

CHAPTER 1

Conceptualizing an Integrative Treatment for Affair Couples

Infidelity is one of the most destructive and common crises that couples face. Previous surveys indicate that 21% of men and 11% of women will engage in sexual infidelity during their lifetime, and evidence suggests that these rates are rising and the gender gap is narrowing (Lauman, Gagnon, Michael, & Michaels, 1994). Considering the profound betrayal of trust and the relationship trauma that infidelity typically produces, it is no wonder that couple therapists report infidelity as one of the most difficult relationship problems to treat (Whisman, Dixon, & Johnson, 1997).

Portraits of Infidelity

Patterns of infidelity are as diverse as the individuals participating in an affair, their injured partners, and the relationships in which infidelity occurs. Consider these snapshots:

- Gary and Heather both report a happy marriage of 15 years. Heather recently learned that Gary has been having an affair for the past year with a business associate in another town. Neither partner wants a divorce, but Gary doesn't want to end his other relationship.
- For several years, Miriam has asked Noah to go to couple therapy to pursue a more intimate marriage. After years of frustration, she

recently pursued a sexual relationship with a divorced father she met at her daughter's school.

- Keisha learned 2 months ago that her husband, Marcus, had a one-night sexual encounter with an old girlfriend after a wild bachelor party with friends at work. Marcus has expressed profound regret, but Keisha finds it difficult even to be around him.
- Colin has had three affairs in the past 5 years, each lasting a few months and each ending with a promise never to be unfaithful again. Maggie doesn't want to end their marriage but has lost confidence in Colin's commitment or ability to change.
- Laura has been married for 35 years and enjoys excellent health and a vibrant attitude toward life. Her husband, Ben, 7 years older than Laura, has been depressed for 5 years but refuses treatment. Recently, Laura pursued an affair with a kind, passionate widower who has no desire to establish a committed relationship or to intrude into Laura's marriage.
- Five years ago, Randy discovered Amy's affair, which she quickly ended. They both pledged to put her affair behind them and never discuss it again. Since then, their marriage has become progressively less intimate, with periodic conflicts erupting for no apparent cause. They report staying together primarily for their children's sake.
- Kayla recently pursued individual therapy after discovering that her husband, Finlay, has been leading a double life with another woman for the past 10 years. She is in shock and feels so profoundly depressed that she can barely get out of bed in the morning.
- Mark recently discovered that his wife, Tanya, had developed an Internet relationship with a man she had never met, who lives 2 hours away. Their recent e-mails revealed plans to meet in 2 weeks at an out-of-town hotel. When confronted, Tanya told Mark that she hadn't yet decided whether to carry out the plan.

Although the contexts within which infidelity occurs vary widely, both clinical observations and empirical investigations confirm that the discovery or disclosure of an affair typically has devastating consequences and can disrupt the emotional and behavioral functioning of both partners. Even experienced couple therapists frequently feel at a loss and have no clear or effective treatment plan for such couples. Standard couple interventions typically used with distressed couples might be insufficient, and no single set of interven-

tions is likely to be effective for all couples, in part because the dynamics of affair couples can vary so dramatically, as the previous vignettes demonstrate. Some couples, particularly those in the very early stages after an affair is discovered, can be behaviorally and emotionally out of control; these couples require extensive containment and problem solving to control the damage and to avoid making the situation worse. On the other hand, some couples present as emotionally distant and disengaged, in which case strategies to uncover emotions and explore underlying conflicts might be necessary. Given the complexity of this presenting problem, many clinicians find themselves feeling as overwhelmed and frustrated as the couples they are treating.

Difficulties in Treating Affair Couples

What makes treating affair couples so difficult? There are many possible reasons. First, in the initial stage after discovery of an affair, couples are likely to be extremely dysregulated. Clinicians report that, for the injured partners, intense emotions often vacillate between rage directed toward the participating partner and inner feelings of shame, depression, powerlessness, victimization, and abandonment (Abrams-Spring & Spring, 1996; Brown, 1991). Moreover, the emotional upheaval that these couples often experience may impair their ability to think clearly, making it difficult for them to process and integrate new information and insights offered in treatment.

The dynamics of partners also can be confusing as they fluctuate between positions of victimization and vindication. Although infidelity seems to lend itself to the identification of a clear “victim” and “perpetrator,” partners who participate in an affair may harbor their own resentments, hurts, or experiences of betrayal at the hands of the injured partner. Consequently, the participating partner may not be as contrite as the “victim” or therapist might expect, and this apparent lack of remorse may complicate therapy. Alternatively, the participating partner may have tolerated the injured partner’s anger or abuse for so long that he or she finally refuses to offer further apology or restitution, potentially altering the power balance as the injured partner now struggles to bring about reconciliation to maintain the relationship.

Partners struggling after an affair can be uncooperative and verbally aggressive with each other and with the therapist. It is not surprising that such couples often display little collaboration, particularly early in treatment; their identity as a couple has been severely damaged, with little remaining trust or willingness to make themselves vulnerable. Although understandable, such behavior renders the therapist’s task far more difficult.

