

## **Exploring Psychopathology, Personality Traits, and Marital Distress Among Women Married to Hypersexual Men**

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*This article reports the findings of a study investigating psychopathology, personality traits, and marital distress among a sample of women married to hypersexual men ( $n = 85$ ) compared with a control group ( $n = 85$ ) drawn from a combined college and community sample. Psychopathology and personality traits were measured using the NEO Personality Inventory—Revised (NEO-PI-R), and marital satisfaction was measured using the Revised Dyadic Adjustment Scale (RDAS). A multivariate analysis of variance (MANOVA) of between-group differences was significant. However, although there were a few minor differences with modest effect sizes, examination of post-hoc univariate tests revealed that generally, the wives did not show any more psychopathology or problematic personality traits than would be found within a community sample. In contrast, wives were significantly more distressed about their marriages compared with the controls. Overall, these findings contradict much of the existing research that characterizes wives of hypersexual men as being more depressed, anxious, and chemically dependent, as well as emotionally needy.*

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*These findings are discussed as they relate to clinical practice, and recommendations for future research are offered for investigators working with this population of women.*

**KEYWORDS** *hypersexuality, sexual addiction, marital distress*

As mental health practitioners increasingly encounter men seeking help for hypersexual behavior, it is evident that a significant portion of these clients are married, heterosexual males (Cooper, Delmonico, & Burg, 2000). When presenting for treatment, these men are often motivated to participate in psychotherapy because their wives discover their hypersexual behavior (Reid & Woolley, 2006). Unfortunately, wives are frequently neglected in the therapeutic process, as disproportionate amounts of clinical attention are given to their husbands as the identified patients. Researchers have also focused predominantly on issues related to hypersexual men, with wives receiving little consideration in the social science literature (Matheny, 1998; McCarthy, 2002; Milrad, 1999; Tripodi, 2006; Wildmon-White & Young, 2002). The paucity of empirical studies about the wives limits our comprehensive understanding of these women, their strengths, their limitations, and the issues they may encounter in relation to their hypersexual companions. The present investigation seeks to narrow this gap by exploring personality characteristics among a sample of women married to hypersexual men, compared with a control group.

## DEFINING HYPERSEXUAL BEHAVIOR

Hypersexual behavior has been discussed from several perspectives, including sexual addiction (Goodman, 2001; Myers, 1995), sexual compulsivity (Coleman, 1991; Quadland, 1985; Weissberg & Levay, 1986), sexual dependency (Wan, Finlayson, & Rowles, 2000), sexual impulsivity (Barth & Kinder, 1987; Gabbard & Bennett, 2005), and hypersexuality (Kafka, 2001; Orford, 1978; Reid, 2007, 2010; Salzman, 1972). The phenomenon of hypersexuality can encompass socially deviant or normal expressions of sexual behavior and be manifest in solo or relational sexual activities. Examples include compulsive masturbation; protracted promiscuity; pornography dependence; multiple extradyadic relationships; excessive online sexual pursuits; solicitation of commercial sex workers or use of escort services, strip clubs, or other venues associated with the adult entertainment industry; and telephone sex (Kafka, 2001; Reid, Carpenter, Spackman, & Willes, 2008). When individuals participate in these behaviors to the extent that they experience negative consequences and report feeling powerless over their sexual urges and activities for a prolonged period (e.g., several months), these patterns are

hypothesized to constitute hypersexual behavior (Reid, Carpenter, & Lloyd, 2009; Reid & Carpenter, 2009).

## REVIEW OF RELEVANT LITERATURE

Although there is a dearth of literature about women married to hypersexual men, clinicians have postulated that wives experience diminished intimacy, a loss of confidence in their self-worth, and tendencies toward self-blame for their husbands' choices (Matheny, 1998; McCarthy, 2002). Reports that wives feel confused, betrayed, depressed, powerless, trapped, and hopeless have also emerged (Schneider, 1989, 2000a, 2000b; Tripodi, 2006). Studies among women of faith seeking guidance from their religious leaders have reported that wives feel marginalized when they receive well-intended but misguided counsel to make themselves more sexually attractive and available to their hypersexual husbands (Ferree, 2002; Manning & Watson, 2007a, 2007b), and they also question their own sexuality and attractiveness (Wildmon-White & Young, 2002). In situations where the economic stability of a family system is threatened by hypersexuality (e.g., loss of employment due to consumption of pornography in the workplace), wives reportedly experience anxiety and increased stress over temporal matters such as financial instability, the loss of health care benefits, and legal consequences (McCarthy, 2002).

Empirical studies provide some preliminary data about wives, although methodological issues limit the generalizability of results in many cases. Further, some attempt to apply findings about women married to men with substance-related disorders to women married to hypersexual men without investigating whether such inferences have empirical support (Matheny, 1998).

