DEDICATION

I dedicate this dissertation to the women in this study whose bravery and faith have inspired me and whom I have grown to love! I have spent nearly every day with them for the past year and a half. I feel as though I know each of them intimately. Many thanks to them for so vulnerably finding and using their voices as advocates for women!
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At the end of my first semester in my Ph.D. program, laden with imposter syndrome, I felt impressed to climb a mountain before the next school year. Months later, with not enough preparation but lots of prayer, I climbed Mount Timpanogos with my husband Scott by my side. We had multiple severe adversities along the way, including health challenges, running out of water, getting lost, and facing a ferocious rainstorm. Each struggle drove us to our knees, praying for a miracle. And each time, God provided miracles through angels and mighty works, allowing me to reach the lofty peak. This accomplishment would stand as a symbol to me that I could accomplish the impossible. The miracles revealed that I was not on this educational journey alone. When I descended from that mountain, I was a different person. My confidence had increased and my resolve to finish had strengthened. God Almighty, I acknowledge Your guidance, support, strength, and love every step of the way!

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ABSTRACT

HEIDI F. HASTINGS

THE IMPACTS OF A PARTNER’S PROBLEMATIC PORNOGRAPHY USE ON A RELIGIOUS WOMAN: A CONSTRUCTIVIST GROUNDED THEORY EXPLORATION

AUGUST 2023

Empirical research suggests that pornography use often becomes problematic for men, and their partners may experience feelings of betrayal that result in physiological and psychological manifestations of severe distress. A significant number of cisgender heterosexual married couples are negatively impacted by and seek therapeutic treatment for problematic pornography use (PPU; Ayres & Haddock, 2009). Religion has been linked to increased distress in male pornography users (Grubbs et al., 2017; Grubbs et al., 2018); however, their female partners have been largely overlooked in the existing body of pornography research. The purpose of this study is to understand the unique experiences of religious women and pornography use by a partner. The research question, “How do religious women navigate the experience of a husband’s problematic pornography use?” was analyzed using constructivist grounded theory (CGT). Identity development theories and feminist hermeneutics were used as launching points.

Data was collected through semi-structured qualitative interviews with 31 religious or spiritual women from Christian, Jewish, Muslim, and spiritual faiths, and their experiences with PPU were examined. Through an iterative analysis and comparison process, a theory illuminating the process before, during, and after discovery of a husband’s PPU has emerged from the data, suggesting a developmental aspect to her experience. The stages of betrayal and self-development model emerged, highlighting five stages and themes within the woman’s process, including Innocence, Crisis, Aftermath, Healing, and Transformation. Multiple
subthemes were identified within each stage. Religious women’s experiences reflect the impact of this phenomenon on their identity, which in part includes aspects of sexuality and religiosity. Some risk factors were identified that made women more vulnerable to trauma and abuse within the marriage. Moreover, shame and silencing were found to keep women in a state of crisis for longer periods of time. However, the interviews reflected that perceptions of self, womanhood, religion, sex, and God evolved over time, influencing how a woman healed and transformed following the discovery of her husband’s PPU. The need for educating clinicians and clergy to be sensitive to the experience of distressed women is discussed.

*Keywords:* pornography, religious women, identity development, feminist hermeneutics, constructivist grounded theory
TABLE OF CONTENTS

DEDICATION .................................................................................................................... ii
ACKNOWLEDGEMENTS ............................................................................................... iii
ABSTRACT ....................................................................................................................... v
LIST OF TABLES ............................................................................................................. xi
LIST OF FIGURES ......................................................................................................... xii
I. INTRODUCTION ....................................................................................................... 1
  Statement of the Problem .......................................................................................... 2
  Purpose of the Study ................................................................................................ 4
  Research Question .................................................................................................... 5
    Definition of Terms ................................................................................................ 5
    Assumptions ............................................................................................................ 7
    Delimitations .......................................................................................................... 7
  Summary ..................................................................................................................... 8
II. LITERATURE REVIEW ............................................................................................. 9
  Theoretical Orientation ............................................................................................... 9
    Identity Development Theories ............................................................................. 10
    Feminist Theory ..................................................................................................... 14
  Historical Context ..................................................................................................... 18
  Review of the Literature .......................................................................................... 19
    Pornography and Couples ..................................................................................... 22
    Pornography and Religion ..................................................................................... 25
    Pornography and Women ....................................................................................... 28
Gaps in the Literature .................................................................................................................. 31
Summary ...................................................................................................................................... 32
III. METHODS ............................................................................................................................. 33
Introduction ................................................................................................................................. 33
Epistemological Positioning ......................................................................................................... 34
Grounded Theory Methodology ................................................................................................... 36
  Constructivist Grounded Theory ............................................................................................... 37
Procedures .................................................................................................................................... 38
  Recruitment ............................................................................................................................... 38
  Sample ......................................................................................................................................... 40
  Data Collection .......................................................................................................................... 42
  Analysis ...................................................................................................................................... 42
Summary ....................................................................................................................................... 46
IV. FINDINGS ............................................................................................................................... 47
Stage 1: Innocence ....................................................................................................................... 51
  Naive Beliefs ............................................................................................................................. 51
  Naive Trust ............................................................................................................................... 56
  Naive Assumptions .................................................................................................................... 57
  Relinquishing Power .................................................................................................................. 59
Stage 2: Crisis ............................................................................................................................... 61
  Something Isn’t Right ............................................................................................................... 61
  Discoveries and Disclosures ..................................................................................................... 65
  Trauma Responses .................................................................................................................... 68
V. DISCUSSION, IMPLICATIONS, LIMITATIONS, AND CONCLUSION ...................... 108

Discussion ............................................................................................................ 108
Aspects of Religious Marriages ........................................................................... 108
Trauma of Discovery and Silencing of Women ...................................................... 111
Disentangling From Others .................................................................................. 114
Getting Unstuck ..................................................................................................... 116
Evolution of Self ..................................................................................................... 118

Implications ............................................................................................................ 122
Implications for Women ........................................................................................ 122
Implications for Couples ....................................................................................... 123
Implications for Clinicians .................................................................................... 124
Implications for Relationship Educators .............................................................. 126
Implications for Religious Leaders ....................................................................... 127

Limitations and Future Research ......................................................................... 128

Summary ................................................................................................................ 131

REFERENCES ....................................................................................................... 133

APPENDICES

A. IRB Approval ..................................................................................................... 179
B. Recruitment Flyer .............................................................................................. 180
C. Informed Consent .............................................................................................. 181
D. Demographic Questionnaire ............................................................................. 187
E. Interview Protocol .............................................................................................. 189
LIST OF TABLES

1. Participant Demographics........................................................................................................ 50
LIST OF FIGURES

1. Stages of Betrayal and Self-Development Model................................................................. 47
CHAPTER I
INTRODUCTION

The topic of pornography is deeply divided and even contentious in recent academic literature (Grubbs et al., 2018), particularly concerning whether it is helpful or harmful to couples (Bennett-Brown & Wright, 2022; Gaber et al., 2019; Kohut et al., 2017) and whether or not it can be addictive (George et al., 2019; Grubbs et al., 2019; Hilton, 2013; Prause & Williams, 2020). Historically, there has been a largely negative stance in academic literature toward pornography use (Rasmussen, 2016); however, more recently, there has been a growing body of research depicting pornography with positivity (Kohut et al., 2017; Shuler et al., 2021; Vaillancourt-Morel et al., 2020). These two conflicting bodies of research suggest that pornography impacts sexual and relational outcomes for couples differently based on several variables. Doing a grounded theory study that is data-driven can help us better understand why, despite new research that pornography has positive outcomes, therapists are still seeing a significant number of women that are highly distressed and experiencing adverse outcomes from partner pornography use (Manning, 2006; Ruffing et al., 2022; Sharma et al., 2021).

Most research concurs that gender discrepancies exist across multiple aspects of pornography use. Men are more accepting of pornography than women (Carroll et al., 2017), more likely to view pornography (Perry & Schleifer, 2018), view it at least weekly (Willoughby et al., 2021), view it in isolation (Perry & Schleifer, 2018), and have more negative relational outcomes (Augustus, 2022; Wright & Herbenick, 2022; Wright et al., 2017). Furthermore, one body of recent research suggests that religion may play a significant role in the negative outcomes for men who believe they are addicted to pornography or have problematic pornography use (PPU), resulting in cognitive dissonance and deep distress when there is a
misalignment between beliefs and behaviors (Grubbs et al., 2017; Grubbs & Perry, 2019; Grubbs et al., 2019; Perry & Whitehead, 2019). And yet, women who report never viewing pornography are more likely to be in a relationship with a man who views it at least weekly (Willoughby et al., 2021). In couples where such gender discrepancies in pornography viewing exist, research shows less positive communication, more contention in the relationship, lower female desire, and more male aggression (Willoughby et al., 2016). The question then arises, if pornography is so widely used in modern society and has such negative outcomes for men, especially religious men, what about their wives? A small but growing body of academic research is focused on the woman's experience with partner PPU, and while few have findings concerning the religious women's experience (Manning, 2006; Ruffing et al., 2022; Zitzman & Butler, 2009), none have focused solely on religious women, whom research indicates are more vulnerable to distress at their partner’s use of pornography (Perry, 2019; Ruffing et al., 2022). Thus, exploring religious women's personal experiences with their husband's use of pornography is necessary to better understand how women are impacted by pornography use.

**Statement of the Problem**

Pornography has become increasingly prevalent in society with the technological advancements of the internet and smartphones. As predicted by Cooper in 1997, the internet’s affordability, anonymity, and accessibility have combined to create a “Triple A Engine,” powerfully driving participation in online sexual behaviors (Cooper et al., 2004, p. 131). Twenty-five years later, the reality of the prediction is seen as one top pornography website recently reported that of billions of searches for pornography, with the vast majority accessed via smartphones (Pornhub, 2022). Academic studies are showing similar trends. One large US study ($N = 15,738$) reported at least weekly viewing of pornography by 46% of men and 16% of
women under 40 (Regnerus et al., 2016). In a US sample of mixed-gender couples ($N = 1,755$), 71% of men and 34% of women reported viewing pornography the previous year (Willoughby et al., 2016). And in a Canadian sample of mixed-gender couples ($N = 430$), 92% of men and 83% of women reported having used pornography since the formation of their relationship (Kohut et al., 2017). A more recent study of Canadian couples ($N = 216$) who recorded pornography use in daily diaries over 35 days showed a much higher rate of pornography use, with 84% of participants viewing it at least once during the study (Vaillancourt-Morel et al., 2020). This finding suggests pornography use is rapidly increasing, and recollection of past use may result in under-reporting in the abovementioned studies.

A plethora of research suggests that pornography use negatively impacts relational and sexual wellness in romantic relationships, with the most significant negative impacts targeting religious individuals and couples. For example, research has shown religious men who view pornography are more likely to experience depression, anxiety, shame, distress, and see themselves as addicted to pornography (Borgogna et al., 2020; Grubbs et al., 2015; Grubbs & Perry, 2019; Grubbs et al., 2019; Perry, 2016; Perry & Schleifer, 2018; Perry & Whitehead, 2019). The impacts have been so concerning that 16 states in the US with highly religious populations have drafted resolutions to ban pornography and consider it to be at the root of a health crisis (Landers, 2022). Furthermore, the risk for social and psychological distress in religious men has been shown to increase when a partner is highly religious (Perry, 2016). However, much of the story remains yet to be examined concerning the intricacies of the negative impacts on individuals and relationships, particularly from the viewpoint of the non-using partner. Limited research has shown that some women with partners who view pornography experience intense emotional, physical, and sexual responses related to feelings of
betrayal and often seek clinical treatment (Manning, 2006; Schneider et al., 2012; Shuler et al., 2021; Szymanski et al., 2015; Zitzman & Butler, 2009). While it is important to note that the husbands of such women may or may not consider their use of pornography to be problematic, understanding the perspectives and experiences of religious women is essential in helping religious leaders, clinicians, and family educators acknowledge the role of faith, religion, and spirituality in the treatment of women and couples experiencing this phenomenon.

Furthermore, it is important to acknowledge that not all religious women find a partner's pornography use problematic. One study with nearly two-thirds of the women affiliating with religion found more than eight in 10 women agreed at least minimally that pornography allows their partner to “independently manage his own sexual needs” (Ruffing, 2022, p. 57). Yet, a gap in the literature exists concerning the unique experiences of religious women when they perceive their partner's use of pornography as distressing and problematic. This study seeks to fill that gap.

**Purpose of the Study**

Some married couples have created sexual boundaries prohibiting the use of pornography; therefore, perceptions that commitment, fidelity, and trust are compromised may occur with the discovery of a partner's use of pornography. For example, a husband's pornography use can cause overwhelming feelings of distress and betrayal in religious women (Willoughby et al., 2016; Zitzman & Butler, 2009). To further investigate this phenomenon, the current study’s aims are three-fold; first, to explore religious women’s experience through the lenses of identity, feminism, and religiosity; second, to identify the processual nature of religious women’s suffering and healing, leading to the creation of a theory; and third, to identify key
concepts for providing culturally sensitive care by clinicians, educators, and religious leaders who often provide care for women distressed by a husband’s PPU.

**Research Question**

An exploratory study is used to guide and answer the following research question:

RQ1: How do religious women navigate the experience of a husband’s problematic pornography use?

An ever-increasing body of research on the topic of pornography demonstrates that its intersection with religion impacts individuals and couples who are devout in their faith differently than others. From the perspective of religious women, partners’ pornography use has been found to rupture bonds of attachment and trust (Zitzman & Butler, 2009); therefore, it is vital to investigate how that process impacts the women and the marital relationships to adequately provide support, interventions, and modalities of treatment for those seeking clinical assistance (Manning, 2006).

**Definition of Terms**

**Pornography**

Media content regarded as sexual, including nudity and visual depictions of explicit sexual acts with the intent to sexually arouse consumers (Wright et al., 2017).

**Problematic Pornography Use**

In this study, this is a participant-defined term. If the participant perceived her partner's pornography use to be problematic, or if her partner believed his pornography use to be problematic, she qualified for inclusion in the study. Self-perception or partner perception that pornography use is problematic, often resulting in distress (Szymanski et al., 2015). Such
perceptions are subjective, with each individual defining what is problematic differently (Willoughby et al., 2016).

**Compulsive Sexual Behavior Disorder**

Recently, the World Health Organization’s (WHO, 2022) International Classifications of Diseases, Version 11 (ICD–11) subsumed pornography under the larger category of compulsive sexual behavior disorders. Pornography is categorized as an impulse control disorder that has consumed one's life to the detriment of one's health, family relationships and duties, and/or employment obligations (WHO, 2022). Furthermore, pornography is the most reported type of compulsive sexual behavior (Grubbs & Perry, 2019). In this study, it is important to note that the women's perception of PPU does not necessarily mean the husbands' use would meet the ICD-11 guidelines for compulsive sexual behavior disorder. According to the *ICD–11*, it is defined as:

> The pattern of failure to control intense sexual impulses or urges and resulting repetitive sexual behavior is manifested over an extended period (e.g., six months or more) and causes marked distress or significant impairment in personal, family, social, educational, occupational, or other important areas of functioning. Distress related to moral judgments and disapproval about sexual impulses, urges, or behaviors is insufficient to meet this requirement. (WHO, 2022)

**Religiosity**

Current and former personal and familial religious practices (Nelson et al., 2010), including communal concepts such as religious rituals (attendance at a place of worship, reading sacred texts, prayer), experiences (personal relationship with God, development of faith, the purpose of life), ideologies (religious beliefs, view of the Bible), knowledge (scriptural, doctrinal, Bible stories), and consequences (impacts of religious beliefs on other areas of life, sexual attitudes,
moral judgments; Faulkner & De Jong, 1966). Religion is a path for some to practice spirituality (Burkhardt, 1989).

**Spirituality**

A personal and intrinsic relationship with or feelings about God or a Higher Power (Hill et al., 2000), beyond or separate from religion. A journey of seeking truth (Barber, 2019) and for the sacred (Wuthnow, 1998), accompanied by experiences, thoughts, feelings, and behaviors of a divine nature.

**Assumptions**

1. The participants are open and honest in telling their experience with their partner's PPU.
2. The participants are women of faith, either religious, spiritual, or both.

**Delimitations**

In this study, I have chosen to collect data from religious women who are or have been in a heterosexual, cisgender marriage where pornography use has been problematic for several reasons. First, research shows more distress in religious men who view pornography when a partner is highly religious (Perry, 2016), so understanding the underlying factors related to a woman's distress is essential. Each participant self-identified as religious or formerly aligned with religion. Second, attitudes surrounding pornography use within committed marital relationships may be different for couples who have an expectation of trust and attachment (Zitzman & Butler, 2009; Willoughby et al., 2015); therefore, only women who are currently or previously married to a husband who used pornography were included in the sample. Third, this study seeks to understand differences that align with gender surrounding the PPU of a partner, so the sample is limited to mixed-gender couples. And fourth, the women's perception is that their
husbands' pornography use caused problems in the relationship. As mentioned above, for this study, what makes their husbands' use problematic is determined by the women rather than by a clinical diagnosis. Furthermore, whereas PPU is one small component of compulsive sexual behaviors, I expect to see this as a co-occurring behavior in some men. Research shows that screening it out would be a fatal flaw as it would diminish the severity of PPU reported by the participants.

Summary

In academic research, the hotly debated topic of pornography is focused primarily on the pornography user, typically men, and their unique rather than shared perception of interpersonal (e.g., relational satisfaction, sexual satisfaction) and intrapersonal (e.g., sexual confidence, shame, body satisfaction) constructs (Wright et al., 2017). And yet, a significant number of individuals and couples continue to seek therapeutic help for PPU (Manning, 2006; Ruffing et al., 2022). Whereas the ICD-11 defines compulsive sexual behavior disorder as uncontrollable sexual behaviors causing dysfunction and distress in multiple aspects of life, including family life, it is vital to investigate for whom and under what conditions a pornography user's family relationships are distressed and cease to function appropriately (WHO, 2022). To date, there is a body of research linking pornography use with negative outcomes, including distress, especially for religious males; however, religious women who are married to men who view pornography are an understudied population in pornography research. As previously mentioned, this dissertation seeks to fill that gap by exploring this phenomenon through the eyes of religious women, using the theoretical lenses of identity development and feminism to inform the constructivist grounded theory (CGT) analysis with the intent to create a theory to influence clinical, religious, and relational resources.
CHAPTER II
LITERATURE REVIEW

Many of the terms used to capture pornography use that is deemed out of control are considered controversial among scholars. Some call it an addiction (Carnes et al., 2009; Love et al., 2015). However, some critics of the term addiction claim that such a diagnosis absolves the individual of moral responsibility (Coleman, 1987). Other critics, such as the American Association of Sexuality Educators, Counselors, and Therapists (AASECT), have rejected the term addiction as related to sexual behaviors, especially pornography use, for lack of empirical evidence (Hall, 2021). Because there is no clear evidence in research on whether pornography use is an addiction, it is often diagnosed in America using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) under the category of compulsion disorder. Other scholars refer to uncontrolled pornography use as hypersexual behavior or PPU (Bóthe et al., 2019). Regardless of how people define or conceptualize this phenomenon, clinicians encounter individuals and couples who report this behavior and women who experience significant distress linked to a male partner's viewing of pornography. For this study, we refer to the phenomenon as PPU, defined by how it is perceived by a partner, elevating the pornography consumer's marital relationship as the most prominent.

Theoretical Orientation

Empirical research has identified a relationship between PPU and poor outcomes for women who are partners of pornography consumers (Aghamiri et al., 2021; Schneider et al., 2012; Wright & Tokunaga, 2018). However, important questions concerning what influences resultant negative outcomes have yet to be answered. As "points of departure" (Charmaz, 2006, p. 17), or in other words, concepts that provide a starting place for considering this phenomenon,
my inquiry will utilize the theoretical lens of identity development to focus on intrapersonal aspects of a woman’s experience and feminist hermeneutics to examine interpersonal aspects of the phenomenon. These theories will assist in identifying and interpreting the processes and conditions within the women’s experiences; however, it is important to note that in grounded theory studies, the theories are mere "points of departure" for the way the data is analyzed rather than molds within which the data must fit (Charmaz, 2006, p. 17).

When a husband's pornography use has been secretive, a woman's understanding of herself, her marital relationship, and her religious beliefs may abruptly change at the point of discovery, impacting her identity. Because a woman's identity may be an amalgamation of multiple social structures (e.g., gender, religious, couple, and cultural or community identities; Brewer & Gardner, 1996), when some aspects of her identity are compromised, it is helpful to understand the impact upon her individual and relational development across the lifespan. Furthermore, in this study, the woman's identity was analyzed through feminist theory, explicitly using feminist hermeneutics, a means of interpreting religious texts, art, or human acts in a way that draws attention to the role of women in otherwise male-dominated narratives. The resultant identification of possible power imbalances, maltreatment, inequality, and abuse of women, as well as sistering, ministering, healing, and growing, is vital in taking steps of change to work toward ending the marginalization of women.

Identity Development Theories

Erikson’s Psychosocial Development Theory

Psychologist Erik Erikson, a pioneer in identity research and grandfather of psychosocial development theory, created a foundation for understanding how identity is formed and how we relate to the world around us (Erikson, 1950, 1968). His theory includes eight developmental
stages across the lifespan; each introduced through a psychosocial crisis, necessitating decision-making that results in either a positive or negative resolution of each stage. Of Erikson's stages, stages five (identity vs. confusion) and six (intimacy vs. isolation) are relevant to the current study topic. Erikson indicated that as the ability to maintain one's sense of self increases, so does the ability to become more intimate, leading to fidelity and commitment in relationships. The inability to know oneself will impede intimacy, lead to isolation, and result in superficial relationships void of commitment. Within romantic relationships, a shift from personal identity often occurs in exchange for forming a couple's identity (Brewer & Gardner, 1996). However, when one's identity remains confused, and merges with a partner's, a sense of self may merely reflect a partner's preferences, goals, values, and beliefs, becoming dependent upon a spouse for validation rather than exhibiting confidence rooted in a strong self-identity. Loss of personal identity in couples may impact intimacy such that it impedes the ability to function emotionally, sexually, and relationally (Schnarch, 2009).

While adolescents and emerging adults were central to much of Erikson's research, his later focus was on the evolutions of adult identity spurred by significant life transitions, psychological and physical changes, and difficult life circumstances (Kroger, 2014). Identity crises that arise multiple times during adulthood may necessitate revisiting identity commitments made earlier in life and reconsidering the question "Who am I?" (Erikson, 1968). Furthermore, it is difficult to ascertain whether uncomfortable life changes in adulthood trigger newfound crises, once again necessitating exploration of one's sense of self, or whether the poor resolution of former identity crises makes one more vulnerable to identity questioning (Kroger, 2018). Nevertheless, Erikson noted that the process of achieving identity is best met as levels of differentiation increase (Erikson, 1968), an idea shared by Murray Bowen's (1976) concept of
self-differentiation, one aspect of family systems theory. Both theories link the ability to distinguish oneself as distinct and separate from others necessary to develop intimacy (Jenkins et al., 2005).

**Marcia's Identity Status Theory**

Psychologist James Marcia elaborated upon the fifth stage of Erikson's psychosocial theory by operationalizing the process of identity questioning, exploration, and commitment (Kroger, 2014; Marcia, 1966). Rather than the polarized approach to the achievement of identity or confusion Erikson proposed, Marcia's expansion embodies an iterative process of crisis and commitment that contributes to ongoing identity development throughout multiple aspects and stages of life. Marcia described a crisis as a "period of engagement in choosing among meaningful alternatives" and commitment as "the degree of personal investment the individual exhibits" (Marcia, 1966, p. 551). For women experiencing a significant crisis, Marcia's (2002) moratorium-achievement-moratorium-achievement (MAMA) model suggests that a natural process occurs that is related to the impacts on a person's identity.

**Kegan’s Identity Model**

Developmental psychologist and therapist Robert Kegan built upon work by Piaget and multiple other theoretical traditions to create a constructivist framework for adult identity development. His model presents five stages of evolution and adaptation of self to one’s social environment, with autonomy and agency increasing at each stage. The stages include: *impulsive* (self-centric, responds to authority, no use of agency), *imperial* (sense of self that is aligned with roles, sees beyond self with limits, projects need onto others), *interpersonal* (sense of self identifies with belonging to a group or relationship, sees others have different views and may bend to their views, victim, personal values not developed), *institutional* (autonomous, protects
boundaries, does not assume responsibility for others’ choices or behaviors), and *interindividual* (self-reflective, self-governing, takes responsibility for learning and self-improvement, sees adversity as leading to growth; Eriksen, 2006; Kegan, 1982). According to Kegan, the transition between stages is achieved through experiential learning that transforms and increases one’s capacity for thinking abstractly. However, nearly two-thirds of adults never progress beyond the *interpersonal* stage because they are more concerned with what others think than about thinking for themselves (Kegan, 2018). Thus, cultural scripts influence the developmental level one achieves (Eriksen, 2006; Kegan, 1982). For example, women are traditionally socialized to thinking aligned with the *interpersonal* stage with expectations of thinking more about others than self, submitting to others will, and living within cultural traditions and expectations without questioning. In contrast, men are often socialized to align with an *institutional* way of being. Kegan’s higher levels of being are only accessible through paradigm shifts that transform one’s thinking from being controlled to self-authoring.

**Collective Identities**

Among the multiple layers of contributions to one's perception of self and identity formation are the intertwining of collective identities. In the present study, culture (Chebotareva & Volk, 2020), couple relationships (Brewer & Gardner, 1996; Emery et al., 2021), religion (Jindra & Lee, 2021; King, 2003), sexuality (Bilsker et al., 1988; Stevens, 2018), media (Brünker et al., 2019; Yang et al., 2018), and gender (Alamin et al., 2020; Newton & Ottley, 2021) are among the shared sub-identities that may intersect to create a sense of self in a woman. An optimal sense of self is achieved as aspects of identity across multiple domains impact an individual's roles, beliefs, goals, relationships, and values, giving direction and meaning to life (Berman et al., 2020).
Discovery or disclosure of a partner’s PPU has been shown to be traumatic for some partners, causing physical and psychological responses similar to those found in other forms of trauma (Tirone et al., 2021; Zitzman & Butler, 2009). In the aftermath of a traumatic discovery, "Who am I?" may need to be explored again. Identity crisis and role confusion can occur when a conflict exists between different aspects of one's identity. For example, religious identity and sexual identity may be conflictual in LGBTQ+ individuals, often resulting in the inability to achieve meaningful intimacy and the isolation or abandonment of one of the two aspects of identity (Bateman, 2019; Dehlin et al., 2015). Likewise, pornography use may be a contributor to psychosocial identity confusion. The resultant inability to achieve intimacy for users whose viewing has become problematic and who report viewing it in secrecy, feelings of shame, loss of autonomy, and lack of intimacy in romantic relationships (Sniewski et al., 2018).

