

The Process of Couple Healing Following Infidelity: A Qualitative Study

Mark H. Bird
Mark H. Butler
Stephen T. Fife

ABSTRACT. Infidelity can have a devastating effect on marriages and individuals. This qualitative study explores the process of healing from infidelity and therapist behaviors that facilitate this process. In-depth client interviews suggest that healing occurs as couples pass through a seven-step process: (1) exploration of emotions and thoughts surrounding the infidelity, (2) expression of these to their partner, (3) development of empathy, (4) softening of emotions, (5) acceptance of personal responsibility and reduction of blame, (6) establishment of accountability, and (7) restoration of trust. While initially these factors occur sequentially, the process gradually becomes non-linear. Therapist behaviors which facilitate healing from infidelity are discussed. doi:10.1300/J398v06n04_01
[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2007 by The Haworth Press. All rights reserved.]

Mark H. Bird, MS, is affiliated with the Santé Center for Healing, Argyle, TX (E-mail: markbird.lmft@gmail.com).

Mark H. Butler, PhD, is affiliated with the Marriage and Family Therapy Program, Brigham Young University (E-mail: Mark.Butler@BYU.Edu).

Stephen T. Fife, PhD, is affiliated with the Department of Marriage and Family Therapy, University of Nevada Las Vegas (E-mail: stephen.fife@unlv.edu).

Address correspondence to: Mark H. Bird, 6300 St. James Place, Denton, TX 76210.

Journal of Couple & Relationship Therapy, Vol. 6(4) 2007

Available online at <http://jcrt.haworthpress.com>

© 2007 by The Haworth Press. All rights reserved.

doi:10.1300/J398v06n04_01

1

KEYWORDS. Infidelity, affair, marital therapy, couples therapy, treatment

Prevalence studies on infidelity report a wide range of findings, some suggesting prevalence rates as low as 1.5% and others as high as 25% (Blow & Hartnett, 2005b). Despite these discrepancies, many authors agree that infidelity is a common phenomenon in marriages (Atkins, Baucom, & Jacobson, 2001; Blow & Hartnett, 2005a). A survey conducted with clinical members of the American Association of Marriage and Family Therapy (AAMFT) found that 46% of all clients indicated they had an affair (Humphrey, 1987), perhaps suggesting a higher occurrence of infidelity in a clinical population. Whisman, Dixon, and Johnson (1997) reported that, next to physical abuse, therapists regard extramarital affairs as the most damaging to marriages, and studies indicate that betrayed partners may experience rage, loss of trust, decrease in self-esteem (Charny & Parnass, 1995), emotional problems (Schneider, Irons, & Corley, 1998), and depression (Cano & O'Leary, 2000). Given the difficulties associated with infidelity, it is essential that therapists are informed about the process of healing from infidelity as well as useful clinical interventions that may help couples in the recovery process. The purpose of the present study was to explore *from the client's perspective*: (1) the process of healing from infidelity and (2) therapist behaviors which facilitate the process of healing.

CLINICAL AND EMPIRICAL RESEARCH ON TREATING INFIDELITY

The term *infidelity* has been defined in a variety of ways and can refer to a broad range of behaviors outside the marriage relationship that constitute a violation of trust and commitment (Blow & Hartnett, 2005a). An extramarital sexual relationship is an event that operationally represents a concrete violation of the typical marital contract of commitment to sexual exclusivity (Pittman & Wagers, 1995). For the purposes of this study, the terms infidelity and extramarital affair will refer only to sexual involvement outside the marriage without express knowledge or consent of one's partner.

Regardless of the nature of the affair, many couples are profoundly impacted (Glass & Wright, 1997). A couple's reaction to infidelity can occur along a broad spectrum, with some couples viewing it merely as

misconduct and others viewing it as a serious threat to their marriage (Atwood & Seifer, 1997). Pittman and Wagers (1995) suggest that the severity of the reaction to infidelity is related to both gender differences and the degree to which each partner feels the marriage contract has been broken. In some cases, negative reactions are so severe as to include symptoms of Post-Traumatic Stress Disorder (Glass & Wright, 1997; Spring, 1996).

Clinical Models for the Treatment of Affairs

In spite of the prevalence of affairs and the significant relationship trauma that can result, there is very little empirical research on the treatment of affairs (Blow & Hartnett, 2005a; Gordon, Baucom, & Snyder, 2004). Nevertheless, several authors have drawn upon clinical and theoretical expertise to offer conceptual guidance, interventions, and clinical models (Atwood & Seifer, 1997; Brown, 1991; Glass & Wright, 1997; Mauldin & Hildreth, 1997; Pittman & Wagers, 1995; Spring, 1996). For example, Pittman and Wagers (1995) suggested a seven step model for intervention with affairs: (1) emergency response, (2) bringing everyone together in a safe environment, (3) defining the affair, (4) helping clients calm down and think clearly, (5) finding a solution and course of action, (6) negotiate resistance, and (7) termination. Although this model offers some direction for therapists, it is limited in its presentation of the healing process for couples and the therapist behaviors that contribute to successful resolution for clients.

In contrast to other models, Mauldin and Hildreth (1997) propose a solution-oriented approach for treating affairs. They argue that it is harmful to focus excessively on the affair, suggesting instead that a focus on the future allows couples to make decisions and move forward. They encourage couples to act happy until 'faking it' eventually leads to true happiness. Presenting the problem as one that can be overcome helps the couple to make the decision to stay together and gives them hope for healing. While this approach can help couples focus on the future rather than dwelling on the past, one limitation is that it may tempt couples and therapists to forego much of the important and painful work in therapy that leads to genuine healing.

