

A Multitheoretical Intervention for Promoting Recovery From Extramarital Affairs

Kristina Coop Gordon and Donald H. Baucom
University of North Carolina–Chapel Hill

Extramarital affairs are a widespread problem for couples and for marital therapists. In this article we conceptualize affairs as interpersonal trauma and propose a multitheoretical approach for addressing characteristic responses to affairs. We also discuss how forgiveness may be a key element in promoting recovery from affairs and outline a three-stage model of forgiveness that has previously been validated by basic research. Next, we describe a marital intervention for recovery from infidelity based on a multitheoretical approach and our three-stage model of forgiveness. The treatment model consists of three stages: an “impact” stage, a “meaning” stage, and a “moving on” stage. Finally, we consider individual differences in affect and development that may moderate responses to affairs and outline additional conceptual and empirical issues directing future research.

Key words: marital therapy, extramarital affairs, multitheoretical approach. [*Clin Psychol Sci Prac* 6:382–399, 1999]

Since the publication of the Kinsey report in 1948, it has become widely accepted that extramarital affairs are one of the most common problems that clinicians face in working with distressed couples. Data from the National Opinion Research Center at the University of Chicago suggest that approximately 37% of all men aged 50–59 and 19.9% of all women aged 40–49 have had an affair at least

Address correspondence concerning this article to Kristina Coop Gordon, Ph.D., now at 310C Austin Peay Building, University of Tennessee – Knoxville, Knoxville, TN 37996. Electronic mail may be sent to coopgordon@aol.com.

once during their marriage or marriages (Lauman, Gagnon, Michael, & Michaels, 1994, pp. 215–216). Even more significant for understanding marital disruption, 40% of divorced women and 44% of divorced men reported more than one sexual contact during the course of their marriages (Janus & Janus, 1993). In addition, a survey of practicing couples therapists revealed that therapists consider affairs to be the second most damaging problem couples face and the third most difficult problem to treat (Whisman, Dixon, & Johnson, 1997). Consequently, extramarital affairs constitute a significant problem for many couples, yet it is an area that has received little attention in the empirical literature.

EXTRAMARITAL AFFAIRS AS INTERPERSONAL TRAUMA

Both clinical observations and empirical investigations agree that the discovery of an affair can have an overwhelming and devastating impact on the couple. Clinicians report that for the injured partners, intense emotions often vacillate between rage toward the participating partner and more inward feelings of shame, depression, overwhelming powerlessness, victimization, and abandonment (Abrahm Spring, 1996; Brown, 1991; Humphrey, 1982; Pittman, 1989; Reibstein & Richards, 1993; Thompson, 1984; Westfall, 1989). This overwhelming emotional turmoil is often accompanied by a corresponding cognitive upheaval. A primary disruption experienced by the injured partner is intrusive, persistent rumination about the event, which can become so overwhelming and uncontrollable that it interferes with both concentration and daily functioning (Abrahm Spring, 1996; Brown, 1991; Glass & Wright, 1997; Humphrey, 1982; Jagers, 1989; Reibstein & Richards, 1993; Westfall, 1989).

Another major cognitive response that is associated with the discovery of the affair is the change in beliefs about the partner and relationship; one can no longer trust in his or her partner or feel safe within the relationship (e.g., Abrahm Spring, 1996; Brown, 1991; Glass & Wright, 1997).

Additionally, there are several common behavioral patterns that are observed in responses to affairs, the most common of which is avoidance. Injured partners often are painfully sensitive and avoidant of the participating partner following the discovery of the affair (Abrahm Spring, 1996; Reibstein & Richards, 1993; Westfall, 1989). Some partners may go as far as immediate termination of the relationship to avoid dealing with the aftermath of the affair. Other behavioral responses that have been noted are hypervigilance, obsessive questioning, and other extremely negative, punitive interchanges (Reibstein & Richards, 1993; Westfall, 1989).

Taken as a whole, many of these emotional, cognitive, and behavioral responses begin to parallel the *Diagnostic and statistical manual of mental disorders* (4th ed.; *DSM-IV*) criteria for posttraumatic stress disorder (American Psychiatric Association, 1994). Therefore, conceptualizing the response to an affair as a reaction to an interpersonally traumatic event is likely to yield useful implications for the formulation of these difficult cases and the conduct of the therapy (Abrahm Spring, 1996; Coop, Baucom, & Daiuto, 1996; Glass & Wright, 1997). Many of the responses observed in the injured partner can be ascribed to a person's need to protect himself or herself from further harm from the other partner and to make sense out of a shattered worldview. However, it is important to note that, despite these similarities, the phenomenon described here currently could not be diagnosed as posttraumatic stress disorder using strict *DSM-IV* criteria. This "interpersonal trauma" fails to meet criterion A, which stipulates that the trauma must involve actual or threatened death or harm to oneself or others.

However, other literature on traumatic responses suggests that people are most likely to become emotionally traumatized when an event violates basic assumptions about how the world and people operate (Janoff-Bulman, 1989; McCann, Sakheim, & Abrahamson, 1988). The cognitive disequilibrium resulting from an affair may be more clearly understood when placed in this light. Several important marital assumptions may be violated by an affair

(e.g., that partners can be trusted, that the relationship is a safe place to be). The trauma literature also suggests that when these basic tenets are violated, the injured person can lose a great deal of predictability for the future and thus experiences a loss of control. This experience then can lead to feelings of anxiety, depression, and shame. Furthermore, in the case of an affair, the violation has been directly caused by an intimate partner, leading to greater feelings of interpersonal loss and hurt, as well as painful attributions of responsibility and intentional malice toward the participating partner. As long as the injured partners do not have a clear sense of why the affair occurred, they cannot trust their partners not to hurt them; instead, the partners are likely to be seen as malicious people, whose very faces or voices may serve as stimuli for painful emotion. Unfortunately, the participating partner often is dealing with his or her own feelings of guilt, shame, anger, or depression and, thus, is often ill-equipped to respond effectively to his or her partner's strong expressions of emotions.

Clearly, the discovery of an affair can be tumultuous and devastating for many couples. In addition, Whisman et al.'s (1997) research suggests that many therapists do not feel that they have an adequate treatment plan for this problem. None of the major, empirically validated marital treatments available at this time (cognitive-behavioral marital treatment, insight-oriented marital therapy, emotion-focused therapy) fully addresses the complexity of this issue (Baucom, Shoham, Mueser, Daiuto, & Stickle, 1998). Instead, a *more fruitful approach* may be to examine how each of several approaches can contribute to a more comprehensive and effective treatment that is specifically targeted at the characteristic responses to affairs.