Furthermore, the secrecy of pornography use is even more detrimental for couples when discovered by a partner who may perceive the discovery as traumatic and a betrayal (Zitzman & Butler, 2009). Dozens of studies have found traumatic events to disrupt, distress, and destabilize self-esteem and self-identity, with the severity of PTSD correlated to the impact on identity (Berman et al., 2020; Kouvelis & Kangas, 2021; Scott et al., 2014; Waterman, 2020). Ruptures and loss in romantic relationships are often associated with trauma, impacting the sense of self to the degree that a partner plays a significant role in the other's identity (Aron et al., 1991; Aron et al., 2004).

**Feminist Theory**

Feminists and religion may be strange bedfellows, as patriarchal systems often characterize religion. Thus, there exists a spectrum of feminist ideologies among religious women, ranging from those who are obedient to a patriarchal system to those who may have
internalized feminism and struggle within a patriarchal system. Religious women in some circles blame feminists for destroying the traditional family (Greslé-Favier, 2009), while many in the women's movement fault religion for instilling and promoting male supremacy (Maseno & Mligo, 2019). True, ancient Hebrew culture, upon which biblical scripture is framed, was male-dominated, and translations and interpretations adopted by religions have influenced the maltreatment of women for centuries. However, biblical scholar Phyllis Trible (1973), a pioneer in feminist hermeneutics, claims that religious women can love the Bible and still believe in equality and respect for women. She explained:

> I know that biblical religion is patriarchal, and I understand the adverse effects of that religion on women... Nevertheless, I affirm that the intentionality of biblical faith, as distinguished from a general description of biblical religion, is neither to create nor to perpetuate patriarchy but to function as salvation for both women and men. (Trible, 1973, p. 31)

It is within this feminist framework, one that embraces the value of both women and God, that the current study is best examined. This structure does not sanction turning a blind eye to injustice and bad behavior. However, it also does not reject faith. Instead, both women and God are calling for fair treatment of women.

Feminist hermeneutics, born out of traditional feminist theory, is the most significant informant of such a theoretical lens because of its primary role in the interpretation of the role of women in religion. It places the welfare of women at the center of the exploration of traditionally androcentric sacred texts and art in which the maltreatment of women is distorted or overlooked (Schüssler Fiorenza, 1993). Political and social unrest of the early 1960s, combined with the influence of Betty Friedan's *The Feminine Mystique*, tumult within theological circles, and
personal life changes, led Trible (1978) to study religious rhetoric surrounding God and sexuality. She and a handful of other theologians began to raise questions about the power, domination, and marginalization of women in biblical stories. For example, in the Old Testament story of Adam and Eve (King James Bible, Gen. 2:18, n.d.), the English translation refers to Eve as a 'helpmeet' to her husband, which has influenced the subordinate role of women as a helper to men for centuries. However, Trible’s (1978) feminist hermeneutical study of Jewish translations and traditions of the same story found no indication of inferiority, rather describing Eve’s role with Adam as one of strength, power, helping each other as equals (Freedman, 1983; Noort, 2000; Rosenzweig, 1986). This interpretation supported her call for a different interpretation of the role of women, one in which women and men work together as equals.

Feminist hermeneutic interpretations have empowered women of faith to reconsider their self-identity from a place of strength, construct meaning from religious texts, and find application in the modern world, critically and holistically bringing to light women's complex experiences (Flake, 2021; White, 2022). That said, feminist theologians are not homogenous in thought (Sakenfeld, 1988). The spectrum of ideologies influenced by personal religious experiences and interpretations of scripture span from seeking liberation from ecclesiastical patriarchy and religion (but not from God), attempting to transform patriarchy and religion to be more inclusive of women, and educating women from around the world, including Muslim women (Unal, 2022), African women (Kobo, 2018), and Buddhist women (Langenberg, 2020) about their value and right to fair treatment. Old Testament scholar Katharine Doob Sakenfeld (1988) described a feminist as "one who seeks justice and equality for all people and who is especially concerned for the fate of women -- all women -- in the midst of all people" (pg. 5). Such a definition of feminism aligns well with the purpose of this study.
Feminist hermeneutics uses three strategies of interpretation, including a) feminist hermeneutics of suspicion, b) feminist hermeneutics of memory, and c) feminist hermeneutics of proclamation (Moehnke, 2021; Schüssler Fiorenza, 1984). Feminist hermeneutics of suspicion approaches the scenario with the suspicion that only one person's perspective is represented, preventing the entire truth from being told. Researchers acknowledge the culture of the time while raising consciousness about possible modern-day interpretations, including identifying cultural gender biases that have silenced the oppressed and minimized abuse and maltreatment of women (Schüssler Fiorenza, 1992). Feminist hermeneutics of memory adopts non-canonical ancient texts to rewrite biblical narratives of horror, including rape, sacrifice, betrayal, and subordination of women, from a gynocentric perspective, exposing the false traditions and bad behavior of men. Attention is focused on remembering those women who have been overlooked for centuries. The feminist hermeneutics of proclamation calls for change and action that benefit modern women, using the reinterpreted scriptural text as a foundation. Highlighting memories of ancient women's suffering invites change, rejecting any behavior that is not "good news" for women. According to Trible (1992), the intent of using feminist hermeneutics theory is to bring "healing, wholeness, joy, and well-being" to women (pg. 55).

Framing the current research in a way that gives women a voice in speaking of their experience, one that is typically focused on men will illuminate new perspectives. The present study is framing the topic from a feminist hermeneutics perspective, a methodology that engages in the retelling of typically male-centric religious stories in a way that benefits women and brings attention to those who have been marginalized. This study will mirror that interpretation by retelling a traditionally male-dominated research topic, highlighting women's voices, and using their stories to inform theory, thus engaging in a feminist hermeneutics process. This type of
feminist methodology was chosen to honor the women's loyalty to their religious heritage and God even though religious leaders may not have treated them in a way that offered the same care and concern a man with PPU may have experienced. Women and their perspectives were prioritized, seeking to understand the process of their struggles, choices, and experiences surrounding a husband's PPU with respect, empathy, and compassion. Allowing the women to tell their stories in this study will expose how and when they construct meanings associated with a partner's PPU and why they respond the way they do (Charmaz, 2006). Possible areas of future research may lead to their "healing, wholeness, joy, and well-being" (Trible, 1992, p. 55).

**Historical Context**

The unregulated production and use of most pornography in the US have evolved from purchasing a pornographic magazine to having instant access to a nearly endless supply of free content of diverse genres. From a historical perspective, research and attitudes toward pornography have shifted dramatically over the past century (Rasmussen, 2016), impacting sexual attitudes and behaviors (Leonhardt & Willoughby, 2018) and sexual identities (Bowling & Fritz, 2021). In the 1960s and 1970s, an era of increased sexual freedom, researchers recognized the influence of pornography on sexual scripts (Berger et al., 1973); yet, they were concerned about the moral impact pornography would have on families, society, and freedom of speech (Rasmussen, 2016). In the 1980s and 1990s, educating the public about the dangers of pornography included research on its links to aggression, violence, and rape. Such research led feminists to stand against male domination depicted in pornography (Kirkpatrick & Zurcher, 1983) and religions to preach anti-pornography rhetoric from the pulpits (Sherkat & Ellison, 1997). In the 2000s, as the internet became more widely available in homes, pornography research was associated with sexual and emotional infidelity focusing on how pornography
impacted family relationships, sexual satisfaction, and divorce rates (Manning, 2006). However, some feminists began to argue that pornography use was healthy as it allowed women to be uninhibited sexually (Lubey, 2006). In the 2010s, with smartphone technological advancements, pornography use increased dramatically. During this decade, research on family impacts was minimized, focusing instead on pornography's outcomes in individuals with both negative and positive results (Rasmussen, 2016). Additionally, research investigating how individuals perceived pornography's impact on relationships became prolific.

**Review of the Literature**

The current social climate is filled with many issues in which a polarity of ideologies exists, and the topic of pornography is no different (Fisher et al., 2019; Wright, 2021). One body of research finds pornography a normative part of sexual development and expression and helpful in improving some aspects of sexual relationships (Kohut et al., 2017; Shuler et al., 2021; Vaillancourt-Morel et al., 2020). Another body of research shows pornography negatively impacts romantic and sexual relationships, mental health, and sexual function (Borgogna et al., 2020; Leonhardt et al., 2021; Park, 2016).

In recent years, attitudes toward pornography use have shifted in Western culture, with national samples reporting that 43% morally approve of its use (Dugan, 2018) and over 70% have at least some level of acceptance of pornography (Willoughby et al., 2021). Progressive acceptance of pornography is verified by Pornhub.com, one of the most popular of thousands of pornography outlets, claiming a 22% increase in searches from 2018 to 2019, with an astounding 42 billion visits to the site (Pornhub, 2019). Steep upward trends of use also appear in pornography research, with studies reporting that approximately 70-90% of men and 30-80% of women use pornography at least weekly (Kohut et al., 2017; Regenerus et al., 2016;
Furthermore, types of pornography viewed have progressed, with one large sample of pornography users reporting that more than 70% of men and 40% of women in their sample view hardcore pornography (depicting sexual acts being performed in full nudity, including depictions of genitalia), and extreme (violent sexual acts, multiple concurrent sexual partners, or lack of consent) forms of pornography at least monthly (Willoughby et al., 2021). Extreme pornography includes sexual acts such as sexual choking (Wright et al., 2021), incest (Vera-Gray et al., 2021), child pornography (Johnson, 2019), and violence (Aghamiri et al., 2021; Hertlein, 2021; Tarzia & Tyler, 2021). Many, especially younger viewers, consider pornography an appropriate resource for increased sexual arousal and sex education (Carroll et al., 2008; Dawson et al., 2022; Peterson et al., 2022; Vaillancourt-Morel et al., 2020). However, a significant number of Americans still morally oppose pornography, with more opposition from those who are married, over the age of 35, aligned with religious and conservative values, or female (Dugan, 2018). Furthermore, many of those who morally oppose pornography still view it, often experiencing a profound dissonance associated with guilt and shame (Grubbs et al., 2020).

Despite widespread acceptance of pornography in modern society, recent research has focused on two elements of pornography use deemed problematic, exhibiting negative impacts on mental health, employment, finances, and relationships (Castro-Calvo, 2021; Sniewski et al., 2018). First, problematic use that is compulsive (which is an extension of obsessive/compulsive disorder) includes excessive frequency or types of pornography viewed with accompanying sexual urges, fantasies, and impulses that override occupational and relational commitments (Kraus et al., 2015). Research shows compulsive use of pornography is typically associated with younger age (Willoughby et al., 2021), male gender (Wright et al., 2017), and neurobiological
abnormalities (Stark et al., 2018). Second, moral incongruence may occur when the behavior of viewing pornography does not align with personal beliefs that viewing it is wrong, resulting in the perception that pornography use is problematic (Grubbs et al., 2020). Moral incongruence that accompanies PPU has been aligned in research with nonacceptance (Maas et al., 2018) and religious morals (Perry & Whitehead, 2019).

The WHO recently included compulsive sexual behavior disorder as a behavioral addiction in the *ICD-11* (2022). Pornography use, shown in other studies as the most common compulsive sexual behavior (Grubbs et al., 2020; Kraus et al., 2015), was included in the *ICD-11* as one possible element of the disorder within specific parameters. However, one's perception of pornography use as problematic does not necessarily equate with the standard for diagnosis. Nevertheless, many individuals and couples experiencing PPU seek treatment through clinical professionals (Lofti et al., 2021; Manning, 2006; Sniewski et al., 2018), 12-step programs (Mestre-Bach et al., 2021), or online self-help forums (Chasioti & Binnie, 2021). As shame and a lack of resources may inhibit professional help-seeking, online discussion boards such as Reddit are also becoming an increasingly popular source of support. For example, NoFap, a subreddit community of one million individuals with self-diagnosed PPU, provides social support in "rebooting" compulsive cycles of pornography, masturbation, and orgasm (r/NoFap). Likewise, partners of problematic pornography users seek support in forums such as the subreddit, LoveAfterPorn (r/LoveAfterPorn). Help-seeking in self-perceived problematic pornography users is often relationally motivated, leading researchers to investigate the intricacies of pornography use in couples.
Pornography and Couples

The establishment of an individual’s secure identity leads to the formation of romantic relationships (Erikson, 1968). Within the structure of such relationships, the emergence of a separate identity as a couple is distinct from other relationships, often with expectations of fidelity and trust (Norton et al., 2018). Establishing verbalized or implied boundaries safeguards the relationship within which the exploration and development of intimacy and sexuality may occur. Sexual boundaries are influenced by sexual scripts (Simon & Gagon, 1984) or beliefs about sexuality framed by social environment influences. Strong links exist between sexual scripts and media consumed, influencing experiences with pornography in romantic relationships (Grubbs & Kraus, 2021; Marshall et al., 2021; Vera-Gray et al., 2021; Wright, 2011). For some couples, both partners perceive pornography as an element of sexual exploration, reporting benefits such as improvements in sexual communication, novelty, eroticism, experimentation, foreplay, and decreased sexual inhibition (Hertlein et al., 2020; Kohut et al., 2017; Shuler et al., 2021; Willoughby et al., 2021). More research is needed to explore under what conditions and for whom pornography results in outcomes that enhance a couple’s sexual well-being. However, relationships have been found to be more stable, satisfying, and committed for couples with sexual and relational boundaries of exclusivity that do not engage in online sexual behaviors, including pornography (Perry, 2019; Willoughby et al., 2021). When one partner violates expectations of boundaries surrounding pornography use, moral disapproval and shame by an individual or partner, real or perceived, results in higher reports of viewing in isolation, secrecy, and minimization of pornography content and amount of time spent viewing it when confession to a partner (Droubay et al., 2021; Grubbs et al., 2020; Perry, 2018). Willoughby et al. (2021) found in a national sample of 713 couples and 3,750 individuals in romantic relationships that
25% of men are most likely to hide pornography use from a partner because of fear of rejection or because they have poor communication skills to discuss the topic. While more than half the participants in the study reported communicating openly about pornography, less than 70% reported having communicated about limits surrounding its use, and 20% reported having conflict over pornography.

A significant body of research on pornography has measured relational and sexual satisfaction in committed relationships. Recent large-scale, multi-study analyses of over 80 studies strongly link pornography use to lower sexual and relationship quality (Perry, 2020; Wright et al., 2017). Additionally, with four decades of research on couples, Gottman and Gottman (2016) have primarily found pornography to be a threat to intimacy. While acknowledging some benefits to sexual communication, other benefits have been rare in their findings. Nevertheless, studies exploring the intricacies of how pornography impacts relational stability are finding mixed results, pointing to the importance of context. For example, using pornography to enhance sexual learning in some couples has shown increased sexual confidence (Arikewuyo et al., 2019; Litsou et al., 2021). In other couples, pornography has been associated with body shame, diminished satisfaction with a current partner, or partner discomfort with requested sexual acts (Doran & Price, 2014; Kohut et al., 2017; Maheux et al., 2021; Sun et al., 2016; Szymanski et al., 2015; Wright, 2021). Some studies show couple intimacy increases with pornography use (Dekker et al., 2021; Huntington et al., 2021), and others find that pornography is associated with a lack of intimacy, decreased sex, or no sex at all (Adamson et al., 2021; Doran & Price, 2014; Shuler et al., 2021; Spišák, 2020). In some couples, pornography creates closeness with a partner (Kohut et al., 2018), and other research shows that pornography users are twice as likely to cheat on their partner or divorce (Perry & Schleifer, 2018; Rasmussen,
Pornography in some couples increases sexual desire (Leonhardt et al., 2021; Vaillancourt-Morel et al., 2020), while others link chronic pornography use and accompanying masturbation to decreased sexual desire (Carvalheira et al., 2015; Kirby, 2021). Some studies have found pornography to remove sexual inhibition (Pawłowska et al., 2021; Vaillancourt-Morel et al., 2020). Other studies have linked a lack of sexual inhibition or self-restraint in pornography users with sexual aggression, coercion, and abuse of an intimate partner (Brem et al., 2021; DeKeseredy & Hall-Sanchez, 2017; Rostad et al., 2019; Vera-Gray et al., 2021). Joint pornography use in couples is an increasingly common practice, often reporting increases in sexual satisfaction, yet even that depends on attachment styles and moral acceptance of pornography (Maas et al., 2018; Willoughby & Leonhardt, 2018).

The disparate findings in pornography research indicate many nuances of viewing pornography, particularly in romantic relationships, which are unknown. Research is needed that explores the meanings attached to pornography, the types of pornography used, the context of the romantic relationship, biological function, emotional health, family of origin, and life experiences. For example, the inner workings of couples and their meaning-making are influenced by gender (Hare-Mustin & Marecek, 1988). Men and women are socialized differently regarding sex; thus, their viewing habits and responses to pornography differ. While we have seen societal shifts and shifts in pornography research from traditionally negative outcomes to more positive outcomes, it is reductionist to say that pornography is all negative or all positive. It is important to understand the intricacies of how pornography is impacting relationships and why it is causing distress and trauma in some relationships, and why it has no impact or a positive effect in some relationships. Other studies may seek to understand how pornography enhances romantic relationships. However, this study focuses on the mechanisms
that make pornography distressing in a relationship and potentially traumatic from the women's perspective. Furthermore, research on pornography use in religious couples will provide insight into what elements of religion and spirituality are helpful and harmful to individuals and couples for whom pornography is problematic.

The negative effects of pornography on relationship satisfaction are well-established; however, less literature addresses the constructs that contribute to helping individuals and couples heal from a partner's PPU. Intrapersonal healing aspects necessary for both partners include honesty and transparency, acceptance, meaning given to the experience, and gratitude for the personal changes instigated by the PPU (Spencer, 2019; Zitzman & Butler, 2005). Interpersonal aspects shown to lead to a couple's healing include accountability, communication, marital enhancement, re-establishment of trust, and a rekindling of an emotional connection (Augustus, 2022; Collins, 2017; Reid & Jorgensen, 2017; Spencer, 2019; Zitzman & Butler, 2005). Other research not exclusive to PPU but expanded to other forms of relational betrayals, such as infidelity, added constructs that facilitate a couple's healing. Such constructs included the importance of having a solid sense of self rather than a reflected sense of self, acknowledging pain caused to a partner, empathy, and forgiveness (Butler et al., 2020; Butler et al., 2022; Fife et al., 2013; Schnarch, 2009). Support from various models of psychotherapy, religious leaders, support groups, and partners was also found to be instrumental in the healing process (Spencer, 2019).

**Pornography and Religion**

Religion plays a significant role in the search for a sense of self, with Erikson (1968) recognizing its value in teaching commitment, fidelity, and loyalty, aspects necessary for achieving one's identity. He saw religion as a path for grounding moral values and behaviors,
creating awareness of others in relation to oneself, and enabling meaning-making of oneself in
the world (King, 2003). In that moral stances against pornography have been taken among many
of the world's religions (Freeman, 2015; Hinckley, 2004; Husain, 2021; Marty, 2002; Paul II,
1993; Sinaulan, 2017), religion has been found to act as a protective factor in limiting
pornography use (Short et al., 2015). However, religion is also predictive of moral incongruence,
perceptions of addiction, and spiritual struggle in pornography users (Floyd & Grubbs, 2022).
Research shows the incongruence between religious beliefs and pornography use increases the
likelihood of viewing pornography in isolation, feelings of loneliness, religious doubt, reduced
commitment to family, divorce, and abandonment of religion (Efrati & Amichai-Hamburger,
2019; Perry, 2017a; Perry & Schleifer, 2018; Rosmarin & Pirutinsky, 2019; Short et al., 2015).

The influence of religiosity and spirituality on an individual's sense of self informs jointly
held beliefs in committed relationships, evident that most religious couples subscribe to the
expectation of sexual boundaries of fidelity within marriage, bound by vows perceived by many
as having no exceptions (Çaksen, 2023). In one qualitative study, Jewish, Christian, and Muslim
couples identified sexual boundaries within marriage as protective of the relationship and
empowering, particularly for women who often control the setting of boundaries (Allsop et al.,
2021). They described sexual boundaries as governed by divine law, protected by modesty, and
beneficial in developing sexual communication and cooperation. Indeed, religious ideologies
concerning sexual fidelity may differ among couples; however, it is interesting to consider who
has the power to decide when marital vows of fidelity can be broken and under what
circumstances. Largely, research on sexuality in religious marriages is scant (Clarke, 2022;
Hernandez-Kane & Mahoney, 2018); however, from a broad perspective, religious adherence in
couples is linked to greater sexual and marital satisfaction, particularly for those in long-term
relationships (Aman et al., 2019; Dew et al., 2020; Karimi et al., 2019; Leonhardt et al., 2020). For couples who have differing views of religion, and one or both partners perceive pornography use to be a breach of fidelity, the impacts of viewing pornography may be far more pronounced than for those who do align with a religious-based morality (Borgogna et al., 2020; Perry, 2018; Perry & Whitehead, 2019; Zitzman & Butler, 2009). Religious men have been the focus of a plethora of pornography research, finding incongruence of their beliefs and behaviors leads to PPU and psychosocial distress (Borgogna et al., 2020; Grubbs et al., 2017; Maddock et al., 2019). Few studies have investigated the role of a religious spouse; however, those that do seem to insinuate that religious women are responsible for providing sufficient sex and togetherness to reduce a man's opportunity for or interest in viewing pornography (Perry, 2016, 2017b, 2017c), which could be interpreted to say that without her intervention, his experience may include increased negative relational, social, spiritual, and psychological impacts on her.

In the existing literature on pornography, there is disagreement on the role of religion and a woman's distress regarding her partner's pornography use. Bridges et al. (2003) and Zitzman and Butler (2009) found that religion did not play an impactful role in women's distress at the time of discovery. Rather, unmet expectations of marital fidelity were at the root of the distress. Diverse findings were reported by Ruffing et al. (2022), who showed conservative religion amplifies the distress already caused by a partner's solitary use of pornography. A limited number of studies present findings related to religious women's experience with a partner's sex addiction, including elements of religious coping and adequate support from religious leaders (Crawford, 2022; Manning & Watson, 2008). It is important to note the contribution each of these studies has made in identifying ways a partner's pornography use can impact religious women and marital and sexual relationships.
Pornography and Women

Gender is a core element of a sense of self, highly influential in developing healthy psychosocial functioning (Marcia & Friedman, 1970; Minwalla, 2014). At the intersection of identities weaved from elements of womanhood, religion, and sexuality lie aspects of strength and vulnerability that have not been studied within the scope of pornography research. Males, as the predominant consumers, have been the focus of the vast majority of pornography research, exploring relational, biological, and psychological variables such as viewing frequency, sexual well-being, mental health, relationship satisfaction, and aggressive behavior (Fritz et al., 2020; Hesse & Floyd, 2019; Kirby, 2021; Miller et al., 2020; Price et al., 2016; Wright, 2013; Wright et al., 2022). Significantly less research is focused on pornography use by women, with most studies comparing male and female use or exploring joint use (Borgogna et al., 2019; Hertlein et al., 2020; Willoughby & Leonhardt, 2018), with pornography rarely shown to be problematic in women (Baranowski et al., 2019). Gender differences in patterns of pornography use have consistently shown women to have lower levels of viewing frequency and acceptance (Carroll et al., 2017), be more likely to stop viewing it when they want to (Willoughby et al., 2021), less likely than men to view softcore, hardcore and extreme pornography (Willoughby et al., 2021), and less likely to view it in isolation (Kohut et al., 2017; Willoughby et al., 2021). Women are also more likely to have never viewed pornography (Willoughby et al., 2018; Willoughby et al., 2021). Only one dissertation was found that explores the experience of religious women who view pornography, finding negative impacts on their sense of self and relationships (Bohannon, 2021).
**Injury to Women**

Women's mental, emotional, and physical health can be significantly impacted by a partner's use of pornography (Steffens & Means, 2021; Steffens & Rennie, 2006), especially when it is seen as a type of infidelity (Whitty, 2005). The secretive, dishonest, and risky nature of pornography use by a partner amplifies feelings of betrayal and pain (Aghamiri et al., 2021; Fife et al., 2013). Research shows attachment and trust breakdown in committed relationships where one partner frequently violates the sexual boundaries of the other through pornography use and related sexual behaviors (Schneider et al., 2012; Shuler et al., 2021; Szymanski et al., 2015; Zitzman & Butler, 2009) and that discovery of a partner's PPU is more distressing than an honest disclosure (Crawford & Butler, 2021; Resch & Alderson, 2014). Frequent and repeated acts of deception by a partner who compartmentalizes sexual behaviors in a separate and secret world, including compulsive pornography use, result in more intense traumatic wounding (Bergner & Bridges, 2002; Minwalla, 2014; Szymanski et al., 2015). When learning of a partner's secret life, women report experiencing shock, disequilibrium, a confused sense of reality, and loss of sense of their own identity, often with no perceived ability to seek help (Afifi et al., 2001; Cavaglion & Rashty, 2010; Jason & Minwalla, 2008; Minwalla, 2014).

Psychological and emotional responses compound women's suffering following the state of shock and include feeling unsafe, anxious, angry, depressed, inadequate, bitter, confused, rejected, disconnected, and hopeless (Aghamiri et al., 2021; Bergner & Bridges, 2002; Cavaglion & Rashty, 2010; Doran & Price, 2014; King, 2003; Kohut et al., 2017; Rasmussen, 2016; Szymanski et al., 2015; Zitzman & Butler, 2009). Commonly reported long-term physical, social, and emotional consequences include eating disorders, mental illness, financial distress, isolation, body shame, relationship anxiety, ambiguous loss, sexual loss, and loss of identity (Aghamiri et
Greater levels of distress are associated with the length of the relationship, frequency of viewing (Adamson et al., 2021; Zitzman & Butler, 2009), perception of being a victim (Schneider et al., 2012), attitudes toward pornography (Shuler et al., 2021), a dismissive or dishonest partner (Resch & Alderson, 2014), and accompanying sexual acts such as masturbation, prostitutes, and affairs (Schneider, 2003).

