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When a Man Loves a Woman: The Lived Experiences of Male Sober Partners in Romantic Relationships with Women Who Struggle with Addiction

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WHEN A MAN LOVES A WOMAN: THE LIVED EXPERIENCES OF MALE SOBER PARTNERS IN ROMANTIC RELATIONSHIPS WITH WOMEN WHO STRUGGLE WITH ADDICTION

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Katharine Sperandio

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Dedication

This dissertation is dedicated to all of the members of my community (or tribe) who supported me throughout my academic endeavors. Without your unconditional support and kindness, I certainly would not have made this accomplishment. I do believe that this accomplishment not only belongs to me, but to all of us. I would also like to dedicate this to the five participants who bravely let down their guards to tell me their stories. Thank you for demonstrating true courage in opening up to a stranger about your experiences. Without you, this study could have never been completed.

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WHEN A MAN LOVES A WOMAN: THE LIVED EXPERIENCES OF MALE SOBER PARTNERS IN ROMANTIC RELATIONSHIPS WITH WOMEN WHO STRUGGLE WITH ADDICTION

Abstract

The purpose of the phenomenological study was to explore the experiences of male sober partners who are in romantic relationships with women who struggle with addiction. The theoretical framework of the study was social constructivism given the impact of social gender roles on experiences. Five male sober partners were identified as meeting the criteria for the study. Data collection consisted of a semi-structured interview. The interview entailed demographic and open-ended questions that highlighted the participants' experiences. The primary questions of the study were: What does it mean to be a sober male who is in a relationship with a woman who struggles with addiction? How do the experiences of male sober partners differ from female sober partners? The following themes evolved from the study: relationship vulnerability; course of relationship; others; need for recovery. Implications and potential limitations of the study as well as suggestions for future research are also presented.

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WHEN A MAN LOVES A WOMAN: THE LIVED EXPERIENCES OF MALE SOBER PARTNERS IN ROMANTIC RELATIONSHIPS WITH WOMEN WHO STRUGGLE WITH ADDICTION

Chapter One

This proposed study seeks to identify the experiences of male sober partners who are in romantic relationships with women who struggle with issues related to substance abuse and addictive disorders. The literature review reflects what is currently known about relationship dynamics when at least one of the romantic partners has an addictive disorder. The various known implications of involvement with an addicted individual were explored to reach a more thorough understanding of the meaning of the phenomenon. Considering the progressive and potentially fatal nature of both addiction and other diseases such as cancer, literature that explores the implications of cancer on patients and their caregivers was also explored. Additionally, the author chose to investigate experiences of partners who are in romantic relationships with an individual with various mental health diagnoses in order to expand the knowledge base of relational implications of mental illness. The chosen methodology will be described as well as a plan to execute the study.

Statement of the Problem

In 2017, an estimated 19.7 million persons aged 12 or older presented with a substance use disorder (SUD) in the past year according to criteria established in *Diagnostic and Statistical Manual of Mental Disorders,* 5th edition (Substance Abuse and Mental Health Services Administration [SAMHSA], 2017). Of the 19.7 million persons, 14.5 million fit the criteria for alcohol use disorder, 7.5 million presented with illicit drug use disorder, and 2.3 million people had both alcohol use disorder and illicit

drug use disorder. Among the 7.5 million people aged 12 or older who had a drug use disorder, the most common disorders were for marijuana (4.1 million people) and the misuse of prescription pain relievers (1.7 million people). As clearly demonstrated, addiction impacts a significant proportion of individuals living within our society. Clinical experience in the field has informed researchers that addiction not only affects the individual, but also the entire family, as individuals and as a whole (S. Brown & Lewis, 1999, p. 3).

Relational Aspects of Addictive Disorders

It is conservatively estimated that an individual who engages in substance use behaviors directly impacts at least 6 to 10 individuals on a daily basis (Thomas, Santa, Bronson, & Oyserman, 1987). The person most frequently and significantly affected by the diagnosis is the romantic partner because of their physical and emotional proximity to the substance abuser (Naylor & Lee, 2011). Literature supports that many partnerships and marriages do not survive addiction due to the stress precipitated by addictive disorder behaviors (S. Brown & Lewis, 1999, p. 3). Historically, addiction treatment providers and researchers have mainly focused on the individual who engages in the substance abuse behaviors (W. W. White & Savage, 2005; Wright & Wright, 1991). While substance abuse is associated with a wide range of negative social and health consequences for the substance abuser, it may also result in similar consequences to surrounding persons, especially other individuals within the family system (Storvoll, Moan, & Lund, 2016).

The home environment afflicted with an addiction is traumatic for everyone living within it (Black, 1981; Cermak, 1986). The substance abuse becomes the "central organizing principle," which permeates the thoughts, feelings, perceptions, and behaviors

of both partners involved in the romantic relationship (S. Brown & Lewis, 1999, p. 150). All persons within the family unit experience a threat to their personal well-being when the addiction is active (Herman, 1992; Krystal, 1978; Terr, 1991; van der Kolk, 1987; van der Kolk, McFarlane, & Weisaeth, 1996). An absence of safety promotes a desire to remain hypervigilant towards the unpredictable nature of the addictive disorder (van der Kolk, 1987; van der Kolk et al., 1996). Many times, family members unknowingly perpetuate a drug using environment, which is normal to the process of addiction, but can discontinue the momentum towards recovery (S. Brown & Lewis, 1999, p. 102). The partner initially lives in denial of the problem of addiction in the system and consequently accommodates to the substance abuse, "altering behaviors and beliefs to maintain the system" (S. Brown & Lewis, 1999, p. 106).

During times of active use, the person with the addictive disorder attributes all problems to outside circumstances, denying the substance abuse as the central and primary issue. From the perspective of the individual battling addiction, the substance use is merely an attempt to cope with stressful circumstances. The spouse may be tempted to maintain peace so as not to experience abandonment within the relationship and may adopt specific attitudes towards their partner's behaviors such as justification, rationalization, and minimization (S. Brown & Lewis, 1999, p. 150). Persons who are in a romantic relationship with an individual bearing an addictive disorder "readily sacrifice their wishes and views of reality in order to maintain a close relationship, or the illusion of closeness, or to ward off the threat of loss and abandonment" (S. Brown, 1988; S. Brown & Lewis, 1999, p. 154;). Consequently, partners sacrifice their independent selves to preserve the couple system (S. Brown & Lewis, 1999, p. 167).

Oftentimes the partner will surrender initiative and organize his or her life around the substance abuse (S. Brown, 1988; J. K. Jackson, 1954). At times, the partner will be included on the actual substance use but will not demonstrate problematic behaviors with his or her use. Partners will live in a distorted view of reality to maintain a relationship with the substance abuser and to procure reassurance of the relationship's stability, sometimes even making attempts to control the addiction. The spouse will often lose his or her ability to engage in self-care and will become fearful, insecure, and powerless over the grips of addiction (S. Brown & Lewis, 1999, p. 170).

The environment of an addictive home and relationship perpetuates chronic trauma for those in close emotional proximity to those struggling with addiction. Individuals subjected to this sort of trauma may experience a loss of recognition for their wants or needs, a withdrawn personality, and symptomology of depression and anxiety (S. Brown & Lewis, 1999, p. 152). The information outlined in Chapter 1 justifies the importance of exploring the topic of romantic involvement with an individual who struggles with addiction.

Romantic Relationship Dynamics and Addiction

Substance use disorders are unique to each couple. Each individual within the partnership tends to disagree on the veracity and consequences of the specific substance use behavior (Morrissette, 2010). Addictive disorders affect a couple's relationship in myriad different ways that are specific to the partnership (Johnson, 2002). One pattern among many addictive relationships involves episodes of consumption, inequality in household responsibilities, and partner overcompensation to protect family functioning. Other consequences such as relationship dissatisfaction, negative role modeling, and lack

of parental monitoring have been established in the current literature (Fals-Stewart, Lam, & Kelley, 2009; Howells & Orford, 2006; King et al., 2009; Marshal, 2003; van der Zwaluw et al., 2008). Substance abuse can often dissipate affection and intimacy within the relationship where individuals within the partnership describe a relationship that is struck with unhappiness, distrust, and disappointment (Morrissette, 2010).

Couples who experience substance abuse within the relationship experience emotional disengagement and a lack of affection within the relationship. Thorberg and Lyvers (2006) note that clients who struggle with substance use disorders often tend to be emotionally reactive, experience higher levels of anxiety, and a higher fear of intimacy. Clients will often identify their substance of choice as their secure base and consequently withdraw from close relationships with supports (Hofler, 1996). This pattern can therefore lead to implications for surrounding supports such as the romantic partner as the romantic partner is often pushed aside to make room for the addiction.

Justification for the Study

Considering the ripple effect that substance abuse has on those who are in closest relation to those struggling with addiction, it must be disqualified as an individual issue (Chene, 2005; Harkness, 2003; Rotunda & Doman, 2001; Rotunda, Scherer, & Imm, 1995; Rotunda, West, & O'Farrell, 2004; Wright & Wright, 1991). Additionally, considering the protective nature of social supports for an individual's recovery, it is crucial to consider that the well-being of surrounding persons is correlated with the well-being of the individual with an addictive disorder. An individual's treatment prognosis has been demonstrated to be directly related to surrounding sober supports (Maume, Ousey, & Beaver, 2005; Sampson & Laub, 1993; Umberson, 1987).

Since substance abuse does not only affect the individual engaging in the behaviors, but also others who are in direct relation to that person (Sarkar, Mattoo, Basu, & Gupta, 2015), it is necessary to explore the implications of the specific consequences of substance abuse on those who are part of the substance abuser's social network, particularly the romantic partner. Shining light on a relatively unknown area of research will better prepare helping professionals in learning how to understand the phenomenon so as to help clients with their experiences. Male sober partners, specifically, have been largely overlooked in the literature. As helping professionals in the counseling profession, it is important to gain a better understanding of how this phenomenon might be translated into male sober partners' experiences and how it might be differentiated from female sober partners' experiences.

Addictive disorders have proven to manifest significant negative consequences on those surrounding the individual with a substance use disorder including physiological distress, psychological issues, and interpersonal impairment (Naylor & Lee, 2011). The proposed study will produce a greater knowledge for helping professionals on how male sober partners specifically experience involvement in a romantic relationship with an individual who struggles with substance use-related issues. As a greater understanding is reached, helping professionals will gain a preparedness in how to support clients who are confronted with this issue.

Proposed Methodology

Qualitative research is appropriate to explore a greater understanding of a particular issue (Creswell, 2013). Considering the lack of knowledge on implications related to addictive relationships on male sober partners, a qualitative methodology is

best suited for the research question. The study will aim to establish a foundation of understanding and to allow for additional research questions to be explored.

Specifically, a phenomenology is chosen as the official methodology for the study. A phenomenological lens allows the researcher to search for the common meaning of male sober partners' experiences when they are in romantic relationships with individuals who struggle with addiction and substance abuse issues. Thus far, the experiences of male sober partners have been neglected in the literature, which could inhibit helping professionals from being prepared to assist male sober partners when they come in as clients. The following research questions guided the study:

1. What does it mean to be a sober male who is in a relationship with a woman who struggles with addiction?
2. How do the experiences of male sober partners differ from female sober partners?

Summary

The existing research on male sober partners is currently limited (S. Brown, 1994). Additionally, studies have mainly focused on the consequences that female sober partners experience as a result of their partner's substance abuse (Carroll, Robinson, & Flowers, 2002; Dawson, Grant, Chou, & Stinson, 2007). Considering the delineation between males and females in their interactional patterns with their world as well as the knowledge that socially constructed gender norms impact how one perceives various phenomena (Addis & Hoffman, 2017), it is questionable whether male and female sober partners have similar or dissimilar kinds of experiences within the phenomenon of engagement in a romantic addictive relationship. The examination of gender influences on consequences related to psychological distress as a result of the addictive relationship

is important given the vast research on gender differences in psychological symptomology (Gove, 1972; Gove & Tudor, 1973; Kessler & McRae, 1981; Weissman & Klerman, 1977).

The proposed research project seeks an understanding on any differences between the currently known experiences of female sober partners and the unknown experiences of male sober partners. If a basic understanding of male's experiences is obtained through the study, then helping professionals may be more prepared to help their male clients who are experiencing the phenomenon. Due to the current limited knowledge on the area of interest, the study could potentially lay a foundation for future research.

Chapter Two

Literature Review

Addiction is no longer viewed as an individual issue, but rather a relational issue considering the implications it has on surrounding persons (Thomas et al., 1987). An overwhelming construct within this area of research is the "codependency" phenomenon. The research around this phenomenon remains unsophisticated and outdated. Additionally, the term of codependency lacks a consistent definition and sufficient empirical grounding in the literature (Sarkar et al., 2015).

The following chapter outlines an extensive literature review to create a rationale for the proposed study. The literature review initially focuses on the current knowledge base about the implications of addiction on surrounding social supports, particularly the romantic partner. Research indicates the various consequences family members experience when addiction is present within the system (S. Brown & Lewis, 1999). Some literature has focused specifically on the impact of addiction on the spouse or romantic partner; however, this literature continues to remain limited and anecdotal in nature (Naylor & Lee, 2011).

The literature review expanded on other areas of focus including implications of romantic involvement with individuals who have other mental health disorders, which can initiate interpersonal issues. Since addictive disorders are considered mental health disorders, the literature review examines how alternative mental health disorders may

have an impact on surrounding family members and caregivers. Therefore, the experiences could be contrasted and compared with what is currently known about the impact of addiction on family members, partners, and caregivers. The literature suggests that caretakers and partners of individuals who have severe mental illness experience a burdensome level of responsibility (Angermeyer, Kilian, Wilms, & Wittmund, 2006).

Finally, the literature review explores the topic of how caregivers of cancer patients are impacted by the diagnosis considering the relational aspects of the disease (Matthews, 2003). Cancer, like addiction, is a diagnosis that can be progressive and potentially fatal if not adequately treated. A patient's cancer prognosis appears to be correlated with the wellbeing of their support system, which runs parallel to the addicted person's prognosis and recovery in relation to the status of their support system (Kim, Carver, Spillers, Crammer, & Zhou, 2011.

Romantic Partners and Addiction

Some studies explore the consequences that sober partners experience when they are romantically involved with an individual who struggles with addiction. However, most of the studies thus far are dedicated to examining the consequences experienced by female sober partners, as opposed to male sober partners (Banister & Peavy, 1994; Naylor & Lee, 2011). This may reflect that the rate of substance use among females is lower than the rate for men (SAMHSA, 2017). Additionally, due to their hesitancy in engaging in help seeking behaviors or their delayed acknowledgement that they are in distress, men may be slower to recognize that their partners' substance use is problematic and therefore may not bring awareness to the issue (Addis & Mahalik, 2003).

While some studies have explored the implications of romantic involvement with addicted individuals, the extent of these implications has been largely ignored (Copello, Templeton, & Powell, 2010; Sakiyama, Fatima Rato Padin, Canfield, Laranheira, & Sendin Mitsuhiro, 2015). Thus far, the experiences of female sober partners have been briefly studied while the experiences of male sober partners are neglected in the literature (Naylor & Lee, 2011). It is uncertain how similar or different the experiences of male sober partners are when compared to female sober partners.

The impact of gender roles could potentially delineate a difference between experiences within the same phenomenon considering differing reactions between genders (Addis & Hoffman, 2017). Additional study on the matter could provide a deeper understanding of the phenomenon of romantic involvement with an addicted individual. With increased insight, helping professionals could develop strategies for intervention and support of their clients' network. Considering the distinct impact of interpersonal relationships on an individual's substance use behaviors as indicated in the literature (Bachman, Wadsworth, O'Malley, Johnston, & Schulenberg, 1997; Rhule-Louie & McMahon, 2007), providing assistance to the client's support network could have a powerful effect on an individual's addictive disorder prognosis.

Impact of Relationship on Individual's Substance Use Behaviors

It appears important to learn more about how relationship involvement impacts an individual's substance use behaviors. Romantic partners' reactions to their spouse's substance use can have a positive or negative impact on substance use. Partners can elicit behaviors which include enabling or criticizing their partner, exacerbating their partner's symptoms of addiction (Rotunda et al., 2004). Additionally, romantic relationship status,

stability, and quality are repeatedly found to be directly related to substance use behaviors (Bachman et al., 1997; Rhule-Louie & McMahon, 2007). For example, literature indicates that marriage is directly associated with decreased rates of substance abuse (Bachman et al., 1997; Burton, Johnson, Ritter, & Clayton, 1996; Chilcoat & Breslau, 1996; Curran, Muthen, & Harford, 1998; Horwitz, White, & Howell-White, 1996; Labouvie, 1996; Leonard & Das Eiden, 1999; Leonard & Rothbard, 1999; Miller-Tutzauer, Leonard, & Windle, 1991). This can be substantiated by the social support marriage provides for individuals, consequently decreasing their continued motivation to use (Maume et al., 2005; Sampson & Laub, 1993; Umberson, 1987).

Research suggests that one partner's substance use is strongly impacted by the quality of the relationship (Rhule-Louie & McMahon, 2007). Deflated marital quality is linked to heavier psychoactive substance consumption (Horwitz & White, 1991; Kearns-Bodkin & Leonard, 2005). Maume et al. (2005) found that marriages with low levels of attachment between partners had no effect on marijuana cessation. Conversely, married individuals with higher levels of attachment to their partners were significantly more likely to discontinue their use when compared to single individuals (Maume et al., 2005). This finding suggests that while the existence of a romantic relationship can be negatively correlated with substance use, the quality of the relationship is a stronger contributing factor to an individual's prognosis.

Fleming, White, and Catalano (2010) supported the notion that involvement in a romantic relationship was a protective factor for heavy drinking and marijuana use. Married, cohabitating, and dating couples manifested lower rates of drinking and marijuana use when compared to single participants. In contrast to previous studies that

found cohabiting relationships to be correlated with higher levels of substance use (Bachman et al., 1997; Horwitz & White, 1998), Fleming and colleagues (2010) discovered that a cohabiting relationship appeared to serve as a protective factor against substance use behaviors.

Delineation between Male and Female Substance Use

While substance abuse is not gender-specific, there is a dearth of research on women who engage in substance abuse (National Center on Addiction and Substance Abuse, 1996). As indicated in the literature, the prevalence of substance abusing men is higher than substance abusing women. In 2013, for example, the rate of substance dependence or abuse for males aged 12 or older was shown to be double the rate for females (10.8% for males compared to 5.8% for females; SAMHSA, 2013). Regarding current illicit drug use among persons aged 12 or older, the rate of male use (11.5%) was higher than the rate for female use (7.3%; SAMHSA, 2013). The gap for alcohol use between males and females was significantly smaller. In 2013, an estimated 57.1% of males aged 12 or older were current drinkers, while female drinkers only accounted for 47.5% (SAMHSA, 2013).

The research suggests that women tend to experience internalizing disorders, such as anxiety and depression, while men are at greater risk of exhibiting externalizing behaviors, such as violence and substance abuse when dealing with a stressor (D. A. Jackson & King, 2004; Kessler & Wang, 2008). In addition, studies suggest that men experience more severe consequences from the use of alcohol and drugs (Wilsnack et al., 2000), including the propensity to use higher quantities as well as experience more significant symptoms as a result of substance use, including blackouts and hallucinations

(Nolen-Hoeksema, 2004). Therefore, coping mechanisms between genders appear to be dissimilar in the literature.

While there appears to be a lower prevalence of substance abuse behaviors among females as opposed to males (SAMHSA, 2013), substance use disorders and behaviors continue to remain a problem for both genders. Currently, research on males who are in a relationship with a substance abuser while they remain sober is rare. This could be a manifestation of the lower prevalence of female substance abusers providing an explanation for why there is limited research on the subject matter.

Codependency Phenomenon

Historically, families were held responsible for the drug-taking behaviors of the individual battling addiction (Cermak, 1986; Paolino & McCrady, 1977). The emphasis on the "codependency" construct implied that the woman who suffers from a personality disorder would inherently seek out a partner who would develop an addiction problem (Cermak, 1986). Codependency is often described as having physical manifestations and is thought to impact surrounding supports of the substance abuser (Gierymski & Williams, 1986). Previously, the wife of an individual who struggled with substance abuse issues had consistently been viewed as having a personality disorder and the term became significantly gender-based (Anderson, 1994; Futterman, 1953; McDonald, 1956), which precipitated the spouse's addictive behaviors (Clifford, 1960; Whalen, 1953). In the 1980s, spouses of addicted individuals were labeled as codependent, encompassing such terms as "enabling," "co-alcoholism," and the "dysfunctional family" (W. L. White, 2004). However, the terms listed lack a clear definition and demonstrate a poor grounding in empirical research (Hurcom, Capello, & Orford, 2000).

Historically, "codependency" has been used to pathologize spouses, particularly female spouses, which can make the experience more problematic and complex for the sober partner (Hurcom et al., 2000; W. L. White, 2004). The "culture of codependency" (Asher, 1992, p. 190) has been stabilized in the woman's lived experience of engagement in a romantic relationship with a substance abuser (Banister & Peavy, 1994). Many women believe that femininity is a sign of pathology due a woman's caretaking qualities (Anderson, 1994). While the term was initially designed to describe how individuals are drawn towards a set of behaviors, it has since been transformed into a model in which the codependent is labeled as the one with the behavioral problem (Walters, 1990). Codependency has become a tool to further oppress women and deny the accountability of their male partners (Krestan & Bepko, 1990). Consequently, the label merely serves the purpose of leading to the further oppression of women in society (L. S. Brown, 1990). Researchers have commented that the labeling of codependency as a disease is "ridiculous" considering the conditioned response of the overfunctioning person in a relationship to the underfunctioning person (Anderson, 1994).

Older literature suggests that family members were unable to view the substance use in an objective manner and consequently became "codependent," which facilitated continued substance use by the individual (Morgan, 1991; Stafford, 2001). As codependency was operationalized throughout the literature, common factors, including external focusing, self-sacrificing, attempting to control others, and suppressing one's own emotions became components of the operational definition (Dear, Roberts, Lange, & Shobov, 2005). Individuals who were labeled codependent would demonstrate symptomology that included deflated self-esteem and self-confidence, dependency,

depression, anxiety, anger, intense fears of rejection, increased susceptibility to substance abuse, interpersonal consequences, and increased levels of stress (Carson & Baker, 1994; Hinkin & Kahn, 1995; Lindley, Giordana, & Hammer, 1999). While symptoms of codependency are present in addictive families, they are not necessarily confined to be a component only present in family systems where addictive disorders are present (Anderson, 1994).

Codependency not only negatively impacted the individual who was given the label, but it also enabled and prolonged the substance use behavior as the problem was judged as the fault of the codependent (Sarkar et al., 2015). The spouse was considered to be the most susceptible to developing a sense of codependency due to their emotional and physical proximity to the substance user (Mudar, Leonard, & Soltysinski, 2001). However, because "codependency" lacks empirical grounding and it is not culturally sensitive to what is expected within the dynamics of diverse relationships (Sarkar et al., 2015), the term is rendered as unproductive and an oversimplification of a complex phenomenon (Hurcom et al., 2000).

The label of codependency is an oversimplification of a complex phenomenon, stereotypes individuals, and denies individuals' individuality and uniqueness. It overlooks the role of oppressive sociopolitical structures in shaping women. Women are trained from birth and socialized to engage in the caretaking of others. The codependency phenomenon pathologizes the social constructionism of female roles in society. While men are sometimes labeled as codependent, their women counterparts are much more likely to be granted the title during romantic involvement with a substance abuser (Anderson, 1994).

Generalizations of Addicted Families

Literature provides evidence that relationships with individuals who abuse alcohol and/or drugs compromises the family health and well-being (J. Orford, 1990; Orford, Templeton, Velleman, & Copello, 2005). Stories of family members provided researchers about the anguish, worry, ill-health, lack of social support, and difficulty in coping that is experienced by addicted families (Arcidiacono, Velleman, Procentese, Albanesi, & Sommantico, 2009). The codependency literature focuses mainly on weaknesses rather than strengths within the family (Jiminez & Rice, 1990).

Attending to only the pathology of the family leads to a denial of the coping strategies and resiliency of these families (Gierymski & Williams, 1986). Wives of addicted persons are not necessarily unique, but they do experience problems that stem from coping with their addicted partners (Asher & Brissett, 1988). As a way to cope, partners often implement control strategies to safeguard other members of the family from being harmed by the substance using behavior (Arcidiacono et al., 2009).

A Re-Evaluation of Partners' Responses to Substance Use

More recently, in order to respond to the controversial nature of the word "codependency," the sober partner has been acknowledged as living in a "double bind" relationship (Denzin, 1987), resulting in dysfunctional coping behavior to sustain the intimate relationship with the addicted partner (Orford et al., 1975; Wiseman, 1991). Literature has identified various negative psychological impacts on romantic partners, which include feelings of guilt, failure, and helplessness (Sakiyama et al., 2015).

A key coping strategy of the sober partner is denial of the existence of the significant other's substance abuse problem (Casey, Griffin & Googins, 1993; Denzin,

1987; J. K. Jackson, 1954; Wiseman, 1991). Bannister and Peavy (1994) concluded the complex interaction of internalization of cultural expectations, weakening of self, and embeddedness in an alcohol-centered marriage encourages women to be passive, dependent, self-sacrificing, and self-blaming, contributing to the perspective on what it means to be a female sober partner in an addictive relationship. The female partner engaged with a substance abuser is striving to make sense of her experiences of an alcohol-centered relationship, which often involves a painful emotionality as a consequence, which is often not visible to the casual outside observer (Banister & Peavy, 1994). Substance abuse of one spouse may alter his or her partner's perceptions a) of substance use, b) of the abusing spouse, and c) of the marriage (Peled & Sacks, 2008).

Individuals who are in romantic relationships with persons struggling with addictive disorders experience a unique set of difficulties that influence and change the sober partner's self-definition (Asher & Brissett, 1988; Weinberg & Vogler, 1990; Wiseman, 1991). The self-definition, especially for female sober partners, is strongly impacted by society's messages of women, including unworthiness and disdain (Bateson, 1989). Banister and Peavy (1994) found that for each of the female participants in their study, the male-female relationships had a disparity of power, with more power being granted to the husband engaging in the substance abuse. The lack of power within the relationship creates the female partner's feelings of powerlessness and fear. Considering the lack of examination of male sober partners' experiences, it is important to identify how the concept of power might be different within the relationship and if this leads to any implications on the experiences of the sober partner (Banister & Peavy, 1994).