BENEFITS OF INTEGRATING FORGIVENESS AND TRAUMA APPROACHES

Given the conceptualization of affairs as an *interpersonal* trauma, there is considerable potential benefit in integrating literature on both the traumatic response and interpersonal forgiveness when considering how to conceptualize and organize an effective treatment. Treatments that arise from trauma theories generally aid clients in focusing more clearly on the trauma, expose them to the memories of the trauma, and help them to reconstruct their basic schemas about how the world operates and regain a fresh

sense of control over their outcomes (e.g., Calhoun & Resnick, 1993; Foa & Kozak, 1986). The cognitive-processing therapy for trauma proposed by Calhoun and Resnick (1993) is based partially on the violated assumptions model put forth by Janoff-Bulman (1989) and McCann et al. (1988); it particularly focuses on helping clients to reconstruct their assumptions about the world and change their attributions about why the painful event happened.

Interestingly, these approaches parallel another therapeutic approach that is beginning to gain greater attention in mainstream psychological literature, forgiveness-based interventions. These types of interventions have been shown to be clinically useful in reducing anger and hostility, and in increasing empathy and positive feelings for people dealing with interpersonal conflict (Freedman & Enright, 1996; Hebl & Enright, 1993; McCullough, Worthington, & Rachal, 1997). Furthermore, therapists studying the impact of infidelity have cited forgiveness as a necessary and important part of the recovery process (Abraham Spring, 1996; Brown, 1991; Humphrey, 1982; Jagers, 1989; Westfall, 1989).

Most forgiveness theorists agree that forgiveness takes time and is more likely to be an ongoing process rather than a discrete event in time; thus, varying stage theories of forgiveness have been described (Enright & the Human Development Study Group, 1991; Hargrave & Sells, 1997; McCullough et al., 1997; Rosenak & Harnden, 1992; Smedes, 1984). Similar to the trauma-based approaches, in most theories of forgiveness a crucial component of the process is developing a changed understanding of why the betrayal occurred and reconstructing a new meaning for the event (e.g., Enright & the Human Development Study Group, 1991; Rosenak & Harnden, 1992; Rowe et al., 1989; Smedes, 1984). However, these theories differ on several levels: Some include reconciliation in the process, while others do not. Some place the decision to forgive early in the process, whereas others place it near the end. Some attempt to explain why a person decides to forgive, whereas others do not. However, despite these differences, most theories of forgiveness are fairly consistent in their definitions of the end state of forgiveness, and they indicate three common elements that form our definition of forgiveness: (a) gaining a more balanced view of the offender and the event, (b) decreasing negative affect toward the offender along with increased empathy, and (c) giving up the right to punish the offender further.

Furthermore, studies have emerged recently indicating that forgiveness-based interventions aimed at helping the individual cognitively reframe the interpersonal betrayal and gain a greater understanding of why the trauma occurred are effective in increasing participants' levels of forgiveness and in improving their levels of individual psychological functioning (e.g., Freedman & Enright, 1996; Hebl & Enright, 1993). In addition, McCullough et al. (1997) described the results of an intervention specifically aimed at promoting forgiveness through building empathy with an offender. Several of their findings indicated that whereas empathy may be linked to forgiveness, it is not the only pathway to forgiveness. In their investigation, empathy did not fully explain the association between an individual's apology and forgiveness. The investigators suggest that the cognitive changes that were brought about in the didactic control group also may be important in understanding forgiveness. Thus, it appears that forgiveness may include both cognitive and emotional changes in the person who is forgiving. The importance of a changed understanding of the offender in forgiveness is consistent with the need for insight and understanding described in Hargrave and Sells's (1997) forgiveness model and with the strategy of cognitive reframing from the model described by Enright and the Human Development Study Group (1991). In addition, Hargrave and Sells (1997) also strongly emphasize a more behavioral component of forgiveness in which the forgiver offers the offender an opportunity to make restitution for his or her behavior. Both of these later models have at least some degree of empirical support. Thus, the current literature suggests that forgiveness appears to be a complex, stage-like process that is facilitated by both cognitive and affective changes in the forgiver, accompanied by important behavioral interactions between the offender and forgiver.

There are at least two major benefits in combining trauma- and forgiveness-based perspectives on extramarital affairs. First, the trauma approach offers a thoughtful explanation for why the cognitive restructuring that appears ubiquitous in forgiveness theories is necessary: Individuals need to, and are motivated to, reconstruct their assumptive networks. Cognitive processing enables them to accomplish this task. Second, as an affair is an interpersonal trauma, the forgiveness literature offers additional guidance on how the dyad can rebuild their relationship or move beyond bitterness through (a) the

development of empathy or compassion for each other and (b) enacting behaviors designed to rebalance their relationships.

BENEFITS OF INTEGRATING COGNITIVE-BEHAVIORAL APPROACHES AND INSIGHT-ORIENTED APPROACHES TO TREAT INFIDELITY

The treatment approaches described above offer a useful framework for conceptualizing the recovery process and targeting necessary mechanisms for change. However, neither of these approaches offers specific interventions that delineate how one can achieve these goals with married couples. To this end, it is useful to turn to two empirically validated marital therapy approaches: cognitive-behavioral marital therapy and insight-oriented marital therapy.

Typically, cognitive-behavioral interventions for marital distress have strengths in assisting couples in dealing with the here-and-now, moving forward into the future, while offering specific interventions to help couples achieve their goals. Couples who have experienced an extramarital affair often feel lost and hopeless and see little way to move forward. The structured, directed strategies offered within cognitive-behavioral interventions can provide focus and direction to couples at a time when they are particularly needed. Yet, this general focus on the present and the future appears to leave important gaps in dealing with such couples. Many couples report that they cannot merely move forward and put the affair behind them; they need some way to process the trauma that has occurred and some way to make sense of the past.

Consequently, it can be productive to draw from insight-oriented approaches (e.g., Snyder & Wills, 1989) to add to a greater understanding of these past events in the marriage. As noted above, injured partners have a strong need to understand how their partners could have decided to have an affair knowing all that this decision may entail. In understanding the participating partner's decision, it can be helpful to explore not only the current relationship but also the participating partner's personal history, looking for consistencies and inconsistencies in his or her behavior across relationships that can help to shed some light on the current behavior, as well as exploring unmet needs, developmental issues, and specific learning histories that may have impacted his or her decision.