It is interesting to note that there were several studies on the impacts of pornography on intimate partners in the mid-2010s; however, since that time, there have been several dissertations on multiple aspects of the female partner's experience, but few published studies. At the same time, articles on the positive impacts of pornography have increased. It is unknown whether the dissertation authors did not pursue publishing, academic journals found less value in research on intimate partners, or women have abandoned negative attitudes toward pornography.

**Women’s Healing**

Recovery from attachment wounds caused by a partner's PPU is typically subsumed under the broader topic of infidelity. This categorization may be appropriate as some women experiencing partner PPU consider it to be cheating behavior (Negy et al., 2018). Significant steps have been shown to contribute to a woman's healing, including the partner stopping the use of pornography, expressions of empathy for the woman, setting boundaries around the use of technology, talking about her experience, ceasing to see herself as a victim, and rebuilding trust (Hertlein & Piercy, 2005; Rokach & Chan, 2023; Sheets & Ketz, 2019; Walravens & Rober, 2023). Furthermore, Walravens and Rober (2023) found some women feel a profound sense of injustice in their partners' secret cheating behaviors when they were devoted to making their life better; therefore, they felt a sense of relief when they, in turn, inflicted wounds to make him pay
for his immoral behavior. This practice eventually empowered women to let go of their misery and allowed some women to forgive their partners. Other clinical approaches to helping women heal include developing appropriate coping skills, learning to manage emotions, practicing mindfulness, overcoming perfectionism, reframing cognitive distortions of self, and evading victimization roles (Black & Tripodi, 2012; Carnes & Tripodi, 2011; Hentsch-Cowles & Brock, 2013; Minwalla, 2014).

Gaps in the Literature

The use of pornography and its impacts on men, adolescents, religious men, and couples have been widely studied. However, women's voices have not been adequately represented in academic literature. The dismissal or minimization of women's voices is not new. Over the past two decades, feminists have linked pornography with the silencing of women (Dworkin, 1985; MacKinnon, 1993; McGowan, 2017). This association is evident in the paucity of research on female partners of men who use pornography in a problematic way. A qualitative study published nearly a quarter of a century ago (Shaw, 1999) examining men's viewing of pornography found negative impacts on women's identities. Moreover, "many of the women felt that their opinions were not 'legitimate,' and overt resistance to pornography was often muted" (Shaw, 1999, p. 197). MacKinnon (1993) wrote of how women's experiences are minimized and ignored, declaring, "Information is not made out of your experience" (pg. 6). Given recent research on the negative impacts of pornography on religious men, it is puzzling that research giving a voice to their religious wives is so scant. Nevertheless, while research exploring the experience of women as pornography users have increased (Kohut et al., 2017; Litsou et al., 2022), women’s voices concerning pornography are still underrepresented.
While it is clear that pornography use by a husband negatively impacts a significant number of women, I am building upon previous research by giving religious women a voice in telling their story of how religion influenced their experience, whether for good or for bad, throughout the entire process of navigating a husband’s PPU. The inclusion of international women, immigrants to the US, older women, women from multiple Christian religions, Jewish and Muslim women, and women who left organized religion in favor of spirituality make this study unique. In this dissertation study, I seek to better understand religious women's experiences with partner PPU, how religion informs women's attitudes about pornography, expectations of fidelity, and how pornography influences their views of religion, God, and themselves.

**Summary**

Viewing pornography has become a common and sexually normative behavior for many individuals and couples, yet a significant number of individuals in the US still morally oppose its use. The duality of views on pornography is also shown in research, with pornography showing both negative and positive findings in individuals and couples. Furthermore, most pornography research focuses first on men as consumers and second on couples. Research on women as partners of men who are problematic pornography users is scant, and religious women in this category are understudied. The unique aspects of identity, including cultural, relational, spiritual, and gender components for religious women, have not been studied or understood. Furthermore, the unique aspects of power within relationships and religious communities have not been studied. Based on these gaps in pornography research, this dissertation uses theoretical inquiry, including identity development and feminist hermeneutics, to explore religious women's experiences with a husband's PPU.
CHAPTER III
METHODS

Introduction

This qualitative study was designed to answer what women experience with the phenomenon of a husband’s PPU and why women’s responses are what they are. Thus, a qualitative methodology, CGT, was employed to explore the process of religious women navigating the discovery of and experience with a husband’s PPU. A qualitative format was chosen for multiple reasons. First, qualitative studies are most appropriate when a researcher seeks to understand the intricacies of a problem and the meanings created about the phenomenon by those who have lived it (Creswell, 2014). This study aims to examine women's collective experiences, see the problem through their eyes, and better understand the social processes; therefore, a qualitative approach was the most suitable choice. Second, because PPU is sensitive, qualitative data from the perspective of pornography users or partners are minimal in this field. The paucity of research on partners of those who struggle with pornography use provides the opportunity to investigate what is happening from a broad perspective (Tracy, 2020). Third, with such mixed findings concerning the impacts of pornography on committed relationships, exploratory research may pave the way for unknown aspects of this phenomenon that could further expand quantitative research opportunities, explain quantitative findings, or help develop hypotheses (Hammarberg et al., 2016). Fourth, quantitative constructs in other studies, such as religion, relationship satisfaction, and intimacy, can be explored more deeply using semi-structured questions (Creswell, 2014). The appropriateness of using grounded theory from a constructivist perspective is discussed in greater detail. The research design, including
methodology, sample, procedural steps, data analysis, and ethical considerations, are included in this section.

**Epistemological Positioning**

Qualitative research, particularly CGT, places the role of the researcher as a co-constructor and interpreter of knowledge, admitting that bias plays a role to some extent. Rather than attempt to eliminate or hide bias, CGT methodology requires the transparency of potential basis. My personal biases come from my cultural and experiential views, which are constantly changing. I have worked with families, couples, and religious women for over 15 years as the co-owner of a family medicine clinic, as a leader in my church, and, more recently, as a researcher. I teach healthy sexuality workshops in a medical setting, coach couples, and share resources as a volunteer in a religious organization, at times with the understanding that pornography use by the husband has negatively impacted the relational and sexual components of the relationship. In my work settings, I often see couples experiencing distress or dysfunction in their sexual relationship. Therefore, most often, the people I work with are more likely to have had a negative experience with pornography use rather than a positive one. Becoming familiar with the struggles that couples face has made me want to understand the nuances of what leads to adverse outcomes with a partner's pornography use.

My educational path includes a BA in communications and an MS in family studies. Research interests in my doctoral program have frequently returned to the intersection of religion and sexuality in mixed-gender religious couples, focusing on how pornography use interplays with religion in couples' relationships. I have personally experienced the phenomena of this research from various aspects of life. My faith profoundly influences my perspectives and interest in these topics as a woman and actively practicing member of the Church of Jesus Christ.
of Latter-day Saints. My life experiences have impacted and shifted my roles as a woman, specifically when experiences related to pornography resulted in divorce. PPU by men has also negatively impacted members of my family and other religious women I have been close to or worked with. Potential biases stem from my religiosity, including being raised in a faith that is known for its opposition to pornography and my personal belief that it most often degrades women. Recognizing that I believe in the sanctity of sexual intimacy, I have taken measures to ensure the integrity of the data in that it accurately represents the words of the participants rather than my personal beliefs. To bracket these biases, I kept a reflexive journal to document potential biases. Additionally, my dissertation chair acted as an external auditor of the data analysis providing a contrasting viewpoint to challenge my personal biases.

As a researcher, I constantly examine my beliefs allowing for personal growth and change while remaining true to an internal compass. Ontologically speaking, I believe curiosity is the path to discovering truth and that ideas should be explored and tested, questions should be asked, and multiple perspectives should be considered (Tracy, 2020). Epistemologically, I align with an interpretivist paradigm, valuing the contextual understanding that comes from investigating many different perspectives. From a philosophical and theoretical perspective, I find social constructivism appealing, in which I, as the researcher, take an active role with the participants in co-constructing theory as I examine their lived experiences to identify patterns, understanding, and shared meanings (Creswell, 2014; Daly, 2007).

As humans, we learn societal norms from our interactions with each other and engage in an iterative process of meaning-making of our circumstances based on others and our own perceptions of reality (Creswell, 2014; Daly, 2007). Social constructivism lies at the crossroads of subjective and objective attempts to interpret and understand the world through language,
symbols, and cultural contexts (Andrews, 2012; Daly, 2007). In opposition to the deductive process of conducting research based on theories and hypotheses that are then proven or disproven, social constructivism relies on an inductive process of awareness of a phenomenon that leads to observing multiple individuals experiencing the phenomenon, looking for patterns in how they describe their experiences, and coming to conclusions based on their collaborative experiences (Creswell, 2014). Language is a vitally important aspect of social constructivism in that how individuals interact and speak with one another influences how their reality is constructed (Andrews, 2012; Daly, 2007). Whereas pornography research is predominantly deductive, I believe using an inductive, data-driven approach illuminates unexplored areas of pornography users' romantic relationships. When approaching a social issue such as pornography use with curiosity about lived experiences, we may be less inclined to marginalize, minimize, or overlook those whose perspectives we seek to understand. Furthermore, because in the academic realm, religious women have not been given the opportunity to speak about their experiences with a spouse's pornography use, their words tell us what the theory is rather than using existing theories to prove what their experiences are. Therefore, using a grounded theory methodology was the most compatible with the paradigm through which I approached this research topic.

**Grounded Theory Methodology**

Grounded theory has been chosen as the methodology for the current study as it has been identified as a valuable method to examine ethical and moral problems in which a polarity of opinions exists (Tracy, 2020). Viewing a dilemma through the eyes of those living it expands the understanding beyond an objective perspective and illuminates potential solutions. Grounded theory was developed by sociologists Barney Glaser and Anselm Strauss in the mid-1960s to better understand the process of dying in critically ill hospitalized patients (Charmaz, 2006;
Glaser & Strauss, 1965). *Processes* and *actions* of this phenomenon had not been studied from the viewpoint of those living it. Through their long-studied analysis, Glaser and Strauss recognized the usefulness of replicating their strategies in research in light of other social problems, intending to theorize or explain them. Since then, grounded theory has become one of the most widely used approaches in qualitative research. Fundamental tenets of classic grounded theory include a) beginning without a pre-understanding of the phenomenon or theoretical perspective to fully allow the findings to emerge from the data, b) the researcher must remain separate from the research to not "contaminate" the results, c) an iterative process of data collection and analysis, d) constant comparison throughout the analysis, e) adapting the data collected based on analysis and comparisons of the data, and f) the development of theory built upon identified codes, categories, and themes (Charmaz, 2006; Glaser & Strauss, 1967; Lauridsen & Higgenbottom, 2014).

**Constructivist Grounded Theory**

CGT, a divergent form of classic grounded theory developed by Kathy Charmaz in the mid-1990s, is based on a constructivist position rather than the realist approach of Glaser and Strauss (Charmaz, 2006; Lauridsen & Higgenbottom, 2014). CGT was chosen as the methodological approach, recognizing that a researcher cannot be separated entirely from the research, allowing her to play an integral role while also creating checks and balances for those biases when facilitating the reconstruction of multiple voices (Lincoln et al., 2011). Additionally, Lincoln et al. (2011) stated that hermeneutics is the most appropriate methodology to use when investigating a social issue from a constructivist paradigm. In this dissertation, CGT works collaboratively with feminist hermeneutics as an appropriate method for critical inquiry, guiding my choice to investigate how a man’s PPU in a heterosexual cisgender couple impacts a wife.
Feminist hermeneutics illuminates *why* we are interested in women's voices, and CGT is *how* we analyze women's voices. Using CGT ensures that the women's voices are central to theory construction, grounded in the participants' thoughts, feelings, emotions, and language. Unlike traditional grounded theory, familiarity with the current literature is vital in CGT for developing pre-understandings and comparisons; however, the analytical process is not heavily influenced by previous research findings (Charmaz, 2006; Lauridsen & Higgenbottom, 2014; Ramalho et al., 2015). CGT reveals processes and actions within the phenomenon that answer the whys and hows of the women's experiences and allows theory to emerge from the women's voices rather than from an outside voice hypothesizing about the women's experience (Charmaz, 2017).

**Procedures**

**Recruitment**

Given the sensitive nature of this research and concern for the ability to find women who would speak about their experiences, the research design implemented a purposive sampling technique to recruit women diverse in religion, ethnicity, age, and stage of recovery (Daly, 2007). The Texas Woman's University Institutional Review Board approved this study (see Appendix A), and all guidelines have been followed. Certified counselors, psychologists, therapists, and coaches who act as gatekeepers were chosen to help recruit participants. Relationships were developed with clinicians across the US, starting with one therapist, explaining the proposed research design, asking what questions they would like to see included in the interview protocol, and asking for referrals and introductions to additional therapists. Approximately 20 clinicians were interviewed.

When the study protocol was completed, an email was sent with the recruitment flyer (see Appendix B), asking the therapists to distribute it to clients who fit the criteria for the study.
Additionally, some clinicians posted the recruitment flyer on their social media pages. The recruitment flyer included a virtual phone number and email for inquiries about the study, a link to PsychData with detailed information about the study, an informed consent form (see Appendix C), and a demographic questionnaire (see Appendix D). Nearly 70 Christian women signed the consent form and completed the demographic survey. Demographic information revealed that all respondents were from three faith traditions, non-denominational Christian, Church of Jesus Christ of Latter-day Saints, and Protestant. I used further screening of demographic information from PsychData to document candidate diversity in terms of race, age, level of education, geographic location, and marital status. Twenty-one potential candidates who responded earliest or brought diversity to the study were accepted as participants. In CGT research, the sample size is seldom determined by identifying the ideal number of participants; instead, greater emphasis is placed on reaching theoretical saturation (Charmaz, 2006; Daly, 2007). Sampling should continue until an understanding of a phenomenon is grasped and new ideas cease to emerge. However, multiple scholars have weighed in on this issue, suggesting appropriate sample sizes for CGT include 10 to 60 participants (Charmaz, 2006; Guest et al., 2006; Morse, 2000; Starks & Brown Trinidad, 2007). Given the narrow scope of religious diversity, saturation was determined to have been met after interviewing 21 participants in this recruitment phase (Glaser & Strauss, 1967). The remainder of the potential participants were notified that they were being placed on a waitlist for possible future research.

The second recruitment phase was conducted 6 months later through an email to therapists and clinicians, using the listserv for The Association of Partners of Sex Addicts Trauma Specialists, an organization specializing in the treatment of women seeking healing from sexual betrayal by a partner. This phase was focused on recruiting women from non-Christian
faiths, women who were previously religious but currently consider themselves spiritual, and women from underrepresented racial groups. Nine participants were added in the second phase with identities such as Catholic, Jewish, Muslim, Spiritual, Native American, African, and Hispanic. The sample in this study is predominantly clinical, a result of recruitment using therapists; however, a small number of women who did not have access to therapeutic services were recruited through the social media sites of clinicians who work with this population. Saturation occurred when no new codes appeared in relation to the constructs of the theory (Starks & Brown Trinidad, 2007).

Sample

After completing phases one and two of recruitment, the sample comprised 31 religious women who are or have been in a heterosexual marital relationship wherein pornography use by a spouse was considered to be problematic. I personally conducted online interviews with all participants. Religious affiliation of the women included non-denominational Christians (n = 9), LDS (n = 8), Protestant (n = 6), Catholic (n = 2), Jewish (n = 3), Muslim (n = 1), and spiritual (n = 2). Racially, the women were White (n = 23), Black (n = 4), Hispanic (n = 2), Native American (n = 1), and mixed-race (n = 1). Age was reported by category and ranged from their mid-20s to mid-70s, with women between the ages of 18-29 years old (n = 3), ages 30-45 (n = 13), ages 46-59 (n = 7), and age 60 or older (n = 8). Geographically, the women reported living in 19 states in the US and three foreign countries, including Mexico, Canada, and Australia. Three of the women living in the US were African or European immigrants. Nearly two-thirds of the women were married (n = 19), with the others separated (n = 5) or divorced (n = 7). However, the interviews revealed that multiple participants who reported being married were in an in-home separation and considering divorce. The participants were well-educated, with nearly three-
fourths of the women having at least an associate degree. In alignment with the theoretical focus of this study on identity development, the women will be identified throughout the study using the terms woman, women, or wives, signifying the prevalence of their identity as a woman rather than using the term partner. Likewise, the terms men, man, and husband will be used for their spouses.

Participants signed informed consent forms and completed demographic surveys before scheduling interviews. The participants were assigned pseudonyms to ensure anonymity. A semi-structured interview format was used in which I created an interview protocol (see Appendix E) with some feedback from the recruiting clinicians, as explained above. They were asked what nuances they would like to see further explored in research. The final interview protocol included guiding questions that were flexible in the order they were presented, the wording used, and the follow-up questions asked during the interviews (Billups, 2021; Daly, 2007; Sewell, 2005). Retaining a focus on the research questions allowed for an in-depth exploration of the participants’ lived experiences. Questions were designed to elicit responses concerning the experience from their perspectives, opinions, feelings, emotions, impacts, interpretations, meanings, reflections, and knowledge gained (England, 2012). For example: When did you first learn about his pornography use? What was your response? What are the words you use to describe this problem? How has the experience impacted the way you feel about your religion? How has it impacted your sexuality? From the beginning to now, what have you learned? (see Appendix E).

The interviews ranged from 60 to 150 minutes, with an average of 90 minutes. Zoom (2022), a video conferencing platform, was used to conduct interviews online, making it possible to interview participants residing in different domestic and international locations. The
interviews were recorded using Otter.ia (n.d.), a speech-to-text application for ease of transcription (Corrente & Bourgeault, 2022). I transcribed 24 interviews, and an assistant transcriptionist transcribed five interviews after signing a non-disclosure statement. I then personally reviewed and corrected the five transcriptions for accuracy.

Data Collection

While a typical CGT approach includes the parallel tasks of data collection and analysis, one interview at a time (Charmaz, 2006; Strauss & Corbin, 1990), the first round of data collection in this study was previously collected by me as the researcher, using a different methodology and different research questions. As mentioned earlier, I conducted each interview and transcribed almost all interviews. Throughout the transcription process, weekly peer debriefing sessions were held with my faculty advisor to discuss preliminary findings, identify emerging ideas, and expose biases (Dahlberg, 2006; Vagle, 2018). When it became apparent that a potentially more significant process-based occurrence was embedded in the data, the decision was made to recruit additional participants and investigate the data using CGT methodology for the current study. This methodology emphasizes the phenomenon being studied, grounded in the lived experiences of both the participants and researchers (Charmaz, 2006).

Analysis

Data analysis for the present study was conducted as outlined by Charmaz (2006), including a) initial coding, b) focused coding, and c) theoretical coding. Pre-understandings were reflected upon and documented prior to beginning the analysis. Atlas.ti (web-based version) was used to code the data and record memos. Before beginning the coding process, I documented pre-understandings, assumptions, and potential biases that could influence the study (Charmaz, 2006; Vanover et al., 2021). In CGT, rather than bracketing or separating the researcher's
influence on the data to assure an open-minded analysis in discovering a theory (Glaser & Strauss, 1967; Wertz, 2011), researchers are positioned as fully integrated into every part of the research. Charmaz (2006) explained, "We construct our grounded theories through our past and present involvements and interactions with people, perspectives, and research practices" (p. 10). Therefore, the analysis and interpretation of the data were influenced by the participants, concurrently with the knowledge and identities I hold as the researcher (Wertz, 2011).

During the initial coding process, a line-by-line method of labeling and inductive analysis of the interviews of six diverse participants helped create codes that reflect the meaning of the participants’ words, relinquishing preconceived assumptions of results (Charmaz, 2006; Charmaz & Thornberg, 2021). The interviews were each analyzed multiple times. An inductive analysis allowed codes and themes to emerge from the data rather than using the data to support preconceived ideas or theories (Vanover et al., 2021). Identifying gerunds (words ending in “ing”), actions, and sequence words and phrases rather than topics guided the creation of codes that describe what is happening to the participants (Charmaz & Thornberg, 2021). The iterative analysis and comparison process was documented by writing memos at each analysis stage. It was vital that memo writing began early in the analytical process to facilitate theoretical discovery by documenting questions, directions for research, and relationships between codes and identifying preliminary theoretical concepts to return to and revise later in the analysis. This practice accelerated the writing of results later in the process (Vanover et al., 2021). Retaining a mindset of openness to new ideas, simplifying and revising preliminary codes, and continually comparing the data with already coded data helped identify nuances of the theoretical process (Charmaz, 2006; Glaser & Strauss, 1967; Wertz, 2011). Additionally, memo writing provided documentation of self-awareness concerning personal influence on the analysis (McGrath, 2021).
Weekly meetings were held with my dissertation chair throughout the analysis to debrief and discuss the codes and themes.

Once patterns of repetition were established in the initial coding stage, focused coding began. In this second stage of analysis, significant codes were identified based on patterns of recurrence or novel ideas to be explored more deeply from the first stage (Charmaz, 2006; Flick, 2018; Saldana, 2014). Focused coding was used to move quickly through large amounts of data from the remaining 25 interviews, allowing for evaluating and comparing the data and creating higher-level conceptual categories. Abductive reasoning was used at this stage to take note of surprising findings and search the data for further proof of preliminary hypotheses (Flick, 2018; Vanover et al., 2021). Definitions of the codes were created and compiled into a codebook to preserve the meaning attached to the codes and categories (Tracy, 2020).

Theoretical coding created a storyline through which meaningful themes and theories were interpreted (Thornberg & Charmaz, 2014). The themes in this stage of analysis were compared to current literature; however, care was taken to avoid imposing interpretations on theoretical codes to fit current literature or theories that were not grounded in the participants' intent (Charmaz, 2006; Flick, 2018). This process was fundamental in feminist hermeneutics theory; however, awareness of this potential area of concern was critical. Once themes were identified, nuances within the themes, including under what conditions the phenomenon is present or changes, the progression of stages, and approaches to coping and resolution, were compiled into a process model to "weave the fractured story back together" (Glaser, 1978, p. 72).

Trustworthiness and Triangulation

Efforts to achieve credibility, reliability, and validity were assured through multiple strategies (Lincoln & Guba, 1985). CGT methodology establishes rigor through credibility,
originality, resonance, and usefulness (Charmaz & Thornberg, 2021; Charmaz, 2014). Credibility was achieved through conducting sufficient interviews, asking clarifying questions, making comparisons, considering my views in the analysis, and seriously engaging in self-reflexivity. This process entailed questioning initial emotional responses, interpretations, and whether quotes were being used in the correct context. Originality was reached as new ideas, insights, ways to look at the phenomenon, and theories emerged. Exploring and comparing possible points of resonance between the participants' experiences required changing the focus on some lines of questioning. Usefulness was measured as implications were identified that led to greater insight by the participants, more profound understanding for those in clinical and religious support roles, new possibilities for research, and the development of a relationship education curriculum.

Additional trustworthiness measures included immersion in the data through interviewing, transcription, and multiple readings of the transcripts to assure accuracy in interpreting the participants' words (Billups, 2021; Morrow, 2005; Nowell et al., 2017). Additionally, as mentioned earlier, reflective journaling and memoing were used to identify assumptions, personal social positioning, self-awareness of emotions, identification of potential biases, and documentation of how conclusions were arrived at (Creswell, 2014; Daly, 2007; Krefting, 1991; Morrow, 2005; Tracy, 2020). Other aspects of triangulation included holding weekly peer debriefing meetings with my major professor (Creswell, 2014; Guba, 1981; Krefting, 1991), developing a codebook with definitions (Billups, 2021; Creswell, 2014; Tracy, 2020), and sharing findings with participants through member checks or reflections for feedback (Creswell, 2014; Tracy, 2020). Furthermore, as previously mentioned, multiple stages of recruitment were implemented to obtain participants with diverse demographic backgrounds.
Additional contact was made with a limited number of participants to clarify responses or ask further questions that arose during the CGT analysis (Billups, 2021; Charmaz, 2006; Daly, 2007).

Summary

In alignment with the research as mentioned above question and theoretical lenses, this chapter introduces CGT. This qualitative methodology is well known for the exploration and interpretation of morally charged social issues with a polarity of findings, which was used for this dissertation (Charmaz, 2020). Examining such issues from the perspective of individuals living the phenomenon focuses on the associated process and actions of the experience, providing guidance for the development of clinical interventions. The analysis raised questions about the roles of a family of origin, sexual experiences, marital intimacy, mental health, religious beliefs, religious leaders, perceptions of God, and treatment in the woman's experience with a partner's PPU. From these findings, future research can be designed to further explore these aspects on a more significant, more generalizable level using quantitative research methods.
CHAPTER IV

FINDINGS

A thorough analysis and interpretation of the participants’ words showed that while each woman’s experience with her husband’s PPU had unique elements and timelines, general patterns existed that helped identify a grounded theory based on the women’s combined experiences (see Figure 1). Five themes were identified as stages in the process of a woman’s experience with a partner's problematic pornography use, including Innocence, Crisis, Aftermath, Healing, and Transformation.

Figure 1

Stages of Betrayal and Self-Development Model
The first stage, Innocence, highlights how the woman's belief system before discovering her husband's PPU contributed to her vulnerability. The second stage, Crisis, describes the details of discovery, including physiological and psychological responses. The third stage, Aftermath, illustrates her attempts at processing and decision-making as she tries to pick up the pieces of a ruptured reality. The fourth stage, Healing, illuminates the importance of support and resources in repairing her sense of brokenness. And lastly, the fifth stage, Transformation, describes how women were able to identify positive personal changes within this process that influenced every part of their lives. Multiple subthemes were identified within each of the major themes, illustrating transitions within each stage.

Furthermore, the model stages mirror shifts in the woman’s identity development. First, she understands who she is by other people’s standards (I think I know who I am), then experiences an identity crisis (I’m not who I thought I was). She then tries to figure out who she is (Who am I?), begins to create a new identity based on her own preferences (I am recreating who I am), then finally achieves identity development (I’m a totally different person. I like the new me!).