Therapists also experience an added sense of urgency with affair couples. When partners are highly dysregulated, there is an acute sense that at any moment their relationship may spin out of control and self-destruct. In response, clinicians feel they need to intervene quickly and effectively to establish some control of the situation, but they often are unsure about where to start or how to proceed. Not uncommonly, people outside the couple's relationship also are intervening in ways that make matters worse. The outside-affair person may be continuing to pursue the affair or harass the couple, and well-meaning family members or friends may be urging the injured partner to leave the relationship, informing others in ways that erode the couple's fragile support network, promoting retaliation rather than efforts toward thoughtful decisions, or informing children in ways that disrupt the broader family's stability.

All the emotional upheaval, distorted thoughts, chaotic behaviors, and social pressures combine to heighten the couple's ambivalence about their relationship, and this ambivalence can make the clinician's job seem impossible. Partners frequently do not know what to expect of each other and themselves during this time, and this lack of predictability becomes even more anxiety provoking. They often are unsure whether to embrace or withdraw, to sleep together or in separate rooms, to pretend everything is okay, or to pretend that their partners do not exist. They lack a basic "map" of how to navigate this uncharted territory, and often the therapist does as well. Thus, it is not surprising that affairs are considered one of the most difficult relationship problems to treat.

Couples who have experienced an affair initially present with myriad questions. How did the affair develop? How could this happen? How can they come to trust each other again or move beyond their profound hurt? How can they ever feel safe again in their relationship? Will their lives ever return to normal? Helping couples address and resolve such critical questions requires that, as a therapist, you have a thorough understanding of what is known about affairs—their prevalence, their various patterns and trajectories—and ways of intervening effectively to guide couples through the difficult process of recovery. You need to help couples understand and cope with what they are experiencing in the moment. You also need to help them develop a clear and complete understanding of how they reached this crisis and then offer them an explicit strategy for how to work through the crisis and move on. This book presents the collective wisdom we have gained in working with affair couples over a combined 60 years of clinical experience and research on this topic. Although it cannot provide all the answers, we are confident this book does offer basic knowledge and a working conceptualization that will guide you in working with couples in these very difficult circumstances.

Current Knowledge: What Is Known about Infidelity?

Affairs Occur with a High Frequency

As we noted earlier, representative community surveys indicate a lifetime prevalence of sexual infidelity of approximately 21% among men and 11% among women (Lauman et al., 1994). Broadening infidelity to encompass emotional as well as sexual affairs increases these rates to 44% and 25%, respectively (Glass & Wright, 1997). Nationally representative samples indicate that, in any given year, between 0.6% and 1.5% of married individuals will engage in extramarital sexual activity (e.g., Lauman et al., 1994; Prins, Buunk, & Van Yperen, 1993; Whisman, Gordon, & Chatav, 2007; Whisman & Snyder, 2007). Infidelity is the most frequently cited cause of divorce (Amato & Rogers, 1997), with approximately 40% of divorced individuals reporting at least one extramarital sexual contact during their marriage (Janus & Janus, 1993). Clearly, extramarital sexual activity is a prevalent problem for couples and one that both individual and couple therapists are likely to encounter.

Affairs Occur for Many Different Reasons

To understand how and why affairs occur, we and our colleagues have developed a conceptual framework that systematically examines multiple domains of potential contributing factors across different time periods in the development, maintenance, and resolution of an affair (Allen et al., 2005). This framework is presented in Table 1.1, along with examples of the diverse factors that can influence the likelihood of an affair as well as partners' subsequent recovery.

Various characteristics in the couple's relationship can increase the likelihood that an affair might develop or that recovery might be more difficult. Most obvious are high levels of conflict and low levels of emotional or sexual intimacy (Atkins, 2003). More subtle influences include imbalances of power, discrepant expectancies regarding partners' roles, or lack of a common long-term vision for the marriage (e.g., Edwards & Booth, 1976; Prins et al., 1993; Treas & Giesen, 2000). In addition to serving as initial risk factors, chronic relationship conflict or emotional distance can also interfere with efforts to end the affair or with the partners' efforts toward recovery. Restoring trust and security in a marriage after infidelity is difficult enough, but it becomes even more challenging when the requisite skills of exchanging intimate feelings and negotiating the resolution of relationship conflicts are deficient. Although frequently contributing to the risk of infidelity, marital distress is far from being a necessary precursor to an affair; at least 56% of men and 34%

TABLE 1.1. Organizational Framework and Exemplars for Exploring Factors Related to Development of and Response to an Affair

Variable	Predisposing factors ("setting the stage")	Approach factors ("slippery slope")	Precipitating factors ("crossing the line")	Maintenance of extramarital relationship	Disclosure or discovery	Response: short and long term
Marriage or primary relationship	High conflict; low emotional warmth; neglect of pleasure	Anger and retreat	Increases in conflict or emotional distance	Increases in distress or conflict	Change in distress or in anticipated outcome	Conflict containment; gains in emotional expressiveness
Outside context	Role models; job demands	Increasing reinforcement from flirtations	Advances from outsider; "ideal" opportunity	Supportive peer environment; pleasure isolated to other	Threats of disclosure by other	Appropriate boundaries with other; social support
Person participating in affair	Insecurities about sexual self; pursuit of excitement	Denial of risks	Ambivalence about marriage; disinhibition; rationalizations	Increases in self- esteem; excitement; low guilt	Guilt; fear of discovery; pursuit of change	Reduced investment in the marriage; intolerance of partner's distress
Injured partner	Discomfort with closeness	Avoidance of relationship difficulties	Refusal to engage in couple therapy; threats to end marriage	Reluctance to confront partner or demand change	Increased vigilance or decreased avoidance	Emotional regulation; beliefs about forgiveness

of women who have participated in an affair report having been happily married at the time (Glass & Wright, 1997).