This more insight-oriented, developmental perspective can be important in the central task that couples have

of understanding how an extramarital affair could occur. Not only does it provide crucial information about why the affair occurred, which enables the partners to develop more realistic attributions about the affair, but these revelations of vulnerability also help the partners develop more empathy and compassion for each other. Furthermore, as demonstrated below, as understanding and insight increase, they are placed within a cognitive-behavioral framework of developing a well-balanced set of attributions for the event, along with a focus on what changes are needed in the relationship for the future.

Marital interventions for extramarital affairs also require a significantly greater focus on affect than often has been the case in cognitive-behavioral interventions. Again, this results from the phenomenon under consideration. Given that an extramarital affair can be considered as an interpersonal trauma, the overwhelming emotions incurred in experiencing any trauma are often present. Thus, the therapist usually must attend to the regulation of the short-term emotional upheaval that is characteristic of early stages of trauma. Similarly, even if the couple is not overtly expressing negative affect, they may still be experiencing hurt, anger, and unexpressed anxiety about their future. Unless these emotions are addressed fully, there is the potential of long-term resentment and hostility resulting from the affair that can continue to interfere with individual and relationship functioning. Additionally, as shown below, the therapist needs to promote a greater atmosphere of empathy between the partners as both of them examine their individual histories and their personal vulnerabilities, as well as the impact of these issues upon their relationships. Thus, an effective marital intervention for extramarital affairs might draw upon cognitive-behavioral interventions integrated with insight-oriented approaches to provide a treatment strategy that balances the past, present, and future with an increased emphasis on affect and developmental factors.

OVERVIEW OF CURRENT MODEL

Gordon and Baucom (1998) have developed a stage model of forgiveness that parallels a response to trauma; the intervention described here is based on that model. There are three major stages in this model of the forgiveness process: (a) dealing with the impact, (b) a search for meaning, and (c) recovery or moving forward. Initial research on this model supports the existence of these stages and also suggests that people who globally state that they have for-

given, but have not engaged in the forgiveness process that Gordon and Baucom (1998) describe, have more dysfunctional marriages than people who have completed the forgiveness process (Coop, Baucom, & Daiuto, 1995; Gordon, 1998). In addition, a study involving individuals' written descriptions of forgiveness suggests that people who have forgiven their partners for major betrayals also report engaging in a great deal of cognitive processing of that betrayal (Gordon, Pautsch, & Baucom, 1996).

The following treatment builds on this model of forgiveness and involves a synthesis of cognitive-behavioral, insight-oriented, forgiveness-based, and trauma-based approaches to relationship difficulties (Gordon, Baucom, & Snyder, in press). This synthesis is seen as appropriate because it draws on the strengths of each approach in a manner that is particularly pertinent for the area of extramarital affairs. The treatment model includes three phases of treatment, each of which is directly tied to a stage from the forgiveness model. Although forgiveness is directly addressed only in Stage 3 of this intervention, as shown below, this entire model of treatment is considered to parallel the forgiveness process that Gordon, Baucom, and Snyder (in press) have developed. Forgiveness is not a single phenomenon but rather is a process of discovery, understanding, and healing that unfolds over time and as a result of cognitive and emotional processing and behavioral change. This treatment is designed to help couples accomplish those tasks and then help them to explicitly address the issue of forgiveness when they are more likely to be open to that concept, that is, in the third or "moving on" stage of treatment.

Given that the first stage of dealing with an affair involves addressing the impact of the event, the treatment components for Stage 1 of the therapy are primarily cognitive-behavioral and directly target problems that arise from the immediate impact of the affair, for example, emotional dysregulation, depression, the need to express feelings of anger and hurt, and "damage control" where necessary. The goal of the second stage is understanding the meaning or the context of what happened; therefore, treatment strategies in Stage 2 of the therapy are more cognitive and insight oriented and, thus, are aimed at helping the couple explore both proximal and distal factors that contributed to the participating partners' decisions to have the affairs. To the extent possible, empathy for each other's experiences at the time of the affair is pro-

moted between the partners to aid in the reduction of anger and increase understanding of each person's decisions. Finally, in the "moving on" stage the couple is encouraged to (a) address the issue of forgiveness, (b) consolidate what they have learned about each other, (c) reexamine their relationship, and (d) decide how or whether they wish to continue their relationship in the future. The components and challenges of each stage are described in further detail below.

Stage 1: Impact

Assessment. The first stage of the treatment encompasses assessment and management of the affair's impact. Using common marital measures (e.g., as described in Baucom & Epstein, 1990), basic aspects of couple functioning relevant to all couples should be assessed (e.g., satisfaction, communication skills, and commitment level). Furthermore, a conjoint session focused on gathering information about the couple's relationship history should be conducted, with specific attention paid to events and experiences leading up to the affair. In addition, the therapist should gather information about how the couple is currently dealing with the impact of the affair, looking at both strengths and weaknesses.

Individual assessment sessions, one for each partner, also are beneficial. During the conjoint session, it is important to set the stage for confidentiality in the individual sessions. This requirement is necessary in order to allow the partners to air their genuine feelings about the situation and their goals regarding the marital therapy. However, if during this session information arises that has major implications for the progress of therapy, such as the fact that the affair is still ongoing, or that one of the partners is planning to end the relationship, and it is clear that this information is necessary for the other partner to know, then the therapist should make this reasoning clear to the client and work with him or her to plan how best to address these issues with the other partner. If the client is not willing to do so, then she or he should be urged to reconsider engaging marital therapy at this time. Apart from these hidden agendas, the focus of the individual session is to obtain an individual history for each partner, paying particular attention to aspects of his or her development that may have impacted his or her actions surrounding the affair. Examples of these issues may be patterns in past relationships, beliefs about marriage,

parental history and attitudes toward marriages, or any strong needs or desires that seem to be particularly urgent for the client.

Therapeutic Components of Stage 1. After completing the assessment and evaluating the information gained from the couples' self-report measures, their communication tasks, and the assessment interviews, the therapist should have a good understanding of how the couple is functioning and which of the following components are most likely to be needed for the particular couple. The therapist should then give the couple (a) his or her conceptualization of what led up to the affair, (b) a summary of what problems they are currently facing in their relationship and why they are experiencing these problems, and (c) a treatment strategy. Then the couple should be given an explanation of the stages of the recovery process and the response to trauma conceptualization described in the introduction. In addition to assessment and feedback, the first stage of therapy has six basic components: (a) boundary setting, (b) self-care techniques, (c) time-out and "venting" techniques, (d) emotional expressiveness skills and discussion of the impact of the affair, and (f) coping with flashbacks.

