

A photograph of a person's hands holding a light-colored wooden tissue box. The person has curly hair and is wearing a red and white patterned top. The background is a bright, out-of-focus indoor setting with a white sofa and a potted plant.

BETRAYAL TRAUMA

Working with Partners of Sex Addicts

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ABSTRACT

Imagine being in a car accident. Out of the blue someone smashes into you. You didn't see it coming and you were not to blame yet you are trapped, helpless, not sure who to turn to or what to do next to save yourself. The struggle to make sense of what just happened is overwhelming.

This is pretty much what it feels like for partners of sex addicts when they discover that the person they love and are in relationship with has been acting out with pornography, sex workers or other people. Unlike a car accident the event is just the beginning. For the partner of a sex addict the trauma is increased with each further disclosure around behaviours, finances, people and places, and each

new awareness increases the level of confusion, fear, pain and grief.

Partners seek help when they can no longer manage these feelings of pain and the isolation they often lead to. They seek to understand what has happened, for their spouse and for themselves, and how they can survive this. They want to be able to protect and support their family and, if possible, the relationship. Unlike other addictions sex addiction is personal because it undermines everything that was believed about or contracted to in the relationship. Indeed the very person that should be offering support has become the greatest trigger.

With appropriate support from a therapist who understands the impact

of betrayal trauma, which is unique to the partners of sex addicts, healing is possible. Partners can break free of the fog of confusion, fear and denial and, in many cases the relationship can not only be repaired but strengthened as each party learns to take responsibility for themselves and their own recovery.

INTRODUCTION

"There are days when you may want to give up and leave. There are nights where you may cry yourself to sleep or stare at the ceiling feeling hopeless and more alone than you can ever remember....There are weeks where you may feel like your life has been shattered into a million little pieces and you want to wake up from this



Being lied to, manipulated and methodically deceived over a long period of time by the person that you love and believed to be your life partner results in an experience we now call betrayal trauma.

nightmare. There are moments where you may blame yourself, your family, and God, wanting to scream, WHY ME?"

(*Facing Heartbreak* p.1)

The discovery that the person you are in a long term, committed relationship with has been living a secret life is beyond shocking. Finding out that he has been having an affair is one thing, finding out that he has been sexually active in multiple ways, with multiple people, and/or with pornography over a long period of time is so devastating it is almost beyond comprehension. The "why me" scream comes from somewhere deep inside and brings with it intense feelings of being unsafe, along with feelings of confusion, grief, anger and unbearable pain. Sounds dramatic? It is.

Research has shown that partners of sex addicts often test positive for Post Traumatic Stress Disorder (Steffens

and Rennie 2006) and indeed surveys conducted on the sexuality of partners of sex addicts shows a correlation with those who are sexual abuse survivors.

"When you understand the sexual symptoms experienced by partners of sex addicts, it becomes apparent that the symptoms are strikingly similar to those known to occur from sexual trauma, such as rape, sexual assault, sexual abuse and molestation. When we look at well-established symptoms of sexual trauma and abuse, partners of sex addicts can identify with many or all of them."

(Omar Minwalla in *Mending a Shattered Heart* p.14)

Many partners of sex addicts call the moment of discovery of their spouses betrayal their personal 'D Day' and they recount it in vivid detail and re-experience it with each uninvited intrusive memory, thought, experience and anniversary.

Seeking support is often challenging – after all who do you tell? While it's a struggle for the partner to understand what has happened, and why, it is all but impossible for well meaning friends and family to support the hurting partner without judgement and blame. Subsequently many partners face this nightmare of discovery alone not knowing who to turn to without making the situation worse. Those who chose to stay in the relationship report feelings of shame and inadequacy for not leaving the addict as advised by family and friends, which often creates further stress and isolation.

Working with a therapist who understands sex addiction and the complexity of this form of betrayal will help to normalise the experience for the partner and begin to stabilise the trauma. Knowing that it is possible to recover from the pain and confusion which comes from living with an addict who is compulsively acting out sexually will provide an opportunity for understanding both their own response and the addicts behaviour. This will also provide an opportunity to start to explore the partners own needs and show how this apparently impossible situation can eventually become one of healing and post traumatic growth.