Couples with strong, healthy relationships also can experience increased vulnerability to an affair when their relationship is subjected to prolonged or overwhelming stress. Common stressors, such as demands from work or family responsibilities, financial strains, or physical health concerns, can erode the foundations of a relationship when they combine or persist over an extended time period. Individuals can become more susceptible to having an affair when they spend too little time with persons who encourage and support faithful and committed relationships or too much time with persons who undermine such values. Of particular risk is a partner's frequent exposure to situations or persons who provide opportunities for or actively encourage emotional or sexual involvement outside the marriage, including but not restricted to the outside-affair person (e.g., Atwood & Seifer, 1997; Buunk & Bakker, 1995; Lusterman, 1997; Vaughn, 1998). Healthy social support, or its absence, can also exert a powerful influence on partners' recovery, either buffering or exacerbating the emotional turmoil that follows discovery of an affair.

Either partner may bring individual characteristics into the relationship that place it at greater vulnerability to an affair or make recovery from infidelity more difficult. For the participating partner who has the affair, such characteristics can include enduring insecurities about him- or herself, high levels of sensation seeking or need for novelty, poor judgment or impulse control, lack of commitment or strong relationship values, and conflict avoidance leading to a denial of a relationship or outside factors threatening fidelity (e.g., Atwood & Seifer, 1997; Ellis, 1969; Glass & Wright, 1992; Greene, Lee, & Lustig, 1974). Similar factors can influence the participating partner's decision to disclose the affair or to end it once it becomes known. Also essential to recovery are participating partners' readiness to reinvest in their marriage and their capacity to tolerate their injured partner's emotional distress after discovery of the affair (Allen et al., 2005).

Various characteristics of injured partners also may influence either the vulnerability of their relationship to an affair or its subsequent recovery. We are careful to emphasize repeatedly to the couples with whom we work that no one is ever responsible for a partner's decision to have an affair. We strive diligently to ensure that the injured partner does not receive blame for the participating partner's choices. However, it is equally important to recognize and address the various ways in which injured partners have contributed to their relationship that potentially rendered it more vulnerable to an affair. For example, injured partners may exhibit enduring self-doubts that interfere with emotional or physical intimacy. They may lack emotion regulation or com-

munication skills essential to working through difficult relationship conflicts. They may fear conflict and retreat from relationship problems in ways that cause the problems to linger and fester. Such characteristics potentially place a relationship at greater risk for an affair and can also compromise the couple's ability to work through the profound challenges of recovery. Unfortunately, perhaps because of the fear of "blaming the victim," very little research has been conducted on this topic; hence, much of what is understood about the contributions of injured partners stems primarily from clinical observations.

In struggling to recover from infidelity, couples need to develop a shared understanding of how the affair came about. Injured partners need such an understanding to regain a sense of security in their relationship. Participating partners need to work toward this understanding for their partners' sake but also to understand their own decisions to become involved in an affair. Developing a shared formulation of the affair is essential to addressing and resolving factors that initially increased the vulnerability of the couple's relationship. Couples often feel lost during this process, and sometimes they accept an oversimplified or inaccurate explanation of the affair as a way of ending their confusion. The framework outlined previously, and described in greater detail throughout this book, promotes a richer understanding for the couple and offers a conceptualization that more effectively guides clinical interventions targeting essential components of the partners' relationship and individual well-being.

Affairs Frequently Have Devastating Consequences

The effects of infidelity can be devastating for the person having the affair and for the partner, their relationship, and others in the immediate or extended family. The partner of the person engaging in an affair often experiences strong negative emotional reactions, including shame, rage, depression, anxiety, a sense of victimization, and symptoms consistent with those seen in posttraumatic stress disorder (PTSD; Beach, Jouriles, & O'Leary, 1985; Cano & O'Leary, 2000; Charny & Parnass, 1995; Glass & Wright, 1997; Gordon & Baucom, 1999; Gordon, Baucom, & Snyder, 2004). The partner participating in the affair also may experience guilt, depression, and negative feelings about him- or herself (Beach et al., 1985; Glass, 2003; Gordon et al., 2004; Spanier & Margolis, 1983; Wiggins & Lederer, 1984).

Affairs are the most commonly reported cause of divorce and are a common precipitant of domestic violence (Amato & Previti, 2003; Daly & Wilson, 1988). Couples entering therapy with issues of infidelity are more likely to separate and divorce relative to other distressed couples presenting for treat-

ment (Glass, 2003), particularly if the husband was the participating partner (Betzig, 1989; Lawson, 1988; Veroff, Douvan, & Hatchett, 1995). Combined sexual and emotional affairs pose an especially potent threat to the stability of a marriage; in one study, men in couple therapy who engaged in primarily sexual but not emotional affairs rarely left their marriage (Glass, 2003). In a separate study, women who experienced other marital stressors in addition to a major relationship betrayal were significantly more likely to separate or divorce (Cano, Christian-Herman, O'Leary, & Avery-Leaf, 2002).