Only two studies have empirically examined specific approaches to treating infidelity. Gordon et al. (2004) present a three-stage treatment model designed to help couples (a) deal with the immediate impact of the affair; (b) explore the historical/developmental context of the affair, develop an understanding of how the affair occurred, and evaluate the

possibility of change; and (c) make a decision about moving on in the relationship and forgiving. Results from the six couples participating in the study support the efficacy of their approach. Atkins, Eldridge, Baucom, and Christensen (2005) also evaluated the effectiveness of couples therapy (Traditional Behavioral Couples Therapy and Integrative Behavioral Couples Therapy) for the treatment of extramarital affairs. In their study of 19 couples, they concluded that the two approaches can be effective in increasing marital satisfaction for couples receiving therapy when the affair is disclosed and the therapy focuses on both the affair and the overall relationship.

With the exception of Gordon et al. (2004) and Atkins et al. (2005), the literature on the treatment and healing from affairs represents pre-empirical models based on the authors' clinical experience and theoretical expertise (Blow & Hartnett, 2005a). Although Gordon et al. (2004) discussed couples' reflections on the impact of treatment, further research is needed that investigates thoroughly the couples' perspective of the process of healing from infidelity, as well as therapists behaviors (interventions) that facilitate healing. Therefore, the purpose of the present study is to investigate more deeply the process of healing that couples go through in treatment for infidelity and therapists' contributions to this process.

METHOD

Participants

In recruiting participants we encountered many of the logistical hurdles articulated by Blow and Hartnett (2005a), which in turn led to methodological limitations. Our initial intent was to interview at least six couples. We approached between five and ten therapists to request participants. We followed up 2-3 times with each therapist during an 8-10 month period. Although we are uncertain whether therapists' or potential participants' fears/reservations regarding confidentiality (Blow & Hartnett, 2005a) affected the response we received, only one therapist provided participants. Consequently, we were limited in both the number and clinical diversity of participants available for our study.

The therapist that provided participants is the second author. However, the therapist's participation in the data collection was limited (see below for details), and the therapist did not participate in the data analy-

sis. The literature review and structured interview questions were prepared by the first author. After the clients agreed to participate, the principal investigator scheduled the appointments and conducted the interviews. Couples were given the opportunity to choose the location for the interviews (one interviewed occurred in the participants home and another occurred at the therapist's office). While our intent was to conduct the interviews independent of their therapist, both couples requested that their therapist be present during the interview. Although having the therapist present during the study may influence clients' responses, this decision was made in order to enlist the couples' participation. Additionally, having the therapist present may provide a sense of safety and support and reduce shame/embarrassment about such a difficult topic (Blow & Hartnett, 2005a).

Participants were four spouses (two couples) between the ages of 26 and 35 who were still in their first marriage. All spouses had at least some college education, had household incomes above \$50,000, and identified themselves as Christian. Couple 1 (referred to as Jeff and Julie¹) had been married for five years at the time of the study. The husband struggled with self-reported sexual compulsivity and participated in sexual intercourse with another female. His affair had occurred over a two year period. Couple 2 (referred to as Matt and Mary) had been married for fourteen years. The wife reported sexual contact with another woman she had become friends with as she sought support and caring due to marital difficulties. She reported that she had not sought the sexual encounters but had consented to the other woman's sexual initiatives. The affair occurred over a period of about three months. For ease of identification, throughout this paper the terms extramaritally involved spouse (EIS) and non-extramaritally involved spouse (NEIS) will accompany each name. The research participants were purposively selected for the study because they had attended therapy due to an affair, had completed therapy, and, by their own and their therapist's assessment, had experienced significant healing in their marriage through the process of therapy. Scores from the Dyadic Adjustment Scale (Spanier, 1976) at the time of the study indicated that the couples were within the non-clinical range.

Design

Due to the lack of in-depth exploration of the couple's perspective on healing from affairs and the lack of research that is clinically useful (Blow & Hartnett, 2005b), we deemed a qualitative methodology most

appropriate for the purposes of this study. The qualitative approach used consisted of structured interviews with open-ended questions and a group hermeneutic/interpretive approach to analyze the interview data (Wright, Watson, & Bell, 1996). Qualitative research and the group hermeneutic/interpretive approach to qualitative data analysis have been established as an effective means to collect, analyze, and interpret data concerning marital, family, and other interpersonal relationships (Gale, Chenail, Watson, Wright, & Bell, 1996). Qualitative methods are particularly suited to developing an in-depth, holistic, and processual view of complex phenomena (Denzin & Lincoln, 1994; Patton, 2002), such as the process of healing from infidelity. Qualitative investigations also provide clinically relevant data, are theoretically fruitful, and are potentially useful for guiding future quantitative research.

Procedures

Data was collected through separate interviews with each couple, consisting of open-ended questions designed to elicit participants' experiences with change and healing in therapy. All four spouses were asked to reflect on moments in therapy that helped them to let go of their anger or hurt and begin to soften toward their spouse. Similar questions were also asked concerning events that helped to re-establish trust and facilitate forgiveness. With each question, the interviewer asked about the role the therapist played in each experience or change moment/event. In order to ensure a more complete understanding of the process of healing, spouses were also asked about important moments or change events which took place outside of therapy. Interviews were recorded and transcribed. See Appendix for the full questionnaire.

Analysis

In addition to the structured interview, the Dyadic Adjustment Scale (Spanier, 1976) was used to provide a measure of current marital functioning for the couples interviewed. The DAS has been shown to have excellent test-retest reliability. Additionally, the DAS is reported to distinguish between distressed and non-distressed samples (Crane, Allgood, Larson, & Griffin, 1990). Following the process outlined by Wright et al. (1996), analysis of interview data consisted of a qualitative hermeneutic/interpretive approach by a research team (the participants' therapist did not participate in the analysis process). In a group hermeneutic approach, researchers discuss their individual findings and strug-

gle together in a combined meaning-making experience (Gale et al., 1996). The inclusion of multiple analysts in the hermeneutic process was for the purpose of triangulation, helping assure trustworthy and dependable results consistent with the data (Lincoln & Guba, 1985). The group analysis also provided a measure of control against premature foreclosure of interpretive possibilities and themes.