Wildmon-White and Young (2002) examined family-of-origin issues in a convenience sample of women married to hypersexual men ( $n = 39$ ) compared with a community sample of women ( $n = 36$ ) using the Family Adaptability and Cohesion Scale (Olson, 2000). The results indicated that women married to hypersexual men were significantly more likely to have encountered abuse and abandonment and to have come from families that were rigid and lacked cohesion (e.g., disengaged). The wives in this study were limited to those who specifically sought clinical services at a Christian counseling center, and the study included disproportionate ratios of remarried women among the groups, with a greater portion of the wives (8%) in the clinical population having been married two or more times (Wildmon-White & Young, 2002). The findings in the study suggest, at a minimum, that a portion of wives have experienced issues in their family of origin, but whether the prevalence of such issues is significantly greater than

among a random community sample is difficult to conclude given the study limitations.

Schneider and colleagues (1998) solicited anonymous survey responses from male “sex addicts” and their wives who were, or had been, in counseling. Data was acquired from 17 different licensed therapists. Additional data were sought from wives and their husbands who were in the recovery community (e.g., couples attending 12-step support groups). A modest response rate of 16% yielded surveys from couples ( $N = 116$ ) with additional unmatched data (e.g., male “sex addicts” or wives without their partners’ data). Sexual activities among the men included extra-dyadic affairs, sex with same-sex partners, sex with prostitutes, patronage of sensual massage parlors, and consumption of pornography. Among the wives, 26% reported an eating disorder and 16% reported being chemically dependent. A large portion (42%) of the men indicated that they were still withholding from their wives significant information about current or past sexual behaviors. Interestingly, although 60% of wives threatened to dissolve their marriages upon the discovery or disclosure of hypersexual behavior, 76% of these women reported they had never left or temporary separated from their husbands. These findings require cautious interpretation, however, because subjects were drawn from those receiving therapy or those who were members of a support network that employs an addiction model (12-step groups), a model not accepted by all patients or endorsed by all therapists treating hypersexual behavior. Further, the convenience sample was unrepresentative due to the low response rate and a self-selection bias that may have inflated or minimized responses among the population of interest. Despite these limitations, the qualitative work of Schneider and her colleagues provides a starting point for therapists to explore possible issues among wives, especially as they pertain to disclosure issues, forgiveness, boundaries, intimacy, and rebuilding trust (Corley & Schneider, 2002; Schneider & Schneider, 1996; Schneider, Corley, & Irons, 1998; Schneider, Irons, & Corley, 1999).

In another study, Steffens and Rennie (2006) sought empirical evidence in support of their theory that wives experience the discovery or disclosure about hypersexual behavior as a “traumatic” life event. Building on the work of infidelity researchers (e.g., Coop-Gordon & Baucom, 1999; Coop-Gordon, Baucom, & Snyder, 2004), Steffens and Rennie hypothesized that wives’ distressing symptoms upon a revelation of their husbands’ hypersexual behavior paralleled those often found among patients with PTSD, such as hypervigilance, avoidance, dissociation, flashbacks, and so forth. Data were collected from a convenience sample of women ( $N = 63$ ) who self-selected for participation in the study at the invitation of the investigators. Using two psychometrically validated measures of trauma, the study found that 70% of the wives met the majority of the diagnostic criteria for PTSD in relation to the discovery or disclosure of their husbands’

hypersexual behavior. Like other studies among this population, the sample was nonrepresentative, consisting of women who were receiving treatment, and limited to those who self-selected for participation. Further, the results were confounded by the high prevalence rates (79%) of prior traumatic experiences reported by the wives. Research suggests that prior trauma reduces future resiliency to stressful events, creating a diathesis that potentially increased the wives' vulnerability to PTSD symptoms.

The data of Steffens and Rennie (2006) did not show evidence of a diathesis; however, their analysis lacked sufficient statistical power to detect differences among the groups (those with prior trauma histories and those who were trauma naïve), and, subsequently, it is difficult to ascertain whether the discovery of hypersexual behavior by a wife who is trauma naïve would trigger symptoms consistent with PTSD.

