

Family-of-Origin Characteristics Among Women Married to Sexually Addicted Men

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Abstract:

Two groups of women (one group married to sexually addicted men and the other group married to nonsexually addicted men) were compared to examine differences in family-of-origin characteristics. It was found that women married to sexually addicted men were significantly more likely to come from families-of-origin where they experienced abuse, abandonment, chaos, physical punishment, crisis, and depression. Further, these women were more likely to have families-of-origin that were rigidly disengaged. Women married to men who were not sexually addicted were more likely to come from cohesively connected families-of-origin. Implications for counseling practice are discussed.

Article:

Addiction to sex and pornography is a growing problem in the United States (Earle & Crow, 1989). A decade ago it was estimated that there were between three and six million men in America who suffered from sexual addiction (Schneider, 1991). More recent information suggests that currently approximately 6% percent of the U.S. population is sexually addicted (J. P. Schneider, personal communication, 2002) Although exact numbers are unavailable it is thought that the extent of addictive sexual behavior in the U.S. is largely unacknowledged and underreported (J. P. Schneider, personal communication, September 11, 2002).

Sexual addiction is defined as sexual compulsivity—poorly controlled sexual behavior with subjective distress or impairment in social functioning (Black, Kehrberg, Flumerfelt, & Schlosser, 1997) and as a loss of control over the ability to choose regarding one's sexual behaviors (i.e., extra-marital, affairs, sex with prostitutes, compulsive use of pornography) (Carnes, 1989). Although the concept of sexual addiction and compulsivity continues to invoke interest among researchers (Black et al., 1997; Bradford, 1996; Schneider & Irons, 1996; Seligman & Hardenburg, 2000) virtually no research is available that examines the impact of this problem on the families of sexual addicts.

Women who are married to sexually addicted men are directly effected by their husband's compulsive sexual behaviors (Schneider, 2000). Characteristics that pervade such marriages include diminished intimacy, diminished sensitivity, and extreme relationship dysfunction (Carnes, 1992). Wives of sexually compulsive men fear both abandonment and public ridicule, and they typically hold the false belief that they have the power to stop their husbands' sexual acting out behaviors. In fact, Schneider (2000) indicates that these women hold four core dysfunctional beliefs that contribute to their coaddict behaviors (1) I am not a worthwhile person, (2) No one would love me for myself, (3) I can control other people's behavior, and (4) Sex is the most important sign of love. Further, these women question their own sexuality and attractiveness, while often experiencing chronic depression and anxiety. These women become obsessed with their husband's compulsive behaviors and become entangled in keeping the secret. According to Matheny (1998), such secrets diminish a woman's sense of security, self-confidence, and emotional well being. Laaser (1996) noted that wives of sexually compulsive men have often been ignored or manipulated physically and emotionally, and may have been asked to participate in sexual practices they consider abusive (i.e., sex with multiple partners or sadistic practices). Both Games (1992) and Schneider (2000) noted that wives of sexually compulsive men have their own unresolved family-of-origin

issues, life problems, and dysfunctional coping styles. Although much has been speculated about the psychological characteristics of women married to sexually compulsive men, little empirical research exists that systematically examines these women.

The body of literature regarding sexual addiction and compulsivity is continually growing (Games & Delmonico, 1996; Elbow & Mayfield, 1991; Johnson, 1992; Schneider, Corley, & Irons, 1988; Schneider & Schneider, 1996; Strand, 1991). To date, little empirical research has focused exclusively on wives of sexually addicted men. However some characteristics of these women have been postulated. These characteristics are: (1) the loss of a sense of self (Matheny, 1998), (2) preoccupation with the addict (Schneider, 1988, 2000), (3) depression (Schneider, 1988), (4) low self-esteem and attempts to control the sexual addict (Schneider, 1988, 2000; Weiss & DeBusk, 1993), (5) relationship dependency (Schaefer, 1989; Schneider, 1989, 2000), (6) a history of sexual abuse and neglect in their families-of-origin (Carnes, 1991; Kasl, 1989), and (7) unmet emotional needs in their families-of-origin, emotional turmoil, and feelings of hyper-responsibility (Carnes, 1991). These psychological and behavioral challenges might contribute to a woman marrying a sexually compulsive man and remaining in such a relationship.

