need to continue to develop my own self esteem." "I need to work on myself in my own Twelve-Step program. I see my own issues interfering with trust." Other goals mentioned were willingness of both partners to be more vulnerable, and improved communication between the partners.

When asked, "What are you and your partner doing to rebuild trust in your relationship?" respondents reported talking with each other about their feelings, being honest with each other, going regularly to 12-step meetings, to marriage and individual counseling, and to sex therapy, spending more quality time together, doing fun things, and improving their communication.

Forgiveness is a key ingredient in rebuilding trust. When asked "On a scale of 1-5, how much have you forgiven your partner?" some addicts had difficulty answering, because "she is not the addict," or "he did not betray me." Both addicts and coaddicts showed a considerable level of forgiveness:

These results clearly show that many coaddicts require at least one year in recovery before they are ready to forgive their partners.

### ***Sexuality in Recovery***

Results of the survey questions about sexuality before and during recovery from sex addiction have been previously published (Schneider, 1990) and will be only summarized here. Only 27% of men and 28% of women considered their sexual relationship to be very good or excellent before identification of their sexual addiction or coaddiction.

Although the level of sexual satisfaction varied widely, the majority of respondents believed their sexual relationship improved as a result of identification and treatment of the addiction problems

### ***Sexual Problems Which Began After Diagnosis of Sexual Addiction/Coaddiction***

Most couples reported attempting to address their sexual problems through improved communication, professional individual and/or marriage counseling, and the use of 12-step programs. The majority (73% of addicts and 69% of coaddicts) had experienced at least one period of sexual abstinence, and most felt that the abstinence period had been beneficial for at least member of the partnership.

### ***Establishing Boundaries***

Setting limits and establishing boundaries was one of the problems mentioned most frequently by couples. This generally refers to difficulties encountered by addicts' partners in defining situations they would consider intolerable, and planning a course of action should the situation occur. These lessons are learned by most coaddicts in recovery, in conjunction with developing self-esteem and self-empowerment; during the active addiction and coaddiction phase, they are so fearful of abandonment that they feel they have no choice but to "tolerate the intolerable."

### ***Relapse***

The survey asked, "What is your definition of a relapse?" "Have you relapsed? If yes, how did you handle it? Did you tell your spouse? If so, how did the two of you deal with the relapse?"

All the addicts were able to clearly define a relapse, which for many also included masturbation. Relapse was a common occurrence during early recovery from sex addiction.

## **Discussion**

Alcoholics Anonymous, founded by a stockbroker and a physician, initially appealed to an educated group of people and only gradually drew in more blue-collar workers. At the time of our study, the same pattern was apparent in the sex addiction recovery programs. With less than a 20 year history, the "S" programs initially attracted a largely educated membership. The data of Carnes (1991) supports this observation.

As expected, most of the addicts were male and most coaddicts female.

Because the survey respondents were found through the 12- step network, most were attending individual recovery meetings for sex addiction or coaddiction. In addition, nearly half were attending a couples' 12-step group

The survey showed that the same recovery steps result in rebuilding trust, ability to forgive oneself and one's partner, and increased vulnerability and intimacy in the couple relationship. These steps include continued work on one's individual recovery through counseling and mutual-help groups, evidence of honesty, consistency, and dependability on the part of the addict, work on being less judgmental and more vulnerable on the part of the coaddict, involvement by both partners in counseling and in mutual-help groups in order to work on the relationship, and education for the couple on improved communication, conflict resolution, and healthy sexuality. Many addicts and coaddicts need psychotherapy to heal the consequences of childhood sexual abuse, emotional abuse, and other childhood trauma, in order to be able to engage in an intimate adult relationship.

A key finding in the survey was that the addict must be actively involved in a recovery group for at least a year before the partner is willing to forgive and begin to trust again, even when he or she is also working on their own healing from codependency. We have encountered many addicts who are perplexed, resentful, or impatient because they have been doing "all the right things" for several months and yet their partners are still distrustful, angry, and keep rehearsing the past. It will be helpful for counselors to inform couples of this typical time frame and to counsel patience during the first year.

Another interesting finding was the tendency of men (mostly addicts) to

underestimate the level of forgiveness by their spouse. One possible reason for this is the addicts' guilt about past behaviors and about pain caused to the partner. Talking about forgiveness might be a fruitful topic of discussion for recovering couples.

Another area of miscommunication involved decisions about what sexual behaviors were considered unacceptable in recovery.

Among the core beliefs of sex addicts identified by Carnes (1983), the last is, "Sex is my most important need." Sexual coaddicts, according to Schneider (1988) have a core believe that "Sex is the most important sign of love." Thus, for both sex addicts and coaddicts, sex serves functions other than procreation, recreation, and affirmation of the relationship. Sex and its surrounding rituals become the most important aspect of the addict's life. The coaddict confuses sex with love and uses sex as a currency to win the partner and retain and manipulate him or her. In a relationship consisting of a sex addict and a coaddict, or of two sex addicts, sex occupies a prominent position and may be the source of significant conflict.

Respondents who attended 12-step couples meetings found them extremely helpful. Such meetings can serve to dispel false beliefs that addicts and coaddicts may have about each other. Some addicts have feared coaddicts, believing that at their meetings women encourage each other to leave their husbands. Some coaddicts feared addicts. Both groups may be greatly relieved to learn their beliefs were false. Addicts can gain new appreciation for the pain their behavior may have caused their partners and may be surprised that coaddicts acknowledge they have as many problems as the addicts. Coaddicts can see that addicts are ordinary people who are struggling and that they can be caring and concerned.

At the time of our study there were relatively few 12-step meetings for sex addicts and coaddicts.

In summary, these results suggest that for couples in crisis because of multiple affairs, use of pornography and masturbation in preference to relational sex, visits to prostitutes, arrests for voyeurism or exhibitionism, or other compulsive sexual behaviors, survival of the relationship can be enhanced when both members self-identify as "addict" and "coaddict," attend individual and joint 12-step meetings and counseling, seek feedback from other couples, and commit to ongoing work on the individual and on the relationship.

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