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Stephen T. Fife, Gerald R. Weeks and Nancy Gambescia

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Treating Infidelity: An Integrative Approach

Stephen T. Fife

Gerald R. Weeks

University of Nevada, Las Vegas

Nancy Gambescia

Rosemont, Pennsylvania

Infidelity is one of the most common and the most difficult problems to treat in couples therapy. In this article, the authors present an integrative approach to treating infidelity based on the intersystems approach developed by Weeks. The approach integrates theory and techniques from both individual and systemic psychotherapy and addresses the individual, relational, and intergenerational factors associated with infidelity. The treatment approach reflects the authors' view of infidelity as a systemic, intimacy-based problem. Treatment includes five interrelated phases: (a) crisis management and assessment, (b) systemic considerations, (c) facilitating forgiveness, (d) treating factors that contribute to infidelity, and (e) promoting intimacy through communication. Of particular importance is the development of unifying factors that facilitate healing, unite couples, and reduce their vulnerability to future betrayals.

Keywords: *infidelity; affair; integration; couples therapy; systemic therapy*

Most committed relationships are characterized by an explicit or implicit commitment regarding intimacy, including both sexual and emotional fidelity to one's partner. Infidelity constitutes a betrayal of this implied or stated commitment regarding intimate exclusivity. With infidelity, emotional and/or sexual intimacy is shared with someone outside of the primary relationship without the consent of the other partner. A violation of commitment and exclusivity affects a relationship on many levels, often resulting in deep pain, uncertainty, and loss of trust.

The discovery of infidelity is the primary event that prompts many couples to seek therapy (Glass & Wright, 1997). Although infidelity is one of the most common presenting problems in couples therapy, it is one of the most difficult to treat, and therapists often question their ability to work

with such cases (Whisman, Dixon, & Johnson, 1997). Because of the emotional turmoil surrounding infidelity, therapists often approach cases with trepidation. Emotional reactions of couples can be intense, and a thorough knowledge of what to expect and what to do can help a therapist navigate the process of therapy. This article presents an integrative, systemic approach for the treatment of couples with infidelity based on the intersystems model of couples therapy (Weeks, 1994).

The intersystems model (Weeks, Gambescia, & Jenkins, 2003) is an empirically based, integrative approach that can be used to help couples heal from infidelity. Based on empirical literature and clinical experience, the approach provides both a theoretical framework for conceptualizing couples' problems and guidelines for intervention and treatment. The intersystems approach is an appropriate means of treating infidelity, given its systemic focus, contextual sensitivity, flexibility, and integration of various therapy models and interventions.

As the name implies, the intersystems approach is grounded in a systemic worldview in which partners' interactions are seen as fundamentally reciprocal and interdependent. Even in cases when there is clearly an offending party, infidelity is conceptualized as a relationship issue. A systemic perspective allows for greater participation by both partners in the process of healing. Although we approach infidelity and healing from a systemic viewpoint, we do not believe that there are any circumstances that justify a betrayal of the commitment to exclusivity in a relationship. Infidelity is always wrong, and the therapist should convey in a nonjudgmental way that infidelity and the associated deception are unacceptable in a committed relationship.

With infidelity, partners suffer together, and they must heal together. The intersystems approach promotes healing by integrating aspects of individual and couples therapy within a systemic orientation. Three interconnected aspects of assessment and treatment are fundamental:

1. Individual risk factors: Individual partners bring to the relationship their own beliefs, expectations, defense mechanisms, and so on

Authors' Note: Correspondence concerning this article should be addressed to Stephen F. Fife, Department of Marriage and Family Therapy, University of Nevada, Las Vegas, Mailstop 3045, 4505 Maryland Parkway, Las Vegas, NV 89154-3045; e-mail: stephen.fife@unlv.edu.

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2. The couple's relationship dynamics: Couples develop patterns in their relationship related to communication styles, conflict resolution, roles, and so on
3. Family of origin influences: Each partner is influenced by his or her family of origin

Although therapy might focus specifically on each aspect, clinicians might find considerable overlap of individual, couple, and family-of-origin issues and might address several concurrently.

