

CHAPTER 1

Conceptualizing an Integrative Treatment for Infidelity

Infidelity can be one of the most distressing and potentially destructive crises that couples face. Learning that one's partner has been unfaithful can send someone into a "tailspin," whereby they feel that their world is totally falling apart. Infidelity occurs when a partner engages in sexual, emotional, or romantic behavior outside of the relationship that *violates expectations of exclusivity and intimacy*. Using these criteria, it appears that sexual and emotional infidelity are fairly common in the United States, with estimates suggesting that 17% of people have at some point engaged in sexual behavior outside of their primary committed relationship and that 27% of people have developed deep emotional intimacy or fallen in love with someone other than their current romantic partner (Warach et al., 2024). Considering the profound sense of betrayal that infidelity typically produces and the immense disruption it can cause in the couple's lives across multiple domains, it is not surprising that couple therapists report infidelity as one of the most difficult relationship problems to treat (Softas-Nall et al., 2008). Addressing the reality of infidelity is understandably hard and often complex for the couple, and it can be difficult and confusing for the therapist to know how to proceed clinically amid the very strong emotional and behavioral reactions that couples typically experience in response. Our goal in writing this book is to provide you, the therapist, with ways of understanding infidelity and why it is so distressing, along with a roadmap for how you can proceed in treatment, including broad principles and detailed intervention strategies to use. Not only is infidelity a complex issue in itself, but it also unfolds across an intersection of diverse individual (e.g., psychopathology), relational (e.g., monogamous vs. nonmonogamous; early vs. late stages of relationship), and cultural (e.g., societal or religious) contexts. The brief snippets in the next

section provide a glimpse into some of these diverse contexts in which a therapist is likely to encounter infidelity.

Portraits of Infidelity

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

- Colin has had three affairs in the past 5 years, each lasting a few months. Each time, the affair ends with what seems like a sincere and highly emotional promise to Maggie that he will never be unfaithful again, followed by begging her to give him another chance. Maggie does not want their relationship to end but has lost confidence in Colin's ability to change.

- About a year ago, Nadine reconnected with her high school sweetheart from 20 years ago at a high school reunion. They exchanged contact information. Nadine's husband, Gary, just learned that she has been in regular contact with her "ex," exchanging intimate messages and talking on the phone for hours. She says nothing has "happened" and that she kept it a secret because she presumed he would overreact; she insists they are just talking and reviving childhood memories. Gary cannot shake the feeling that something is not quite right.

- For several years, Lucas has felt somewhat depressed after several career setbacks, and he has withdrawn from Camila. After years of frustration and begging him to get some help, she recently pursued a sexual relationship with a divorced father she met at her daughter's school. She says that she just needed to feel loved again by someone.

- 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 and even fathered a child with the other woman. Kayla is in shock and feels like her supposed life has been a total fantasy. She can barely get out of bed in the morning.

- Brett and Joel have a consensual, nonmonogamy agreement that allows for casual sex with other people but no serious emotional attachments with others. Brett has gotten deeply involved with a coworker and tells Joel that he is unwilling to stop this outside relationship. Brett wants to expand the boundaries of their nonmonogamy agreement to include romantic feelings for others. Joel feels totally betrayed that Brett would let things go this far without his awareness and that now, after the fact, he wants to rework their whole relationship.

- Twenty years ago, Randy discovered Amy's affair, which she quickly ended. They moved to a different part of the country for work, and both pledged to put her affair behind them and never discuss it again. That seemed to work until they moved back to their earlier town and ran into the outside-affair person several times. Now it has all come flooding back, and they do not know what to do. In some ways, the affair feels like it is from a different, earlier life, but now their current life feels contaminated.

- Sonya noticed new charges on a bank account she shares with her fiancé, Ty, and found out that Ty has been paying for private online video chats with a porn star he likes to watch. Sonya is livid. Is she not enough for him? They have an unspoken agreement that watching porn occasionally is okay, but obviously, this crosses that line. Although Ty knew that Sonya probably would not like what he was doing, he says he thought it was okay because "it's just online," and he does not "know" the porn star personally.

