

# Chapter 5

## The Intersystems Approach to Treating Infidelity

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In any committed relationship, there is an explicit or implicit commitment regarding intimacy. The nature of each couple's commitment is unique; however, it typically includes both sexual and emotional loyalty to one's partner and regulates interactions both within and outside of the relationship. Infidelity is any form of betrayal to the implied or stated contract between partners regarding intimate exclusivity. With infidelity, emotional and/or sexual intimacy is diverted away from the committed relationship without the other partner's consent. A violation of the commitment impacts the relationship on many levels and often results in a loss of trust, confusion, and immense pain.

The discovery of infidelity is often the initiating event that brings couples to therapy (Glass & Wright, 1997). Therapists must be aware of the potential reactions of both partners and possible consequences for the relationship, and a thorough knowledge of what to expect can help a therapist guide couples through the tumultuous period following the initial discovery and through the process of healing. Couples are often aided when therapists provide a "map" to help them understand common emotional reactions, what they might experience following the revelation of infidelity, and the process of forgiveness and healing (Olson, Russell, Higgins-Kessler, & Miller, 2002). They are more likely to engage in the various stages of treatment if they know what to expect and trust that therapy can help them heal.

Because of the tenuous conditions surrounding infidelity, therapists often approach cases of infidelity with uncertainty and apprehension. Infidelity is one of the most common presenting problems for couples seeking therapy. Yet, it is one of the most difficult to treat, and therapists often feel unprepared for this kind of work (Whisman, Dixon, & Johnson, 1997). Just as couples are assisted by a road map to healing, therapists may also find it helpful to have a map or guide to follow when treating difficult relationship issues such as infidelity. This chapter is intended to provide clinicians with a useful guide to refer to in their work with couples.

### **The Intersystems Approach to Treating Infidelity**

The intersystems approach is a comprehensive, empirically based clinical model designed to help couples heal from the aftermath of infidelity (Weeks, Gambescia, Jenkins, 2003). Based on empirical literature and the authors' extensive clinical experiences, the intersystems approach provides both a theoretical framework for conceptualizing couples' problems and guidelines for intervention and treatment. The intersystems approach is an effective means of treating infidelity, given its systemic orientation, sensitivity to context, and theoretical and technical integration of various therapy approaches and techniques (Weeks, 1994).

Treatment of infidelity requires a flexible approach that takes into account the needs of the relationship system, the concerns of the couple, the partners as individuals, and the role of the

therapist. The intersystems approach is grounded in a systemic worldview, meaning that infidelity is conceptualized as a relationship issue, even if there is a clear offending partner. With infidelity, partners suffer together, and they must heal together to overcome the serious relational trauma and injury. Therefore, aspects of individual and couples therapy are combined within a systemic orientation, addressing both individual and relationship concerns.

The intersystems model consists of three interconnected aspects of assessment and treatment: the individual risk factors of each partner, the couple's relationship, and influences from the families of origin on the present relationship. The couple is made up of two individuals, who bring to the relationship their own beliefs, expectations, defense mechanisms, etc. Each couple is unique and has developed qualities and patterns in their relationship—communication patterns, conflict resolution styles, roles, rules, and so on. Each individual also brings to the relationship a context that includes experiences with their family of origin. The intersystems approach helps the therapist be aware of the various factors contributing to couples' problems and provides direction for intervention and healing. As there may be considerable overlap of individual, couple, and family of origin issues, therapy may focus on multiple, interrelated problems at the same time.

The intersystems approach incorporates a variety of theoretical constructs and therapeutic interventions and aims to accomplish the following during the course of treatment:

- Facilitate couples' and therapists' navigation of the emotional turmoil that surrounds the revelation of infidelity
- Facilitate assessment of important individual and relationship issues
- Facilitate the important work of forgiveness
- Facilitate the identification and working through of factors that contributed to infidelity
- Facilitate communication that brings deeper, more comprehensive intimacy

The intent of the approach is not to return the relationship to its pre-infidelity state, nor is it merely focused on problem resolution. Rather, it is growth oriented and aims to help couples optimize their relationship (Weeks & Hof, 1995). Therefore, therapy emphasizes individual and relationship strengths and possibilities, rather than focusing exclusively on weaknesses and deficiencies. Treatment of infidelity typically passes through various phases. For the purposes of instruction, the phases are presented sequentially. However, our experience suggests that there is considerable overlap between phases, and the intersystems approach helps facilitate flexibility for therapists, resulting in a unique journey to healing for each couple.

### **Phase 1: Postdisclosure Reactions, Crisis Management, and Assessment**

#### **REACTIONS TO THE DISCOVERY OF INFIDELITY**

Few events in a couple's relationship will create as much emotional turmoil as infidelity. Couples' reactions may depend on several factors, including preexisting marital circumstances, how the infidelity was discovered, and the personality characteristics of the individuals involved. In many cases, the revelation of infidelity turns a couple's world upside down. The previous security, stability, and control once felt in the relationship are lost with the betrayal. Common initial reactions to the discovery of infidelity include shock, anger, and denial (Humphrey, 1987).

These are often accompanied by grief, pessimism, and self-doubt as the meaning and significance of the relationship bond are questioned. Confusion abounds, with both partners wondering if the relationship is irreparably damaged (Rosenau, 1998). In some cases, emotional reactions may include symptoms similar to post-traumatic stress disorder, such as hypervigilance, obsessive ruminations, flashbacks, difficulty concentrating, anger, irritability, depression, anxiety, sleep disturbances, and eating disturbances. Even suicidal ideations and homicidal threats can occur during this unstable time. Regardless of the specifics of the betrayal, therapists must be prepared to deal with the intense emotional responses that often follow the revelation of infidelity and know how to navigate several important aspects of therapy.

#### **CRISIS MANAGEMENT**

When the discovery of infidelity is the event bringing a couple to therapy, they typically enter therapy in crisis, with the relationship stability severely shaken and the continuation of the relationship in doubt. Consequently, therapy sessions can be emotionally charged and overwhelming, even for the most experienced therapist. The first step is to help the couple calm down and regain some sense of stability and order. Crisis management at the beginning of treatment involves addressing the couple's emotions, commitment, accountability, and trust.

#### **Emotional Reactions.**

The emotional reactions of the betrayed and unfaithful partner are often very different, and each may have difficulty understanding the experience of the other, thus limiting their ability to provide empathy and support. Therapists must be able to explain to couples that such strong emotional reactions are to be expected (Cano & O'Leary, 1997). It is helpful to encourage the couple to postpone any decisions about terminating the relationship while in the midst of the initial shock and emotional turmoil. Therapists should let the couple know that the feelings of shock, anger, and despair will diminish over time, and when emotions have calmed down, they will be able to talk more effectively about the future of the relationship.