While there has been some qualitative exploration on family members' experiences regarding addiction, recovery, and recovery advocacy (W. W. White & Savage, 2005), the information on spousal experience in addictive relationships is limited and anecdotal (S. Brown, 1994). The research has indicated numerous implications for sober partners in addictive relationships, although the specific lived experiences of male sober partners have been overlooked. It is questionable whether sober male partners experience parallel implications of addictive relationships as female sober partners or if societal gender norms create a delineation of male and female experiences. As a result of the addictive relationship, the sober partner can experience a variety of consequences related to psychological damage, physiological distress, and impaired interpersonal relations, including harm to family functioning (Peled & Sacks, 2008).

Stress-Strain-Coping-Support Model

As indicated, previous models and concepts of substance misuse have pathologized family members and their interactions with the addicted individual. Orford, Copello, Velleman, and Templeton (2010) respond to this pathology by creating the Stress-Strain-Coping-Support model, which recognizes reactions of family members in response to stressful life circumstances, precipitating physical and/or psychological ill-health. The Stress-Strain-Coping Model effectively conceptualizes how living with an addicted family member places insurmountable levels of strain on other individuals. The family members inherently develop coping mechanisms to deal with the family member's use, which consequently influences the alcohol or drug-using behavior (Arcidiacono et al., 2009). Stress-coping models explain family members' reactions to stressful circumstances that are longstanding (Lazarus & Folkman, 1984). The model serves to

view family members affected by their loved ones' drug and/or alcohol use as "ordinary people struggling to cope with stressful circumstances which are not of their own making" (Orford, Copello, et al., 2010, p. 38).

The initial component of the model is that when an individual within the family demonstrates a drugging or drinking problem, then this can be highly *stressful* for close family members. Addictive disorders encompass behaviors that are damaging to intimate relationships (Adams, 2008). Individuals who battle addiction often develop an attachment to a substance, which consequently leads to their neglect of other commitments to surrounding social supports and family members (Orford, Copello, et al., 2010).

The second component of the model is the concept of *strain.* Strain is defined as the effects on a family member's health by the addictive patterns. The individual's addiction is so sufficiently stressful that it puts family members' health at risk no matter what their health may have been like before the addiction occurred (Orford, Copello, et al., 2010).

The third core component of the model speaks to the family member's *coping*. Coping speaks to how family members may respond to the individual whose drinking or drug-taking is a problem for the family. Family members develop ways to react to the drinking or drugging to prevent or reduce stress they experience for themselves or other members of the family, including children, may experience.

An assumption of the Stress-Strain-Coping-Support model is that family members are not completely powerless over the consequences of their loved one's addiction, but instead, they can improve their own wellness and have an impact on their family

member's substance use (Orford, Copello, et al., 2010). The final component of the Stress-Strain-Coping-Support model is *support*. Literature has indicated time and time again that quality social support is correlated with health and wellness (Cohen & Wills, 1985). For family members who are affected by a loved one's addiction, strong social supports are noted to be a positive resource for coping. Orford, Copello, and colleagues (2010) posit that good social support is not necessarily equated with the number of people who exist in an individual's social network. Instead, it is the quality of support that is considered to be most important.

Gender Norms and the Implications of Stressors and Mental Health

Social constructionism of gender roles within a society strongly impact the experiences of individuals. People experience, express, and respond to problems in their lives related to how they perceive is appropriate regarding their status and gender (Addis & Hoffman, 2017, p. 171). In a review of gender differences in caregiving, Yee and Schulz (2000) identified that women are at greater risk for psychiatric issues than men. Men and women are socialized to act and think differently based on socially constructed gender norms (Smith, Mouzon, & Elliott, 2016). Males, in particular, often have difficulty in seeking help or acknowledging their own suffering when they are experiencing significant stressors that are beyond their control such as interpersonal stressors or mental health concerns (Addis & Hoffman, 2017, p. 171). It is important to consider how this inability to acknowledge one's own distress may have an impact for personal experiences of a phenomenon which can include involvement in an addictive relationship.

Ample evidence indicates that conformity to masculine societal norms correlates with negative attitudes towards help-seeking behaviors (Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011). However, individual male's attitudes toward help-seeking might also be dependent on personal beliefs about normality, controllability, and stigmatization of mental health, as well as beliefs about a help-giver's potential response and social costs of seeking help from others (Addis & Mahalik, 2003; Mansfield, Addis, & Mahalik, 2003). Overall, heteronormative masculine norms discourage men to seek help with close male friends due to a risk of losing one's masculine identity (Lane & Addis, 2005). In addition, societal expectations of masculinity might prevent an individual from obtaining awareness of one's own suffering or distress (Addis & Hoffman, 2017, p. 172). Societal expectations may indeed impact a male partner's motivation to seek help from others when dealing with interpersonal stress that comes from involvement in an addictive relationship (Addis & Hoffman, 2017).

In order to appear masculine in society's standards, male individuals will often determine what is at stake within a particular interaction before becoming transparent about their own distress and struggles (Schwab, Addis, Reigeluth, & Berger, 2015). Appearing vulnerable is judged as a feminine trait on a cultural level, while expression of emotions such as anger are associated with masculinity (West & Zimmerman, 1987). Therefore, when an individual who identifies as male is experiencing significant stressors that make him feel vulnerable, he may withdraw or avoid asking for help so as to avoid appearing feminine within the societal context (Addis & Hoffman, 2017, p. 172).

Men are taught from an early age that emotional closeness to others should not be a main concern or priority (Addis & Hoffman, 2017, p. 176). Young men are simply

instructed that "girls [are] supposed to be emotional and relationship oriented; whereas guys [are] supposed to be detached and sex-oriented" (Gilmartin, 2007, p. 537). It is worthy to consider how a romantic relationship with a partner could impact a male's experiences with the knowledge of these societal expectations. Men are less likely to be emotionally dependent and empathetic towards their intimate partners (Hirschfeld, Klerman, Chodoff, Korchin, & Barrett, 1976; Turner & Turner, 1999). As there has been a de-emphasis on intimacy in the male lens, it is incumbent that an exploration on how an addictive relationship might be different from the sober male point-of-view as opposed to the sober female point-of-view could be valuable.

Gender Roles and Addictive Relationships

Research suggests that substance use might substantiate role conflict between partners (Fals-Stewart, Birchler, & O'Farrell, 1999). Role incompatibility theory states that when socially deviant behavior occurs within a romantic relationship, role conflict is almost always the end result (Newcomb, 1994; Yamaguchi & Kandel, 1985). The role conflict must be solved in one of the following ways according to role incompatibility theory: (a) termination of the relationship, (b) reduction of the substance abuse behavior, or (c) modification of the relationship in order to allow for continued use (Fals-Stewart et al., 1999).

Substance abuse has been correlated with decreased relationship quality (Newcomb, 1994). In comparison to men with substance abuse issues, women with substance use disorders experienced less emotional support from their intimate partners, more marital conflicts, and were more likely to have their relationships terminated (McCrady & Raytek, 1993). The behavior of substance abuse places a unique strain on

the romantic relationship. Ironically, couples that consist of both partners engaging in substance use might be influenced to turn the behavior into a partnership activity, which would prevent role conflict from occurring within the relationship (Fals-Stewart, 1996).

Fals-Stewart et al. (1999) found that among drug-using couples, the partners (a) were significantly dissatisfied with their relationships, (b) desired change from their spouses, (c) reported that their spouses continuously engaged in maladaptive methods to address conflict, and (d) had taken steps towards relationship termination. Among drug using couples, reduced substance use behaviors were correlated with higher relationship satisfaction (Fals-Stewart et al., 1999). Additionally, among couples with one partner engaged in substance abuse, the substance abuser reported higher levels of relationship satisfaction due to one's perceptions of the quality of the relationship being influenced by the other partner's behavior (O'Farrell & Birchler, 1987).

Men and Coping

One important consideration for this study is to identify how male partners cope with involvement in a romantic relationship with an addicted partner. Partners will often develop specific defenses to cope with the addictive behaviors (S. Brown & Lewis, 1999, p. 106). How might gender norms impact how individuals respond to a stressful event? Coping reflects attempts made to manage a perceived stressor (Smith et al., 2016) and serves as a buffer. The experience of stress is inversely related to levels of self-esteem and social support (Thoits, 2009). Coping strategies can be either problem-focused or emotion-focused (Smith et al., 2016). Problem-focused coping styles are often executed when individuals perceive that they have greater control over a given situation and will attempt to exercise that control (Folkman & Lazarus, 1980). Emotion-focused coping

involves efforts to change one's emotions regarding a stressor due to a perceived lack of control.

Given that men tend to have higher self-esteem than women (McMullin & Cairney, 2004), men often resort to problem-focused coping strategies which can include strategizing in how to best confront the issue at hand (Matud, 2004; Ptacek, Smith, & Dodge, 1994; Thoits, 1991; Zwicker & DeLongis, 2010). Emotion-focused coping is often employed by women and involves behaviors such as rumination (Nolen-Hoeksema, Larson, & Grayson, 1999), which leads to increased psychological distress (Pearlin & Schooler, 1978; Watson & Sinha, 2008). However, there is increasing evidence to show that the gendered nature of coping is overstated in the literature (Smith et al., 2016). The implementation of different coping strategies may result in a delineation between male and female experiences during instances of involvement in an addictive relationship. However, an exploration on the particular issue will serve the purpose of identifying if gendered coping responses are indeed overstated.

Current Research

As previously mentioned, the knowledge on spousal experience in addictive relationships is anecdotal and limited (S. Brown, 1994). Quantitative and qualitative studies have explored the implications on sober partners. Thus far, female sober partners have been the main focal point of study, while male sober partners remain neglected in the literature. However, an exploratory study on addicted males involved in romantic relationships with substance abusers has been explored briefly (Laudet, Magura, Furst, & Kumar, 1999). In addition, male experiences of involvement in romantic relationships with individuals who have chronic illnesses, such as cancer, have also been examined

(Acitelli, 1996; Piazza, Charles, & Almeida, 2007; Pistrang & Barker, 1995; Uchino, Uno, & Holt, 1999). Considering the chronic nature of substance use disorders, it would be worth identifying how other chronic illness experiences might compare to substance use disorder experiences through the viewpoint of the male partner and/or caregiver of the person with the disorder.

Sober Female Partner Experiences

Women who are in addictive relationships with substance abusing male partners have a propensity for victimization, injury, mood disorders, and anxiety disorders (Dawson et al., 2007), as well as fall victim to domestic violence (Dawson et al., 2007). Additionally, female spouses of men who engage in substance abuse behaviors may acquire defensive behavioral adaptations in order to cope with the chaos occurring within the relationship. The spouse might be unwilling to confront the problem or might even deflect attention to the abuser (Curtis, 1999).

The sober partner's interpersonal connections outside of the romantic relationship might also be affected by the addicted partner. For instance, Carroll and colleagues (2002) conducted a quantitative study that found female professional counselors married to alcohol-abusing men experienced negative effects of their professional work when working with clients. Female counselors engaged in addictive romantic relationships found it difficult to be empathic with substance abusing clients. This may be related to the counselors' tendency to be distant from their spouses or to be overly accommodating in order to support the partner struggling with substance abuse. Furthermore, the counselors also struggled with understanding the behavior of the substance-abusing clients' wives if it was different from their own.

Female counselors who are currently or formerly married to men who abuse alcohol differ from female counselors who are married or have been married to men who do *not* abuse alcohol. Spouses of men who abuse alcohol experienced a greater level of detachment from their husbands, a decline in level of caring about them, and less desire for emotional intimacy. This negatively affected their relationships with their clients as they would tend to repeat the same types of behaviors in their professional careers. As counselors were less caring, less emotionally attached, and less emotionally intimate with their husbands because of substance abuse, their professional relationships became impaired (Carroll et al., 2002). Counselors would experience countertransference with their clients and respond disapprovingly to substance-abusing clients resulting in criticism, scolding, and being overly confrontational as they considered these clients as projects to be completed (Young, 1998).

Research establishes that spouses or partners of alcohol-abusing individuals experience overall poorer physical health than spouses or partners of individuals who do not engage in substance use (Martsolf, Sedlak, & Doheny, 2000). The sober partners' poorer health is attributed to their not engaging in self-care behaviors to prevent various illnesses (Martsolf et al., 2000) as well as higher levels of marital stress manifested by their extreme focus on, and tendency to engage in, caretaking behaviors for their partners struggling with addiction (Beattie, 1987; Fals-Stewart et al., 1999). Sober partners of substance abusers are hypothesized to have decreased life expectancies due to physical ailments, such as high blood pressure, ulcers, cancer, and gastrointestinal problems (Schaef, 1992; Whitfield, 1984).

Despite the numerous consequences that come from romantic involvement with an individual with an addictive disorder, various motivating factors might encourage the sober partner to continue to maintain the relationship with the substance abuser. Through the use of a phenomenological lens, Naylor and Lee (2011) discovered that the female sober partner's family-of-origin dynamics played a role in either disabling them from gaining or clarifying awareness of their own behaviors in reaction to their partner. Patterns and roles from childhood are commonly repeated in their marital relationships without the participants' knowledge. For example, if a participant had come from a family-of-origin that had a parent who engaged in substance abuse or had other mental health concerns, and that participant was called on to be the family hero to sustain the unit, the participant would be more likely to carry on those same characteristics in her romantic relationship with her husband and try to maintain the relationship to preserve family integrity. In addition, the participants' responses to their partners' behaviors were congruent with their family-of-origin dynamics.

If an individual grew up with a sense of a loss of control, this loss of control would be carried into adulthood. The study found that the participants with stressful childhood homes show an extreme focus on maintaining a relationship with their partners even during times of high stress. The one participant who did not grow up with chaos within the home was able to extricate herself from a negative marital relationship more efficiently due to her prompt awareness that something was amiss within the relationship. Regarding obtaining self-awareness on the turmoil of the romantic relationship, a turning point for the women occurred through experiencing their predicament as a physical and emotional toll on the self, critical life events such as health concerns, parental divorce,

and other setbacks that allowed them to come into a state of realization. (Naylor & Lee, 2011).

Role of Romantic Relationships on the Substance Abuser

Drug addiction exists within the construction of social relationships and must be treated within the social network context since it is not solely an individual problem. When treating an individual with a substance use disorder, interpersonal influences on an individual's motivation to participate and engage in treatment are crucial (Laudet et al., 1999). Engagement in a committed relationship, which can include marriage, while a partner engages in substance abuse interrupts the give-and-take traditionally associated within the expectations of a partnership.

Substance abuse behavior often precipitates a role conflict between partners. In order to resolve this role conflict, one of the partners might engage in (a) deterioration or termination of the romantic relationship, (b) reduction or termination of the drug-abusing behavior, or (c) modification of the romantic relationship in order to accommodate the continued substance abuse behavior (Fals-Stewart et al., 1999). According to Boyd and Guthrie (1995), despite the significant influence of social supports on an individual's engagement in treatment, there has been minimal empirical work on the role of significant others on the involvement in an individual's recovery program.

Research on addiction treatment has determined increased social supports improve the overall prognosis of the individual struggling with the substance use disorder (Finney, Moos, & Chan, 1981a, 1981b; Longabaugh, Beattie, & Noel, 1995). One study concluded that clients improve significantly when short-term behavioral marital therapy was implemented as part of substance abuse treatment (O'Farrel & Choquette, 1993).

Furthermore, another study supported that the involvement of significant others in treatment was the best predictor of cocaine abstinence among participants in a 12-week behavioral program. Interestingly, this result proved to be particularly strong for female clients (Higgins, Budney, Bickel, & Badger, 1994). This finding could be impacted by the fact that women are often socialized to prioritize interpersonal relationships, and to nurture and maintain the relationships throughout their lifetime (Laudet et al., 1999).

Consequently, women would use drugs with significant others in order to establish and maintain their social ties. However, when engaging in recovery, having the interpersonal support from spouses and other loved ones is crucial in maintaining abstinence (Laudet et al., 1999). While women's prognosis in treatment improves when their significant other is involved, the efforts of treatment to engage partners in the process remains futile. While women typically assume an active role in their male partners' treatment, men assume that their participation in their partners' recovery is unnecessary (Rolls, 1989).

Addicted Male Experiences in Addictive Romantic Relationships

Currently, there is a dearth of research on the experiences of male partners when engaged in a romantic relationship with a substance abuser. Laudet and colleagues (1999) conducted an exploratory study that discovered that male partners were often resistant to becoming involved in their partner's substance abuse treatment. It is important to note, however, that the male partners were also engaged in substance use.

Laudet and colleagues (1999) interviewed program directors at a substance abuse treatment facility to identify further explanation for the male partners' resistance in engaging in their partner's treatment. The directors reported that the men were wary of

participating due to a concern that their illegal activities or ambiguous situation with respect to government assistance programs might be uncovered should they engage in the process. In addition, some of the men did not believe that it was their responsibility to involve themselves in the process. Furthermore, the female clients were hesitant to speak about their relationships with their partners, as these relationships can sometimes exist within a context of domestic violence or serve as a potential trigger to relapse (Laudet et al., 1999).

Laudet and colleagues (1999) posed additional hypotheses for why male partners might be hesitant to engage in their female partner's treatment and recovery. As previously stated, the drug use activity can often be used to forge a bond between partners, which can become the core of the relationship. If the female partner discontinues her use, this could have a negative and permanent impact on the relationship and may even result in termination of the relationship (Laudet et al., 1999). The intimacy bond can only be reestablished if the female partner resumes use (Scheff, 1990). When studying individuals addicted to heroin, Stephens (1991) ascertained that a substantial proportion of women rely on their male partners to provide a livelihood and substances. When women enter recovery, they develop a sense of autonomy and self-esteem, which may decrease their level of dependency on their male partner. This in turn manifests a clash with the male partner's expectation to sustain the dominant role in the relationship (Laudet et al., 1999).

An additional reason as to why the male partner might not be engaged in his partner's recovery is his investment into his own recovery. The male partner might be fully occupied with his own formal treatment or 12-step fellowships, which would detract

attention away from his partner's recovery efforts. A third possible reason is linked to the male partner's perception of how to have a successful recovery. Laudet et al. (1999) noticed that a majority of their male participants embraced the concept that willpower was the only way to abstain from continued substance abuse. Therefore, the male participants might consider it as unnecessary to be engaged in their partner's recovery if they believe that willpower is the only answer to a person's recovery.

In addition, Laudet and colleagues (1999) set out to explore males' perceptions of women engaging in substance abuse behaviors. The males interviewed expressed a more negative opinion on women who use substances. While substance abuse among males were also frowned upon, women were criticized more harshly due to their methods of obtaining money to purchase drugs. Whereas men obtain money for drugs through activities which can include drug dealing and other petty crimes, women participate in prostitution, which can place their own children at risk when engaging in these behaviors. Interestingly, the males in the sample reported that they would find their partner's drug use to be acceptable if their female partner was able to carry out all "required" household responsibilities and maintain an image that was socially appropriate (Laudet et al., 1999).

When asked about how their partners' drug abuse behaviors affected the overall relationship, 60% of the male participants reported that the behaviors had a negative effect on the relationship due to increased fighting, money problems and fights about money, decreased communication, problems with the children, a loss of respect for one another, and the development of a "bad attitude" of the female partner when she was engaged in drug abuse. The male participants were also asked about their opinion regarding their partner's engagement in treatment. Two-thirds of the sample (64%)

believed treatment was helpful due to the fact that it improved the woman's attitude, self-esteem, and confidence. Additionally, treatment also served the purpose of distracting the woman from drugs and kept her busy throughout the day (Laudet et al., 1999).

While the study by Laudet and colleagues (1999) presented unique findings regarding the experiences of male partners in addictive relationships, the male participants' active substance use behaviors appear to have affected the results. Currently, there does not appear to be literature on male partners who are not engaged in substance abuse behaviors and how the addictive relationship impacts them. However, there has been some research on how the effects of certain illnesses, such as cancer, plays a role in the relationship when the male partner is the one who is healthy. It could be postulated that a male partner of an individual who has a chronic illness such as cancer might face similar obstacles as a male partner who is in a romantic relationship with a substance abuser.

General Consequences Experienced by Affected Family Members

Orford, Velleman, and colleagues (2010) conducted a meta-analysis from a number of studies over two decades. The studies explored the implications of addictive disorders on family members, commonly referred to as *affected family members*. Studies repeatedly found that living with an individual with an addictive disorder places stress and strain on other members of the family (Orford, Velleman, et al., 2010). Stress stemmed from the unpleasantness of the addicted relative's behavior as well as a potentiality for aggressiveness in the form of physical violence, rudeness, irritability, verbal abuse, and domineering behavior. Additionally, conflict over money and possessions often arose with the individual battling addiction. Family members would

also speak to experiencing feelings of uncertainly due to the unreliability of the addicted person. Generally speaking, family members would struggle with having a lack of certainly on what was going on with the addicted individual, why certain events had transpired, who was to blame for the addiction, and whether the situation would improve (Orford, Velleman, et al., 2010).

Generally, affected family members would experience a plethora of negative consequences as outlined in the literature. Orford Velleman, and colleagues (2010) discovered that various consequences included: (1) poor sleep; (2) fatigue; (3) substance use; (4) issues related to weight and eating; (5) psychological symptomology such as poor concentration, anxiety and panic, depression, suicidal thoughts; (6) physical symptoms such as sickness, headaches, back pain, hypertension, asthma, hair loss, gall bladder trouble, shortness of breath, migraines, and minor ailments; and (7) general poor health related to feeling ill and fragile. The research also indicated a financial strain on families with an addicted family member due to the individual's failure to contribute to the economic welfare of the family or the use of family funds to support the individual's habit (Orford, Velleman, et al., 2010). The physical integrity and security of the home was also sacrificed due to damage or neglect by the relative or by invasion of the home. Objectionable behaviors also took place such as drug paraphernalia cluttering the household environment or drugs being used in front of the children (Orford, Velleman, et al., 2010).

Impact of other Mental Health Diagnoses on Spouses

Similar to the addictive disorders phenomenon, there is limited knowledge on the implications of partners' experiences when they are in a romantic relationship with an individual who suffers from other mental illnesses. Since an addictive disorder is classified as a mental health diagnosis, it is important to consider how the disorder compares to other mental health diagnoses in relation to effects on surrounding supports, such as the romantic partner. The literature thus far has demonstrated that spouses of people with mental health disorders experience various forms of objective and subjective burden (Angermeyer et al., 2006).

While there has been sufficient literature on the burden experienced by caregivers and parents, the burden experienced by spouses remains largely overlooked (Loukissa, 1995; Ohaeri, 2003). In addition to stress manifested by acute episodes of illness, spouses experience chronic burdens in their everyday life related to insecurity and ambivalence in the relationship with the individual who is mentally ill, changes regarding intimacy and familiarity, shifts in role distribution, lack of opportunity for relaxing activities, sorrow and fears regarding the further course of the illness, impairment of health, and financial strains (Jungbauer, Wittmind, Dietrich, & Angermeyer, 2004).

Angermeyer and colleagues (2006) discovered that while there was no statistically significant difference of the general quality of life and physical wellbeing between spouses of mentally ill patients and the general public, they did find that spouses of mentally ill patients demonstrated a deflated quality of psychological wellbeing and social relationships when compared to the general population. The reduction of psychological wellbeing could very well be attributed to the stresses and strains that

come with romantic involvement with a person battling a mental illness (Jungbauer & Angermeyer, 2002. Additionally, the amount of time often required in caretaking for an individual with a mental illness, which restricts the spouse to engage in outside social relationships, and worries about negative reactions from others are detrimental to the spouse's interpersonal contacts and relationships (Angermeyer, Schulze, & Dietrich, 2003). Angermeyer and colleagues (2006) also discovered that the spouses' quality of life was significantly correlated with the functionality of their partner.

Living with an individual who struggles with schizophrenia, for example, places considerable burdens on persons without the diagnosis (Jungbauer et al., 2004). Partners of individuals with schizophrenia often experience core issues within the partnership such as challenging marital intimacy, reorganization of partnership tasks, and redefinition of plans for mutual life. They may experience feelings of fear, terror, and powerlessness, especially during the initial psychotic episodes. The partnership may experience an adjustment of gender roles in order to accommodate the symptomology from the mental illness (Jungbauer et al., 2004). The implications that partners experience differ from parental caregivers due to the basis that partnerships are based on conditions and expectations, which can ultimately be terminated.

The research has demonstrated that individuals who are in intimate relationships with persons who have significant affective disorders, such as depression, are at risk for psychological distress (Benazon & Coyne, 2000). Patient relapse has been proven to be precipitated by their partners' negative attitudes towards the mental illness diagnosis (Hooley, Orley, & Teasdale, 1986). Individuals who live with a person with depression, or other mental illness, often experience psychological burden which is manifested by the

strain on the marital relationship, restrictions in social activities, and a decrease in family income (Coyne et al., 1987; Fadden, Bebbington, & Kuipers, 1987).

Current research suggests that women caregivers and spouses of patients with mental and neurocognitive illnesses experience a higher prevalence of stress-related symptoms such as depression and feelings of burden as well as physical ailments than male spousal caregivers (Pruchno & Resch, 1989). While both genders demonstrate high levels of care and support towards their intimate partner over other supports, caregiving female spouses may feel increased burden over time (Winslow & Carter, 1999). However, the topic of addictive disorder effects on male sober partners continues to remain largely unexplored in the literature.

Interpersonal Impact of other Chronic Diseases such as Cancer

Cancer can be considered as another type of "relational" disease, much like substance abuse (Matthews, 2003). Cancer, like substance use disorders, is not an individual problem, related to its significant impact on familial caregivers (Fang & Manne, 2001; Ferrell, Grant, Borneman, Juarez, & terVeer, 1999; Matthews, Baker, & Spillers, 2003; Northouse, Templin, Mood, & Oberst, 1998). When an individual is diagnosed with cancer, the individual and his or her partner are often swept into immediate adjustment difficulties including a change in family roles, decreased intimacy, communication challenges, and increased interpersonal conflict between partners (Baik & Adams, 2011; Baucom et al., 2008; Girgis & Lambert, 2009; Manne et al., 2006). Like substance abuse, it manifests as psychological distress (Baucom et al., 2008) for both the person with the illness and their partners, in addition to various relationship challenges such as sexual dysfunction (Northouse et al., 1998).