Although the contexts within which infidelity occurs vary widely, both clinical observations and empirical investigations confirm that the discovery or disclosure of an affair often has devastating consequences and can disrupt the emotional and behavioral functioning of both partners. Even years after experiencing infidelity, partners can still struggle with long-term negative impacts on their sense of trust, safety, intimacy, and control in relationships. 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 interventions is likely to be effective for all couples, in part because the dynamics of affair couples can vary so dramatically. Some couples, particularly those in the early stages after infidelity 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. By contrast, 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 infidelity, many clinicians find themselves feeling as overwhelmed and frustrated as the couples they are treating.

Challenges in Treating Couples with Infidelity

A closer look clarifies what it is about experiencing and treating infidelity that is so complex and can feel overwhelming.

What Is Infidelity, and Why Is It So Devastating?

In order to provide effective treatment for couples dealing with infidelity and affairs, it is crucial to understand exactly what infidelity is and why it often creates such extreme distress and disruption. At its core, *infidelity involves a boundary violation regarding intimacy and exclusivity in one's relationship*—that is, how partners expect each other to behave toward or think about other people outside of the couple. (In this book, we use the terms *infidelity* and *affair* interchangeably, and when talking with couples, we typically use terminology that resonates for them. At the same time, we generally avoid using terms such as *cheating*, which can sound moralistic.) On a simple level, infidelity might at first glance seem to be merely another negative relationship behavior. However, many partners behave negatively with each other (e.g., communicate poorly, ignore each other's needs, lie) without infidelity being present, so there seems to be something unique about infidelity that sets it apart from other negative relationship behaviors and often makes it particularly devastating to the couple. Ultimately, infidelity typically has a unique impact because boundary violations can undermine a fundamental aspect of what defines the couple's relationship.

Boundaries set limits on where something begins and ends. For most couples, there exist physical and emotional boundaries that help define what behaviors are acceptable with other people (e.g., hugging) versus behaviors that remain just between the couple (e.g., sex). These boundaries make the couple unique, contribute to a sense of intimacy, and create a sense of safety and predictability. At the same time, boundaries are often complex because they are defined differently by partners and often are unspoken. The bounds of physical exclusivity may be difficult to specify because they exist on a continuum. Likewise, emotional or romantic exclusivity can be difficult to define and often goes unspecified between partners as well. For example, partners may differ as to whether one should have romantic feelings for their partner and no one else. Another common boundary involves the expectation that your committed partner is meant to be your primary provider of emotional support. Hence, sharing one's deepest feelings with someone else may violate a presumed boundary that the level of emotional or romantic intimacy between partners will exceed that of other relationships.

Therefore, infidelity can occur in the context of an emotional or romantic boundary violation, a physical boundary violation, or both. These violations of expectations can happen across a range of contexts (e.g., with strangers or friends), time (e.g., a one-night stand or a 5-year secret affair), formats (through

in-person interactions or electronic media), and with a range of severity of consequences. At its core, infidelity can be experienced as threatening the very existence of the couple's relationship, a sense of who they are, and the partners' feelings of uniqueness and intimacy.

Given that infidelity involves boundary violations regarding intimacy and exclusivity, this concept can apply to a variety of intimate relationships, well beyond the heteronormative perspective on which most research and clinical discussion are based. For example, within relationships that have an explicit nonmonogamy contract or among various forms of polyamorous relationships, there are almost always explicit or implicit boundaries of what is acceptable and how the various individuals involved will and will not behave. If the boundaries regarding intimacy and exclusivity as defined within those relationships are violated, then one or more persons involved in the relationships are likely to experience a sense of infidelity and the adverse impacts that follow.

Another component of infidelity that distinguishes it from other negative relationship behaviors is that it often comes with major feelings of betrayal and has an impact consistent with what we consider to be an interpersonal trauma. We define *major relationship betrayals* as negative, traumatic events that significantly disrupt an individual's 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 operate (e.g., Resick et al., 2024). 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 relationship assumptions might be violated by an affair, including the assumptions that partners can be trusted, that the relationship is safe and secure, and that partners can be confident in 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., Cano & O'Leary, 2000; Scuka, 2015). Thus, affairs can be painful not only because one partner has behaved toward someone else in ways that were intimate and painful to acknowledge but also because they disrupt beliefs about what to expect *within* the couple's relationship: "I thought I could trust you; I thought you would be honest with me. I thought you wanted these parts of our relationship to be only for us, and now they aren't." As a result, neither the outside world, including other people, nor the couple's relationship itself feels safe or predictable.