Regarding the nature of relationships in which addictions are present, several writers have noted that sexual addiction has been equated with other addictions such as drug and alcohol addiction (Schneider & Schneider, 1996; Schwartz & Brasted, 1985). Researchers (Asher & Brissett, 1988; Barber & Crisp, 1995; Denzin, 1993; Hinkin & Kahn, 1995; Troise, 1992) have studied wives of drug addicted men and alcoholics extensively and the characteristics of these women. Family-of-origin characteristics of wives of chemically addicted men include (1) feelings of rejection and abandonment (Kitchens, 1991; Woititz, 1983); (2) a lack of acceptance and rigid, inflexible, nonadaptive family environments (Kitchens, 1991); and (3) being raised in an emotionally deprived and repressed home (Wegscheider-Cruse, 1985; Woititz, 1983). This data may generalize to the family characteristics of wives of sexually addicted men. Many authors have suggested the need for further examination of sexual addicts and their wives (Allgeier, 1996; Corley, Schneider, & Irons, 1998; Crawford, Hueppelsheuser, & George, 1996; Pitman & Taylor, 1992; Schneider, 1989).

The wives of sexually compulsive men often grew up in families where addictions to alcohol, drugs, food, and work were present (Crawford, Hueppelsheuser & George, 1996; Schneider & Schneider, 1996). Subsequently, these women have difficulty setting healthy psychological boundaries due to issues prevalent in their families-of-origin. Crawford et al. (1996) also suggested wives of sexually compulsive men were more likely to have experienced sexual, physical, or emotional abuse as a child. Weiss and DeBusk (1993) noted issues of boundary violations and sexual, physical, and emotional abuse in spouses' families-of-origin. Carnes (1992) indicated that women who marry sexual addicts grow up in families with little cohesion, rigid rules, and insufficient nurturing. Carnes further noted that sex addicts' experienced the same family deficits.

For women married to sexually addicted men, beliefs surrounding sex and love are influenced by their own family-of-origin (Carnes, 1991; Schneider, 1988, 2000). If in her family-of-origin a woman experienced a high level of relational dysfunction and tension, the tension in her relationship with her compulsive husband may be more readily accepted as a familiar dynamic.

Understanding more specifically the dynamics surrounding the families-of-origin of the women married to sexually addicted men will begin to provide guidelines to better treat this population. The dimensions of family-of-origin cohesion and adaptability appear to be important in conceptualizing these relationships. Therefore, the purpose of this study was to empirically examine family-of-origin issues for women married to sexually addicted men in comparison to women married to men who were not sexually addicted. Specifically, the three research questions were developed.

1. How do levels of cohesion in the family-of-origin of women married to sexually addicted men differ from women married to nonsexually addicted men?

2. How do levels of adaptability in the family-of-origin of women married to sexually addicted men differ from women married to nonsexually addicted men?
3. How do disruptive behaviors in the family-of-origin of women married to sexually addicted men differ from women married to nonsexually addicted men?

METHODS

Participants

A total of 75 women were recruited to participate in the current study. Thirty-nine women married to sexually addicted men were recruited from a population of women, who had been treated by Esther Ministries, Inc., a nonprofit counseling organization created specifically to provide treatment to women married to sexually addicted men. All of the women who were asked agreed to participate.

The 36 women married to nonsexually compulsive men were obtained from several sources: (1) four Esther Ministries, Inc., national staff members solicited women from their local areas (southeast and midwest United States), (2) advertisements were run on a nationally broadcast radio station and a local radio station, and (3) an advertisement was run in the local newspaper asking women to volunteer to participate in a study related to sexual addiction. Together, these three venues provided the 36 women married to nonsexually addicted men. All participants were screened using the Sexual Compulsivity Screening Questionnaire to ensure that their husband did not exhibit characteristics of a sexually addicted man.