(And just as a point of clarity, this paper refers to the addict as 'him' and the partner as 'her'. This is not to suggest that all sex addicts are male and the partners female. I use this solely for the sake of simplicity for the purposes of this paper.)

WHAT IS BETRAYAL TRAUMA?

"It creeps through the door like a thief in the night and puts all my senses asunder. And the shock's a surprise when with eyes open wide I'm sent reeling and fall to the floor. Then slowly the dawning of reality, yawning, its great gaping mouth open wide and I find that my heart is a smoking divide and my brain is a land mine of warning. And I rant and I rage, broken, unmade, left panting and ravaged and raw."

(Poem written by the partner of a sex addict.)

Being lied to, manipulated and methodically deceived over a long period of time by the person that you love and believed to be your life partner

results in an experience we now call betrayal trauma. It is the shattering of a fundamental relationship attachment bond and for the partner of a sex addict this is a devastating experience where the world as they knew it feels like it has been destroyed. For many they feel that everything about the relationship has been a lie and every experience, memory and dream is now tainted. Partners feel that they don't know who or what to trust, or how to deal with the pain that arises from this situation. For partners who have also experienced other traumas in their lives this betrayal trauma will be even more challenging and painful.

Levine and Kline (2010) write that "...a dilemma of profound consequences is set up if the people who are supposed to love and protect us are also the ones that have hurt, humiliated, and violated us. This 'double-bind' undermines a basic sense of self and trust in ones instincts. In this way ones whole sense of safety and stability becomes weakened".

Partners of sex addicts experience this double bind as the person they have loved and trusted enough to build their lives with has betrayed them at such a fundamental level their sense of self, safety and stability is compromised. Discovering that your spouse has been having an affair with another person is without doubt devastating, however for partners of sex addicts it is so much more. This is not a one off betrayal, but the discovery of a pattern of behaviour which is long term and compulsive and which brings every facet of the relationship (both implicit and explicit) into question.

Partners of sex addicts experience levels of trauma unique amongst addictions. Stephanie Carnes writes that "finding out the person you love is a sex addict is one of the most painful experiences a spouse or partner will ever go through". (*Facing Heartbreak*. 2012) and Claudia Black says that partners are "devastated and overwhelmed and seeking answers for what to do next" (*Intimate Treason*. 2012). So it's not hard to imagine how impossible it seems for partners who are trying to function in their day to day life when it feels that the framework of their world has so utterly disintegrated. What's more, they are also overwhelmed by their own

sense of powerlessness being caught up in something beyond their understanding, and that they often can't talk to anyone about. For a partner discovering that they are in relationship with a sex addict the trauma, pain and confusion experienced often results in a struggle to continue to function in a way that enables them to continue to care for themselves, their relationships and their families. The consequences for all involved can feel overwhelming and insurmountable.

Research carried out by Steffens and Rennies (2006), Omar Minwalla (2009), and Stephanie Carnes (2016), all build on each other to reinforce that partners of sex addicts experience significant trauma responses as a result of discovering their spouses addiction and acting out behaviours. This trauma is complex as it is relational and multi-faceted. Dr Christine Courtois writes on complex betrayal trauma, which she describes as "multiple and repeated experiences of interpersonal trauma" Courtois, C.A. (2014), saying that partners of sex addicts experience both relational and repeated trauma as they are betrayed by someone they have committed to spend their future with. Michelle Mays in her blog PartnerHope expands on the complexity of this type of trauma and shows how the betrayal trauma experienced by partners of sex addicts entwines three distinct types of trauma which are attachment, sexual, emotional and psychological. She explains that attachment trauma is "the overwhelming experience of having the relational bond significantly damaged through sexual behaviour that violates the trust and vulnerability in the relationship", sexual trauma as "the impact to the partner's sexuality resulting from the addicted individual's compulsive pursuit of sex either inside the relationship, outside of the relationship or both" and emotional and psychological trauma as "the confusing experience of being lied to, manipulated, coerced and intimidated by the addicted individual in their efforts to protect their secret behaviour." She goes on to say that "...betrayal trauma makes you feel like you are losing your mind. It yanks your sense of security out from under you and puts you in emotional free

fall" (PartnerHope Weekly 2/5/17.)