Given the intense emotions surrounding infidelity, the therapist must be prepared to work with clients in a way that encourages engagement in the process of therapy. Clinicians must remain nonjudgmental and maintain a position of therapeutic neutrality and balance with clients by actively listening, being accepting, and moderating the expression of emotion. A significant portion of the first few sessions involves managing emotions by allowing clients to give voice to their experience, while facilitating empathy toward each other. We do this by coaching them to listen carefully and nondefensively for the purpose of understanding their partner's experience.

The therapist should create a safe environment in which clients can discuss aspects of the infidelity. Some time should be devoted to appropriate fact-finding by the betrayed partner. However, searching for excessive details is rarely helpful and may lead to exacerbated pain and rumination over details. If the betrayed partner falls into excessive fact-finding, we redirect the client to consider, "What am I feeling?" and "What do I need?" We then help clients to express their feelings and needs to their partner. The unfaithful partner is to listen and acknowledge the pain and damage that their behavior has brought to the relationship.

Although it may be less obvious, the therapist must also be sensitive to the feelings of the offending partners. Being judgmental or ignoring their feelings and experience will likely alienate them and limit their participation in therapy. Partners guilty of infidelity will likely be experiencing their own range of intense emotions. They may be fearful of the relationship ending. They may also be afraid of hurting their partner. One, perhaps unexpected, emotion may

be that of relief. Typically, the unfaithful partner has violated his or her own moral code with the infidelity. It may be a relief to finally have to deal with this once it is out in the open (Spring, 1996). Additionally, some may feel their own sense of loss and grief over having to terminate the affair, given that an emotional attachment may have developed. There may also be feelings of guilt and self-loathing (Spanier & Margolis, 1983). However, in some instances, there may be an inexplicable lack of guilt, particularly if the affair serves as a wake-up call for the other spouse.

#### **Commitment.**

Commitment is at the heart of treatment for infidelity. Many partners are unsure if the damage done to the relationship can be repaired. Healing from infidelity can be a long and arduous process, which requires commitment and patience. Therapists must assess for individual partners' level of commitment, both to the relationship and to therapy. It is not safe to assume that because they are attending, they are committed to staying in the relationship or to continuing with treatment. Given the intense pain and anger that may accompany the discovery of infidelity, the betrayed partner may have a difficult time maintaining commitment to the relationship. The intensity of emotions may interfere with making sound judgments, leading to a premature decision to end the relationship.

If one or both partners cannot make up their minds about commitment to the relationship, we encourage them to at least make a commitment to therapy, so that they can thoroughly evaluate the relationship and their own feelings before making a decision. The hope is that by committing to therapy, each will come to a rational decision whether to continue or end the relationship, which may provide some sense of closure. After securing their commitment to therapy, the clinician can inquire further about each partner's level of commitment to the relationship.

For many couples, individual partners' commitment to the relationship is unequal. In order for the possibility of healing to be realized, both partners must develop a full commitment to the relationship. Many couples undermine the process of healing because of an inability or unwillingness to give their full commitment. In the case of ongoing infidelity, the unfaithful partner must agree to end the outside relationship in order for conjoint session to proceed. Continuation of the outside relationship will impair the unfaithful partner's ability to clearly evaluate the primary relationship and will undermine the process and purpose of couples therapy. In cases when an attachment to the affair partner has developed, therapists may have to work with the unfaithful partner to deal with feelings about the affair partner, to understand their motivation for the infidelity, and to prevent relapse. When a deeper attachment has formed, grieving needs to take place so that the unfaithful partner can commit him- or herself more fully to the primary relationship. Such discussions work best in individual sessions, given that they would only add to the pain of the betrayed partner.

#### **Accountability and Trust.**

Honesty and trust are at the heart of committed relationships. Infidelity is a betrayal of both—a partner has violated the trust inherent in the relationship, and he or she has lied about it. We explain to couples that rebuilding trust is a long process, which will only be achieved through accountability and honest communication. Accountability refers to accepting responsibility for one's actions, the pain one has inflicted on the other, and the damage done to the relationship. Accountability requires what we call "absolute honesty," including the development of a communication plan in which partners keep in touch regularly and inform each other of their schedules and plans. Communication in person or by phone may be especially important at those

times of the day when the affair occurred. Spouses must do what they say they are going to do and be where they say they are going to be. Betrayed partners, having already experienced overwhelming pain and sorrow, do not want to be further hurt or deceived. They want and deserve assurance that the infidelity and deceit has ended. Failure to do so only perpetuates mistrust, hopelessness, and anger.

#### **ASSESSMENT**

Each couple presenting with infidelity is unique, and a careful assessment will help the clinician develop an appropriate treatment plan. Knowledge of various typologies of affairs and possible risk factors can be helpful during assessment and when formulating a plan for treatment. Possible risk factors include low levels of marital satisfaction, low self-esteem, a permissive attitude toward infidelity, type and length of involvement with the affair partner, justifications, social and cultural norms, courtship attitudes and behaviors, biological factors, and the relationship to the affair partner (e.g., co-worker) (Atwater, 1979; Glass & Wright, 1985; Hurlbert, 1992; Treas & Giesen, 2000). Gender is also an important variable, and men and women generally engage in infidelity for different reasons (Atwater, 1979; Glass & Wright, 1985; Humphrey, 1987). Each may also respond differently to the discovery of the betrayal.

Some important dimensions to assess for include:

- The type of infidelity (whether emotional, sexual, Internet infidelity, etc.)
- The time frame or duration in which the infidelity occurred
- Frequency of communication and/or sexual contact
- Location of encounters
- Risk of discovery (varies along a continuum from completely secret to open affairs)
- Degree of collusion by the betrayed partner
- Level of deception
- History of past infidelity (may include previous affairs and/or sexual addiction)
- Gender of the affair partner
- Unilateral and bilateral infidelity (one partner or both partners having been unfaithful)
- Relationship of the affair partner to the spouse
- Perceived attractiveness of the affair partner
- Social and cultural context of the infidelity

#### **DEVELOPING A DEFINITION OF INFIDELITY WITH THE COUPLE**

The experience of infidelity is unique to each individual and couple, and the clinician must investigate the meaning of the betrayal for each partner. Given that there are numerous ways to define infidelity, the therapist must be sure that participants (clients and therapist) are using terms in the same way or with the same meaning. Partners may disagree over the definition of infidelity—and thus disagree over whether it has occurred. For example, some may not consider emotional intimacy as a violation of the relationship commitment. Others may disagree about what physical behaviors constitute infidelity, believing that only intercourse constitutes infidelity. Whereas others hold that behaviors such as kissing constitute a breach of trust and

commitment to fidelity. One way to determine if a line of trust has been crossed is to identify the onset of deceptive behaviors and communication. Acts that were intended to hide or deceive are a good sign that a violation has occurred. The therapist must work to understand each couple's definition of infidelity and tailor treatment accordingly.