The arrow labeled Time signifies differences in the time it takes for each woman to move through the process, and it points to the influence of beliefs held in Stage 1 that carry with her across time and ultimately have on the other stages. In this study, the shortest time to move through all five stages was just a few days (it had taken this woman much longer in her first marriage), and the longest was nearly 40 years. Some women remained in Stages 2 and 3 for decades if their husband’s secrets remained undiscovered or if they cycled through patterns of shame that included silencing and isolation that kept women from getting the help they needed.
Shame was one of the most prominent themes to emerge from the data, as seen in the model as a circular holding pattern in the Crisis and Aftermath stages. Shame afflicted the psyches of both the women and their husbands in harmful ways. Several women acknowledged that their husbands did not want to view pornography and felt intense shame over the apparent internal incongruence of misaligned beliefs and behaviors while at the same time feeling overwhelmingly compelled to view it. Concurrently, the women were silenced by shame, preventing them from getting help and moving forward.

The arrows at the bottom labeled More Discoveries illustrate how relapses and discoveries of other sexual behaviors can catapult the woman backward to stages of crisis. For some women, such setbacks were far more intense, and others could move through the stages faster once more grounded. Other unknown elements likely contributed to the time women spent in each stage.

This chapter will further explore each stage in detail, illustrating the concepts in each stage using the women’s own words. Pseudonyms are used to protect women’s identities, and demographic information is provided for clarity (see Table 1).
Table 1

Participant Demographics

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Religion</th>
<th>Race/Ethnicity</th>
<th>Age group</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
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<td>White</td>
<td>30-45</td>
</tr>
<tr>
<td>Astra</td>
<td>Protestant</td>
<td>White/Australian</td>
<td>60+</td>
</tr>
<tr>
<td>Betsy</td>
<td>Catholic</td>
<td>White</td>
<td>46-59</td>
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<tr>
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<td>White</td>
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<tr>
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<td>46-59</td>
</tr>
<tr>
<td>Colette</td>
<td>Spiritual</td>
<td>White</td>
<td>60+</td>
</tr>
<tr>
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<td>Latter-day Saint</td>
<td>White</td>
<td>18-29</td>
</tr>
<tr>
<td>Esther</td>
<td>Protestant</td>
<td>Black</td>
<td>30-45</td>
</tr>
<tr>
<td>Faith</td>
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<td>White</td>
<td>46-59</td>
</tr>
<tr>
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<td>46-59</td>
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<td>60+</td>
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</tbody>
</table>
Stage 1: Innocence

The women's words revealed how each woman's understanding of who she was before a husband's PPU was primarily informed by religious, familial, and cultural scripts. The compilation of these scripts facilitated her creation of core beliefs about herself, her marriage, her sexuality, her faith, and her relationship with God. Furthermore, the couple's identity created at marriage often subsumed her personal identity. For example, Emma shared, "A marriage should be a happy thing. It should be a loving thing. It should be communication all the time."

While innocence is not by nature troublesome, the woman’s naivete surrounding pornography later puts her at significant risk. Maggie shared, “I was very naive. I had no clue to ask about pornography issues. I didn't even understand there was such a thing.” Naivete was also seen in women who did know their husbands had been using pornography. In this case, the woman assumed his pornography use was negligible and grossly underestimated how compulsive pornography use could become. While each woman had a unique belief system and path leading to the discovery of her husband's PPU, a compilation of common characteristics describes the process most women experienced in this stage. The following four subthemes represent elements of innocent understanding that played a role in navigating a husband's PPU: Naive Beliefs, Naive Trust, Naive Assumptions, and Relinquishing Power.

Naive Beliefs

Personal interactions with religious leaders framed the women’s beliefs about gender, sexuality, and God, the leader’s interpretation of scripture, religious doctrine, and parental teachings. Women described how their beliefs about God, sexuality, and women’s roles in marriage greatly influenced their understanding of pornography prior to discovery. Women described their earlier perceptions of God as naive, shallow, shameful, or confusing. For
example, Gwen shared, “I thought of the genie-type God. Like you pray, and you get answers. You know, a very naive sort of like...if you're good, good things happen.” Colette, a woman who has left the Evangelical religious community to explore different elements of spirituality, now describes the shame-based perception of God she used to have as “bullshit.” Tracy explained how her upbringing left her with a great sense of confusion concerning the nature of God. She shared:

I've been wrestling with God my whole life. My parents sent me to Sunday school and Hebrew school [because] they wanted me to have full Jewish knowledge. I’d tell them the Bible stories, which I love, and they'd say, ‘Well, you don't believe any of that.’ So, I had to wrestle with ‘What do I think about God?’

In addition to naïve beliefs about God, women revealed naivete about gender roles. Beliefs about the roles women understood they were to assume in comparison to men were described as being influenced by culture, race, and religion. To some extent, all women believed that they should serve their husbands, even those who were well-educated, career women. Patterns revealed that the woman believed she should serve him by running the household, obeying him, and/or fulfilling her duty to have sex with him. Tracy explained how her role as an advocate for social issues was secondary to her wifely duties. She said, “I started a major community center that serves 5,000 people a month on all kinds of programs…and I still had a hot meal waiting for this man every day when he got home at 7:00 p.m.” Anna had been told by religious leaders, “You do what the guy wants. You don't ask questions. He's the authority of the home...Wives submit to your husbands.” She also believed that she did not have a voice in the relationship. She had been told, “You do what your husband says. You don't talk back. If he's talking, you don't talk.” Cultural expectations also influenced beliefs about a woman’s duty to
serve her husband sexually or put up with immoral sexual behavior. For instance, Janice said, “I think I just thought, as a wife, that's part of my job to give him sex. So, I didn't really question it much when I was starting not to really enjoy it.” Esther explained how her identity as a Black woman, as taught by her mother, informed her beliefs about her role as a woman in a marital relationship. She said, “We had to be tough. We were Black women. We came from a long line of women who were abused by their husbands and mistreated. And our husbands cheated...and you had to be strong.”

The women’s naive beliefs about intimacy and sexuality varied and were described as being influenced by religious narratives, at home, or in places of worship. Trust seemed to be built on moral behavior, feelings of safety, or previous sexual experiences. The women could recall memorable messages about sex received from religious leaders, teachers, or scriptures that they later considered insufficient. For example, Betsy recounted:

You get your pre-Cana, which is like your training before you’re allowed to be married in the Catholic Church. This is what my pre-Cana sounded like, “Your husband has a right to have sex. He has a right for conjugal visits. You can't say no.” That was all the priest…, and he even used the word conjugal visits like it was like jail or prison!

Several women believed sex was sacred and should be saved for marriage and shared that they had entered marriage as virgins. Rachel noted that what she had learned about sex had not prepared her for the transition between abstinence and marital sex. She explained, "We were told for years and years and years, no sex, no sex, no sex. Then you get married, and all of a sudden, that's okay. Our brains don't work like that." Faith concurred with Rachel's sentiment and further described, "It's supposed to be wonderful. But it wasn't.”
The narratives around sexuality for Jewish women differed significantly from those of most Christian and Muslim faiths. Rather than women serving their husbands sexually, a Jewish woman's pleasure was prioritized, and the women embraced a more sex-positive belief system. They innocently believed that a healthy sexual relationship would ensure fidelity to the marriage. Seraphina shared:

From a religious perspective, sex in the Jewish religion is considered a mitzvah...a blessing. And the onus is on the husband every Friday night unless she's menstruating, to pleasure his wife because women are exalted in the Jewish religion.

The sex-positive approach to sexuality in the Jewish religion may have been a protective factor from shame; however, the non-Orthodox Jewish women's naivete was exhibited in their beliefs that their husbands' pornography use was a part of normal sexual behavior and that it would not negatively impact their sexual relationship, underestimating the injury and trauma pornography use may cause women.

Beliefs about pornography also differed among women, with most having negative views toward it, some believing that it is simply part of the male sexual experience, while others had used it themselves. Kai, raised on a Native American reservation, shared that she had never heard of pornography. However, for most women, beliefs that pornography was wrong often stemmed from religious teachings. For example, Winston described her understanding of pornography as a cheating behavior. She said, “I do believe it's a sin. I believe that Scripture clearly says if you look on another woman lustfully, that is adultery." Haley shared, "Pornography is prohibited in the Muslim culture." May, who was raised in South Africa, described how her father, who was an Anglican bishop, influenced her beliefs about pornography:
I remember my dad kept teaching us the wrongs, things that you experience when you grow up...the pornography, the immorality...so he was really against pornography. So that led me to knowing that pornography is a bad thing… a really bad thing.

Some women modified their earlier beliefs about the sinful nature of it to be more accepting as they became aware of the social acceptance of pornography. Esther described:

Because I was so raised so far to the right, I was okay with him having the two [pornography] videos. ‘This is what everyone does. It's okay,’ I thought. And I allowed it. We even watched some of them together from time to time.

In some women’s cultures, pornography was considered normal sexual behavior, which proved to be especially delusive for women. A Polish immigrant, Zena, spoke of the European cultural attitude that men need pornography to be sexually "aroused at times." Tracy shared that shortly after her wedding, her husband’s father “gave him a lifetime subscription to Playboy.” She thought it a strange gift but was not bothered by it. Seraphina explained, “I knew [my husband] had Playboys. I knew he masturbated. But I was raised and desensitized that that was normal.” Nearly one-third of the women, largely those accepting of pornography, stated that they had grossly underestimated the impacts pornography would have on their marriage.

Naive beliefs about pornography are further seen in women's responses to husbands who disclosed their use of pornography before marriage. One-third of the women discovered or had been told about his pornography use, and in some cases, he told her it was problematic or that he was addicted to it. However, the women seemed to have no concept of addiction, how to navigate it, or what it would do to their lives. For example, Nicole described her response to her husband’s disclosure of pornography use on their first date:
He actually did say to me, ‘Hey, I have a porn addiction.’ And I was incredibly young and naive at the time. I knew what porn was. I had watched it. I didn't really realize you could be addicted to it.

Women’s naive beliefs about God, women’s roles, sex, and pornography led them to also believe in their husbands’ integrity and benevolence.

**Naive Trust**

The women described entering their marital relationships believing they could trust their husbands. Trust allowed them to be emotionally and physically vulnerable with their husband and created a solid foundation for their marriage. They explained trusting that their husbands would be loyal to them, love them, look out for their best interest, and keep them safe. Trust allowed them to be emotionally and physically vulnerable with their husband and created the sense of a solid foundation for their marriage. Charity tied her feelings of trust to her ability to love more deeply. She said, “I completely trusted him. At one time, I loved him with everything that I had.” Winston never doubted his husband’s loyalty and faithfulness as he traveled extensively for business:

I had trusted him to go on business trips, which he had done quite a lot the first ten years we were married...even up to three and a half weeks. I never really questioned him and his morality, [or] his commitment to our marriage. I always wondered why when he gets home from these long trips [he] isn’t more anxious to be intimate with me.

Some women innocently trusted their husbands, even though there was no behavioral evidence for doing so. For example, Esther’s husband disclosed his extensive track record of cheating behaviors before marriage. She explained, “[I was] 19 and in love, [I] believed that he wasn't going to do that to [me].
Naive Assumptions

Many women described making assumptions about their husband, their religious beliefs, and the safety of their marriage based on the foundation of trust they had naively created. For example, Cassie described how her religious beliefs about marriage being sacred and eternal, combined with her trust in her husband and naivety, gave her a false sense of security. She shared:

All of my assumptions about how to do things the right way were predominantly based on my understanding of it from a faith perspective...When I entered into that marriage, I believed that I was entering into something in a very safe way…and sacred way. Because of those shared values...I believed my husband was doing the same.

Other assumptions that ultimately led the women to positions of vulnerability included assuming the marriage would be monogamous and exclusive, that their sexual relationship would be healthy and robust, and that her husband would have integrity and never view pornography. For example, Sarah shared:

[Orthodox Jews] do a lot of education about the holiness of sexuality. So, I got a lot of that growing up. You know, “Sex is the most holiest, beautiful thing. You save it for that husband… I'm not ruining it with pornography…I would never want to get involved in that lowly depiction of sexuality.” And for my husband, certainly, there was an assumption, like, not even a chance that he was watching it…[he] studies Torah all day. He was very religious, so I figured he was completely kosher.

Unanimously, the women entered marriage with the assumption of their husband's emotional and sexual fidelity. Several women expressed that this assumption was tied to binding vows and covenants they and their husbands made at marriage. Faith explained, "I believe
[pornography] violates our marital vows to be faithful to each other and that sexual relations are for men and women who are married.” May had similar assumptions and described, “Once you're somebody's wife... [you are] the only lady who is reigning in that person's life. You don't expect him to get excited by other ladies or at sexual attractions.”

Most women spoke of the assumptions of marital fidelity leading to a rich and intimate sex life with their husbands. Colette revealed, "I'm part French. I'm very sensual. I was really looking forward to having a wonderful sex life with my husband!" However, while a limited number of women mentioned having discussed expectations of sexual frequency prior to marriage, none mentioned any discussions with their husbands about what a rewarding and healthy sexual life would look like. Perhaps because of their lack of knowledge and experience, they did not have the language to express such expectations. Nevertheless, during the interviews, the women could identify their earlier assumptions that they would enjoy intimate sex in marriage. In Betsy's words, "I know what I want sexually. I want a husband who's all in emotionally with me!" Noelle likewise described her vision of a good sexual relationship as one where intimacy comes before sex. She explained, “You have a shared life together where you can be fully known and fully loved, and that you know each other, and you know each other's desires, and you're able to fulfill those desires.”

Many women seemed to idealize their husbands and associate the assumption that their husband was honorable and moral in their behaviors with their status as a missionary, high-ranking military officer, a highly successful businessman, college professor, lawyer, professional athlete, or pastor. Seraphina summarized succinctly what the women had assumed about their husband's integrity. She explained, "When we get married, there is a belief that there is going to be honesty, transparency, accountability. Right?" Charity had been impressed with her husband’s
faithfulness and former position as a pastor. She said, “He was a good man, you know, like a saint. He was just perfect in so many ways...I thought he was Mr. Wonderful!” Cassie had devoutly shared values with her husband and explained, “One of the things that attracted him to me was...I saw him...as extremely honorable. Very...cream of the crop. Sort of elite, almost.”

Building upon the assumption of a husband's moral behavior, more than two-thirds of the women assumed that their husband would not use pornography, even if he had previously disclosed information about his pornography use, regardless of whether he was religious. Noelle told of attending a church service with her husband where the pastor preached about the dangers of pornography. She remembers thinking, "I'm so glad my husband doesn't struggle with this because that must be really hard for a wife!" Those who were accepting of pornography described that they made naive assumptions about the content and frequency of his pornography use and that it would not negatively impact their marriage.

Some couples had openly discussed their shared beliefs of the immorality and dangers of pornography with the assumption that talking about it would afford the guarantee of its absence in their home. Gwen explained how this assumption and trust in her husband allowed her to be blindsided by his PPU. She shared, "We've talked about pornography all the time. Like...we have four kids, so we would...I really thought that that was so far from what would happen in my marriage. So yeah, I had zero idea!"

**Relinquishing Power**

When a foundation of trust, morality, and safety had been established in the marriage, in addition to gender expectations formed by cultural and religious scripts, several women spoke of micro-instances in which they conceded to their husbands in decision-making that was not aligned with their moral compass or values. Power was relinquished knowingly for some women
and based on naive assumptions. For others, power was unconsciously yielded through repeated subconscious struggles with her culturally scripted roles as a woman. For example, Holly shared how she forfeited her desire to further her education. She said, “I wanted to go back to school…he got to do that first…some of my hopes got put off…So again, kind of like I'm second sort of.” Betsy told about her husband not wanting her to attend church. She explained, “There was either pushback or guilt trips, then I would not go to church on Sunday. And then I felt lost and resented my husband because I felt like I’m always making concessions for him.”

Moreover, power relinquishing by a woman was often due to religious teachings about women’s support roles or because she embraced an identity as a couple over her own identity. In many instances, this was when the woman began to silence her voice. Rather than speaking up about her needs, preferences, or struggles, the woman was silent or silenced by another out of fear, shame, or a desire to belong. Low self-esteem, a husband's pressure or guilt trips, and previous experiences with not feeling like her opinion mattered were mentioned as reasons for conceding values and desires. Nicole shared, "I already had self-esteem issues growing up, like for many, many reasons...With my husband...I just wanted to have him pick me and, like, he's going to pay attention to me! I'll do whatever, I'll do whatever!"

The religions of a small number of women were even more direct in preaching about the submission of women. For example, in the fundamentalist church Colette attended early in her marriage, she recalls learning that a woman’s submission would assure that God would bless her husband and children. Then fear was instilled in women as they were told, “And if you don't [submit], well, Satan's gonna get your family.” She described how that mindset impacted the way her pastor responded when she sought help:
I went to our pastor. I got the same thing. ‘You're too strong.’ And I thought I was a doormat! If I get any less strong, there's not going to be anything left of me! If I submit any more...there's not...I don't even have a self anymore!

Belief systems based on religious upbringing influenced how women viewed marriage, sex, and the role of women. While such beliefs provide safety for many women, PPU added a variable that created vulnerability for the women in this study and left them unprepared to navigate a husband’s PPU.

Stage 2: Crisis

Following the first stage, where women were characterized by innocence or naivete, in the second stage, they began to sense something was off in the marriage. During this stage, women discovered the problematic nature of their husband's sexual behaviors and PPU. They were dumbfounded at the extent to which it impacted their lives forever. Women varied in the order or speed through which this stage was experienced, from days to decades. However, the following six subthemes identify the process most women in this stage experience: Something Isn’t Right, Relinquishes Sexual Power to Stabilize, Discoveries and Disclosures, Trauma Responses, and Silenced.

Something Isn’t Right

Before discovering his PPU, several women reported having a sense of significant unease and confusion about their marital relationships and had difficulty pinpointing the source of the discomfort. Women asked themselves questions about their husbands' confusing behaviors but could not identify a source due to deception. When a woman questioned her husband, she believed his excuses or lies because she assumed she could trust him. Women experienced
bewilderment and confusion and, in some cases, questioned their sanity. Faith shared her experience:

I realized that I was so traumatized. I was just living day to day, trying to survive... I would make attempts... "Okay, something's wrong! I've got to figure this out!" And he just would shut down or scream at me.

Faith explained that she became severely distressed after her husband ignored many bids for connection.

One of the most prevalent indicators to the woman that something was wrong was the disappearance of intimacy that her husband had previously exhibited. The women described mourning a lack of closeness and connection in the marriage that comes through physical, emotional, or sexual interactions. For example, Zena reported, "There was no intimacy. Women require a lot of emotional connection and vulnerability that leads to that desire and arousal."

Colette shared that her husband had stopped talking to her, ignored special occasions and holidays, and avoided physical contact with her. She said, "I felt invisible to him. I told him at one time, 'I think if I were laying on the floor bleeding, you would just step right over me.'"

Colette further explained, "There wasn't a lot of kissing. There was no eye contact, no sweet nothings, nothing like that." Some women expressed sorrow that even their sexual relationship was void of intimacy.

For one-third of the women, perhaps the most distressing part of the husband’s strange behaviors was his disinterest in being physically intimate or having sex with her. Samantha explained, “I would buy new lingerie. I'd put on the perfume that I wore at our wedding. I'd try all sorts of things, and he'd just be not interested.” Likewise, Seraphina reported, “I would be the only person to initiate! I never withheld. I felt totally deprived and neglected sexually. I was the
one that was more adventurous and wanted to explore.” Several women reported mourning the loss of their sexuality, especially if they were young when his disinterest in sex began. Nicole, who knew of her husband's PPU before marriage, shared:

> It was really demoralizing when he wasn't able to perform sexually because he had masturbated again, and you know, I am not at all saying that I was the most beautiful person. Still, I was 21 years old when we got married. You know, it was a juxtaposition to the fact that I had lots of sex before I was married. And so, to be in a marriage and stable relationship with someone who is not able to perform was really demoralizing.

Some women believed their husbands were experiencing sexual dysfunction and tried to get them to seek medical help. May described:

> I realized my husband had a problem with his erection at times. Like, he has no erection at all or has premature ejaculation. And I just thought it's something like a medical condition or something. So, I was...really trying to understand that. I was ready to take him as he is with his problem.

Feeling rejected and worthless, a few women suspected that PPU was an underlying issue with the absence of their husband’s interest in sex. And those who suspected PPU were met with lies, deception, or “gaslighting” when they confronted their husbands about it. Women reported that they often believed their husband's excuses, explanations, and rationalizations and could only surmise that they (the wives) must be sexually insufficient. They described engaging in behaviors that they were uncomfortable with and that prohibited them from taking ownership of their sexuality. Sexual scripts, religious scripts, cultural scripts (especially for older women), and gender scripts, all of which say men control the sexual encounters and women submit, further influenced compliance. Anna shared:
My view of sex [was]...well, if he wants this, you need to do it. You don't ask questions. He's the authority of the home. When I had first gotten married...he wanted to watch pornography together...those things that he was watching...it was still the same...like men completely overpowering the woman. The woman does everything the man wants to do. Some women relinquished their sexual agency to attempt to control his pornography use. Cassie shared:

The expectation became to preemptively anticipate relapses and then throw my sense of self essentially in front of the bus, to throw myself in the bed in and try to prevent it by offering myself up as an alternative, albeit a dismally unsatisfactory one.

Several women reported sexual pressure and boundary-pushing by a husband at this stage. Faith said, "If I turned him down, he would get so mad, just get in a rage. And so, towards the end, I'm just like, do whatever you want. I don't care...Just tell me when you're done."

It is important to note that what started as sexual pressure and boundary-pushing by some husbands ultimately evolved into sexual abuse of their wives. While this is far more extreme than something being “off” in the relationship, because sexual grooming occurred over time, the women did not recognize the severity of the maltreatment until later identified as such by a clinician or trusted confidant. A small number of women reported retrospectively recognizing some sexually abusive and violent behaviors, including physical abuse and marital rape. Anna shared, "He dislocated my shoulder. He dislocated my hip. He did choke me many, many times...to the point where I almost passed out." Similarly, Ruth described:

For years... there was a lot of... unwanted touch... rape, you know. Not rape in the way that you think about... him forcing himself on me. But, like, being asleep and him doing
whatever he wanted… In the past, in my marriage, I wouldn't have said that I was abused.
I wouldn't have recognized any of what went on as abuse.

Women who had been taught to be sexually submissive to their husbands reported having great difficulty recognizing behaviors as maladaptive when they occurred.

**Discoveries and Disclosures**

Described as one of the most painful days in the lives of women, this is the day a woman finds pornographic images on her husband’s electronic devices, catches him in the act of viewing pornography, discloses his PPU to her, or she learns of other sexual cheating behaviors.

Furthermore, she learns of the secrecy, lies, and betrayal of a trusted partner. Winston expressed that after nearly 25 years of marriage, her discovery rocked her world. She described:

I was a nurse on the border in Cambodia and Thailand...when the Khmer Rouge was massacring Cambodians. I worked in a mash tent. I worked with tuberculosis. I was a life flight nurse...an ICU nurse, [a] trauma nurse. So, I've been in a lot of real hard, tough situations. But nothing, nothing, nothing, nothing that compares to this!

D-Day is a term in the sexual addiction recovery world coined to mark the discovery of a partner’s infidelity. In this study, several women used that term to describe the discovery of a husband’s PPU or other related sexual behaviors. Gwen explained, "Discovery Day. So that's where you discover that there's a secret life. My husband had a very secret sexual life that I was unaware of the whole time." For some women, D-day came after decades of marriage, even though her husband may have been viewing pornography the whole time. Most women could recall the exact date the discovery occurred, perceived it as a significant change in their reality, and began to mark time from that date because it ignited a series of events that lasted for years for some. Women could describe in great detail the events of that day. Winston described:
I walked in...and my husband was working from home, as he continues to do, and it was in the middle of the afternoon, around two o'clock. He should have been working. And I walked in our bedroom and found him looking at porn and masturbating.

Multiple women linked their D-day and their husbands’ introduction to pornography to his military service. Often the discovery was associated with pornography and sex shops near military bases. Maggie shared: “I found receipts from the VOQ and... adult films. Anyway, that's how it came out.”

A few women reported their husbands disclosed their PPU rather than being discovered. This type of discovery typically occurs when feeling tremendous guilt and shame. Zena reported:

We were attending a church, and the pastor often preached on pornography use...I believe the pastor himself struggled with that issue before, so it was on his heart a lot. And my husband came to me and actually confessed to me his pornography use.

Women who had known of their husband's pornography use before marriage and were not morally opposed had a different type of discovery. Their discovery was described as a process marked by declining or total lack of intimacy and sex, followed by significant feelings of rejection and grief. Zena explained that after her husband disclosed his pornography use, she eventually forgot about it. However, over time there was a decline in intimacy and sex until it was non-existent. Her husband eventually started to exhibit strange emotional and physical behaviors. Assuming he had a severe medical condition, she ultimately "dragged" him to the doctor. She said, "At the doctor's office, before the doctor came in, I pressed, and I squeezed the truth out of him. And he admitted to his continual porn use, and he also admitted to an emotional affair.” Like Zena, the women in this circumstance often discovered a host of other sexual behaviors and the realization that their husbands had never stopped using pornography.
More than half the women reported the discovery of other compulsive sexual behaviors such as sex chatting, strip clubs, escorts, prostitutes, affairs, and even illegal online sexual activities. For some, this occurred after a period of “sobriety.” For others, it was disclosed after their D-Day. However, women reported that their husbands’ continual use of “massive” amounts of pornography was always an underlying factor. Betsy explained, “[Pornography] was always the beginning of the story...Anytime the addiction jumped to the next level, which was always the catalyst that kept it sort of driving different acting out.” Compulsive sexual behaviors were not limited to men in younger age groups. When Tracy was 70 years old, she noticed vaginal discharge. A Google search diagnosed her symptoms as either a yeast infection or gonorrhea. She asked her husband, "Would there be any reason I would have gonorrhea?" Although decades earlier she discovered that he had hired a prostitute, he replied, "Oh, no! I have never cheated again!" As the discharge kept getting more and more painful, she eventually went to a doctor who verified that, indeed, she had contracted gonorrhea. After several years of denials and lies, eventually, she learned the truth. She shared, “He kept watching porn all the way through, and porn is where you find all the prostitutes. There's advertising for them all over. [I learned that] he went to well over 250 prostitutes in a period of 37 years. I was so furious!”