Understanding the nature of attachment and that in an intimate relationship this attachment bond is significantly ruptured helps us to recognise the overwhelming struggle faced by partners. It also helps us to recognise the importance of establishing safety for the partner, normalising her response and reassuring her that she is not insane.

Many associate trauma with life threatening events and we are more likely to associate the word 'trauma' with an act of violence such as war, sexual assault, motor vehicle accident etc. For partners who often swing between feelings of extreme anger and pain on the one hand and hopelessness and helplessness on the other, the tendency to minimise their traumatic responses to their spouses betrayal further adds to their sense of confusion and they find enormous relief when they come into therapy with someone who understands sex addiction and its impact on partners. They can finally start to see that they are not crazy but experiencing what is a normal response to a highly traumatic event.

Indeed to help highlight just how complex and significant this trauma is, Dr Omar Minwalla from the Institute for Sexual Health developed the 'Thirteen Dimensions of Sex Addiction Induced Trauma (SAIT) among Intimate Partners and Spouses Impacted by Sex Addiction-Compulsivity.' (2014).

These 13 dimensions are:

1. Discovery Trauma
2. Disclosure Trauma
3. Reality-Ego Fragmentation
4. Impact to Body and Medical intersection
5. External Crisis and Destabilisation
6. SAIT Hyper-vigilance and Re-experiencing
7. Dynamics of Perpetration, Violation and Abuse
8. Sexual Trauma
9. Gender Wounds and Gender-Based Trauma
10. Relational Trauma and Attachment Injuries
11. Family, Communal and Social Injuries
12. Treatment-Induced Trauma
13. Existential and Spiritual Trauma

Add to this some of the comments from



partners of sex addicts as they seek to describe their experience which include:

- I can't seem to stop crying. Nothing seems to make sense. I even forget where I am sometimes.
- I feel like a zombie – it's like a big part of me has died, and yet I'm still alive.
- Sometimes, when the pain hits me – it's like a wave that is so powerful it knocks me off my feet.
- Sometimes I even wish he was dead, then at least this nightmare might finally be over.
- It's like I have nothing any more – no future, no dreams – my past has all been a lie and my hope has been shattered.
- I wish he had cancer, at least then I could expect some support from others.
- How do I trust and who? I can't even trust myself – how did I not pick this?

You can see that the betrayal trauma experienced by partners is indeed complex. The trauma is then compounded by the secrecy and shame which go hand in hand

with this addiction, and the inability to seek help and support from others for fear of judgement.

In a clinical study of female partners of sex addicts 70% of the study participants met all the symptom requirements for a diagnosis of post traumatic stress disorder (as identified in DSM4). The report goes on to say that even when PTSD is not diagnosed, there is often a recognition by health practitioners that the partner of a sex addict has 'experienced a significant and traumatic life event that produces very painful and often debilitating symptoms'. (Steffens & Rennie, 2006).

Other grief criteria also apply to some partners who can struggle for years to come to terms with their experience.

"...Complicated Grief (CG) and even Disorders of Extreme Stress Not Otherwise Specified (DESNOS) are all issues which may need to be addressed in partners, particularly over the longer term. Many of the symptoms described in the proposed Diagnostic Criteria for Complicated Grief

Disorder apply to partners of sex addicts which "includes symptoms of intense intrusive thoughts, pangs of severe emotion, distressing yearnings, feeling excessively alone and empty, excessively avoiding tasks reminiscent of the deceased (or....sex addict), unusual sleep disturbances, and maladaptive levels of loss of interest in personal activities lasting longer than 12 months."

(S. Drayton (2015)

It's also important to note that for many partners of sex addicts these systems do generally 'last longer than 12 months'. Whether they were aware of some of the acting out behaviours, or have received some level of disclosure, many partners are already experiencing trauma symptoms long before they come for help. For the vast majority who stay in the relationship the struggle to learn to trust their spouse and their own intuition takes time and is compounded by the continuing emotional and physical reaction to triggering events which remind the partner of their spouses betrayal.

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IS IT SEX ADDICTION?