Consequences of Boundary Violations and Interpersonal Trauma

Once these boundary violations become known and the resulting sense of trauma is experienced, a cascade of individual and interpersonal difficulties often ensues. First, in the initial stage after the discovery of infidelity, couples are likely to be extremely dysregulated. Clinicians report that for the injured partners, intense emotions often vacillate between rage directed toward the involved partner and inner feelings of shame, depression, powerlessness, victimization, and abandonment (Abrahms-Spring & Spring, 2020; Brown, 2001). 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 can also be confusing and unpredictable as they fluctuate between positions of victimization and vindication. Although infidelity seems to lend itself to the identification of a clear “victim” and “perpetrator,” based on earlier experiences in the relationship, partners involved in infidelity may harbor their own resentments, hurts, or experiences of betrayal at the hands of the injured partner. Consequently, the involved partner may not be as contrite as the “victim” or therapist might expect, and this apparent lack of remorse may complicate therapy. Alternatively, the involved partner may have tolerated the injured partner’s anger or abuse resulting from the affair for so long that they finally refuse to offer further apology or restitution. The couple then becomes stuck, without a vision or process for moving forward.

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 of the partners to make themselves vulnerable. Although understandable, such behavior renders the therapist’s task far more difficult.

In addition to the relationship likely deteriorating in the aftermath of infidelity, treatment can be further complicated by the development of significant psychological difficulties in one or both partners. Injured partners often experience strong negative emotional reactions, including shame, rage, depression, anxiety, a sense of victimization, and symptoms consistent with those seen in posttraumatic stress disorder (PTSD). The involved partners may struggle with guilt, depression, and negative feelings about themselves (Glass, 2003; Gordon et al., 2004, 2023).

Given the aforementioned dynamics, therapists frequently 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 are often unsure about where to start or how to proceed. Not uncommonly, people outside the couple's relationship also become involved in ways that can make matters worse. The outside-affair person may continue to pursue the affair or harass the couple. Or well-meaning family members or friends may urge 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 can 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 from 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 act as if their partners do not exist. They lack a basic "map" of how to navigate this uncharted territory, and the therapist often does as well. Thus, it is not surprising that infidelity is considered one of the most difficult relationship problems to treat.

The statistics and empirical findings support these negative effects of infidelity. Relationship betrayals are a commonly reported cause of relationship dissolution and are associated with increased risk of intimate partner violence (Capaldi et al., 2012; Fincham & May, 2017; Whisman et al., 2014). Couples entering therapy with issues of infidelity are more likely to separate and divorce compared with other distressed couples presenting for treatment (Atkins et al., 2005; Glass, 2003). Combined sexual and emotional affairs pose a particularly potent threat to the stability of a relationship, especially when emotional attachment to the outside-affair partner undermines core relational assumptions and commitments (Fincham & May, 2017; Gordon et al., 2004). The risk of separation or divorce is further amplified when infidelity occurs in the context of additional relationship stressors or psychological distress, which can compound partners' difficulties in recovery (Gordon et al., 2023; Whisman et al., 2014). In summary, although some couples may ultimately report improved relationship functioning after infidelity when the experience is used to address long-standing relational vulnerabilities, the more typical consequences of infidelity involve marked 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. 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 relationship adjustment, closeness, and trust than couples who have worked through and resolved these events. Additional findings from a large treatment–outcome study indicate that couple therapy is less likely to be successful when infidelity has occurred and remains unknown to the therapist or unaddressed in therapy (Atkins et al., 2005). Hence, both our clinical experience and research findings suggest that failing to resolve the betrayal of infidelity can lead to lasting adverse consequences and that it is important to confront and work through these issues when treating couples.

Within the context of the extreme distress that these couples are likely to experience, couples typically come to therapy with a wide range of questions as they try to put the infidelity into some context, such as “How often do affairs occur—are we the only ones?” There is also the overriding question of “What made us vulnerable to this happening? We would never have imagined it could happen to us.” Therefore, it is helpful if you, as the therapist, can address these important questions and share the fundamentals of what we know about infidelity.