## **Phase 2: Systemic Considerations**

As couples begin to rebuild confidence and commitment, there are important individual and systemic issues to consider. This approach is intersystemic (Weeks, 1989, 1994), meaning that it attends to the individuals who make up the system, the couple's relationship, and family of origin influences. Both assessment and intervention are grounded in a systemic perspective in which the relationship is viewed as a union of two partners whose interactions are fundamentally reciprocal and interdependent.

### **INDIVIDUAL RISK FACTORS**

Many individual risk factors can contribute to partners' susceptibility. Some are situational (such as a midlife crisis), and some are rooted more in the individual. Risk factors may include mental and emotional illness, such as depression or anxiety, which can affect one's participation in the primary relationship. Personality disorders can also increase individuals' and couples' vulnerability to infidelity. The therapist should also consider biological factors, such as illness and age-related conditions. Thus, a therapist must conduct a thorough assessment of each individual. A combination of individual, couple, and psychiatric treatment might be necessary.

### **RELATIONAL ISSUES AND RISK FACTORS**

Infidelity often occurs within the context of relationship problems. The therapist must evaluate couples' relationship roles and expectations, communication patterns, conflict resolution style, problem-solving strategies, relationship enhancement activities, and emotional and physical intimacy. Problems in any of these areas can increase couples' vulnerability to infidelity. For example, persistent conflict or unresolved disagreements can lead to emotional distance, which increases the chance of one or both partners looking outside the primary relationship for emotional closeness and responsiveness.

We have found that emotional distance is often created and maintained by couples' use of anger and conflict. Anger is often the overt expression of underlying emotions, such as hurt, grief, fear, loss, guilt, shame, and so on (Johnson, 2004). However, without the awareness of underlying emotions, some couples tend to persist in their interactions at the level of anger and conflict, rather than connecting at a deeper emotional level. Expressions of anger do not convey safety, nor do they invite partners to listen for understanding. Instead, they invite self-protective responses, defensiveness, and retaliation, thus maintaining or increasing emotional distance.

The intersystems approach offers guidelines for therapists to help facilitate an exploration of attitudes about anger and conflict and to facilitate couple interactions that enhance communication, understanding, and intimacy. These guidelines include:

- Exploring feelings, beliefs, and underlying emotions
- Learning to recognize the systemic, reciprocal nature of conflict and anger
- Expressing emotions and experience without blame
- Listening and communicating understanding

- Taking responsibility for feelings and behaviors
- Learning to take time-outs when needed
- Maintaining an attitude of negotiation and compromise

#### INTERGENERATIONAL CONSIDERATIONS

Infidelity may represent a legacy inherited from and learned in one's family of origin. It is important to assess for the relationship between family dynamics in the families of origin and the current relationship. The focused genogram (DeMaria, Weeks, & Hof, 1999) may be a useful intervention for examining family functioning and heightening clients' awareness of familial influences. The therapist assesses for previous infidelity, family secrets, incest, parentification, triangulation, enmeshment, and other dysfunctional patterns of interaction that may influence one's vulnerability to infidelity. We also use the genogram to help examine partners' attitudes about anger, conflict, roles, intimacy, and so on.

#### REFRAMING

In a majority of the cases we have worked with, infidelity is related to relationship dissatisfaction or dysfunction. Although the unfaithful spouse is not justified in the betrayal—and the therapist must carefully articulate in a nonjudgmental way that infidelity and the associated dishonesty are unacceptable in a committed relationship—the affair can be viewed as a symptom of the relationship problems. From a systemic perspective, both parties have participated in the troubled relationship and share responsibility for the quality of the relationship.

We have found that a carefully formulated reframe can help both partners understand the relationship context and to see their own part in the condition of the relationship. Reframing is a commonly used intervention that helps couples see a problem in a new way or give different meaning to a predicament in a manner that allows them to move forward from their current state. For each situation, there are many different ways to reframe the problem. However, every systemic reframe should incorporate two elements. First, the reframe should put the couple on the same level and help them see the situation systemically, instead of the linear view couples often hold in which one partner is good/right and the other is bad/wrong. Couples are invited to see their relationship in circular terms, and a systemic reframe helps them begin to accept that both members share responsibility for their relationship. A systemic reframe brings to light the underlying relationship dynamics, rather than the overt symptoms. For example, one couple constantly argued about many different topics, none of which revealed their underlying fear of intimacy and vulnerability. This couple used conflict to keep them safely apart, rather than address their insecurities. A systemic reframe given to this couple helped them focus on the underlying relationship dynamic, rather than the topics of conflict. Second, the reframe highlights the good and the positive in the relationship. When couples enter therapy, they tend to emphasize the negative aspects of the relationship, even viewing the past as if it were all bad. However, they may be failing to recognize the good in the relationship and the positive aspects of their problems (meaning how the problems have helped, protected, or otherwise served them). An effective reframe can help the couple develop hope for a positive outcome.

Developing a helpful reframe begins with the therapeutic relationship, for it is something that is done *with* clients, not *to* them. A therapist must come to know the couple in order to develop a

reframe that fits with them. If the reframe is too dissimilar with the couple and their experience, they will likely reject it. Five important questions can help a therapist construct a reframe:

- How does the couple frame their problem?
- How does the couple's frame help to create and/or perpetuate the problem?
- What new frame would help the couple change?
- Why do you think this new frame would help the couple change?
- What are the steps you will use to help invite a change of the couple's frame?

Following a reframe, the therapist should evaluate the effectiveness of the reframe and consider future reframes. A single reframe is not likely to result in comprehensive changes in a couple's interaction patterns, and a therapist may need to cycle through these steps several times. Reframing the infidelity in a systemic manner facilitates an understanding of the relationship between the couple's dynamics and the betrayal. Couples come to see their relationship and the infidelity in systemic terms, which allows them to approach healing in a different manner, reducing the damaging patterns of anger and blame. Reframes may also address, in addition to relationship patterns, individual and intergenerational risk factors.

### **Phase 3: Facilitating Forgiveness**

Regardless of the circumstances surrounding infidelity, forgiveness is a central aspect of relationship healing. The intersystems approach provides support for the couple, while at the same time requiring both partners to be active participants in a forgiveness process that is also relationship enhancing. The process of rebuilding is typically fraught with emotional ups and downs, and we have found that a systemic approach to forgiveness instills clients with optimism and offers solutions to common impasses.