“Sex addiction is not the same thing as infidelity...Sex addiction progresses, gets out of control, becomes a compulsive pattern, and takes over the addict's life. The illness escalates, and most addicts have a profound shame and despair around their behaviour.” (*Mending a Shattered Heart* p9)

Is it really an addiction or is it just an excuse for bad behaviour or mismatched libido?” Debate continues regarding the classification of sexual addiction-compulsivity. Some argue that it should not be classified as an addiction and others argue that it does in fact meet all the criteria for being classified as an addiction.

Following is part of a statement released by IITAP (International Institute for Trauma Addiction Professionals) regarding the validity of sex addiction as a diagnosis.

“the American Society for Addiction Medicine has declared that sex, eating, and other similar reward producing behaviours can all be classified as addictions. In ASAM's 2011 definition of addiction they write:

Addiction is a primary, chronic disease of brain reward, motivation, memory, and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviours. Addiction also affects neurotransmission and interactions

between cortical and hippocampal circuits and brain reward structures, such that the memory of previous exposures to rewards (such as food, sex, alcohol and other drugs) leads to a biological and behavioural engagement in addictive behaviours.”

(<https://www.iitap.com/blog/2016/12/14/response-to-aasect-position-statement>)

Add to this the statement released by APSATS – (the Association Partners Sex Addiction Trauma Specialists) which states that:

“To date, over two dozen empirically valid and reliable neurological studies and reviews establish the legitimacy of sexual addiction as a serious problem and public health issue. More than thirty studies reveal decreased relationship and sexual satisfaction when pornography use or sexual compulsivity are present, and seventeen studies associate pornography use and sex addiction with a variety of sexual issues. Additionally, several studies specifically highlight the experience of partners of sex addicts as traumatic, negative and multi-faceted”.

(<https://apsats.org/.../response-to-recent-aasect-statement-regarding-sexual-addiction>)

and it is evident that there is significant research in this area, all of which point to the fact that sex addiction cannot be easily dismissed as anything other than an addiction.

Paula Hall, in her book *Sex Addiction: The Partners Perspective* (2016) sums

it up nicely when she says that “while the Professionals decide what to call it, it undoubtedly continues to be a growing problem”(p 8). She goes on to say that “what defines addiction is the dependency on something as a mood regulator, the exact nature of that substance or behaviour is not relevant to the definition” (p10).

What is relevant however, is that for partners, discovering that the person they believed they knew and trusted implicitly has been living a secret life is devastating. Struggling to understand what and why is fraught with challenges, particularly when also confronted with the debate about whether the behaviour exhibited by the spouse is in fact an addiction – and although there will be times when the behaviour does not meet the criteria for sex addiction, for those it does it allows the partner to start to understand that the addiction is something outside of themselves. In other words with education about the nature of addiction and sex addiction in particular, both the partner and the addict, seeking help from appropriately trained professionals, can embark on the long and often arduous path to recovery which begins with understanding what addiction is, how it developed and how it has impacted the addict and their partner.

NOTE: At the time of publication the World Health Organization has added Compulsive Sexual Behaviour as a mental health disorder in the ICD-11. For more information see <http://www.sash.net/compulsive-sexual-behavior-diagnosis-in-icd-11/>

HELPING PARTNERS

“The discovery...that your partner has betrayed you and your relationship in the most intimate way possible – the sexual bond – is devastating. It turns your world upside down and makes you doubt everything you thought you knew about your partner, your relationship and even yourself.... To choose to stay in a relationship crippled by sexual betrayal and to work through the pain, loss, and uncertainty is no less than heroic, for both the partner and the sex addict.” (*Moving Beyond Betrayal* p xvii)

Patrick Carnes identifies six stages of recovery for partners of sex addicts:

The developing stage/pre discovery
partners see that there is a serious problem

Crisis/Decision/Information gathering
partners realise that they can no longer tolerate the problem and seek to understand exactly what has been going on

Shock

partners see how bad things actually are and seek help

Grief/Ambivalence

partners start to connect with the depth of their loss and pain

Repair

partners start to reconstruct how they interact with themselves and others

Growth

partners experience a new depth in their relationships

(*Mending a Shattered Heart* pg242, 243)

When partners come for help they are often in the very early stages of understanding the significance of what has been going on with the person they believed they knew intimately and could

trust implicitly. They are confused, often very angry, and in enormous pain. They don't always know the full extent of what is (or has been) going on and they don't understand how they could not have known. They may have reached out to friends or family for support and been told that they should just leave, or "kick him out", so they are often also filled with shame at their own indecision and confusion, and they don't know who to turn to or who to trust....and they certainly don't trust themselves. So how do we help partners?