Some studies have focused on a subset of hypersexual behaviors specifically involving excessive online pornography consumption (Bergner & Bridges, 2002; Bridges, Bergner, & Hesson-McInnis, 2003; Manning & Watson, 2007a). These studies generally emphasized more qualitative aspects of research and in some cases produced rich and meaningful explanations upon which future hypotheses can be generated. For example, Bergner and Bridges (2002) used data acquired through online message boards where women posted information about their partners' pornography consumption and reported feeling distraught. The authors note that many of these women were seeking emotional support from others with similar situations. No measure of their husbands' online behavior was available to the researchers, and it is uncertain whether the husbands engaged in sexual activities beyond pornography use. Nevertheless, the perception of the wives in this study was that their husbands were addicted to pornography and that it had a negative impact on their relationships. Women reported feeling devastated, confused, and traumatized. They reported diminished sexual intimacy, feeling isolated, and feeling unloved. Many reorganized their beliefs about their relationships, themselves, and partners in negative ways (e.g., "I can't trust him anymore"). Women in the study also frequently viewed their partners' pornography consumption as a form of cheating and felt betrayed.

In a qualitative study of wives ( $N = 22$ ), Manning and Watson (2007a, 2007b) examined the supports women found most beneficial when dealing with a husband's hypersexual behavior. Unlike other qualitative studies, this study incorporated more rigorous methods for analyzing the data. In particular, transcripts of the semistructured interviews were generated, allowing for statistical content analysis and codification of the data. This study revealed that wives of hypersexual men tend to use two main categories of supports: (1) coping supports that help to maintain equilibrium in one's life, and (2) change-oriented supports that help to bring forth healing and changes to one's circumstance. Some of the prominent findings revealed wives'

tendencies to isolate and distract themselves, to use avoidance as a way of coping, to engage in self-blame, and to be hypervigilant towards their spouses. A small portion of the women experienced suicidality, lost weight, or used substances to cope with their unpleasant circumstances. Wives further reported several supports that were helpful in their change process, including recreational pursuits (e.g., exercise), meaningful relationships, professional counseling, devotion to spirituality, and learning supportive ways of thinking (e.g., ideas such as boundaries, metaphors). Limitations to this study included representativeness of the sample (most subjects had been connected to therapeutic supports, and the sample was small); possible investigator bias (the interviews were conducted by one individual); and the involvement of some husbands in paraphilic behaviors, which may have heightened the reactions of their wives beyond what might be found in wives of men who engaged exclusively in nonparaphilic hypersexual behavior.

### RATIONALE AND PURPOSE OF THIS STUDY

The current literature reflects pioneer work among therapists treating wives of hypersexual patients, and their contributions are to be commended. As with many emerging areas, however, much of this early work lacks theoretical integration or even agreement on the defining characteristics. These matters are compounded by methodological limitations across the studies. Although wives undoubtedly experience distress when hypersexual behavior is discovered in their marriages, the current literature often paints an unfavorable portrait of wives as victims of childhood abuse, emotionally dependent, and traumatized. Further, wives are frequently attributed with psychopathology, including substance-related disorders, eating disorders, mood and anxiety disorders, and suicidal ideation. All of this implies that these are dysfunctional women who, along the course of their troubled lives, chose dysfunctional husbands. This implication moves the focus from the marital relationship and from the consequences of having an unfaithful spouse, instead placing it upon the wives themselves. Although the present investigators have witnessed these characteristics among some wives, these observations have not been true for many who accompany their husbands to therapy. The contradiction of our clinical experience with the existing data in the literature led us to question whether a more representative sample of wives would exhibit these attributes disproportionately when compared to controls. We also wanted to examine personality traits among wives, as such a vantage point could potentially provide insight about what characteristics these women may have possessed prior to their marriages, because personality tends to be fairly stable across adult maturation whereas psychopathology is more vulnerable to influences associated with current circumstances or context.

The purpose of the current investigation was to examine personality traits and some facets of psychopathology (e.g., depression, anxiety) among a group of women married to hypersexual men compared with a group of controls to determine whether wives, on average, are significantly different across these attributes. We also wanted to compare levels of marital distress between the groups. We anticipated that wives would not experience greater prevalence of psychopathology than controls but would be more maritally distressed.

## METHOD

### Participants

Subjects in this study consisted of wives ( $n = 85$ ) who were recruited from an outpatient mental health clinic in the Midwest that specializes in the treatment of sexual issues including hypersexual behavior. A portion of the wives ( $n = 48$ ) sought help along with their husbands, while others ( $n = 37$ ) were specifically invited to come into the clinic for some couples' sessions with their husbands. The latter group did not specifically seek clinical services. This approach was employed to recruit wives who did not seek treatment, accompany their husbands to therapy, or participate in support groups. This provided a more representative sample, as this latter group of women has traditionally been omitted from most of the current literature about wives of hypersexual men. An exceptionally high response rate of 96% was observed, with the majority of women in both groups agreeing to participate in this study. Age of the wives ranged from 20 to 65 years (mean = 33.8,  $SD = 10.8$ ), and all were Caucasian. Education consisted of 4-year bachelor's degrees (64%), 2-year associate's degrees (14%), some college (18%), and high school diplomas (4%). Relationship status included first marriage ( $n = 71$ ), remarried ( $n = 8$ ), and separated ( $n = 6$ ).