The emotional, mental, and physical hardships that result from a cancer diagnosis appear to be bi-directional between survivor and caregiver. The mental and physical health of the caregivers has a significant impact on the cancer survivors' mental and physical health (Kim et al., 2011). Diagnoses and treatment of breast cancer, for instance, can result in a multitude of daily stressors such as medical care intrusions and changes in family roles (Belcher, Laurenceau, Graber, Cohen, & Dasch, 2011). While breast cancer can cause anguish for both individuals, each partner can facilitate the other's adaptation to the disease (Baucom et al., 2008). Gutierrez, Barden, Gonzalez, Ali, and Cruz-Ortega (2016) found that intimate partners of Latina breast cancer survivors typically experienced strong emotional responses to their partner's illness. Negative emotions experienced included sadness and anxiety while positive emotions ranged from acceptance to respect. Anxiety and acceptance tended to be the most common occurrences of the partners' experiences (Gutierrez et al., 2016). Often, the male partners would suppress or inhibit their emotional expressions in an attempt to avoid interfering in their female partner's experiences (Gutierrez et al., 2016).

Thus far, limited research has been conducted on the implications of cancer on the caregivers (Matthews, 2003). Since family caregivers are often the first point-of-contact for support for the cancer survivor, the diagnosis and illness itself have major implications on the wellbeing of the caregivers and the larger family system (Cassileth et al., 1985). Matthews (2003) concluded that caregivers' global cancer-related distress was significantly higher than distress reported by survivors. In addition, the caregivers demonstrated a higher level of distress related to the diagnosis as well as a greater fear of cancer recurrence than the survivors.

The few studies that have been conducted on the subject matter have shown that female caregivers report higher levels of distress than their male counterparts (Baider, Koch, Esacson, & De-Nour, 1998; Hagedoorn, Buunk, Kuijer, Wobbes, & Sanderman, 2000; Lutzky & Knight, 1994; Morse & Fife, 1998). Carlson, Ottenbreit, St. Pierre, and Bultz (2001) determined that female caregivers had a much more accurate understanding of their male partner's prostate cancer experience than male caregivers had of their female partner's breast cancer experiences. Matthews (2003) concluded a statistically significant association between survivors and caregivers' level of family distress, which suggests that the cancer experience is not an independent one, but rather shared by all involved.

A spouse's support can be a critical resource for coping with cancer and reducing psychological distress in the individual who is battling the disease (Pistrang & Barker, 1995). Literature reveals that the support from close interpersonal relationships has beneficial effects on physiological functioning (Uchino et al., 1999), emotional reactions to everyday stressors (Piazza et al., 2007), and relationship intimacy with one's partner (Acitelli, 1996). An important factor to note is that women with breast cancer report increased emotional adjustment to their illness if their partners are supportive. Ironically, women's support of their husbands during the woman's breast cancer experience can facilitate men's adaptation to the illness as well (Neuling & Winefield, 1988).

Summary of the Literature and Statement of the Problem

As indicated, substance use is not solely an individual problem as it has many detrimental impacts on the surrounding support system of the individual who is engaging in the behaviors (Thomas et al., 1987). Furthermore, the quality of the romantic

relationship also has an impact on whether the individual continues to engage in the maladaptive behavior (Fleming et al., 2010). Currently, limited research on the implications of addictive relationships on the sober partner is available (Naylor & Lee, 2011). The existing literature implies that sober partners often experience interpersonal relationship issues, physiological concerns, and psychological distress when romantically involved with a substance abuser (Carroll et al., 2002).

Historically, the spouses of addicted individuals were viewed as codependent and catalysts for the continued behavior (Clifford, 1960). As knowledge has been gathered on the subject matter, it has been revealed that the partners of substance users are demonstrating dysfunctional coping behavior to sustain the intimate partnership (Orford, Guthrie, Nicholls, Oppenheimer, Egert, & Hensman, 1975). Sober partners are often motivated for various reasons to sustain the relationship. They often feel as though they are in a "double bind," unable to escape from the dysfunction (Denzin, 1987) or they might lack an outside sober support system beyond their romantic relationship (Naylor & Lee, 2011).

The lived experiences of sober partners are scarcely known (Naylor & Lee, 2011). Most of the knowledge regarding the lived experiences of sober partners have focused on female sober partners. The research that has been conducted on the experiences of male partners of female substance abusers was restricted to the males also engaged in active substance abuse behaviors (Laudet et al., 1999).

It is unknown whether the social constructivism of gender norms plays a role in whether male sober partners experience the phenomenon differently from their female counterparts. As indicated in the research on the experiences of intimate partners of

cancer survivors, some gender differences exist (Fang & Manne, 2001; Ferrell et al., 1999; Matthews et al., 2003; Northouse et al., 1998). Considering that both substance use disorders and cancer are chronic diagnoses, it would be worth exploring if the male experiences parallel one another. A research endeavor on the subject matter of the lived experiences of male sober partners could lead to an enriched and fuller understanding of the perspectives of these individuals to allow for the counseling profession to be more prepared to serve them.

Conclusion

As demonstrated, chronic disease and addiction has numerous implications on an individual's romantic relationships (Carroll et al., 2002; Naylor & Lee, 2011). It has become evident that addiction does not only impact the individual, but also the romantic partner and other social supports. The relationship appears to be bi-directional as chronic disease and addiction consequences are affected by one's relationship quality with his or her intimate partner (Bachman et al., 1997; Rhule-Louie & McMahon, 2007).

While some research has been conducted on the experiences of male partners, it would be beneficial to identify how sober male partners' experiences might differ from those who engage in substance abuse behaviors to gain a better understanding of the phenomenon. Some points to consider are: How will male experiences be different? How do gender role expectations have an impact on one's perceived experiences? How similar or different would male sober partner experiences be when involved in addictive relationships compared to male caregiver's experiences for other chronic disease survivors? Many of the implications identified within the dynamics of a relationship

where the one partner has been diagnosed with cancer can potentially be paralleled to a sober partner's experience in an addictive relationship.

Chapter Three

Research Design and Methodology

This chapter outlines the methodology for the study. In addition, the author provides a justification and rationale for the methodology. Finally, this chapter describes the data collection process, data analysis process, and ethical considerations.

Rationale for Using Qualitative Methodology

Qualitative research is appropriate when the researcher wishes to explore a greater understanding of a particular issue (Creswell, 2013). This study explores the experiences of sober males who are in romantic relationships with women who struggle with substance abuse issues, which is a topic largely unexplored in the current literature. Considering the lack of research on the topic matter, a qualitative methodology was chosen to create a basic foundation of knowledge on this proposed topic (Naylor & Lee, 2011). Creswell (2013) posits that qualitative research is often used when a complex, detailed understanding of the issue is needed and urges the necessity of asking *what* or *how* as opposed to *why*.

The guiding theoretical framework for the study is social constructivism. Social constructivism posits that individuals continuously seek understanding of the world in which they live and work (Creswell, 2013, p. 24). Gender roles are socially constructed in society and can often impact individual experiences (Creswell, 2013). The experiences of male sober partners, for example, could be different from female sober partners given the

societal expectations of what it means to be a male-identified individual. The qualitative approach allows for multiple perspectives to be considered when evaluating the effects of addiction on the sober partner. The proposed qualitative methodology was a phenomenological approach designed to explore the common lived experiences of sober males when in romantic relationships with women who struggle with addiction-related issues.

Phenomenology

A phenomenological approach to qualitative research is used to gain an understanding of participants' lived experiences through a particular event or phenomenon (Creswell, 2013, p. 76). According to Creswell (2013), individuals living through a phenomenon have common experiences associated with the event. Furthermore, phenomenological studies provide a voice to individuals who have experienced the identified phenomenon. The doctrine of phenomenology research urges the importance of intentionality (Sokolowski, 2000, p. 8), which is the undeniable connectedness between human beings and objects (Vagle, 2014, p. 27).

The primary objective of phenomenological research is "to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (Moustakas, 1994, p. 13). When a phenomenon is initially identified, such as the phenomenon of romantic involvement with an individual who has an addictive disorder, the researcher specifically asks individuals about their experiences to increase a sense of understanding (Creswell, 2013, p. 76).

A phenomenon is the way in which individuals find themselves being in relation to the world (Vagle, 2014, p. 20). Individuals do not construct a phenomenological

experience, but rather find themselves in the experience and subsequently attempt to make sense of it. The description of the phenomenon involves *what* the participants experienced and *how* they experienced it (Moustakas, 1994). Learning about what the phenomenon of living with an addicted partner means to sober males will allow counselors and other helping professionals to strategize on how best to intervene in treatment to optimally serve these clients.

Phenomenological research has several defining features. First, it is imperative the researcher specifically defines the phenomenon to be explored. In the current proposed study, the explored phenomenon is a sober male partner's involvement with an addicted partner. Once a phenomenon has been identified, it is crucial to obtain participants who have experienced it. Male individuals involved in a romantic relationship with a substance abuser qualified to be participants of the study. The study population is targeting males in opposite-sex relationships of three-year duration at a minimum.

It must be considered that the lived experiences of individuals involve subjective experiences of the phenomenon as well as objective experiences of commonalities with other participants (Creswell, 2013, p. 78). Prior to beginning the study, it is essential that the researcher bracket her own beliefs so as not to negatively impact the interpretation of themes present amongst the lived experiences of the participants. Past knowledge must not be a component when determining experiences of the participants (Giorgi, 2009). Data collection involves the process of conducting semi-structured interviews that consist of open-ended questions to better comprehend the phenomenon. Data analysis and discussion involves the description of *what* participants experienced and *how* they experienced it (Moustakas, 1994).

Giorgi's Descriptive Phenomenology

Giorgi's descriptive phenomenology was considered during the exploration of the lived experience (Giorgi, 2009). Giorgi (2009) emphasized the importance of "going to the descriptions of others; assuming the attitude of the phenomenological reduction (bracketing); and the search for an invariant psychological meaning" (Vagle, 2014, p. 53). The "description" of the phenomenon encompasses not only how the participants describe their experience, but also what the researcher crafts while the data analysis process is taking place (Vagle, 2014, p. 53).

This approach stresses the importance of reducing the lived experience into a universal essence (Giorgi, 2009). As one brackets his or her own beliefs, the researcher is able to analyze the obtained raw data from a fresh perspective (Vagle, 2014, p. 54). Giorgi (1997) remarks that the phenomenological reduction process requires the researcher to bracket "past knowledge about the phenomenon encountered, in order to be fully present to it as it is in the concrete situation in which one is encountering it" (Giorgi, 1997, p. 240). Giorgi (1997) warns that a failure to bracket will lead to a failure of the study's adherence to rigorous research standard (Vagle, 2014, p. 67). Phenomenological interviewing must remain unstructured while the analysis process is structured and every particle of the interaction with participants must be intensively analyzed. A description of the analysis should attempt to understand the meaning of the description based on what it is presented in the data (Giorgi, 2009; Vagle, 2014).

Social Constructivism

Bracketing the use of theory is imperative when conducting data collection and analysis in phenomenological research (Giorgi, 1997; Moustakas, 1994). However,

Giorgi (1997) recommends for researchers to consider theoretical understandings in the later stages of data analysis and the write-up phase. Theories should not be used as a way to simplify humans' experiences during a phenomenon but the study can contribute to ongoing theorizing in the field (Vagle, 2014, p. 74). In summation, in true Husslerian phenomenology, bracketing theories in early data collection and analysis is crucial, but using the bracketed theory in the later data analysis process is important in its contribution to the ongoing field of research (Vagle, 2014, p. 74).

A guiding theory of my specific study is social constructivism. Social constructivism asserts that individuals develop subjective meanings of their experiences (Creswell, 2013, p. 24). The meanings are directed toward objects or things and can be varied and multiple (Creswell, 2013, p. 24). The researcher abstains from attempting to minimize or simplify these meanings, but rather explores the complexity of such meanings and viewpoints (Creswell, 2013, p. 24).

A researcher operating from the social constructivist worldview places maximal reliance on the participants' views. The meanings that individuals carry with them are influenced by interactions with others within the social context as well as historical and cultural norms. The researcher does not begin with a theory but allows for a theory to develop as the research progresses (Creswell, 2013, p. 25).

In conducting the investigation, the researcher relies on broad and general questions to provoke the participants to construct the meaning of a given situation (Creswell, 2013, p. 25). Social constructivists must maintain precision in focusing on the specific contexts in which people live and work to gain a better understanding of their participants' lens. One must be willing to bracket his or her own formulated beliefs to

increase awareness on how an interpretation can be influenced by one's background (Creswell, 2013, p. 25).

Research Question

The purpose of the study was to explore the lived experiences of cisgender sober males who are in romantic relationships with women who struggle with addictive disorders. Limited, anecdotal research has been previously completed regarding the lived experiences of sober partners (S. Brown, 1994). The literature thus far has focused primarily on the lived experiences of female sober partners, as opposed to males (W. W. White & Savage, 2005). The goal of the proposed study was to identify themes relative to the experience that emerged throughout the data collection and interview process with participants. It is important to initiate this type of study due to the potential to enlighten counselors and other helping professionals better understand the phenomenon in order to strategize means of intervention when working with clients who have been confronted with the experience. The following research questions provided a guide for the study:

1. What does it mean to be a sober male who is in a relationship with a woman who struggles with addiction?
2. How do the experiences of male sober partners differ from female sober partners?

Current research mostly focuses on the dynamics of romantic relationships when the sober partner is the female. It is crucial for helping professionals to have a greater understanding of what the experience might mean to the sober partner when the sober partner is male in an effort to adequately support this population. Addiction is a relational issue that impacts numerous individuals on a daily basis and we need to become better

prepared to help all those impacted by addictive disorders, directly and indirectly. It is important to note that this study explored the implications of the phenomenon on males who identify as cisgender. Individuals who are in LGBT relationships or do not identify as cisgender male were not included due to a desire for specificity of the study.

Participants

A recommended sample size for phenomenological research is approximately 5-10 participants (Creswell, 2013). Purposive and criterion sampling was applied to obtain the appropriate sample for the study. Unlike quantitative research, qualitative studies reject the notion of random sampling. Phenomenological studies, specifically, must use participants that have directly experienced the phenomenon being studied (Creswell, 2013). Criterion sampling allowed the researcher to choose participants based on specific criteria set by the study as it directly chooses individuals who appropriately represent persons who have experienced the specific phenomenon.

Participant Selection

As the sole researcher of the study, I initiated several measures to recruit participants for the study including contacting several agencies within the community to request assistance with participant recruitment. Additionally, I posted flyers at Al-Anon and Nar-anon meetings, which are support groups for individuals who have family members battling addiction. I was also able to post a flyer in Al-Anon and Nar-Anon groups on Facebook since many of these groups are held in an online forum. Finally, I posted on listservs including the Counselor Education and Supervision Network, which is a listserv for counselor educators, supervisors, and clinicians across the country.

The following criteria were considered for participant recruitment:

1. Males who are at least 25 years of age
2. Males who are in a heterosexual romantic relationship
3. Romantic partner must exhibit substance abuse for at least 1 year while in the relationship
4. Romantic relationship must have been existing for at least 3 years

Ultimately, I successfully recruited five participants. Four of the participants were recruited through Al-Anon and Nar-Anon groups on Facebook and one participant was referred by a friend. Individuals were initially required to take part in a screening interview to ensure qualification for the study. Participants were provided with an informed consent, which outlined the purpose of the study as well as ethical considerations served to protect participants.

Researcher as Instrument

Considering the qualitative nature of the study, I, as the researcher, had a direct involvement with the study. Furthermore, my previous experiences could ultimately impact my own interpretation of the data. Qualitative research calls for the research to become immersed in the study process and to make interpretations from the collected data. Consequently, the researcher must remain transparent about personal biases, current knowledge, and opinions, which may ultimately impact the data analysis process (Creswell, 2013).

As a substance abuse counselor, I have developed a knowledge base of how addiction impacts individuals through my direct work with addicted clients. I have worked with a diverse clientele all of whom experience their addiction differently. I have observed how family members' involvement in treatment can vary. I have worked with

an array of different family members of my clients, especially the romantic partner. In talking with these family members, I have observed the consistent frustration, fear, and grief that is associated with watching their loved one battle an addiction.

Additionally, I am the sibling of a person who struggles with addiction. I have witnessed my sibling engage in a multitude of romantic relationships, which have all been indirectly and directly affected by substance use. I also recognize that my own relationship with my sibling has provided me with the experience of personal involvement with addiction. Therefore, I actively explored my own biases which might ultimately impact my interpretations of others' experiences.

Bracketing

In an effort to reduce researcher bias in the interpretation of the results, the researcher bracketed her own personal beliefs and knowledge on the subject matter prior to beginning the study. Creswell (2013) acknowledges that while it can be difficult to identify the personal biases of the researcher that may impact the findings, it is crucial to do so in order to have a phenomenologically sound study. Interpretations of the data always incorporate preconceived assumptions that the researcher brings to the topic and it is important to remain aware of these biases and beliefs (van Manen, 1990).

I, as the researcher, acknowledge that my experiences as a substance abuse counselor could have an impact on my interpretations of the data and my interest in the topic. I became interested in the topic due to my professional work as a substance abuse counselor. Furthermore, I had friends who suffered through the phenomenon of having a loved one with an addiction. My friends would come to me with their struggles and I would feel powerless and unable to assist them with their dilemmas. My inability to

provide guidance came from a lack of greater understanding of the issue. The questions that I began to ask became the building blocks for my study. I noticed how both my personal life and my life as a student became intertwined as issues that I was interested in on a personal level became the influence for my dissertation study. In order to grasp a better comprehension of what my friends were experiencing, I felt urged to explore the topic. Through my anecdotal experiences, I began to build my perception of what it meant to have a romantic relationship with an addicted person even though I, myself, had never experienced the phenomenon.

As I worked on the study, I knew that I would need to put my preconceived knowledge to the side as I objectively interviewed the participants. I was anticipating there to be differences between my participants and what had been discovered about female sober partners' experiences in previous research. I knew that having this notion could impact the data analysis process so I was mindful of this small but significant assumption as I began to digest the data. If I believed that differences would be present, it would adjust how I was reading each transcription. Additionally, my understanding of what it means to be a male in society could influence the end results. While I am a feminist-identified woman and I try to remain open-minded towards gender roles, it is exceedingly difficult to abstain from the strong influence of social gender roles. As I have read literature and watched movies on what it means to be a male in society, I conceptualized the male role to be of one that is "protector" and "savior." If I originally assumed that the participants would assume that role, it would color how I viewed the data. Therefore, I needed to take caution in disallowing my preconceived notions of the male gender role to affect my findings.

As a counselor, I have clients with family members affected by their diagnosis and I have directly observed some of these implications. In my consideration that the diagnosis is a relational issue, the family members often become my clients as well. They open up to me about their own experiences in living or associating with someone who struggles with addiction. Additionally, as the sibling of an individual with an addiction, it is essential to note how my personal experiences affect the resulting themes of the study. I understand that my experiences of being the sibling of an individual who has an addictive disorder are independent of the experiences of sober males who are in romantic relationships with women who struggle with addiction. I also identify as a woman and so my knowledge of male experiences in general are limited.

Ethical Considerations

In order to ensure the wellbeing of all participants involved in the study, it is the responsibility of the primary researcher to submit a proposal to be approved by the Institutional Review Board (IRB). William & Mary's Human Subjects Committee requires researchers to submit a rationale of the proposed study as well as information regarding participant recruitment and methodology. Additionally, the researcher must explain any risks involved for the participants as well as information regarding compensation. Prior to beginning the interviews, each participant was provided with an informed consent that outlined the purpose of the study as well as details regarding confidentiality, participant rights, and contact information for committee members. Participants were also informed that all interviews would be audio recorded and each participant provided verbal consent to the recording process. Time was allotted during each interview to provide the participants with an opportunity to ask questions regarding

the study. Finally, participants were reminded that their participation was voluntary and they could withdraw from the study at any time.

Data Collection

To gain an understanding of the male participants' experiences, the data were collected through the execution of semi-structured interviews with the participants. As suggested by Moustakas (1994), the interview process involved an informal and interactive process that exercised open-ended comments and questions. Each participant had three separate interviews. The initial interview served as a screening process to determine the eligibility of the participant. The second interview consisted of two parts. The first part inquired about participants' demographic information.

The posed demographic questions were as follows:

1. How old are you? How old is your partner?
2. Where do you live? (City/State/Country)
3. What is your identified ethnicity/race?
4. What is the status of your relationship with your partner?
    a. Married?
    b. Cohabitating?
    c. Dating?
    d. Engaged?
    e. Other?
5. How long have you been in a relationship with your partner?
6. Do you have children with your partner?
7. Who all lives in the household with you?

The second part comprised of a multitude of open-ended and conversational-type questions that were formulated to help identify the lived experiences of male sober partners who are in romantic relationships with partners who struggle or have a history of battling addiction.

The posed interview questions were as follows:

1. How would you describe your relationship with your partner?
    a. Follow-up questions:
        i. How do you interact with one another?
        ii. How do you feel about your partner?
        iii. What's it like being in a relationship with this person?
2. What is your partner's preferred substance?
    a. Follow-up question:
        i. How long has substance use been present? If no longer present, how long was it present?
3. How did you come to be aware of the presence of substance use [or the fact that your partner is in recovery] within the relationship?
    a. Follow up questions:
        i. Can you describe that situation to me?
        ii. What were you aware of at that time?
        iii. Can you think of another time when you were aware of the substance abuse in your relationship?

4. Tell me about how the dynamics of your relationship has been affected by the presence of substance use [or the fact that your partner is in recovery] in the relationship.
5. Tell me what you have experienced as a result of your partner engaging in substance use or your partner being in recovery.
6. When thinking about your relationship with your partner, describe your roles and responsibilities within the partnership.
    a. Follow-up questions:
        i. How did your roles and responsibilities change as you became aware of the presence of substance use?
        ii. How did you perceive your own responsibilities and contributions to the relationship?
        iii. How did you and your partner come to decide on specific responsibilities within the partnership?

The objective of the interview process was to learn new information about the phenomenon being studied (Vagle, 2014, p. 79). The second interview of the process took place over Skype, telephone, or face-to-face, lasting approximately 30-45 minutes. Finally, the researcher performed member checking with all of the participants to identify whether or not the gathered information was an accurate representation of the participants' lived experiences.

Data Analysis

Transcription

Transcription is the method of transforming verbal information to written text (Seidman, 1998). I, as the interviewer, incorporated two recording devices to ensure proper recording in the event of potential technical difficulty. Following the interview with each participant, I transcribed verbal exchanges between myself and the participant who agreed to be interviewed. Creswell (2013) speaks to the importance of a process known as member checking to protect the validation of the research. Once I completed transcribing the interviews, I sent a copy of the transcript to the participant to allow for verification of the data accuracy. While I did send a transcription to each participant, only three participants responded with corrections to the transcribed interview. Two of the five participants did not respond to the interviewer's request for review.

Analysis Process

To analyze the data collected during the interview process, I implemented Moustakas's (1994) modification of the Van Kaam method of analysis of phenomenological data. The first step, Listing and Preliminary Grouping, requires the researcher to list every expression relevant to the experience through the creation of a horizontalization chart. Following this step, I determined the invariant constituents and tested each expression for the following requirements: (1) Does it contain a moment of the experience that is a necessary and constituent for understanding it?, and (2) Is it possible to abstract and label it? Next, I clustered the invariant constituents that were related into a larger thematic label. These became the core themes of the experience. After this step, I worked to identify the final invariant constituents and themes through

validation. I then constructed an *Individual Textural Description* of the experience through the usage of verbatim examples from the transcribed interview. Moustakas (1994) recommends for an *Individual Textural Description* be submitted to each co-researcher involved in the project. Considering that the project only involved one researcher, this step was eliminated. However, the transcriptions were submitted to each participant to verify accuracy of text coding.

Once I composed a textural description of the phenomenon, I solicited participants' views of the credibility of the findings and interpretations (Creswell, 2013, p. 252). This part of the process is considered to be "the most critical technique for establishing credibility" (Lincoln & Guba, 1985, p. 314). The step allows for participants to have a voice in judging the accuracy and credibility of the account composed by the researcher.

The experience of involvement in romantic relationships with substance abusers fascinated me given my experience as a substance abuse counselor. I wanted to examine how the lives and actions of people who struggle with addiction impact others. Supporting the social supports of the addicted population would inherently support those who suffer from addiction as well.

Summary

The study is designed to obtain information regarding male sober partners' experiences in addictive relationships. Through the implementation of a phenomenological approach, I hope to identify themes within the data that could best describe the experiences of participants within this phenomenon. The results will be outlined in Chapter 4, followed by a discussion in Chapter 5.

Chapter Four

Results

The purpose of this study was to identify the lived experiences of male sober partners who are in romantic relationships with women who struggle with addiction and substance abuse. The study implemented a phenomenological approach, which is designed to identify common themes among individuals who have experienced a specific phenomenon (Creswell, 2013). In phenomenological research, the researcher aims to investigate *what* phenomenon is being studied and *how* it is being experienced. The social constructivist theoretical lens considered the potential impact of socially constructed gender roles on the participants' lived experiences of the studied phenomenon.

The primary research question of the study was, "What does it mean to be a sober male who is in a romantic relationship with a woman who struggles with addiction?" An additional sub-question was, "How do the experiences of male sober partners differ from female sober partners?" Finally, in Chapter 5, I use the collected data to provide potential implications for helping professionals who work with clients experiencing the explored phenomenon.

Five co-participants were interviewed about their experiences as a male sober partner who were romantically involved with a woman who struggled with addiction. Text from the interviews is provided in the present chapter to capture the lived experiences of the participants. Data analysis involved coding my interpretation of

participant dialogue to later produce textural and structural descriptions of the phenomenon.

This chapter provides a summary of the results found in the study. Four overarching themes that encompassed the experiences of the male participants emerged from the study. The five themes provide a descriptive framework of the impact on a sober male in a romantic relationship with a woman who struggles with addiction. The five identified themes were: (1) Relationship Vulnerability, (2) Course of Relationship, (3) Others, and (4) Need for Recovery. Each theme encompassed several sub-themes to describe the meaning. The sub-themes each had invariant constituents, or categories, that structured the codes. Subsequently, each code was based on my interpretation of the meaning behind the dialogue. I requested that each participant review my interpretations, commonly known as member-checking, to promote the validity of the study. Chapter 4 describes each of the participants followed by a comprehensive discussion of the individual themes.

Participants

This chapter begins with an in-depth description of the five participants. In order to protect participant confidentiality, each individual is provided with a pseudonym (Participant 1, Participant 2, Participant 3, Participant 4, and Participant 5). Additionally, all identifying information was exempted from each transcription to protect privacy. Prior to beginning the individual interviews, each participant was requested to provide demographic information.