Boundary Setting. A major problem confronting many couples dealing with the impact of the affair is the fact that the negative emotions engendered by the betrayal may flood into many aspects of their functioning. Even areas within the marriage that were nonproblematic prior to the affair are likely to be affected by the increase in negativity in the marriage. For example, a couple who once prided themselves on their ability to parent well together may find themselves arguing bitterly in front of their children. They also may argue over how much continued contact the participating partner will have with the other woman or man, particularly if they work together. In addition, an area that is likely to be disrupted in these instances is the couple's physical and intimate interactions. Reactions in this area may vary from the injured partners wishing not to be touched to feelings of guilt for having sex with someone who caused them so much pain to feelings of "competition" with the other man or woman. Given that the couple is likely to experience such a high level of conflict, and that this conflict is often occurring at a much higher frequency than normal, they are likely to need

immediate assistance from the therapist in setting limits, or boundaries, on their negative interactions. In addition, the couple may further benefit in this stage by the "normalization" of this difficult process by the therapist. An explanation and recognition of the process may not make it easier for the couple to endure, but knowing that they are not abnormal and that other couples go through similar struggles often brings a certain amount of relief for them.

During the assessment period, the therapist should gather information on areas of current functioning that are particularly problematic for the couple; these areas should then be major initial targets of treatment. Using directed problem solving, the therapist should help the couple to develop their own limits and boundaries for this problematic stage. It is important to emphasize that these solutions are temporary ones primarily designed for "damage control." The participating partner may have to agree to some behaviors that would not be healthy in any marriage long term but yet are needed in the short term to help the injured partner regain a sense of control or safety and to demonstrate the participating partner's remorse for the affair. For example, if a common cause of arguments is the husband's insecurity over his wife's whereabouts, then the wife may agree to be zealous in checking in with her husband until some trust or security has been reestablished.

Self-care Guidelines. As mentioned above, the emotional sequelae of affairs often involve feelings of anxiety, depression, shame, and lowered self-esteem. Unfortunately, these feelings are occurring at a time when the partners are least equipped to deal with them; in fact, both partners may become involved in a vicious cycle wherein these feelings make them less effective in their interactions with each other, which in turn makes them more depressed or anxious. Consequently, another major target for this stage of therapy involves helping both partners take better care of themselves in order to have more emotional resources to use as they work through the aftermath of the affair.

The present treatment offers basic self-care guidelines that encompass three areas: (a) physical care, including such aspects as eating well, sleep, decreased caffeine, and exercise; (b) social support, with careful attention paid to what is appropriate to disclose and what is not; and

(c) spiritual support, such as meditation, prayer, and talking with spiritual counselors if consistent with the partner's belief system. These guidelines typically are presented in individual sessions with each partner, which allows the therapist to express support for each partner, talk with each about the upcoming sessions, and develop a plan for how each will attempt to manage their emotions during the painful discussions to come and in their interactions outside of therapy.

It is in these sessions that the therapist might best be able to discuss with the participating partner the particular emotions of guilt, anger, shame, and ambivalence that he or she may be feeling and to examine how best to address these issues in the conjoint sessions. At this stage in the therapy, when the injured partner's anger and hurt are likely to be at their highest levels, the issues of the participating partner's own anger and ambivalence may not be effectively heard by the injured partner and may cause more polarization between the couples. These issues are best addressed and supported in individual sessions in the initial stage of therapy, and then addressed in the conjoint sessions during the second stage of therapy as the participating partner begins to examine his or her reasons for the affair. However, injured partners are more likely to be able to hear the participating partners' feelings of remorse, shame, and guilt early in the therapy because these feelings provide evidence that the participating partners are aware of the magnitude of their actions and that the affair is having a similarly negative impact on themselves.

Time-out and Venting Techniques. In light of the increased likelihood of negative interactions between the partners at this stage in the process, most couples need a strategy that allows them to disengage when the level of emotion becomes too high. "Time-out" strategies are introduced in the individual sessions, and the partners are instructed on how to recognize when one needs to be called and how to do so effectively. "Effectively" in this case means agreeing ahead of time on a mutually acceptable way to call the time-out and a specified length of time before they return to the discussion at hand. In addition, instead of using time-outs to fume and plan a counterattack, the partners are instructed in how to use the time-outs constructively, to "vent" their tension through nonaggressive physical exercise if necessary, and then to reduce their emotions to a more manageable level.

Discussing the Impact of the Affair. A common need for the injured partner in this situation is to express to the participating partner how she or he has been hurt or angered by the affair. It is likely that this need serves both a punitive and a protective function. By its punitive qualities, this discussion serves as a way to communicate that what happened was wrong and to ensure that the participating partner also feels as much discomfort as possible as a result of his or her actions. In this sense, expressing hurt and anger hopefully ensures that infidelity will not happen again, which in turn protects the person from additional harm in the future. However, despite the need to express his or her feelings, these interactions between the partners are often rancorous and complicated by feelings of anger and guilt on the part of the participating partner. Often, the participating partner also has his or her own feelings of bitterness about an earlier hurt or betrayal in the marriage, which interferes with his or her ability to sympathize with the injured partner's feelings of betrayal. As a result, the injured partner is not likely to feel his or her feelings have been heard and may increase his or her demands or comments, precipitating a negative cycle of interactions between the partners.

The current treatment seeks to interrupt this cycle through three means. First, the couples are taught to use appropriate emotional expressiveness skills for both speaker and listener to help the injured person be more effective in communicating his or her feelings and the participating partner to be more effective in demonstrating that she or he is listening (Baucom & Epstein, 1990). Second, the couples are given a careful conceptualization of why this step is necessary. The participating partner must understand that his or her own perspective of the affair will most likely not be effectively understood by the injured partner unless the injured partner is first able to feel that the participating partner truly understands and is remorseful for the effect of his or her actions on the injured person and the relationship. They are reassured that they will have a chance to address their own issues in the second stage of therapy when they are more likely to be heard. (This explains why the angry and ambivalent feelings of the participating partner are primarily addressed in the individual sessions in the first stage of treatment.) If the injured partner's initial feelings of anger are not addressed effectively, then the couple is unlikely to reach a successful resolution of the process.