Four women who had discovered other cheating behaviors by their husbands were unaware that pornography played a role. A few months after discovery, it is a common practice for some therapists to facilitate an official disclosure session with both partners during which the betrayer reveals their complete history of sexually acting out, including pornography and other compulsive sexual behaviors, number of partners, money spent, and how it was concealed. During a full therapeutic disclosure, Betsy was shocked to learn of her husband’s PPU. She shared, “There had never been a clue. I was like...How? When? And how did I never see it? But
it was just so well hidden!” The women who spoke of disclosures found pornography was always foundational to acting out. Seraphina was equally stunned and described how even though she had discovered several of her husband’s cheating behaviors, he had assured her that pornography was not a problem for him. Therefore, she had grossly underestimated the amount and types of pornography he had been viewing and had not understood its connection with his “sex addiction.” She reported, “There's been lots of harm as a result of a lifelong problem …I was told that porn was not part of his addiction…only to find out...how profoundly duped I was.”

A seismic shift in women’s reality caused by discoveries of pornography and sexual behaviors, pile-up stress, and complex traumas triggered a series of reactions that amplified the pain of discovery into multiple aspects of life.

**Trauma Responses**

Although paths to discovery varied for women, a convergence of similar distress patterns emerged post-discovery. Unbearable and traumatic experiences of shock, confusion, disbelief, grief, and powerlessness following discovery resulted in intensely physical, psychological, and emotional responses the women referred to as betrayal trauma. When Abigail learned of the long history of her husband’s pornography use and other sexual behaviors, she was bewildered by her response. She explained:

I sit back and think about my reaction, and I'm in shock even this much time later. Who was that woman? Because I was like a wild animal. I could hear noises coming out of my body, but they sounded like an animal that was just attacked or shot or something. And I became physically violent. I started throwing things and yelling, and...it was almost like I was dissociating to a point where I could watch myself but not control myself.
Most women described immediately following discovery experiencing a 20–30-minute period of complete shock, followed by ruminating and analyzing as they tried to make sense of things. Mary remembered, “I was looking at his pictures, and it was there… The photograph… and I just froze. I put it down, and I didn't say anything. I was so shocked! I just froze and put it down.” She reported throughout the day ruminating on whether what she had seen was real or imagined and reported experiencing dizziness and nausea. Women reported doubting their interpretation of reality and began to analyze and question every part of their lives in conjunction with the shock of the disclosure. Colette’s remembered, “I did not know what I could trust about anything. I felt like my whole world shattered!” Betsy explained, “There is a crack in your reality that is so deep that you really can no longer make sense of who you are. It feels like you're living in an alternate reality.”

The initial shock was eventually replaced by denial, confusion, anger, depression, anxiety, self-esteem problems, body issues, and endless crying. Disordered mental states were also brought on by feelings, resulting in physical responses such as shame, anger, and fear. Some women believed they had experienced post-traumatic stress disorder (PTSD). They described symptoms such as intrusive thoughts, hypervigilance about controlling their husband’s behaviors, and social isolation. Charity shared her experience:

His porn use impacted me emotionally, big time. I couldn't even function. I was triggered constantly…PTSD… it was awful. I couldn't even walk up the stairs to my condo… I didn't know what I was going to walk into. I had survived cancer… in May, and I'm convinced it was because of all the undue stress.

Nearly one-fourth of the women reported denial of the discovery of the PPU for a period of time. Their inability to cope with reality made it easier to “sweep it under the rug.” For
example, Haley said, “I just felt that I don't want this to hurt me. So, I just ignored it.” Samantha shared that she was in a foreign country with a new baby when her husband’s PPU was discovered. She shared, “I had no friends [or] family support system. It wasn't until we moved back here that I started thawing a little bit and being like, this is really a problem!”

Physical symptoms such as sleep disturbance, loss of appetite, chronic illness and pain, panic attacks, and fatigue were reported by some women. Zena said, "Within a month or two, I lost maybe 15 pounds. It was to the point where I couldn't eat." Abigail explained, "It aged me immensely. Truly, truly aged me! And looking at photographs alone, what physical things that did to me was remarkable." Colette described her physical response:

When I first learned about it, when I first knew that I wasn't crazy, within an hour, I was deathly ill. I felt the life drain right out of my body...I got pneumonia. I was sick with pneumonia for months.

Following the discovery, several women not only experienced trauma responses from this event but also experienced the re-emergence of past traumatic events such as abuse, medical trauma, or childbirth, which had caused intense fear. The women felt hopeless, worthless, angry, and unable to control their emotions. Anna shared, “I'm not just dealing with my marital issue. I'm dealing with major traumas. And there's been massive traumas going on the whole time.” Emma experienced the perfect storm of several traumatic events happening in short succession, which triggered childhood trauma from her father’s death. She described:

My postpartum depression...the trauma of [my baby’s] birth because he almost died...then I also almost died 10 days later...And so that trauma probably triggered not only the pornography trauma but my dad passing away in a car accident as well.
Nearly half the women spontaneously drew connections between their betrayal trauma and previous sexual or physical abuse, even though I asked no related questions. Some women reported the trauma of prior abuse as amplifying the impacts of discovery and, like Gwen, “could not separate betrayal trauma from that trauma.” For example, Maggie shared:

My grandfather was a pedophile. And so, I was sexually abused when I was an early teen. That has a lot to do with, you know, my sexual wanting to... I just don't want to do that. I don't want to deal with that.

Several women mentioned that being pregnant or recently giving birth, a time she was most vulnerable, coincided with the time of discovery. Hormonal imbalance from pregnancy combined with the trauma of discovery amplified emotions and deepened the feeling of betrayal. Severe postpartum depression followed for most women in this group. Faith shared, “After all I went through to have her, that's what you were doing? I remember that I was...just so angry!”

Maggie remembered what it was like to navigate discovery and childbirth:

I just had a baby... totally hormonal. I was sick in bed with...this brand-new little baby. My reaction was I just turned my face to the wall, turned away from him because he was sitting right by the bed, and I just groaned. I just groaned...I cried and cried and cried some more.

Chaotic Decision-Making

Following discovery, the women often made irrational decisions from an emotionally reactive state, but without consideration for the longer-term impacts of the decisions. The words, actions, or boundaries were a chaotic result of the distress the woman was experiencing and reflected a fight or flight response. For example, Kai’s husband was a company commander, receiving a Bronze Star with valor the day she discovered his receipt for a gentleman’s club. “He
was like, 'You have to be at this meeting!' And I didn't want to be. So, I bought a plane ticket and left and didn't tell my kids… I didn’t come back for almost two weeks.”

Likewise, Cassie experienced a physiological flight response following the discovery. She shared:

   I said, “You leave, or I will.” And he says, “Okay, fine. Get out!” I packed, and I grabbed the baby…it was in the winter, it was dark. I didn't have anywhere to go, and got in the car... So, I went and parked in Wendy's parking lot.

Leah was in a foreign country experiencing jet lag when she discovered pornography on her husband’s phone. She described waking him in the middle of the night:

   I said, ‘I cannot keep going on, having this happen again! And if I'm not enough, maybe your children will be enough! ...You're going to phone your children, and you're going to let them know!’ And so that's how I handled it.

   Women often set impulsive parameters around their sexuality to protect the part of them that was most vulnerable. For example, Mary said, "We didn't have any intimacy [for] two months." Gwen shared, “So that night, I said, ‘You know we're not going to sleep in the same room. I can't really even process what's going on!'” While most women indicated shutting down sexually, several women described a significant increase in sexual desire and activity with their husbands. Tracy described, “My reactions were to have as much sex as possible. I have a very strong libido. Even at the age of 70, I had the sex drive of a 20-year-old." Whether this sexual response was a physiological fight response to win back, her husband is unknown; however, those who experienced this response described it as only temporary.

   Many women isolated themselves from family and friends to protect themselves from shame or social stigma or to protect their husbands. Like many women, Faith shared, “During the
past 15 years, I just cut myself off from everyone.” Some women also limited interactions within their religious community. Mary reported believing, “You know you are going to be judged because all the missionaries [will say], ‘No, get away from them!’” Similarly, Holly described, “I think my first reaction was still to protect him… I don't want people to look at him and have that be the only thing they see.”

**Silenced**

In a state of mental depletion, deep distress, and intense shame related to her husbands’ sexual behaviors and the assumption that his actions were based on her inadequacies, most women did not speak about his behaviors to anyone. The silence appeared to be an extension of their established patterns of not speaking up throughout their marriages. However, silencing following their discovery was attributed by women to several reasons, including a response to lacking the language to speak about his sexual behaviors, an attempt to protect her husband, power imbalances, or feelings of shame. Nicole expressed, “Stigma and shame are two of the biggest reasons why it’s so difficult for us to get help.” Noelle explained, “I know that God put me on this road. But it would have been a lot shorter if there was a lot less shame, a lot less stigma, and just more education in general about this.”

A few women remained silent about their husbands’ pornography use because they lacked the language to speak about sex-related topics, ultimately preventing them from confronting him or seeking help. Holly admitted, “Back then, I didn't know how to put it into words.” Emotional reactivity and inexperience with speaking up for themselves inhibited some women's ability to speak clearly about their experiences. Charity shared, "His CSAT [compulsive sex addiction therapist] gave me the words to say to him because I didn't know how to say it... because everything I said was twisted and turned around. And I realize that now.”
Haley’s inability to talk about anything related to sexuality caused her significant discomfort and, to this day, has prohibited her from seeking help. She said, “The moment when I just bring it up, which is rarely, sometimes I feel ashamed to really talk about it [with him] ...it makes me feel uncomfortable. So much!”

Counter to these women, Sarah explained that some Orthodox Jewish women do not self-silence about sexuality. They are taught family purity from a young age, which encompasses all the laws about sexuality framed in a sex-positive light. She further reported how educating women about sexuality from a religious perspective can act as a protective factor. “The more knowledgeable you have about [sexuality from the] Jewish Torah, the less you can be exploited.” She further described that despite emphasizing educating women on the holiness and beauty of sexuality, some Orthodox women misinterpreted the messages they received from the modesty restrictions and laws of no premarital sexual contact. Instead of experiencing it as a protective measure, they distorted the messages and internalized shame.

Several women’s silence stemmed from an intense desire to protect their husbands or children from imagined harsh judgments or possible negative consequences, regardless of their suffering. For example, it was with great emotion that Holly explained, "I think my first reaction was still to protect him. I don't want people to look at him and have that be the only thing they see." Betsy refrained from seeking help from her family "mostly out of protection" from their judgment. "If you aren't perfect [or] if you aren't showing up in a way that makes everybody really comfortable and happy, they will pull away!" Sarah stated that in the Orthodox Jewish world, standards of perfection are intense because they are such a close-knit community, and their children marry each other. She kept her husband’s sexual behaviors secretive for nearly a decade in part to protect her children from the shame that could keep them from marrying. She
explained, “If there's anything wrong with your family when it comes to marriage and marrying off your kids, the families will call your neighbors, you know.”

Unfortunately, women’s silence allowed physical, sexual, and emotional abuse to perpetuate. Nevertheless, Anna, who her husband had continually abused in those areas, still desired to protect her husband. She admitted, “I never talked to a religious leader about his addiction and stuff just because I was scared that he would never be able to be used in a church again. And same with me.”

Silence and oppression in response to the power held by traditionally patriarchal social institutions kept even outspoken and well-educated women from being able to tell their stories. Kai shared that policies the military created to protect women, in all actuality, made them powerless, subjected them to continual betrayal, and silenced them. She explained:

He's high-ranking military personnel. I can't disclose that he was an adulterer. In the military, if your spouse is caught for adultery, they can get demoted and kicked out of the military. So... If he gets kicked out, we lose our military retirement. I lose all my benefits. Similarly, positions of power and prestige within religious organizations, held by the man or the woman, influenced silencing. Abigail spoke with no one about her husband's compulsive sexual behaviors and PPU:

I began doing stuff within the realm of the Catholic Church. The clergy would send people to [me] if they were struggling with anything related to sexuality. And lots of times, that included pornography and affairs…But meanwhile, I kept it the biggest secret.

A limited number of women reported power and corruption within a male-dominated legal system, particularly related to family law and divorce, as silencing them and leaving them
completely powerless. Seraphina, whose husband was a powerful and well-known businessman, explained that by law, she is prohibited from defending herself against false legal accusations because speaking about her husband’s sexual behaviors would be interpreted as defamation of his character. She shared:

I have been silenced! I have been truly silenced! My [divorce] case expanded the powers of private judges, and now they gave new girlfriends equal power under the Domestic Violence Protection Prevention Act...and all for financial gain. I have a domestic violence restraining order against me!... The losses! They're just unbelievable! And articles are being written about me! My career is destroyed...I have been truly silenced, which is why I'm saying this is my story...the impact on me!

Rather than being silenced by the power of large establishments, some women's earlier relinquishment of power and silencing to their husbands in less egregious circumstances allowed him to also exert control over her in demanding she keeps silent about his sexual behaviors. Cassie shared, "He went through all the people I was not allowed to tell. I wasn't allowed to tell my parents or my family, or his parents, or his brother, or our bishop, or anybody. I needed to keep his secret."

Beliefs that PPU and other compulsive sexual behaviors were immoral and dishonorable created second-hand shame and humiliation in women about their husbands' behavior. Furthermore, their silence reflected the shame women felt surrounding their perceived responsibility for their husbands' actions. Leah reported: "I told nobody…When your husband has done something that he's ashamed of, you also wear that shame as his wife. And so, I told nobody for the first 20 years of our marriage." Cassie reported feeling immense shame about how her husband treated her sexually, which prevented her from talking about it until years after
her divorce. She described, “I felt so deeply that rejection of ‘I'm not….’ It was so directly tied to my sexual performance...my worth and my value as a person.” The impacts of shame became apparent to Tiffany in hindsight. She explained, “Shame tells you not to reach out to other people. Too embarrassing. This is too horrific…I can't talk to anyone. We heal in connection and heal in being vulnerable. And shame says, ‘You get vulnerable, and you'll die.’” The burden of shamefully carrying the secrets of a husband’s PPU and compulsive sexual behaviors in isolation, along with a host of physical and psychological trauma responses, was debilitating for most women. Further, it complicated their sexual relationship if they still had one. However, even further depths of distress were yet to be discovered by the women.

Stage 3: Aftermath

Following the emotional upheaval women experienced in the days and weeks following the discovery, women attempted to make sense of the reality of what they had just experienced. Esther vividly described what it was like each time she discovered more betrayals. She said:

His pornography use is where it always kind of stems from. It's like a hurricane five has come through and just demolished it. And every time we begin to rebuild and put the pieces back together, he does something that just...it's woosh, here you go, it's gone!

Having lost their grounding, the women detached from their husbands and sometimes even from God. They question everything they once believed to be true. The following five subthemes associated with the third stage of the process include Severed Trust and Attachment, Questioning, Desperate to Fix Things, Coping, and Hitting Rock Bottom.

Severed Trust and Attachment

Attachment bonds that had previously tied women physically, sexually, and emotionally to their husbands were injured or even ruptured as they recognized their inability to trust them.
For some women, this was immediate, and for some, it was a process. For example, several women experienced an attachment rift during the Something’s Not Right part of the Crisis stage, which deteriorated even further after discovering their husband's deception. Nicole knew of her husband's PPU before marriage, but she described the growing distance and disconnection each time there was a new discovery. She shared:

Eventually we... I started to see a separation. There would be times when he couldn't have sex with me, and he made up some excuse. Then we find out later, after a fight, that it was because he was watching pornography. It started to actually to have an impact on our relationship and our ability to be together. [I felt] a lack of safety, not being able to trust what my husband's telling me, not being able to trust my emotions.

Some women felt their husbands' deception was even more problematic than the pornography itself. They expressed that if the men had been honest about their struggles with pornography rather than hiding it, the women could have handled the situation better over time. In Emma's case, as with some other women, the lack of trust and severed attachment led to the dissolution of her marriage. She shared:

He had been doing it for months. He'd lied. I think the bigger thing is just the lying about it and not communicating with me like, ‘I'm struggling right now.’ [It] was a huge factor in the breakup of our marriage because there was no trust being built again.

Maggie described the impact of the inability to trust her husband for several decades. She said, “I'm pretty detached from him...Let's say we're married on paper. We live in the same house, but pretty detached. It's like...do whatever you want to do.”

Several women spontaneously mentioned previous traumatic experiences with someone they had loved and trusted and how that, combined with their husbands' betrayal, accumulated
the intensity of the distress over the widening gap between them. Esther told her husband: “I don't understand! I trusted you! You're the only person in my life I've ever trusted, and you did this to me!”

**Questioning**

Becoming unmoored from everything they once believed true, women desperately questioned, analyzed, deconstructed, and explored different possibilities of truth. In the beginning, their questions were largely accusatory or racked with pain. Later, questions came from a place of curiosity and seeking for truth. Tiffany explained, "It really turned out to be a time when everything I believed about myself and about God was burning down for me." The women reported angst and struggle as they questioned God, religion, and themselves.

Women questioned why God would let her suffer or let her go on so long without knowing that her husband was not who she thought he was. Many women assumed that God would intervene with any of her decisions that might later bring great pain. For example, May reported:

I remember praying to God and asking, ‘God, why'd you allow all this to happen? If this guy was really a pornography addict, why did you allow me to get married to him?’ I felt like God did let me down, so it kind of shook my faith.

Some women felt abandoned and had difficulty reconciling their trauma with what they believed to be the nature of God. Tracy remembered asking, “Where is God? Why wasn't he...or she… protecting me?” Gwen admitted, “It really spurred, in me, a faith crisis.” Similarly, Esther questioned, “Hello, God, did you forget about me? I'm still here, going through the same hell! Where are you?”
Similarly, Sarah remembers questioning God:

Why? Why? This is not supposed to be! I was prepared for a whole different plan, and now I have to turn the plan around and deal with… the word in Yiddish for ‘disgusting’ is schmutz. Now I have to deal with schmutz! This wasn't the plan! I was talking about the heights and beauty of sexuality all the time. And now I'm in the depths of schmutz. Like, this is not the plan!

Religion had played a central role in women’s lives; however, some women recalled realizing that their religious beliefs and assumptions had made them vulnerable to betrayal, harm, and abuse, which was deeply disturbing. Many of the sentiments directed toward religion were a reflection of their distrust of religious leaders for not appropriately dealing with the topic of pornography. Faith shared, “It really made me kind of angry at some of my church leaders because I'm like, 'You're not getting it!'” Several women presumed that poor handling of confessions or resistance in tackling the topic of pornography on a larger scale was due to the leader's own use of pornography. Seraphina explained that her assessment of the hypocrisy of the rabbis she interacted with led her away from her religion. She shared, ”This is a problem that afflicts clergy who are attracted to these positions...These positions of power on the podium, giving sermons, looking good, appearances. And none of the rules and laws apply to them.” It is important to note that not all women were critical of or questioned the validity of their religion. Some women embraced their faith and its rituals to cope with their pain. Furthermore, they perceived religion as relational rather than transactional. For example, Charity shared, “The way I feel about my religion hasn't changed. I actually have more trust in God, more faith in God. He was there for me.”
As women assessed the reality of their circumstances, finding that neither God nor religion protected them from betrayal, they questioned whether their own inadequacies could explain or account for their husbands’ behaviors. For example, Leah asked, “What's wrong with me? Why was I not enough?” Colette questioned:

I wonder if maybe there's something wrong with me and my spirituality. Maybe I'm not trusting God enough [or] I don't believe in Jesus enough. Because if I did, my church is telling me that this is all going to get better. It's all my responsibility!

Ruminating on how her inadequacies played into her husband’s pornography use resulted in very intense and real negative impacts on a woman’s self-esteem, further validating her need to be silent so as not to expose her worthlessness.

**Desperate to Fix Things**

When women felt their inadequacies in part caused their husband’s pornography use, they made significant efforts to control or fix it, oblivious that they were further acquiescing power to him. Ruth explained:

I tried to control it. I tried to help it. I tried everything that I could do to possibly help until I hit a point where I just realized that I could do everything right, and it was not going to make a difference in what he chose to do.

Cassie came to a similar conclusion. She described:

He wanted me to control the addiction, to be kind of a substitute for it. I literally had graphs, and I was charting his moods, and I was looking for patterns, and I had this calendar… I learned pretty quickly that the meaner he got, the more likely he was to relapse. That's when I needed to again offer myself up. But it never worked! I want women to hear that! That it never worked!
Feeling hopeless about unsuccessful attempts to fix the PPU, some women began to reach out to family, religious leaders, or counselors to enlist their help in “fixing” their husbands. Ultimately, the “help” was often more harmful than helpful as they minimized the woman’s experience or blamed her for his pornography use. Nicole described:

[The pastor] said, “I’m just going to pray for you. You know, really...a lot of this sexual dysfunction we find really has to do with the wives in the relationship...If you had sex enough, he wouldn't have time to watch pornography.”

Concurrent with their distress, women reported the mental and emotional distress their husbands were experiencing. Several women also took on the responsibility to fix their husbands’ mental health. Samantha shared, “His mental health was really declining and in a scary place. I have no idea how he was able to hold on to his job. He was literally curled up in the fetal position, crying in front of the kids." A small number of women reported even admitting their husbands to medical facilities for weeks or months, resulting in the women taking full responsibility for the parenting, household, and finances.

Coping

In the aftermath of learning of a husband’s PPU, women sought to alleviate distress related to knowledge of their husband’s pornography use. Women adopted various coping techniques, of which two main types were reported during this stage: religious coping and maladaptive coping.

Participation in religious rituals provided a sense of strength and grounding for many women. Prayer was the ritual most often mentioned by women as meaningful. Kai described returning to her traditional Native American prayer ritual. She explained, "In the Navajo prayer,
they say 'Hozho Nahasdlii’ four times at the end of their prayer...[which] means bringing beauty and peace into your life again...bring back what was wrong to be right again.”

Ruth found solace in being in sacred places. She said, “There is a temple for our church nearby, and I just went, and I sat in the parking lot at night and just cried, and prayed, and cried.”

Tracy started going to her synagogue multiple times a week. She shared, “I started becoming much more religious. Now, that's not saying I believed God was watching over me. I didn't. But I find that ritual and ceremony have some power for me.” It is important to note that being in a religious environment had a detrimental effect on some women. Colette explained, “I literally could not sit in those churches anymore. I felt physically ill. I was afraid that I was going to jump up in the middle of a sermon and scream, ‘You blasphemer, you!’”

Some women reported using maladaptive methods to cope with distress. Esther laughed as she shared that her coping was “prayer, prayer, prayer. Okay. Wine at times.” Similarly, Nicole used substances to cope. She shared:

The way I would cope was I would drink, and I would get mad. So, when I wanted to confront him on something, I'd have some liquored courage. I’d just bully and yell and scream at him until I finally wore him down.

Some women became obsessed with their bodies because of the perceived competition with women their husband was viewing. Sarah described, “I went to the gym five days a week [and] got a longer wig. I was definitely hyper-focused on every beautiful woman out there and had] massive anxiety every time I'd see a beautiful woman or a beautiful body.”

A few women admitted that they dissociated from reality to cope. Grace shared, “I can turn my emotions on and off...I think it's a learned behavior from being abused as a child, [and] abused in my first marriage.” Noteworthy is that in the aftermath of the discovery, women
seemed only able to access religious coping, which they were accustomed to, or maladaptive coping strategies. Other forms of healthy coping were used later and are discussed below in the Healing stage.

**Hitting Rock Bottom**

Realizing the scope of devastation in their lives hit many women as they assessed the full range of impacts related to their husband’s pornography use. The women felt shattered, exhausted, hopeless, and broken. For some women, having significant tangible losses led them to the depths of despair, termed by some as “rock bottom.” For example, one woman talked about losing social support from her religious community. Holly shared, “We were pretty much shunned from our church.” Another woman’s husband and his new girlfriend spread destructive lies about her, destroying her reputation. Other women reported hitting rock bottom after they experienced significant financial losses or were left destitute. When Kai left her husband, having nowhere else to go, she moved back into her deceased grandfather’s abandoned and condemned home on the Navajo reservation. She described:

He’s been giving me $600 a month to live off of. What woman can live off of $600 a month, especially with the gas prices the way they are? I’m a Navajo woman living on a Navajo Reservation. I have no running water. I don't have an indoor toilet. I don't have an indoor shower.

The burden of carrying the knowledge of and responsibility for their husband’s sexual behaviors, sometimes for many years, weighed heavily upon the women and often deeply impacted their mental health. Esther remembers praying, “God, I need someone to turn to because I have been carrying this all these years on my own.” Unable to find emotional, relational, or physical stability, one-third of the women reported experiencing suicidality. No
probing questions about suicidal ideation or intent were asked, so potentially, even more women experienced this significant depth of hopelessness. Tracy shared, “I spent that year in absolute horror. I was depressed and suicidal.” In a moment of intense suicidal thoughts, Zena reported, “I remember pleading with God and praying, ‘Just take me away, so I don't have to go and feel the pain.’” Like many women, Cassie was extremely depressed. She remembers, “It was hell...it was torture, and I had no way out.”

Unable to control the outcomes of their lives any longer, some women spoke of completely giving up their expectations and surrendering. Two women spoke of surrendering in the form of tolerance of their husband's pornography use. Haley said, “It really took me a while to accept the idea that he was using pornography. But after some time, I came to…accept it.” In the context of the interview, she did not seem to mean she accepted his behaviors on a moral basis, but rather that she accepted that it was happening, which decreased her distress. Similarly, May said, “I had to accept that this guy has a problem. So, the first thing I did was [accept] that I'm dealing with a husband who is an addict of pornography.”

Most women spoke of surrendering to God and making him the focal point of their lives. Their surrender marked a new point they identified as a turning point in their life trajectory. Betsy described:

I got to that point where I just surrendered...this is going to kill me! I can't manage it! It's so much bigger than me, and I need to give it to God, but I don't know how. So, I made an agreement with myself that day that I would start a prayer, 'God, help me see things differently!'

In desperation and surrender, some women were willing to do whatever it took to make changes that would allow them to regain control of their lives. Faith shared:
When I got to that rock bottom point, I had to figure this out. If this person won't help me, then I just got to keep moving, and I got to keep trying, and I got to keep looking because I don't want to feel this way anymore.

Having struggled significantly with the aftermath of discovery and wrestling internally to figure out what they believed to be true, the women were both willing and ready to move from the aftermath of discovery toward healing.