The wives in this study were included because their husbands met the criteria for hypersexual behavior, namely, a persistent pattern of excessive preoccupation with sexual thoughts, cravings, and behaviors that interfered with various facets of their lives, including academic pursuits, parenting, friendships, employment, personal interests, and their marriages. Consequences for hypersexual behavior among the men included legal problems (e.g., arrests for solicitation of sex), financial losses, excommunication from their religious faiths, sexually transmitted diseases, loss of professional licensure, and psychological distress. The husbands also reported elevated scores ( $HBI \geq 53$ ;  $M = 73.1$ ,  $SD = 10.8$ ) on the Hypersexual Behavior Inventory (HBI; Reid & Garos, 2007). Wives of men with paraphilic disorders ( $n = 2$ ) were eliminated from our study.

Control subjects ( $n = 85$ ) were drawn from a sample of married female college students and wives in the community who were married to male

students but not attending a university themselves. We specifically recruited participants for this sample through evening classes, as these wives were often part-time, nontraditional students (or spouses of such students) and were more characteristic of women dwelling in the community. Age of the controls ranged from 19 to 60 ( $M = 26.2$ ,  $SD = 7.9$ ), with predominantly Caucasian representation (Hispanic,  $n = 1$  and Native American,  $n = 1$ ). Relationship status included first marriage ( $n = 76$ ), remarried ( $n = 5$ ), and separated ( $n = 4$ ).

The controls were given a brief questionnaire that asked whether their husbands consumed pornography, engaged in telephone sex, had ever been unfaithful, or patronized strip clubs or venues associated with the adult entertainment industry. The questionnaire also asked whether the wives suspected their husbands of any sexual promiscuity or excessive tendencies of masturbation. Additionally, wives married to men with any known paraphilic tendencies were screened. College women who endorsed any of these items ( $n = 7$ ) were excluded from our analysis, yielding a final sample of  $n = 85$ .

## Procedures

All men seeking help for hypersexual behavior were screened using the HBI and required a cut-off score of 53 for their wives to be eligible for inclusion. Wives were selected consecutively based on (a) their husbands' HBI scores and (b) willingness to participate in research, as reflected in consent provided at the outset of the treatment process. Wives who did not accompany their husbands were recruited through a telephone call by the primary therapist. All women completed a brief demographic survey, the NEO Personality Inventory—Revised, and the Revised Dyadic Adjustment Scale.

Controls were recruited from a university and community sample. Students received extra course credit for their own participation or the participation of their wives. All data were collected in a fashion that afforded confidentiality and anonymity of participant responses. All subjects were given informed consent and the study was approved by the university review board for research conducted with human subjects.

## Measures

### HYPERSEXUAL BEHAVIOR INVENTORY (HBI; REID & GAROS, 2007)

The HBI consists of 19 items such as “My sexual behavior controls my life” and is scored on a 5-point Likert scale ranging from *never* to *very often* with possible scores ranging from 19 to 95 with 53 regarded as the cut-off for those experiencing difficulties with hypersexuality, higher scores reflecting greater

hypersexuality. It is a valid and reliable measure of hypersexuality with its psychometric properties having been reported in several other studies (e.g., Reid, Harper, & Anderson, 2009; Reid, Carpenter, & Lloyd, 2009).

#### NEO PERSONALITY INVENTORY—REVISED

The NEO-PI-R (Costa & McCrae, 1992), designed to measure the Five Factor Model (FFM) of personality, was used to assess self-reported personality traits. The NEO has 240 items, consisting of self statements such as “I am a worrier,” answered on a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*. The NEO assesses 30 facets, 6 for each dimension of the FFM. Raw scores are standardized as T-scores ( $M = 50$ ,  $SD = 10$ ) using respective sex norms reported in the NEO manual. Evidence on convergent and discriminant validity is presented in the NEO manual (Costa & McCrae, 1992), including cross-observer agreement and prediction of external criteria (e.g., psychological well-being, needs, motives, creativity, educational/occupational achievements, and coping mechanisms).

#### REVISED DYADIC ADJUSTMENT SCALE

The RDAS (Busby, Christensen, Crane, & Larson, 1995) was developed to measure facets of marital distress and captures elements of dyadic consensus, satisfaction, and cohesion. The RDAS consists of 14 items, such as “How often do you and your partner quarrel?” scored on a 6-point Likert scale ranging from 1 = *always disagree* to 6 = *always agree*. Two additional sections of the measures require endorsements ranging from *never* to *all the time* or *more often*. Scores can range from 0 to 69, with higher scores reflecting higher marital satisfaction. It was validated using confirmatory factor analysis on a sample of distressed and non-distressed couples ( $N = 242$ ). The RDAS showed adequate criterion validity, internal consistency, and split-half reliability, and it demonstrated concurrent validity with other measures of marital adjustment and satisfaction (Busby, Christensen, Crane, & Larson, 1995).