Current Knowledge: What Is Known about Infidelity?

Infidelity Occurs with a High Frequency

Although research on infidelity prevalence varies greatly by methodology, a meta-analysis of over 300 studies from across 47 countries and six continents found that approximately 17% of adults have engaged in sexual infidelity and 27% in emotional infidelity (Warach et al., 2024). When broken down by gender, men engage in infidelity at higher rates than women (sexual: 25% of men vs. 14% of women; emotional: 35% of men vs. 30% of women). Infidelity is also the most frequently cited cause of divorce (Amato & Previti, 2004; Fincham & May, 2017) and is associated with a myriad of poor outcomes. Clearly, sexual or romantic activity outside the boundaries of a committed relationship is a prevalent problem for couples and one that both individual and couple therapists are likely to encounter.

Factors Contributing to the Development of Infidelity

“How did this happen—how could you do this?” This is the overriding question that injured partners pose, time and again. Many involved partners also struggle

to understand their own actions—“This isn’t me. I don’t know what happened.” To understand how and why infidelity occurs, we, along with 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 infidelity (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 infidelity as well as partners’ subsequent recovery.

Various aspects of the couple’s relationship related to overall relationship distress can increase the likelihood that infidelity might develop or that recovery might be more difficult. The most obvious factors include high levels of conflict and low levels of emotional or sexual intimacy (Fincham & May, 2017). More subtle influences include imbalances of power, discrepant expectancies regarding partners’ roles, or the lack of a common long-term vision for the relationship. In addition to serving as initial risk factors, chronic relationship conflict or emotional or physical distance can also interfere with efforts to end an affair or with the partners’ efforts toward recovery. Restoring trust and security in a relationship 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, relationship distress is far from being a necessary precursor to an affair; research indicates that many individuals who engage in infidelity report being satisfied with or committed to their primary relationship at the time (Fincham & May, 2017; Whisman et al., 2014). Although this might seem surprising, some partners become sexually or emotionally overinvolved outside of their committed relationship even when they are satisfied and are not actively seeking an outside relationship. Within such a context, they typically do not remain attentive to maintaining boundaries with another person, and the outside relationship can gradually evolve into an intimate relationship through small steps.

Couples with strong, healthy relationships can also 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. Individuals can become more susceptible to engaging in infidelity when they spend too little time with people who encourage and support committed relationships or too much time with people who undermine such values. Of particular risk is a partner’s frequent exposure to situations or people who provide opportunities for or actively encourage emotional or sexual involvement outside of their committed relationship, including but not restricted to the outside-affair person. Healthy social support, or its absence, can

TABLE 1.1. Factors Potentially Related to the Development and Maintenance of Infidelity

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

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also exert a powerful influence on partners' recovery, either buffering or exacerbating the emotional turmoil that follows the discovery of an affair. That is, the couple's social environment can be a significant risk or protective factor across multiple stages of infidelity.

In addition, either partner might bring individual characteristics into the relationship that place it at greater vulnerability to infidelity or make recovery more difficult. For the involved partner, this might include enduring insecurities about oneself that contribute to insecure attachment and a desire to prove oneself desirable (Allen et al., 2005). Likewise, 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 various influences potentially threatening fidelity can serve as risk factors. Also essential to recovery are involved partners' readiness to reinvest in their committed relationship 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 may also influence either the vulnerability of their relationship to infidelity 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 engage in infidelity. We strive diligently to ensure that the injured partner does not receive blame for the involved 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 infidelity. For example, injured partners may exhibit enduring self-doubts that interfere with emotional or physical intimacy. They may lack the emotional regulation or communication 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. Or they might experience individual psychological difficulties—for example, struggling with depression and withdrawing from their partner in a variety of ways that contribute to their partner feeling isolated and alone. Such factors in the injured partner might increase the other partner's vulnerability to engaging in infidelity and can also compromise the couple's ability to work through the profound challenges of recovery. Although these or other characteristics of the injured partner do not cause or justify the involved partner's decision to engage in infidelity, they can serve as risk factors. 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 and predictability in their relationship. Involved partners need to work toward this understanding for their partners' sake but also to understand their own decisions to engage in infidelity or behaviors that led to an affair—even if they believe they did not actually “decide” to engage in infidelity. Developing a shared formulation of the infidelity 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 infidelity as a way of ending their confusion. The framework outlined in the next section, 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.