**Stage 4: Healing**

The first step toward healing required women to break their silence and vulnerably ask for help. In May’s words, “I had to talk to someone so that I can make a decision of what to do with me...with my life!” The women reported that resources beyond just talking to a religious leader or friend were instrumental in changing women's trajectories and leading to healing. The women identified their paths to recovery to include steps illustrated in the following five subthemes: Receiving Support, Intentional Boundaries, Learning, Self-Care, and Cognitive Reconstruction of Reality.

**Receiving Support**

Speaking about their experiences with pornography and sexuality was extremely difficult for most women, which limited their ability to seek help from a professional. However, they often started with less vulnerable outreaches such as online content, reading books, listening to podcasts, and visiting social media sites focused on pornography addiction and betrayal trauma. Unlike most women, early in Tiffany’s experience, she was deeply impacted by a statement that freed her from secrecy and silencing, giving her the power to speak up for herself. She recounted:
I went on the church website [about pornography, and] one thing that it said... ‘His privacy is not more important than your healing.’ It was important for me to ingest right away so that I could feel confident pursuing whatever I needed to be okay. Being able to read that immediately, I was like, I get to talk to whoever I want to. I get to seek out whatever I need to.

Interestingly, the more quickly women broke their silence and gained access to support, the less time they spent in the Crisis and Aftermath stages. Tiffany immediately reached out to two women she considered to be older and wiser, and within a week, she had an appointment with a trauma therapist who worked with betrayed women. While her healing process was painful and difficult, she reported reaching significant healing just over a year after her discovery. In contrast, Betsy described her inability to move forward because of inadequate clinical help and her own secrecy. She said:

I was getting tons of [co-dependency] program stuff, which is great stuff... I was going to a meeting a day. But it's not fit for sex addiction recovery because it tells you to just basically stay on your side of the street. You know, ignore your husband and let him do his thing. I'd been doing that for 20 years almost, and it clearly wasn't working, you know. And I was still in total secrecy. My work didn't know; my children didn't know; my family didn't know.

During the most challenging times of discovery, many women leaned heavily upon and perceived having received support from God. Sarah shared:

My go-to was, ‘Tell me what you want from me, God! I’m ready to listen. How are we going to use this to grow? How is this the test of all tests that is going really get [us] to the place of growth?’ I just saw it as...God's opportunity for us to grow through hell.
Women reported feeling God’s support through revelations and inspiration, finding the right resources and people at the right time, and feeling like God intervened when they felt suicidal. Astra shared, “Every time there's been some type of revelation of what my husband's behaviors were doing. It was only my relationship with God that got me through because I really had no one else.” Some women reported feeling God nearby protecting them. Samantha described a particularly distressing night when she felt God’s presence. She shared, “It literally was like I was curled up against Jesus’ chest, and his arm was around my back, between me and my husband, completely protecting and keeping me safe.”

Religious leaders were often the first source of help-seeking by women. When the women eventually went to a religious leader for spiritual or clinical support, and the leader’s words and attitudes helped them feel seen, validated, and treated with compassion, it gave them hope and provided spiritual healing. Tracy explained how meaningful her interaction with her rabbi was. She described:

She called me, and I pushed it away for a while, but finally, I went [to see her]. She took me to the mikvah...the sacred immersion in the living waters from the Garden of Eden. You must be completely naked...you're immersing yourself back into the waters of creation for purposes of rebirth and renewal.

Tracy described how that experience allowed her to step out of the trauma she was engulfed in to reflect on what she had been through and provided a safe and loving connection with her rabbi. Further, religious leaders who knew how to access appropriate trauma-informed clinical resources for the women were found to be most helpful. Gwen described:

My bishop knew that I was a mess. So, he started looking for people to refer, and he referred me to [therapist]. September was discovery, and then in October, I went to see
[her]. She was able to really help me set up some boundaries... It was really incredible to just validate me and be like, ‘This is a huge fire. You're in the middle of a fire. Let's get you out of the fire.’ That was huge!

In addition to direct support from religious leaders, women reported that one of the most significant ways they felt support was when the leaders helped them find resources, particularly faith-based therapists and support groups. Most participants reported having accessed therapeutic support, and some women stated they worked with multiple kinds of therapists and coaches. Women from foreign countries or cultures were less likely to speak of marital problems outside of the marriage and were less likely to have spoken with a therapist. Some women shared that they and their husbands had gone to couple therapists who primarily focused on improving communication but knew nothing about the compulsive pornography use or sexual betrayal, or they saw therapists who specialized in compulsive pornography use but had not been trained to help the partner. The women reported that those therapies were not adequate for most women. Tiffany explained, "Therapists that do not have education in these specific things are not going to support the women in the way that they need." The women shared that trauma-informed, faith-based therapies and therapists trained to work with partners of those with PPU were more helpful than those without a betrayal trauma focus. For example, Rachel shared:

I've been in trauma therapy for two years now. That's just crazy about how much I've learned. I didn't know how much help, support groups, and therapy is actually out there! ...It's betrayal trauma. And the things that we experienced, that we as spouses feel crazy about, it's a real thing. We even develop PTSD about it and [are] triggered. That's real! And we're not crazy!
Support groups were the first place where most women felt safe enough to break their silence and tell details of their stories. Hearing other women’s stories and realizing they were not alone in experiencing this phenomenon was powerful. Astra described, “I joined [a group] about nine weeks ago, and it's the first time in my whole 14 years I've actually had a voice, and I can speak about what's going on.” Rachel added, “Our stories might look different, but we're all there for the same reasons, and it sucks. But it's so nice that we have each other on this journey. And I think that's really what it's about.”

**Intentional Boundaries**

Women felt more control over their disordered lives when they learned the importance of making plans to help them feel safe. With the help of therapists or groups, the women could set boundaries with their husbands or others. In opposition to the reactive and chaotic boundaries the women set soon after discovery, intentional boundaries allowed women to feel more empowered and protected. Janice explained, “I have a hard time doing something that I know is gonna make somebody unhappy. So that's a huge thing for me, learning to set better boundaries and also learning to prioritize myself, not in a selfish way.” Several women described setting limits with consequences for their husbands, such as boundaries about the use of electronic devices, physical intimacy, and communication. Several women also set boundaries about expectations of their husbands’ recovery plans. Charity shared:

I insisted on counseling...You know, it is his choice to actually enter recovery, but in order to stay with me, he had to go see a CSAT too. And he made the appointment. I gave him the choice. In order to feel safe, this is what I need.
Sexual boundaries were especially hard for some women to set. Some women established a therapist-recommended 90-day abstinence period following relapses with pornography. Others set boundaries around what sexual activities they would participate in. Nicole explained:

So, when we started healing, there were definitely a lot of sexual behaviors and different things that we did…that I was able to actually say, “I don't want to do these anymore.” It was hard, obviously, for him. I get it. It took me a while to actually build and verbalize why this is not okay with me because I was always taught to yield.

Residential boundaries were established by some women, either living apart from each other or creating an in-home separation where husband and wife lived on different floors or in separate bedrooms. Ruth shared her experience:

My family was already suffering from his instability in it all. And my children were suffering from it. So, I knew that I needed to separate fully. And that…gave me the strength to be able to lay it down and say, ‘You can't come back.’

Learning

The acquisition of new knowledge and understanding played a significant role in a woman’s healing and reconstruction of her identity. It opened her mind to new ways of thinking that helped her be less reactionary and more able to speak. Learning or relearning about God, pornography, addiction, women’s roles, and sex were described by the women as most influential to their healing process.

An expansive view of the nature of God and his perspectives on sin, sex, suffering, and humanity were reported by several women. Colette shared, “I was learning to see God differently than what I was hearing Sunday morning, Sunday night, Wednesday night, [and] Thursday Bible study.” Faith was learning more about God’s expectations for marriage. She explained:
I've learned that God doesn't want us to be hurt. Marriage is not a life sentence. If it's not working, it's okay. You know, if your partner doesn't want to be part of it, it's okay. I used to think divorce was a mortal, mortal, mortal sin, and it's really not.

Sarah described how her understanding of God and how he works changed from one based on knowledge of things she had been taught to a deeper level of experiential knowing. She described:

If you know about the Holocaust, you know that bad things can happen to good people…and God's ways are not known. So, nothing changed in terms of my relationship with God in that way up here (pointing to her head). But… (moves her hand to her heart) now I became a personal Holocaust survivor. I now understand trauma and suffering experientially. I can now be in the trenches with people and understand God and pain in a way that I never could before.

When women realized the way they had been taught about sexuality in religious settings no longer aligned with their newfound belief in God’s positive view of women, several women spoke of a desire to learn about sexuality from God’s perspective. Abigail shared, “[When] the clergy started sending people to me...I started to understand that I needed to know more about God's plan for sexuality because I knew this wasn't it. But I had to understand it.”

Learning about pornography from a scientific and relational perspective, particularly from an addiction framework, allowed women to stop feeling shame or taking the blame so they could move forward with their lives. In hindsight, Faith recognized that her previous naive assumptions enabled his PPU to continue. She shared:

I wish I [had] been more educated on how it affects the brain and how pornography use changes people and the whole neuroscience behind it because I thought when he said,
‘I'm not doing it, everything's fine,’ I was very young thinking ‘Okay, we're good. We're never going to have this again.’ And I think that if I had known that, I would have pressed him to get help way sooner.

After learning the science of addiction, some women expressed an understanding that PPU is more than just a sin. May said:

It's not a sin as I used to think...I remember I didn't like even to associate with people who are watching pornography. I felt that these people should not even be near me. But for now, I feel like it's a...disease.

Therapists and support groups most often facilitated women's learning; however, the women also mentioned finding value in online sources about betrayal. Astra shared:

I've read lots of amazing books. I've searched the web nonstop for sex addiction, pornography, [and] intimacy disorder...And because I live in a rural community and have to travel, I use a lot of podcasts because I can listen to them on my driving.

Learning about healthy sexuality, something most women had not been exposed to previously, was also empowering and was reported to be instrumental in women’s healing.

Cassie described how her vision of sexuality has changed: “Healthy sexuality is intimacy based. It's about connection, and it is in a relationship where both parties can be present. It is an expression of love and connection. Unhealthy sexuality is intensity-based, and it's an individual experience.”

Self-Care

Caring for oneself and prioritizing one's mental and physical health was a novel idea for many women who had been conditioned to care for everyone else first. However, once they started implementing self-care strategies, they recognized its value in improving other
relationships. Each woman came to know what self-care looked like for her. Women mentioned tools such as meditation, writing, art, exercise, massage, and giving themselves more compassion and grace. Winston shared, “I have never journaled before in my life. But I do have a journal. I have two journals, actually!” For Tiffany, physical movement has been valuable. She said, “I’m not always great at that. I do try to go on a walk daily or every other day. Yoga was really important for me for a while.” Noelle, who had recently undergone a formal therapeutic disclosure, found value in writing about her experience. She said, “In order for me to heal, I have to capture it now [by writing the details of the disclosure] because it'll go away. Right? And I need to make sense of it all, you know.”

Several women relayed how art, poetry, music, or other artistic forms brought comfort, understanding, coping, and peace during traumatic moments and facilitated healing. Abigail spoke of the healing power of music and movement. She described, “We were physically crying, screaming, laughing, dancing, moving all around, and it was really powerful, letting it out of my body.” Maggie shared how quilting has helped her.

Weaving a needle and thread through fabric is...there's just something calming about it, and it just gives peace and satisfaction of having made something. That has been huge for me. Some drink, some do drugs. I do fabric and patterns.

Playing a musical instrument, painting, or other physical art forms proved cathartic for some women. Samantha explained:

So, playing the piano...right now, Rachmaninoff is really getting me. It's kind of like a dark stormy theme. I've totally done a lot of thinking about it because it's like, why did I go here? Why am I playing this?
Cognitive Reconstruction of Reality

Experiencing such a profound psychological trauma allowed the women to reconstruct meanings, language, and relationships that allowed them to jettison old beliefs, interpretations, and traditions to embrace a new world where womanhood is valued. They saw religious leaders as flawed humans trying their best but needing the education to help other women.

As women’s eyes were opened to the injustices they had experienced, they identified parts of religious rhetoric that had contributed to the marginalization of women and led them to assume responsibility for their husbands’ behaviors. Janice stated, “All these twisted, sinful ideas, even some that people get out of the Bible by misinterpreting things. That's not who Jesus is, you know! He would never condone someone being oppressed!” Winston further described:

I've heard so many sermons growing up on the Proverbs 31 Woman and the inference that she did all she could to make her husband as successful as he could be…We've gone too far with that and made it the woman's responsibility for his sexuality, his spiritual health, and his success in life. It's not his choices and his responsibility to make good choices.

Likewise, Noelle commented:

I've changed how I view the church. And I haven't come to any kind of solidified conclusions on the church. But I think the church, because they have mostly been silent on this issue, there's...an entire flock in the church that [is] being completely overlooked and completely missed. That is really hard for me too. It's really hard for me to rationalize.

As their self-awareness expanded, the women could see their character flaws rather than only focusing on their husbands’. Their new way of seeing life helped them become more aware
of their weaknesses and how they may have contributed to their distress. For example, Nicole stated, "It takes two to tango. And while my husband's addiction is not my fault...I was incredibly codependent. I was enabling him." Some women spoke of insight into their own much-needed spiritual changes. Colette said, “I had to realize I had some Scribe and Pharisee in me too.” Abigail shared, “I discovered more of my flaws than I think I was willing to face before.”

With an enhanced self-awareness, besides being aware of their weaknesses, the women became more attuned to their strengths. They hardly recognized the woman they were before and claimed having developed a new identity...one they liked much better. Astra discovered, “Gosh! I'm not the same person I was in years back... [I have] more empathy for people. I'm learning about myself constantly. And I think this week I've learned more about myself than ever!”

The new way of seeing others and self for several women extended to a global level. Grace spoke of her new way of seeing all humans, including her husband:

How flawed we all are! All of us! I don't look at my husband like he's some horrible creep. I look at him as broken. And that makes me want to cry because my heart was...he didn't have a chance. Right? He was 12...no chance. It robbed him of a healthy chance to develop sexually.

Healing from trauma was most successful for women as they found resources and support aligned with their religious values, learned how to set boundaries, understood addiction scientifically, prioritized their health and wellness, and saw their reality through new, more experienced, and educated eyes.

**Stage 5: Transformation**

As women progressed in their healing, many discussed how they believed they attained lasting growth and change. The transformation came through a process of progression that
allowed a woman to see where she once was and how far she had come spiritually, sexually, and confidently as a woman. Several women expressed gratitude for their journey. Tiffany shared:

I can think of nothing that's the same. And for me right now, that feels good. Right?

Those same words, a year and a half ago, were heavy and broken words. I have changed in every single way...The instability of that felt so unfixable. So, I guess what I've learned now is the unfixable things are invitations for growth.

Similarly, Abigail admitted:

I can honestly tell you that where I stand today, if God said to me, ‘I can take this away [so] that you never experienced this, or keep it the way it was,’ I’d keep it the way it was.

Unless you could tell me, I could be who I am today without the pain.

The following six subthemes were identified that described the steps in this stage:

Implementation of a Reconstructed Reality, Authentic Relationships, Spiritual Changes, Advocacy Work, Speaking with Power, and Awakening to a New Way of Being.

**Implementation of Reconstructed Reality**

With a rebuilt sense of herself, the woman worked to implement this new paradigm of herself to bring congruence into her life. This new paradigm included changing previously held beliefs, faith, and behaviors. She learned how to access her power without relying on someone or something else. She realized that to keep a growth perspective; she needs to address her own “blind spots,” which requires constant self-reflecting and self-assessing of her feelings, emotions, and interpersonal communication. Having an objective third party, like a trusted friend, counselor, or therapist, to check in with occasionally was also mentioned as helpful for implementing desired changes. Additional tools women mentioned include a continual commitment to learning, compassionate sharing, and self-care.
Knowledge acquisition led women to change their thoughts and behaviors to align with their new understanding. Gwen explained, “I view myself as a much calmer person, much more accepting, much more able to weather things, you know? Like [I can] weather reality.” For the first time, women began to prioritize their interests after previously putting the welfare of others above themselves. The women’s words did not seem to imply that prioritizing themselves came from an attitude of selfishness or revenge but rather from a realization that they had lost a sense of who they were and needed to reestablish that. Ruth spoke of her journey of self-discovery. She explained, “This process has given me the opportunity to discover things about myself that I enjoy doing. I've found new hobbies. I've created some new routines. I've just evolved and understand myself better than I ever have before.”

When women were confronted with their sense of self and how they had given their power to someone else (e.g., husband, religion), they intentionally made choices to reclaim that power. For example, Betsy said, “I’ve kind of found my way back and reclaimed my own...you know, I’m going to be my own spiritual leader!” Holly shared, “Even though I'm not inclined to, I reach out for help when I need to, even though it's hard. But I need to be able to articulate what I'm thinking and feeling and be able to stand up for myself.” Cassie explained, “I had to learn to define my safety and my faith, taking out all the middlemen...This is between me and God!”

Kai spoke of the personal power it took to restore her grandfather’s old home to better living conditions all on her own. She described the symbolism that holds for her:

You tear down something, [and] you take everything that's rotten out of it. All the drywall, all the old insulation...you throw all that out because it's deteriorated and old and bad. Now, I brought in eco-friendly insulation, some nice drywall, and nice cabinets...I did it myself. [I] hang[ed] the drywall myself, put every screw in the house by myself,
replaced windows by myself. But I chose to be there. And to see where it is now, and to see how happy I feel…the minute I walk in there, I feel like this is where I belong. Yeah, there's a lot of similarities of what I went through to get rid of all the toxic crap out of my life and then finally feeling really at home...feeling at home in a physical place as well as feeling at home in my own spirit.

As women reestablished new views of what they perceived as true, they took different paths in reframing and reconstructing their faith. Most women stayed in their religion but reconstructed their belief systems to be simplified and centered on their new understandings. Those women largely spoke of their reconstruction of faith as centered on a relationship with God rather than on transactional duties they believed they had to perform to receive God’s love and approval. Tiffany shared:

I dropped a lot of extras...a lot of that feels like LDS extras to me that I would never have considered extras. But now I'm like, it's me, it's God Mother, it's God Father, and it's Christ. Anything that doesn't point to that, show up for that, speak of that, I'm not here for. I'm just not.

Abigail shared how her more personal relationship with God has influenced how she, in turn, interacts with others. She described:

I've done some great church stuff! None of those presentations [to thousands] ever match up in any way or shape to holding a praying wife for her husband with snot running down my shirt. Where Jesus really meets me is in those moments.

Zena had learned to see herself differently in relation to God. She exclaimed:
I am not the same person I was before! I am a new creation in God's eyes. Today I'm learning who He created me to be. No, they were not years wasted. They were years that got me to the point I am today. But I am worthy!

A small number of women no longer felt they could worship in the same way, in the same locations, with the same leaders, or with the same community they had previously. They described either exploring different faith traditions or altogether leaving organized religion.

Seraphina explained:

I believe in God…I do Sabbath dinners. Rituals are very important to me. What isn't important to me is sitting and listening to a rabbi. That is no longer. That loss is profound. [But] I've had so many rabbis and cantors as clients [in sex addiction recovery], and…it just feels so hypocritical…It steps on my values.

**Authentic Relationships**

As women became more solid in their own identities, they could be more genuine and vulnerable in their relationships. Rather than trying to be who their husband wanted them to be, they took ownership of their preferences and behaviors. Self-awareness of their identity especially impacted how they showed up for their sexual experiences and allowed them to love more deeply.

After finding their voice and experiencing real power over their identity, some women proactively set out to reclaim their sexuality and intimacy. However, this time they approached sexuality on their well-defined terms that allowed for their growth and individual exploration in the context of the marriage relationship. Several women described their newfound understanding of the beauty of sexuality. Betsy stated, “With my healing, I’ve had the ability to reclaim all that and restore my beliefs around sexuality. I have learned just how fascinating our sexuality is and
how intertwined it is with our spirituality.” Leah explained, “Trust grows a new level of
intimacy. And we've learned to grow. We've learned that intimacy is so much more than just a
sexual experience. My husband has become so much more vulnerable and open with me.”

Abigail shared:

I would have told you that in the sexual activities we had been doing over the years, I was
this free spirit, easily aroused...I had no rigidity, no hangups. I was great! I had no clue
that I really wasn't that! Once there was this complete honesty and trust built between us,
then that ability to give myself 100% was so much greater than what I thought was 100%.
So, we entered into a very beautiful, honest, healthy sexual life. Our experience of sexual
intimacy was beyond anything I knew it could be.

Zena spoke about her sexual transformation:

Today, our sexual intimacy is beyond the words that you use to describe [it]. We're truly
able to experience God's design on sexuality. We're educating ourselves on that, we're
reading a lot, and it's thriving. I discovered that I am actually a person who desires sex
just as much as my husband. I can orgasm easily when we have sex together. He puts my
needs over his, taking care of me before he cares for himself. Yeah, it's beautiful.

For some women, personal growth and increased insight created a deep, intimate
connection with their husbands, God, or others. This new type of love and compassion
transcends everything they thought love and intimacy to be before their trauma to a much deeper
and more comprehensive level they had never experienced before. Gwen laughed as she shared,
“I would say that our old marriage died. Sometimes my husband wants to go over there and pick
it up. And I say, ‘Nope, that's not the marriage that I'm doing!’” Betsy described her new
insights:
I think the greatest thing I learned was that people just need compassion...If God gave me one assignment, that would be it. And if I could parent from compassion, and love my spouse from compassion, my friends and family, and my clients from a place of compassion...I would never get it wrong.

**Spiritual Changes**

With new eyes to witness a more empowering world around them, women also realized that their relationship with religion had changed. It became more spiritually focused rather than focused on rules and rituals. Most women put less emphasis on religion as the focal point and more emphasis on expansive feelings of something greater than themselves or their religion. Colette shared:

Spirituality is about being set free to be fully present, and love, and to walk out your life, both the ups and the downs. You know that there's sorrow in life and there's joy in life, and they're both equally holy.

The women’s religious reframing became a vehicle for greater spirituality, including reframing their perceptions of God and developing a personal relationship with God.

Seeing God as protecting them from adversity, or seeing him as an angry, judgmental, punishing God had not served the women well when they were suffering. Tiffany shared, “I don't even know who that God was that I believed in before because I have a whole new experience, which is stronger, brighter, bigger, more abundant than ever.” Tracy mused, “All right, so he didn't...she didn't prevent this from happening. Maybe I expected too much, you know? That's a very busy creative force of life there.”

Most women preferred to imagine God as a loving, fatherly figure who was invested in their lives and wanted them to be happy. Colette shared:
I'm not buying a God anymore who's looking at me as a sinner...I refuse to accept that label anymore. That doesn't mean I don't have flaws, but I'm not going to start from a place of shame. I accept that love is what rules.

A small number of women expressed that the traditional male-centric God they always envisioned left them longing for a feminine divinity that was given equal weight to a male God, elevating women to an equal status with men. Colette explained:

We're not seen. We're not empowered. If we try to pick up our power, we're crushed. And this is the sad part because...God is male and female. God is male and female. In Genesis...it says three times, in his image and likeness, male and female, he created them. Tracy shared similar sentiments from the Jewish tradition. She said, “The words in Hebrew for God are...El Shaddai. Shaddai means breast. El means the Canaanite God that was represented by the bull. So, you have the merging of the masculine and the feminine, always translated as God Almighty.”

Developing a deep, personal, loving relationship with God became important to many women. Mary admitted, “My relationship with God [has] been slow. But I'm trying to work through that because I don't want to be like this forever.” Maggie shared, “I just feel so much more spiritually in tune right now, where I've always felt like Heavenly Father was unapproachable for me.” Women credited their relationship with God as helping them survive the crisis they had lived through. Samantha described:

I thought I understood what a relationship with Christ was because I go to church. But I was missing a whole level of deeper...how great it could be. I've never, never experienced God like I have the last couple of years. It's amazing!
Advocacy Work

As healing progressed and women recognized what a difference having access to resources made for them, many women reported becoming passionate about relieving suffering for others impacted by PPU. For example, May shared:

I've really had an interest in those people...who are really struggling with pornography to get help for them. I'm trying to come up with a group of...professionals who can engage those people...who don't know what to do.

Some women found meaning in their experience by becoming a voice for others on the same path struggling to find their voice. Sharing their stories in schools and churches, books, podcasts, and seminars helped the women make meaning of their adversity and build personal resilience and growth. For example, Colette speaks about pornography to women and church leaders on nationwide Christian radio and TV. Betsy joined a Catholic ministry and formed an online program that educates women about pornography from a Catholic perspective. Nicole speaks out to women in churches and as a guest on podcasts. She stated, “I've learned that stigma and shame are two of the biggest reasons why it's so difficult for us to get help. And that's one of the reasons why I'm so outspoken. That's one of the reasons I have no filter.”

Having experienced the positive personal impacts of therapists, clinicians, or other resources in their healing process, many women felt called to help others. Most were drawn to helping women suffering from the impacts of pornography or addiction. Some women even reported giving up their careers to work in a field that gives meaning to their adversity. Emma stated, “I'm applying to grad school right now, and I've learned that I want to be a counselor.” Similarly, Seraphina described, “I became a coach. I then went on to become a marriage and
family therapist and co-founded [an organization supporting partners of pornography and sex addicts].”

**Speaking With Power**

The more women spoke out about their own experiences in support of women and against pornography, the more powerful their voices became. Before their discovery, they did not have a voice and did not even recognize or know how to reclaim it. They spoke with power and confidence after finding their voices in response to adversity. Zena explained:

> God today is helping me to find my voice to speak about the goodness and the mercy he has done in us. And even out of the pain and what was meant to hurt and to kill, he brought beauty for ashes.

Women recognized the power they now held as they used their voices. Leah shared, “I think I've become a stronger woman. I’ve become a voice. I had this secret. It was not mine to carry. It was not my shame, really, but I carried it. And you know, now it's my story.” Charity stated, “I'm standing up for myself and not being rude about it. But I know my worth. And while I'm learning my worth, I should say, I’m learning to stand up for myself in that I do deserve respect.” And Faith explained:

> If I feel like I can share part of my story with somebody, then I do. And because I felt like I couldn't speak for so long, that's been really helpful for me because I'm like, ‘You know what? I have a voice!’

Seraphina, a woman who passionately insisted that injustices in the legal system had silenced her, finally declared:
They can't suppress me now! I have a radio show! It may be too late for me. But just like I worked hard to change how partners and couples were treated, I won't stop until we change family law...especially private judging.