In summary, although some couples may emerge with stronger marriages after an affair if they use the event as a precipitant to address long-standing relationship issues (e.g., Charny & Parnass, 1995), the more typical consequences of infidelity involve individual and relationship upheaval and distress.

Research also suggests that these adverse effects frequently persist over a long or indefinite period unless partners directly engage in a process focused on understanding and addressing the various factors contributing to the affair as well as its adverse consequences. Our own research indicates that after a relationship injury, persons who fail to demonstrate behaviors, thoughts, and emotional experiences consistent with forgiveness or "moving on" score lower on measures of marital adjustment, closeness, and trust than couples who have worked through and resolved these events (Gordon, Baucom, & Floyd, 2008). Additional findings from a large treatment–outcome project indicate that couple therapy is less likely to be successful when an affair has occurred and this affair remains unknown to the therapist or unaddressed in therapy (Atkins, Yi, Baucom, & Christensen, 2005). Hence, both our clinical experience and research findings suggest that failing to resolve the betrayal of an affair can lead to lasting adverse consequences, and it is important to confront and work through these issues when treating couples.

Treating Affairs and Promoting Recovery: A Three-Stage Approach

Based on theory, research, and clinical observations, we have developed a three-stage model for treating couples struggling with issues of infidelity. Our approach draws on the theoretical and empirical literature regarding responses to trauma (e.g., Janoff-Bulman, 1989; Resick & Calhoun, 2001) as well as interpersonal forgiveness (e.g., Gordon & Baucom, 1998, 2003; Gordon, Baucom, & Snyder, 2000). A brief overview of this model is given here, and a more comprehensive version and the accompanying research are available

in our other publications (Baucom, Gordon, Snyder, Atkins, & Christensen, 2006; Gordon & Baucom, 1998, 2003; Gordon et al., 2004) .

We define major betrayals as negative, *traumatic* events that significantly disrupt spouses' basic beliefs about their relationships, their partners, or themselves. The literature on traumatic responses suggests that people are most likely to become emotionally traumatized when an event violates basic assumptions about how the world and people in general operate (Janoff-Bulman, 1989; McCann, Sakheim, & Abrahamson, 1988; Resick & Calhoun, 2001). The cognitive disequilibrium and emotional dysregulation resulting from an interpersonal trauma such as an affair may be more clearly understood when this trauma model is applied. Several vital marital assumptions may be violated by an affair, including the assumptions that partners can be trusted, that the relationship is safe and secure, and that partners can trust their judgments about each other. The trauma literature also suggests that when such basic assumptions are violated, the traumatized person often considers the future to be less predictable and consequently experiences a loss of control, leading to increased feelings of anxiety and depression (e.g., Joseph, Yule, & Williams, 1993; McCann et al., 1988).

These observations from the trauma literature map well onto the confusion, anger, loss, and anxiety expressed by couples who are struggling in the aftermath of an affair. For example, consider the case of Vicki and Bill, one of three couples we follow throughout this book (along with Pam–Tom and Gail–Brad). Vicki and Bill met through their former place of business, where they sold real estate. Vicki was lively, smart, and energetic, and Bill was more than her match. They enjoyed talking with each other and never seemed to run out of topics to discuss. Each could make the other laugh easily, and they shared a similar vision of what they wanted in life. Both were divorced with young children, all the kids got along well, and little conflict occurred when Bill and Vicki decided to marry and blend their families. Vicki, who had been ignored and emotionally abused in previous relationships, felt cherished by Bill. Bill felt that Vicki was the woman he was meant to be with and agreed with her that their early days were remarkably easy and warm. Even the birth of their son a year after their marriage was smooth, causing little disruption.

Bill and Vicki eventually decided to establish a real estate agency together. In the initial rush of the venture, their excitement carried them through a few minor arguments about business decisions. However, as the arguments became more frequent, each of them began to have trouble leaving these experiences at work. When they added a third partner to help manage the business's growth, the arguments intensified; Bill often felt that Vicki took the new partner's side over his. To complicate matters, Vicki's remaining par-

ent, her alcoholic father, died under suspicious circumstances. Vicki became depressed, and Bill tried to support her but did not know what to do. During this time, he began to confide in a sympathetic mutual friend in their Sunday school class. Initially, Bill's intention was to gain a female point of view regarding his problems with Vicki, but the relationship eventually became emotionally intimate, and sexual intimacy soon followed.

Vicki attributed Bill's increasing distance to their arguments at work and stress regarding the business. However, late one night when Bill was asleep and Vicki was working on the business records using Bill's computer, she received a flirtatious instant message addressed to Bill. With her heart pounding, she replied, posing as Bill, and was horrified as the message became more sexually explicit in a manner suggesting that the writer knew her husband intimately. After a sleepless night, Vicki confronted Bill, who initially denied the relationship. Vicki then hired a private investigator, who discovered evidence of a relationship with a woman from their church. When faced with this evidence, Bill confessed the relationship and vowed to end it. Vicki and Bill decided to seek marital counseling to try to reestablish their relationship of 10 years, which was now shattered.