Finally, the injured partner is encouraged to write a letter exploring his or her feelings and reactions to the affair, which is first given to the therapist. After feedback from the therapist, the letter is then revised and read to the participating partner. This process allows the injured partner to explore his or her reactions in a calmer setting, and then enables him or her to take time to express them in ways that are not attacking or abusive and are likely to be understood by the participating partner. Consequently, the participating partner often hears vulnerable emotions and reactions that she or he did not know existed. With support in the session from the therapist, the participating partner can be coached in responding supportively and empathically to these vulnerable emotions, thus providing the couple with a more positive exchange regarding these painful emotions than they are likely to accomplish on their own.

Coping with "Flashbacks." A final and important component in Stage 1 is the explanation of "flashback" phenomena and the development of a plan for how to cope with them. As mentioned above, the reaction to an affair strongly parallels the traumatic response; thus, not surprisingly, both partners also are likely to encounter reexperiencing phenomena as well. For example, a wife may discover an unexplained number on a telephone bill, which may then remind her of the unexplained telephone calls during her husband's affair and trigger a flood of affect related to the affair. If the husband is not aware of this sequence of events, his wife's emotions may appear inexplicable, which in turn may cause him to question the progress they may be making in recovering from the affair. By explaining and normalizing this process to the couple, they may be less likely to misattribute these interactions to lack of progress. Instead, they have a better conceptualization of what is happening, and they are given the opportunity to problem-solve on what each person needs to do to cope with the situations effectively.

Problems Encountered in This Stage: Defensiveness. Defensiveness is best addressed proactively. In an individual session with the participating partner, the therapist attempts to establish a strong rapport and therapeutic alliance with him or her, while at the same time clearly laying out expectations for the sessions to come. Acknowledging that the coming sessions will be extremely hard and that

it will be difficult not to be defensive helps to support the partner and prepare him or her, while still communicating an expectation that she or he should try to avoid this response. The more the partners understand how these sessions are important to the process, and how crucial managing their defensiveness is, the more motivated they may be to engage in the emotion regulation strategies developed in the individual sessions.

Lack of Affect. The second problem, lack of affect from one or both partners regarding the affair (when the affair clearly is a problem in the relationship for either partner), may be addressed in two ways, depending on its source. First, if it is due to a fear of exploring the emotions or misunderstanding of how this could help the couple, then those fears and misunderstandings should be addressed through a more thorough rationale for this stage of treatment. However, if it is due to an individual's more general difficulty in expressing or experiencing emotion, more time should be spent helping this person explore and acknowledge his or her feelings.

Crises. When a couple arrives at the session discouraged by the process or enraged by an argument on the way to therapy, the therapist must first assess the extent of the crisis and whether its resolution is crucial to the progress of the session, or if the crisis is more attributable to the couple's general level of functioning. If it is the former, the therapist may spend his or her time addressing that issue; however, if it is the latter, the therapist must avoid being pulled into addressing the crisis. Instead, a more effective approach would be to put the despair or the argument into the larger picture of the couple's functioning and the recovery process itself; the feelings are thus acknowledged, supported, and then normalized. The primary message should be that the process is not easy for anyone, and nothing will make it easier but to go through it. Then the couple should be gently urged to continue with the treatment strategy.

Ambivalence. Either or both of the partners may experience ambivalence about entering therapy. For example, the injured partner may fear getting close again to the person who hurt him or her, or may have doubts about whether she or he even wants to continue a relationship with someone capable of inflicting so much pain. The

participating partner may be still grieving the loss of the affair partner and may be focusing on the positive qualities of that partner that are not present in the marital relationship. This ambivalence should be normalized for the couple as a natural occurrence arising from the affair. They should be reassured that the goal of this therapy is not to make them stay in the relationship if they find that it is not a healthy one for both of them. Instead, the goal is to help them understand what happened more clearly so that they can make a good decision about whether or not they wish to stay in the relationship.

Stage 2: Context

Therapeutic Components: Exploration of the Factors Contributing to the Affair. After the emotional chaos or emotional distance from Stage 1 has been addressed, then the second stage of the treatment focuses on helping the couple explore and understand the context of the affair. First, the couple must understand the logic behind this exploration and, optimally, be motivated to engage in this process. After this goal is accomplished, then the focus of the therapy turns toward examining the different factors that may have influenced the participating partner's decision to have the affair. These factors may include (a) aspects of the relationship, such as difficulty communicating or finding time for each other; (b) external issues, such as job stress, financial difficulties, or in-laws; (c) issues specific to the participating partner, such as his or her beliefs about marriage, or his or her social development history; and (d) issues specific to the injured partner, such as his or her developmental history or his or her relationship skills. This last point is likely to be most problematic for the couple given that it may appear to be blaming the victim. At this point, the couple needs to understand an important distinction between contributing to the context of the affair versus being responsible for engaging in the affair. In this treatment, the participating partners are always held responsible for their choices to have the affair, or to choose that particular solution to their relational or individual dilemmas, despite the influences that are discovered to have acted upon them.

However, it is important that the injured partners also are able to look at how they may have contributed to the context of the affair or the dilemma that the participating partners attempted to "solve." For example, the injured partner might have "looked the other way" out of fear of conflict when it was clear that there was a problem with

the participating partner, or the injured partner might have been preoccupied with his or her own problems and was unable or unwilling to attend to the other partner's needs. Furthermore, as mentioned above, often the participating partners may themselves feel bitter about hurts the injured partners may have caused. In these instances, it may be beneficial to explore these problems as well. Using the above example, the participating partner may have felt hurt and rejected by his or her partner's preoccupation, and as a result may need to come to a better understanding of that preoccupation. In other words, he or she may need to engage in his or her own forgiveness process.

In any case, although the injured partner is not responsible for the participating partner's decision, it is important that the injured partners become aware of the result of their own actions in the relationship, and how their own actions can cause the relationship and the other partner to become more vulnerable to problems. This knowledge, while painful, also may help the injured partner regain a sense of control in the relationship. Identifying weak points in their relationship allows the couple to pinpoint danger signals, which in turn allows the partners to feel "safe," thus reducing the need for constant hypervigilance. In addition, it is also important to acknowledge the developmental factors contributing to the injured partner's response to the affair. For example, the injured partner's response to the affair may be stronger if the person has experienced previous betrayals. His or her response also may be affected by his or her expectations for relationships. To give an extreme example, the response to the affair may be surprisingly calm if the injured partner expects his or her partner to have an affair, believing "that's what men (women) do."