Several worldview and theoretical fore-structures are relevant to the data analysis. First, it is assumed that therapist's approach, although not directly part of the analysis process, influenced the experience of the couple and the types of interventions reported. The therapist was a white, male (age 42 at the time of the study), Christian, with a degree in Marriage and Family Therapy (MFT) and advanced training in Emotionally Focused Therapy (EFT). The data analysis team consisted of two marriage and family therapy graduate students and one recently graduated undergraduate. Of the three analysts, one was a 27-year-old married male, a 24-year-old single male, and a 25-year-old single female. All analysts were Christian and Caucasian.

Data analysis took place in four phases. In Phase 1, each analyst used a process referred to as "pawing" (Ryan & Bernard, 2003) to analyze the data, which consisted of two independent examinations of the transcripts in order to obtain an overall picture of participants' responses and to exegete (draw from the data) highly recurring themes related to the process of healing from affairs. Each analyst prepared individual summaries of the major themes and distributed them to the other members of the analysis team. In Phase 2, the analysts met together in a group hermeneutic/interpretive process (Gale et al., 1996; Wright et al., 1996), which included the discussion of individual findings and resulted in group consensus on major themes (all three researchers had to concur; otherwise the theme was discarded and no longer considered). Phase 3 consisted of each analyst independently conducting a third analysis of the transcripts in terms of the consensus themes, as well as searching for further information and clarification of the themes. Each analyst then prepared individual summaries and distributed them to the group. In Phase 4, the hermeneutic/interpretive group process was repeated. Again, analysts were required to substantiate and defend their analysis by reference to the interview data, making a point of drawing support from all couple interviews. The analysts also outlined how each theme related to or interacted (processually) with other themes. In this manner, the major themes from the couple interview transcripts were identified, elaborated, refined, and coherently organized.

RESULTS

Findings of this study are presented as a model of healing from affairs, arising from the consensus themes and sub-themes identified in the four participating spouses' narratives. These findings are organized processually, so as to provide a profile of healing from an affair. The first phase of the model focuses on the difficult transition from "pre-therapy" into therapy, including the therapist behaviors that helped facilitate the initial adjustment and prepared couples for the work of therapy. Phase 2 focuses on helping couples regain control, increase emotional openness, and restore trust. The final phase of healing from an affair is forgiveness.

Phase 1: Seeking Expert Assistance—Successful Transition into Therapy

Loss of control. All four spouses reported feeling a loss of control and feelings of hopelessness which precipitated entering therapy. Having "lost control" as a result of the affair, the couples sought a professional to help them regain control and hope. Matt (NEIS) described entering therapy at "a point where we'd done everything we could, and the only way that we could progress in our marriage and in our relationship was to get expert help." Julie (NEIS) remembered, "feeling like this was totally out of my control [and] a desperation like I needed help." Both couples expressed that commitment to the marriage was uncertain and/or conditional when therapy began, and this seemed to add to each partner's sense of helplessness. Despite the tentative nature of their commitment to the marriage, however, all four spouses reported an initial willingness to give therapy a chance.

Creating a positive therapy environment. Participants described several therapist behaviors in the initial phase of therapy that provided a sense of hope that therapy could help them regain control and eventually recover from the affair. Spouses' narratives indicated that *therapist "fit"* or *accommodation* to their goals was important in establishing a good therapeutic relationship and building their confidence in the process of therapy. This was done by the therapist asking the couples what their goals were, providing expertise which matched the couples' needs, conducting therapy with the couple rather than working with the individual spouses alone, and demonstrating a willingness to accommodate to the couples' values and religious beliefs. Jeff (EIS) highlighted the

importance of the therapist expressing confidence that the couple's goals could be achieved and confidence in his abilities as a therapist: "He [therapist] said, 'This is my area of specialty. If this is what you're struggling with, then I can help you.' To know that we had the right person was helpful." Spouses also reported that the therapist accommodated not only their general goals of therapy but also adapted to their needs session-by-session.

In addition to a therapeutic fit, couples also described a second important therapist behavior for establishing a positive therapy environment: *mapping realistic expectations* for therapy. Such road maps gave couples direction by helping them see where they had come from and where therapy would take them. With regards to providing expectations, Matt (NEIS) said, "[Therapist] outlined what the process of healing would be, the different feelings and emotions. It laid out an expectation, knowing in advance what we'd be experiencing. Without that road map, we would [not] have understood the different emotional cycles that we went through." Both couples noted that it was helpful to know that healing was going to take work, time, and patience.

Next, therapist *normalizing* behaviors helped couples to experience hope that their situation was manageable. Julie (NEIS) recalled that her commitment to counseling was solidified "when we went to counseling and the therapist had heard these things before and acted like he understood and had been through this before." For Matt (NEIS), the therapist's normalizing behaviors helped create a feeling that the problem was manageable and change was possible. While therapist normalizing behaviors communicated that affairs do happen and provided hope that healing could occur, normalizing was not used to justify either partner's hurtful behaviors.

Finally, the fourth factor in the beginning phase of healing for these couples was their experience of *the person of the therapist*. Participants expressed that the therapist balanced professionalism and honesty with a non-hierarchical stance and a feeling of acceptance. Mary (EIS) noted, "The therapist never made us feel like he was above us." Matt (NEIS) continued, "He provided an open environment where we felt comfortable expressing our feelings and emotions. And there was a level of trust and rapport." Thus, for these couples it was important that the therapist be straightforward and professional yet non-hierarchical and accepting.

Phase 2: Regaining Control, Increasing Emotional Openness, and Rebuilding Trust

Once the therapist had set expectations and fostered sufficient hope and vision for each spouse to be patient and let therapy work, the focus of therapy turned to the spouses taking the steps necessary to restore a feeling of control in each of their lives. Participants' narratives suggested that the process of healing in Phase 2 is represented by the following process: (1) self-awareness, (2) increased emotional expression, (3) other-awareness, (4) softening of emotions, (5) giving up blame and accepting responsibility, (6) establishing accountability, and (7) restoring trust. While early steps in the recovery process helped couples begin to establish a greater sense of control, the focus in later steps gradually moved toward fostering emotional openness in the marriage and eventually rebuilding trust. Although the steps are presented in sequential fashion, as the focus of therapy moved toward fostering emotional openness, the process dissolved into a circular, reciprocal process in which all seven factors were interrelated rather than linear.