## RESULTS

### Comparing Wives of Hypersexual Men to Control Wives

#### FACTORS

Means and standard deviations for the study variables are found in Table 1. Spouses were compared to the control group first with a multivariate analysis of variance (MANOVA) on the five NEO factor scores. The groups were significantly different overall (Wilks'  $\lambda = .845$ ,  $F(5,164) = 6.00$ ,  $p < .001$ ). Post-hoc univariate analysis revealed that this overall difference arose

**TABLE 1** Comparison of Means for Wives to Controls, and Wives Compared to NEO Normative Data

	Wives ( <i>n</i> = 85)		Controls ( <i>n</i> = 85)		<i>F</i>	Effect Size $\eta^2$
	<i>Mean</i>	<i>SD</i>	<i>Mean</i>	<i>SD</i>		
NEUROTICISM	53.09	12.55	55.99	12.14	2.34	.01
Anxiety	55.04	12.64	56.42	10.03	.63	.00
Anger	50.21	10.36	53.62	10.93	4.36*	.03
Depression	54.98	12.45	56.40	12.42	.56	.00
Self-Consciousness	52.67	13.00	53.04	12.71	.03	.00
Impulsivity	47.67	11.35	52.12	11.02	6.72**	.04
Vulnerability	52.13	12.76	54.78	12.72	1.83	.01
EXTRAVERSION	50.27	10.40	56.13	11.23	12.46***	.07
Warmth	50.16	11.28	51.73	11.46	.80	.00
Gregariousness	51.92	10.89	54.72	12.76	2.37	.01
Assertiveness	53.18	10.25	51.59	10.81	.97	.01
Activity	50.61	10.58	54.62	9.24	6.94**	.04
Excitement-Seeking	47.54	9.36	58.12	8.21	61.39***	.26
Positive Emotions	48.14	10.97	53.08	10.90	8.69**	.05
OPENNESS	47.41	9.72	53.68	10.23	16.77***	.09
Fantasy	47.74	10.87	57.11	10.15	33.69***	.17
Aesthetics	50.14	10.02	53.21	11.96	3.29	.02
Feelings	53.39	9.23	56.62	9.92	4.84*	.03
Actions	47.42	11.37	47.36	10.16	.01	.00
Ideas	50.42	11.45	52.05	11.38	.86	.01
Values	40.22	12.09	46.99	11.65	13.78***	.08
AGREEABLENESS	52.33	11.58	48.73	12.86	3.68	.02
Trust	50.11	11.54	46.98	12.31	2.92	.01
Straight-Forwardness	52.62	10.08	48.07	12.26	6.99**	.04
Altruism	52.89	10.80	53.01	10.51	.01	.00
Compliance	50.19	11.50	47.52	12.13	2.17	.01
Modesty	52.48	11.78	48.85	13.67	3.45	.02
Tender-Mindedness	51.40	11.64	52.44	13.25	.29	.00
CONSCIENTIOUSNESS	50.36	11.86	49.06	11.06	.55	.00
Competence	51.01	10.68	48.15	10.96	2.96	.02
Order	49.31	12.04	50.21	13.10	.22	.00
Dutifulness	49.72	11.24	48.12	10.61	.91	.01
Achievement Striving	50.28	12.94	50.66	9.57	.04	.00
Self-Discipline	46.36	12.21	46.22	13.05	.01	.00
Deliberation	54.96	11.62	52.72	9.54	1.89	.01

\*\*\* $p < .001$  (2-tailed); \*\* $p < .01$  (2-tailed); \* $p < .05$  (2-tailed).

primarily from differences in Extroversion ( $F(1,168) = 12.46$ ,  $p < .01$ ), and Openness, ( $F(1,168) = 16.77$ ,  $p < .001$ ), such that wives of hypersexual men were slightly less extroverted and open than were controls. Note, however, that the magnitudes of the difference are 5 and 6 T-score points, respectively, which are modest. This is reflected in effect sizes of .07 and .09, which are generally regarded as small effects (Cohen, 1988). Univariate differences of the other three factors were not significant (see Table 1).