Participant 1

At the time of the study, Participant 1 was 33-years-old and identified as Caucasian. He was living in Boardman, Oregon, and legally married to his partner who was 36-years-old. Both partners had been in a relationship with one another for 18 years and had three children, one daughter and two sons. Participant 1 shared a household with all three children and his wife. At the time of the interview, Participant 1's partner was in treatment for methamphetamine addiction.

Participant 2

Participant 2 was 44-years-old and identified as Caucasian. He was legally married to his partner, aged 39 years, and lived in Ohope, New Zealand. He met his partner in Harrisburg, Pennsylvania, in 2006. At the time of the interview, his partner had recently returned to the household after attending treatment for approximately 10 months for alcohol addiction. The partners had two children, one son and one daughter. Participant 2 shared a household with his partner and his two children.

Participant 3

Participant 3 was 48-years-old and identified as Caucasian. He was legally married to his partner, aged 47 years, and lived in Kirkland, Washington. The pair had been romantically involved with one another for approximately 20 years. Participant 3 did not have any children with his partner. The only individuals present in the household were Participant 3, his partner, and two cats. Participant 3's partner struggled with alcohol and benzodiazepine addiction.

Participant 4

Participant 4 was 47-years-old and identified as Caucasian. His partner was 37-years-old and both partners had been together for three years. Participant 4 lived in North

Yorkshire. At the time of the interview, Participant 4 had been physically separated from his partner for approximately two weeks. Due to the separation occurring in recent past, Participant 4 was still invited to take part in the interview. The partners had been cohabitating, but were not married. They had one son together and Participant 4's partner had children from a previous marriage. Participant 4's partner struggled with alcohol addiction.

Participant 5

Participant 5 was 31-years-old and identified as Caucasian. He had been together with his partner, age 28 years, for approximately three years and both partners were cohabitating but not legally married. Participant 5 shared a household with his partner and his partner's mother in Flower Mound, Texas. Participant 5 had a history of substance abuse but was in recovery at the time of the interview. His partner struggled with nicotine addiction.

Theme One: Relationship Vulnerability

The first theme uncovered was Relationship Vulnerability. Participants experienced a vulnerability in their relationships with their partners and a desire to protect that exposure. Vulnerability within the relationship was compromised as a result of their partner's addictive behaviors. Unpredictability and a lack of safety ravaged the relationship and created a loss of stability for the sober male. The participants felt helpless and powerless over events that transpired in the relationship. Relationship Vulnerability encompassed the following subthemes: (1) Trust/Mistrust, (2) Intimacy, and (3) Need for Safety.

Trust/Mistrust

Participants 1, 2, 3, and 4 experienced mistrust in their romantic partners. The interviewees concluded that their mistrust was precipitated by the addiction, which negatively impacted the partnership. The female partners engaged in behaviors that caused the sober males to become wary and doubtful towards their partners' reliability and dependability. The invariant constituents (categories) that were embedded in Trust/Mistrust were *Lack of Trust* and *Emotional Consequences from Lost Trust*. The participants not only reported a lack of trust in the relationship, but they also revealed that their mistrust manifested in various emotional consequences. Table 1 illustrates the interpreted codes that fit into the invariant constituents.

Table 1

Trust/Mistrust Constituents

Category	Coding
Lack of Trust	1. Issues with trust/mistrust 2. Participant's trust has been broken by partner 3. Participant unable to trust partner's word regarding onset of addiction 4. Addiction manifested secrets and an uncertainty of truth 5. Participant noticed a progressive deterioration of his trust in his partner due to partner's addiction 6. Loss of trust in the relationship 7. Participant and partner are focused on rebuilding trust that had been destroyed as an outcome of addiction 8. Participant blames addiction for erosion of trust 9. Issues related to trust in relationship despite feeling love for the partner 10. Issues of mistrust still exist in the partnership and participant believes in immorality of mistrust 11. Participant is unable to accept partner's apology due to partner's previous pattern of behavior 12. Participant learned not to take partner at partner's word due to deceit and inconsistency 13. Participant became increasingly suspicious of partner and felt the necessity of investigating partner's behavior
Emotional Consequences from Lost Trust	1. Loss of trust has resulted in participant feeling disappointed in partner 2. Lies and deceit have been the most difficult component of partner's addiction for participant 3. Participant sometimes uses his trust issues to excuse his own behavior within the relationship 4. Participant experiences stress as a manifestation of not being able to trust his partner 5. Participant was unable to allow himself to be vulnerable on a physical level for fear that it would be used against him

Lack of trust. Participant 1 revealed that the most difficult part of his partner's addiction was losing the ability to trust his partner's word. He reported, "what's been really hard for me is to be lied to that much and to have things hidden from me." He explained that most of his mistrust stemmed from his partner's attempts to conceal her behaviors. Participant 1 would confront his partner about her addictive behaviors, only to have his partner deny substance use behaviors; this coincidentally led to a continued violation of trust.

Since he was unable to trust his partner's claims of abstinence, Participant 1 reported, "I [was] looking for [active use] off and on. You know looking around the house and stuff trying to find it." Participant 1 felt unsure regarding the truth about his partner's behaviors stating, "I don't know exactly how much she was using, so you know, I mean she did a very good job of hiding it from me." Participant 1 recounted the declination of his trust within his partnership:

> Before I had a lot of trust in [my partner] and that's part of how she used it against me. I shouldn't say she used it against me but that's part of how she used it because I did have so much trust in her and that's completely gone now.

Participant 2 also acknowledged the mistrust in his relationship. The mistrust was a direct result of his partner's history of addiction. He shared that his relationship is currently working on reestablishing some of that trust to improve the partnership. Participant 2 stated:

> We are rebuilding trust. It seems that there's a lot that's been destroyed through

> eruptions over the course of the last 10 years. And this issue accelerated in the last 2 years [due to the addiction]. So that trust is slowly being rebuilt. Over time, trust was eroded as things happened because of the addiction.

Participant 3 claimed that the lack of trust in his partnership was bi-directional, stating: "There are big trust issues, both ways. I don't know if that will ever fully go away." He explained that both individuals in the partnership engaged in various behaviors that led to mistrust on both sides. Participant 3 conceptualized that the mistrust in the relationship could potentially have a permanence, despite his partner's recovery from alcoholism.

Participant 4 also found it difficult to trust his partner. His partner would make attempts at reconciliation, only to continue the same behaviors after a short-lived "honeymoon" phase. He observed a pattern in his partner's behavior and became conditioned to ignore his partner's apologies. The pattern would entail the partner losing control over her alcohol consumption and becoming abusive towards Participant 4. When an episode of abuse occurred, Participant 4 would evacuate the household to prevent further consequences. As the abuse occurred, Participant 4 was blamed for the presence of addiction as his partner projected all of her issues onto him. Participant 4 considered the alcohol as having the power to consume his partner, turning her into a different person. Participant 4 stated:

> I got a message that said, "I just want to say I'm really sorry. I do use you and my mom as an excuse for drinking. It's not going to happen again. I'm going to be a proper mommy to [son] again," but I don't trust anything that she says. I got a

> message again this morning but I don't get taken in by it because by 6:00 the drink will take over again.

Participant 4 attempted to detach himself from the partnership on multiple occasions. His partner would apologize and encourage Participant 4 to come back to the household, promising that she would never drink alcohol again in the future. When he did return, his partner resumed alcohol consumption and the cycle of abuse would begin, coincidentally encouraging Participant 4 to lose trust in his partner's apology. Eventually, Participant 4 learned to disbelieve his partner's apologies and attempts at reconciliation. Participant 4 stated:

> And the relationship ebbed and flowed where you know she would say, you know, "I'm not drinking, I'm doing much better, how about we get back together again," and then as soon as we were together, I'd see the drinking or the signs of the drinking and the instances with [son] where I thought he was just at risk so I would come away again, detach again.

Emotional consequences from lost trust. Participants 1, 3, and 4 not only expressed losing trust in their romantic partners due to the behaviors that took place, but they also experienced an emotional reaction from not being able to trust their partner. Participant 1 stated that he was "pretty disappointed and [didn't] trust [his partner] at all." The participants all spoke to a similar experience of feeling betrayed, angry, disappointed, and vulnerable precipitated by their partners' addictive behaviors. Participant 1 explained that he did not expect his wife to engage in methamphetamine use and when she was exposed, he experienced an adverse affective reaction. Participant 1

stated: “That’s probably been what’s some of the hardest parts of this whole thing is being lied to through all of it and it’s been really hard for me.”

The lack of trust in the relationship led to longer term effects for Participant 3. He admitted specifically that he would sometimes use his mistrust as “an excuse for [his] own bad behavior at times.” Participant 3 assumed responsibility for part of his interpersonal conflict with his partner and concluded that he would sometimes act out in response to his inability to trust his partner.

As Participant 4 was interviewed, he explained that he was unable to decipher the truth. He revealed that the constant lies elicited from his partner made it difficult for him to delineate between fact and fiction explaining, “I never know what’s truth and what’s not the truth about normal everyday things anymore.” Participant 4 explained that the position left him feeling vulnerable as he did not feel as though he could take his partner at her word. He also claimed that his partner would “use things” against him, which made it difficult for him to be intimate with her on a physical level. Participant 4 stated:

> I got to that point in the end where I didn’t trust anything that she was doing or anything that she was saying. And I didn’t want her [physically] either. Because I thought it would be used against me and it would. You make love to me one day and then you leave the next, no you asked me to leave. And I couldn’t trust anything. And I still can’t trust anything.

Intimacy

Participants 2, 3, and 4 disclosed that as the addiction ran its course in the partnership, they experienced a declination of emotional, physical, and general intimacy in their relationships with their partners. As the trust in the relationship disintegrated, so

did the sober males' ability to be vulnerable and intimate. The invariable constituents (categories) embedded in the sub-theme of intimacy were *Emotional Intimacy, Physical Intimacy,* and *General Intimacy*. Table 2 illustrates the interpreted codes that fit into the invariant constituents.

Table 2

Intimacy Constituents

Category	Coding
Emotional Intimacy	1. Intimacy is at a lower level and participant expresses a feeling of living with a roommate as opposed to a spouse 2. Participant sees relationship as higher in intimacy regarding respect 3. Participant sees relationship as less intimate regarding trust
Physical Intimacy	1. Participant and partner are actively working to rebuild intimacy in the relationship 2. Lack of trust was detrimental to physical intimacy
General Intimacy	1. Relationship continues to lack intimacy, which facilitates feelings of frustration as a result 2. Participant has noticed a decrease in both physical and emotional intimacy in the relationship 3. Both partners have a strong desire to move back to original stage of intimacy but are uncertain on how to get there

Emotional intimacy. The participants perceived a significant decrease in emotional intimacy and vulnerability with their partners as a result of the addiction. Participant 2's partner had recently transitioned back into the household after being away in treatment and Participant 2 observed that the transition required some adjustment within the relationship. He explained that the loss of intimacy between him and his partner resulted in him feeling like he was living with a roommate as opposed to an intimate partner. He stated:

> She's returned from rehab about a month ago so it feels like we're a little bit like roommates at the moment…it's sort of transactional in the sense that we

cohabitate, we share hugs, we don't share a high degree of intimacy either sexual or vulnerable side of sharing feelings.

Surprisingly, in certain areas such as respect, Participant 2 noticed a higher level of intimacy than what he had previously experienced in his partnership. He acknowledged that he felt a sense of pride and respect for his partner for what she had accomplished in her recovery. However, in terms of trusting his partner, he considered his relationship to be much less intimate. He assessed his relationship to be "more on a transactional side" in terms of being able to trust his partner.

Physical intimacy. Participant 4 noted that the declination of intimacy, specifically physical intimacy, was the direct result of the mistrust in his partnership. He considered the two components to be intertwined, each correlated with the other. He found his partner to be less appealing as the addiction continued to run its course in the partnership. Participant 4 considered his partner's primary motivation for physical intimacy was to gain "physical reassurance" as opposed to having a desire to becoming more genuinely connected with him.

Participant 3 explained that while there had been a loss of intimacy, he and his partner were making attempts at repairing it within the relationship. He explained his frustrations regarding the loss of physical intimacy in his partnership and disclosed an avid desire to return to the state of intimacy that was experienced in the beginning of the partnership. Participant 3 disclosed that while regaining physical intimacy in the relationship was important to both partners, both individuals struggled with identifying strategies to gain back their intimacy.

General intimacy. Some of the participants spoke to the loss of intimacy on a general level. When asked to describe his relationship overall, Participant 2 reported:

> I would say it just lacks intimacy. But that I would say is a moment in time. Both of us are focusing on the fact that time takes time. And I am an inherently impatient person. And I'm needing to become a very patient impatient person if that makes sense.

Participants spoke to the fact that since they are dissatisfied with the lack of intimacy in their relationship, they are continuously taking steps to foster it. However, participants were unsure on how to increase intimacy, which led to higher levels of frustration and annoyance. Participant 3 noted that he and his partner knew intimacy was at a higher level in their relationship in the beginning and they shared a desire for it to return to that original level. However, they learned they were unable to recover the initial level of intimacy. Participant 3 reported:

> Because of the way things have changed, there is less intimacy. Emotional or physical. And that's on both of us. And we've had conversations around that even as recently as a few days ago. How can you have two people who were at one point at a given level of intimacy, it's gone down for a multitude of reasons, not least of which is her addiction. And both parties want to get back and yet it's so difficult. It's not like you can flip a switch.

Need for Safety

As the addiction took hold of the partnership, participants expressed a compromise in their sense of safety and an increased need to escape. Participants struggled in allowing themselves to be vulnerable with their partners when the addiction assumed control. As a lack of predictability plagued the relationship, sober males observed a declination of their sense of safety within the relationship. The invariable constituents (categories) embedded in the sub-theme of Need for Safety were *Escape and Avoidance, Abuse,* and *Unpredictability*. Table 3 illustrates the interpreted codes that fit into the invariant constituents.

Table 3

Need for Safety Constituents

Category	Coding
Escape and Avoidance	1. Participant had to discover alternative means to escape 2. Participant did not feel like he could stay in the house while partner was consuming substances 3. Participant feels much more comfortable to stay at home and doesn't have the need to escape if partner is abstinent 4. Participant does not feel need to escape if partner is not consuming substances 5. Participant did not feel safe in own home due to partner's violence that occurred when partner was under the influence. 6. Participant was concerned about son eventually being taken away so participant became avoidant when partner engaged in abusive behavior 7. Participant experienced the necessity of leaving the home environment so that partner could increase awareness of how her drinking was problematic 8. Participant felt the need to retreat to family-of-origin to escape addicted home 9. Participant's main way of coping with addicted behaviors of partner is to remain avoidant and block out partner's attempts to control and manipulate participant 10. Participant still doesn't have control over blocking out partner's abuse because partner finds alternative ways to reach participant 11. Participant made attempts to escape when cornered by partner and would often witness a violation of his own sense of safety 12. Participant lacked a sense of safety within relationship and household 13. Participant did not want to enable partner by allowing himself to get comfortable around partner's substance use so he would physically separate himself from partner when partner engaged in use 14. Participant became sensitive in deciding when to in deciding when to approach versus avoid partner during abstinence period
Unpredictability	1. Participant provided ultimatum to partner in response to unpredictability of partner's behavior 2. Partner is highly unpredictable and transitions drastically from compassionate and rational to abusive and hostile 3. Participant experiences the endless unpredictability as a component of his relationship with his partner 4. Participant has witnessed unpredictable nature of addiction/partner's behaviors 5. Participant has identified predictable nature of unpredictability in his relationship and feels pressured to respond a certain way when his partner sends messages 6. Participant lived in a chaotic environment when addiction was present due to demonstrations of extreme affection turned into extreme hostility by his partner 7. Participant experienced feelings of discouragement/inadequacy in relationship 8. Continued uncertainty and unpredictability have taken its toll on the participant 9. Participant experienced extreme levels of inconsistency due to addiction's unpredictability 10. Participant recognizes unpredictability of relationship
Abuse	1. Participant endured abuse as a result of partner's drinking behavior 2. Participant found himself in a situation that he perceived to be unsafe due to partner's addiction 3. Participant has been strongly affected by partner's suicidal ideation and perceives it as a tool of manipulation 4. Participant has been negatively affected by partner's manipulation and control 5. Partner continues to try to pull participant back into cycle of abuse 6. Participant has experienced an intense lack of stability within his relationship due to its unpredictable nature 7. Participant constantly experienced physical abuse because of partner's addiction 8. Participant views his partner's emotional abuse as torture

Escape and avoidance. In order to cope with their partner's addiction, the participants established various ways of coping to promote their own survival. Participant 3 expressed feelings of disgust towards his partner's impaired behavior and subsequently minimized the amount of time he would spend with her. His partner habitually consumed alcohol in the home environment so Participant 3 methodically found ways to add physical distance between himself and his partner. Once his partner reached a certain point of alcohol consumption, Participant 3 would leave the house in order to avoid his partner. Participant 3 stated:

> I just realized the easiest thing to do when she reached the part of the evening where she was crapped out and ready to find the bed and collapse, [our friend] would go home and I was like, "ok now what do I do? Let me go find someplace to go." There were times when she would be drinking at home and it's like 8:00, 9:00 at night and I'm like, "ok great, well there's a place that's open until 11:00. It's a coffee shop. I guess I'm going there because I'm not staying here."

Participant 3 additionally noticed that as his partner entered into treatment and discontinued her alcohol consumption, he no longer felt a need to escape from the household. He stated:

> I'm actually not leaving as much. I've been spending a lot more time just at home and I guess for me part of that is I'm not feeling the need to escape. I mean there's nothing to get away from.

Participant 4 also spoke to the necessity of leaving the household when his partner consumed alcohol. However, in his situation, his partner would become abusive

whenever she was under the influence. Consequently, Participant 4's safety was compromised and so he believed that the best option was to leave the house when his partner became violent. Participant 4 stated: "Through 3 or 4 times a week, she'd get drunk and violent and I'd have to leave the house. She'd kick me out of the house in the middle of the night." Additionally, as the male, Participant 4 believed he was at a disadvantage when he became victim to assault in his relationship. He reported that in domestic violence situations, the father is more often seen as the aggressor and, therefore, in order to protect his custody rights of his son, he believed it was best to extricate himself from the home environment instead of allowing the abuse to escalate. Participant 4 stated:

> It's always the dad that gets taken away or is seen to be the aggressor or the offender and so you know when she got like that, I would end up just having to get away from the situation and go back again when she sobered up.

As the partnership gradually became more abusive, the relationship began to take its toll on the sober male. Participant 4 had to physically leave the room to avoid being assaulted by his partner and was forced to leave the house in the middle of the night. As a parent with a young child and a full-time job, the multitude of responsibilities with the addition of falling victim to intimate partner violence became exhausting to him. Participant 4 summarized his experiences by stating:

> You know, working full-time, looking after 4 children during the night, one of them a baby, you don't get an awful lot of sleep any way. And then 2 or 3 times a week being physically forced to leave the house. It was too much really. [I had to]

escape that aggressive drunk person going from room to room to try to keep out of the way from [her] screaming in my face.

When his partnership continued on a downward spiral due to the addiction, Participant 4 believed that his partner might "sober up" if he retreated back to the home of his family-of-origin, giving his partner a chance to increase her self-awareness on the addiction issue. Participant 4 stated:

She said she didn't think it was a problem, the drink, and I said well I'll leave and I left for a couple of weeks and I moved in with my parents. And in that time, she decided yes, ok, it is a problem and decided she would get help.

During his times of physical separation from his partner, Participant 4's partner assaulted him with a barrage of messages in an attempt to coerce him to move back into their shared residence. When Participant 4 resisted the attempts, his partner engaged in harassment and verbal abuse. He then attempted to escape abuse by blocking her phone number so that she would be unable to contact him.

Participant 5 also found it crucial to avoid his partner during times when she was engaged in substance use behaviors. However, Participant 5's avoidance was implemented to prevent enabling his partner's behavior. He assumed a level of responsibility to try to help his partner enter into recovery. Therefore, he decided to abstain from any behaviors that could be construed as enabling his partner's addiction. He explained that he did not want to send the message that he was "comfortable" with his partner's behaviors. Participant 5 summarized:

I also figured it would also enable her a little more for me to be so comfortable around it, so I was maybe doing a little bit of like influence in that way, whether it

came off that way or not. Again, keeping that subject sort of gray I never wanted to tell her like, “Hey, I wasn't going outside because I didn't want to hang out with you. I just didn't want to like encourage you to keep smoking.” And I think I've since told her that, but as far as like in the beginning and how I've like learned to behave in a way that is very comfortable for her as well as me.

In times when Participant 5’s partner tried to discontinue use, he observed some symptoms of withdrawal. During these intervals, his partner became more easily agitated. Participant 5’s coping mechanism expanded to include avoiding his partner when she was demonstrating symptomatology of withdrawal. Participant 5 stated:

> And I had to recognize that, okay, well, she's really pissed or agitated right now, like I'm just going to let her be, like I'm going to let her be in her moment and let her decompress. I think anything I say will irritate her.

Unpredictability. Several of the participants experienced unpredictability as a product of their partner’s addiction. In fact, one of the only predictable factors of the relationship was the inherent unpredictability. This invariant constituent resulted in a lack of stability and a need for safety for the sober male partners.

Participant 2 acknowledged that he found his partner’s behaviors to be unsettling and described his partner as “volatile.” He remarked that he never knew what he was going to come home to find as a result of his partner’s inconsistent behavior around her alcohol consumption. Participant 2’s partner would often be incapacitated when he would come home in the evening, leaving him to do all the household chores and childcare duties. With a goal of ending these grueling living conditions, Participant 2 provided his partner with an ultimatum. He stated:

> In January, I said, "look it's the drink or me. Because I can't come home to this every night." She would pick the children up from school and get home about 4:00 and when I got home at half past 5, she'd perhaps have drunk two bottles of wine and was incapable of any sort of normal family existence. I just didn't know what I was coming home to.

Participant 4 experienced a significant amount of abuse from his partner. He described his partner's behaviors to be "very, very rational at one moment and abusive the next," generating a climate of unpredictability. He explained that he "lived with absolute extremes" in a balance between affection and episodes of abuse. Participant 4 stated:

> So overaffection from an emotional, a sexual point of view, with gifts, all sorts of absolutely over the top one day, the complete opposite the next. No matter what I did, it was never enough. What I did yesterday was forgotten by what I had done today.

Participant 4 was unable to predict when the abuse would initiate again, as his partner's drinking patterns occurred at random. In addition, his partner was highly emotionally manipulative by expressing love for Participant 4 one moment and then committing acts of infidelity with other males. He reported:

> There's a constant pull that she's always wanting for me to go back, always telling me how much she loves me and she needs me and she might be saying that one minute but sleeping with another bloke the next.

Participant 4 expressed that the consistent unpredictability in his partnership instigated an unrelenting stage of exhaustion for him. He reported that the instability

created a lack of security within the romantic relationship. Participant 4 experienced a wildly swinging pendulum in his daily life with his partner, from loving care, through to hostility and vengeance, and back again.

Abuse. Participant 4 was unique in that he appeared to be the only individual in the sample who experienced abuse. As discussed in Chapter 2, males lack awareness when they are experiencing distress or even during instances when they are on the receiving end of abuse (Addis & Mahalik, 2003). As Participant 4 was physically and emotionally abused in his relationship, his sense of safety was significantly compromised. While Participant 4 was the only individual who noted abuse existing in his relationship, it is possible that other partnerships also experienced abuse from their partners but may not have recognized it or been comfortable with disclosing such instances.

Participant 4 remarked that instances of abuse primarily occurred when his partner was under the influence of alcohol. He acknowledged that he became much more sensitive towards his partner's behavior to assess her likelihood of physical or emotional attack. He described an experience of feeling as though he "were walking on eggshells" whenever he was around his partner. He stated:

> I began to start counting how much she was drinking and being very aware of how much she's drinking and my behavior around her changed so much because I was walking on eggshells all the time...I get messages every day promising that everything's going to be better. And she's, you know, not going to drink anymore. And then the urge to drink comes about tea time and everything goes wrong again.

Participant 4 explained that his partnership was fraught with "nastiness" and a lack of stability. His relationship was one that was burdened with peril and unpredictability, which consistently caused him to become hypervigilant regarding his partner's behaviors. His partner implemented manipulative tactics in order to gain control in the relationship, which included suicide threats in an attempt to coerce Participant 4 into returning to the household at times when he left. He stated:

> The threats of suicide have been used as an emotional tool to try to get me back. I think alcoholics are very, very, very manipulative in order to get what they want. And to continue drinking. If it's not the emotional pull, it's the push, it's the aggressiveness, the nastiness, there's been a little bit of violence. So there's never any stability. Any emotional stability. And that's been the hardest bit rather than the physical side of difficulties. It's torture.

As indicated, a sober male partner's relationship with a woman who struggles with addiction experiences an extreme level of instability, partnered with an elevated potential for abuse. While the other participants did not indicate any signs of abuse, it is important to note that more directive questions around the subject matter may have provided additional information in this area.

Theme Two: Course of Relationship

The second theme uncovered was Course of Relationship. Participants seemed to follow a very similar trajectory in their partnerships with their addicted partners. Each participant appeared to have a moment in the relationship where they recognized that the addiction was present. Next, they noticed a shift in the relationship climate due to the presence of an addiction. Finally, the participants considered the potential prognosis of

their partnerships. Course of Relationship encompassed the following subthemes: (1) Moment of Awakening, (2) Shift in Relationship Climate, and (3) Hope and Resilience of Partnership.

Moment of Awakening

Participants remarked upon a moment in time when they recognized that their partner was exhibiting problematic behaviors around substance use. Originally, the partner was considered to be engaging in substance use for reasons related to socializing or as a coping mechanism for other mental health concerns. However, the interviewees experienced a moment of awakening when they discovered that their partner's substance use was the nucleus of their partnership conflict. The invariable constituents (categories) embedded in the sub-theme of Moment of Awakening were *Recognition of Addiction as the Problem* and *Participant's Response to Partner's Addiction*. Table 4 illustrates the interpreted codes that fit into the invariant constituents.