Self-awareness. The process of regaining control for these couples began by increasing cognitive and/or affective self-awareness. Julie (NEIS) remembered becoming more aware of her emotions, "Instead of just turning that emotion into anger, I'd try to say, 'Well, no, I'm not mad; I'm hurt.'" Matt (NEIS) also said that emotional self-awareness was part of his healing: "I was experiencing so many different emotions, and I couldn't pinpoint what I was feeling, let alone how to deal with all the emotions. I could feel it physically, mentally, and emotionally." He continued, "Being able to identify what I was feeling, and then being taught techniques on how to deal with the different emotions was very helpful." Therapist behaviors associated with these changes included emotional coaching, cognitive instruction, and patient listening.

Increased emotional expression. Although self-awareness was important, participants expressed that the healing process was incomplete without learning to express their thoughts and feelings (including newly-discovered ones) in a way that restored rather than damaged their marital bond. All four spouses reported that therapist-facilitated face-to-face *couple* interaction was a helpful intervention for facilitating emotional expression. Matt (NEIS) said, "Whenever I wanted to talk, I wanted to talk directly to the therapist, but he specifically made us put our chairs to each other, and I had to tell my feelings directly to Mary." Matt indicated that the therapist coached these face-to-face interactions:

The therapist would offer some coaching. He'd say, "Look her in the eye." And I'd say, "Well, I can't." It was like I'd get to this point where I had to just make a mental leap. I think it was very helpful knowing Mary was waiting for the answer and [Therapist] wasn't going to go anywhere until I said what I had to say. And at the same time, the therapist taught Mary how to bring that out, to recognize when I was at a point where I couldn't say what I was feeling. And she didn't have the tools to bring that out. I didn't have the tools to express it. And so through our sessions we learned how to do that, to communicate in that way. And that was really helpful to us.

Thus, the therapist facilitated couple interaction by coaching both partners to share their feelings in a healthy, constructive way.

Other-awareness. As spouses learned to share their feelings, one resulting effect was increased awareness of their partner's perspectives, thoughts, and feelings. Matt (NEIS) reported how crucial it was for both he and Mary to learn how to understand each other better through increased emotional expression. He said, "I remember being able to learn what she was feeling, and her understanding how I felt, and being able to deal with that and talk about that. Unless we got that experience we wouldn't be together." Jeff (EIS) remembered "times when I would have to look at her and talk to her or put myself in her position. I really would have to try and comprehend how this has affected Julie, how this has hurt her."

Participants highlighted several therapist behaviors and interventions that were helpful in promoting other-awareness. Jeff (EIS) described, "I remember several times having to turn our chairs so we're facing each other and move closer together and talk to each other. I remember sitting in the chair, looking at her, trying to think of how I've affected her. It felt like I had not even hurt myself as much as I had hurt her." Matt (NEIS) described an activity that helped both him and his wife to take each other's perspectives better:

We had an exercise where we had to experience what each other were feeling in a role reversal. That was very eye opening, because here I was sitting in my own perspective, living my own emotions, and all of the sudden having to step out and be the other person. I would totally want to have forgiveness and mercy if I were my wife. It helped me really experience everything that Mary wanted.

I think Mary was able to experience the betrayal and everything that I was experiencing if that happened the other way around.

Softening of emotions. As spouses increased their emotional expression and became more aware of their partner's experience, they reported a softening of emotions toward each other (i.e., reduction of anger and hostility). Matt (NEIS) described, "Through our different sessions I was able to understand more where Mary was coming from. My heart was able to soften, which allowed me to tip the scales back from getting revenge." In the process of healing, the softening of one spouse often had a reciprocal effect of helping the other spouse soften as well. Mary said, "When he actually had to tell me his feelings, and I could see the pain from him come through, it softened my heart so that I felt, 'He's doing it, so I can let go and talk about my feelings.'"

Participants described that softening occurred over time and was enhanced as the therapist facilitated face-to-face couple interactions. Additionally, therapist behaviors which focused on remembering the positive were also helpful in facilitating change. For example, Mary (EIS) said, "He wanted us to go back and write down all the good times that we could remember having together. And it helped remind me that I loved my husband and that I wanted things to work out." Her husband continued, "Remembering all the happy times and good times that we had together was probably one of the turning point exercises because we decided, 'We really do have a lot invested in this relationship. We have a lot to work for.'" He also reported that this exercise gave them hope for restoring the good times. Thus, exercises and questions that helped couples to focus on the positive brought a softening of emotions and an increase in hope. The therapist also helped spouses recognize and express their primary emotions (e.g., hurt) rather than venting secondary emotions (e.g., anger), thus producing couple interactions which led to softening.

Giving up blame and accepting responsibility. As emotions softened, spouses reported a decrease in blame and an increase in each partner's willingness to take responsibility for their behaviors. Matt (NEIS) explained, "We'd get angry, and then we'd start blaming each other. I didn't really take a lot of personal responsibility for my part in what had happened. It was easier to blame and put all the burden on her." However, he described a "major turning point" when he "realized that [he] was in the wrong, too" and accepted responsibility. Thus, increased self-awareness, emotional expression, and other-awareness were followed by decreased blaming and increased willingness to take responsi-

bility. Additionally, all four spouses commented that the reduction in blame helped them be committed, share responsibility, and work together.

Reduction of blame and acceptance of responsibility were aided by therapist-facilitated couple interactions. Matt (NEIS) observed that the in-session conversations with Mary helped him to stop blaming her and become aware of his responsibility in the affair. An additional significant therapist behavior that facilitated softening of blame and increased responsibility was therapist neutrality. Mary reported, "There was never a blaming or pointing finger. Even though I was the transgressor, I never felt like I was a piece of dirt." Matt concurred, "I think the therapist was pretty unbiased. I don't feel like he sided with one or the other. I think that neutrality really allowed me to participate in therapy." Thus, the therapist's ability to remain neutral and non-blaming helped clients accept responsibility for their part in their problems.