## FACETS

Table 1 also compares the groups on the 30 NEO facet scores. Because a primary focus is on the possibility of disproportionate pathological attributes of the spouses of hypersexual males, an overall MANOVA of the NEO Neuroticism facets was also conducted. As expected from the lack of significance for the Neuroticism factor in the above analysis, the findings were non-significant (Wilks'  $\lambda = .938$ ,  $F(6,163) = 1.79$ ,  $p > .05$ ). Univariate examination of all facet scores in Table 1 reveals differences in Extraversion and Openness facets consistent with the MANOVA of factor scores, with spouses clustered around  $T = 50$  and controls about 3 to 8 T-score points higher. Beyond this, modest differences emerged for two Neuroticism facets and one Agreeableness facet; however, these should be considered possibly spurious (Type I error) given insignificant MANOVAs for these factors, and it can also be noted that differences are less than 5 T-score points and that the wives of hypersexual clients score in the healthier direction compared with controls. Considering all comparisons in Table 1, only one effect size could be considered large (Excitement-Seeking: a tendency to seek out and enjoy arousing experiences) and another medium (Fantasy: a tendency to use and enjoy fantasy in one's mental life, such as daydreaming); all others were either small or showed no effects.

## COMPARISON TO NEO-PI-R NORMATIVE SAMPLE

The performance of the wives can also be compared to the normative sample for the NEO. (For these analyses we treat the normative group characteristics as population parameters.) Although a number of differences emerge as significant, due to the relatively large sample size—and, hence, large power—the effect sizes are mostly small (Cohen's  $d < .2$ ) to medium ( $.2 < d < .8$ ) in size, i.e., between 2 and 5 T-score points, which is well below what would be expected of a truly deviant population. Of particular interest, the wives of hypersexual men had slightly elevated Neuroticism scores ( $M = 53.09$ ,  $z = 2.85$ ,  $p < .01$ ,  $d = .31$ ). Thus, this slight elevation reaches statistical significance, consistent with the inclusion in this group of a number of subjects in therapy but well short of an elevation suggesting clinically relevant pathology.

## PERCENTAGE OF SCORES EXCEEDING CLINICAL SIGNIFICANCE

A categorical analysis of the percentage of subjects in each group exceeding  $T = 65$  (a level of elevation often used as suggestive of pathology) on Neuroticism scales was conducted to ascertain how the frequency of this sample compared to the percentage expected from the normative sample (~7%). As can be seen in Table 2, the Chi-square values for differences of

**TABLE 2** Percentage of Participants, by Group, with Elevated ( $T \geq 65$ ) NEO and RDAS Scores

NEO Facets	Percent with T-scores $\geq 65$		$\chi^2$
	Wives	Controls	
<i>Neuroticism Facets</i>			
Anxiety	21.2	20.0	.04
Anger Hostility	9.4	14.1	.91
Depression	21.2	23.5	.14
Self-Consciousness	15.3	21.2	.99
Impulsiveness	10.6	14.1	.49
Vulnerability	15.3	21.2	.99
<i>Other NEO Facets of Interest</i>			
Assertiveness	10.6	11.8	.06
Excitement-Seeking	3.5	16.5	7.91***
Action	5.9	3.5	.53
Fantasy	8.2	23.5	7.44**
Feelings	9.4	23.5	6.16**
Trust	7.1	5.9	.09
Deliberation	22.4	10.6	4.28*
Revised Dyadic Adjustment Scale	Percent with scores $< 48$		
RDAS Total	58.0	15.0	10.64**

Note.  $p$  values for  $\chi^2$  based on Fisher's Exact Test. \* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

percentage rates between the groups on the Neuroticism facets indicates that the prevalence of possible psychopathology as measured by the NEO is no more evident among the wives of hypersexual men than among the controls. Thus, both groups show elevated percentages for the number of participants above  $T = 65$ , although the wives group, on average, shows somewhat fewer than the controls.

We also assessed several additional NEO facets of interest for this population, such as their level of assertiveness, excitement-seeking tendencies, openness to their feelings and trying new activities, fantasy, trust, and deliberation. As can be seen in Table 2, the percentages are statistically different for traits of Excitement-Seeking, Fantasy, Feelings (openness to exploring one's affective experiences), and Deliberation (tendency towards forethought prior to action).

### Comparing Wives in Treatment to Recruited Wives

The wives of hypersexual clients can be divided into two subgroups: those who sought treatment/support for themselves consequent to distress arising from their husbands' difficulties ( $n = 48$ ), and those who did not seek treatment but agreed to be recruited into the study ( $n = 37$ ). MANOVA comparing the self-referred wives to the recruited wives revealed that the

two groups did not differ on NEO factor scores (Wilks'  $\lambda = .928$ ,  $F(5,79) = 1.22$ ,  $p > .05$ ). Considering only the Neuroticism facet scores, MANOVA yields a significant difference (Wilks'  $\lambda = .812$ ,  $F(6,78) = 3.01$ ,  $p < .05$ ), with univariate analysis indicating that the difference consists of self-referred wives scoring higher on Anger Hostility than do recruited wives ( $F(1,83) = 8.58$ ,  $p < .01$ ). However, neither group deviates much from the normative mean of 50 ( $M_{sr} = 52.98$ ,  $M_r = 46.62$ ).