Table 4

Moment of Awakening Constituents

Category	Coding
Recognition of Addiction as the Problem	1. Secret of addictive behaviors caused a delayed recognition of partner's addiction 2. Participant knew about partner's addiction before partner acknowledged issue 3. Participant's recollection/reflection on former signs during moment of awakening 4. Participant's reflection on past witnessed behaviors confirmed partner's addiction 5. Participant recognizes that addiction will always be present in the relationship 6. Realization that alcohol was a problem when partner passed out at 11:00am 7. Birth of child was the catalyst for increased problems surrounding addiction 8. Participant sees partner's drinking behavior as always having been problematic due to partner's reasoning for alcohol consumption 9. Participant noticed that partner would drink to excess and while it was manageable at the time, participant was suspicious that something was amiss 10. Participant noticed that depression was not the cause of the problem since the problem persisted while depression was being treated 11. Participant finally identified alcohol as problem but unsure how to deal with it 12. Participant able to identify subliminal signs that indicate addictive behaviors 13. Partner's behavioral symptoms were red flag that something amiss in relationship 14. Participant requested for partner to discontinue use and was alarmed when partner began to hide use in response to request 15. Participant became familiar with signs that partner was consuming alcohol 16. Participant conceptualized partner's drinking problem as dependency when partner was unable to discontinue use 17. Many aspects of participant's life were impacted by partner's addiction 18. Substance abuse adds more complexity to everyday issues 19. Participant noticed that the amount of time he was spending with his partner was affected due to his desire to avoid being around partner when partner engaged in substance use behavior 20. Participant is able to understand and empathize with the difficulty that comes from attempting to abstain from a habit 21. Participant became more sensitive to partner's behavioral adjustments 22. Lack of strong emotional reaction to partner's use due to new expectation of partner's deviant behavior 23. Participant understands addiction as a disease but still experiences anger as a result of his partner's behaviors 24. Participant gains an understanding of partner's challenges when trying to abstain and valued eliciting empathy for his partner during these challenges
Participant's Response to Partner's Addiction	1. Participant attempted to control partner's drinking behavior 2. Participant has become more accepting towards partner's cravings 3. Participant disapproves of partner's attempts to hide drinking behavior 4. Participant strongly encouraged partner to seek out help because he saw behavior as problematic but considered it to be caused by depression 5. Participant dislikes lethal factor of cigarettes but finds it very important to respect partner's autonomy/refrain from entering a parental role to try to control partner 6. Participant would like for his partner to discontinue cigarette use but aspires to protect his partner's autonomy in making her own decisions 7. Participant grasps understanding of power of substance over partner's life 8. Participant understands the importance of leaving partner to make own decisions and not allowing her decisions to impact participant 9. Participant recognizes importance of partner's intrinsic motivation to change behaviors 10. Participant finds it important to stick by his partner's side through struggles so they can both enjoy partner's accomplishments in getting through those struggles

Recognition of addiction as the problem. During the interview process, participants cited the turning point in their partnerships when they realized that their partner had an addiction. Participant 1 was alerted by a close friend that his partner had been using methamphetamines and committing acts of infidelity with another male. Participant 1 described his process of confronting his wife about her use, which she originally denied. Eventually, as his wife confessed to using drugs, Participant 1 reflected on previous signs and was able to conclude that his partner's previous behaviors were proof that she had consistently engaged in use. While he did not notice the behaviors at first, his recollection informed him that the "addiction had been there all along."

Participant 2 originally conceptualized his partner's alcohol consumption as more functional. He reported that her occupation encouraged a lifestyle centered around alcohol and it was considered to be "fun." Participant 2 stated:

> I always thought that her drinking was fun. She worked in the hospitality industry. And, therefore, they go hand in hand. She used to manage top Indian restaurants in Harrisburg, Pennsylvania, and it was all based on the scene of the clientele…lot of money lot of booze a lot of good times.

However, events took a turn for the worse when Participant 2 began to recognize this his wife's drinking was much more problematic than he had anticipated. He blamed his wife's depression for providing her with the urge to drink without realizing that an addiction had manifested in the relationship. Participant 2 recognized that his occupation caused the pair to move around a lot, which he believed was the culprit in causing the depression. Participant 2 stated:

> And it's been hard for her so I always thought she had depression, well she does, and anxiety and would basically have a drink when she was depressed without realizing that the depression was actually becoming caused by the drinking as much as anything else.

However, Participant 2 started to recognize that his wife's drinking behaviors were spiraling out of control. He remembered one instance in particular when he came home from a business trip to find his wife obliterated from alcohol consumption. He also noticed instances when his children were ill and his wife was unable to care for them. He disclosed that his wife's addiction rendered her incapable of acting as a productive member of the household and partnership. As a result, all household and childcare responsibilities fell to him.

Participant 3 also noted that his partner's alcohol consumption was originally viewed as a social habit. He stated:

> I mean when we were out with her friends or my friends from grad school or whatever she was, you know, always doing her part to polish off a bottle. Or the next one. But a lot of people were partaking.

Over time, Participant 3 began to notice that his partner's alcohol consumption increased despite the decrease in the size of their social group. He reported, "as you know when we got married after two years and all that, [we] found out that the volume of consumption for a group didn't really decline when the size of the group did." He claimed that his partner was able to manage her addiction for a considerable amount of time and appeared functional. However, the issue of addiction became clear when she attempted to decrease her use and was unable to do so.

Additionally, similar to Participant 1, Participant 3 was made aware of his partner's problematic behaviors by another individual. When first informed, Participant 3 admitted that he took a defensive stance. The position was reinforced by his personal dislike for the individual who alerted him. Participant 3 stated:

> Which of course is one of those, yeah we're not listening to you about anything ever because we don't like you. And it's very clear you don't like us. Therefore, you're just saying this, you know all of the justifications for ignoring it.

However, over the course of a series of events that included his partner being unable to function at home, Participant 3 became more aware of the issue of addiction.

Participant 4 disclosed that he assumed that his partner had a substance use issue "from the beginning." He stated:

> She always had an issue with alcohol for in that she drank for what I would say were the wrong reasons. It wasn't just a social thing. From the beginning of the relationship. At least once a week. She'd drink to excess and she'd drink every day. At least once a week she'd drink to excess. And I would find her at 2:00 in the morning downstairs still drinking listening to sad songs, crying, but it was manageable at that time, at that point.

While his partner appeared to consume excessive amounts of alcohol even from the onset of the partnership, Participant 4 still perceived the behaviors to be manageable. Additionally, his partner's substance use behavior was assumed to be exacerbated by a mental illness such as anxiety or depression. However, when his partner began to receive treatment for depression and the drinking behavior did not change, Participant 4 concluded that the drinking behavior was an independent issue. Participant 4 was

additionally alarmed when their son would cry during the night and his partner was too impaired to function and respond appropriately to the baby's needs. Participant 4 stated:

> She went to the doctor's, she got antidepressants, but she continued drinking and within a short time I realized it is the drink actually that's causing the problem. I recognized the alcohol as the problem. Didn't know how to deal with it. Just I suppose when I started putting two and two together. When the aggressiveness and the poor behavior, and the inability to look after the baby at night because she was too comatose to wake up.

Participant 4 became even more alarmed when he requested for his partner to discontinue alcohol consumption, but she was unable to follow through on his request. He would observe evidence that illustrated his partner's continued use despite his pleas for her to abstain explaining:

> The penny really dropped when I asked her to stop and she started hiding it. I wouldn't actually see her drinking, but she would be drunk. She would drink it out of a coffee cup, out of, you know, a sports bottle, or she would just hide it outside and go outside and drink it. It was even in the bathroom. She even hid it in the bathroom.

As Participant 4 became aware of the presence of addiction in his partnership, he developed insight into his partner's erratic behaviors. Additionally, he "became aware of everything that was impacted by alcohol use." While Participant 4 understands that addiction is a mental illness, he acknowledges that he is still angered by his partner's behaviors. He stated: "Yeah, well I understand that it's an illness. I understand that

alcohol is a physical manifestation of psychological problems to do with the self-worth I think in her case but I'm still very angry."

Participant 5 also acknowledged the recognition of his partner's addiction. He reflected on an instance when his partner appeared to have difficulty with abstaining from her cigarette use. While he admitted to using cigarettes in the past, he did not have any hardship in discontinuing his own use. While he recognized that his partner had developed a dependency, he found it important to give her the space she needed to quit. Participant 5 stated:

> I knew that it was something she wanted, which was to quit, but currently she wasn't, she was still smoking. So you kind of just have to let her have her time, right? She likes doing it outside, and that's fine, and I would let her do it. So there was some elements there of not getting to spend as much time with her than I would have wanted, because (a) I never was as strongly addicted as she was, but I smoked cigarettes for a little while. I actually stopped before I even started hanging out with [partner]. So for me it was always like trying to stay away from the smell of a cigarette as far as me not going out there.

As Participant 5 came to terms with his partner's addiction, he developed an understanding of what to expect during times when his partner attempted to abstain from her substance of choice. When speaking with him, Participant 5 elicited empathy for his partner's attempts at abstinence and clarified that he understood some of the challenges his partner experienced. He stated:

> For me it was this weird place of like, well, I knew this was kind of expected, right? I mean, they all tell you about how it's like one of the worst things to go

> through withdrawals of and you just feel like crap and angry and everything sucks.

As he became aware of the presence of addiction in his relationship with his partner, Participant 5 experienced the necessity of being supportive, understanding, and empathic.

Participant's response to partner's addiction. As the sober males became aware of their partners' addiction, they demonstrated a reaction to the newly learned information. As the addiction started to gain control of the partnership, Participant 2 responded by trying to regain control. However, during the process, his partner assumed Participant 2 was trying to control her. Participant 2 stated:

> And my constant line, whenever she would tell me I was trying to control her…for years and years she was telling me this…and my constant retort was "I am not trying to control you in any way, I am only trying to control your drinking. I love sober [partner name]; I hate drunk [partner name]."

As Participant 3 became more aware of his partner's issue with addiction, he found it imperative to set boundaries within the relationship. However, he also implemented a strategy to encourage open communication around his partner's cravings to provide optimal support. Participant 3 and his partner agreed to set rules within the relationship that would encourage his partner to open up with Participant 3 at times when she felt an urge to use. Participant 3 used this approach to diminish secrecy within the partnership. Participant 3 stated:

> [I tell my wife], "if you want to deal with this then just tell me and my part of the deal is I don't judge you or ask you what the hell is wrong with you for thinking that way or feeling that. It's no judgment but let me know because if I find a

bottle in the trash and I had no idea, then I'm going to freak out and bad things are going to get worse."

Participant 4 responded to his partner's addiction by encouraging his partner to pursue help from outside supports. He did not see alcoholism as the main problem, but instead considered his partner's depression to be the main issue in his relationship. Despite a lack of awareness regarding the core issue at first, Participant 4 urged his partner to engage in therapy. Participant 4 stated:

> It became an issue so much of an issue in November in that I insisted that she go to the doctor's and seek help. And I said you know you must go, the situation's not working. But still didn't recognize purely the substance, the alcohol addiction, as the major problem. I thought it was depression.

Participant 5 also found it essential to be supportive of his partner. He recognized that he would be unable to control his partner's actions regarding her decision to use or abstain and he wanted to respect his partner's autonomy. However, unlike Participant 2, Participant 5 was less invested in the idea of regaining control. He saw the value in his partner's intrinsic motivation to change and respected his own identity as a partner as opposed to a parent. As he observed the control that his partner's substance had over her, he recognized that his role needed to consist of offering support upon request. Participant 5 stated:

> I loved her and I wanted this relationship to work out. And it got us to this point in time where on her own which is how I think pretty much any meaningful change is going to have to happen, it's going to have to come from the individual,

like she's here, she's at the point where she's not smoking, and working towards a place where she doesn't have to smoke anything.

Additionally, Participant 5 felt that it was essential to provide his partner with reassurance when she tried sobriety. As he observed his partner struggling with withdrawals, he maintained a "positive mind frame" and reminded his partner "that everything is going to be okay." Participant 5 summarized his general attitude toward his partner's addiction in the following statement:

> So if you really understand the addiction that they're going through, it's important to make sure you're staying patient and knowing that I'm doing this for the better version of my partner, like once they're through this troublesome time. And yeah, I think that's kind of the best way to summarize my experience is I know why I've been doing it and I want to do it, so it's going to be ... It's going to be worth it even though it's hard seeing your loved one do some things that you know are not good for their health. But everyone should be a little bit better about recognizing their own flaws to make it easier to see how people can choose to do some of the things they do.

Shift in Relationship Climate

As participants became aware of their partner's addiction, the partnership as a whole experienced a significant impact. The shift in the course of the relationship altered the sober males' experiences. Overall, the participants observed commonalities related to the course of their relationship with their partner once the addiction was identified. The invariable constituents (categories) embedded in the sub-theme of Course of Relationship were *Declination of Relationship, Impact on Relationship, Role Change,* and

Communication. Table 5 illustrates the interpreted codes that fit into the invariant constituents.

Table 5

Shift in Relationship Climate Constituents

Category	Coding
Declination of Relationship	1. Was content with relationship before addiction began 2. Relationship progressively deteriorated due to addiction 3. Addiction has come close to terminating the relationship due to its destruction on trust and intimacy 4. Relationship declined because participant was not receiving any benefit in partnership due to addiction
Impact on Relationship	1. Participant noticed a massive shift in relationship dynamics due to partner's addiction 2. Partner's longest period of absence has been during partner's time in treatment 3. Partner has transitioned back into household and relationship consequently feels different to participant 4. All of the responsibilities of maintaining the household fell to the participant and the participant became fed up when partner continued to make poor decisions around household duties 5. Participant conceptualizes relationship as being beyond repair due to addiction 6. Major shift in responsibilities occurred when addiction began to take its course in the relationship and participant became responsible for all duties in the relationship. Participant no longer felt like it was a partnership as a result. 7. Participant does not want how he feels or thinks about partner's substance use to impact how partner thinks of participant 8. Participant is mindful of how he presents topics to partner in order to avoid conflict 9. Participant has noticed a shift in the relationship dynamics 10. Relationship with partner is difficult due to special requirements for optimal levels of patience, self-awareness, and respect for relationship survival 11. Participant states that a relationship with someone who struggles with addiction requires more respect than relationships with individuals who don't struggle with addiction. 12. Participant is experiencing a novelty of interpersonal involvement with an individual who struggles with addiction 13. Participant stresses the value of maintaining a long-term perspective when romantically involved with a person who struggles with addiction 14. Participant expresses gratitude for every day that partner is sober 15. Participant acknowledges the progressive erosion of personal boundaries 16. Participant noticed a change in normalcy and an adjustment in what was tolerable vs intolerable

(continued on next page)

Role Change	1. Participant has acquired new roles while partner has been in treatment 2. Participant is currently the sole guardian of children 3. Participant is investing additional time towards taking care of children, which has led to reprioritization of how he spends his time throughout the day 4. Participant inherited financial responsibilities when addiction became present 5. Financials had originally been a main point of conflict in the partnership, which participant actively attempted to avoid 6. Participant obligated to revoke partner's control of financials in the partnership due to partner's irresponsibility as a result of the addiction 7. Participant resumed control over financials in order to prevent further consequences in this domain due to addictive behaviors 8. Participant forced to assume financial responsibility due to partner's absence 9. Adjustment of roles and responsibilities within the partnership 10. Addiction took over partner's life so participant felt the necessity of taking on new responsibilities to keep the household intact 11. Decisions on roles/responsibilities arose from partner's involvement in recovery 12. Another influence on delineation of roles and responsibilities is participant's involvement in recovery program 13. Participant assumed main responsibilities to care for son due to partner's inability 14. Every family member has additional responsibility because of partner's addiction 15. Participant is stretched thin by becoming fully responsible for taking care of son and being the financial provider 16. Participant became children's primary caretaker in response to partner's addiction 17. Participant noticed a major increase in his household responsibilities when his partner demonstrated addictive behaviors 18. Participant has experienced difficulty of transitioning into role of single parent 19. Participant has become aware of his capabilities to be a single parent since he has been forced into the role 20. Participant has developed sense of autonomy 21. Being forced into single parent role allowed participant to realize his capabilities 22. Adjustment of identity 23. Participant engaged in caretaking behaviors when partner was in throes of addiction
Communication	1. Participant acknowledges satisfactory ability to speak with partner 2. Limited interaction while partner is in treatment 3. Children are the main topic of conversation 4. Participant and partner are open to talking about relationship with one another and engage in different activities while sharing one joint tradition 5. Issues related to trust negatively affect communication patterns in the partnership 6. Partners struggle with communicating about certain topics related to intimacy due to length of relationship 7. Both individuals in the relationship become unsatisfactorily complacent with certain factors in the relationship due to lack of communication 8. Participant noticed increased general communication while partner in recovery 9. Participant and partner have opened pathways of communication around partner's alcohol cravings 10. Participant has limited partner's access to protect self from continued harassment 11. Communication patterns are strongly correlated with quality of relationship 12. Misinterpretation of other's statements were leading to original communication issues in relationship but both partners have strived to repair these issues 13. Partners have been able to improve communication patterns in the relationship, which has improved the quality of relationship 14. Both partners strive for open communication on most topics/issues that develop 15. Participant has a very positive viewpoint of how his partner chooses to address certain concerns within the relationship

16. Participant had to be cautious about how he was responding and interacting with partner when partner was attempting to abstain previously

Declination of relationship. Participants noticed a precipitous declination in their relationship with their partners once the addiction was identified. The addiction caused a significant turning point in the relationship and partners recollected that the relationship had a different climate prior to the onset of their partners' substance abuse. Participant 1, for example, exclaimed that he "was in a pretty good marriage until this stuff started." The substance use presented as the antagonist within the partnership, creating a chain reaction of events. Additionally, Participant 1 acknowledged that his partnership steadily deteriorated over the course of time.

Participant 2 stated that the presence of addiction annihilated trust and intimacy in his partnership, which he conceptualized as the foundation of his relationship. As the foundation was uprooted, the relationship experienced destruction. Participant 2 stated: "It's destroyed trust and intimacy and I guess that's what the foundation of every relationship is. So it basically is undermined our relationship almost to the point of killing it."

As the partnership experienced a shift, Participant 4 attempted to intervene. As he reflected on his response, he now considers his behaviors to have been enabling. As he attempted to rescue his partner from her addiction, he experienced diminished benefit and, in turn, a lessened motivation to remain in the relationship. Participant 4 stated:

> But in terms of the dynamics of it, I became that person who was trying to do everything I possibly could in every situation to rectify, to help, to get her help, to take care of, to take responsibility away so she could focus on that. So I know that our relationship was more about me enabling continually what she was doing

rather than giving her a physical under psychological justification for it. There was no benefit to me.

Impact on relationship. Participants detected a general shift in their relationship dynamics when the addiction became more obvious in the relationship. Participant 1 recalled that the addiction completely altered the dynamics within his relationship. Additionally, when his partner entered into treatment, he observed the physical absence of his spouse. He admitted that his spouse's time in treatment caused her to be physically absent from the family for an unprecedented amount of time.

Participant 2 also acknowledged that both addiction and his partner entering into treatment changed the atmosphere of his relationship. When his partner returned from treatment, Participant 2 stated that his partner felt less like a spouse and more like an ordinary roommate. Participant 2 stated:

> Yeah but it's not, it is not if you put one extreme of the relationship, it can be highly transactional like when you got to the shopkeeper and you see them once and then you go to the other one where you have a deeply intimate relationship. If you got those two poles, I would put us on the probably closer to the middle of those two ranges.

As a result of his wife's behaviors around her addiction, Participant 2 found it imperative to change how he interacted with her to accommodate the altered environment. He expressed that he had to expand his self-awareness and level of patience to allow for the relationship to survive. He recognized that his relationship with his partner required increased tolerance and empathy than a "regular" or "non-addicted"

relationship. Participant 2 has discovered that his partner would not be able to extend love towards him until she began to love herself. He stated:

> You know it probably requires more respect of the addict to be in a relationship with someone who's addicted than even in a normal relationship. So this whole dysfunction of an alcoholic relationship is very strange to me. My parents aren't alcoholic. I've got no alcoholic family members except for an aunt who's since passed away. So I don't actually have a lot of the predetermining factors of codependency that many people would have imagined that someone in my situation would have had coming into the relationship.

Participant 2 also noticed a shift in his expectations for his partnership and his partner. He reported that an appreciation for his partner's "sober days" were vital to the continued improvement of the relationship. He stated that he still loved his partner despite what has previously occurred in the relationship. He also discussed the importance of having functional boundaries in order to dissuade his partner's behaviors from impacting him. He explained that throughout the course of his partner's addiction and before identification of the addiction as the problem, his boundaries progressively eroded away. He recollected a moment when he approved of his wife's drinking in order to "calm her nerves" while she was pregnant. At the time, he assumed that his wife needed to consume alcohol to alleviate her depression. However, as he became increasingly aware that the Alcohol Use Disorder was the main issue, he was taken aback by how much his boundaries had been annihilated. Participant 2 stated:

> I mean I look at it now and if somebody said to me would you let your wife drink during pregnancy I would say, "no, there ain't a shit show in hell." I'm a

> biochemist for god's sake. I'm a geneticist. I know the effect of alcohol in utero. There's not a hope I would ever allow that but ok. I was treating depression I wasn't treating alcoholism. So I was justifying things that allowed for my boundaries to be eroded.

However, as his partner began to work on her recovery, he found it essential to reestablish his boundaries. He stated:

> An appreciation I guess or being grateful for the fact that every day is another sober day and knowing that she's likely to relapse at some stage and acknowledging that and knowing that it's going to be okay regardless of whatever happens because my life is about me. Not about whether or not she stays sober. It's important in this relationship to take a long-term perspective. Much longer-term perspective on things knowing that she's sick.

Participant 4 shared that his relationship with his partner deteriorated as a result of his partner's addiction. He recollected that his partner was disengaged from the partnership and he was forced to acquire all of the roles and responsibilities of the household. As the partner became increasingly immersed in her addiction, she was unable to contribute to the partnership and Participant 4 became "responsible for everything." Participant 4 stated:

> Things deteriorated. She really wasn't looking after [son]. She'd go to the shop to buy wine but she wasn't buying baby food. Nobody would get fed until I got home from work. And if I was happening to work late she would phone for a takeaway, a takeout, get pizza delivered for the kids. It came to a head one day in April where I knew there was very few disposable nappies left, we were out of

> baby food, there was nothing for tea. And I knew there was no wine in the house. And I just thought to myself that afternoon, if she goes to the shop, to the supermarket, and she buys wine and nothing else I'm going to leave and that's exactly what happened.

As a result, Participant 4 considered his partnership to be damaged beyond repair. He revealed that his partner is no longer the same individual she was before the addiction gained control. As he was sharing his story, it was almost as if he had been involved with two different people who were in the same body. He stated:

> And this is all a person who really was a perfect mother and is a professional person, a photographer, she's beautiful if you were to meet her, you would not believe that there was anything wrong with her at all.

As Participant 4 has witnessed others struggle with addiction and enter into recovery, he finds himself becoming more frustrated that his partner does not demonstrate the same level of willingness, which has ultimately changed his attitude towards his partner. He disclosed that his partner's lack of willingness to begin recovery has destroyed the relationship. He remains hopeless towards any idea of his partner entering into recovery. He stated:

> I am now friends with so many alcoholics who have been sober for 10 years, 15 years, who have embraced the help, the opportunities that they've had to change their lives and to make decisions to get better from this. And I don't see her doing that.

Participant 5 observed that his partner's attempts at abstinence made an impact on the partnership. He became sensitive to his partner's withdrawal symptoms and was more

strategic in his responses and interactions with his partner than he had been during her previous attempts to become sober. He stated:

> I already saw when she tried to quit that one time, I mean, she was thinking irrational things. So who knows what's going to happen the next time. So anyways, that's why I just avoided the topic. So in a sense that that's the way we kind of like kept that subject, it was sort of like the dead horse in the room. A few things that maybe did change is I chose to not say certain things, right? [I tried to be a] little bit more sensitive during times [because] I could tell she was going through something hard like trying to quit.

Role change. As addiction took over the relationship, the males experienced a global shift in their roles and responsibilities. In some cases, such as the example of Participant 1, the male had to perform the role of single parent when the partner was admitted into treatment. As a result, he gained insight in his range of abilities. While the role of single parent was "difficult," Participant 1 gained confidence in his independence from his partner and consequently is willing to move towards relationship termination. Participant 3's full-time attention to his children has made it difficult for him to become more involved in his partner's recovery and treatment. As the sole caretaker of his children, he is responsible for feeding them, taking them to school and extracurricular activities, and delegating doctor's visits.

Additionally, Participant 1 has become the individual in the partnership who has taken full control of all finances. He explained that his partner originally was in control of family finances because the topic "caused a lot of arguments so [he] just let her deal with it." However, once the truth of his partner's addiction came to the surface, he realized

that his partner's control of the finances allowed her to hide drug use and other deviant behaviors. Therefore, in order to ensure that his family did not continue to be negatively affected financially, Participant 1 resumed control of all financial matters within the relationship.

Participant 2 had similar experiences related to becoming the primary caretaker for everyone in the household. He stated:

> I guess that I became everything to everyone. Yeah, I was the person that was doing the school runs. I was the person that was the sole breadwinner. I was the person that was making the school lunches and doing the ballet runs. Doing everything, I guess. Cleaning the house fell to me. She became a drunk and neglectful parent. When she wasn't drinking, she wasn't neglectful; in fact, she was a very, very good mother when she wasn't drinking.

Participant 2's sentiments speak to the matter that his partner's alcoholism turned her into a different kind of parent. He explained that his partner became neglectful, dismissive, irresponsible, and incapable of maintaining a household, so the responsibility fell to him instead. He ultimately became a full-time father as opposed to sharing the children with his wife due to his wife's lack of ability to nurture and offer childcare. He started to view his partnership as one that consisted of him providing for the partnership and his partner taking from the partnership. He stated: "So yeah the roles pivoted from her being one of what I would call a partner in the household to being a taker in the relationship."

Participant 4 also became the primary caretaker of the children in the home. He disclosed that due to his partner's addiction, she would be rendered insensible by her

drinking at night and therefore incapable of performing any night feeds for their infant. As a result, all night feeding fell to the participant. Participant 4 stated that he was in charge of not only working during the day, but also looking after the children during the night. He stated:

> And then I started noticing it in the care of the children not being fed properly and me having to take over that side of things. Obviously, anything that happened during the night after I got home from work with any of the children became my responsibility. I had to feed the children, I had to do the night feeding, I had to bathe them, I had to get them ready, I had to take them to the doctor's if they weren't well.

Participant 3 reflected upon how the roles adjusted when his partner lost control of her addiction and the roles continued to evolve as his partner entered into recovery. He lamented that both partners' recovery programs allowed for them to determine which of the responsibilities and ownership belonged to each individual in the partnership.

Communication. Participants remarked that the level of communication as well as the topics of conversation with their partners shifted when the addiction took hold in the partnership. As partners participated in treatment, the level of communication was minimal. Participant 1 disclosed that while his partner was in rehab, his only interaction with her was a 30-minute daily phone call and most topics of conversation revolved around the children.