Accountability. As spouses began to move beyond their concern with blame, change continued to progress as they recognized their accountability to others. Jeff (EIS) remembered feeling accountable to several people as he and his wife worked through the healing process (e.g., accountability to his wife, the therapist, his religious leader, and Deity). Participant couples reported that this change occurred through therapist behaviors that facilitated accountability. With regards to in-session change, Mary (EIS) remembered how Matt's accountability to the therapist helped him to learn to express emotion. She said, "There would be times where we would sit, and Matt would have to look at me for ten or fifteen minutes before he could even get it out. The therapist would just sit there and be patient and wait." Jeff (EIS) also commented that knowing he would be accountable to the therapist helped him follow through on assignments.

As the process of healing progressed, clients experienced a shift from accountability to others (external) to an accountability to themselves (internal). Because of the impact Jeff's affair had on Julie, the therapist helped her to establish a strict accountability system with Jeff, which included money management, frequent calls home from Jeff, and several other factors. As Jeff was accountable, Julie reported that she no longer had to monitor these things. In addition to facilitating accountability to their spouses, the therapist also accommodated to the couples religious beliefs and sense of accountability to Deity and their religious leaders. Through fostering and supporting accountability, the therapist was able to help couples reestablish consistency and structure in the marriage, thus facilitating change.

Restoring Trust. The final step in the second phase of healing was restoring trust. In general, this was a process that required each partner to make gradual changes, which showed the other that they were committed to the relationship and worthy of trust. Because of the high level of sensitivity following infidelity, the early stages of trust building were more difficult and required an increased level of openness and accountability. Jeff (EIS) understood that he needed to be strictly compliant with Julie's requests if he was to prove himself trustworthy. He recalled "trying to find ways to instill trust into her. I have the cell phone and try to call her wherever I'm at and when I'm leaving. I try to use the phone at work, so she'll know I'm at work." Spouses further indicated that seeing commitment and changes over time help to build trust.

In addition to gradual progress over time, both couples highlighted one specific event that caused a major change in their ability to trust and remain committed to the marriage. For example, Jeff (EIS) recognized his need to change jobs in order for trust to be restored. Julie agreed and commented on how significant his sacrifice was to her: "Just seeing how much he was willing to sacrifice to keep our family together; I had to be willing to sacrifice to keep our family together, too." Thus, for each couple there were specific, significant events, not necessarily related to the infidelity, that seemed to be catalysts in helping to restore trust.

Several therapist interventions were highlighted by the spouses in relation to rebuilding trust. One was the promotion of openness and honesty between partners. Both couples commented on the therapist's analogy of a trust ladder, which captured the idea that a restoration of trust would take time. Matt (NEIS) summed up why this analogy was effective: "I could only evaluate trust over time. If she says that she's not going to do this, and then I see that that doesn't happen, I can trust her. I can move up on that level." He continued, "Mary understood the process because she would always ask me, 'Where am I at on your trust ladder?' She wanted it all right back 100%, but it had to be through time and commitment." Finally, the therapist incorporated stories or examples into the sessions that modeled appropriate trust-restoring behaviors.

Non-linear process. During the early stages of Phase 2 when partners were trying to regain control, the process of change followed a relatively linear pattern according to the seven steps described above. However, the couples' narratives indicated that as they shifted from regaining control to fostering openness and creating trust, the factors quickly broke from this linear pattern to a more circular, interrelated

process. Thus, change became a reciprocal process, with progress in one area influencing change in other areas. For example, although the sequencing above suggests that softening comes before accepting responsibility, both Jeff (EIS) and Julie felt that an increased ability to accept responsibility also led to softening and a decrease in defensiveness. Thus, as the focus of therapy switched from gaining control to fostering openness and restoring trust, the linear process gradually shifted to a circular process.

Phase 3: Forgiveness

Forgiveness was the final phase in the process of healing from an affair. While they indicated that the forgiveness process began in therapy, participants' narratives indicated that a significant portion of the work of forgiveness occurred after therapy was finished. Spouses talked about their struggle to forgive because of the pain they had experienced as a result of the affair. Julie remembered "feeling like it wasn't fair that I was the one being hurt by all of this. He's the one that did it, but he wasn't hurt by it. So I had to get over that before I could forgive him." Spouses recognized that forgiveness would come over time, as their intense emotions were able to heal.

As couples continued in therapy, spouses were able to forgive gradually as they began to soften and see their partners' change. Mary (EIS) commented, "[Forgiveness] has taken time, but it was easier to forgive seeing his emotion coming out." Julie explained, "It helped me a ton to be able to see all the ways that he is a different person now. I can say, 'That was a different person back then. The person he is now would not do those things.'" Jeff (EIS) found a similar path to self-forgiveness: "I know what happened before is in the past. I've changed; we've changed. I have forgiven myself because I've separated myself from the way I used to be. I'm not that same person." Thus, forgiveness began to occur as partners were able to see change and distinguish previous deeds from the new person. In addition to recognizing the changes that were taking place, both couples reported that spiritual practices such as prayer and scripture reading were helpful in facilitating the process of forgiveness.

Spouses highlighted several therapist behaviors that contributed to the process of forgiveness. The therapist helped them start the process of forgiveness in therapy and continue the process of forgiveness once therapy was terminated by bringing the concept of forgiveness to the couples' attention, providing information and dialogue about the con-

cept of forgiveness, and accommodating to the couples' beliefs. Introducing the idea that forgiveness would need to occur helped both couples to begin thinking about forgiveness and preparing themselves for the time when it might take place. Once the idea was introduced, another effective intervention was providing information and/or in-session dialogue that helped the couple to better understand the concept and definition of forgiveness. After reading an article on forgiveness recommended by the therapist, Julie (NEIS) realized "that forgiveness actually makes me a better person." She continued, "I didn't think of it anymore as me being a weak person that was being walked on. I realized that it's actually a very positive thing and that it is the right thing for me to do." Finally, couples noted that the therapist's willingness to accommodate to their religious beliefs was helpful in facilitating forgiveness.