The intersystems approach is not merely focused on problem-resolution, nor is the intent of the approach to return the relationship to its preinfidelity state. Rather, it is growth oriented and intends to help couples make the most of their relationship (Weeks & Hof, 1995). The process of rebuilding is typically fraught with emotional ups and downs, and we have found that a systemic, integrative approach helps couples and therapists effectively handle the emotional turmoil that surrounds the revelation of infidelity. It also provides guidance for the assessment of important individual and relationship issues, the crucial work of forgiveness, the identification and working through of factors that contributed to infidelity, and the development of communication that brings deeper, more comprehensive intimacy.

Treatment of infidelity typically passes through five interrelated phases: (a) crisis management and assessment, (b) systemic considerations, (c) facilitating forgiveness, (d) treating factors that contribute to infidelity, and (e) promoting intimacy through communication. In this article, the phases of treatment are presented sequentially. However, there is often considerable overlap among phases, and the model allows for flexibility and individual adaptation.

PHASE 1: CRISIS MANAGEMENT AND ASSESSMENT

Crisis Management

Couples dealing with infidelity typically enter therapy in crisis, and even the most experienced therapist can be overwhelmed. The sense of security, stability, and control once felt by a couple has been destroyed with the betrayal, and feelings of shock, confusion, anger, and denial are common (Humphrey, 1987; Rosenau, 1998). Spouses might also experience grief, pessimism, and self-doubt as the significance and permanence of the relationship are questioned. Emotional reactions might also include symptoms similar to posttraumatic stress disorder, and suicidal ideations and homicidal threats might occur during this tumultuous time.

Therapists must help couples survive the initial period of crisis following the discovery of infidelity. The first step is to help the couple calm down and regain some sense of stability and order. Providing couples with a "road map" of what they can expect from each other and from therapy can help them anticipate common emotional reactions and the

process of healing (Olson, Russell, Higgins-Kessler, & Miller, 2002). Crisis management at the beginning of therapy involves addressing issues of emotional reactions, commitment, accountability, and trust.

Emotional reactions. A significant portion of the first few sessions involves managing clients' emotional expression. Given the intense emotions surrounding infidelity, the therapist needs to create a safe environment in which clients can comfortably engage in the process of therapy. Therapists must be able to explain that feelings of shock, anger, and despair are common and will likely diminish over time (Cano & O'Leary, 1997). Clinicians should remain non-judgmental and maintain a position of therapeutic balance with clients. They should also encourage clients to listen to each other for understanding. However, the emotional reactions of the betrayed and unfaithful partner are often very different, and each might struggle to understand the experience of the other, thus initially limiting their ability to provide empathy and support.

Time should be allowed for appropriate fact finding by the betrayed partner. However, excessive questioning about details is rarely helpful and might lead to unnecessary and prolonged pain. If betrayed partners fall into unhelpful interrogation, we redirect them by asking, "What are you feeling?" and "What do you need?" We then help them to express their feelings and needs to their partner. Unfaithful partners are coached in listening and acknowledging the pain and damage they have brought to their partner and the relationship through their behavior.

With the obvious suffering of the betrayed partners, therapists might unwittingly overlook the emotions of the offending partners. However, disregarding their emotional experience or being judgmental might discourage them from participating. Partners guilty of infidelity might be fearful of the primary relationship ending or of hurting their partner. Typically, unfaithful partners have violated their own moral code, and they might be relieved that it was discovered (Spring, 1996). Feelings of guilt and self-disgust might also be present (Spanier & Margolis, 1983). Yet in some instances, a lack of guilt, particularly if the affair serves as a wake-up call for their spouse, might be evident. In addition, some might feel a sense of loss over having to terminate the affair.