Treating Infidelity 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. This treatment integrates well-established and evidence-based strategies for strengthening couples' relationships. Our approach also draws on the theoretical and empirical literature regarding responses to trauma (e.g., Resick et al., 2024) and interpersonal forgiveness. We provide a brief overview of this model here. More comprehensive descriptions of interventions and relevant research follow throughout this book, as well as in several of our other publications (Baucom et al., 2006; Snyder et al., 2023).

Stage 1

In the first stage of the recovery process, the *impact stage*, the infidelity has become known, and partners are attempting to comprehend what has happened regarding the infidelity and what is happening now between them as a couple. This process is usually 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, perhaps expressing their distress in maladaptive ways, such as lashing out physically, telling multiple people about the infidelity to hurt the involved partner, or using substances excessively to dull their pain.

Because both the sense of trust and emotional security have been shattered, well-established daily patterns of behavior become disrupted, with injured partners often retreating or creating barriers and boundaries to protect themselves. Thus, the couple might no longer share events of the day or work together as a team to address everyday demands.

Along with these major behavioral changes and strong emotions, injured partners often start to think about the other person and their relationship differently. They need to understand why their partner acted in such hurtful ways, and in the current overwhelming context, their initial explanations for the infidelity and the involved partner's behaviors might be highly negative and distorted. In addition, many people who engage in infidelity are acting outside of their own value system, and they may begin to question themselves. As a result, neither partner might be in a clear state of mind or properly emotionally regulated to address the difficult situations that they are now confronting.

Given the high level of emotional, cognitive, and behavioral upheavals that characterize Stage 1, specific interventions are needed to create predictability and calm, as well as to minimize additional destructive actions. These strategies include (1) attempting to decrease chaos by setting clear and strong boundaries on how partners interact with each other and with persons outside their relationship; (2) facilitating healthy emotional expression and empathic listening between the partners so that they can address the many issues and emotions that they are confronting; (3) teaching time-out and venting techniques as a way of regulating difficult negative emotions that cannot always be addressed with the partner at a given time; (4) promoting essential self-care so that partners can self-regulate when they cannot rely on their relationship to help them through a difficult period; (5) problem solving regarding immediate crises that require a solution; and (6) helping both partners recognize and cope with reexperiencing or "flashback" phenomena, including intense feelings, images, or recollections of the infidelity. Chapters 4–6 describe in detail the treatment strategies designed to help the couple contain the turmoil that frequently follows the discovery of infidelity and prepare them to explore factors potentially contributing to its occurrence.

To assist couples in this stage, which calls for increased structure and direction, we have drawn largely from behaviorally derived forms of couple therapy (e.g., Baucom et al., 2020; Christensen et al., 2020; Epstein & Falconier, 2024), although therapists from other orientations can achieve important goals of this stage using other techniques consistent with their theoretical orientation. For example, during Stage 1 work, the therapist might draw on emotionally focused therapy to promote partners' emotional expressiveness and responsiveness skills (Johnson, 2020); or on solution-focused strategies, such as creating

specific agreements for managing the logistics of daily home life (Franklin et al., 2023); or on various systemic approaches for restructuring family dynamics and strengthening healthy boundaries with others (Pinsof et al., 2018). Throughout the treatment, the emphasis is on helping couples achieve important goals focal to a given stage of recovery rather than insisting on a given theoretical therapeutic model or specific techniques to achieve those goals.

Stage 2

The second stage of therapy comprises the heart of the treatment and typically demands the greatest amount of time. In this *meaning stage*, the couple's primary task is to explore more thoroughly why the infidelity occurred and place it in a more understandable context. Gaining new understanding about the infidelity and developing new assumptions about the relationship, with regard to both boundaries and additional issues that have arisen, are critical for the couple to move forward. 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 and perhaps distorted or oversimplified explanations often generated in Stage 1, such as "You did this just to hurt me" or "I now realize you're a habitual liar and always have been."