DISCUSSION

Restoring Hope and Emotional/Cognitive Stability

Couples who have experienced a betrayal as significant as infidelity often experience serious individual and relationship distress. Common emotions for these couples include hurt, guilt (self-blame), shame, depression, low self-esteem, betrayal, and anger. The couples in this study also described symptoms of PTSD, including: obsessive ruminating, hyperarousal, anxiety, and suppression of emotions. Like other trauma victims, betrayed spouses may no longer view the world as a safe, predictable place because the affair violated a basic belief about marriage: that both partners are emotionally and sexually committed to each other and to no one else (Weeks, Gambescia, & Jenkins, 2003). Such a relationship violation can leave the betrayed partner feeling "out of control" due to confusion about marital commitment and a loss of stability and predictability about the future. This intense psychological instability is what many couples who have experienced infidelity bring to therapy (Gordon et al., 2004).

Participants in this study reported that the initial sessions of therapy were helpful in restoring a basic sense of cognitive and emotional stability. This can be accomplished by: (1) explaining the process of recovery, including the need for time and patience, (2) normalizing, (3) providing a structured, caring, neutral environment for therapy, and (4) therapist accommodation to couple goals. Our findings supported the

notion that explaining the process of recovery (providing a road map) is extremely useful to couples (Gordon & Baucom, 1998; Weeks et al., 2003). When the therapist provided a road map and helped the couples understand the process of recovery, they began to view the problem as one they could navigate. This also promotes hope by communicating to couples that their experience is normal and that others have successfully traveled the road to healing (Glass & Wright, 1997; Spring, 1996).

While several models for treating affairs suggest that the decision to end or continue the marriage should be made early in the therapy process (Brown, 1991; Glass & Wright, 1997; Spring, 1996), our findings suggest that urging couples who are experiencing such intense psychological and emotional instability to make a decision regarding their marriage may be imprudent and premature. Rather, therapists might encourage couples to give therapy time before making any decisions about terminating the marriage. As time passes and some healing occurs, partners will be able to make a decision from a less volatile psychological/emotional condition. Quick decisions may often be an attempt to escape immediate trauma and create a stable structure right away, rather than a result of reflection on the marriage prognosis.

Relationship Restoration

Facilitating increased self-awareness and emotional expression. As the focus of therapy shifted from fostering hope and stability to doing the work of healing, *enactments* emerged as a central aspect of the therapist's contribution to the process of healing. Enactments are therapist-facilitated face-to-face couple interactions (Davis & Butler, 2004; Minuchin & Fishman, 1981). Through enactments, therapists are able to promote, structure, and coach couple interaction. While the therapist facilitates the interaction, control and responsibility for change stay within the couple system. If therapists can effectively help couples to experience successful, healthy interactions based on their own thoughts and emotions, they may experience a feeling of empowerment (renewed control) as they gain confidence in their own abilities (rather than the therapist's abilities) to bring about positive change.

The key to enactments is using coaching techniques that help couples to establish new, appropriate emotional expression and interaction patterns. Several examples from this study offer insight into therapist coaching behaviors. First, while couples reported that they wanted to talk directly to the therapist, they indicated that the therapist would facilitate couple interaction rather than therapist-client interaction. In

some cases, the therapist also helped partners to distinguish between primary and secondary emotions. As couples reached impasses during enactments, the therapist would identify them, thus helping couples to be more aware of the most difficult (and perhaps most damaging) pieces of their interaction. Finally, enactments served as a vehicle for promoting appropriate communication skills.

Enactments are at the heart of several essential steps in the process of healing from an affair. However, because clients at the beginning of therapy often lack the necessary self- and other-awareness needed to appropriately communicate to their spouse, our findings support Gordon and Baucom's (1998) suggestion that therapists may need to first help clients explore meaning and find understanding of their experience through therapist-client dialogue. Such dialogue facilitates individual self-awareness and models appropriate listening and communication.

As new cognitive and emotional insights are attained by the clients, the therapist should then facilitate the expression of these insights to the partner through enactments. Our findings suggest the centrality of couple interaction to the realization of significant positive change and therapy outcomes. Therefore, we recommend that, within the first few sessions, the therapist begin to decrease use of eliciting dialogue (therapist-client interactions) and increase use of enactments (partner-partner interactions) to facilitate healthy communication and emotional expression.

Empathy. Increased awareness and expression of emotions in therapy led to an increase in other-awareness and empathy. During the process of healing from an affair, therapists often encounter different needs for each partner. The betrayed partner generally wants to address the affair in some detail, but the offending spouse is usually eager to focus on the future and forget the past (Glass & Wright, 1997; Gordon & Baucom, 1998). The therapist must not push too quickly to get past the hurt, yet must not dwell on the hurt to the extent of the partners becoming overwhelmed by the pain. Some authors have suggested that it is important to focus on the affair (Brown, 1991; Spring, 1996), while others have suggested focusing on the future (Mauldin & Hildreth, 1997). Participating couples in this study suggest that there is a gradual transition from a focus on the past, to a focus on the present, to a focus on the future.

One crucial step in making these transitions is that the betrayed partner must sense genuine remorse from the offending partner. Gordon and Baucom (1998) suggest that an apology is necessary from the offending partner as a sign of remorse. Couples' narratives in this study suggest

that true remorse requires more than an apology. True remorse requires restoring a sense of stability to the betrayed partner, and one way a partner builds stability is by patiently doing the emotional work of therapy. This emotional work helps certify a reliable “change of heart” and behavior and is accomplished as offending partners genuinely listen to their partner with increased other-awareness and empathy. If continued, such behaviors will eventually lead to remorse, based on a clear understanding of the trauma, distress, confusion, and injury stemming from the offending spouse’s violation of his/her partner’s trust. The couples in this study conveyed that enactments and role-reversals are interventions that can help increase awareness, empathy, and remorse. As self-awareness and emotional expression increase, the partners begin to see each other as vulnerable and hurt, rather than purposefully mean or vindictive.