### Differences in Marital Distress

The availability of scores on the Revised Dyadic Adjustment Scale (RDAS) for a subset of participants provides an interesting insight on marital distress (compared with the modest differences on NEO personality attributes). The spouses of hypersexual subjects were significantly more distressed ( $n = 50$ ,  $M = 43.3$ ,  $SD = 10.55$ ) than were control spouses ( $n = 20$ ,  $M = 52.0$ ,  $SD = 7.40$ ),  $t(68) = 3.36$ ,  $p < .001$ . Interestingly, the effect size of this difference ( $d = .95$ ) is substantially larger than the effect sizes of NEO variables, suggesting that the wives' feelings about their relationship difficulties may be substantially more important than deviant personality characteristics. Similarly, these mean values parallel fairly closely the norms of Busby, Christensen, Crane, and Larson (1995) for distressed ( $M = 41.6$ ) versus nondistressed ( $M = 52.3$ ) couples. Using the cut-off score recommended by Busby et al. (distressed  $< 48$ ), Table 2 shows that 29 of the 50 spouses of hypersexuals (58%) fell into the distressed range, whereas only 3 of the 20 control spouses (15%) had scores in the distressed range. When self-referred spouses ( $n = 28$ ) were compared to recruited spouses ( $n = 22$ ) on the RDAS, no difference between the two subgroups ( $t(48) = .54$ ,  $p > .05$ ) emerged.

## DISCUSSION

The findings derived from comparisons between the samples in this study provide important insights and offer some additional contributions to the existing literature. We remind the reader that the group of wives of hypersexual men used in this study constitutes the only sample we are aware of that included wives who were not accompanying their husbands to treatment or seeking some other form of support (e.g., a 12-step support group); thus, it provides a more representative sample of this population. This allowed comparisons between the wives based on whether or not they were seeking treatment. In exploring significant differences among the subset of wives of the hypersexual men, we found that the self-referred subset showed some tendencies towards being more easily frustrated or disappointed as

evidenced by their higher Anger Hostility scores than the recruited subset. The difference, however, seems more associated with statistical analysis than clinically meaningful differences, as both subset groups did not deviate significantly from the mean T-score of 50.

It is significant to note that wives of hypersexual men who did not seek counseling appeared equally distressed about their marriages when compared to wives who self-referred for counseling, and both subsets of the wives were significantly more distressed than controls. This supports the notion that marriage with a hypersexual husband causes distress to a relationship.

Although comparisons between the wives of hypersexual men and controls produced some differences on the NEO domain and facets scores, these differences yielded modest effect sizes and generally fell within an average range when compared to the norming sample. The most notable differences between the two groups occurred on facets of Excitement-Seeking and Fantasy. This finding suggests that wives of hypersexual men may be less likely to pursue novelty and excitement-seeking activities and, to a small degree, may be less imaginative. The wives as a group also exhibited a tendency towards being closed to reexamining their social, political, and possibly religious values.

In comparing percentages of meaningful elevations (see Table 2), it seems that the percentages of wives of hypersexual men who might be diagnosed with psychopathology, as measured by Neuroticism facets, is no more than what we might expect in a community sample of controls. In exploring percentages on other personality traits of interest, four in particular emerged as significantly different when comparing wives of hypersexual men with the controls. These facets were Excitement-Seeking, Fantasy, Feelings, and Deliberation.

Among the wives of hypersexuals, 22% showed clinically elevated scores on the facet of Deliberation. This facet measures the tendency toward careful and cautious approaches in decision making. This trait might yield a cautious approach to decisions about their marriages that have negative consequences (e.g., divorce). Given that many of these women were dealing with a significant threat and even crisis in their marital relationship, it is plausible their decision-making abilities were impacted by stress they were experiencing at the time the study was conducted. Manning (2006) found that due to the prevalence of self-blame and isolation experienced by many of these women, it is common for them to become immobilized in the wake of a disclosure or discovery of problematic sexual behavior and begin to question whether or not they possess the strength or clarity of mind with which to act decisively and effectively. Our data suggests a trait basis for these tendencies in only about 22% of the wives. Further research should identify whether these women are indeed different in their decision-making patterns or rather hindered by the stress and associated insecurities

related to threats to the marital bond and the enormity of decisions they are facing.