This new, more thorough narrative or conceptualization helps injured partners reevaluate and reconstruct their beliefs about their relationship and each other, and in that process, they begin to regain some sense of predictability in their lives. Depending on what they conclude about their partners, themselves, and their relationship, this work can help them restore a capacity for secure attachment, either with the current partner or in future relationships. Additionally, at times, the search for a new understanding of the causes of the betrayal might allow the injured partner, without excusing the behavior, to experience more empathy and compassion for the involved partner, particularly if it becomes clear that the involved partner was acting in response to their own past developmental needs or injuries.

The specific components comprising Stage 2 interventions are described in detail in Chapters 7–11. The conceptual model for examining potential contributing factors to infidelity described earlier provides an organizational framework for interventions in this stage of recovery. The therapist guides partners in examining aspects of their relationship, factors 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 infidelity; factors affecting its maintenance; and influences bearing on partners' subsequent responses or recovery. Again, a variety of theoretical orientations and therapeutic interventions can

be used to help couples derive a clearer, more balanced perspective on why the infidelity occurred. For example, narrative couple therapy (Freedman & Combs, 1996) helps partners create new meaning by exploring aspects of their respective life stories that affect their relationship. Similarly, various insight-oriented approaches to couple therapy aim to help partners gain deeper awareness of their own and each other's developmental histories and how these contribute to enduring sensitivities and maladaptive relationship patterns (Snyder & Mitchell, 2008)—sometimes even repeating themselves across multiple generations (Fishbane, 2023).

Stage 2 of our treatment model also has parallels to cognitive-behavioral conjoint therapy for PTSD (Monson & Fredman, 2012), which includes a focus on helping couples give meaning to a trauma (typically not a traumatic set of events between the two partners) and understand how it has affected each partner and the couple's relationship. In working with couples confronting infidelity, a therapist might also draw from principles of individually based cognitive-processing therapy for PTSD (Resick et al., 2024), with its emphasis on helping people get beyond the “stuck points” whereby a lack of understanding or distorted perspectives on the trauma hold the individual back from moving forward to live in the present and the future. And various integrative approaches to couple therapy—for example, integrative behavioral couple therapy (Christensen et al., 2020) and Gottman-method couple therapy (Gottman & Gottman, 2015)—offer couples a variety of strategies to explore their understanding of why various events have occurred in their relationship, with the eventual goal of either accepting or changing aspects of their lives and relationships.

After potential contributing factors have been examined across various domains, as the therapist, you will assist the couple in integrating the disparate pieces of information they have gleaned into a coherent narrative that, in a fuller and more balanced manner, helps to explain how the infidelity came about. After constructing a shared narrative of the infidelity, 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 social and physical surroundings (with a particular focus on boundaries with other people)—to allow them to move forward in a healthy manner, 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 their relationship.

Stage 3

In the third *moving-on stage*, covered in Chapters 12–15 of this book, partners must learn to move beyond the infidelity and no longer allow it to control

their lives. After developing a realistic narrative for why the infidelity occurred, couples may feel more capable of putting the event behind them to some extent because they now have a better understanding of what needs to happen to allow them to move forward. To move forward, the couple needs to achieve three goals by the end of Stage 3: (1) Develop a realistic and balanced view of the infidelity and their relationship; (2) experience a release from being dominated by negative emotions about the event, with the injured partner voluntarily relinquishing the right to punish the involved partner; and (3) evaluate their relationship carefully and make healthy decisions about continuing or ending it.

For many couples, moving on from infidelity means wrestling with issues of forgiveness. Such forgiveness involves moving forward by giving up the right to punish the partner and committing to move beyond the negative emotions and thoughts about the event that have dominated one's own life. Moreover, the understanding gained in Stage 2 often leads to a reevaluation of the partners' lives. At times, this reevaluation may mean changing 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 changes and whether they wish to continue with their relationship.

We emphasize to our couples that forgiveness does not require reconciliation or staying together. One may forgive one's partner and yet still decide that the relationship is unhealthy or unfulfilling and that the best outcome is to end the relationship. Furthermore, forgiveness or moving on does not require that anger simply disappear or never reemerge. In fact, it is expected that the emotions and thoughts associated with the infidelity 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 (e.g., forgiving means excusing or forgetting about what happened); part of the therapist's work at this stage is to help couples examine these beliefs. Therapeutic strategies used during this stage of treatment can beneficially draw on the treatment literature on promoting forgiveness (e.g., Worthington & Wade, 2019).