Commitment. Many couples enter therapy unsure if their relationship can be repaired. Therapists must assess for each individual partner's level of commitment to the relationship and to therapy. Pain and anger might make it difficult for the betrayed partner to maintain a commitment to the relationship. Early in treatment, it might be helpful to suggest that the couple postpone any decision about ending the relationship while in the midst of the initial shock and turmoil. If clients cannot commit to the relationship, we encourage them to commit to the process of therapy so they can thoroughly evaluate the relationship and their feelings before making a decision about ending the relationship. Through

therapy, each might come to a rational conclusion whether to continue or end the relationship, thus providing some sense of closure.

Ultimately, both partners must be fully committed to the relationship for healing to take place. An inability or unwillingness to give one's full commitment will likely inhibit the process of healing. In the case of ongoing infidelity, the unfaithful partner must agree to break off all contact with the outside person for couples therapy to continue. If a deeper attachment has formed, grieving needs to take place so that the partner can again fully commit himself or herself to the primary relationship. This is best addressed in individual sessions.

Accountability and trust. Infidelity is a betrayal of both honesty and trust—a partner has violated the trust in the relationship, and he or she has been deceptive about it. We explain to couples that rebuilding trust is a lengthy process that can be accomplished through patience, 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 and trust are facilitated by the development of a specific communication plan in which partners keep in touch regularly and inform each other of their schedules and plans. Betrayed partners do not want to be deceived or hurt further, so unfaithful partners must adhere to the agreed on schedule and plans. Failure to do so perpetuates mistrust and pain.

Assessment

Each couple's situation is unique, and a careful assessment will help in developing a treatment plan. Areas of assessment include the following:

1. The type of infidelity (whether emotional, sexual, Internet, etc.) and level of deception
2. The time frame or duration in which the infidelity occurred, the frequency of communication and/or sexual contact, the location of encounters
3. History of past infidelity (might include previous affairs and/or sexual addiction)
4. Relationship of the affair partner to both partners
5. Degree of collusion by the betrayed partner
6. Perceived attractiveness of the affair partner
7. Social and cultural context of the infidelity

It is also helpful to assess for possible risk factors, such as low marital satisfaction, poor self-esteem, a permissive attitude toward infidelity, justifications, social and cultural norms, and biological factors (Atwater, 1979; Glass & Wright, 1985; Treas & Giesen, 2000). It is also important to understand the motivation for the affair, given that men and women generally engage in infidelity for different reasons (Glass & Wright, 1985; Humphrey, 1987).

Developing a definition of infidelity with the couple is also a critical part of assessment. Infidelity can be defined in

numerous ways, and partners might disagree over whether it has occurred. For example, some might believe that only intercourse constitutes infidelity and emotional or noncoital physical closeness does not. Others hold that emotional or physical intimacy of any kind constitutes infidelity. Behaviors that were intended to hide or deceive are often indicators that a betrayal has occurred. Therapists should adapt treatment to fit with the couple's definition of infidelity.

PHASE 2: SYSTEMIC CONSIDERATIONS

As couples begin to move past the upheaval surrounding the infidelity, important individual, relational, and intergenerational factors must be considered. Various individual risk factors, such as mental and emotional disorders, can contribute to a person's vulnerability to infidelity. Biological factors, such as illness and age-related conditions, and situational factors, such as a midlife crisis, might also put individuals at risk. Thus, therapists must be thorough in their assessment of each individual, and a combination of individual and couples therapy might be necessary.

In addition to individual factors, therapists must attend to relational and systemic factors. Infidelity often occurs in conjunction with relationship problems. Therapists must help couples evaluate the state of their relationship prior to the betrayal and consider their expectations, communication dynamics, problem-solving efforts, emotional closeness, and physical intimacy. Difficulties in any of these areas can contribute to couples' vulnerability to infidelity. For example, persistent or unresolved conflict can lead to emotional distance, and one or both partners might venture outside the relationship for emotional intimacy.

Infidelity might also be related to attitudes and behaviors learned in the individual's family of origin. It is important to assess for intergenerational patterns that are reflected in the current relationship. These can be assessed with the *focused genogram*, a useful intervention for examining interpersonal dynamics and heightening clients' awareness of familial influences (DeMaria, Weeks, & Hof, 1999). Therapists might assess for previous infidelity, triangulation, enmeshment, and other dysfunctional patterns that might influence an individual's vulnerability.