These sessions typically are conducted in two ways. Depending on the couple's level of skill and their motivation to listen to and understand each other, these sessions may take the form of structured discussions between the partners as they attempt to understand the many factors that contributed to the affair. The therapist intervenes as necessary to highlight certain points, reinterpret distorted cognitions, or draw parallels or inferences from their developmental histories that the couple is not able to do themselves. However, if the couple's communications skills are weak, if either partner is acutely defensive, or if they are having difficulty understanding each other's positions, then the therapist may structure the sessions so that

they are more similar to individual therapy sessions with one partner, while the other partner listens and occasionally is asked to summarize his or her understanding of what is being expressed.

In both types of sessions, the therapist also is attempting to promote empathy between the partners by helping the listening partner draw parallels between what the other partner is describing and his or her own similar experiences, or by encouraging them to use their imagination and put themselves in their partners' place as best they can. Based on recent research (McCullough et al., 1997), empathy is considered an important mediating factor in people's ability to forgive and move beyond interpersonal betrayals. Thus, this treatment pays particular attention to using the information the couple has gained about each other and their acknowledgments of vulnerability to promote an atmosphere of mutual caring and support.

In addition, the therapist also looks for patterns and similarities between what the partners have reported in their individual histories and the problems they are reporting in their relationships. It is in these aspects of the therapy, the promotion of empathy and the developmental exploration, that the treatment borrows most heavily from insight-oriented approaches. Understanding how past needs and wishes influence an individual's choices in the present is a critical element to understanding why the individual chose to have an affair, or how the injured partner has responded to this event. Often, the decision to choose an affair as a possible solution to present problems is influenced by strategies that have worked in the past, or by developmental needs that were not met in the past. For example, a woman who was repeatedly rejected sexually in early adolescence and young adulthood, and consequently sees herself as unlovable and undesirable, may be particularly vulnerable to choosing a sexual affair to solve her feelings of rejection and abandonment in her marriage. Helping her and her husband to see that pattern and to understand the reasons behind it may serve both to increase empathy between the spouses by changing her husband's attributions about why the affair occurred and also increase her ability to choose new behaviors to meet her needs. Directing both members of the couple to explore these influences helps them to gain a deeper understanding of each other's vulnerabilities and may help promote a greater level of empathy and compassion between them.

Problem Solving or Cognitive Restructuring on Problematic Issues in the Relationship. Throughout the sessions, the need to make changes in numerous aspects of the relationship and themselves as individuals may become evident to the couple, and they may then naturally begin to engage in problem solving. However, it is also beneficial to build in separate problem-solving sessions for two reasons. First, over time the couple may become frustrated with daily difficulties that are separate from the affair or that may have contributed to the affair and are still ongoing; therefore, they often need structured time in the sessions to address these current relationship difficulties and arrive at a good resolution. As a result, the therapist needs to balance the work of therapy between focusing on the affair and focusing on the ongoing relationship difficulties. Second, giving the couple opportunities to work on these issues and the opportunity to have small successes together may make them feel more hopeful about the relationship, and the resultant positive feelings may help fuel the additional exploration sessions. In addition, the couple also may require cognitive restructuring as well as behavioral changes. Often the therapist may observe that one or both of the partners hold problematic cognitions about their relationship or relationships in general. In these instances, the therapist should bring these thoughts or interpretations to the couple's attention and help them explore the effects of holding these cognitions on their relationships. For a more complete description of these interventions, see Baucom and Epstein (1990).

Problems Encountered in This Stage: Resistance to Exploring the Context of the Affair. Initially, the couple may exhibit reluctance to explore the factors contributing to the development of the affair. Often they feel that these discussions may reopen old wounds, or they may have difficulty separating "understanding" the context of affair from excusing the affair. Consequently, it is helpful to set the stage for this phase of treatment by explaining the difference between understanding and excusing, and by thoroughly describing the benefits of the increased understanding of each other and their relationship that they will gain through this process. Some examples of possible benefits are (a) a change in some of the injured partner's initial inaccurate explanations of why this event occurred (e.g., affair did not happen because she or he was a bad spouse, or unattractive, or boring); (b) the injured partner may understand why this event happened, which makes it feel

less frightening and unpredictable; (c) this understanding may decrease the injured partner's sense of anxiety about the relationship and help to set the stage for rebuilding trust; and (d) the participating partner might come to a clearer understanding of his or her own behavior as well as their partner's response to the affair.

Lack of Empathy. Another potential difficulty in this phase of treatment is the inability of either partner to experience empathy for the other partner. As mentioned above, empathy can play an important role in the process of forgiveness (McCullough et al., 1997); therefore, the therapist should take care to promote greater empathy between both partners during this process. Again, there may be resistance to this concept, particularly if the partners associate empathy with excusing the behavior. Consequently, the therapist should draw a careful distinction between these concepts. In addition, before the couple begins to explore the context of the affair, it is useful to ask them questions designed to prime them to experience empathy in reaction to the other partners' experiences. For example, some questions may be designed to prompt both partners to think about times in their own lives when they have hurt others and their own reasons for so doing, or about times in their lives when they were under a great deal of stress or difficulty and consequently made bad decisions.

Reluctance to Acknowledge Progress. In addition, often the injured partners show great reluctance to acknowledge any progress in the therapy or any efforts at change on the part of the participating partner. A large part of this reluctance to acknowledge change may be due to the injured partner's need to stay angry at the participating partner. One motivation may be punishment; acknowledging the participating partner's efforts may feel to the injured partner as if she or he were relenting or letting the participating partner "off the hook." If this reason is behind the injured partner's reluctance, then the therapist should tell the injured partner that acknowledging the good qualities or effort of the participating partner will never erase his or her inappropriate behaviors. The injured partners should understand that it is acceptable and normal for them to feel good about progress or change and still feel angry or hurt about what happened. Similarly, they also may be afraid to acknowledge change because they feel that would mean they would have to

stay in the relationship. The therapist also should challenge this belief. Instead, the injured partner should be encouraged to note the changes occurring in the present with the understanding that this is important information about what the participating partner is able to do. However, the injured partners also should be told that despite the changes occurring in the present they have the freedom to decide they cannot live with what happened in the past and, thus, can choose to end the relationship. This permission is given in hopes that it will free the injured partners from their need to protect themselves and allow them to become more impartial observers of the changes occurring in the relationship.