Additional interventions in Stage 3 help facilitate partners' integration of what they have learned about themselves and their relationship, well beyond the infidelity, 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 need to undertake either individually or together to strengthen their relationship overall and reduce influences that potentially make it vulnerable to recurrence of infidelity or other

destructive behaviors in the future. If either partner reaches an informed decision to end the relationship, the couple often needs help implementing that decision to move forward separately in ways that are least hurtful to themselves and others they love—including children, family members, and friends.

Case Examples

In this book, we will follow three couples in their efforts to recover from infidelity—how infidelity in their relationships developed, both partners' reactions over time, and how they responded to therapy. Here we introduce the first of these couples, Jordan and Emma.

Jordan and Emma are a queer female couple (Jordan identifies as lesbian and Emma as bisexual) struggling with Emma's recent infidelity with Ash, a friend of the couple. Jordan and Emma describe their relationship as very rewarding from the beginning of their time together. They meshed easily in terms of their individual styles and what they wanted in life. They knew that mixing their personal and business lives could be risky, yet they really wanted to start a business together. They had discussed it and concluded that the rewards outweighed possible complications, so they opened a local café serving coffee and fresh pastries. However, as they had feared, the logistical difficulties of running a business slowly created tensions between them, especially when they disagreed about various decisions, such as staffing or pricing. For the first time in their relationship, they started to become short-tempered and disagreeable with each other when having difficult conversations. Over time, they began to bicker about other issues, including those unrelated to the café.

During the first year of their new business, the couple also dealt with significant family health challenges—Jordan's mother had terminal cancer. Jordan spent her limited free time caring for her mom or coordinating care with her siblings. After her mother's death, Jordan grieved for months. She felt lost without her mother, things with Emma were strained, and Jordan felt all alone; she withdrew and became depressed. Emma tried her best to support Jordan and take care of their café business during this time, but she was exhausted and started to feel isolated because of Jordan's withdrawal, and she began to pull away as well. Emma reached out to their mutual friend, Ash, confiding in Ash about her challenges at work and worries about Jordan. Ash knew both partners well—they had all been friends for years. To provide support during their hard time, Ash helped Emma at the café on the weekends. The two of them drew closer, talked every day, and saw each other several times a week. They realized they had developed strong romantic feelings for one another and soon began a secretive sexual

relationship as well. Months later, Jordan arrived at the café and discovered Emma and Ash kissing. In shock, Jordan ran out—with Emma, in tears, following her. That night, Jordan and Emma talked. They decided to seek couple therapy because their lives seemed shattered, and they felt overwhelmed with no idea of how to proceed.

In their first session, Jordan expressed that she no longer felt that she knew Emma. Did Emma still love her? Had she ever loved her? Could Jordan believe anything Emma said? Jordan's long-held beliefs about the dependability and safety of their relationship were destroyed. Jordan alternated between shock and rage toward Emma and Ash. She refused to sleep in the same room with Emma; questioned her endlessly about the affair and her motives; and stayed up many nights, worrying about the future of their relationship, even though Emma repeatedly expressed a desire to keep their relationship alive. Jordan was furious, anxious, depressed, and confused. She even questioned the happiness that they had initially experienced in their relationship. Jordan also felt betrayed by their friend Ash and, by extension, her close-knit queer community. But at the same time, on another level, Jordan wondered if the affair might be her fault. "I know I haven't been my best self since Mom died, and maybe I drove Emma to this. I just don't know."

Emma was quick to accept responsibility and felt deep guilt for what she had done. How could she have let this happen? She felt terrible about herself for the affair. Emma spent many nights crying, begging Jordan to forgive her. She felt she no longer knew or could trust herself. Everything felt bleak, with no clear path forward. Indeed, both Jordan and Emma felt traumatized by what had happened and did not know what to do.

Our conceptualization of infidelity as a traumatic relationship event, involving a violation of important relationship assumptions, also means that not all sexual activities or emotional intimacy with outside persons will be experienced as traumatic by all partners or couples. Only those infidelities 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 regarded as traumatic. Preliminary findings provide some support regarding the association between trauma and violated assumptions: As partners' assumptions about each other and themselves become disrupted after the discovery of an infidelity, partners become more likely to endorse trauma symptoms (Gordon et al., 2023). Similarly, in couples for whom emotional or sexual involvement outside their primary committed relationship may be "normative" or part of a cultural model of relationships, partners would not be as likely to experience infidelity as traumatic and would be less likely to develop trauma symptoms after its occurrence.