Fifty-one percent ($n = 20$) of the women married to sexually addicted men were between the ages of 39-48 years, while 61% had been married only once ($n = 24$) and 39% ($n = 15$) had been married two or more times. Forty-four percent ($n = 17$) had two children and the remaining 31% ($n = 12$) more than two children. Educational levels of these women ranged from having completed a high school diploma (3%, $n = 1$), having received a bachelor's degree (33%, $n = 13$), to completing a master's degree (33%, $n = 13$). Twenty-eight percent ($n = 11$) had sought from six months to one year of counseling and 41% ($n = 16$) had been involved in some type of counseling for more than two years.

Among the women married to nonsexually addicted men, 31% ($n = 12$) were between the ages of 29-38, while 28% ($n = 11$) were between 39-48 years. Sixty-nine percent ($n = 27$) had been married only once and 31% ($n = 12$) had been married two or more times. Thirty-three percent ($n = 13$) reported having two children 25% ($n = 10$) more than two, and 3% ($n = 1$) reported having more than four children. Fifty-one percent ($n = 20$) reported having had some college education, with 26% ($n = 10$) having received a bachelor's degree, 8% ($n = 3$) having completed a master's degree, and 5% ($n = 2$) having education beyond a master's degree. Seventy-two percent ($n = 28$) had never sought any type of counseling and only 15% ($n = 6$) had attended at least six-months to a year of counseling.

Instrumentation

The Family Adaptability and Cohesion Scale (FACES II) (Olson, 1992) is a 30-item pencil and paper measure of family psycho-systemic functioning. Items are scored on a five-point Likert type scale ranging from 1 (almost never) to 5 (almost always). The FACES II is based on the Circumplex Model of marital and family systems and consists of the two subscales, family cohesion and family adaptability. Items are totaled by subscale (i.e., adaptability and cohesion) and respondents are given a score for each area. Strength of total score related to adaptability indicate the family's functioning along a continuum ranging from "very flexible" to "rigid." Similarly, scores related to cohesion indicate the family's functioning ranging on a continuum ranging from "very connected" to "disengaged." Examples of items include, "In our family it is easy for everyone to express his/her opinion," "Family members say what they want," and "It is difficult to get a rule changed in our family."

Family cohesion evaluates the degree to which family members are connected to or separated from one another and is defined as "the emotional bonding that family members have toward one another" (Olson, 1992, p. 1).

Four levels of family cohesion are measured by the FACES II (disengaged, separated, connected, and very connected) and range from extremely low cohesion to extremely high. It is hypothesized that the two ends of the cohesion continuum (disengaged and very connected) are most problematic for family functioning.

Family adaptability assesses the extent to which a family system is flexible and able to adapt to change. Family adaptability is defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson, 1992, p. 1). Four levels of family adaptability are measured by the FACES II (rigid, structured, flexible, and very flexible) and range from extreme low adaptability to extreme high adaptability. It is hypothesized that the two ends of the adaptability continuum (rigid and very flexible) are most problematic for family functioning.

The FACES II has a high overall rating of internal consistency of .90 for the total entire scale. Further, reliability scores of .87 for the cohesion scale and .78 for the adaptability have been reported (Olson, 1992). Coefficients for test-retest reliability for cohesion and adaptability are .83 and .80, respectively. A factor analysis revealed that construct validity is supported for the instrument with loadings ranging from .34 to .61 for cohesion and .10 to .55 for adaptability (Olson, 1991, in Sawin & Harrigan, 1995).