Stage 3: Moving On

Therapeutic Components: Summary and Formulation of Affair. After the couple has carefully and systematically explored the factors contributing to the affair, the therapist's job is to summarize this exploration and, with the couple, weave these different factors into a coherent "story" explaining how the affair came about for the couple. In addition, the therapist and the couple discuss what aspects of their relationship may need additional attention and how this can be accomplished in order to help them avoid future betrayals. In this respect, the therapy begins to move from a focus on the past to a focus on the present and future of the relationship.

Discussion of Forgiveness. Although the entire process outlined in this treatment is based on the authors' model of forgiveness and thus can be conceptualized as the process of coming to forgiveness, this concept is not introduced to the couple until near the end of the treatment. This delay in addressing forgiveness explicitly is necessitated by the injured partner's likely reluctance to engage in a process of forgiveness when she or he has recently discovered an affair. Mentioning forgiveness to someone who recently has been hurt and is extremely angry at his or her partner is unlikely to elicit a positive response. However, the introduction of this concept at a later point in the treatment, when the anger has died down and their understanding of the betrayal has increased, is more likely to have a successful outcome, and injured partners are likely to be more willing to consider this possibility. In addition, we have found that when the couple is introduced to the three-stage model of forgiveness, they are able to recognize that they have largely completed the

work of the first two stages, which can motivate them to continue the process and consider forgiving as an appropriate and possible choice.

During the discussion of forgiveness, four basic points are covered: (a) a description of the forgiveness model, (b) common beliefs about forgiveness, (c) consequences of forgiving and not forgiving, and (d) addressing blocks to forgiving and "moving on." The description of the forgiveness model is presented in terms of its similarity to the process of exploration that the couple has just completed, and the couple is informed that they have already taken significant steps toward being able to forgive each other. The couple is then encouraged to examine and reevaluate their beliefs about forgiveness in comparison to the definition of forgiveness that is presented to them in the treatment. For example, often couples report difficulty with forgiveness out of mistaken beliefs that forgiving their partners is "weak" or is equivalent to saying that what happened is acceptable or excusable. Challenging this belief by presenting the couples with the definition of forgiveness described above and by allowing that one may forgive and yet also appropriately hold the partner responsible for his or her behaviors may result in a new conceptualization of forgiveness that the couple feels is more possible to achieve.

However, if these discussions do not help the couple feel more open to forgiveness, then the therapist may wish to help them evaluate the consequences of not forgiving. Recent research has indicated that continuous anger and bitterness can have detrimental effect on individuals' physical and emotional health (e.g., Huang, 1990) and on their relationships with their children and future relationships (e.g., Ashleman, 1997; Holeman, 1994). It is important that these issues are discussed with the couple in a balanced way. The therapist should avoid communicating to the couple that they should or must always forgive. In some situations, forgiveness may not be appropriate, particularly if the behaviors are likely to reoccur, or if the injured partner is likely to be continually reinjured. In these cases, forgiveness before the injury is rectified or stopped may be premature or inappropriate. Furthermore, in some cases, the person may not be ready to forgive. In this case, the therapist must examine what purpose the anger and negative affect, behaviors, and cognitions are still serving for the couple and then, based on what was uncovered, appropriately address these blocks to their "moving on."

Exploration of Factors Affecting Their Decision to Continue Their Relationship. In addition, couples should also be encouraged to decide if they wish to recommit themselves to their relationship on the basis of what they have learned about themselves, their partners, and their relationship. In other words, forgiveness does not require reconciliation. The couples may make appropriate decisions that they cannot stay with each other, yet still separate and not harbor intense anger and resentment toward the partner. To this end, they are encouraged to ask themselves and discuss together within the sessions the questions designed to help them evaluate their relationship. A number of these questions relate to whether either member of the couple has shown the desire or the ability to make the needed changes in their relationship in order to ensure that the betrayal would not happen again and that the partners will be able to regain a measure of trust and safety within the relationship.

Problem Solving or Cognitive Restructuring on Problematic Issues in the Relationship or on Issues Relating to Decision to Separate. If the couple decides to recommit to each other, then the remainder of treatment is focused on problematic issues in the relationship that may directly arise from the affair, such as rebuilding trust or physical and emotional intimacy issues, or on more general on-going issues in the relationship that may or may not be indirectly related to the affair such as power and control issues, communication problems, or difficulty finding time together. Common cognitive-behavioral techniques such as skills training, homework assignments, and cognitive restructuring are used to accomplish these goals; see Baucom and Epstein (1990) and Prager (1995) for a more complete description of these techniques.

If the couple decides to separate, then the focus of therapy becomes helping them to do so in a way that will involve the least amount of bitterness and acrimony. The couple is encouraged to think about how they can use the information that they have learned during the treatment to maintain respect, and possibly empathy, for each other during the difficult process of separation. Again, they are encouraged to evaluate the consequences of maintaining bitterness versus the benefits of letting go of the anger and recrimination (when appropriate, as described above). Furthermore, in addition to helping them plan how to maintain a sense of forgiveness, the therapist also helps the couple problem-solve on the myriad of issues that arise

during separation, such as child rearing, finances, and other decisions.

Problems Encountered in This Stage: Resistance to the Idea of Forgiveness. Many of the problems encountered in this stage already have been described in the section above. First, the couple may be resistant to the idea of forgiveness. This resistance may arise out of mistaken beliefs about forgiveness or hidden agendas that are served by a continuation of anger and bitterness. These agendas may vary from the anger providing a needed sense of safety to a partner's desire to end the relationship, a goal that may be considerably strengthened by the anger. In these cases, the therapist must carefully assess for these hidden goals; this process may best be accomplished in individual sessions. Once uncovered, then they should be addressed as the therapist deems appropriate; however, the individual also should be encouraged to consider other means to meet these goals and previously unacknowledged or unknown consequences of continuing to hold onto the bitterness.