Although the unfaithful partner is not justified in his or her betrayal, infidelity often occurs in the context of dissatisfaction or dysfunction in the relationship, and an affair might be a symptom of the relationship problems. It might be helpful for partners to understand their relationship from a systemic perspective in which both partners share responsibility for the quality of the relationship. A carefully formulated reframe can help heighten a couple's awareness of the circular nature of their relationship.

Reframing is an intervention that helps couples view their problems in new ways and assists them in moving forward from their current condition. Although problems can be reframed in many ways, every systemic reframe should

incorporate two elements. First, the reframe should help the couple see the situation in circular terms, instead of the typical linear view in which one partner is seen as the victim and the other as the villain. A systemic reframe brings to light the underlying relationship dynamics and helps partners begin to accept that they both share responsibility for their relationship. Reframing infidelity in a systemic manner helps couples understand the connection between their relationship dynamics and the betrayal. As they come to see their relationship and the infidelity systemically, they are better able to approach healing in a constructive, nonblaming manner. Second, a reframe should highlight the good in the relationship. Couples typically emphasize the negative and fail to recognize the good in the relationship and the positive aspects of their struggles (meaning how the problems have helped or protected them). An effective reframe can help the couple develop hope for success. However, a single reframe is not likely to be sufficient for healing, and therapists might need to repeat the process several times over the course of therapy.

PHASE 3: FACILITATING FORGIVENESS

Forgiveness is a central aspect of relationship healing for couples in treatment for infidelity. The intersystems approach emphasizes the relational nature of forgiveness, and therapists must understand that aspects of the forgiveness process (e.g., empathy, humility, remorse, apology, softening, accepting responsibility, and extending forgiveness) are interrelated systemic phenomena. The actions or feelings of one partner might facilitate movement in the other, either toward or away from forgiveness and healing. Understanding forgiveness in this systemic way will help clinicians create a clinical environment in which the process of forgiveness is more likely to occur (McCullough, 2000; Worthington, 1998).

The process of forgiveness is often disrupted by misunderstandings about its meaning, and therapists should begin this phase by understanding both partners' definition of forgiveness. Clients and therapists often confuse forgiveness with concepts such as accepting, excusing, condoning, pardoning, forgetting, and reconciling (Butler, Dahlin, & Fife, 2002). Clinicians might need to help clients understand that forgiveness can benefit them by "freeing up and putting to better use the energy once consumed by holding grudges, harboring resentments, and nursing unhealed wounds" (Simon & Simon, 1990, p. 19).

Unifying Factors

Given the pain associated with infidelity, betrayed spouses might find the notion of forgiveness difficult to consider. However, a couple's desire to rebuild the relationship often provides strong motivation to work on forgiveness, and therapists might need to help couples identify reasons to stay together, thus enhancing their desire to forgive. This is

accomplished by maximizing *unifying factors* that unite couples and promote forgiveness. These unifying factors are empathy, humility, relational commitment, and hope (McCullough, 2000; Worthington, 1998). The development of these factors strengthens the relationship, facilitates forgiveness, and provides a context in which the unfaithful partner can offer a sincere apology.

An essential aspect of the forgiveness process is the development of *empathy* (Coyle & Enright, 1998; DiBlasio, 2000; Worthington, 1998). Empathy is important for both partners and can help reduce defensiveness and facilitate softening. The therapist can begin with the unfaithful partner by facilitating nondefensive, empathic listening. Doing so can help the unfaithful partner understand the seriousness of the betrayal and the pain resulting from his or her actions. The betrayed partner, however, might have a difficult time empathizing with his or her partner's situation, and therapists should demonstrate care when helping the betrayed partner develop greater openness toward the experience of the offending partner.

In addition to empathy, *humility* is an equally important aspect of the forgiveness process (Worthington, 1998). An unwillingness to accept responsibility is often a major obstacle to healing and forgiveness. Humility leads unfaithful partners to acknowledge and accept responsibility for their actions and the damage that they have done to their partner and the relationship. This is facilitated through a series of confessions for portions of the betrayal and by acknowledging responsibility for their behavior. 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.