**Awakening to a New Way of Being**

The women obtained a powerful new awareness of self, God, women's relationships, and life through a combination of cognitive and experiential learning. Some women’s sense of reality seemed to be clearer. For example, Charity stated:

I don't look at pornography as just pornography. I look at it as a very serious problem in the world today. Very serious. And there are a lot of issues that stem from pornography and add to the development of pornography. It's not the little Playboy's spreadsheet pinup dolls, but that's also objectification. So, it's a societal issue.

Several women were awakened to a more complete sense of themselves and to a level of intimacy that encompassed everyone they interacted with. Astra stated, "Everybody's got a story. Everybody's got heartache. And you have to look past what they're doing and see what's going on for them to be acting the way they are.” Similarly, Abigail shared, “I've found that the most broken people are the ones that have the best wisdom to share with me versus those that have led the little sheltered life.” Colette beautifully described the inclusion of God in that deeply intimate circle. She emotionally shared:

I see God everywhere now. I can stand outside and see God in the beauty of a tree trunk, the bark, the colors, the texture. I hear God in the breeze going through the leaves of the tree and the song of the birds, and just feel that you know. It's not here anymore (pounding head). It's here (grasping heart), you know? So, I would say that's been the transformation.
Summary

This chapter highlights a model termed stages of betrayal and self-development and details the five stages a woman navigates. Findings reveal that the religious woman in this study naively enters the marriage relationship, innocent about her husband's previous and current pornography use. She becomes more aware that something is wrong in the relationship and tries to "fix" the problem until her life changes instantly on her Discovery Day. She loses all sense of her former self as the crisis unfolds. In the aftermath, she feels highly reactive, sensitive, and shattered as she tries to piece together an old life she once loved and enters a new life filled with insecurities and anxiety. As she learns more about what happened to her, she gains the power to use her voice, control her sexuality, and begin advocating for herself. She grows in self-esteem, confidence, spirituality, and intelligence through this process. She reaches out to other women to guide, support, and encourage those going through a similar process.
CHAPTER V
DISCUSSION, IMPLICATIONS, LIMITATIONS, AND CONCLUSION

Discussion

While analyzing the words of the 31 religious and spiritual women in this study and investigating the findings, a processual grounded theory emerged in response to the research question, “How do religious women navigate the experience of a husband’s problematic pornography use?” The theory, which includes a process model of the stages of betrayal and self-development, was grounded in the women’s words and influenced by the launching points of feminist hermeneutics and identity development theories. The newly created theory builds upon previous literature to identify a comprehensive view of the woman's process with her sense of self as influenced by the nexus of gender, religion, and sexuality and in response to her husband's PPU. The model supporting the theory was created describing the five stages a religious woman undergoes before, during, and after the discovery of a husband's PPU. The stages include (a) Innocence, (b) Crisis, (c) Aftermath, (d) Healing, and (e) Transformation. Stages 2 and 3 of the model align closely with extant literature focused on trauma responses associated with partner PPU and compulsive sexual behaviors. Concepts that emerged from the first, fourth, and fifth stages provide more unique findings.

Aspects of Religious Marriages

Findings in the present study demonstrate that religion had been a great strength to women in many respects; however, they entered marriage with increased vulnerability tied to beliefs and assumptions based on religious and familial narratives surrounding sex and gender (Willoughby et al., 2020). Culturally normative patriarchal structures both at places of worship and in the home influenced the balance of power and the women’s use of agency. Most women
shared a faith tradition with their husbands, further creating expectations of trust, mutually aligned belief systems, and the man as the head of the family (Dew et al., 2020). Moreover, women trusted that religious teachings about marital sex would keep them safe and their marriage stable (Kamiri et al., 2019). A trust in the teachings allowed the women to enter marriage in a submissive manner, relationally and sexually, rather than being discerning or exhibiting sexual agency (Finlayson-Fife, 2002). Such expectations are not unrealistic as prior research on religious couples demonstrates that shared faith is an indicator of unity (Kelley et al., 2020), deep commitment (Fincham & Beach, 2014; Leavitt et al., 2021), greater marital satisfaction (Hwang et al., 2021), perceptions of marital sex as sacred (Hernandez et al., 2014), and sexual satisfaction (Leonhardt et al., 2020). However, because of religious narratives, the current study also illuminated that most women believed that pornography was harmful to marriages and a form of cheating (Bradley et al., 2016) and thus assumed their husbands' shared beliefs would result in abstinence from pornography. Such expectations confused women when their husbands' devotion to the marital relationship diminished with time (Leonhardt & Willoughby, 2018; Perry, 2019). The women could not untangle the disturbing incongruencies associated with PPU from earlier assumptions about intimacy and sexuality. Moreover, because women were socialized to prioritize the needs of their husbands above their own, their sense of self was erroneously tied to his sexual behaviors or his assessment of her (Schnarch, 1991).

Noteworthy is that in comparison to Christian and Muslim women, as well as the Orthodox Jewish participant, the two non-Orthodox Jewish women were more positive about pornography prior to the discovery of their husband’s PPU and compulsive sexual behaviors. Most Christian and Muslim women disagreed with pornography use; however, a limited number adopted an attitude of acceptance that their husbands were using it. Nevertheless, the non-
Orthodox Jewish women, like the limited number of Christian and Muslim women who were accepting of pornography, naively assumed that their husband’s pornography use would never escalate to the point of damaging or interfering with the marital and sexual relationship. 

Naive acceptance and understanding of religious tenets surrounding gender and sexuality (e.g., women submit to men) later proved to be harmful to women. Past research has found multiple elements of religious expectations to result in both helpful and harmful outcomes in family relationships, depending on the interpretation and implementation of the expectations (Dollahite et al., 2018). For example, religion has been found to be most harmful when beliefs are simplistic, unchallenged, literal in interpretation, and coercively enforced by others. This finding is consistent with how women in this study internalized religious teachings. Additionally, the women pointed to deficiencies in how they were taught as influential in relinquishing personal power under the false assumption of trustworthiness. Further, it is important to note that women were especially vulnerable because their husbands were acting outside of the religious mandate to avoid the use of pornography and were secretive about it, which prevented women from understanding their husbands were not trustworthy and that, in reality, they held differing beliefs about gender and sexuality (Kelley et al., 2020).

Diverse religious teachings influenced the women’s perceptions of sexuality as either shameful, sacred, or sex positive as they entered marriage (Leonhardt et al., 2020; Marcinechová & Záhorcová, 2020; Murray et al., 2007). Yet, several women felt unprepared to step into their marital sexuality with power, having had little or no sex education or experience. For many religious individuals, research shows entering marriage as virgins is aligned with higher levels of respect, trust, relationship satisfaction, and sexual satisfaction (Olamijuwon & Odimegwu, 2022). However, the present study points to tremendous vulnerability for those whose sexual
education is insufficient when married to a partner who is concealing PPU. Similar to other research (Gunning et al., 2020; Holman & Koenig-Kellas, 2018), women remembered phrases or object lessons that had given them an incorrect or incomplete understanding of their sexuality. Gunning et al. (2020) found memorable messages about sexuality and gendered sexual expectations resulted in shame and silencing of women about sexuality and impacted their identity. Spontaneous references that women in this study made to various levels of sexual experience and sexual abuse prior to marriage amplified their realization of the deficiencies in their sexual education, particularly concerning boundaries and agency. However, it is interesting to note that women did not speak to the role their parents or sex education classes at school played in their understanding of sexuality or the adequacy of it. Rather, they called for a more comprehensive teaching of sexuality, including pornography literacy (Vandenbosch & Van Oosten, 2017), in religious organizations.

**Trauma of Discovery and Silencing of Women**

Past research suggests that following the discovery of a partner's PPU, women are silenced as they keep their husband's sexual behaviors a secret (Crawford, 2022; Manning, 2006). However, in-depth descriptions by women in this study suggest that the self-silencing of several women began before the discovery had occurred. As evidence mounted that something was wrong in the marriage, women did not speak up to express their desires for educational pursuits, career aspirations, or religious preferences. Especially prominent was the idea that women did not speak up about things of a sexual nature, such as pressure to sexually accommodate their husbands, even if it made them uncomfortable, or telling a religious leader about sexual abuse by their husband (Connor et al., 2017; Pietromonaco et al., 2021). In addition to bringing attention to power imbalances in sexuality that women experience, this further points
to the discomfort and avoidance women may exhibit in communicating about sexuality (Jones & Lucero Jones, 2022; Lucero Jones et al., 2022; Manning, 2006).

The shame and stigma several women internalized about sex were further inflated through the discovery of what they perceived to be immoral sexual behaviors being enacted by their husbands. Previous studies have shown that from a moral paradigm, shame and stigma associated with viewing pornography leads to secrecy (Droubay et al., 2021; Sniewski & Farvid, 2020). However, in this study, women exhibited second-hand shame and then self-silenced. Similar to findings that women’s socialization contributes to self-silencing when expectations of perfection are not met (Flett et al., 2022), the present study found when women’s marriages were out of alignment with cultural and religious scripts, they experienced shame and kept their problems a secret. Self-silencing has been shown in previous literature to be more common in women with traditional gender roles (Bogar et al., 2017; Watson & Grotewiel, 2016), marital conflict, and insecure attachment (Emran et al., 2023; Naeem et al., 2021), and painful or traumatic experiences (Olson, 2022). Further, self-silencing by women has been found to impede resilience (Karakuş & Göncü-Köse, 2022). In the present study, lacking sexual communication skills seemed to amplify the women’s shame and silencing upon discovering or having their partners' PPU disclosed, further adding to the traumatic responses they experienced. Women's detailed descriptions of their inability to speak or think while in a state of shock, followed by a flood of physical, psychological, emotional, cognitive, and sexual responses that destabilized and impaired them, parallel findings from previous research (Cavaglion & Rashty, 2010; Crawford, 2022; Hastings & Lucero Jones, 2023; Manning, 2006; Schneider et al., 2012; Steffans & Rennie, 2006; Williams, 2019; Zitzman & Butler, 2009).
Consistent with other research on partners who discover PPU and infidelity, the idea that the discovery of their husband’s PPU or other sexual behaviors had been traumatic or resulted in PTSD-like symptoms and attachment injuries was emphasized by most participants (Doran & Price, 2014; Hastings & Lucero Jones, 2023; Laaser et al., 2017; Steffans & Rennie, 2006; Warach & Josephs, 2021; Zitzman & Butler, 2009), and most severely for those who had seen the sexual images their husband was viewing, had multiple discoveries, or had been in long-term marriages (Hastings & Lucero Jones, 2023; Steffans & Rennie, 2006). Additionally, aspects of increased trauma complexities were disclosed as several women revealed co-occurring and overwhelming stress caused by memories of former sexual abuse (Franco, 2021), caring for a husband’s severe mental illness (Perry, 2019), and pregnancy or recent childbirth (Glass, 2007). The combination of emotional distress and shame surrounding husbands’ PPU and other sexual behaviors kept two-thirds of the women from telling anyone about the discovery. At this point several women reported implementing religious coping methods (Pargament et al., 2000). Most of the remaining women told only one other person, typically a religious leader, family member, therapist, or friend, often resulting in shame, blame, or minimization responses. Previous research shows that therapists may give clients a sense of protection while still keeping secrets, which in this study may have been just another form of isolated silence (Imber-Black, 1999). Women noted that their motivations to self-silence were for multiple reasons. For example, women did not have the language to speak about sex and betrayal (Rose, 2020), desired to protect their husbands’ reputations (Chisale, 2018), felt shame (Shefer & Munt, 2019), or were silenced by someone with more power (Armstrong et al., 2018). The longer the women remained silent about the discovery of their husband’s PPU and their own intense distress, the more likely they were to remain in a state of crisis.
Beyond the initial discovery, women reported being retraumatized as details of their husband's PPU were revealed gradually over time (Hastings & Lucero Jones, 2023). Moreover, women described having additional D-Days as they discovered their husbands' relapses with PPU and other sexual behaviors (Corley et al., 2012; Schneider & Corley, 2019). An uneducated understanding of PPU resulted in women's expectation that if their husbands worked with a therapist or a religious leader following discovery, it would cure them (Black, 2023). Often, several years or even decades would pass before the women discovered that the PPU still existed and had become riskier and more problematic while hidden in secrecy. Moreover, the relapses many women experienced reopened former wounds, pushing them back into a state of trauma, particularly if they had believed for many years that their husbands had overcome PPU.

**Disentangling From Others**

Results from this study build upon past literature on relationship injuries, characterized by abandonment and/or a betrayal of trust. In particular, most women perceived discovering a partner's PPU as a betrayal or cheating behavior (Syzmanski et al., 2015; Wright & Tokunaga, 2018; Zitzman & Butler, 2009). Women described detaching from their partner, experiencing a disintegration of trust, feeling unsafe, lacking dependability, and perceiving the security of the relationship as threatened and insecure (Crawford, 2022; Johnson, 2005; Johnson et al., 2001; Mitchell et al., 2020; Reid & Jorgensen, 2017; Zitzman & Butler, 2009). Zitzman and Butler (2009) described the detachment from a partner with PPU as a gradual process that results in losing their primary source of companionship, emotional support, and sexual connection. Whereas marital sexuality is the essence of intimate vulnerability and attachment, sexual deception violates and deeply injures the attachment. This finding is consistent with the women
in this study who closed off sexually from their husbands when vulnerability exposed them to emotional harm.

As life became chaotic and the women felt powerless, trapped in a dysfunctional marriage with a husband they could not trust, they isolated themselves socially and emotionally from sources of support. This finding is consistent with Brown (2006), whose study of shame and women revealed that women's intense feelings of being trapped, and subsequent isolation are often caused by expectations of themselves that are not realistic. Expanding upon that finding, the women in the current study also seemed to feel trapped by their trauma responses, the inability to know what was true, and the lack of control over their husband's PPU. Further, they felt confined by their inability to make decisions concerning their future. Brown defines shame as "an intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging" (p. 45). As women saw their husband's PPU as a result of their own flaws, their psychological and physical distress increased, and they questioned every part of their identity (Waterman, 2020; Williams, 2019).

Intense questioning of beliefs about God, religion, the roles of women, sexuality, and themselves proved difficult for some in a long journey of disentangling their minds from other people’s minds (Goldman & Greenberg, 2013; Karris & Arger, 2019). During this wrestle of self-examination, some women detached from God for a time, and some disengaged from their religion (Fowler, 1981). Their sense of self was unstable as they struggled through unresolved and self-deprecating views of themselves, adding to the shame (Kegan, 1982). Feeling hopeless and alone, most women shifted their primary attachment relationship from their husbands to God, who was deemed more trustworthy (Cicirelli, 2004). Some women spoke of submitting their lives and their wills to God. Several women who had previously perceived religion as
central to their lives and God as a divine being that was somewhat unapproachable now perceived their relationship with God as most important and religion only valuable to the degree it enhanced their connection to God.

**Getting Unstuck**

Previous research has shown empathetic responses to free women from the bonds of shame and give them personal power (Brown, 2006). This finding aligns with women in our study when empathy was shown to them. If they found even one religious leader, friend, peer, family member, or medical provider who responded empathetically and validated their experience, they could access the personal strength and power to seek help. The connection with an empathetic confidant often opened the gateway to direction, resources, and hope. No longer feeling alone, the women could seek out therapists, support groups, and educational materials.

Many women perceived finding the right combination of therapeutic support as a divine intervention. Most women employed the services of different types of therapists, life coaches, and/or support groups that constructed a psychoeducational framework that facilitated their healing (Brown, 2006; Manning, 2006). First, clinicians who acknowledged and treated the trauma aspect of their experience were key to breaking patterns of silence and isolation resulting from women's disconnection from the community, partners, and themselves (Futrell, 2021; Gómez et al., 2016). Support groups were particularly helpful in providing authentic connections to women who exemplified vocalizing their stories and healing journey. Second, learning skills and tools to communicate about pornography was vital. Previous research highlights the positive relational benefits, especially for women, when communicating as a couple about pornography in terms of meaning-making, expectations, and boundaries (Augustus, 2022). In the present study, the women did not initially exhibit such communication skills and seemed to have no concept of
boundaries. Nevertheless, psychoeducation about boundaries was one of the most beneficial tools to lead to their own healing and relational healing for those who could repair their marital relationship. Third, psychoeducation framing pornography as an addiction was found to increase understanding of the neurological aspects of husbands' sexual behaviors in a way that facilitated the women's refusal of responsibility for their behaviors (Lujan, 2019; Manning & Watson, 2008; Spencer, 2019). While recent pornography research often rejects the use of the addiction model of PPU (Grubbs et al., 2020; Ley et al., 2014), women found it to be an important element in their ability to move forward. And fourth, learning to prioritize their needs butted against women's understanding of gender roles and was difficult for some women to implement. However, with clinical guidance, the women explored and reclaimed their own ideas and interests, expanded their sense of self, and found greater access to personal strength (Cabrera et al., 2021). Self-awareness was particularly helpful in shifting from an enmeshed sense of self that mirrored a husband's desires to a more autonomous sense of self that could more authentically and deeply connect with others (Schnarch, 1991). Also noteworthy in the analysis of what contributed to the women's healing is the love women expressed for their religion and/or God. As aspects of religiosity were identified as helpful or hurtful, to be true to their words, it is important to acknowledge that they were able to wrestle with some aspects of their core religious beliefs while still holding fast to others.

Access to therapeutic resources, sexual communication, understanding addiction, setting boundaries, and self-care allowed the women to begin to fill in the gaps of their previous understanding by cognitively reconstructing a new vision of their reality. For some women, this included seeing the manipulation, deception, or abuse they had experienced. Other women could see their contributions to the relationship difficulties, and several continued to struggle with
elements of their husband's PPU. However, most women gained new insights into their reality, including a positive, forward-looking growth trajectory. In other research, terms such as meaning-making (Walsh, 2015), acceptance (Kübler-Ross & Kessler, 2005), or bon adaptation (McCubbin & Patterson, 1983) describe the change in beliefs of those impacted by deep adversity as they recognize that beyond the losses lie meaningful opportunities and new paths for progression.

**Evolution of Self**

According to Kegan (2018), learning is only partially associated with transferring information and knowledge from one individual to another. A more transformational way of knowing expands the limits of what can be learned through concrete thinking to an experiential way of learning that changes our sense of self, others, and the world around us. The expansive shift provided by experiential learning is powered by agency while seeking a greater understanding of the question, "Who am I?" Universally, the women in this study stated that they see themselves as a completely different person now than they were before navigating the trauma of their husbands' PPU. Hardly able to recognize their former selves, their transformation allowed them to make both interpersonal and intrapersonal changes that several women declared they would not trade for anything. New ways of approaching spirituality, connection with others, and a desire to use their voices to meaningfully contribute to society were of particular significance.

The evolution women experienced aligned closely with Fowler’s (1981) stages of faith and Kegan’s stages of identity development (1982). Whereas Fowler’s and Kegan’s models closely mirror each other, and faith is intertwined with every part of the women’s identity in the present study, the discussion of identity that follows will encompass both women's sense of self
in general terms as well as her sense of self as related to religiosity and faith. According to Kegan and Fowler, the initial stages of identity and faith development are self-centered and impulsive. This finding aligns with women in the current study whose decision-making is influenced by and focused on authority, resulting in obedience either out of fear of God's punishment or belief in God's promised blessings (Moheghi et al., 2020). The women exercised little agency at this point in development, and most of their belief system was influenced by authority figures. As development progresses, the desire to belong shifts to a socialized form of faith and identity, focused on what friends, family, and teachers think. This stage often provides isolation from divergent thought when surrounded only by those with homogenous beliefs, bolstering strong identification with a particular religion or relying on others to construct or validate one's identity (Jones, 2022). In this study, the women at this stage of development folded themselves into the identity of their husbands rather than relying on and accessing their agency, beliefs, and power. Moreover, their alignment with a religious affiliate was highly influential in most women's decision-making process. The third stage of development emerges as conflicts, angst, and questioning arise that threaten one's simplistic identity, as defined in the first two stages (Eriksen, 2006; Jones, 2022). Transitioning to this stage impels her to take responsibility for her faith and identity and develop more intimate relationships with God (Daniel, 2017). The discovery and trauma of a husband's PPU served to cause enough internal conflict to propel women into this stage of intense exploration of multiple aspects of their own identity. Agency began to be accessed in this stage and, for some, led to conclusions different than those held by her faith community. She began to have an expanded view of who she was while at the same time exhibiting flexibility with others who saw things differently. The following stage of faith is marked by a submission of lingering doubts and questions, giving
them to God. Recognition that truth is complex and that paradoxes may exist results in a simplified yet deeper version of faith (Fowler & Dell, 2006). Nearly half the women expressed sentiments that could be interpreted as having reached this stage of faith development. The final stages of Kegan's and Fowler's models include a more global awareness of and concern for others resulting in personal action. Women's desire to speak out against the dangers of pornography, enter clinical fields to help those harmed by it, and have compassion for other women and their husbands demonstrates this higher level of identity and faith development. The final and transformational stage encompassing what Kegan (1994) refers to as self-authoring includes the internal capacity to define oneself through self-awareness, understanding, and compassion for others, and a desire for continual learning and progression.

According to feminist thought, sexuality is a core aspect of a woman's identity (MacKinnon, 1983). Moreover, Kegan (1983) posits that managing one's sexuality aligns with identity development (Finlayson-Fife, 2023; Raynes, 1999). When viewed through Kegan's (1983) lens, the present study illuminates some interesting findings about women's sexuality, particularly as influenced by a husband's PPU. First, women and their husbands appeared to have achieved a much higher developmental stage of the religious aspect of identity than the sexuality aspect of identity, and in part, that may have contributed to his use of pornography. Second, in alignment with Kegan's first stage, the men most often managed their sexuality out of a self-centered and impulsive nature with little regard for their wives. It is possible that their sexual development was stunted by their use of pornography, prohibiting them from higher levels of development encompassing awareness of and connection with others. This possibility may explain why they had no regard for women’s sexual and relational experiences. Third, the women managed their sexuality with awareness of their husbands, as explained in Kegan's third
stage. However, rather than having any cognition of their own preferences or beliefs, they submitted to him, even when it caused them great moral unease or physical discomfort. Fourth, the crisis of discovery of their husband's PPU led them to question, wrestle with, and identify their own beliefs about sexuality. Similar to the end of Kegan's third stage, when a growing awareness of others' needs and subjection to them collide with one's own, the necessity for a critical reflection and clarity of one's own needs and beliefs becomes vital. And fifth, Kegan explains that the management of sexuality from a place of full sexual agency occurs in the fourth stage of identity development, during which one completely controls their own sexuality while also being aware of and considering their partner's preferences. Women in the study, in part, were able to reach some aspects of this stage by setting sexual boundaries; however, it is questionable that they had explored their sexual preferences and desires. For example, do the women know what sexual behaviors they are comfortable with based on their questioning and deciding, or do they still operate from the second stage of development where they want to know what sexual behaviors religious authorities say are right or wrong? While it is not certain, several women expressed the desire to learn more about sexuality from God's perspective, which they saw as separate from a religious perspective. The potential for women's continual sexual development is promising in this light; however, less promising is their husband's sexual development without therapeutic or psychoeducational interventions.

As traumatic as the discovery of a husband's PPU was for the women, in the developmental view of the crisis of discovery, it catapulted them to higher levels of spiritual enlightenment, sexual agency, and confidence in their power as a woman. As Zena so profoundly shared, “I truly didn't know who I was. I am a child of God! I have worth, and I have a voice! I have a voice that he wants me to use!”
Implications

The present study's findings revealed several important implications for women, couples, clinicians, family educators, and religious leaders. First, the current study outlines the stages a woman is likely to go through as she navigates a husband's PPU. Second, shame inhibited progression from a state of crisis to other growth and change-oriented stages. Third, validation, connection, and culturally sensitive care were shown to help a woman reconstruct her identity, faith, and sexuality. And fourth, findings point to the need for clinical assessment of a partner's PPU, abuse, and what stage of the model a woman is in to assist clinicians in helping her move through the remaining stages. A theoretical model, stages of betrayal and self-development, is provided to assist in the development of culturally sensitive psychoeducation to be administered by those in therapeutic and support roles.

Implications for Women

The present study demonstrates that how women, especially religious women, are socialized contributes to their understanding of trust, boundaries, and the cultural expectation of submissiveness. The following are several recommendations for educating, preventing, and treating betrayal. First, women (and their daughters) should be taught the importance of strengthening their individual identity rather than subsuming who they are completely into a couple's identity. While the development of a couple's identity is important, it may create vulnerability for distress and abuse in relationships with PPU and when a woman does not also retain a sense of self. The most successful relationships have a balance of individual autonomy and couple togetherness and intimacy (Schnarch, 2009). A woman can strengthen her self-identity by being cognizant of her preferences, desires, and beliefs beyond what others want her to be or do while also acknowledging and being flexible with those of her partner. Second, it is
important to educate women about the prevalence and risks of pornography, even among religious men, from a science-based and addiction perspective. Education about potential signs of partner pornography use, the danger of assuming their husband is not using it, and how to navigate a committed relationship with a partner's PPU, including identifying sexual grooming and abuse, is recommended (Hastings & Lucero Jones, 2023). Fourth, women should have easy access to faith-based sex education, including sexual agency, women's anatomy and pleasure, intimacy, sexual communication, gender equality, and sexual boundaries. Fifth, it is vital to teach women to speak up about distress and/or abuse they are experiencing to a mentor or role model, typically another woman. Silencing and isolation may compound distress and hinder women's healing. Connection with an empathetic confidant can dissipate feelings of shame and open the path to seeking help (Brown, 2006).

Implications for Couples

Given the prevalence of pornography use, it is important for couples to have conversations about beliefs and expectations about pornography and sexuality before, during, and after patterns of couple commitment and fidelity are established. Premarital and marital psychoeducation targeted at teaching couples what it means to keep personal power, speak up when something does not seem right, establish trust, understand what sexual grooming and abuse look like, and make and keep boundaries in the context of media use, the relationship, and sexuality may act as protective factors for women and couples. Moreover, grounding such psychoeducation in developmental processes of identity, faith, sexuality, and morality may facilitate transformational change to higher levels of self-directed and self-authored views of oneself, making way for deeper intimacy with others (Schnarch, 2009).
Furthermore, the socio-cultural context of religious beliefs, prior abuse, mental and physical health, and attitudes about pornography for both partners are shown in this study to impact the experience with pornography in various ways. The importance of communicating as a couple about each of those aspects and accessing therapeutic assistance as necessary should not be seen through the lens of stigma but rather as a pathway to flourishing.