STABILISING THE TRAUMA AND MANAGING THE CRISIS

Sex addiction is unique amongst addictions in terms of the impact it has on partners and families because it is personal in a way that no other addiction is. It violates everything that has been contracted to in the relationship and turns the world of the partner upside down. For many it feels as if the whole relationship has been a lie and every memory is now tainted by this new knowledge.

Awareness is growing of the traumatic impact on partners and it is being recognised that the way partners respond to the discovery that their spouse is a sex addict is similar to those who have experienced a significant trauma such as a sudden bereavement or assault. (Paula Hall, 2016). Steffens and Rennie point out that the way partners respond to this trauma will depend on the length of time in the relationship and previous traumas experienced, and indeed it can generally be seen by the level of distress that the partner presents with whether or not there have been previous traumas. Connecting with these earlier traumas can also help partners to understand their current level of distress which in itself can help the partner feel more stable.

Developing the therapeutic alliance and normalising the trauma response is the first step toward stabilising the partner. Feeling that they are finally being heard, validated and held will go a long way towards helping the traumatised partner start to settle. Research conducted by Corley & Schneider shows that

Many addicts fear the consequences of disclosing their behaviours to their partners



“... partners reported that the most important and useful part of seeing a therapist was being supported and feeling heard. The second most valuable type of advice was to take care of themselves and to recognise that the addict’s behaviour was not the partner’s fault.”

(Corley, M. Deborah; Schneider Jennifer P. (2002)

Sex addiction is about secrecy, lies, manipulation and isolation and as such creates an attachment rupture at a core level. The consequences of the resulting trauma in partners is profound and clients can even present with similar symptoms to Borderline Personality Disorder. Recognising the profound nature of trauma in the partner, and the impact this also has on the coupleship, is essential to ensure that the client receives the correct treatment.

Johnson sums it up when she says

“For traumatised couples, the therapist’s goal must be not just to lessen the distress in a survivor’s relationship, but to create the secure attachment that promotes active and optimal adaptation to a world that contains

danger and terror... Trauma intensifies the need for protective attachments and often, simultaneously, destroys the ability to trust that is the basis of such attachments.” (Johnson, S.M. (2005) p10)

Recognising this for partners ensures that the therapists office becomes the safe place where the partner will eventually learn to reconnect to themselves and their world. This helps not just the partner but the addict and wider family. In fact Schneider’s research suggests that if partners receive the right support most relationships will survive the trauma of sex addiction. (Schneider, J. (1998)

Helping traumatised partners through the healing process, looking at the traumatic impact of discovery and providing tools to help manage emotional deregulation resulting from this trauma, along with developing a support network and strategies for self care, will all help to provide a more stable platform from which the partner can begin to move forward. This will then ensure that the partner is supported and that the couple can move into a full therapeutic disclosure which is a pivotal moment in the healing process.

THERAPEUTIC DISCLOSURE

One of the biggest challenges partner and addict alike experience is that of disclosure. It is an integral part of the recovery process for both parties. Disclosure can make or break the relationship and is something which requires the utmost sensitivity and preparation. Although this is something often approached with reluctance by the addict and with a sense of desperation by the partner, the research carried out by Corley & Schneider (2002) revealed that post disclosure 96% of both addicts and partners felt that the disclosure process was the right thing to do. Many addicts fear the consequences of disclosing their behaviours to their partners and that it will have a negative impact, while partners feel that they need to know about all the acting out behaviours as soon as possible. Schneider’s research also points out that if handled correctly the disclosure process can be one of healing and in the majority of cases the marriage will survive. Many partners have experienced uncontained and/or staggered disclosure which can contribute significantly to the trauma they experience, so undertaking this process in a safe and contained environment where both parties have the chance to share and be heard can have a profound effect in starting the healing process.

WHAT IS DISCLOSURE?