As partners are able to experience an increase in awareness of and empathy for each other, partners gradually begin to experience a softening of emotions toward their spouse (e.g., decrease in negative emotions and increase in positive emotions). Softening is often reciprocally influential. Both empirical and clinical literature suggests that a process of *softening* is one important aspect of successful therapy (Butler, Andersson, & Seedall, in press; Greenberg & Johnson, 1988). Softening leads to (1) a greater willingness to understand why the infidelity occurred, (2) a reduction of blame, and (3) an acceptance of responsibility.

Rebuilding trust. Acceptance of responsibility for past and present negative behaviors increases stability and begins the process of rebuilding trust in the relationship. At this stage, the focus of therapy turns from a focus on healing the past to establishing trust in the present and prevention for the future. Trust will gradually be restored as accountability is established and both spouses are able to experience that their partner is continually willing to work toward a more ideal marriage.

Whereas other models (Brown, 1991; Gordon & Baucom, 1998) suggest that partners give up the “fantasies” or ideals about marriage and their partner in order to restore trust, couples from this study indicated that they did not have to let go of their ideals to reestablish trust in the marriage. The only “fantasy” or expectation that needed to be challenged was the expectation that the partner (and marriage) be immediately perfect. The couples here maintained the belief that their ideal could be achieved, but only with gradual, consistent effort. As each partner is able to understand that his/her spouse is weak and vulnerable yet willing to improve and work, couples can experience hope for the future and motivation to work to reestablish trust.

Forgiveness. Several authors have previously identified forgiveness as part of the process of healing from affairs (Brown, 1991; Glass & Wright, 1997; Gordon & Baucom, 1989; Spring, 1996). However, forgiveness within the process of healing from an affair is viewed distinctly across the different models. Spring (1996) presents forgiveness as a continual, voluntary process that occurs throughout the process of healing. In contrast, others propose that forgiveness is the final goal of therapy and a method for providing closure (Brown, 1991; Glass & Wright, 1997). These two different perspectives were combined by Walrond-Skinner (1998), who suggests that forgiveness offers a confusing paradox because it is both a *goal* of the healing process and the *means* to reach that goal.

While presented in this study as the final phase of healing, forgiveness is not necessarily the final act in the process of healing from infidelity. Couples in the study indicated that forgiveness begins early in therapy as spouses start the process of working through the affair, experience positive changes and softening emotions, and begin to view each other as more than just someone who has committed previous hurtful acts. This study of the couple's perspective confirms the assertions of others that constructive emotional expression, other-awareness (i.e., empathy), softening, and regaining a sense of control and trust are important aspects of forgiveness and healing (Glass & Wright, 1997; Gordon & Baucom, 1998; Greenberg & Johnson, 1988; McCullough, Worthington, & Rachal, 1997; Weeks et al., 2003). Forgiveness is particularly crucial to healing from an affair because it allows partners to let go of the pain associated with the affair (and the past) without forgetting the lessons they have learned from it.

Limitations

Limitations associated with the current study make our conclusions suggestive rather than definitive. Although the categories are well-developed, our inability to collect a larger sample prevented us from definitively reaching a point of saturation. The sampling method (addressed previously) limited us to only one therapist. Clearly, the training of that therapist particularly limits these findings to a specific approach to treating affairs. These methodological hurdles make these findings idiosyncratic for these couples and this therapist. Also, the demographic homogeneity in the sample (Christian, Caucasian, middle-class, and small age range) may have prematurely eliminated other aspects of healing from infidelity not associated with this sample. While there are clear limitations to this sample, this study answers the call by

Blow and Hartnett (2005a, 2005b) for qualitative, in-depth research regarding couples' perspectives on the process of healing from an affair, as well as the call for research with greater clinical relevance.

Differences in the couples may present additional limitations. One affair was lesbian while the other was heterosexual. Because structured questions did not address the type of affair specifically and the couple did not elaborate on the effect of the lesbian nature of the affair, it is uncertain whether differences exist between these two couples due to the type of affair. It is possible that the differences between the couples with regard to type of affair may have created some differences in healing, thus limiting the similarities in their process of recovery. However, the interviews addressed the process of change and healing for the couples in the study, and the analysis focused on the similarities and shared processes the couples experienced.

Therefore, this study is not generalizable to all populations (as is true of all in-depth qualitative research), nor will it be complete in covering every aspect of treatment for infidelity. It is likely that other therapists may use different interventions that also facilitate healing. Nevertheless, this study provides an in-depth view into these couples' process of healing from infidelity and offers increased insight from the couple's perspective into the process of healing and the therapist behaviors which promote healing. The current study provides a starting point for future research on the process of healing, such as the process of disclosure (Atkins et al., 2005; Blow & Hartnett, 2005b) or forgiveness. Such studies might tune into interactional and emotional processes that might not be assessed in retrospective studies (Olson, Russell, Higgins-Kessler, & Miller, 2002). Future studies are also needed to evaluate the clinical and emotional difference between various types and lengths of affairs.

NOTE

1. Names of participants have been changed to protect confidentiality.

REFERENCES

- Andersson, L., Butler, M., & Seedall, R. (2006). Couples' experience of enactments and softening in marital therapy. *American Journal of Family Therapy, 34*, 301-315.
- Atkins, D., Eldridge, K., Baucom, D., & Christensen, A. (2005). Infidelity and behavioral couple therapy: Optimism in the face of betrayal. *Journal of Consulting and Clinical Psychology, 73*, 144-150.