As couples increase in empathy and humility, therapists can help couples move forward by increasing their *relationship commitment* and *hope* for the future. Commitment and hope have a strong bearing on behavior and can lead a person to sacrifice self-interest for the sake of the relationship (Van Lange, Agnew, Harinck, & Steemers, 1997). Relational commitment includes psychological attachment, long-term orientation, the intention to stay in the relationship, and cognitive interdependence (a sense of we-ness; Agnew & Gephart, 2000; Agnew, Van Lange, Rusbult, & Langston, 1998). Even the *desire* to stay together, despite a lack of confidence, can provide a starting point. We believe that forgiveness of infidelity is an act of sacrifice for the good of the relationship, and it will therefore be highly influenced by commitment.

To facilitate commitment and hope, we ask couples to reflect on moments of love and connection, shared dreams and goals, memories, and other bonds that they have had as a couple. In the emotional turmoil surrounding infidelity, couples often forget moments of closeness and joy from the past and disregard their personal investment in the relationship. Even in the early stages of treatment when couples

might feel the most hopeless, we often ask about how they met, what attracted them to each other, and how the relationship began. Couples' sense of hope for the future might also be tied to shared relationship goals, and therapists can help couples explore shared goals as a means to increase hope and commitment. We also discuss with couples the goal of a happy marriage or committed partnership that has overcome infidelity and has emerged stronger than before. The vision of this new relationship often nurtures an increase in hope, a sense of "we-ness," and a willingness to apologize and forgive.

Apology

Forgiveness and healing are often aided by a sincere apology from the unfaithful partner (Couch, Jones, & Moore, 1999; Gordon & Baucom, 1998). The development of unifying factors helps prepare couples for genuine apologizing and forgiveness. A genuine apology requires that the offending partner honestly acknowledges the offense and the harm done, is genuinely remorseful, makes a commitment to change, and offers a true apology (Couch et al., 1999; Fincham, 2000; Fitness, 2001; Flanagan, 1992; Gold & Weiner, 2000; Worthington, 1998). Sincere apologies at the appropriate time will invite a softening in the betrayed spouse as well as increased empathy (Gold & Weiner, 2000; Worthington, 1998).

Given the seriousness of the offense, unfaithful partners often struggle to effectively apologize, and betrayed partners might have difficulty accepting the apology even if they desire reconciliation. A sincere apology should be specific, include an expression of remorse, and be focused on the offender's behavior (Mitchell, 1989). Apologies should not include vagueness, excuses, justification, minimization, coercion, pleading, defensiveness, or manipulation. In some cases, clients might feel that their efforts to apologize are unsuccessful. Therapists should normalize this and explore why the apologies failed and what would make them more successful.

Instead of being a one-time event, forgiveness is a process that requires time and patience. Regular reminders of the betrayal and persistent feelings of anger or sadness might leave both partners feeling discouraged and wondering if forgiveness is attainable. Therapists must frequently remind clients of the natural course of forgiveness, explaining that it takes place in small steps with occasional setbacks.

Potential Obstacles to Forgiveness

For many couples, the unifying factors and therapeutic techniques described above will be sufficient to initiate the forgiveness process. However, healing from infidelity can be a lengthy and challenging process with many obstacles. One common obstacle is a desire by unfaithful partners to move quickly past the infidelity, and they might be impatient if their partners experience prolonged emotional suffering and anger. In such cases, the therapist should remind them that this is common, even long after the discovery of the infidelity. Other

obstacles include narcissism, shame, accusatory suffering, anger, and fear in one or both partners (Emmons, 2000; Worthington, 1998; Worthington & Wade, 1999). These emotional barriers can interfere with the process of forgiveness and healing and might need to be addressed in therapy.