Upon entering treatment, Vicki expressed the feeling that she no longer felt that she knew Bill. Did he still love her? Did he ever love her? Could she trust him with the children? Could she believe anything he said? Long-held beliefs about the dependability and safety of the relationship were destroyed. Consequently, she alternated between shock and rage toward Bill and the other woman. She refused to sleep with Bill, questioned him endlessly about the affair and his motives, and stayed up many nights worrying about the future of their relationship and her family, even though he repeatedly expressed a desire to remain with her. She even questioned the happiness that they had initially experienced in their relationship. As Bill tearfully confessed in the first therapy session, Vicki said that she felt as if "the whole book of our marriage has been rewritten." She felt that she could no longer count on anything in their relationship.

The general conceptualization of affairs as traumatic, including the violation of important relationship assumptions, also means that not all affairs will be experienced as traumatic or will fit the model being proposed. The model that we introduce predicts that only those affairs resulting in major disruptions in couples' belief systems about themselves, their relationships, and their partners are likely to create a level of distress that could be termed traumatic. Preliminary findings provide some support regarding the association between trauma and violated assumptions: As the partners' assumptions about each other and themselves become more negative after the discovery of an affair,

they become more likely to endorse trauma symptoms on a well-established measure of PTSD (Gordon, Dixon, Baucom, & Snyder, 2007). Furthermore, a similar implication of this model is that couples for whom affairs are expected or part of the cultural model of marriage would not be as likely to find affairs as traumatic and would be less likely to present in a therapist's office with trauma symptoms after the discovery of an affair. In the case of Vicki and Bill, although Vicki had experienced emotional abuse in previous relationships, Bill had seemed to be the exception, a man with whom she could feel safe and secure. She expected a great deal from him and their relationship and believed he would behave in a manner consistent with her best interests; therefore, the discovery of his deceit was extremely distressing and unexpected, which made it even more painful for her. Vicki heartily agreed that the discovery of the affair had been traumatic for her. Bill even felt it had been traumatic for him because it had disrupted his view of himself. He repeatedly asked himself how he could have inflicted so much pain on someone he cared about so deeply; he questioned why he would choose to act in a manner so inconsistent with his own values.

Conceptualizing affairs as potentially interpersonally traumatic events provides useful implications for planning effective therapy with these couples (Gordon, Baucom, & Snyder, 2005; Snyder, Baucom, & Gordon, 2007). For example, many of the responses observed in injured partners during the aftermath of an affair can be seen as resulting from disruption of their basic beliefs and their strong need to reconstruct a shattered worldview, all the while protecting themselves from further interpersonal harm. Thus, Vicki's excessive questioning of Bill can be seen as an attempt to understand what happened and make sense of the traumatic event. If recovery from an affair is conceptualized as a response to an interpersonal trauma, then the recovery process can be understood as unfolding in three major stages that parallel the stages involved in the traumatic response (Horowitz, 1985): (1) absorbing and addressing the traumatic impact of the affair; (2) constructing meaning for why the affair occurred; and (3) moving forward with life within the context of this new understanding. The following descriptions summarize couples' typical experiences during each stage of response to infidelity. This conceptualization forms the basis for the interventions that are described in detail throughout the rest of this book. More specifically, our treatment discusses how to assist couples in addressing problems and challenges at each of these stages. The following section outlines the conceptual model, provides a brief description of the kinds of interventions used, and indicates the types of therapies from which these interventions are drawn (e.g., cognitive-behavioral, developmental/affective-reconstructive, and forgiveness therapies).

Stage 1

In the first stage of the recovery process, the *impact stage*, the partners are attempting to comprehend what has happened. However, given that betrayals are unexpected and often have major implications for the injured person's well-being, this process usually is accompanied by an overwhelming array of emotions, such as fear, hurt, and anger, which can alternate with a sense of numbness or disbelief. As injured partners experience strong emotions or become emotionally dysregulated, they may find themselves acting in ways that are erratic or uncharacteristic. As described previously, all persons have assumptions about how their world and relationships function, and they expect themselves and their partners to behave accordingly. An affair disrupts these basic beliefs because the injured partners can no longer predict what will happen in the relationship or how the participating partner will behave. Their bonds of trust and emotional security have been shattered. As a result, their understandings of who their partners are and how to understand their partners are greatly disrupted, and well-established daily patterns of behavior become questioned or reinterpreted. For example, after thinking nothing of it for many years, an injured partner might now ask, "Why does she really get up early to check her e-mail?" Similarly, even the persons who engaged in the affair experience disruptions in their own beliefs about themselves and their relationships; many people who have affairs generally report that affairs are wrong (Greeley, 1994). Therefore, many people are acting outside of their own value system when they have an affair and experience a similar upheaval and loss of predictability; they begin to question themselves at times. As a result, the interactions between the partners are often chaotic, intensely negative, and likely to lead to further frustration and anger rather than feelings of resolution.

Given that the injured partner's sense of safety and trust typically has been violated, injured partners often retreat or establish barriers and boundaries to protect themselves. This strategy might involve responses such as sleeping in a different room, no longer sharing events of the day, and having little physical contact. Further, in an attempt to reconstruct their understanding of their partners and their relationships and thus reestablish some sense of safety, injured partners often obsessively question participating partners about the affair. However, because of the deleterious effects of negative emotion on information processing (e.g., Howell & Conway, 1992; Karney, Bradbury, Fincham, & Sullivan, 1994; Singer & Salovey, 1988; Sullivan & Conway, 1991), the strong emotions that dominate this stage often make it more difficult for the injured partners to process the information and work toward a better understanding of why the affair occurred.