The intersystems approach emphasizes the relational nature of forgiveness. Therapists must understand that aspects of the forgiveness process (e.g., humility, apology, remorse, softening, accepting responsibility, and extending forgiveness) are recursive, meaning that they are interlinked systemic phenomena. The actions of one partner may invite or facilitate movement in the other (either toward or away from forgiveness and healing). Understanding forgiveness in this systemic way will help clinicians create opportunities in which the process of forgiveness is more likely to move forward (McCullough, 2000; Worthington, 1998).

Prior to broaching the issue of forgiveness, the therapist should assess for the following about the unfaithful partner. Did this partner: (a) apologize to the betrayed partner, (b) acknowledge fully the extent of the infidelity, (c) demonstrate remorse, (d) exhibit a willingness to change behaviors, and (e) cooperate with efforts to build in relational safeguards to ensure behavior change. In addition, the therapist should determine if the betrayed partner is: (a) willing to listen to the spouse who was unfaithful, (b) trying to understand the factors that influenced the infidelity, (c) able to acknowledge that some aspects of the marriage are still good and worth preserving, and (d) recognizing other problems that may have contributed to the infidelity.

Given the intense pain and confusion often following the discovery of infidelity, clients (particularly the betrayed spouse) may find the notion of forgiveness difficult to contemplate. Although the course of forgiveness is likely to be unique for each couple, clients' mutual desire to recover the relationship often provides the strongest motivation for engaging in the process of



forgiveness. Therapists must engage the couple in finding reasons to stay together and the motivation to work out the relationship and to forgive. This is accomplished by maximizing *unifying factors* that bring a couple together and promote forgiveness. These unifying factors are empathy, humility, relational commitment, and hope (McCullough, 2000; Worthington, 1998). While working to enhance these unifying factors, the therapist also works to minimize or neutralize those factors that inhibit forgiveness and keep couples apart, such as narcissism, shame, anger, and fear (Emmons, 2000; Worthington, 1998; Worthington & Wade, 1999). From our systemic perspective, the unifying factors are interconnected, and a change in one can influence a change in them all.

Often the betrayed partner and the unfaithful partner view forgiveness differently, given the circumstances bringing them to therapy. Unfaithful partners may hope for forgiveness more quickly than their partners are able to forgive; and betrayed partners may start out feeling that forgiveness is near impossible. However, shortchanging the forgiveness process is rarely helpful and often leaves the betrayed spouse feeling twice victimized. Real forgiveness requires significant emotional, cognitive, and behavioral changes by both the betrayed and the unfaithful partner (Coleman, 1998; Gordon, Baucom, & Snyder, 2000).

The work of forgiveness begins with understanding both partners' definition of forgiveness. The important process of forgiveness is often derailed from the start because of common misunderstandings and constraining beliefs about the meaning of forgiveness. Forgiveness is often confused (by both clients and therapists) with constructs such as acceptance, excusing, condoning, pardoning, forgetting, and reconciling (Butler, Dahlin, & Fife, 2002). Such notions further exaggerate the relationship imbalance that results from the betrayal. Forgiveness has also been eschewed by many therapists because of a narrow definition that associates it only with religion, rather than understanding it as an essential and broadly applicable relationship construct. These types of misunderstanding and confusion often hinder participants' willingness to incorporate forgiveness into the therapy process.

It is important that clients understand that forgiveness does not mean that one partner is pardoning or exonerating the other from responsibility for his or her actions. Nor does it mean that one is accepting, condoning, or excusing the acts committed. With forgiveness, clients are not asked to give up their moral view of appropriate behavior—what is viewed as right or wrong can remain even after forgiveness. Thus, forgiveness does not require one to place oneself in harm's way or tolerate unacceptable behavior. Partners can forgive and still protect themselves. Because many clients misconstrue the meaning of forgiveness, clinicians may need to gently challenge client beliefs about forgiveness that constrain the possibility of healing and change (Wright, Watson, & Bell, 1996).

#### **UNIFYING FACTORS**

As mentioned above, forgiveness is cultivated by focusing on several interconnected unifying factors: empathy, hope, humility, and commitment. The development of relational unity is very helpful in facilitating the forgiveness process and provides a context in which the unfaithful partner can offer a sincere apology. These unifying factors are cultivated through various interventions offered during the course of treatment.

#### **Empathy.**

Empathy is widely recognized as a necessary condition for forgiveness (Coyle & Enright, 1998; DiBlasio, 2000; Worthington, 1998). Following the uncovering of infidelity, individuals often

become absorbed in their own emotions, which, if they persist too long, will further polarize the couple. Partners must be encouraged to develop empathy for one another. However, therapists must be judicious in how they go about this. For example, a betrayed spouse who is asked to empathize with their partner may resist, feeling that they are being asked to share equal responsibility for the betrayal (Coleman, 1998). Although we view infidelity and healing from a systemic perspective, we do not believe that any circumstances justify violating the exclusive relationship commitment—infidelity is always wrong.

Developing empathy is important for both individuals in the relationship. Beginning with the unfaithful partner, empathy can be nurtured by facilitating nondefensive, empathic listening. Reducing defensiveness early on in treatment is critical because it opens the door for acknowledging guilt, accepting responsibility for the betrayal, becoming engaged in treatment, and facilitating empathy for the betrayed partner. In many cases, the unfaithful spouse wants to move quickly past the affair to rebuilding the marriage. Consequently, they may be impatient when the betrayed partner experiences prolonged grief and anger and demands accountability. Impatient partners have difficulty providing support and empathy, wondering if the other will “ever get over it.” In such cases, the therapist would do well to review the expected “road map” to recovery and remind them that it is common for the betrayed spouse to have periods of doubt and emotional suffering, even long after the discovery of the infidelity.

Betrayed partners, on the other hand, are likely to be very sensitive about the issue of blaming, and they may refuse to consider the notion of empathy if they feel that the therapist is implying that they share blame for the transgression. Because of this, we suggest using caution when asking the betrayed spouse to identify with the unfaithful spouse’s situation. Instead, we may ask them to consider a time when they were attracted to another person. Most can understand that attraction is common, even if infidelity is not acceptable. This kind of exercise can lead to greater openness toward the experience of the offending partner.