The Family-of-Origin Disruptive Checklist (FOODBC) is a 14-item measure developed by the authors to identify severe and disruptive occurrences present in a respondent's family-of-origin. Items on the FOODBC were drawn from the literature review as behaviors that may be present in dysfunctional families (i.e., alcoholic, physically/sexually abusive family systems [Crothers & Warren, 1996; Irwin, 1995; Kitchens, 1991; Woititz, 1983]). Items on the FOODBC address the presence of: (1) alcohol abuse, (2) drug abuse, (3) physical abuse committed against you, (4) physical abuse of someone else (5) sexual abuse committed against you, (6) sexual abuse of someone else, (7) divorce of parents or primary *care* givers, (8) abandonment by parents or primary care givers, (9) extreme chaos, (10) severe punishment, and (11) extreme absence of parents or primary care givers. A measure of internal consistency for the current sample was calculated and showed good reliability for the FOBC at .90.

The Sexual Compulsivity Screening Questionnaire (SCSQ) was developed by the authors to screen participants married to nonsexually addicted men for the purpose of ensuring that these men were in fact not sexually compulsive. The SCSQ is a five-item measure that asks respondents to check "yes" or "no" to questions pertaining to the sexual behavior of the respondents' partners that might constitute sexually compulsive activity. Examples include, "Do you think your husband frequently looks at pornographic materials such as magazines, videos, books, or the Internet?; Are you aware of your husband seeking seductive conversations by calling 900 numbers?; If your husband views pornography, are you aware of his hiding pornography at work or home?"

Procedures

The FACES II, the FOODBC, and a demographic questionnaire were mailed to each participant, along with instructions for completing each inventory. Participants were asked to complete all inventories at one time and returned them together in a self-addressed, stamped envelope. One-hundred-and-forty-two surveys were sent to potential participants (74 sexual addicts' wives and 68 wives of nonsexually addicted men). A reminder card was sent to nonrespondents after three weeks, and a total of 82 completed packets yielded a return rate of 72%. Of those returned two packets from the women married to sexually addicted men were dropped due to missing data. Among the women married to nonsexually addicted men, three were dropped due to missing data and two were dropped due to responses to the SCSQ.

RESULTS

To examine the research question regarding differences in family-of-origin cohesion among the two groups of women, an independent t-test was performed. The wives of sexually addicted men had a higher mean score ($M = 47.41$, $SD = 15.96$) than the wives of nonsexually compulsive men ($M = 61.31$, $SD = 13.04$) on the cohesion subscale of the FACES II. Inspection of these statistics indicates that the respondents married to men who were not sexually compulsive perceived their families-of-origin as more cohesive than the women married to

sexually compulsive men, $t(73) = -4.11, p < .05$, two-tailed. Further, the mean family cohesion scores for the wives of sexually compulsive men fell into the dimension of family-of-origin functioning labeled as "disengaged." The mean cohesion score of the wives of nonsexually addicted men fell into the dimension labeled as "connected."

To examine the research question regarding differences in family-of origin adaptability among the two groups of women, an independent t-test was performed. The wives of the sexually compulsive men also had a higher mean score ($M = 32.85, SD = 10.00$) than the wives of nonsexually compulsive men ($M = 42.98, SD = 8.85$) on the adaptability subscale of the FACES II. The t-test indicated the mean scores for the group were significantly different, $t(73) = -4.63, p < .05$, two-tailed. The mean adaptability score of the wives of sexually compulsive men fell into the dimension of family-of-origin functioning labeled "rigid." The mean adaptability score of the wives of nonsexually addicted men fell into the labeled as "structured."

To detect differences among the two groups of women for potentially disruptive family-of-origin stress behavior patterns a 2-way chi-square test of independence was performed. The wives of the sexually addicted men showed a significantly greater likelihood to have experienced abuse (i.e., physical/ sexual and alcohol/drug addiction), $\chi^2(5, n = 75) = 2.63, p > .05$ and abandonment (divorce, abandonment by a caregiver, absence or death, $\chi^2(3, n = 75) = 7.65, p > .05$. Further, a variety of factors categorized as *other* (i.e., chaos, physical punishment, crisis, and depression) occurred significantly more in the families of women married to sexually compulsive men, $\chi^2(3, n = 75) = .22, p > .05$.