Furthermore, the injured person may perceive that the balance of power in the relationship has shifted. The participating or offending partner may now appear to have more power, particularly if the injured partner feels victimized or if the outside third person is still seen as a potential threat to the relationship. In an attempt to correct this imbalance, the injured partner may lash out in destructive ways. For example, an injured partner may send demeaning letters about the participating spouse to colleagues at work or demand that the partner perform extraordinary tasks to “even the score,” such as quit his or her job as a way of terminating contact with the outside-affair person. On the other hand, participating partners might experience a loss of power in their relationships as well. Given their major transgressions, they often feel that they now have no negotiating power in the relationship in any domain and must go along with whatever the injured partner wants or demands. They clearly are in the “doghouse” with little basis to complain about anything. As a result, interactions between the partners are particularly difficult to negotiate.

The emotional, cognitive, and behavioral upheavals that often characterize Stage 1 call for specific interventions targeting difficulties commonly experienced by partners during this initial phase of response to trauma, all of which are addressed in the following chapters. These include (1) setting clear and strong boundaries on how partners interact with each other and with persons outside their relationship; (2) promoting essential self-care by attending to physical well-being as well as both social and spiritual support; (3) teaching time-out and venting techniques as a way of regulating difficult negative emotions; (4) facilitating emotional expressiveness and empathic listening regarding the impact of the affair, along with offering a rationale for the importance of this process; (5) problem solving on immediate crises that demand a solution; and (6) helping both partners to recognize and cope with reexperiencing or “flashback” phenomena, including intense feelings, images, or recollections of the affair. Chapters 4–6 describe in detail the treatment strategies designed to help the couple contain the turmoil that frequently follows discovery of an affair and prepare to explore factors contributing to the affair. The techniques used in this stage tend to be more directive in order to help couples deal with their strong emotions and related behavior. Although some uncovering and exploratory techniques are used in helping the partners express their emotions and reactions surrounding the discovery of the affair, we have drawn largely from enhanced cognitive-behavioral couple therapy (Epstein & Baucom, 2002) to assist couples during this stage of recovery, although therapists from other orientations can achieve important goals of this stage using other techniques.

Stage 2

In the second phase of recovery, the *meaning stage*, the couple's primary task is to explore more thoroughly why the event occurred and place it in a more understandable context. Gaining new understanding about the affair and developing new assumptions about the relationship are critical for the couple to restore severed emotional bonds and move forward. Giving a traumatic experience some kind of "meaning," or coming to some understanding of "why" it happened, helps persons to move on from the event (Horowitz, Stinson, & Field, 1991; Resick & Calhoun, 2001). Therefore, the second stage of recovery involves seeking richer and more coherent narratives about why the traumatic event occurred; these are needed to replace the more negative, malicious, and often simplistic explanations often generated in Stage 1, such as "You did this just to destroy me" or "I now realize you are a total liar and always have been." This new, more thorough narrative and conceptualization help injured partners reevaluate and reconstruct their disrupted beliefs about their relationships, and in that process they begin to restore a capacity for attachment and regain some sense of predictability in their lives. Knowing why the affair happened gives both partners the ability to try to prevent it from happening again, eventually deciding either to stay together and make needed changes or to terminate an unhealthy relationship that cannot be repaired. Thus, a more thorough understanding of the affair can prepare the couple to "move on." Additionally, the search for a new understanding of the causes of the betrayal might allow the injured partner to experience more empathy and compassion for the participating partner, particularly if it becomes clear that the partner was acting out of his or her own past developmental needs or injuries.

This second stage comprises the heart of our treatment and demands the greatest amount of time. Couples need a road map for recovering trust and intimacy. Injured partners in particular need ways to restore emotional security and reduce their fear of further betrayal to the degree that these outcomes are realistic. Both partners often crave mechanisms for restoring trust: injured partners for regaining it and participating partners for instilling it. Reestablishing security is an essential precursor to letting go, forgiving, or moving on emotionally, either together or apart. Following an affair, couples who fail to restore security either remain chronically distant and emotionally aloof, craft a fragile working alliance marked by episodic intrusions of mistrust or resentment, or eventually end their relationship in despair.

The specific components comprising Stage 2 interventions are described in detail in Chapters 7–12. The conceptual model for examining potential contributing factors to affairs described earlier provides an organizational

framework for interventions in this stage of recovery. As the therapist, you will guide partners in examining aspects of their relationship, stresses from outside the relationship, and issues specific to each of the partners for their potential role as predisposing or precipitating influences leading up to the affair, factors impacting maintenance of the affair and eventual discovery or disclosure, and influences bearing on partners' subsequent responses or recovery. The techniques we have used in this stage of treatment are largely cognitive or insight oriented and are drawn from cognitive-behavioral couple therapy, insight oriented couple therapy, or affective-reconstructive therapy (Snyder, 1999). Again, a variety of theoretical orientations and therapeutic interventions can be called upon as long as they help couples derive a clearer, more balanced perspective on why the affair occurred – the major goal of Stage 2. For example, emotionally focused couple therapy (e.g., Johnson & Denton, 2002) and integrative behavioral couple therapy (Jacobson & Christensen, 1996b) offer couples a variety of strategies to explore their understanding for why various events have occurred in their relationship.