In our data, the controls showed greater tendencies toward Excitement-Seeking, Fantasy, and openness on the NEO facet of Feelings. It might be argued that the wives' lack of excitement, stimulation, and fantasy constitutes a precipitating risk factor influencing their husbands to pursue opportunities to participate in hypersexual behavior. The hypothesis that husbands engage in hypersexual behavior as a way of seeking opportunities for novelty and stimulation that is absent in their marriages is an interesting possibility. However, we dispute this notion on the basis that many of the male patients were hypersexual long before they met their wives. A more likely explanation for this difference is that the controls were somewhat younger in age and more likely to have higher scores on these NEO facets. In order to confirm this, we divided the data set into two groups based on age (cut-off point of age 25 for the median of our data set) and did, in fact, find a significant difference ( $p < .001$ ), with those subjects younger than 25 years of age showing significantly greater levels of Excitement-Seeking tendencies ( $M = 56.5$ ,  $SD = 9.3$ ) than those subjects 25 and older ( $M = 49.7$ ,  $SD = 9.9$ ). A similar finding also emerged for the facets of Fantasy ( $p < .001$ ) and Feelings ( $p < .01$ ). However, this was not true for the trait of Deliberation ( $p = .60$ ).

Our findings of differences in marital distress are significant in that they are congruent with and support previous research findings using different samples. For example, two studies on the effects of sexual addictions on the family found hypersexual behavior to be (a) a predictor of decreased marital satisfaction, (b) a predictor of decreased marital intimacy, and (c) a major contributing factor to separation and divorce of the couples surveyed (Schneider, 2000a, 2000b). What this suggests is that hypersexual behavior is consistently being associated with serious and negative effects on the marital relationship and creating levels of stress that clinicians would do well to be aware of when working with this population.

## Limitations

Despite a number of interesting findings, this study was limited in several ways. This study is correlational and therefore does not address whether hypersexual behavior exerts a causal or interactive affect on marital distress. This study also possesses the limitations commonly associated with and found in studies in which self-report measures are used.

Inferences about our findings beyond those listed in this study should be made with caution, in part because our sample was predominantly composed of Caucasian, heterosexual couples. We also did not screen for mental health disorders among the college sample, which could have affected the current results. In addition, a more diverse ethnic representation among subjects in

our sample would have been ideal. Although we made efforts to have a more representative sample and match on age and marital status (e.g., number of remarriages, separations), we acknowledge that some of our differences were due to an age effect, and therefore, it is also possible that we failed to find some differences as our controls were younger, on average, compared to the wives of hypersexuals.

### Future Research

There are several findings from this study that might prompt future research. In particular, it would be ideal to ensure more representative sampling when considering wives of hypersexual men. Studies focusing on empirically supported treatments to ameliorate marital distress when hypersexuality is present would also be of value. Future studies might also seek further understanding about what factors motivate wives in their decisions to accompany their husbands to treatment. The field also desperately needs research exploring differences based on subtypes of hypersexuality (e.g., solo versus relational sex or modalities of hypersexuality) and whether the hypersexual behavior was discovered or disclosed. We would also encourage researchers to consider replication studies using other measures of psychopathology and personality such as the Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF; Ben-Porath & Tellegen, 2008) or diagnostic interviews.

### Implications for Clinical Practice

Findings from research studies such as the present investigation are generally helpful insofar as they provide guidance for clinically meaningful interventions. Accordingly, we recommend the following:

1. Clinicians should be mindful that marriages are significantly more likely to be distressed in cases where a husband is hypersexual. This finding supports marriage therapy as an important intervention for these couples. As noted in previous literature, Emotionally Focused Therapy for Couples may be considered a viable modality of treatment for this population (Reid & Woolley, 2006).
2. Clinicians should avoid pathologizing women married to hypersexual men, as they appear overall to be psychologically healthy. This observation, supported by our data, contradicts many earlier findings in the research about this population of women.
3. Clinicians might consider inviting wives who do not accompany their treatment-seeking husbands to participate in therapy. These wives, in our

- study, appeared to be equally distressed about their relationships when compared to those women who accompanied their husbands (and in some cases insisted their husbands seek professional help).
4. Clinicians may consider exploring deliberation tendencies among wives who have difficulty making decisions. In some cases, they may feel torn about making decisions that could positively affect their marriages but may be emotionally and psychologically painful for an interim period of time.
  5. Clinicians might consider treatment groups for wives to help them address issues unique to their own and their husband's challenges. Because this problem tends to isolate women and they feel unable to share their distress with others, a treatment group could provide them the opportunity to connect with other women facing similar challenges. Group can be an invaluable source of support as these women encounter various distress-causing issues in their marriages.

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