DISCUSSION

The empirical research study is among the first known to directly investigate family-of-origin characteristics among women married to sexually addicted men. Findings suggest that significant differences exist in the family-of-origin experiences of women married to sexually addicted men when compared those married to nonsexually addicted men. Specifically, wives of sexual addicts are more likely to have encountered abuse, abandonment, chaos, physical punishment, crises, and depression in their families-of-origin. Results of this study also suggest that women married to sexually addicted men tended to experience disengaged and rigid functioning in their families-of-origin.

The results of this study are interesting in that they support the very limited previous research findings that suggested that women of sexually addicted men had difficulty bonding emotionally and experienced rigid responses to change in their families-of-origin (Games, 1992; Schneider, 1988). In addition, the current research provides empirical support for the theoretical writings of Crawford et al. (1996), and Carnes (1992), supporting their statements regarding the sexual, emotional, and physical difficulties that are characteristic of women married to sexually addicted men. Specifically, the findings of this study support that women who marry sexually addicted men are, as children, more likely to have encountered abuse (physical or sexual), abandonment, and chaos in their families-of-origin that have led to poor psychological boundaries as adults.

The results of this study have implications for practitioners. Family-of-origin issues may be central to a woman's choice to marry a man who is or becomes sexually addicted. Therefore at least some portion of treatment should address historically based patterns of relating to significant others, as well as self-esteem issues related to victimization. Clinicians can utilize the findings of this study to support focusing on the personal issues of abuse, abandonment, and unhealthy styles of relating that women involved with sexual addicts may have learned in their family. Further, focusing on the woman's personal issues will take the focus off of her partner and empower the woman to help herself. Subsequently, focusing on the woman's family-of-origin issues will facilitate her becoming more healthy and contribute to her breaking a cycle of enabling and denial, releasing the husband to seek his own treatment as so desired.

Of additional interest to clinicians may be the specific clinical steps that may be used to address the woman's issues. The steps that are relevant when working with these women follow a predictable sequence including: (1) validate that their feelings are real, (2) take adequate time to establish rapport because these women have had

their perceptions denied and have often been told they are "crazy," (3) process abuse, abandonment, and other early childhood trauma issues, (4) help the women to learn to identify safe individuals so that trust can be reestablished, (5) help the women learn to establish physical and emotional boundaries, and (6) help the women confront the unmanageability of their own life due to obsessions with monitoring their husband's behavior (Wildmon-White, 2001). Following these steps when treating wives of sexually addicted men could lead to more positive treatment outcomes.

To fully understand the findings of this study there are limitations that bear consideration. First, the sample for this study lacked ethnic and racial diversity. Therefore, caution should be exercised when generalizing these results. All but one participant in the study was white, which may in part be due to the fact that sexual addiction is a problem that has only recently received professional attention, so that awareness of treatment availability is limited to individuals who are knowledgeable about opportunities to obtain counseling services for such a problem. Second, the sample of women married to nonsexually addicted men were from a more narrow geographical range than the sample of women married to sexually addicted men. Therefore, it is not known how women from various regions (specifically the west and northeast regions) may differ from respondents. Finally, this is the first study to use the FOOBC; therefore additional psychometric support for the measure is needed.

Future research should be conducted to further support or refute the findings of this study. Additional variables of interest for future research include how a rigidly disengaged family-of-origin structure might contribute to a woman's decision to marry a sexually addicted man. Along these same lines, variables of interest could include abandonment and other potentially destructive family patterns (i.e., chaos, physical punishment, crisis, and depression). In sum, the probability of family-of-origin issues contributing to a woman seeking out and marrying a sexually addicted man deserves further examination to understand the processes that are at play in the sexual addiction cycle.

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