Disclosure is a 3 fold process which involves the addict disclosing their acting out behaviours and then hearing from their partner how this behaviour has impacted them. The addict then has the opportunity to begin to make emotional restitution by acknowledging this impact and their response to it. Disclosure is the ‘line in the sand’ moment where the past becomes the past, there are now no more secrets, the impact on the partner has been shared (and heard) and healing for both parties can begin.

Key points for disclosure:

- Disclosure begins the healing process.
- Disclosure should be guided by the partner and what they need to know (they should be given the facts without the gory details)
- Disclosure should be a safe and contained experience facilitated by both the addicts therapist and the partners therapist
- The disclosure process should be well planned and discussed in detail with all parties before the event
- The partner and addict should have a good self care plan following disclosure which includes time with therapists and any support people

EMPOWERING PARTNERS

Although painful and devastating it is possible to heal from the trauma of discovery that your spouse is a sex addict, and while some couples do indeed separate (and this is the right choice for them), others who are fully committed to recovering from their sex addiction and making the relationship work go on to experience post traumatic growth.

Support from outside groups such as SLAA (Sex and Love Addicts Anonymous, www.slaa.org.au) and SAA (Sex Addicts Anonymous, www.saa-sydney.org) for the addict, and partners support groups are also very helpful and can be empowering for partners as they are able to own and share their own stories, experiences and needs. These groups allow partners to connect to others with the same (or similar) experiences. They provide an opportunity for connection where the partners are safe and able to share their story and experiences free from fear of judgement and blame. Members are generally very nurturing and respectful of each other and give each other feedback (rather than advice) which helps normalise their experiences and also keeps them accountable. They also



learn from each others successes (and failures) and come to understand the nature of sex addiction and that, in the end, it is not really even about sex, and it is certainly not about them. As Paula Hall explains “sex addiction is not about fulfilling a sexual need, in the same way that chronic overeating is not about fulfilling hunger” (2016 p10). Addiction is an intimacy disorder and for sex addicts sex it is used to disconnect, creating intensity rather than intimacy. Recovery is therefore about connection and learning to be known at a deep and personal level. This is often a new experience for both the addict and their partners and although often challenging at first, this new intimacy can ultimately become the mainstay of the relationship.

CONCLUSION

“...both the addict and partner need their own recovery before there is any hope for recovery as a couple... Sex addiction exceeds behavioural problems. Addiction is a brain disease. Recovery means healing the brain, healing core wounds, and changing behaviour. Partners need to heal their own wounds of betrayal. They have their own symptoms and core issues.”
(*Mending a Shattered Heart* p 245)

Recovery involves restoring trust in self as well as in the addict. Both take time and require good support from others who understand the relational shattering and betrayal trauma which is created by sex addiction. Partners come for help angry and distraught that they find themselves in this distressing situation and that they are having to embrace the awareness of something they never believed was possible. They have zero tolerance with lies, and secrecy (real or perceived) which trigger trauma responses. Creating safety, stabilising the trauma and building the therapeutic alliance goes as long way toward helping the partner of a sex addict start to manage that which has felt absolutely unmanageable.

For those couples who are going to stay in relationship and make it on the recovery journey they will need 100% commitment, 100% honesty and 100% transparency. This may seem impossible but the nature and impact of sex addiction is such that

for post traumatic growth to occur and the relationship to survive (and ultimately thrive) both parties need to aspire to this 100% rule. Most partners start from a position of believing that all that is necessary for their emotional well-being is for the addict to stop acting out and all will be right again. However as they gain awareness around the addiction and their own powerlessness over their spouses behaviour and recovery, they also learn that as they didn't cause the addiction, they are also not dependent on the addicts recovery for their future happiness and well-being. With good therapy and support they eventually come to learn that they are responsible for their own safety and growth, and learn to trust that regardless of what happens with the addict they will be able to heal, grow and eventually flourish as they connect with their inner strength and integrity. 📌

Sharalyn started ARISE Counselling Solutions in 2010 where she specialises in working with partners of sex addicts. She also runs PHASE, which is a healing and support group for partners of sex addicts. Sharalyn is Australia's first APSATS Certified Clinical Partner Specialist and is also a Certified Sex Addiction Therapist.

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