#### **Humility.**

Empathy alone is insufficient to bring about forgiveness. Equally important in the healing process is humility (Worthington, 1998). Through humility, unfaithful partners accept responsibility for their actions and the damage that they have done to their partner and the relationship. An unwillingness to accept responsibility represents a major obstacle to healing and forgiveness. An attitude of humility is fostered through the encouragement of small confessions for portions of the betrayal. Through small confessions, unfaithful partners acknowledge and accept responsibility for their actions, which paves the way for a genuine apology. For example, the therapist might prompt the unfaithful partner to acknowledge the acceptance and/or initiation of phone calls, lunch dates, or emotionally intimate conversations that occurred before the relationship became sexual.

Humility in betrayed partners, on the other hand, is somewhat different. Therapists should gently encourage them to see beyond their victimization to recognize the imperfectness of all human beings. For instance, we might suggest to them that all of us, at times, behave in ways that are contrary to our own sense of right and wrong. We ask them to reflect on a time when they felt weak, vulnerable, or fallible. Doing so not only can help them develop greater humility and accept responsibility for their own actions, it also fosters greater empathy for their partner.

### **Commitment and Hope.**

In order to heal from the terrible disruption caused by infidelity, the therapist must help couples increase their relationship commitment and hope for the future. This is important because commitment and hope have a powerful bearing on present behavior and decisions. We believe that forgiveness of infidelity is an act of sacrifice in the service of the relationship, and, thus, will be highly influenced by commitment. Relational commitment includes psychological attachment, long-term orientation, the intention to persist, and cognitive interdependence (a sense of we-ness) (Agnew, 2000; Agnew & Gephart, 2000; Agnew, Van Lange, Rusbult, & Langston, 1998; Rusbult, Arriaga, & Agnew, 2001). Therapists can effectively focus on any of these, as they are reciprocally related and positively influence each other. Even the *desire* to stay together, despite a lack of confidence, can provide a starting point. The greater the partners' commitment, the more willing they are to sacrifice self-interest for the good of the relationship (Van Lange, Agnew, Harinck, & Steemers, 1997).

We also ask couples to reflect on moments of closeness, past agreements, promises, shared dreams, memories, and other bonds that have contributed to their relationship. In the emotional turmoil surrounding infidelity and unhappy relationships, couples often forget moments of closeness and joy from the past and disregard their personal investment in the relationship. In some instances, couples "rewrite" the past as if it were completely negative. For commitment to grow, couples must be assisted to remember feelings of love, investments, and good times from the past. Even in the early stages of treatment when couples may feel the most hopeless, we often ask about how they met, what attracted them to each other, and how the relationship began.

In addition to commitment, hope is also an important aspect of the forgiveness process. Although empirical research on the relationship between forgiveness and hope is limited, our clinical experience suggests a strong connection between the two (Worthington & Wade, 1999). A couple's sense of hope for the future is often tied to shared relationship goals. Although the basic relationship goal of having a happy marriage may have been severely compromised, couples likely have other shared dreams and goals that tie them together (e.g., raising healthy children, enjoying retirement together). The therapist must help the couple explore their shared goals as a means of increasing hope and commitment. We also discuss with couples the goal of a happy marriage that has overcome infidelity and has emerged stronger than before. The vision of this new relationship often nurtures an increase in hope, which may be accompanied by increases in we-ness and a willingness to apologize and forgive. Where appropriate, we share stories of other successful couples.

### **APOLOGY**

The focus on unifying factors prepares the couple for genuine apologizing and forgiveness. Infidelity is not something that can be accepted or tolerated; it can only be forgiven. For the betrayed partner, forgiveness can feel risky and threatening. Thus, for most people, forgiveness takes a leap of faith requiring remarkable courage. Two essential factors must be in place in order for forgiveness to occur: (1) a high degree of relational commitment, and (2) a genuine apology from the unfaithful partner (Couch, Jones, & Moore, 1999).

The purpose of the apology is to promote healing in the damaged relationship. To genuinely apologize, the unfaithful partner must make clear the following: a sincere acknowledgment of the offense, genuine remorse, a commitment to change, and a true apology (Couch et al., 1999; Fincham, 2000; Fitness, 2001; Flanagan, 1992; Gold & Weiner, 2000; Worthington, 1998). The offending partner expresses genuine sorrow, regret, or remorse as well as the intention to make

reparation for the pain and damage caused. If appropriately timed and delivered, the apology will invite an increase in empathy from the betrayed spouse (Fincham, 2000; Fitness, 2001; Gold & Weiner, 2000; Worthington, 1998). Empathy arising from a sincere apology affects the betrayed partner favorably by mitigating anger, decreasing motivation toward retaliation, decreasing motivation to maintain distance from the unfaithful partner, and increasing motivation toward conciliatory behaviors (Darby & Schlenker, 1982; McCullough, Worthington, & Rachal, 1997).

Typically, for an apology to be effective, it must be proportionately related to the offense committed and to the importance of the relationship (Tavuchis, 1991). However, because the offense of infidelity is so substantial, unfaithful partners often struggle to apologize effectively. Likewise, betrayed partners regularly have difficulty accepting the apology, even if they want to reconcile the relationship. Helping clients navigate this process is one of the most important tasks of the therapist. Before initiating an apology, the therapist must assess whether the unfaithful partner has a clear understanding of the damage caused by the offense, empathic appreciation of the partner's pain, sincere sorrow for the betrayal, and a commitment to remain faithful (Fitness, 2001; Steiner, 2000). Prior discussion, preparation, and rehearsal can help the offending partner be more effective. When apologizing, clients should be sincere, specific, and straightforward; express remorse; and only discuss their (the offender) behavior (Mitchell, 1989). They should avoid vagueness, excuses, justifying, minimizing, coercion, pleading, defensiveness, and manipulation. In some cases, clients may believe they understand the process of forgiveness and have already offered multiple apologies, but with limited results. Therapists should normalize this and engage clients in an exploration of why the apologies did not work and what would make them more effective.

Couples often struggle to know when forgiveness has been completed. Rather than representing forgiveness as a one-time event, we help clients understand that it is a process made up of multiple choices requiring time and patience. Daily reminders of the betrayal can trigger the return of unhappy feelings, and betrayed spouses may become frustrated that despite the desire and the decision to forgive, feelings of anger and resentment persist. Such intrusions often leave both partners discouraged with feelings that forgiveness is unattainable. Therapists must frequently remind clients of the natural course of forgiveness, explaining that it takes place in small steps, and occasional setbacks are to be expected.

Ultimately, the outcome of true forgiveness is change at the core of the relationship. Forgiveness helps restore the couple to a sense of we-ness, which was lost when the boundaries of the committed relationship were violated. Many couples who were successful in forgiving report that their marriages are stronger following the work of healing than they were before the infidelity. Although the misconduct is not condoned, some couples come to see that the mutual work to overcome the terrible situation resulted in an improved relationship that is large enough to encompass both their deep love for each other and the terrible offense (Freedman, 2000).