As partners entered into recovery and subsequently transitioned back into the household, communication increased in frequency but both partners struggled with initiating intimate conversations. Participant 3 explained that while he has a desire to

become more intimate with his partner, his ongoing trust issues in his relationship make it difficult for him to broach certain topics. He also described a tendency to procrastinate on discussing certain topics with his partner due to making assumptions on how she will likely respond. He stated:

> I mean the trust issues that I've got around this from times when she hid stuff and things like that. They make it more difficult for me to talk about things sometimes. To bring things up… [when I think of a question to ask], I know the answer to [that question], therefore I don't need to ask, I don't need to say it because I know what the response will be and just sort of fall into that rut and make the assumption and then you say well maybe I'll have the conversation, well no we can do that next week. And things just get put off and pushed back and delayed. And then nothing happens and so for both of us, we just sort of you know sit back in our own little camps a lot of the time and I can say that about myself because I'm me and I can say that about her because she said so.

However, in terms of the addiction, Participant 3 has observed an increase in willingness to communicate. He indicated that it was essential for him to encourage his partner to talk to him if she experiences cravings or urges to use so that he may provide support. He stated that as his partner has engaged in her own recovery program, their communication has drastically increased.

Participant 4 acknowledged that while his partner continues to be in active addiction, he ensures that there is minimal conversation between them. He finds it essential to protect himself from his partner's "harassment," so he believes that it is beneficial to block his partner's phone calls and texts. He disclosed that having an ability

to restrict all communication with his partner provides him with a sense of serenity and peace.

Participant 5 reported that he and his partner have worked on improving their communication and becoming more open with each other. He explained that a failure to communicate properly with his partner negatively affected the entire climate of the relationship. As a result, both partners have been more intentional with increasing their openness in communication, especially regarding emotional experiences of both individuals. Participant 5 stated:

> It might take her a little while to come or to say something about certain things that maybe I did that bothered her, but she does eventually say something and she usually says it in a very, very positive way about like, "Hey, so this is how I was feeling, this is kind of why I don't like feeling that way and why I thought maybe you were intending this." And very rarely did I even mean what she's taking it as, but she's gotten to the point where she can tell me those things because it helps me. I've told her this.

Hope and Resilience of Partnership

As their partners entered into recovery, the sober males expressed a perception of hope and resilience of the partnership. Several participants disclosed that they were actively working on rebuilding and restructuring their partnerships. As partners took steps towards recovery, they promoted positivity towards the prognosis of the relationship. The invariable constituents (categories) embedded in the sub-theme of Hope and Resilience of Partnership were *Rebuilding and Restructuring, Partner Recovery Promotes Positivity,*

and *Predicted Prognosis of Relationship.* Table 6 illustrates the interpreted codes that fit into the invariant constituents.

Table 6

Hope and Resilience of Partnership Constituents

Category	Coding
Rebuilding and Restructuring	1. Relationship is currently in a transition phase. 2. Current climate of relationship feels transactional to the participant 3. Participant has noticed improvement in the structuring of the relationship as partner has become more engaged in recovery 4. Participant and partner are continuing to rebuild relationship but are content with how things are now 5. Main point of conflict are issues related to addiction and recovery, so participant is continuing to rebuild with partner
Partner Recovery Promotes Positivity	1. Participant describes current relationship as having love, respect, and pride resulting from partner's recovery 2. Participant reports a general satisfaction with relationship 3. The tone of current relationship is something that is very novel and exciting for participant
Predicted Prognosis of Relationship	1. Partners' current temporary separation inhibits partners from discussing future of relationship 2. Participant is optimistic about future of relationship 3. Relationship is very future-focused and optimistic 4. Relationship feels very permanent and long-lasting as opposed to shallow immediate gratification without a future 5. Participant feels a sense of determination to remain in the relationship with his partner

Rebuilding and restructuring. As his partner transitioned back into the household after treatment, Participant 2 noticed that the transition required restructuring and rebuilding of the partnership. He observed a change due his partner's transition back into the household and considered the adjustment to be viable for the continued growth of the partnership. When asked about the current climate of the relationship, Participant 2 stated, "Rebuilding is probably the best way to describe the current relationship." He also declared that the relationship felt transactional in nature as both partners were attempting

to strategize how to move forward in recovery. As part of the transition, Participant 2's partner became more active in the relationship and began to take on roles that she had neglected while she was in active addiction. Participant 2 stated:

> She's got a job for the very first time since we lived in Harrisburg. She's taking the kids to the drama class this afternoon, did the ballet run yesterday. She's, we're sharing equally the cooking duties. She even vacuumed the house which is something she normally didn't do previously. All those sorts of things. She's now stepping up again. So we're rebalancing now that she's gaining her emotional stability. And to be fair to her as well she's working her program really, really hard and the serenity, the calmness that's over her is quite remarkable. And that calmness is something that I'm able to put myself at ease with and reinject myself back into my running and step back into the career. So I'm very grateful for the position we find ourselves in today.

Participant 3 also observed a process of rebuilding in his relationship with his addicted partner. He stated that his partner's involvement in a recovery program has allowed both individuals to continue to work towards an ideal place in their relationship. He remarked:

> She's back in a program and, you know, I guess I mean not everything is where either of us would like it to be but overall I would say that we're probably doing just as well as the average. A lot of [our issues] ends up coming back to her recovery issues, my recovery issues. And trying to work through a lot of that stuff.

Partner recovery promotes positivity. If the partner entered into recovery, it allowed for participants' positivity regarding the relationship to increase. Participant 2 stated that his partner's recovery allowed him to feel genuine love, respect, and pride for his partner's efforts. Witnessing his partner make progress towards change allowed for Participant 2 to become more empathic and willing to sustain the relationship.

Participant 3 also observed an increased positivity in his general attitude as his partner became active in a recovery program. He shared that his partner's attempts towards change allowed him to feel more content and comfortable in his partnership. He stated: "I would say [things are] generally good. You know, like any married couple we've got our days and such and our issues." As his partner engaged in her own recovery, Participant 3 was able to find similarities between his partnership and non-addicted partnerships.

Even though his partner was not in recovery at the time of the interview, Participant 5 was experiencing optimism towards the future of his partnership due to his ability to relate to his partner's experience of addiction. Participant 5 acknowledged that while his partner's addiction has facilitated a different kind of relationship than what he has come to expect, he has found more benefits in his partnership than he did in previous relationships. His ability to empathize with his partner's experiences due to his own previous history has facilitated a healthier and more productive relationship. He stated:

> It's so incredible to have something like what we have now coming from where I've been where I didn't have anything like that, never knew it existed, so it's just...I think I'm also still on this Cloud 9 effect of she's the perfect person for me, like we just get along in every way. So I'm still riding that high.

Predicted prognosis of relationship. As participants told their stories, they revealed that they considered the potential future of their relationships. It appeared as though the partnerships with partners in recovery had a more optimistic prognosis than the partnerships with partners who were in active addiction. Participant 1, for example, was unsure on the future of his relationship. He stated that his wife being away at treatment was a barrier against both partners discussing their future. He explained: "I mean, where she's in treatment we haven't really had a chance to iron out what's going to happen." With the recent transition of his partner coming back into the household after completing treatment, Participant 2 spoke of the future with confidence and optimism. He explained that his relationship was currently "future-focused" as both individuals were interested in resuming their relationship post-treatment. However, considering the stress and unpredictability that he experienced as a result of his relationship, he felt pride for remaining focused on repairing his partnership. He revealed that he was determined to remain in the partnership, which became one of his largest motivators. Participant 2 stated: "I'm really proud that I'm still sticking through this. To be honest I have a sense of pride in it. And to be honest, for a while that was my biggest motivator."

Participant 5 also expressed a determination in remaining in his partnership due to the perceived benefits. He felt a deep connection with his partner that extended beyond a surface-level relationship. Both he and his partner expressed a similar vision for how the future will look. He explained:

> Everything I've seen and everything we talk about and the things we want to do like they're all good, they're all things that I want. So I know she's not just something I like, she's not something that feels good like a drug, she's like

> actually a good thing for me. And yeah, I look forward to the future with her, which is a very like ... To me that's a very important feeling, because there's no anxiety, there's no uncertainty, there's [no question on] what she's going to be like in a few years.

Theme Three: Others

The third theme uncovered was Others. Several participants spoke to the value of having others as supports to help them cope with the addictive relationship. One interviewee, Participant 4, disclosed that he felt that being a male-identified individual put him at a disadvantage in finding supports from others. He remarked that women in the United Kingdom have an easier time with locating resources when they are in distress or need help. He explained that he had to be more assertive in taking initiative to find others who would support him through the chaos of romantic involvement with a partner who struggles with addiction.

Participants remarked that they received support from their families-of-origin, their in-laws, and others affiliated with Al-Anon support groups. Additionally, participants remarked that the addictive relationship also significantly impacted individuals outside of the partnership, especially offspring. Others encompassed the following subthemes: (1) Support of Adults and (2) Impact of Children on Partnership.

Support of Adults

As participants experienced their partners' addiction overpowering their relationship, they received the support of other adults. Specifically, the sober males surprisingly received a great level of support from their partners' families-of-origin. The invariable constituents (categories) embedded in the sub-theme of Support of Adults were

Family and *Others Providing Support for Sober Male.* Table 7 illustrates the interpreted codes that fit into the invariant constituents.

Table 7

Support of Adults Constituents

Category	Coding
Family	1. Partner's family members and other supports have helped participant with childcare 2. Family members have experienced the toll of partner's addiction 3. Partner's family has been a valuable support to participant 4. Participant's family-of-origin has played a role of offering support 5. Blended family members are able to empathize with participant due to effects of addiction on the entire family. 6. Support from family-of-origin and partner's family has been helpful for participant's recovery
Others Providing Support for Sober Male	1. Participant found support from local men's group that was better suited for his own needs in recovery 2. Participant enjoyed the focus on self-recovery in Al-Anon group 3. People in community have played a role in offering support 4. Participant feels grateful for support of others 5. Participant wants to be surrounded by others who can empathize with his experiences and listen to his story 6. Connection with others with similar experiences facilitated participant's development of self-awareness 7. Participant has found comfort through discovery that he is not alone in his recovery 8. Al-Anon women outnumber the male group members but gender does not seem to make a difference in how supported participant feels by his fellow group members 9. Others were able to identify that participant struggled with asking for help

Family. As demonstrated previously, a few participants experienced the stress of needing to become the primary caretaker for the children as their partners struggled with addiction. Family members stepped in and were able to assist the sober partner with childcare responsibilities. Due to his role as the sole provider and caretaker of the family,

Participant 1 was obligated to continue working to support his family financially. He disclosed that during times when he was unable to care for the children because of his occupational obligations, his mother-in-law assisted in looking after the children. He also was able to empathize with his in-laws since addiction "impacted the whole family" and so everyone involved was able to lean on one another for emotional support. He revealed that his in-laws, as well as his family-of-origin, helped him in continuing to function and carry out his responsibilities and duties. He stated: "It's definitely been, they've been a lot of help. I definitely couldn't have gotten to the point where I am right now without her family. And my family too. Both of my parents have been very supportive also."

Participant 4 also acknowledged that multiple members of the family were affected by his partner's addiction. He shared that having their empathy and support allowed him to feel less isolated and he remarked that he was not alone in his suffering as a result. He stated: "Everybody suffers. Her parents, my parents, her ex-husband, his family, obviously the children. It really is a family disease. It occupies everybody's thoughts, every minute, every second of the day."

Participant 4 also identified that his family-of-origin and in-laws came together to offer support so that he could continue to manage his everyday tasks and responsibilities. He stated: "Fortunately, I have a good relationship with my ex-partner's family. And my parents are close by. I get support from them."

Others providing support for the sober male. During the interviews, several participants spoke of the value in receiving support from the Al-Anon community as well as the general community. Participant 1 acknowledged the community support that he has

received from others, which he deems as helpful in allowing him to cope with his addictive partnership. He stated:

> We've got a lot of good people around us and our community where I am. I don't want to say I'm highly regarded but I have a lot of people who think highly of me and it's been helpful in that fact because I have had so much help.

He shared that he feels "fortunate" to have support from others and the support serves as a vehicle to help him cope with the stress associated with his partnership. Additionally, he has pursued therapy to receive additional help and support.

Participant 2 expressed that when he reaches out to others for help, he is very adamant that he is looking for people to listen. He asserted that he dislikes it when others attempt to provide him with advice because he rarely considers it to be helpful. As he is attempting to relate to others, he finds it imperative to identify individuals who can empathize with his experiences. He pointed out that the support he receives from Al-Anon is helpful due to the paralleled experiences of his fellow members. Participant 2 stated:

> I don't want advice. I want a sounding board. I want people that can share their experiences with me, so you know it makes sense to me that you gotta choose the people who are going to listen to you rather than tell you what to do. And that's all I ever wanted.

Participant 3 has also found it useful to reach out to other members of Al-Anon. He communicated that he had visited several meetings and was unimpressed with the intense focus on the addicted partner. However, he eventually found an all men's group where he was able to establish personal connections with other meeting attendees.

Having a personal connection with other males proved to be a benefit to Participant 3. He stated:

> There was a lot less of the, you know, "I'm going to bitch about my alcoholic." And where a lot of those other ones, I felt there was more of that. "Here's what's wrong with that person and that sort of thing." But I got lucky on the magic six and wandered into a different place and it happened to be a men's group that was completely different in the style.

Participant 4 has also received support from other members of Al-Anon. He disclosed that attending the meetings allowed for him to realize that he was not alone in the process. He stated: "There were other people in my situation, mostly women there, but there is another man, another chap that goes, and the principles of Al-Anon and the 12 steps have really helped me." He also shared that during an instance when he was being abused by his partner, he reached out to social services to receive support for his son. The individual that he was able to connect with alerted Participant 4 that he needed support and was able to provide him with additional resources to allow him to cope with the situation. Participant 4 regards this as a moment when he recognized that he could truly benefit from receiving help from others.

Impact of Children on Partnership

Ultimately, the presence of children made an impact on the partnership. In several cases, the presence of children served as the primary motivating factor for the males to maintain contact with their partners and attempt to reconcile the relationship. Interviewees did not feel able to physically cut out their partners due to the desire to promote the welfare of the children. The invariable constituents (categories) embedded in

the sub-theme of Impact of Children on Partnership were *Role of Children* and *Children as Common Ground*. Table 8 illustrates the interpreted codes that fit into the invariant constituents.

Table 8

Impact of Children Constituents

Category	Coding
Role of Children	1. Participant is impacted by children witnessing addiction in household 2. Participant felt the need to terminate occupation to take care of children 3. Participant felt the need to break the cycle of addiction for the children 4. Children made it more possible for participant to set a boundary with partner due to the effect of the addiction on the children. 5. Participant is making choices based on what is in the best interest for himself and for his children 6. Participant wanted to believe that partner would fulfill parenting duties for son 7. Participant's observation of son's suffering adds to his frustration with his partner's resistance towards recovery and treatment 8. Children were often triangulated and used as a tool of manipulation against the participant 9. Participant needed to take time off from work in order to cope with new adjustment
Children as Common Ground	1. The couple's children were a motivator to stay together 2. Participant became very protective over children and children became an avenue to encourage partner to adjust behavior 3. Son became a catalyst for participant to confront partner about partner's addiction 4. Future of relationship is made complicated due to presence of children 5. Son is the only driving force that allows for continued communication between participant and partner 6. The son continues to be the sole thread of communication between partner and participant 7. Son is the only motivating factor for continued communication between partners

Role of children. For the participants who had children, the presence of the children fueled the participants' anger and frustration towards their partner's addiction. Participant 1 disclosed that he had a father who struggled with addiction when Participant 1 was a child. As he witnessed his own children experience similar situations that he did when he was a child, he became intensely protective and attempted to shield them from the unavoidable chaos manifested by his partner's addiction. He stated, "it's been hard for me watching my kids go through some of the similar stuff that I did." Participant 1's experience of growing up with addiction in the household appeared to influence his reaction to watching his children "suffer" as a result of his partner's addiction.

As Participant 2's partner became more immersed in her addiction, he felt obligated to terminate his occupation due to his partner's inability to take care of the children. While he derived purpose from his occupation, he believed that it was his duty to become a full-time father since he became the sole functional parent in the partnership. He stated, "I quit my job so I could take care of the kids. And, because they were very badly affected by all of this." Participant 2 also took it upon himself to break the cycle of addiction in his nuclear family. He reflected on the importance of being fully present for the children hopefully to prevent them from also becoming addicted later in the life. He reported: "She wasn't going to break [the cycle of addiction] so I had to break it to be there for the kids. Otherwise in 20 years' time I'd be sitting around talking about my kids rather than talking about her."

When asked about his decision to terminate a job that he once enjoyed to stay home and take care of the children, Participant 2 explained that it was a necessity to become a full-time father in response to his partner's inability to care for the children. His

choices became dependent on the best interest of his children: “It was a conscious choice. I made the best choice I could at the time for myself for my children and the wider implications and I’m really proud and happy with my choice.”

Participant 4 also had to make some adjustments in his occupation to take care of his son while his partner was indisposed due to active addiction. However, because he and his son were dependent on Participant 4’s income for survival, Participant 4 was unable to leave his job. Nevertheless, he had to take some time off from work so that he could help his son adjust to the absence of the addicted partner.

Participant 4 also observed that his partner would often use the children as a way to triangulate and manipulate him. He disclosed that when the children were in her presence, she would often state that he discarded her. He stated:

> Using the children, you know doing the video call and say, using the children and getting them all around her when she’s been drinking, and saying to them, “oh come and speak to [participant’s name] he’s abandoned me.” That kind of thing. That’s not easy to take.

As Participant 4 watched his son continue to suffer as a result of his partner’s addiction, he became exasperated and angry towards her lack of desire to change her behavior. He discussed how it affected him to watch his son be so deeply affected by the inconsistency and unpredictability of addiction. He stated:

> And [her resistance to get better] annoys me because [son] suffers as a result of that and it’s like she hasn’t got the will or the strength to really focus on recovery and she may have it for a few hours a day but then it goes away and I’m quite bitter.

Despite his anger and resentment towards his partner, he wanted to believe that his partner could be a functional parent. Participant 4 recalled times when he attempted to leave their son with her to grant her the privilege of proving that she was capable of mothering. However, in order to protect the welfare of his child, he "monitored the situation very closely" and when she failed to uphold her responsibilities as a parent, Participant 4 rescued his son from her.

Children as common ground. Another observation made during the interviews was that the children became a motivator for couples to stay together. Participant 1 stated that he was unsure about the future of his relationship due to the presence of the children. Participant 2 noted, "if it wasn't for the kids, we would've blown to bits to be honest."

Participant 4 disclosed that his continued communication with his partner was only due to the children. He stated, "If it wasn't for having [son], I would have ensured that there was no communication." In times when he does need to allow his partner to communicate with his son, he temporarily unblocks her on his phone. However, once the communication has completed, he admits that he immediately re-blocks her in order to protect himself from "continued harassment and abuse."

As he watched his children become affected by his partner's addictive disorder, Participant 2 ultimately felt the need to provide his partner with an ultimatum. He explained that while he was accepting of any pain that his partner caused him as a result of her illness, he was intolerant of any pain being done to the children. He recalled a turning point in his partnership when his partner was unable to respond their son's medical emergency due to being intoxicated. Participant 2's son developed epilepsy as a

baby. During the first episode, he took notice of his partner's inabilities to cope with the event and provide aid or assistance to him or their child. He recounted the memory:

> He had his first epileptic seizure at the age of 14 months in front of me when she was passed out upstairs after drinking all the previous night and into the morning. Right? So she just heard the yelling out that I was needing an ambulance to take him to the hospital and she obviously panicked. So that was the first minute when I said, "This is affecting our kids. It's okay to hurt me but you are not going to do anything to impact the kids."

Finally, Participant 2 provided an ultimatum to his partner when his son became sick with chicken pox and she was unable to take care of him during his illness. He revealed that the incident led to him being forceful in his boundaries so that his partner would attend treatment. He stated:

> My son had chicken pox and I came home from work to check on him about 1:00 in the afternoon. She was passed out in bed, he was running around with only his diaper on and blood through the house. He was beside himself, distraught. He had a nosebleed from a chicken pox that was inside, and it had ruptured, and blood had got everywhere. You could see from his handprints that he had tried to wake her up and obviously I lost it. That was the line in the sand where I unfortunately gave an ultimatum rather than offering up support.

As indicated, the children's presence had a significant impact on the sober male's experiences. In some cases, the children served as a motivator to sustain the partnership. Ultimately, the kids became the common thread that kept the two individuals together in some capacity even if the sober male was considering partnership termination.

Theme Four: Need for Recovery

The fourth theme uncovered was Need for Recovery. Participants talked about the multitude of personal consequences they had experienced as a result of their partner's addiction. Participants were confronted with consequences related to mental and emotional health, financial, and occupational issues. Consequently, participants came to understand their own need for their own personal recovery and detachment. Need for Recovery encompassed the following subthemes: (1) Sober Male's Consequences and (2) Detachment.

Sober Male's Consequences

Each of the participants discussed varying layers of consequences they had experienced as a result of their romantic involvement with addicted partners. The interviewees made it clear that the addiction did not only affect the partner, but also the entire family, specifically the sober male. The invariable constituents (categories) embedded in the sub-theme of Sober Male's Consequences were *Mental Health Issues, Financial Stress, Negligence of Self-Care,* and *Interpersonal Consequences*. Table 9 illustrates the interpreted codes that fit into the invariant constituents.

Table 9

Sober Male's Consequences Constituents

Category	Coding
Mental Health Issues	1. Participant experienced anger as a result of partner's behavior 2. Participant experienced high levels of distress due to combined discovery of partner's infidelity and substance use 3. Participant experienced increased anxiety-related issues because of experience 4. Participant noticed depression-related symptoms because of experience 5. Participant's happiness was depleted due to fixation on partner/partner's addiction 6. Participant felt social isolation, desire to protect partner due to partner's addiction 7. Participant struggles in being able to trust others outside of the relationship 8. Participant feels helpless and guilty when it comes to partner's addiction 9. Implications from relationship with partner has led to extreme mental health issues for participant, which have been treated by medication 10. Participant has experienced extreme emotional consequences from relationship that have outweighed physical consequences 11. Participant became scapegoat in the relationship 12. Emotional consequences were the strongest for participant considering the mental manipulation and abuse 13. Participant felt sense of helplessness about partner's recovery but was careful in ensuring that partner did not feel pity for participant 14. Participant felt powerless over situation
Occupational Consequences	1. Partner experienced occupational instability, ultimately impacting participant 2. Participant has experienced stress because of partner losing job, which has created an increased financial burden 3. Participant terminated job, which had brought fulfillment/purpose for participant 4. Participant resigned because partner unable to care for children during addiction 5. Participant developed stress because partner spent money to use substances despite poor financial situation 6. Participant experienced severe financial consequences since he had to discontinue occupation to become primary caretaker of the children 7. Participant is experiencing insurmountable pressure due to financial pressures 8. Financial transition put stress on the relationship 9. Participant discontinued hobbies he once enjoyed due to partner's addiction
Financial Stress	1. Partner experienced occupational instability, ultimately impacting participant 2. Participant has experienced stress because of partner losing job, which has created an increased financial burden 3. Participant terminated job, which had brought fulfillment/purpose for participant 4. Participant resigned because partner unable to care for children during addiction 5. Participant developed stress because partner spent money to use substances despite poor financial situation 6. Participant experienced severe financial consequences since he had to discontinue occupation to become primary caretaker of the children 7. Participant is experiencing insurmountable pressure due to financial pressures 8. Financial transition put stress on the relationship

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Category	Coding
Negligence of Self-Care	1. Participant felt need to sacrifice self-care through relinquishing hobbies and personal drives during partner's addiction 2. Participant lost sense of individuation/ability to take care of himself in relationship 3. Focus of relationship became centered around partner and partner's addiction 4. Participant was still sole caretaker despite times when he was physically unable to 5. Participant discontinued hobbies that he once enjoyed due to partner's addiction
Interpersonal Consequences	1. Participant struggles in being able to trust others outside of the relationship 2. Participant's social life was affected due to partner's preferences to stay home; adjustments were made to promote social activities within the confines of home. 3. Participant thinks about alcohol differently, consumes it sparingly due to partner's addiction 4. Participant has noticed a dramatic decrease in his own alcohol consumption that he attributes to partner's addiction 5. Participant's words misinterpreted when partner attempted to stop cigarette use

Mental health issues. Several participants revealed that they experienced numerous issues related to their mental health due to the unpredictability and chaotic nature of the addictive relationship with their partner. Participants specifically noted that they had exhibited symptoms related to anxiety and depression. Participant 1 experienced "a lot of anxiety" and "a bit of depression" which had "never really been a problem with before." Additionally, he was experiencing higher bouts of anger and distress due to his partner's addictive behaviors, which encouraged him to seek out therapeutic support from a counselor.

Participant 2 noticed a decline in his personal happiness when he began to obsess over his partner's addiction and recovery stating, "I was focused on her in terms of driving my own happiness." He also experienced an increase in his own social isolation as he would deliberately avoid social situations that might increase his partner's desire to drink alcohol. In attempting to control his partner's social exposure, Participant 2 experienced his own social interactions begin to decrease. Participant 2 reported:

> I removed myself from social occasions where I would need to be exposed to her drinking or expose her to opportunities to drinking and so I would try to control

her drinking. I guess you could now say controlling her social activities or asocial activities.

Participant 4 also noticed an adverse reaction to his partner's addiction. He disclosed that he quickly became the scapegoat in his relationship and was blamed by his partner for things that had gone awry. He reported that he began to develop mental health concerns due to the stress manifested by his partnership. While he experienced physical ramifications from his partner's substance use and physical abuse, he mentioned that the mental and emotional consequences were a more challenging part of the experience. He disclosed that in order to cope with the mental health ramifications from involvement in an addictive relationship, he was seeking out therapeutic support and receiving antidepressants to assist in coping. He stated:

> It's not just the physical side of dealing with somebody that's drunk or the physical side of looking after a child by yourself or moving out. It's the emotional side, which is the greater pressure. Emotionally, oh emotionality is the crippling bit. It's the constant push pull and never knowing where you are. You feel so responsible and you're made to feel very guilty by that person because they blame you for everything.