PHASE 4: TREATING FACTORS THAT CONTRIBUTE TO INFIDELITY

Working on the unifying factors and forgiveness will help prepare couples for Phase 4, in which therapy focuses on helping couples understand the factors surrounding the betrayal, address the risk factors associated with the betrayal, and solidify their relationship to prevent future betrayals. 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, and ineffectiveness in communicating and resolving conflict and anger.

Given that infidelity is a violation of a couple's commitment to intimacy, it might be helpful for therapists to reframe infidelity as an intimacy-based problem so that couples can assess their overall intimacy and identify areas of vulnerability. Treating these areas of vulnerability will strengthen the relationship and minimize the likelihood of future betrayals. The triangular theory of romantic love developed by Robert Sternberg (1986) provides a clinically useful model of relationship intimacy, combining three equally important aspects of love: (a) commitment, (b) passion, and (c) intimacy. Conceptualizing love in this way helps the couple and the therapist evaluate strengths and weaknesses in the relationship. Difficulty in any area can increase a couple's vulnerability. Therapists can explore partners' levels of commitment, passion, and intimacy with the following questions:

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

Treating Problems With Commitment, Passion, and Intimacy

Commitment. Commitment refers to the intellectual and emotional determination to be in an exclusive relationship with another person. Ideally, both parties are equally committed. However, partners' commitment might be unequal in

cases of infidelity. Given the central importance of commitment, the therapist must assess each partner's level of commitment early on in treatment. In cases when low commitment is evident, therapists' interventions should include efforts to increase commitment by both partners. Those couples who have a commitment to the relationship and to therapy usually experience positive relationship outcomes.

An increase in commitment can be facilitated by encouraging couples to discuss what commitment means to each of them. Commitment can also be enhanced by asking couples to talk about how they first met, what they found attractive in each other, and what they found positive in the relationship. Clinicians might also ask couples to discuss what is currently positive in their relationship. Couples should be encouraged to maintain and build on the current positives in the relationship and to consider implementing things that they found to be helpful in the past. Commitment and hopefulness can also be increased by having couples affirm the importance of the relationship, including feelings of love, care, concern, and closeness. Expressing appreciation for the things they like about each other and showing nonsexual affection are also beneficial.

Although many couples are able to overcome the emotional turmoil of infidelity and rebuild their relationship, some cases end in separation or divorce. Separation and divorce are acceptable outcomes if couples have thoroughly and honestly examined their relationship and come to the conclusion that reconciliation is unwanted or impossible. Occasionally, couples reach a point where they cannot decide to end the relationship yet find it too painful to continue to be together. In such cases, the therapist might suggest a planned separation that includes specific parameters, assignments, and time frames. During the planned separation, partners continue therapy on an individual basis to further examine the relationship and the contributing factors to the infidelity. The plan should also include reconvening in couples therapy at a later date to evaluate the separation and the direction that the partners desire to go.

Passion. Passion is the motivational aspect that draws two people together and includes feelings of romance, physical attraction, sexual desire, and desire to be together. A large discrepancy between partners' sexual desire can contribute to a couple's vulnerability to infidelity. For example, one partner might suffer from low sexual desire—or hypoactive sexual desire (HSD). We have found that low sexual desire often occurs in conjunction with a sense of loss (losing a sense of self or feeling a loss of control) and anger or resentment toward one's partner. Treating HSD usually involves a combination of couples and sex therapy (Weeks & Gambescia, 2002), which is further complicated when infidelity has occurred.

Intimacy. Intimacy in a committed relationship includes feelings of closeness or connection, mutual concern for the well-being of the other person, feelings of trust and safety, honesty and openness, and the reciprocal giving and receiving

of support. A couple's relationship might be undermined by a fear of intimacy, which is a common occurrence with clients who seek couples therapy (Weeks & Treat, 2001). Intimacy fears might include feeling threatened by too much closeness; being afraid of losing control, being oppressed, or becoming too emotionally dependent; having a fear of rejection or abandonment; and harboring fears related to other personal insecurities. Partners are often unaware of their fears regarding intimacy and might unwittingly behave in ways that push the other away when too much closeness occurs.