#### **POTENTIAL BARRIERS TO FORGIVENESS**

The unifying factors and therapeutic techniques described above will be sufficient to initiate the forgiveness process for many couples. However, certain obstacles can prevent the development of relational unity, interfere with forgiveness, and delay the resolution of infidelity. The most common barriers include narcissism, shame, accusatory suffering, anger, and fear in one or both partners (Emmons, 2000; Worthington, 1998; Worthington & Wade, 1999). These emotional barriers can hinder partners' ability to accept responsibility for their behavior and develop empathy, humility, and commitment, thus precluding genuine apology and forgiveness. When

couples do not respond to the usual treatment for infidelity, therapists must be able to identify and remove these obstacles.

#### **Phase 4: Treating Factors That Contribute to Infidelity**

Once relational unity is restored and forgiveness has been successfully completed, couples are prepared for the fourth phase of therapy. This phase of treatment helps couples develop an understanding of the factors surrounding the betrayal, address the risk factors that contributed to the betrayal, and solidify their relationship so that infidelity will not happen again. In order for a couple to be confident that it will not recur, they must be sure that the underlying relational problems and other contributing factors have been resolved.

Using the intersystems approach, factors that contributed to the infidelity can be organized around three areas of vulnerability: relational discord, individual issues, and intergenerational influences. Some of the most common vulnerabilities include:

- The inability to develop intimacy in the relationship
- Problems with commitment
- A lack of passion in the relationship
- Ineffectiveness in resolving conflict and anger
- Sexual addiction
- Life cycle transitions
- Psychiatric illness
- Fears about intimacy, dependency, or trust
- A value system that gives priority to pleasure and excitement over loyalty and faithfulness

#### **AN INTIMACY-BASED TREATMENT APPROACH**

Because infidelity is a violation of a couple's commitment to intimacy, our approach is intimacy based. A lack of relationship intimacy is one of the most common contributors to infidelity. Therapists should reframe infidelity as an intimacy-based problem so couples can assess their intimacy and take steps to solidify it for the future. Treating these intimacy-based problems will strengthen the relationship and reduce the chance of recurring infidelity.

Robert Sternberg's (1986) triangular theory of romantic love provides a clinically useful model of intimacy. Sternberg's theory combines three equally important aspects of love: commitment, passion, and intimacy. *Commitment* refers to the intellectual and emotional decision to be with another person in an exclusive relationship. Couples who are committed to their relationship and to the process of therapy usually experience a positive outcome. *Passion* is a motivational aspect that draws two people together. It encompasses a sense of romance, physical attraction, sex, and a desire to be with the other person. *Intimacy* includes characteristics such as feeling a sense of closeness or connection, being concerned for the welfare and happiness of the other person, being able to count on them in time of need, sharing oneself, being honest and open, and providing and receiving emotional support.

Conceptualizing love in this way helps the couple and therapist evaluate strengths and weaknesses in the relationship, and set treatment goals for the future. Difficulty in any area can

put a couple at risk for infidelity. Using Sternberg's triangle, couples may be able to connect some of the motivation for the infidelity to a lack of commitment, passion, and/or intimacy. These areas can be addressed by exploring the following questions in therapy:

- Do both partners desire all three components as described in the triangle?
- Does each partner want the same level of intensity for each of the three aspects?
- How much togetherness and individuation does each partner want in the relationship?
- What prevents the partners from being able to identify and/or express the three aspects openly and freely?
- Does each partner have a realistic perception of what love involves?
- Does each partner have a realistic perception of what he or she can actually offer?
- Does each partner have a realistic perception of what the other partner can actually offer?

In some cases, therapists may find that couples can talk very effectively about the aspects of love, but have a hard time translating this into behavior. Ideally, partners work together and make adjustments so that there is greater congruency and synchrony in their relationship.

#### TREATING COMMITMENT PROBLEMS

Partners' commitment to the marriage or primary relationship is of critical importance and must be assessed early on in treatment. The ideal situation is to have both parties equally committed. However, given the circumstances surrounding infidelity, one or both partners may be undecided or unequally committed, with one desiring to stay and the other wanting to leave. In such cases, the therapist must work to facilitate increased commitment to the relationship by both partners. Even if commitment is low, couples therapy can precede effectively.

Often the first step in helping a couple increase commitment is to facilitate a discussion of what commitment means to each of them, what did they learn about commitment from their families of origin, and what kinds of behaviors demonstrate commitment. Commitment can also be enhanced by asking couples to reflect on and speak about how their relationship began, what attracted them to each other, and what was positive about the relationship in the beginning. Therapists can ask couples to share what is currently positive in the relationship, and they should be encouraged to continue the current positive behaviors and to reinstate those things that they previously found enjoyable in the relationship.

An exercise called the "three A's" can help build optimism and commitment. This involves couples *affirming* the importance of the relationship and their positive feelings of love, care, concern, and closeness; expressing *appreciation* for the things they like about each other; and expressing nonsexual *affection*. Increases in all three areas are important, but therapists may find that couples can most easily express appreciation. We often give couples the assignment to give at least three expressions of appreciation a day to each other. As couples experience growth in these three areas, commitment is likely to grow as well.

The second area of commitment pertains to their commitment to therapy. Given the emotional turmoil accompanying the discovering of infidelity, couples may not be in a position to effectively evaluate the relationship and make a firm commitment to staying. In fact, the initial reaction of many partners is to end the relationship immediately. Therefore, pushing either

person to make a decision about commitment to the relationship at the beginning of therapy may be premature. In situations where couples struggle initially to make a commitment to the relationship, we instead ask for their commitment to therapy, even if the outcome is separation rather than reconciliation. The therapist should outline the course that therapy is likely to take in order to help clients have a realistic view of the process, length, and possible outcomes of treatment. After a few sessions, couples will likely have a sense of whether they are moving toward rebuilding or separation.

One possible outcome of infidelity is separation, leading to the dissolution of the relationship. If the couple has fulfilled their commitment to therapy by participating in an honest and thorough examination of self and the relationship, coming to the conclusion that it cannot be continued, then this is an acceptable outcome. If couples cannot come to a decision to end the relationship, but find it too painful to be together on a daily basis, a planned separation may be appropriate. To be effective, such a separation will include specific parameters, assignments, and a time frame. One of the most important considerations is that of putting the children first and committing to refrain from speaking negatively about the other partner. Therapy then proceeds on an individual basis, with the purpose of helping the partners achieve greater clarity about their participation in the relationship, what factors may have contributed to the couple's vulnerability, and the impact of the infidelity on themselves and the relationship. Ultimately, conjoint sessions should resume in order to evaluate the separation and the direction the partners want to pursue. If the outcome is separation, the therapist must shift roles from marital counselor to divorce mediator, helping the couple end the relationship with the least amount of pain, examining how the couple reached that point, and discussing how to co-parent effectively.