As Participant 5 attempted to help his partner overcome her addiction, he recognized that he was powerless and unable to control his partner's actions. He wanted to support his partner and took steps to make his support obvious, but he gained insight on his inability to repair the issue. Participant 5 stated:

> I felt helpless really. I mean, not overwhelming helpless and that like I wanted her to feel sorry for me and be like, "Well, what about me, I'm the one going through

> this, and like you're being all mean?" There was nothing I could do. Nothing I [said was] going to help. Nothing I [could] give her or try to get her to watch or read. Like any of these advice, tips, any of that stuff, none of that's going to help. She's not going to be willing to hear it. Like, what can I do? And the truth is you just can't do anything, all you can do is be there. Who knows, maybe there is something I could do, but whatever it was I didn't do it, so it definitely seemed powerless.

Financial stress. As the addiction began to consume the partner and the partner was unable to function in daily responsibilities, participants experienced the financial stress from either the partner losing an occupation or the participant willingly terminating his own occupation to stay home and take care of the children. Participant 1 disclosed that his partner lost her job, causing the household to become reliant on one income as opposed to two. As the shift in occupations occurred, Participant 1 experienced a significant financial stress. Even though his partner had lost her job, causing the partnership to ultimately lose an income, she continued to engage in drug use, which placed increased financial burden on the family and caused the male to become more resentful. He stated, "money has been really tight and then to find [this] out…[I asked her], 'How are you doing this knowing how tight our money is?'"

Participant 2 voluntarily terminated his occupation, despite his occupation bringing him purpose and fulfillment. However, he found it more important to stay home and take care of the children full-time since his partner had become unreliable. He stated, "As part of my last role, I had $3.6 million in invested business shares that I walked away from in order to take care of the kids." Participant 4 also experienced the financial burden

of having a household be dependent on one source of income. He explained, "financial pressure is enormous because I have a mortgage on a home I need to pay, rent to pay [on a second home for participant and son], and the nursery fees are enormous, absolutely enormous."

Negligence of self-care. As the participants became consumed by ramifications of their partner's addiction, they were unable to prioritize their own self-care. Participant 2 expressed that he felt obligated to forfeit his hobbies and career aspirations as a result of his partner's addiction. He stated:

> I'd given up a lot of my own personal drives and personal career ambitions and things like that. I was basically becoming a martyr. It has basically stifled all of my hobbies. I bought a boat so I could go fishing for example. The two occasions that I went out while [partner] was at home with the boat, I got home at 11:00 in the morning and she was completely drunk so after that I no longer wanted my toy. There's no appeal in it whatsoever to go out.

As the focus in the partnership shifted, Participant 4 was unable to partake in his own self-care. He acknowledged a loss of identity as a result of his hypervigilance on his partner's addiction. He stated,

> And you become so…I'm struggling to explain it…you are so focused on that person that you lose any life of your own. So the whole focus of the relationship was just about [partner's name] and her drinking or her need for reassurance or whatever it was. You lose your identity completely.

Participant 4 also realized that he was unable to partake in self-care due to his partner's addiction. He stated that even in instances when he had the flu and was

physically unable to function, he was inhibited from resting and focusing on recovery because of the demands of being the only functioning caretaker of the children. He stated:

> I had the flu in February to a point where [I was] so sick that I woke up in different rooms and [I didn't] know how [I] got there and I was off work for a week but I still had to do all the night feeds. I still had to get the kids to school. I was barely able to function, she didn't cook anything, she drank everything that was in the house.

Interpersonal consequences. Participants observed that their interpersonal relationships outside of the partnership were affected by their partner's addiction. Participant 2 acknowledged that as the trust in his partnership began to decline, so did his ability to trust people outside of the partnership. He indicated: "I have questions about whether I can trust people and yeah that's impacted me in hugely significant ways."

Participant 3 noticed that he was unable to socialize outside of the household due to his partner. He stated:

> She basically deals with social anxiety. So over time, she just withdrew more and more from any kind of social interaction. It was a lot better if we could have friends over than if we went out with a large group. Anything where she could control things, where there wouldn't have to be driving involved.

Participant 3 also explained that his partner's addiction caused him to have a decreased desire to go out drinking with his friends. He explained that his partner's substance abuse caused him to "think about alcohol in a different way." He stated:

> I end up thinking about alcohol differently. You know, I used to have a bottle of scotch around for weeks at a time and occasionally have a drink. I don't even

think about that anymore. I mean it ends up being a money saver for me in a weird way. If I do want to drink, I can. And this year I've probably had 7 or 8 or maybe even 9 drinks but that's the whole year. And that's a high volume for me anymore.

As Participant 5's partner attempted to enter into recovery, his interpersonal interactions with her adjusted. He detailed that he became hypervigilant in observing his partner's nonverbal cues and he became more sensitive to communicated nonverbal cues that others were eliciting outside of the relationship. He also adjusted his own nonverbal communication to ease his partner. Participant 5 stated:

> And she had already started showing all the symptoms of nicotine withdrawal, and was very agitated and she was reading into a lot of the things I was saying on like the extreme end of hostile, as if I was like upset at her or just kind of like giving her negative energy type of thing, which I wasn't. I mean, I know exactly what it's like to try to give up something you really just ... You don't even know you have control over you, just you react to it.

Detachment

Each of the sober males confirmed the importance of detaching themselves from their partner's addiction and developing autonomy within the relationship. Participants were able to regain their lost identity through their own personal recoveries and minimization of their personal responsibility of their partner's addiction. The invariable constituents (categories) embedded in the sub-theme of Detachment were *Personal Responsibility of Participant, Sober Male Recovery,* and *Level of Involvement in*

Partner's Recovery. Table 10 illustrates the interpreted codes that fit into the invariant constituents.

Table 10

Detachment Constituents

Category	Coding
Personal Responsibility of Participant	1. Participant, motivated by feelings of love. attempted to help partner 2. Participant feels responsible for enabling partner's alcohol consumption 3. Participant feels accountable and responsible for struggling with boundaries 4. Participant giving considerably more to the relationship than his partner 5. Unequal distribution of effort and commitment between partners 6. Participant holds both himself and partner responsible for loss of trust 7. Participant speaks to the importance of both individuals in the relationship taking responsibility for working on personal recovery programs 8. Participant developed self-awareness of emotional/physical responsibilities in the relationship 9. Participant sees his previous behavior as enabling the partner's addiction 10. Participant is taking more time to think before he reacts to situations 11. Participant has initiated more self-compassion in accepting how he feels but not allowing his feelings to drive his actions 12. Participant became more intentional/mindful of how he is affected by emotions 13. Participant has prioritized importance of remaining mindful in the relationship 14. Participant carries some responsibility for turn of events with partner's addiction due to his interpretation of codependency and enabling behaviors 15. Participant perceives attempts to help partner as being a hinderance to partner 16. Participant takes special effort to ensure son's safety when son is with partner 17. Participant made attempts to manage an unmanageable situation 18. Participant is vigilant in ensuring that he is respecting partner's autonomy and personal choices while also understanding that participant's choices remain independent of partner 19. History of the relationship continues to remain a current issue 20. Participant is mindful of how recollection of past experiences impacts present 21. Participant focuses on being aware of old memories and how they may impact present-day behavior 22. Participant developed resentment towards partner due to needing to give up occupational goals and career 23. Participant acknowledges that he blamed partner for not being able to accomplish personal career goals 24. Participant's resentment for partner interfering in participant's career goals created justification for his own behavior in the partnership
Level of Involvement in Partner's Recovery	1. Participant took effort to ensure partner had positive experience in treatment 2. Participant has noticed that stepping away from trying to control partner's recovery helps with his own recovery process 3. Participant originally attempted to work with partner on recovery programs 4. Participant believed that providing space for the partner would allow partner to obtain self-awareness 5. Remaining obsessed about potential for relapse could set partner up for failure 6. Importance of respecting partner's autonomy continues to reign true even in circumstances related to partner's substance use 7. Participant finds it important to approve of his partner as a person even if he does not approve of the behavior

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Category	Coding
Sober Male Recovery	1. Participant has considered potential involvement with Al-Anon 2. Participant has pursued therapeutic help to support self-recovery 3. Participant speaks to the importance of working on one's own recovery 4. Participant has pursued his own program of recovery 5. Participant has gained insight into former behaviors due to recovery program 6. Participant is focused on self-improvement at the current time 7. Participant is attempting to live one day at a time 8. Participant had "pink cloud" effect when partner came home from treatment 9. Participant has engaged in own recovery program 10. Participant was originally skeptical about joining Al-Anon community 11. Participant has repeatedly been blamed and ostracized by partner so participant has been working towards detachment to cope. 12. Al-Anon helpful support to participant as he deals with partner's addiction 13. Participant is finding comfort through detachment 14. Recovery for participant began when participant became desperate to begin healing process 15. Participant is engaged in therapy process through medication/talking therapy 16. Participant developed ability to see what he can/cannot control 17. Participant had delayed awareness that he needed help from others 18. When participant asked for help, it allowed focus to shift to him, not partner 19. Both partners felt empowered enough to seek outside therapeutic help to improve relationship

Personal responsibility of participant. For some participants, such as Participant 2, the sober male responded very strongly to his partner's behavior and determined it was essential to rescue his partner. He disclosed that he now considers his behavior to have been enabling his partner's addiction but was "acting out of love for [his partner]." He assumed responsibility for "allowing boundaries to be passed on a daily basis" and for worsening his partner's addiction. He further explained that he was contributing greatly to the relationship in an effort to save his partner from her addiction. He shared: "My therapist actually described it as me giving 150% to the relationship and her giving 50% to the relationship to give to 200% commitment. The relationship became very lopsided in terms of effort and commitment."

Participant 3 also spoke of the responsibility that he had in contributing to his partner's illness. He did not consider his partner to be fully responsible for what had

transpired in the relationship stating, “you know, I’ve screwed up and she’s, you know, screwed up and that gets in the way of some things.” He considered his partnership to be a bi-directional process and found it essential to take ownership of his own responsibility in the matter. He explained: “But you know it’s just trying to stay on top of you know what’s my side of the fence, what’s her side of the fence, every day.”

Specifically, Participant 3 spoke of acknowledging the resentment that existed within the relationship and to consider who was truly responsible for it. He shared: “But a lot of it is, you know, if it’s not a great day, sometimes [it’s important] to try to remember where, to say in my case, where resentment comes from and who’s really responsible for that.” Participant 3 also admitted to enabling his partner on multiple occasions. He explained that before he realized that his partner had an addiction, they would often drink at home with friends. Whenever the alcohol supply would run low, he would encourage his partner to go out and purchase more alcohol for the house. As he has gained some distance from the scenario, he is willing to accept his own responsibility for what he had done in the past.

Participant 3 shared that he focuses on thinking before he reacts to his partner since he is responsible for the actions that he takes in the relationship. He disclosed that the past sometimes affects how he responds to situations, so he finds it essential to bracket his feelings before immediately responding. He stated:

> My roles and responsibilities center around thinking before I react. My job is to be aware of how I feel and accept that but also to take the most intellectual perspective and not let feelings be the driver of my responses. And you know, I have to check in, which I don’t do as well or as often as perhaps I could. I know

that. And she, on top of, what I'm feeling why I'm feeling it, and how that's affecting me at that time so a lot of it comes back to mindfulness. Being present in terms of mindfulness but also in terms of being present physically a lot of the time when I'm home. It's really easy for us to fall into simple patterns.

Participant 3 acknowledged that even though both partners have attempted to move forward as a partnership, he struggles with letting go of the past. He revealed that previous problems "don't just vanish, they don't cease to exist." He admitted that he resented his partner due to missing a former career opportunity. He stated:

> Yeah. And for me, a lot of the bad behavior that comes directly from me was built on this resentment that she was doing an MBA online and she was working full time and decided that she wanted to go to school full time and not have to work so we moved back up here with my mother just as I had my department chair, and my division chair, and my part-time colleagues all telling me apply for this full time job. Tenure-track. And I walked away and got up here and nobody had work. So you know I spent a majority of my life at that point training to teach college, or teaching college, or tutoring college, or TA-ing college, or being an instructor's assistant at a university, or what have you. It was the only job I ever had where I wanted to go to work every single day and when that went away, for the longest time I blamed her without thinking about it. So that was a good justification for my own bad behavior. And I say justification, not excuse, not reason, but it's one somewhere deep in my brain that I used.

Participant 4 also accepted responsibility for events that had transpired in the past. Even though he considered it his duty to come home and take care of the children when

his partner was incapacitated due to an overconsumption of alcohol, he now sees his behavior as enabling. He disclosed:

> The codependency, the enabling that I was doing because I'd come home from work and take over the running of the household with the children and actually all [I did was] hinder her because [I] provided justification for the drinking.

As the partners have moved forward with potential termination of their relationship, Participant 4 still wants his partner to have access to their son. However, since she has made previous suicide attempts and could potentially put their son at risk, Participant 4 has taken responsibility to monitor his partner when she has custody of their son to ensure that his son is safe. He stated: "I have to risk assess when she sees him, to see if she's been drinking all night."

Participant 5 has taken on the responsibility to respect his partner's autonomy around her addiction. While he does not enjoy the thought that his partner is engaging in potentially self-harming behaviors, he finds it important to set appropriate boundaries to avoid becoming enmeshed in his relationship. Participant 5 stated:

> So that's why it was sort of like, keep [the addiction] in the back of my head, but [I] also don't let it influence her and her choices, because as I said at the beginning, the foundation [of our relationship] is we live our lives, [we] do what [we] want to do, and if she starts doing things that I really can't be okay with, that's on me to leave. And we both understand that, and that's kind of the rule we've always had.

Level of involvement in partner's recovery. Participants had a certain level of involvement in their partner's recovery. Participant 2, for example, took it upon himself

to actively help his partner become admitted into treatment. He explained that he did the work of finding an expensive treatment center so that his partner "wouldn't feel like a pariah." He explained: "It was a $50,000, exclusive, three-person women's retreat, basically. So I spent an absurd amount of money to soften the blow for her to not feel like she was a pariah. That was the first attempt." However, following the first attempt, Participant 2 decided to take a step back and create a boundary with his partner. He explained, "the harder you try to help them the worse you're going to make it. And that's been my biggest realization."

Participant 3 also found it important to be involved in his partner's recovery in an effort to demonstrate support. He explained that he worked with his partner during several of her recovery programs. When he realized that she had an addictive disorder, he took it upon himself to offer support and guidance as she attempted to work through the programs. Participant 4, on the other hand, attempted to provide physical space between himself and his partner so that his partner could focus more on her recovery. He stated: "I was leaving to give her space in order to get better and that I would return when I saw signs of her getting better."

While Participant 5 wanted to respect his partner's autonomy in making her own choices regarding her addiction, he also found an importance in becoming involved in his partner's recovery by eliciting support. He found it essential to maintain a positive frame of mind to give his partner hope instead of assuming that she would relapse back into active use. He stated:

> I don't really accuse people of things or pre-accuse, because to tell her like I'm worried she'll relapse - to me like that could also worsen her situation. I always

> wanted to be on this sideline as if to say, “hey, I'll be your cheerleader, I'll root for you, you can do it, but I'm never going to make you do this. I'm never going to like pull you through this, because you're going to end up resenting me.” I'm not going to say, “You can do this, get over it,” right? I genuinely wanted to see her become this better version of herself. You got to say “okay” and be there for them while they're doing something that's harmful for them in the [present], if you know that they actually do want to not be doing it in the future. Because, otherwise you're just kind of like setting an unrealistic expectation to say like, “It's either the cigarettes or it's me,” right? Because that's not a fair choice... If they were making rational choices to begin with, they wouldn't be smoking at all. It's that simple.

Sober male recovery. Each of the participants discovered the value of focusing on their own recovery programs, which were separated from their partner’s recovery. Participants found the value in reaching out to others, specifically the Al-Anon community, to acquire optimal support for their self-recovery program. Participant 1, with his busy schedule and daily responsibilities, was unable to become involved with Al-Anon, but did witness the benefit of seeking outside therapeutic support. Attending counseling was a vital part of Participant 1’s recovery.

Participant 2 found a place in the Al-Anon community and discovered significant benefit in becoming connected to the community. As a result, respect in his partnership increased. He stated: “There is a huge amount of mutual respect for what each of us have done over the course of 12 months to focus on ourselves and our own personal recoveries.” When asked to describe what his recovery looked like, Participant 2 stated

that he was vigilant in detaching himself from his partner's addiction. He was able to reflect on his progress throughout his time in recovery and shared:

> My recovery, basically, the only way I can describe myself is that 12 months ago, I was insane. I was doing the same things over and over again to try to help [partner's name]. I'm trying at the moment to be the best person that I can be as an individual and support her as best I can without being her recovery.

Participant 2 also explained the importance of living "one day at a time" and taking each day as it comes as part of his recovery.

Participant 2 also expressed similar sentiments that his partner experienced in early recovery. He referred to the "pink cloud" which is a "honeymoon phase" that an individual experiences in early recovery. He shared: "They talk about the pink cloud or the euphoria of the person coming through the treatment? The spouse is in the same position. I was so naïve." Participant 2 also attended therapy to gain additional support throughout his recovery.

While originally skeptical about joining the Al-Anon community, Participant 3 forced himself to attend meetings in the beginning. Participant 3 reflected on his experiences:

> When I started back in September 2013, I think as it is for a lot of people, really kind of figuring out if I really, really was going to get a lot out of that. I mean a lot of tears and a lot of I don't really want to talk about this stuff.

However, determined to begin his own recovery program, Participant 3 continued to attend meetings until he found the meeting that was most suitable for him. He stumbled upon a men's group that allowed him to focus on his own recovery as opposed to his

partner's recovery. The experience was helpful to Participant 3 as he continues to receive help and support from his fellow group members.

Participant 4 found the value in detaching himself from his partner's addiction. He would often be blamed by his partner for her addiction and he consequently decided to begin emotionally detaching himself from the situation. He stated: "I'm the excuse and the reason that she drinks. Now I've detached myself and it's become the reason why she drinks and if it's not me, it's someone else's fault."

He recalled the moment he began his recovery was when he became desperate for help. He stated that he did not even realize he needed help until he experienced feelings of despair due to his partner's erratic behaviors: "Well my recovery started about 3:00 in the morning one night in July when I was just at the end of my tether. I had so many conflicting thoughts in my head." He immediately became connected to Al-Anon, which turned into his community of support. He communicated:

> I go to Al-Anon weekly for meetings, which help me deal with the situation and I'm emotionally detaching myself at the moment. I do feel a lot better at the moment because I'm able to emotionally detach a little bit now.

As he continues to work on detachment, Participant 4 has developed the understanding that he cannot control his partner's actions. Al-Anon has allowed for him to focus on himself and his own recovery instead of continued obsession with his partner's addiction. He shared: "That was only then when I realized that perhaps I need some support here. And it was the first time that the focus wasn't all on [partner] and her problems." Additionally, Participant 4 has pursued therapy and medication-assisted support. These different factors have been important parts of Participant 4's recovery.

Participant 5 has also pursued seeing a therapist as he considers the therapeutic support to be beneficial in his recovery. He stated: “We both started seeing someone, it's actually the same counselor, but it's been very helpful.”

Synthesis of Experiences

The data analysis revealed four overarching themes and provided a greater understanding of the experiences of sober male partners who are in relationships with women who struggle with addiction. The textural description of the data provided information on *what* the participants experienced. The structural description of the data provided information on *how* the explored phenomenon was experienced (Creswell, 2013).

Textural Description

Each of the participants experienced various implications as a result of their romantic involvement with a woman struggling with addiction. The presence of addiction in the relationship adjusted the overall climate of the partnership. Oftentimes, the partnership became unmanageable and unpredictable, leaving participants feeling helpless and powerless over their partner’s addiction and behaviors. Participants linked the consequences they experienced as a direct result of their partner’s substance abuse. They observed the importance of expressing increased tolerance, compassion, empathy, and patience towards their partners as their partners battled addiction. Interviewees also noted the importance of engaging in self-recovery to increase coping strategies that would help them manage the addictive relationship.

Structural Description

A majority of the participants considered their relationships with their addicted partners as negative when the partner was in active addiction. One participant was more accepting of his partner's addiction given his personal history. The sober males experienced an array of consequences related to mental health issues, occupational and financial complications, increased responsibilities, and a deterioration of the partnership. Participants also experienced mistrust and issues related to intimacy as the addiction ran its course in the relationship. They experienced the relationship as tumultuous and chaotic with the absence of any sense of predictability. The support of others provided the males with an opportunity to cope with the chaos in the relationship. It is evident that the general experience of a sober male partner's romantic involvement with an addicted individual is accompanied by various consequences that directly impact not only the relationship, but also the sober male.

Summary

For the conducted phenomenological study, four themes emerged. This chapter presented the data from the semi-structured interviews with five participants. The interviews focused on describing the experiences of the participants who experienced romantic involvement with an addicted partner. Data were analyzed through transcripts and I assigned codes to important quotes that depicted the experiences of the participants. The codes were organized into categories, which were then consolidated into sub-themes. Finally, the sub-themes were organized into larger, overarching themes that were used to describe the essence of the males' experiences. The four themes that emerged were:

1. Relationship Vulnerability
2. Course of Relationship

3. Others
4. Need for Recovery

In summary, the data were used to describe the experiences of sober males who are in romantic relationships with women who struggle with addiction. The participants shared common experiences of the phenomenon. Chapter 5 provides a discussion of the identified results from the phenomenological study.

Chapter Five

Discussion

The purpose of the study was to explore how sober males experience a romantic relationship with a woman who struggles with addiction. The study sought to inform helping professionals about this phenomenon to encourage potential ideas for intervention and support. This chapter outlines the purpose of the present study, provides a discussion for the research questions, and poses potential limitations of the study. Additionally, the chapter presents implications of the findings for therapists and other helping professionals and indicates potential opportunities for future research. Finally, a personal reflection brings this chapter to a conclusion.

At the time of the study, limited and anecdotal research on the phenomenon existed (Naylor & Lee, 2011). Nevertheless, researchers and scholars indicated that addiction not only impacts the individual abusing substances, but also surrounding supports (Thomas et al., 1987). S. Brown and Lewis (1999) revealed that many romantic relationships do not last due to implications precipitated by addictive disorders.

While addiction is correlated with a wide range of health and social consequences for the individual struggling with an addictive disorder, surrounding supports, particularly individuals within the family system, experience similar consequences (Storvall et al., 2015). This study adds to the existing literature by providing information on how sober male partners specifically experience the phenomenon since it remains largely

unexplored. Findings overlapped with previous literature that primarily focused on female sober partners (e.g., interpersonal consequences, mental health issues, inability to remain vigilant about self-care). However, participants in the proposed study provided unique information regarding how they experience the phenomenon as male-identified individuals.

Summary of the Study

The study sought to explore the lived experiences of sober males who are in romantic relationships with women who struggle with addictive disorders. Creswell (2013) indicates that the primary function of a sample size is to produce saturation. As data were collected from the five participants and then analyzed, the saturation criterion was fulfilled. Qualitative research is not necessarily designed to be generalizable, but it does provide a semblance of knowledge of integral factors that are essential for future study.

The participants were drawn from several platforms and recruitment methods. Individuals were recruited through social media Al-Anon groups and flyer postings in the community including, but not limited to, drug rehab facilities, Alcoholics/Narcotics Anonymous meetings, Al-Anon meeting sites, and private practices. The notice of recruitment was indicated on a flyer, which explained the purpose of the study and the requested criteria for potential participants. Those meeting the criteria and willing to participate were from three different states in the U.S., Australia, and the United Kingdom. Interviews were conducted through the utilization of technology due to participants being physically located in other parts of the world.

All five participants identified as Caucasian. Four participants were currently cohabitating with their partners. One participant's partner was in treatment at the time of the interview. Three participants had children with their partner and all three had custody of the children. Three participants were married, one participant was cohabiting and dating his partner, and one participant had separated from his partner two weeks prior to the interview. Originally, I established a criterion for all participants to currently be in a relationship with their partner. However, considering the physical separation had happened fairly recently before the interview, the participant was not excluded from the study.

Two research questions guided the study:

1. What does it mean to be a sober male who is in a relationship with a woman who struggles with addiction?
2. How do the experiences of male sober partners differ from female sober partners?

To address the questions, I chose five participants who appropriately matched the established criteria at the beginning of the study. The criteria for participation included: (a) males who are at least 25 years of age, (b) males who are in a heterosexual romantic relationship, (c) the romantic partner must exhibit substance abuse for at least 1 year while in the relationship, and (d) the romantic relationship must have existed for at least 3 years. Once participants were identified, I conducted semi-structured interviews, which were compliant with rigorous phenomenological standards. The interview data were analyzed and uncovered four overarching themes that described the experiences of the participants.

The following four themes illustrate the lived experiences of male sober partners who are in romantic relationships with women who struggle with addiction:

- Theme One: *Relationship Vulnerability*, events transpired in the partnership that led to the sober male experiencing an uncomfortable level of vulnerability and a desire to protect that vulnerability
- Theme Two: *Course of Relationship*, sober male participants experienced a shift in their partnership dynamics as a result of their partner's addiction, which manifested numerous implications for the sober male
- Theme Three: *Others*, other individuals outside the partnership (adults and children) played a role of influence on the sober male in terms of support or other influential factors that shaped the experiences
- Theme Four: *Need for Recovery*, participants talked about their own program of recovery and the importance of detaching from their partner's addiction to lessen the intensity of experienced implications

Previous Findings

While some literature has explored the implications of romantic involvement with an addicted individual, the topic of sober male experiences remains unexplored. Therefore, present evidence to support or contradict the findings from the study is limited. Studies have indicated numerous consequences that sober partners, in general, experience as a result of their partner's addiction (S. Brown & Lewis, 1999; Naylor & Lee, 2011; Thomas et al., 1987). Emergent themes from the study provided support for previous findings that addiction impacts not only the addicted individual, but the partnership and family system. A discussion on each theme is provided below.

Theme One: Relationship Vulnerability

The theme of Relationship Vulnerability describes how events related to the addiction transpire and leave the sober male feeling a sense of vulnerability and a desire for protection. Participants shared that they lost trust in their partner as a result of behaviors that the partner initiated during active addiction. As trust deteriorated within the partnership, the male partners felt less comfortable and safe allowing themselves to be vulnerable with their addicted partners. The loss of trust prevailed despite a partner's willingness to engage in recovery. The explored literature implied that romantic partners experience emotional consequences as a result of their partner's addiction but did not explicitly discuss issues related to trust and mistrust (Carson & Baker, 1994).

Intimacy also deteriorated within the partnership due to the partner's addiction and behaviors. As intimacy declined, males were less inclined to permit themselves to expose their own vulnerability within the partnership. Males spoke about intimacy in terms of emotional and physical. Considering the loss of trust in the relationship, males were stunted in their abilities to be intimate with their partners. In some cases, males spoke about intimacy in general and did not delineate between emotional and physical intimacy. The intimacy finding was pivotal as previous literature noted that the male lens tends to devalue the importance of intimacy (Hirschfeld et al., 1976; Turner & Turner, 1999). The present study paralleled the findings in Carroll et al. (2002) found sober female partners' perception of declination of intimacy within the relationship when the partner was addicted.