The infidelity might still be seen as negative and disruptive, but it would not be seen as traumatic.

Conceptualizing infidelities as potentially traumatic interpersonal events provides useful implications for planning effective therapy. For example, many of the responses observed in injured partners during the aftermath of infidelity can be seen as resulting from the disruption of their basic beliefs and their strong need to reconstruct a shattered worldview, all the while protecting themselves from further interpersonal harm. This conceptualization forms the basis for many of the interventions that are described in detail throughout this book.

Research Support for This Treatment Model

Our approach for helping couples recover from infidelity has been evaluated 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 study, injured partners demonstrated a level of trauma symptoms in the clinical range at the beginning of treatment and significantly decreased their trauma symptoms to below clinical thresholds by the end of therapy. Injured partners experienced benefits in other domains as well—their levels of forgiveness, positive assumptions about their partners and themselves, and empathy for their partners significantly increased, whereas their levels of anger and relationship and emotional distress significantly decreased over the course of treatment. Involved partners also benefited from the intervention. Their own reports of PTSD and depressive symptoms at the outset of treatment—although they reported fewer of these symptoms compared with injured partners—also decreased notably by the end of treatment. Involved partners also described acquiring deeper understandings about themselves and their partners and reported that the treatment had promoted moving on from the infidelity.

Concluding Comments: Tailoring Treatment to Make This Work for You and Your Couple

This book offers a theoretically based, coherent series of principle-driven interventions. Throughout our discussion of the three stages of intervention, we 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 the goals that are focal to a given couple.

Therapists will likely approach this book from widely differing backgrounds, theoretical orientations, and training. Our hope is 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 will also likely differ in the relative balance of behavioral, cognitive, and emotion-focused strategies used to accomplish various tasks. However, we believe that so long as you address 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.

If couples present soon after the infidelity becomes known to both partners, the treatment will flow well if followed from beginning to end because each phase of treatment builds on the previous phase. However, not every intervention described here must be implemented with every couple. Chapter 2 describes how you can assess the unique characteristics of partners, their relationship, and their social and physical environments 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. Other couples might enter treatment much later in the process; for example, an infidelity might have been known by both partners and ended years ago, yet it continues to affect the couple. In such an instance, an emphasis on helping a couple regulate strong emotions resulting from just recently becoming aware of an infidelity is less applicable. Likewise, at times, only one partner comes for treatment, or treatment is time-limited—requiring adaptations of the approach described here. Furthermore, for some couples, treatment might be complicated by psychopathology experienced by one or both partners, either resulting from or preceding the affair. All of these factors call for tailoring treatment to the partners' specific needs and context, and we address these issues at multiple points in the book.

Coauthors Baucom and Snyder, along with Gordon, have written a book entitled *Getting Past the Affair: A Program to Help You Cope, Heal, and Move On—Together or Apart* (2nd ed.; Snyder et al., 2023), which is designed for couples themselves and can serve as a useful companion to this treatment book.

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 from infidelity at a deeper level. At the end of various chapters in the current book, we indicate how to incorporate features from *Getting Past the Affair* to enhance your work with your couple. Although it is not essential to your use of the clinical interventions described here, we believe that incorporating this complementary book for couples confronting infidelity can facilitate their work outside of the sessions and provide them with an additional resource as they struggle with difficult challenges. As such, it might strengthen and enhance your work with them throughout treatment.

Finally, it is important to note that this volume presumes that you already possess a foundational skill set for conducting couple therapy. It is beyond the scope of this book to provide more basic training in how to treat general relationship distress or guidance for treating specific couple issues other than infidelity. Toward that end, we refer you to a number of excellent texts on couple therapy, including some of our own. Please see the final section of the reference list at the end of the book for the titles.

We have written this book based on our many years of clinical experience and research with couples struggling to recover from infidelity. Working with these couples can be difficult and yet enormously rewarding when the treatment proceeds in a thoughtful, coherent manner. We hope and 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 infidelity.