After potential contributing factors have been examined across various domains, the therapist assists the couple in integrating the disparate pieces of information they have gleaned into a coherent narrative that explains how the affair came about. Developing a shared understanding of why the affair occurred is central to partners' gaining a new set of assumptions about themselves, each other, and their relationship. After constructing a shared narrative of the affair, you and the couple will examine what changes might be needed in several domains—each partner as an individual, their relationship, and how they relate to their environment—to allow them to move forward into the future, either together or separately. In this respect, the therapy begins to move from a focus on the past to a focus on the present and future of the relationship.

Stage 3

In the third, or *moving-on*, stage, partners must learn to move beyond the event and no longer allow it to control their lives. After developing a realistic narrative for why an event occurred, couples may feel more capable of putting the event behind them because they now have a better understanding of what needs to happen to allow them to move forward. However, for many couples, moving on from an affair means wrestling with the idea of forgiveness. In the current conceptualization, forgiveness of an affair involves moving forward by giving up the right to punish the partner and by committing to move beyond the negative emotions and thoughts about the event that have dominated

one's own life. Furthermore, the understanding gained in Stage 2 often leads to a reevaluation of the partners' lives. At times, this reevaluation may mean altering the relationship or some other aspect of life in significant ways. In some instances, the couple must make decisions regarding whether they can make these alterations and whether they wish to continue with the relationship.

From a psychological perspective, forgiveness does not require reconciliation. One may forgive one's partner and yet still decide that the relationship is unhealthy and that the best outcome is to end the relationship. Furthermore, forgiveness does not require that anger disappear completely. In fact, it is expected that the emotions and thoughts associated with the event will recur, in a form similar to that of PTSD flashbacks or lesser forms of reexperiencing. However, concurrent with forgiveness or moving on, these thoughts and feelings will no longer be as severe or as disruptive as they once were, and the individual is able to move beyond them more quickly. Couples often have beliefs about forgiveness that impede their ability to grant or receive it; part of the therapist's work of this stage is to help couples to examine these beliefs. For example, during Stage 3 of therapy, one husband expressed fear that forgiving his wife, who had the affair, was "weak," a viewpoint that also was held by his family. After an exploration of various definitions of forgiveness, described in Chapter 13, the husband decided that he could choose to forgive his wife from a position of strength and that his choice to forgive did not mean that he condoned her action or gave her permission to "walk all over him." Therapeutic strategies used during this stage of treatment draw on the developing body of literature surrounding interventions promoting forgiveness (e.g., Worthington, 2005).

To move forward, the couple needs to achieve three goals by the end of Stage 3: (1) Develop a realistic and balanced view of their relationship; (2) experience a release from being dominated by negative emotion about the event, with the injured partner voluntarily relinquishing the right to punish the participating partner; and (3) evaluate the relationship carefully and make healthy decisions about its continuation.

Interventions in this stage of treatment, found in Chapters 13 and 14, are designed to help the couple address individual or relationship barriers to moving on. For example, partners may report difficulty related to beliefs that forgiving their partner is equivalent to declaring that what happened is acceptable or excusable. Or partners may equate forgiving with literal forgetting or with rendering oneself vulnerable to being injured in a similar way in the future. Sometimes one individual is still dominated by anger about his or her partner (e.g., because of perceived power imbalances after the affair or fail-

ure to regain an adequate sense of safety in the relationship). In each of these situations, it is important that as therapist you help both partners explore and work through barriers to achieving emotional resolution so that they can move forward in a healthy manner.

Additional strategies outlined in Chapter 14 help facilitate partners' integration of what they have learned about themselves and their relationship, well beyond the affair, to reach an informed decision about whether to continue in their relationship or move on separately. For couples deciding to move forward together, interventions emphasize additional changes partners will need to undertake either individually or conjointly to strengthen their relationship and reduce influences that potentially make it vulnerable to another affair or other destructive behaviors in the future. If one partner or the other reaches an informed decision to end the relationship, the couple will need help implementing that decision in order to move forward separately in ways that are least hurtful to themselves and others they love, including children, family members, and friends.

Research Support for This Treatment Model

Our model of recovery from an interpersonal trauma such as infidelity described previously has been evaluated in a community sample and appears to be consistent with couples' experiences with forgiveness of major betrayals in their marriages (Gordon & Baucom, 2003). This model of recovery also served as the basis for the treatment described in this book, which we have begun to evaluate empirically. More specifically, our treatment was assessed in an open trial using a series of replicated case studies. Findings from that open trial suggested that two thirds of the couples improved and maintained their gains after treatment (Gordon et al., 2004). In that treatment study, the injured partners demonstrated a level of trauma symptoms in the clinical range at the beginning of the study and significantly decreased their trauma symptoms to below clinical thresholds by the end of the study. Injured partners experienced benefits in other domains as well; that is, their levels of forgiveness, positive assumptions about their partners and themselves, and their empathy for their partners significantly increased, and their levels of anger and marital and psychological distress significantly decreased over the course of treatment. Participating partners also benefited from the intervention. They were distressed personally when treatment began, and their depression decreased notably by the end of treatment. Participating partners also reported that they learned much about themselves and their partners and felt the treatment was valuable in moving on from the affair.