#### **TREATING PROBLEMS WITH PASSION**

Some cases of infidelity occur when there is a large discrepancy in sexual desire between partners in the primary relationship. The partner with higher sexual desire may feel frustrated, resentful, rejected, and hopeless about things improving. Low sexual desire—or hypoactive sexual desire (HSD)—is a common clinical phenomenon that is experienced by 30% of women and 17% of men at some point in their adult lives (Frank, Anderson, & Rubinstein, 1978). In cases of infidelity, a person may lack sexual desire toward the primary partner, but may feel desire toward others. Two common relational problems associated with low sexual desire are feelings of loss (losing a sense of self or feeling a loss of control) and anger or resentment toward one's partner. The treatment of HSD, typically involving a combination of couples and sex therapy, is complicated even more when infidelity is part of the picture. Those who work with couples in which HSD is an issue should consult Weeks and Gambescia (2002).

#### **TREATING PROBLEMS WITH UNDERLYING FEARS OF INTIMACY**

Underlying fears of intimacy are common in couples therapy (Weeks & Treat, 2001), and we believe that a large portion of relationship problems are connected in some way to these fears. Often, partners are unaware of their own apprehensions regarding intimacy. For example, many people express a desire for intimacy in their relationship, but behave in ways that undermine intimacy when too much closeness occurs. Therefore, it is important to address intimacy concerns thoroughly in order to reduce a couple's vulnerability to future betrayals.

Intimacy fears can take many forms, and it may be helpful to share these with couples so that they can identify their own areas of struggle and how they react when they feel threatened by too much closeness. One common manifestation of intimacy fear is anger and interpersonal conflict,

which serves to keep others at a distance. A fear of losing control or being oppressed by one's partner is another expression of a fear of intimacy, and distance may be a means of regaining or maintaining some semblance of control. An underlying fear of becoming too emotionally dependent can lead one to create distance, perhaps through an affair. A fear of rejection or abandonment can also make one vulnerable to infidelity. In its extreme, such a fear may unknowingly motivate one to reject the other first (by having an affair), instead of risking being the one who is rejected. Finally, personal insecurities or fear of exposure is another factor that points to a fear of intimacy. Partners fear that if their spouse "really knew" them, they would consider them unlovable and reject them.

Several interventions can help couples work through fears of intimacy and prevent the recurrence of future infidelity. First, it is often helpful to normalize intimacy fears. Explain that a fear of intimacy is common, and many couples have overcome this hurdle. Having the couple engage in an in-depth conversation of what intimacy means to each of them can help them become more united as a couple. It is also helpful to have couples consider various aspects of intimacy (e.g., emotional intimacy, physical intimacy, recreational intimacy) so that they can evaluate their strengths and weaknesses as a couple and make plans to focus specifically on certain domains. Fears of intimacy are often interlocking and reciprocal. Likewise, small increases in closeness and connection are also reciprocal and generative. Therapists can facilitate in-session exercises and provide homework that helps clients increase their intimacy as a couple.

#### **EXPLORING EXPECTATIONS**

In addition to difficulties in the three aspects of Sternberg's triangle, unmet expectations are often associated with infidelity. Many couples have shared with us long-standing frustration over expectations that have consistently been unmet in their relationship. Relationship expectations can be about any number of subjects, such as roles, responsibilities, parenting, sex, finances, and so on. Everyone enters into relationships with a variety of expectations, many of which were developed from their families of origin. When certain expectations are not met, frustration may set in. Therapists may incorporate into the therapeutic conversation Sager's (1976) method of conceptualizing and exploring relationship expectations by asking couples to reflect on:

- Expectations that the partner was clearly aware of and verbalized to the other partner
- Expectations that the partner was clearly aware of but did not verbalize to the other partner
- Expectations that the partner was/is not aware of and therefore could not be verbalized

Therapists can ask couples to take some time to consider what they want to give and receive from their partner and then discuss this with each other. When couples have a difficult time identifying their expectations, it may be useful to ask them how their partner has disappointed them. Therapists can help couples identify expectations, evaluate them as to whether they are helpful for the relationship, and discard unproductive ones.



## **Phase 5: Promoting Intimacy Through Communication**

Forgiveness alone is not sufficient to heal a damaged relationship. As discussed above, certain interpersonal problems likely preceded the infidelity and need to be addressed as the relationship is rebuilt. One important area to target in therapy is that of communication. Effective communication is essential to developing and maintaining deeper levels of intimacy for couples, and communication problems often create distance and limit emotional closeness. Without a foundation of clear communication, couples are vulnerable to infidelity and may not have the ability to repair damage to the relationship from the betrayal. Although not exhaustive, the systemic techniques reviewed in this section can be applied to cases of infidelity as well as a wide variety of other relationship problems.

Part of developing effective communication is overcoming past negative interactions and the assumption that future interactions will be the same. A common occurrence in the treatment of infidelity is for partners to make negative assumptions or judgments about the other's intentions, even if these are not verified in their interactions. Communication is often disrupted by such faulty presumptions, and partners may feel wounded or take offense when none was intended. Therapists should help couples examine their communication patterns to identify negative assumptions and judgments about each other's intentions. We often challenge these by asking couples reflection questions such as, "If your partner's intentions were good in this instance, how would you likely respond?" Then we encourage them to take a leap of faith by behaving in ways that acknowledge that their partner is generally a person of good will. We find that most often partners' intentions are good, even if their delivery is poor or awkward.

Effective communication does not come easily for some couples, and they often want to give up after repeated difficulties. We remind them that misunderstandings are common and that good communication takes practice and patience. Teaching couples communication and problem-solving skills is a popular approach used with couples. However, couples' efforts to incorporate these skills are often derailed by underlying emotions, attitudes, and beliefs (Jacobson & Christensen, 1996). To help restore derailed communication, we suggest to couples that each verbal interaction has two parts: affect (i.e., the feelings of each partner) and content. When disagreements arise, partners should be taught to explore the affect or underlying feelings of each other before attempting to address the content or solve the problem. Teaching couples the rules of fair fighting can help them accomplish this (Weeks & Treat, 2001). With these rules, partners' feelings about the problem take priority over the problem itself. We encourage cognitive and emotional self-disclosure, which when accompanied by compassionate listening, facilitates greater intimacy. Following this, couples are coached through a process of proposing and negotiating a solution to the problem. Although difficult to implement at first, couples can learn to use these skills effectively with practice.