Finally, participants spoke of the unpredictability and inconsistency of their relationships with their partners intensified a need to feel safe. They noted that the only

predictable factor within the partnership was the unavoidable unpredictability. S. Brown and Lewis (1999) noted that the behaviors of the addicted individual leaves other members to remain hypervigilant and tense due to the unpredictability of the relationship. Unpredictability left participants feeling vulnerable and unsafe.

Theme Two: Course of Relationship

All participants noticed a shift in the relationship when addiction consumed the partner. As the addiction ran its course, participants perceived a deterioration of their relationships with their partner. As Naylor and Lee (2011) noted that the female sober partners had a "Dawn of Awakening," which communicated a recognition of their partner's addiction, the sober male partners had a similar moment of awakening. Similar to sober females' experiences, a course of events occurred that revealed the presence of addiction. As addiction started to take shape in the relationship, the sober males experienced a variety of consequences.

When participants took note of the addiction and how their relationship was affected, a shift occurred in the partnership climate. Participants assumed adjustments in their roles to accommodate the presence of their partner's mental illness. Furthermore, communication within the partnership was adjusted related to the partner's presence in treatment, the active addiction itself, and partners' attempts to engage in recovery.

Finally, if the partner took steps towards engaging in recovery, a hope and resilience of the partnership began to formulate. The partnership experienced an attempt at rebuilding and restructuring to accommodate the partner's recovery. Additionally, sober males became more optimistic about the future of their relationship with their partners. However, if the partner was hesitant to begin recovery, the sober males had

increased pessimism regarding the fate of the relationship and began to search for alternatives.

Theme Three: Others

The participants seemed to find comfort through the support of others. Naylor and Lee's (2011) study identified the utilization of outside supports in helping the female participants cope with their romantic relationships with their addicted partners. Additionally, outside support provided the sober female partners with the strength to terminate the relationship altogether. The present study also found the importance of social support to be relevant for sober male partners.

Social support for the male partners included families-of-origin, the partner's family, fellow members of Al-Anon, and other individuals in the wider community. All of the mentioned sources of support provided optimal assistance for the sober males related to everyday responsibilities for which they were tasked as a result of their partners' impairment. Family members, specifically the partner's family, helped to alleviate stressors presented by child care and household management. In addition, they were fundamental in providing empathy and a common understanding of interpersonal involvement with the addicted family member.

Male participants also discovered support from other members of Al-Anon due to the paralleled experiences of the members. Individuals in the Al-Anon community were able to rely on one another for emotional support as a deeper understanding between the members was forged. Some participants found importance in attending "Men's-only" meetings because of shared gender experiences. Participants also found assistance

through counseling and therapy, which permitted them to focus on their own recovery as opposed to retaining a focus on their partner's recovery.

Additionally, the presence of children added another layer to the experience for the participants. The children were often the primary reason for continued communication with the addicted partner. Participants felt more inclined to keep their partnership intact for the sake of the offspring. The presence of children also created an additional responsibility for the sober males as they became the sole caretaker of the offspring while the addicted partner was impaired.

Theme Four: Need for Recovery

Participants experienced a variety of consequences as a result of their partner's addiction. The implications of romantic involvement with an addicted partner included mental health, financial, and occupational issues for the sober male. Mental health issues stemmed from the manifestation of stress from facing an unpredictable and unstable relationship with their partner. The sober males lacked a sense of control within their relationships due to the erratic nature of the addictive disorder. Furthermore, males were unable to attend to their own self-care due to a focus on their partner's addiction.

Additionally, the sober males lacked a feeling of stability in their relationships, which produced symptoms of anxiety and depression. Participants had to augment their personal self-awareness in order to increase their attention on the experienced mental health concerns correlated with partnership stressors. Participants recognized the necessity for engaging in their own recoveries to alleviate the experienced repercussions.

Participants discovered the value of attending therapy and Al-Anon meetings. Those who attended meetings described Al-Anon as an integral part of their recovery

programs. Participants found comfort in realizing that they were not alone in their experiences and they felt less isolated when they reached out to others who could empathize. Interviewees also talked about the value of seeking out assistance from a therapist so they could focus on their own experience instead of remaining focused on their partners. The therapist facilitated a way for the sober males to feel more validated and affirmed. Additionally, the participants were able to learn how to properly detach themselves from their partner's addiction so that they could reach a state of individuation. As participants were able to bring the focus back on themselves, as opposed to their partners, they were able to heal and recover from the experience.

Comparison to Previous Research

Previously, the subject of male sober partners remained unexplored throughout the literature. However, the findings from the present study on male sober partners' experiences parallel and contrast with former research focused on female sober partners' experiences. The participants in the current study revealed the unpredictable nature of their partnership when active addiction was present. Previous findings indicated the chaotic nature of an addicted relationship, causing the sober partner to remain hypervigilant towards their addicted partner's behaviors (S. Brown & Lewis, 1999).

Participants spoke about how they enabled their partner's addiction, which communicated a sense of responsibility that they assumed for the turmoil manifested by the substance use. Partners in previous studies had been identified as enabling their partner's addiction and exacerbating the presenting symptomatology (Rotunda, West, & O'Farrell, 2004). While previous literature revealed the tendency for female-identified individuals to engage in internalizing behaviors to cope with mental illnesses such as

depression and anxiety, the present study showed that the partners' substance use, an externalizing behavior, was possibly perpetuated by mental illness (D. A. Jackson & King, 2004; Kessler & Wang, 2008). The participants spoke to feeling helpless and powerless over their partner's addiction, a theme that was present in earlier studies on female sober partners (Sakiyama et al., 2015).

Additionally, female sober partners had been identified as having a higher propensity for mood disorders, victimization, and anxiety disorders. They also had a higher likelihood of experiencing domestic violence when romantically involved with an addicted individual (Dawson et al., 2007). The participants in the present study experienced symptoms related to anxiety and depression, as well as other mental health concerns, while their partner was in active addiction. Furthermore, one of the participants was verbally and physically abused by his partner when she was impaired. Carroll et al. (2002) also discovered that the female subjects in the study had impaired interpersonal relationships outside of their partnership. Several participants in the present study disclosed that they had difficulty trusting others and having functional interpersonal relationships due to their partner's addiction.

Naylor and Lee (2011) explored the female sober partner's motivation to terminate their relationship with their addicted partner. If the sober partner had experienced a childhood with family members struggling with mental illness or engaging in substance abuse, the partner was more likely to sustain her relationship with her addicted partner. Additionally, if the participant had social supports, she felt safer to terminate the relationship. The participants in the present study differed, however. The presence of children in the household was a significant contributing factor on the sober

male partner's motivation to terminate the relationship. One participant had a father who struggled with alcohol use disorder, but growing up with addiction in the home did not encourage him to remain in his partnership. In fact, knowing that his children were experiencing similar events to what he had in his childhood made him feel more protective and willing to separate from his partner. However, critical life events, like the ones that Naylor and Lee (2011) found in their study, provoked the sober male partner's recognition of the presence of addiction in the relationship. As the addiction developed a presence in the relationship, the dynamics of the relationship shifted.

Study Implications

The study had several implications for counselors or other helping professionals who work with male-identified individuals who are romantically involved with a person struggling with addiction. The participants disclosed that they began to focus on their own recoveries in an effort to detach from their partner's addiction and heal. Participants shared that part of their detachment involved setting appropriate boundaries with their partners; therefore, psychoeducation about boundaries, as well as the importance of self-recovery, would have a utility in working with individuals who are encountering this phenomenon.

As indicated in the themes that emerged, it is essential that the counselor be proactive in ensuring a trusting and supportive relationship with clients. Males who experience this phenomenon struggle in establishing trust, which suggests that counselors should model and provide a stable, consistent working relationship with the client, promoting a sense of safety. Helping professionals should be mindful of clients' difficulty in maintaining trust so patience, consistency, authenticity, compassion, and

empathy are traits that the helper should emphasize in establishing a productive working relationship with male-identified individuals who are romantically involved with addicted partners.

Another implication is the importance of establishing social supports and networks. The therapist can serve as a support for the individual experiencing the phenomenon, but therapists should work with the individual in optimizing his support network. All participants spoke to the importance of receiving support from others as they attempted to identify ways to cope with the predicaments of their situation. While most of the participants were engaged in the Al-Anon community, it is important to note that for those who do not find Al-Anon appealing, exploration on other avenues to receive support and social connection is crucial. Counselors and helping professionals must remain sensitive to the concept that Al-Anon may not work for all individuals, but social connection remains essential in receiving support.

As indicated in the study, participants received support from their families-of-origin as well as their partner's family. Participants noted that both sides of the family suffered consequences as a result of the partner's addiction. Therefore, when helping sober males learn to cope with implications caused by an addictive relationship, it would be helpful to involve the larger family to encourage further support and assistance.

The interviewees who had children experienced a unique array of challenges. They struggled with additional responsibilities as they became the sole caretakers of their offspring when the partner was in active addiction. It is important to note that working with clients who are experiencing this phenomenon and have children may be experiencing a new set of challenges. The helping professional should ensure that the

sober male is receiving optimal support. Additionally, the presence of children made it difficult for participants to terminate their relationships with their partners. It is essential that helping professionals be mindful of these potential challenges.

As indicated in the interviews, participants noticed a shift in the general communication patterns within the relationship and observed difficulty with the alteration. Helpers could provide their clients with tools to identify how to properly communicate and set boundaries with their partners if their partners are exhibiting maladaptive behaviors. Participants also noticed modifications in their roles within the partnership. As roles begin to form, helpers could provide the means for their clients to establish boundaries within these roles to prevent sacrificing the male sober partner's wellbeing.

It is also important to recognize the utility of self-care for the sober male as he experiences stress resulting from his partner's behaviors and unpredictability caused by the addiction. Counselors and other helping professionals should be mindful towards helping their clients establish self-care routines as a part of their recovery to promote continued functioning. Helpers should collaborate with the clients to determine what they did previously to promote their self-care before the addiction assumed a presence in the relationship and strategize on how to bring these self-care methods back into the relationship.

Participants acknowledged that they experienced various mental health concerns as a result of their partner's addiction. It is essential to work with individuals in addressing these concerns and the root of these concerns to provide optimal assistance. Individuals could receive benefit from attending therapy to work through the

symptomatology that is presented as a result of their partnership with an addicted individual.

Potential Limitations

It is important to consider the limitations of the study that could ultimately impact the findings and interpretation. The method of data analysis chosen for the study called for participants to review the transcripts and interpretations of the findings. It is possible that some of the participants could have taken the process more seriously than others and been more meticulous in the verification process. Some participants were highly responsive during this stage while others declined to respond.

Another limitation of the study was the small sample size. While sample size is not necessarily a vital component in qualitative research, it is important to identify a large enough sample to allow for saturation. Due to the time length allotted for data collection, I was unable to obtain a sample size greater than five participants, which may have decreased saturation.

While all the participants fit the established criteria, one participant consistently responded differently from the other interviewees. One potential explanation is that while the participant was currently abstinent from drug use, he did have a history of previous substance abuse. It is possible that his own recovery status may have adjusted the results. The study requested for all males to be currently sober but did not discard participants who had previously been addicted.

Additionally, sample selection may have posed another limitation to the study. The sample consisted of five Caucasian male-identified individuals. Generalizability beyond the parameters of a Caucasian-identified male are limited, as minorities were not

represented in the study and all participants were looking at their experience through a privileged lens. It is unknown whether minority representation could have adjusted the identified themes. Additionally, the study focused on cisgender male experiences and neglected LGBTQ couples or males who do not identify as cisgender. It is imperative to note that the discovered results reflect the experiences of heterosexual cisgender males and does not include how individuals who identify differently may observe the phenomenon.

Finally, sample selection may have posed another limitation to the study. The sample was recruited through Al-Anon and Nar-Anon social media webpages, which promotes homogeneity of the sample. Four of the five participants were members of Al-Anon, which may have impacted how they articulated their experiences to the interviewer. Al-Anon and Nar-Anon may have provided the participants with a specific type of language to describe their experiences. Participants who volunteered for the study might have strong opinions, positive or negative, about how they were impacted by their relationship with their partner. An individual who had a negative experience may be less willing to disclose details about their relationship.

Suggestions for Future Research

While the study did shine light on a neglected area of research, it is imperative that other sub-topics are explored to enhance the topic. One potential study could be the creation of a measurement to examine the validity of the proposed themes and sub-themes that evolved from the study. Once a scale is created, I can conduct factor analysis to determine if particular dimensions are present.

Furthermore, the present study focused on heterosexual couples and it was revealed that the sober partner does experience consequences as a result of their partner's addiction. However, it would be important to investigate implications of the phenomenon on homosexual couples to investigate similarities and differences. Currently, there is no research on the experiences of LGBTQ sober partners who are romantically involved with addicted individuals. It would be worthwhile to pursue the line of research to better understand how the phenomenon translates into various kinds of couples.

The participants briefly discussed optimism regarding the prognosis of their relationships with their partner. This brief discussion about optimism could inspire a future research study regarding how resiliency and hope is formed in a relationship with a partner who struggles with an addictive disorder. Additionally, it would be important to note how resiliency and hope affect the wellbeing of the sober partner as well as the addicted partner. Participants also discussed how the presence of children impacted their willingness to engage in the relationship. A potential study could involve a correlational research design to determine the effects of the presence of children on sober partner satisfaction regarding the relationship.

I indicated potential areas to address with clients who experience the phenomenon of romantic involvement with addicted partners. Previous research on addiction treatment has exposed the vitality of social support for addicted individuals. According to previous research, the presence of social support improves the overall prognosis of the individual struggling with the substance use disorder (Finney et al., 1981a, 1981b; Longabaugh et al., 1995). Therefore, it may be useful to implement an intervention study that involves

working with male sober partners and measuring the outcome of their addicted partner's time in treatment.

While all of the sober males in the present study were currently in romantic relationships with their partners, an exploration on the experiences of males who have terminated their relationships with their partners might be another avenue of research. It may also be worthwhile to explore post-traumatic growth on sober partners who lost their romantic partners to addiction. Researchers could examine the participants' wellbeing or lack thereof post-relationship and their level of functionality. Currently, there does not appear to be any research on this topic.

Researcher Reflection

When formulating the development of this study, I knew that the project was going to be challenging. Research has demonstrated males' wariness in exposing their own personal stories that involve feelings of distress and disempowerment. Even my dissertation committee, while excited about the idea, were reserved about the ease of participant recruitment. It was clear that just the reservation of males to come forward about their stories could be the explanation for why this was an underdeveloped area of research.

Surely, the participant recruitment stage was a taxing one. I initiated various attempts to locate potential interviewees, which manifested as a very stressful endeavor. I am eternally grateful for the numerous doctoral students, faculty, mentors, colleagues, co-workers, and other working professionals who assisted me in the participant recruitment stage. Without them, I would not have been able to locate participants who would speak about their experiences.

While I knew that I had an arduous process ahead of me, I wanted to pursue a topic that was oriented around my own passions as a researcher. As a substance abuse counselor, I have always been intrigued about how addiction not only impacts my individual clients, but also their surrounding social supports, specifically their romantic partners. I witnessed first-hand how familial involvement in treatment benefitted my clients' prognosis. However, I also observed many frustrated and overwhelmed family members and partners as a result of their family member's addiction. I wanted to know more about the experiences of individuals who are romantically involved with a person struggling with addiction to identify motivations for conserving the relationship as well as implications that they had faced as a result of the unpredictable nature of addiction.

I am so unbelievably grateful for the participants who came forward to share their stories. Without them, I would not have data to analyze or a dissertation to defend. They found the courage to speak to someone that they did not know about a very intimate part of their personal lives. For all genders, this is a difficult task. For males, societal expectations to "man up," keep their mouths shut, and carry on, coming forward to share their experiences, it is nearly impossible. I thank each of you for your willingness to color outside the lines to give us the tools to help others like you in the same predicament.

Appendix A

Recruitment Email

Hello potential participant,

I hope this email finds you well. My name is Katharine Sperandio, and I am a third-year doctoral candidate in the Counselor Education and Supervision program at William & Mary. I am currently undergoing the dissertation process and am searching for participants for my study, entitled: *When a man loves a woman: The lived experiences of male sober partners in romantic relationships with women who engage in substance abuse* (IRB # EDIRC-2018-10-05-13185-cfgres). The purpose of the study is to conduct a phenomenological exploration of the lived experiences of male-identified individuals who have romantic partners struggling with substance use issues.

Participants must comply with all of the following eligibility requirements:

1) Participants must identify as male
2) Participants must be at least 25 years old
3) Participants must be in a heterosexual romantic relationship
4) Participants must be in a romantic relationship for at least 5 years
5) Participants must have a partner who has engaged in substance abuse for at least 1 year
6) Participants will have partners who are active in their addiction OR recovery

Interviews will be conducted confidentially via telephone or Skype, depending on your availability and preference, with each interview lasting approximately 30 minutes. If you believe that you are willing and able to participate OR if you know of someone who may be willing to participate, please contact me directly at krsperandio@email.wm.edu. Thank you for taking the time to read this email, and I look forward to hearing from you.

Sincerely,

Katharine Sperandio

Appendix B

IRB Draft

Rationale

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), approximately 19.7 million people aged 12 or older had a substance use disorder in 2017 according to criteria indicated in the DSM-V (SAMHSA, 2017). As clearly demonstrated, addiction impacts a significant proportion of individuals living within our society. The literature supports that addictive disorders do not only impact the individual, but also the entire family system (Brown & Lewis, 1999).

It is conservatively estimated that an individual with a substance use disorder directly impacts six to ten other individuals on a daily basis (Thomas, Santa, Bronson, & Oyserman, 1987). Given the relational aspect of addiction, it must be discounted as an individual issue (Chene, 2005; Harkness, 2003; Rotunda & Doman, 2001; Rotunda, Scherer, & Imm, 1995; Rotunda, West, & O'Farrell, 2004; Wright & Wright, 1991), but rather as a relational issue. Additionally, considering the protective nature of social supports for an individual's recovery, it is crucial to consider that the well-being of surrounding persons is correlated with the well-being of the individual battling an addictive disorder.

An individual's treatment prognosis has been shown to have strong correlation to surrounding sober supports (Maume, Ousey, & Beaver, 2005; Sampson & Laub, 1993; Umberson, 1987). A person who is significantly impacted by an individual's substance use is the romantic partner due to their physical and emotional proximity (Naylor & Lee, 2011). The addictive disorder quickly becomes the "central organizing principle" within

the romantic relationship as it quickly permeates the thoughts, feelings, perceptions, and behaviors of both partners involved in the partnership (S. Brown & Lewis, 1999).

While substance abuse is evidently associated with a wide range of negative social and health consequences for the substance abuser, it may also substantiate similar consequences to surrounding individuals, such as the intimate partner (Storvoll, Moan, & Lund, 2016). The current research has revealed that romantic partners experience various consequences as a result of their involvement in a romantic relationship with an individual who partakes in substance abuse such as depression and anxiety symptomology, loss of recognition for one's wants or needs, demonstration of a withdrawn personality, substance abuse behaviors, interpersonal impairment, a higher propensity for physical health concerns such as ulcers and higher blood pressure as a result of intense levels of stress, domestic violence, and an inability to partake in self-care to ward off numerous physical and mental health issues (Peled & Sacks, 2008; Naylor & Lee, 2011; Brown & Lewis, 1999).

Given the implications of addictive behaviors on surrounding supports, it is essential to expand the body of literature to increase the understanding on how to best assist individuals who are experiencing this phenomenon. While there has been some qualitative exploration on family members' experience regarding addiction, recovery, and recovery advocacy (White & Savage, 2005), the current information on spousal experience in addictive relationships is limited and anecdotal (Brown, 1994).

The research has indicated numerous implications for sober partners in addictive relationships, although the specific lived experiences of male sober partners have been vastly overlooked. The current known research on implications of addiction on the sober

partner has focused on sober female partners (Naylor & Lee, 2011). It is questionable whether sober male partners experience parallel implications of addictive relationships as female sober partners or if societal gender norms create a delineation of male and female experiences. Shining light on an unknown area of research will better prepare helping professionals to better understand the phenomenon so as to help clients with their experiences.

Participants

The proposed question for the study is: What are the lived experiences of sober males when they are in a romantic relationship with a partner who engages in substance abuse? In order to answer this question, the study will be conducted from a phenomenological lens to determine the commonalities between participants in depth as they live their experiences. Participants will be recruited through purposive and criterion sampling. The criterion for eligibility in the study is as follows:

1) Participants must identify as male
2) Participants must be at least 25 years old
3) Participants must be in a heterosexual romantic relationship
4) Participants must be in a romantic relationship for at least 5 years
5) Participants must have a partner who has engaged in substance abuse for at least 1 year
6) Participants will have partners who are active in their addiction OR in recovery

Five to ten participants will be recruited for the study as this is the recommended sample size for a phenomenology (Mertens, 1998). To recruit participants, I will reach out to contacts in the community, in hopes that they will pass along information for the study to

potential participants. A potential community contact is Williamsburg Place, which is an addiction treatment facility. I will also publicize the study on social media avenues (Facebook, Twitter, Reddit). In addition, I will attempt to utilize Qualtrics, if available, to gain participants. To protect participant confidentiality, no data will be tied to identifying information and all participants will be granted a pseudonym.

Privacy and Confidentiality

All efforts to protect the privacy and confidentiality of the participants will be attempted. In order to appropriately protect participant confidentiality, all participants will be assigned a pseudonym. No identifying information will be collected for the duration of the study.

Results

Participants will be granted the opportunity to opt in to view the results of the study.

Appendix C

Informed Consent

I, the participant, agree to participate in the aforementioned research study, which has been designed to investigate the experiences of male sober partners when they are in a romantic relationship with a partner who engages in substance abuse behaviors. As a participant, I understand that I am free to withdraw from the study at any time without consequence. Any questions I may have be directed to the primary researcher, Katharine Sperandio (krsperandio@email.wm.edu). Additionally, I may contact Drs. Charles Gressard (cfgres@wm.edu) or Daniel Gutierrez (dgutierrez@wm.edu), the faculty dissertation co-chairs for the student conducting this study. Additionally, I may contact the other faculty on the dissertation committee Drs. Charles "Rip" McAdams (crmcad@wm.edu) and Tracy Cross (tlcross@wm.edu). I may also contact the chair of the PHSC, Dr. Thomas Ward (tjward@wm.edu).

All information gathered during this study will be confidential. Participation will be anonymous and identifying information (name, date of birth, etc) will not be connected to the data. All participants will be provided with a pseudonym in order to protect confidentiality.

This research project will take approximately 30 to 45 minutes to complete. I will be contacted via skype or telephone in order to provide information about my experience of involvement in a romantic relationship with a partner who engages in substance abuse. By partaking in this study, I understand that I will not be given any compensation.

By completing this questionnaire, I consent to take part in this research study. I confirm I fit the following criteria: 1) I am at least 25 years of age, 2) I identify as male,

3) I am in a heterosexual romantic relationship, 4) I have been in a romantic relationship with mentioned partner for at least 3 years, 5) substance abuse has been present for at least 1 year, 6) partner is currently abusing substances OR is in recovery.

Appendix D

Demographic Questions

1. How old are you? How old is your partner?
2. Where do you live? (City/state/country)
3. What is your identified ethnicity/race?
4. What is the status of your relationship with your partner?
    a. Married?
    b. Cohabitating?
    c. Dating?
    d. Engaged?
    e. Other?
5. How long have you been in a relationship with your partner?
6. Do you have children with your partner?
7. Who all lives in the household?

Appendix E

Interview Questions

1. How would you describe your relationship with your partner?
    a. Follow-up questions:
        i. How do you interact with one another?
        ii. How do you feel about your partner?
        iii. What's it like being in a relationship with this person?
2. What is your partner's preferred substance?
    a. Follow-up question:
        i. How long has substance use been present? *If no longer present, how long was it present?*
3. How did you come to be aware of the presence of substance use [or the fact that your partner is in recovery] within the relationship?
    a. Follow up questions:
        i. Can you describe that situation to me?
        ii. What were you aware of at that time?
        iii. Can you think of another time when you were aware of the substance abuse in your relationship?
4. Tell me about how the dynamics of your relationship has been affected by the presence of substance use [or the fact that your partner is in recovery] in the relationship.
5. Tell me what *you* have experienced as a result of your partner engaging in substance use or your partner being in recovery.

6. When thinking about your relationship with your partner, describe your roles and responsibilities within the partnership
    a. Follow-up questions:
        i. How did your roles and responsibilities change as you became aware of the presence of substance use?
        ii. How did you perceive your own responsibilities and contributions to the relationship?
        iii. How did you and your partner come to decide on specific responsibilities within the partnership?

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Vita

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Education

2019 **William & Mary, CACREP Accredited**
Williamsburg, Virginia
Doctor of Philosophy in Counselor Education and Supervision
Cognate: Addictions Counseling
Dissertation: *When a man loves a woman: The lived experienced of male sober partners in romantic relationships with women who struggle with addiction*

2014 **William & Mary, CACREP Accredited**
Williamsburg, Virginia
Master of Education in Marriage and Family Counseling

2007 **Texas A&M University**
College Station, Texas
Bachelor of Science in Psychology

Work Experience

Doctoral Student Co-Director. (New Leaf Clinic, William & Mary, Williamsburg, VA, August 2018-present). Oversee all administrative and clinical aspects of the clinic, provide individual and group supervision to Master's level interns, collaborate with college and Williamsburg community to obtain client base, and work from a Motivational Interviewing-based approach with clients who engage in problematic substance use behaviors.

Doctoral Student Co-Director. (Project Empower, William & Mary, Williamsburg, VA, August 2016 - present). Oversee all administrative aspects of the program, assist in the transition of the program into a mentorship service, implement a 12-week curriculum designed to increase at-risk high school students' social capital, consult with local school system to allow for effective collaboration, facilitate group and individual supervision for Master's-level student interns, and provide individual counseling services for 4-5 high school students who display higher risk behaviors in the schools.

Counselor. (AMHA Methadone Clinic, Philadelphia, PA, February 2016-August 2016). Provided substance abuse individual and group counseling for clients on methadone maintenance therapy, completed documentation to remain compliant

with insurance standards, collaborated with other professionals regarding client care, and created a new Women's Group for female-identified clients.