Overall, the study just discussed provided preliminary evidence for the efficacy of this treatment in helping most couples recover and move on from an affair. This treatment incorporates empirically supported interventions from two approaches to treating couple distress: cognitive-behavioral (e.g., cognitive restructuring techniques and communication skills training; Epstein & Baucom, 2002) and insight-oriented (e.g., affective and developmental explorations of unmet needs and relational themes; Snyder, 1999). The American Psychological Association's (APA's) Division 12 task force on empirically supported treatments has determined both approaches to be promising efficacious treatments. For both of these treatments, approximately 70% of couples improve after treatment and 50% are considered to be no longer distressed. Along these lines, new therapies that combine elements of treatments that already have empirical support can be considered to have achieved Level 1 status: evidence-informed intervention/treatment based on recommendations by APA's Division 43 (Family Psychology) task force on identifying evidence-based couple and family treatments (Sexton et al., 2008). Furthermore, many of the techniques used in this intervention have been promoted elsewhere in the clinical literature on the treatment of couples recovering from infidelity. In addition, this approach is the *only* couple-based intervention designed specifically to address both individual and relationship consequences of infidelity that has been empirically examined and supported in clinical research (Gordon et al., 2004).

Thus, although the empirical evidence for this treatment is preliminary at present, it is positive. Further work is needed to evaluate the intervention in a large randomized controlled clinical trial and to compare its effectiveness directly with alternative treatments targeting affairs specifically or relationship distress more generally. Although treatment effect sizes were larger for injured compared with participating partners, this finding is not unexpected given the nature of the traumatic experience for persons learning of their partner's infidelity. Moreover, in narratives regarding the impact of treatment, even participating partners emphasized the positive effects of this intervention in promoting a fuller understanding of themselves and their partners.

Tailoring Treatment: Making This Work for You and Your Clients

To make this treatment manual more user-friendly, rather than presenting a step-by-step, session-by-session treatment manual, we elected to offer a theoretically based, coherent series of principle-driven interventions. This book is designed to describe the rationale underlying our clinical strategies and their

timing so that you can understand the theory and the reasoning behind our sequencing of interventions. A clear understanding of the principles underlying this treatment should facilitate your ability to approach the split-second clinical judgments you are often called upon to make in treatment. Additionally, with a good understanding of the basic principles underlying each stage of therapy, you will be able to integrate your own clinical perspectives and skills to achieve goals focal to a given couple.

Therapists will likely approach this book from widely differing backgrounds, theoretical orientations, and training. Despite this variability, we believe that this integrative treatment approach will resonate with most therapists who work with affair couples. This treatment provides enough flexibility that you should be able to tailor the approach to your own style. For example, therapists will likely vary in their use of structure within sessions or homework assignments to achieve the major goals for each stage. They also will likely differ in the relative balance of behavioral- versus insight-oriented strategies used to accomplish various tasks. However, we believe that as long as you are able to accomplish the critical goals for each stage in the treatment model, this treatment approach can be successful across a range of therapeutic styles and theoretical orientations.

This treatment is best followed from beginning to end, because each phase of treatment builds on the previous phase. A clear rationale underlies the content and sequencing of these interventions, as you will discern as you read through this book. However, we are not suggesting that every intervention described here must be implemented with every couple. Chapter 3 describes how you can assess the unique characteristics of partners, their relationship, and their environment in order to focus your treatment efforts effectively. Some couples may be immersed in Stage 1 and require most or all of the interventions listed there, whereas others may need only a few Stage 1 interventions and may be ready to move quickly to Stage 2. The overriding goal is that your interventions with these couples be thoughtfully tailored to the partners' specific needs and that you not omit essential components of the treatment.

We have also written a book entitled *Getting Past the Affair: A Program to Help You Cope, Heal, and Move On—Together or Apart* (Snyder et al., 2007), which is designed for affair couples themselves and can serve as a companion to this treatment manual. This complementary resource for couples adopts a conceptual approach and process for recovery parallel to the one outlined here and includes specific exercises designed to promote partners' understanding and recovery at a deeper level. At the end of each chapter in the current treatment guide, we indicate how to incorporate features from *Getting Past the*

Affair to enhance your treatment with your couple, if you so elect. Although it is not essential to your use of clinical interventions described here, we believe that incorporating this complementary book for affair couples facilitates their work outside of the sessions and provides them with an additional resource as they struggle with difficult challenges between appointments. As such, it can strengthen and enhance your work with them during the sessions.

Finally, it is important to note that this treatment guide presumes that you have already acquired at least a general level of competence in conducting couple therapy. It is beyond the scope of this book to provide more specific training in how to treat general relationship distress or specific couple issues other than affairs. Toward that end, we refer you to a number of excellent texts on couple therapy, including some of our own. Please see the reference list at the end of the book for the titles.

We have written this book based on our clinical experience and research with couples struggling to recover from infidelity. Working with these couples is immensely difficult and yet enormously rewarding when the treatment proceeds in a thoughtful, well-reasoned manner. We anticipate that the treatment approach we describe here will increase your effectiveness, providing both you and your couples with a clear vision and specific steps for recovering from an affair.