Couples can also be educated about the circular nature of communication. This notion is grounded in the idea that couples interact with each other in a reciprocal or interconnected manner. Helping couples come to understand this concept can be a powerful facilitator of change. To encourage awareness of circular processes, we ask couples to observe how their behaviors fit together, paying attention to how their own behavior connects with the behavior of their partner. We help them see that there are no beginnings and endings, but instead their interactions form a dynamic circle. Helping couples understand the circular nature of communication opens up possibilities for change that are unavailable when they are thinking in an individual, linear fashion.

In addition to helping couples increase their awareness of interaction patterns, some basic communication techniques can bring very positive results. The therapist can teach couples to use “*I*” statements, which requires a partner to speak for him- or herself in a direct and nonaccusatory way. This reduces the likelihood of defensiveness on the part of the listener. *Reflective listening* is another process that helps communication proceed more smoothly. The listener is asked to listen nondefensively and to reflect back the affect and content of the message. An attitude of sincerity and caring provides a foundation for the effective use of this communication skill. Finally, being able to set one’s opinions aside in order to hear what another person is saying provides *validation* to the speaker. Validation does not mean agreement; but it involves listening to understand, without interjecting bias or making judgments.

Additional efforts to enhance communication include making couples aware of common barriers to intimate communication. Such things as mind reading (one partner claiming to know what the other person is thinking, feeling, or intending to say), personalizing (perceiving offense when none was intended), distraction (one partner changing the subject), and polarizing language (“all or none” language such as *always* or *never*) can interfere with constructive communication. Gottman (1994) also identified four styles of communication that can create distance and damage intimacy in relationships: criticism, contempt, defensiveness, and stonewalling. Therapists can educate couples on these and help them become aware when their communication begins to take on one or more of these styles.

## Conclusion

The discovery of infidelity is a serious relationship crisis which shatters much of the stability and security that is assumed in committed relationships. Given the seriousness of the offense and intensity of emotional reactions by both partners, cases of infidelity are often the most difficult to treat for couples therapists. The concepts and interventions presented in the intersystems approach to treating infidelity offer therapists a useful framework to guide their work with couples. A summary of the treatment phases and the bulleted points is presented below (see Table 5.1).

Approaching treatment from a systemic perspective and viewing infidelity as an intimacy-based problem allows therapists to offer to couples helpful ways to evaluate their relationship, as well as effective interventions that facilitate the healing and rebuilding of relationships. Attending to the individual, couple, and family of origin risk factors helps couples identify and address idiosyncratic vulnerabilities to infidelity and protect their relationship from further betrayals. Interventions designed to facilitate forgiveness and enhance communication and intimacy can help partners heal from infidelity and strengthen their bond with each other. Therapists must be flexible so they can tailor their work to the unique needs of each couple and increase the possibility of a successful outcome for therapy.

(Insert Table about here)

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**TABLE 5.1**

**Summary of Bulleted Points**

Treatment goals of the intersystems approach to treating infidelity	<ul style="list-style-type: none"> <li>Facilitate couples' and therapists' navigation of the emotional turmoil that surrounds the revelation of infidelity</li> <li>Facilitate assessment of important individual and relationship issues</li> <li>Facilitate the important work of forgiveness</li> <li>Facilitate the identification and working through of factors that contributed to infidelity</li> <li>Facilitate communication that brings deeper, more comprehensive intimacy</li> </ul>
Phases of treatment	<ul style="list-style-type: none"> <li>Phase 1: Postdisclosure Reactions, Crisis Management, and Assessment</li> <li>Phase 2: Systemic Considerations</li> <li>Phase 3: Facilitating Forgiveness</li> <li>Phase 4: Treating Factors That Contribute to Infidelity</li> <li>Phase 5: Promoting Intimacy Through Communication</li> </ul>
Important areas of assessment	<ul style="list-style-type: none"> <li>The type of infidelity (whether emotional, sexual, Internet infidelity, etc.)</li> <li>The time frame or duration in which the infidelity occurred</li> <li>Frequency of communication and/or sexual contact</li> <li>Location of encounters</li> <li>Risk of discovery (varies along a continuum from completely secret to open affairs)</li> <li>Degree of collusion by the betrayed partner</li> <li>Level of deception</li> <li>History of past infidelity (may include previous affairs and/or sexual addiction)</li> <li>Gender of the affair partner</li> <li>Unilateral and bilateral infidelity (one partner or both partners having been unfaithful)</li> <li>Relationship of the affair partner to the spouse</li> <li>Perceived attractiveness of the affair partner</li> <li>Social and cultural context of the infidelity</li> </ul>
Guidelines for couples to enhance communication, understanding, and intimacy	<ul style="list-style-type: none"> <li>Exploring feelings, beliefs, and underlying emotions</li> <li>Learning to recognize the systemic, reciprocal nature of conflict and anger</li> <li>Expressing emotions and experience without blame</li> <li>Listening and communicating understanding</li> <li>Taking responsibility for feelings and behaviors</li> <li>Learning to take time outs when needed</li> <li>Maintaining an attitude of negotiation and compromise</li> </ul>
Five important questions to consider when constructing a reframe	<ul style="list-style-type: none"> <li>How does the couple frame their problem?</li> <li>How does the couple's frame help to create and/or perpetuate the problem?</li> <li>What new frame would help the couple change?</li> <li>Why do you think this new frame would help the couple change?</li> <li>What are the steps you will use to help invite a change in the couple's frame?</li> </ul>
Common areas of individual and relationship vulnerability	<ul style="list-style-type: none"> <li>The inability to develop intimacy in the relationship</li> <li>Problems with commitment</li> <li>A lack of passion in the relationship</li> <li>Ineffectiveness in resolving conflict and anger</li> <li>Sexual addiction</li> <li>Life cycle transitions</li> <li>Psychiatric illness</li> <li>Fears about intimacy, dependency, or trust</li> <li>A value system that gives priority to pleasure and excitement over loyalty and faithfulness</li> </ul>
Questions to help couples address commitment, passion, and intimacy in their relationship	<ul style="list-style-type: none"> <li>Do both partners desire all three components as described in Sternberg's triangle?</li> <li>Does each partner want the same level of intensity for each of the three aspects?</li> <li>How much togetherness and individuation does each partner want in the relationship?</li> <li>What prevents the partners from being able to identify and/or express the three aspects openly and freely?</li> <li>Does each partner have a realistic perception of what love involves?</li> <li>Does each partner have a realistic perception of what he or she can actually offer?</li> <li>Does each partner have a realistic perception of what the other partner can actually offer?</li> </ul>