- Atkins, D., Jacobsen, N., & Baucom, D. (2001). Understanding infidelity: Correlates in a national random sample. *Journal of Family Psychology, 15*, 735-749.
- Atwood, J., & Seifer, M. (1997). Extramarital affairs and constructed meanings: A social constructionist therapeutic approach. *The American Journal of Family Therapy, 25*, 55-75.
- Blow, A., & Hartnett, K. (2005a). Infidelity in committed relationships I: A methodological review. *Journal of Marital and Family Therapy, 31*, 183-216.
- Blow, A., & Hartnett, K. (2005b). Infidelity in committed relationships II: A substantive review. *Journal of Marital and Family Therapy, 31*, 217-233.
- Brown, E. (1991). *Patterns of infidelity and their treatment*. New York: Bruner/Mazel.
- Cano, A., & O'Leary, K. (2000). Infidelity and separations precipitate major depressive episodes and symptoms of nonspecific depression and anxiety. *Journal of Consulting & Clinical Psychology, 68*, 774-781.
- Davis, S., & Butler, M. (2004). Enacting relationships in marriage and family therapy: A conceptual and operational definition of an enactment. *Journal of Marital and Family Therapy, 30*, 319-333.
- Denzin, N., & Lincoln, Y. (Eds.) (1994). *Handbook of qualitative research*. Thousand Oaks, CA: Sage Publications.
- Gale, J., Chenail, R., Watson, W., Wright, L., & Bell, J. (1996). Research and practice: A reflexive and recursive relationship: Three narratives and five voices. *Marriage & Family Review, Special Issue: Methods and Methodologies of Qualitative Family Research, 24*, 275-296.
- Glass, S., & Wright, T. (1997). Reconstructing marriages after the trauma of infidelity. In W. Halford, & H. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 471-507). New York: John Wiley & Sons, Inc.
- Gordon, K., & Baucom, D. (1998). Understanding betrayals in marriage: A synthesized model of forgiveness. *Family Process, 37*, 425-449.
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (2004). An integrative intervention for promoting recovery from extramarital affairs. *Journal of Marital and Family Therapy, 30*, 213-231.
- Greenberg, L., & Johnson, S. (1988). *Emotionally focused therapy for couples*. New York: Guilford Press.
- Humphrey, F. (1987). Treating extramarital sexual relationships in sex and couples therapy. In G. R. Weeks & L. Hof (Eds.), *Integrating sex and marital therapy: A clinical guide* (pp. 149-170). New York: Brunner/Mazel.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. New York, NY: Sage Publications.
- Mauldin, G., & Hildreth, G. (1997). A model for counseling couples who have had an extramarital affair. *TCA Journal, 26*(2), 58-67.
- McCullough, M., Worthington, E., Jr., & Rachal, K. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology, 73*, 321-336.
- Minuchin, S., & Fishman, H. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.
- Olson, M., Russell, C., Higgins-Kessler, M., & Miller, R. (2002). Emotional processes following disclosure of an extramarital infidelity. *Journal of Marital and Family Therapy, 28*, 423-434.

- Patton, M. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pittman, F., & Wagers, T. (1995). Crises of infidelity. In N. S. Jacobson & A. S. Gurman (Eds.), *Clinical handbook of couple therapy* (pp. 195-316). New York: Guilford Press.
- Ryan, G., & Bernard, H. (2003). Techniques to identify themes. *Field Methods*, *15*(1), 85-109.
- Schneider, J., Corley, M., & Irons, R. (1998). Surviving disclosure of infidelity: Results of an international survey of 164 recovering sex addicts and partners. *Sexual Addiction & Compulsivity*, *5*(3), 189-217.
- Spanier, G. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family*, *38*, 15-28.
- Spring, J. (1996). *After the affair*. New York: Harper.
- Walrond-Skinner, S. (1998). The function and role of forgiveness in working with couples and families: Clearing the ground. *Journal of Family Therapy*, *20*, 3-19.
- Weeks, G. R., Gambescia, N., & Jenkins, R. E. (2003). *Treating infidelity: Therapeutic dilemmas and effective strategies*. New York: Norton.
- Whisman, M., Dixon, A., & Johnson, B. (1997). Therapists' perspective of couple problems and treatment issues in couple therapy. *Journal of Family Psychology*, *11*, 361-366.
- Wright, L., Watson, W., & Bell, J. (1996). *Beliefs: The heart of healing in families and illness*. New York: Basic Books.

RECEIVED: 04/24/06

ACCEPTED: 06/20/06

doi:10.1300/J398v06n04_01

APPENDIX A
Structured Interview Questions

Preface to questions 1-3.

Often when couples enter therapy they are angry or upset at their spouse. These powerful emotions often make it difficult to share feelings, trust each other, and even make couples wonder if it is worth the effort to continue in the marriage.

1. Do you feel like there was a moment or moments in therapy that helped you to let go of the anger or hurt a little bit and begin to soften your emotions toward your spouse? Can you describe what happened? Did the therapist do or say anything that helped?

If no specific moment(s) are identified:

1. Do you feel like there was a general softening of emotion through the course of therapy? If so, how did the therapist help to make that possible?

2. Did you feel like there was a moment or moments in therapy that helped trust to be re-established? Can you describe what happened? How did the therapist help in that process?

3. Was forgiveness an important aspect of your healing process? Did you feel like there was a moment or moments in therapy that helped forgiveness to occur? If so, can you describe what happened? What role did the therapist play in helping forgiveness occur?

4. What experience or experiences in therapy first indicated to you that therapy would be helpful? Could you describe what happened at this time? What did the therapist do to help you feel that way?

5. We've talked about a lot of things already. After taking these past few moments to review your therapy experience, what do you see now as the main challenges you had to face as a couple as a result of the affair? What do you see as the main challenges you had to face individually as a result of the affair?

As they answer, clarify each response with the following question:
What did the therapist do or say to help you meet those challenges successfully?

6. Were there other ways that the therapist helped you take the steps required for healing your marriage?

Probing: In other words, what additional things, if any, did the therapist do or say that helped change to occur?

7. What took place outside of therapy that helped in the healing process?

Probing: These things could include homework assignments from therapy, individual accomplishments, things you did as a couple, or events that happened outside of therapy that had a significant impact on the healing of the relationship.

8. ***Interviewer Reminder: This question should take no longer than five minutes.***

Before we finish, it is helpful to know some basic information about your pre-therapy experiences. Could you briefly describe what events initiated your decision to come to therapy?