Therapists should address intimacy issues to help couples heal and to reduce their vulnerability to future infidelity. Several interventions can be helpful in addressing intimacy fears and decreasing a couple's vulnerability to infidelity. Therapists might normalize fears of intimacy. They might also encourage partners to talk to each other about what intimacy means to each of them and evaluate their strengths and areas of improvement as a couple. Such an exercise can unite a couple in deeper understanding of one another. Therapists might facilitate other in-session interactions and homework assignments intended to increase intimacy.

Exploring Expectations

In our clinical experience, we have found that unmet expectations are often linked to infidelity. Many couples experience frustration over expectations related to issues such as roles, responsibilities, parenting, finances, sex, and so on. Therapists might facilitate the examination of expectations by having couples reflect on the following for each partner (Sager, 1976):

1. Expectations that the partner was clearly aware of and verbalized to the other partner
2. Expectations that the partner was clearly aware of but did not verbalize to the other
3. Expectations that the partner was or is not aware of and therefore could not or cannot be verbalized

After honest reflection, couples can evaluate their expectations and consider what they are able to give and receive from one another.

PHASE 5: ENHANCING INTIMACY THROUGH COMMUNICATION

As couples move from forgiveness to rebuilding their relationship, one important area to address is that of communication. For many couples, communication problems limit their emotional closeness and intimacy, thus increasing their vulnerability to infidelity. Therapists should evaluate a couple's communication and consider ways in which the couple could improve and develop greater intimacy in their relationship. Although not comprehensive, the systemic techniques that follow can help couples improve communication and enhance intimacy.

Couples are often stuck in negative communication patterns because of the belief that future interactions will be similar to the past. Partners might ascribe negative intentions to each other's actions and take offense when none was intended. Such assumptions can disrupt communication and inhibit relationship closeness. Therapists should help partners examine negative assumptions and judgments they might hold about each other's intentions. Couples can be encouraged to consider other options with a question such as, "If your partner's intentions were good in this instance, how would you likely respond?" We encourage couples to follow through on their answers by behaving in ways that assume their partner has good intentions and desires.

It might also be helpful to educate couples on the circular nature of communication. As couples become aware of the reciprocal or interconnected manner in which they communicate, they might begin to see possible starting points for changes in their patterns of interaction. In addition to helping couples become aware of the circular nature of their communication, teaching couples basic communication skills can be useful. Therapists can teach partners to speak only for themselves by using *I statements* in a nonaccusatory way. This invites the other to listen rather than become defensive. Couples can also be taught *reflective listening*, in which partners are asked to listen nondefensively and communicate their understanding by reflecting back what they heard. Being able to postpone sharing an opinion to hear what another is saying will provide *validation* to the speaker. Listening for understanding and providing validation do not mean that one agrees but rather that one is listening carefully to and taking seriously what the other has to say. We also teach couples that each verbal interaction has two aspects: affect and content. When couples experience disagreements, they are coached to examine the affect or underlying feelings of each other before addressing the content or trying to solve the problem.

Helping couples learn communication and problem-solving skills is a common approach in couples therapy. However, good communication can be a challenge for some couples, especially those with a history of conflict and poor communication. Effective use of these skills requires an attitude of sincerity and caring, and couples' efforts to implement these skills are often undermined by negative emotions, attitudes, and beliefs (Jacobson & Christensen, 1996). Therapists should encourage couples to be patient and remind them that misunderstandings are common. Good communication takes time and practice.

CONCLUSION

The discovery of infidelity is a serious relationship crisis that 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 very 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. Approaching treatment from a systemic perspective and viewing infidelity as an intimacy-based problem allow therapists to present couples with helpful ways of evaluating their relationship and effective interventions that facilitate the healing and rebuilding of their union. 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.

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Stephen T. Fife, Department of Marriage and Family Therapy, University of Nevada, Las Vegas.

Gerald R. Weeks, Department of Marriage and Family Therapy, University of Nevada, Las Vegas.

Nancy Gambescia, Rosemont, Pennsylvania.