**Implications for Clinicians**

Several possible implications from this study are linked to recommendations for clinical professionals. First, there is a paucity of empirical research on clinical treatment plans for PPU and related sexual behaviors (Fife & Creger, 2020; Lotfi et al., 2021); therefore, many clinicians are ill-prepared to help couples adequately and successfully. For example, it is important for therapists to avoid dismissing a man's pornography use, blaming a woman for his PPU, or using her as the solution for his recovery. A more appropriate approach would be to use the stages of betrayal and self-development model as a tool to guide a woman through intricate aspects of her experience, from her past to her future, normalizing and validating her experience while also providing a roadmap for progressing to healing and beyond through self-development.

Second, some women described seeking therapy for marital problems, typically during the Something Isn’t Right phase, without considering or disclosing pornography use as a possible influencer. Proactively screening for pornography use and sexual distress within the couple’s relationship may illuminate the presence of perceived or diagnosable PPU. If a woman’s perception of partner PPU is identified, assessment protocols recommended for partners injured by infidelity (Fife & Creger, 2020; Lonergan et al., 2021) may likewise be beneficial as part of a woman’s treatment plan; especially for those who experience PPU as a cheating behavior or feel betrayed by a husband’s concurrent compulsive sexual behaviors. Additionally, screening for
trauma symptoms in the female partner, including physiological and emotional distress, abuse, and suicidality, may be appropriate. For some women exhibiting PTSD-like symptoms, screening for adjustment disorder or other trauma-related disorders (even if not all the DSM-5 criteria for PTSD are met) may be recommended. Further, a significant number of women spoke of previous trauma that was triggered by the perceptions of a husband’s sexual betrayal. It is recommended to screen for complex trauma related to multiple attachment-rupturing experiences that may impact emotional, mental, and physical health (Kliethermes, 2014; Zitzman & Butler, 2009).

Third, some women may be unable to speak of sexuality or a partner's PPU because of shame or discomfort with sexual language. Further, many psychotherapists, particularly those who are religious, may be uncomfortable with sexual discourse with patients or hold sexual attitudes that may create a bias (Shafrir & Balahur, 2022). Thus, it is recommended that therapists seek training to obtain language, skills, and tools for navigating sex issues with clients. For this population, seeking to understand client’s faith-based beliefs surrounding sexuality is recommended.

Fourth, this study also reveals the likelihood that a woman will experience a significant transformation of faith following discovery. Therapists must be aware of and sensitive to this process in religious women. Specifically, women's doubts, questions, and distancing themselves from their religion does not necessarily mean they are abandoning religion. For some women, changing worship locations or leaders may be useful. Facilitating the development of a deep connection with God and other women of faith, reframing narratives that made them vulnerable, and taking responsibility for their spirituality and religiosity rather than relying on others are suggested. Training on integrating faith into therapy and referring women to faith-based support
groups and 12-step programs is recommended for clinicians working with this population. It is important for clinicians to recognize that they may be the only source of validation and connection for some women during earlier stages, as outlined in the stages of betrayal and self-development model. Therefore, identifying safe confidants who understand and have been trained in treating women from a faith-based perspective is important. Faith-based therapies and therapists trained to work with women whose husband has PPU will likely be more useful than working with therapists without a betrayal trauma focus. Thus, it is recommended that clinicians also become trained in betrayal trauma and attachment injuries.

**Implications for Relationship Educators**

Marriage and relationship educators provide a gateway intervention for helping couples achieve healthy romantic relationships without the stigma of therapy (Stanley et al., 2020). However, educational formats rarely address sexuality as part of the relationship education curriculum. The results of this study describe how some women are at greater risk for coercion and abuse when they report being naive about sexuality and pornography. This finding points to the importance of developmentally based psychoeducation provided by relationship educators, including discussions about healthy sexuality, sexual communication, and conversations about pornography. Furthermore, especially for women, emotional intimacy is significantly linked to relationship and sexual satisfaction (Lucero Jones et al., 2022). It is important to teach men the value of intimacy (e.g., physical touch, romance, confiding in each other) and teach women how to take responsibility for their sexual knowledge, power, and pleasure (Schnarch, 1991; Spišák, 2020). It is recommended to include comprehensive sexual education in relationship education courses, incorporating sexual anatomical functions and responses, intimacy, respect, consent, boundaries, and expectations (Goldfarb & Lieberman, 2021; Leavitt et al., 2021). Doing so from
a foundation of faith may elevate the willingness of some couples to participate without feelings of guilt or shame (Markman et al., 2020). Additionally, teaching skills for communicating about expectations surrounding fidelity, sexuality, and pornography use would be valuable (Augustus, 2022).

**Implications for Religious Leaders**

The present study demonstrates that a sexual crisis in a marriage can cause a spiritual crisis for women. Women may seek out religious leaders as a primary source of help after discovering a partner's PPU. Religious leaders may cause harm to women when she is blamed, shamed, or her husband’s PPU is minimized. When only the men's compulsion or distress is prioritized, and the woman's experience is overlooked, it may further demonstrate the negative aspects of what women may perceive as a patriarchal system and, in some cases, may contribute to a deconstruction of her faith. Such responses by a religious leader may inhibit her help-seeking and allow abuse to continue or even progress. Additionally, religious leaders who teach women to submit sexually to their husbands put women at risk for sexual abuse.

Helpful responses by a religious leader include, first, assessing her physical, emotional, and sexual safety, particularly for potential suicidality (Hastings & Lucero Jones, 2023). Second, using language such as "unwanted touch" and "consent" when assessing for sexual abuse may help her feel safer and be more open about her experiences than using terms such as abuse and rape. Some women do not recognize the level of sexual abuse they are experiencing as they may have been groomed sexually over time to perform acts learned from their husband's PPU. Third, religious leaders who were not educated or trained in treating PPU for the user and their betrayed partner, beyond pointing to its sinful nature, are more likely to blame the woman's sexual insufficiencies for the man's pornography use. Receiving training for betrayal trauma and PPU is
recommended. Fourth, holding a man accountable for his sexual behaviors that are physically or emotionally harmful to his wife validates a woman’s experience.

Religious leaders can best support a woman during times of intense marital distress and struggles with faith when they are proactive in seeking out her best interest when learning of the man’s PPU, treating her with compassion, validating her deep distress, and referring her to clinicians who are qualified to speak about pornography and sexuality from a faith perspective. Women may best respond to the compassion and empathy of other women; therefore, it is vital for religious leaders who are women to be trained to appropriately work with betrayal trauma in women betrayed by a husband’s PPU (Fiebig & Christopher, 2018).

Limitations and Future Research

The exploratory nature of qualitative research exposes the nuances of experiences not otherwise understood. However, several limitations exist because of smaller sample sizes, preventing the generalization of findings. First, while significant efforts were made to recruit women from non-Christian religions, it was difficult to find even a limited number of Jewish and Muslim women as participants. The findings might have differed if the sample had been more diverse or focused on a faith other than Christianity. Second, the lack of women in the youngest age category is interesting to note; however, several possibilities include that more women in that age group are accepting of pornography, that they find it difficult to speak of things that they feel shame or embarrassment about, or that they do not have the financial resources to seek clinical help. Third, recruiting through therapists means this is a clinical sample, and it is unknown whether these women rank higher in distress or exhibit a typical level of distress for religious women who experience this phenomenon. And fourth, it is also important to note that it was unknown prior to conducting the interviews that several women experienced not only a
partner’s PPU but also other sexual cheating behaviors; therefore, their distress may have been more severe than those who only experienced PPU. However, each participant believed that their husband's pornography use was an important part of their experience. Excluding those who had also experienced co-occurring compulsive sexual behaviors would have diluted the severity of the women’s experience.

Whereas pornography research is divided in its findings that pornography impacts relational development positively, negatively, or not at all, further research is needed to explore under what conditions and contexts it is helpful or harmful to partners’ well-being (Aghamiri et al., 2021). Exploratory research is not generalizable; however, it brings attention to the experiences of individuals that may not be evident in quantitative research. Quantitative studies can then be constructed to test the validity of qualitative findings. From the findings in this study, more extensive studies could examine a) what contributes to the vulnerability of religious women; b) what factors contribute to their silencing; c) protective factors that contribute to less distress over a partner’s PPU; and d) how they get from healing to a state of gratitude and transformation.

This study confirms the importance of future longitudinal studies examining the role of acceptance of pornography by a partner, as the present study exposed that initial acceptance of pornography use did not always prevent marital distress. One of the unique features of the present study is the number of women over the age of 60. For decades, some women assumed that their husband's pornography use was limited to magazines such as Playboy, oblivious to other related risky and unlawful compulsive sexual behaviors. A longitudinal study over several years would illuminate whether that finding is unique to this study or more generalizable.
Generally, most Christian women followed this particular model closely, and most aspects of the model were true for all denominations. They could make meaning from their adversity, feel more compassion for others, and develop a personal relationship with God by the end of the fourth stage or the beginning of the fifth stage. However, some cultural considerations resulted in some women diverting from the model. For example, the Muslim woman seemed stuck in the Aftermath stage because of shame. Due to cultural and religious scripts, she did not feel she could use her voice to seek clinical help. Likewise, the study also revealed divergence from the model for non-Orthodox Jewish women. Their journey was different in some respects, which may have impacted their path within the model.

Jewish women had reached several points in the Healing and Transformation stages in that they had access to support, created boundaries, took measures to care for themselves, were advocates for women impacted by pornography and compulsive sexual behaviors, and they spoke with power. However, they seemed to be more aligned with the Aftermath stage relationally and spiritually. Furthermore, they were less prone to shame and silencing than the other women. Where many other women embraced all the themes characterized in Stage 5 Transformation, the two secular Jewish women had only reported engaging in advocacy work and causes that allowed them to speak with power. The most notable difference between the secular Jewish women and all the other women in the study was that they did not characterize their relationship with God as transforming into a personal one. It appears that certain groups of Jewish people may philosophically see God as a more distant deity. This may be consistent with one researcher of the Jewish faith who reflected that Judaism is less concerned about direct encounters with God and more prone to seeing God in everyday living aspects (Pargament,
The focus of other religions on personal relationships with Jesus Christ, Allah, or God may explain this difference.

A limitation of the study is that recruiting Jewish and Muslim women was extremely difficult, so getting more Jewish women was not possible. It is unknown whether the inability to access non-Christian women may have been linked to cultural or economic barriers to seeking out therapy; however, it is doubtful that the reasoning is that pornography is not problematic in those populations. Future studies focusing on specific populations of religious women would be valuable in teasing out nuances of divergence paths. It is important for researchers from these populations or who have access to these populations (i.e., Muslim and Jewish) to conduct research with larger sample sizes.

Lastly, conducting a structural equation analysis with both husbands and wives experiencing this phenomenon would be valuable, examining variables related to sexuality, religiosity, communication, and shame to have a more balanced perspective of PPU in religious marriages.

**Summary**

The sparse body of research seeks to understand the experience of women who are partners of men with PPU. Additionally, the context of cultural norms has thus far not been deemed an essential variable in the exploration of the way pornography use by a romantic partner impacts a woman's interpersonal and intrapersonal relationships (Lonergan et al., 2021). Therefore, a paucity of research exists on religious women who are married men with PPU. This study is important in that; first provides a voice to women who have been silenced as they keep their husbands' sexual behaviors a secret and points to the value of seeking professional help. Second, it examines how PPU impacts a woman's faith and identity, highlights risk factors that
make women vulnerable, and reveals how many women who heal and transform can look back on this experience with gratitude for their personal growth. Third, it brings awareness to educators and clinicians of how deeply a partner's PPU can impact a religious woman sexually, spiritually, mentally, and relationally. Fourth, it calls for those in religious leadership roles to change how they see and support women in crisis. And finally, the foremost aim of this study is to play a role in diminishing the suffering, maltreatment, and marginalization of women while at the same time empowering them in navigating the complexities of a partner's PPU.
REFERENCES


https://doi.org/10.48550/arXiv.1912.05123


https://doi.org/10.1080/15332691.2021.1926388


https://doi.org/10.1111/famp.12475


https://doi.org/10.1055/s-0043-1768652


https://doi.org/10.1080/17482620500478405

https://doi.org/10.4135/9781452224800


https://doi.org/10.1007/s10508-018-1291-7


https://doi.org/10.1016/j.cpr.2022.102130


https://doi.org/10.1007/s11930-022-00329-8


https://doi.org/10.1016/j.addbeh.2021.107054

https://doi.org/10.1093/humrep/dev334

https://doi.org/10.1037/0003-066x.43.6.455


https://doi.org/10.1080/10720162.2013.845864

https://doi.org/10.1037/fam0000392


King James Bible (n.d.). https://thekingsbible.com/Bible/1/2


https://doi.org/10.1080/00224499.2018.1440281


https://doi.org/10.1086/494000


https://doi.org/10.1080/10720162.2019.1645061


https://doi.org/10.1016/j.bodyim.2021.01.014


https://doi.org/10.1080/10720160600870711


https://doi.org/10.1080/10720160802288886


Multicultural and Multireligious Understanding, 7(2), 362-374.

https://doi.org/10.18415/ijmmu.v7i2.1516


https://www.youtube.com/watch?v=pZL9M2ecpy0


https://doi.org/10.1080/00224499.2020.1863316


https://doi.org/10.1111/socf.12252


https://doi.org/10.1080/00224499.2016.1146203


https://doi.org/10.1177/1948550620904609


https://doi.org/10.1007/978-3-030-36822-7_16


https://doi.org/10.1080/00224499.2014.1003773


https://sunstone.org/how-sexuality-and-spirituality-are-linked/


https://doi.org/10.1080/00224499.2022.2137097


https://doi.org/10.1177/002096438804200102


https://doi.org/10.4135/9781071909782


management of sex addiction (pp. 232-256). Routledge.

https://doi.org/10.4324/9781315755267-16


https://doi.org/10.1080/10720162.2012.658344


https://doi.org/10.1177/26318318211027516


https://doi.org/10.1177/0959353519839755


https://doi.org/10.2307/2580526


https://doi.org/10.1007/s10943-014-9849-8


https://doi.org/10.1007/bf02701260


https://doi.org/10.1177/0265407520940048


https://doi.org/10.1111/jcom.12341


https://doi.org/10.1111/famp.12857


https://doi.org/10.1080/14681994.2019.1577961


https://doi.org/10.1016/j.adolescence.2019.11.005


relationship processes. *Archives of Sexual Behavior, 45*(1), 145-158.

https://doi.org/10.1007/s10508-015-0562-9


https://doi.org/10.1080/23808985.2011.11679121


https://doi.org/10.1080/00224499.2011.628132


APPENDIX A

IRB APPROVAL

Date: 2-3-2022

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<td>Religious Women &amp; Partner Porn: A Qualitative Study</td>
</tr>
<tr>
<td>Creation Date</td>
<td>7-30-2021</td>
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<td>End Date</td>
<td>11-17-2022</td>
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<td>Status</td>
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<tr>
<td>Principal Investigator</td>
<td>Heidi Hastings</td>
</tr>
<tr>
<td>Review Board</td>
<td>TWU IRB - Denton</td>
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Study History

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Key Study Contacts

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<tr>
<td>Rebecca Lucero Jones</td>
<td>Co-Principal Investigator</td>
<td><a href="mailto:rlucerojones@twu.edu">rlucerojones@twu.edu</a></td>
</tr>
<tr>
<td>Heidi Hastings</td>
<td>Principal Investigator</td>
<td><a href="mailto:hhaslings@twu.edu">hhaslings@twu.edu</a></td>
</tr>
<tr>
<td>Heidi Hastings</td>
<td>Primary Contact</td>
<td><a href="mailto:hhaslings@twu.edu">hhaslings@twu.edu</a></td>
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APPENDIX B
RECRUITMENT FLYER

Is your husband viewing porn?
PARTICIPANTS NEEDED

We are conducting a research study that will look at how partner porn impacts marriages. This research is designed to better understand the experience of religious women.

WHAT WOMEN ARE ELIGIBLE?
• currently or previously in a heterosexual marriage
• self-identify as very religious
• husband is or has been viewing porn and it’s a problem

DESCRIPTION OF STUDY
By sharing your experience, religious leaders and therapists can learn how to more effectively interact with women experiencing partner porn, and potential interventions created. Online interview at your convenience. The interview will be no longer than 90 minutes. Participation is voluntary. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions.

INTERESTED?
Please contact Heidi Hastings at hhasings@twn.edu or 430-901-5006 or Rebecca Lucero Jones at rlujones@twn.edu. For more information: https://www.psychdata.com/s.asp?SID=154887

Participants will be compensated with a $20 Amazon gift card for their time.
APPENDIX C

PARTICIPANT INFORMED CONSENT FORM

Religious Women & Unwanted Partner Pornography Use

Researchers:

Heidi Hastings, M.S., hhastings@twu.edu

Rebecca Lucero-Jones, Ph.D., rlucerojones@twu.edu

This survey consists of two parts. First, the Informed Consent form explains the details of the study. You will be required to check a box AND type your name indicating your willingness to participate. Following the Informed Consent is a brief demographic survey. Upon the completion of the survey, you will be given instructions for contacting the researcher to schedule a qualitative interview over Zoom. Thank you for your time!

Informed Consent

You are invited to participate in a research study about religious women and unwanted partner pornography use conducted by Ms. Heidi Hastings, a doctoral student at Texas Woman’s University. As a participant, you will be asked to participate in an online interview over Zoom regarding your relationships and experiences as a religious woman whose spouse or former spouse has/had a problematic relationship with pornography. You have been invited to participate in this study because you are a woman who self-identifies as religious and has (or had) a spouse who you believe has (or has had) a problematic relationship with pornography. The goal of this study is two-fold: 1) to provide insight into the female experience whereby to educate mental health professionals and religious leaders about how to support religious women in safe ways as they navigate the stigma of marriages with pornography use, and 2) to pave the way for future quantitative research focusing on religious partners of pornography users, an area
largely unexplored in pornography research. The total time commitment for this study will be up to 90 minutes. Following your participation in the interview, you will receive a $20 Amazon gift card for your participation. The most significant risks of the involvement in this study include the potential loss of confidentiality and emotional discomfort. We will discuss these risks and the rest of the study procedures in greater detail below.

Your participation in this study is entirely voluntary. If you are interested in learning more about this study, please review this consent form carefully and take your time deciding whether you want to participate. Please feel free to ask the researcher any questions you have about the study at any time.

**Purpose:**

The effects of pornography have been found to impact those who are very religious differently than those who are not. Most research exposing the impacts of pornography use on marital relationships focuses on the distressing experience of the religious pornography user, with a minimal perspective on the experience of the religious spouse. The purpose of this research is to determine how a partner’s pornography use affects the marital experience of a religious woman, for whom there may be unique but unstudied components.

**Procedures:**

After completing this informed consent, you will be asked to type your name on a signature line, indicating your consent to participate in this study. A brief demographic survey will follow. Upon its completion, you will be provided with instructions to schedule an appointment with the researcher. You and the researcher will decide on a code name to use during the interview to protect your confidentiality. As a participant in this study, you will spend approximately one hour of your time in an interview over Zoom with the researcher. Overall, the time commitment
will depend on the extent to which you wish to share your experience. During the initial interview, the researcher will ask you questions about your experience with a spouse or former spouse who you believe has had a problematic relationship with pornography. Specific questions will be asked, such as, "How has your husband’s pornography use impacted you? What is your overall judgment about the experience?" Questions designed to tease out the role of religion include, “How has it made you feel about your religion? Do you think your religious background influenced any part of the experience? And if so, in what ways?” Feelings, opinions, values, coping methods, and knowledge gained about the experience will be tapped into through additional questions. And finally, exploring the topic from a growth perspective, the participants will be asked, “From the beginning to now, what have you learned? In what ways have you changed? What would you tell another woman who confided in you that she had just learned of her husband’s pornography problem?"

There is the possibility that an additional interview of no more than 30 minutes may be needed to clarify your responses at a later date if the researcher is unclear about the meaning of any of your statements. The interviews will be audio-recorded and then transcribed so that the researcher can be accurate when studying what you have said. To participate in this study, you must be at least 18 years of age or older and be (or have been) in a marital relationship with someone with problematic pornography use.

**Potential Risks:**

Emotional discomfort: The researcher will ask you questions about how your partner’s pornography use has affected you personally and your marital experience. A possible risk in this study is discomfort with these questions due to recall of traumatic events. To minimize emotional distress, you may refuse to answer any question or may stop the entire study at any
time without penalty. If you feel you need to talk to a professional about your discomfort, the researcher has provided you with the following list of resources.

- American Psychological Association Psychologist Locator
  - http://locator.apa.org/
- National Register of Health Service Psychologists
  - http://www.findapsychologist.org/
- Mental Health of America Referrals
  - http://www.nmha.org/go/searchMHA
- Psychology Today Find a Therapist
  - http://therapists.psychologytoday.com/rms/
- National Board for Certified Counselors
  - http://www.nbcc.org/CounselorFind

Physical discomfort: If you become tired or uncomfortable, you may take breaks as needed. On the day of the scheduled interview, if you do not feel well or are tired, you may ask the researcher if it is possible to reschedule for another day. You may stop the study at any time and withdraw without penalty.

Coercion: Recruitment for this study includes asking therapists, counselors, coaches, or professional organizations to distribute the recruitment flyer. Coercion could be a risk if any clinical professional persuades potential participants using unethical means. Participants should not be coerced to participate in or complete this study. Participants may withdraw from this study at any time without penalty.
Loss of time: The researcher understands you are contributing your time to further research. To express gratitude for your time, a $20 Amazon gift card will be given upon completing your interview.

Web conferencing disruption: Steps will be taken to reduce the risk of web conferencing disruption through creating a new meeting ID and password for your specific interview, enabling security settings and requiring permission from the researcher before admittance into the Zoom meeting. Additionally, you will be asked to remove your real name from your zoom ID.

Loss of confidentiality: Confidentiality will be protected to the extent allowed by law. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings, and internet transactions. The researchers will remove all of your personal or identifiable information (e.g., your name, email address, contact information) from the audio recordings and any study information.

There is an increased risk of loss of confidentiality because the researcher’s personally owned device rather than a university-owned device will be used to collect and store data until it is transferred to an external encrypted USB drive, stored in a locked cabinet. Only the researcher, her advisor, and a transcriptionist (added 1/27/22) will hear the audio recording or read the written interview. The audio recording and the transcribed interview will be destroyed within three years after the study. The signed consent form will be stored separately from all collected information and destroyed three years after the study is closed. The study results may be reported in scientific magazines or journals, but your name or any other identifying information will not be included.

The researchers will remove all your personal or identifiable information (e.g., your name or contact information) from the audio recordings and/or any study information. After all
identifiable information is removed, your audio recordings and/or any personal information collected for this study may be used for future research (such as the researcher’s dissertation) or given to another researcher for future research without additional informed consent.

If you would like to participate in the current study and allow your de-identified data to be used for future research, such as a dissertation, please initial here. _____

The researchers will try to prevent any problems that could occur because of this research. You should let the researchers know at once if there is a problem, and they will try to help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

**Potential Benefits:**

Your involvement in this study is completely voluntary, and you may withdraw from the study at any time. Following the completion of the study, you will receive a $20 Amazon gift card for your participation. If you would like to know the results of this study, we will email or mail them to you. *

**Questions Regarding the Study:**

You may print a copy of this consent page to keep. If you have any questions about the research study, you should ask the researchers; their contact information is at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman’s University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.
APPENDIX D

DEMOGRAPHIC QUESTIONNAIRE

1) Do you consent to participate in this research study?
   ☐ Yes ☐ No

2) Type your name below as a signature agreeing to participate in this study.


3) If you are willing to allow your de-identified data to be used for future research, please initial here.

☐

Instructions:
The following questions ask you to share demographic information such as your gender, age, education, and family. Please select one answer for each question listed below:

4) How old are you?
   ☐ 18-29 ☐ 30-45 ☐ 46-60 ☐ Over 60

5) What race/ethnicity do you most identify with?
   ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Multiracial ☐ Native Hawaiian or Other Pacific Islander ☐ White or Caucasian ☐ Other (please explain): ______________________________

6) What state do you live in?


7) What describes your current relationship status with the partner with problematic pornography use?
   ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

8) Your religious affiliation/denomination is:


187
Buddhist  Catholic  Hindu  Jewish  Latter-day Saint (Mormon)  Muslim
Non-denominational Christian  Protestant  Other
9) Your highest completed grade/level in school:
   □ Less than high school  □ High school  □ Some college  □ Associates  □ Bachelors
   □ Masters  □ Advanced degree (JD, PhD, MD, etc.)
10) How would you rate your overall health?
   □ Excellent health  □ Good health  □ Moderate health  □ Poor health  □ Very poor health
11) Are you currently pregnant or have you been pregnant in the last year?
   □ Yes  □ No
12) How many children under the age of 18 do you have living in your home?
□

Thank you so much for completing the first step of our research project! Your time is appreciated!
To now schedule an interview, please contact Heidi Hastings by phone at 469-957-6294 or email at hhastings@twu.edu.
APPENDIX E

INTERVIEW PROTOCOL

1. Can you tell me briefly how the two of you met? How long were or have you been in the relationship with the spouse with the pornography problem? And when did you first learn about his pornography use? Are you still in that relationship now?

2. Very briefly, did you ever have any experiences with pornography prior to your marriage? Did you come to the marriage with preconceived feelings about pornography?

3. When you learned about your husband’s pornography use, what was your response?

4. After discovery, did you talk to anyone about his pornography use? For instance, did you call a family member, a friend, a religious leader, or a therapist?

5. Some people may refer to problematic pornography use as a bad habit. Others may call it an addiction. What are the words you use to describe this problem?

6. How has his pornography use impacted you? Please feel free to share all the ways it has impacted you.

7. How has his pornography use impacted your sexuality?

8. I want to shift for a moment to talk about the role of religion in your experience. How has the experience we have been talking about impacted the way you feel about your religion?

9. Do you think your religious background influenced any part of the experience?

10. What coping strategies have helped you the most?

11. From the beginning to now, what have you learned?
12. In what ways have you changed?

13. What would you tell another woman, if she came to you and confided in you that she had just learned of her husband's pornography addiction, or pornography problem?

14. Do you have anything to add?