Difficulties with Rebuilding Trust. A second problem that may occur in this phase is that once the couple has recommitted themselves to the relationship, they may still have difficulties with trust. Although the injured partner may have agreed to forgive and to work on the relationship, she or he may still have difficulty allowing himself or herself to trust the participating partner again. This difficulty is understandable in light of the betrayal and is a common occurrence in couples who have experienced an affair. The couple should be given a conceptualization that makes this hesitation understandable to both partners, yet also firmly suggests that the injured partner must begin to take small, manageable, increasing risks with the participating partner in order to rebuild the relationship. To elaborate further, in keeping with the view of this intervention as a trauma-based program of recovery, trust building is viewed as following an exposure-based paradigm. The injured partner is encouraged to identify a series of small hierarchical steps that involve increasing levels of emotional risk-taking in the relationship. This hierarchical exercise may enable them to "test the waters" without the injured partner taking a risk that feels too overwhelming and may invite failure. The therapist must then explain to the participating partner that he or she must follow through on these steps or else they will risk

major damage to the relationship. For example, if the injured partner has been checking frequently on the participating partner's whereabouts, then the first step may be to decrease the amount of checking from 100% to 50%, but still do some random checks to reassure himself or herself that the participating partner is acting in a trustworthy manner. After the participating partner has proven that he or she is where he or she reported being, then the injured partner may be encouraged to take a risk and decrease the checking even more.

Resistance to Forgiveness in Separation and Divorce. A third problem that may occur in this phase may happen if the couple decides to separate. This decision may not always be mutual and, even if it is, may still engender anger and bitterness between the couple. At this point, it is crucial that the therapist continue to provide the couple with the "big picture," that is, the balanced view of each other and the relationship that emerged during their exploration of the context of the affair. In addition, the therapist should also continue to point out the benefits of forgiveness and the consequences to themselves and to others if they continue to harbor the acrimony.

UNRESOLVED THEORETICAL AND EMPIRICAL ISSUES AND DIRECTIONS FOR FUTURE RESEARCH

Differences in Responses to Affairs and Implications for Treatment

The treatment described above remains a work in progress. One aspect that future iterations of the treatment will address is individual differences in responses to affairs. Although many people may experience the reactions described above, there are likely to be significant variations in the process depending on the different personality characteristics and developmental histories each individual brings to the situation. Unfortunately, a complete description of these differences is beyond the scope of this article, and a brief overview must suffice. Other books have ably hypothesized individual differences in reasons for affairs (e.g., Moultrip, 1990; Pittman, 1989), which are sources for more complete discussions of these issues. However, in addition to individual differences in the reason for affairs, people may vary considerably in how they respond once the affair has been discovered. In addition, people may vary in terms of the kinds of affairs in which they engage. These differences are likely to have a number of implications for the recovery process. Again, the list

below is not intended to be exhaustive; it is intended only to give representative examples or conceptualizations of these differences.

Psychopathology. One of the most striking individual differences to affect the recovery process is the presence of psychopathology in either member of the couple. As with most treatments, this characteristic is a poor prognostic indicator for successful recovery. This problem may be particularly true when the participating partner engages in affairs because she or he has antisocial or narcissistic traits and believes he or she is above social norms and mores. This belief may indicate to the injured partner that the participating partner may be likely to engage in this behavior again, particularly if she or he is not remorseful, or is inordinately defensive, about the affair. Therefore, if the injured partner continues in this relationship he or she may run the risk of being retraumatized. In this instance, an important goal of treatment may be to ensure that the injured partner becomes fully aware of this pattern of behavior and is able to make a good decision about whether to continue the relationship.

In instances in which the injured partner has preexisting difficulties with emotional fragility or affect regulation, the treatment may be less effective and may progress more slowly. Additional time must be taken to help that partner contain his or her negative affect to the extent that she or he can participate in treatment; the strategies described in Stage 1 of treatment can be useful for these situations. In addition, the extent to which the injured partner had a fragile sense of self-worth prior to the affair due to other abandonments or negative relationship experiences also may have implications for treatment. In the case of severe negative past relationship experiences, the blow of the betrayal may be much greater and the ability to regain a healthy sense of safety or self-worth after the affair may be compromised. These individuals may be more likely to evidence greater distortions in their cognitive and affective reactions to the affair. They may be more likely to blame themselves, seeing themselves as worthless and deserving of betrayal. Alternatively, they may be more *rageful toward their partner and more implacable in their punitiveness*. A prior inability to show empathy toward oneself and/or others may indicate that the injured partner may be more judgmental toward his or her spouse for his or her negative behavior and have more difficulty “letting go” of the betrayal. An evaluation of the conse-

quences of these patterns may be useful to encourage the injured partner to consider letting go of this anger.

Comfort With Affect. Another individual difference that is likely to have implications for treatment is comfort with affect. Many couples may enter treatment presenting with chaotic, emotionally charged, negative interactions; however, not all couples present in this manner. Avoidance of conflict and negative affect is often a major influence in the occurrence of an affair. The participating partner often is dissatisfied with aspects of his or her relationship but is unwilling or unable to address it in the relationship, which often leads to his or her seeking support elsewhere. This same reluctance to address conflict may continue after the discovery of the affair and may appear within the context of therapy. Strategies to address this discomfort with affect are discussed above in the Stage 1 interventions. However, it may also be important to address the developmental source of this problem in the meaning stage of therapy, particularly if it is a major contributor to the affair. Often, these individuals have had either direct or vicarious experiences with intense emotions that had frightening or devastating outcomes. For example, one woman we have treated watched her parents engage in arguments that escalated into physical battles. This pattern ultimately ended in a painful divorce. Not surprisingly, these experiences led her to avoid expression of negative affect, however mild. This avoidance kept her from expressing dissatisfaction in her marriage, which in turn kept her from getting her needs met and from developing a true intimacy with her husband. This pattern eventually led to an affair that she had with a coworker. Although the participating partner is used as an example here, the same pattern of fear of conflict may hold for the injured partner, also contributing to dissatisfaction and less intimacy in the relationship. These patterns need to be addressed in the conjoint session to identify the source of the behavior and to promote understanding in both members of the couple.

Sensitivity to Rejection. Developmental experiences with rejection may affect decisions to engage in an affair or responses to an affair. Persons with significant histories of rejection by peers and by romantic interests may be more vulnerable to having affairs and to extreme reactions to one's spouse having an affair. If, as a result of this history, a husband carries with him a deep-seated belief that he is unattractive or unlovable, he may be more vulnerable to

real or perceived rejections by his partner. The withdrawal of the wife's attention or affection may be particularly difficult for him and may trigger his search for external validation from another woman. In the case of the injured partner with a history of rejection, the discovery of an affair may serve to confirm his or her underlying negative self-schemas, which in turn would negatively impact his or her ability to recover from the discovery. Again, this pattern may need to be addressed in order to help the injured person feel safe enough to move on.

Levels of Commitment. Issues related to commitment may be pertinent in two ways. In a more immediate sense, the partners' levels of commitment to their relationship when they enter treatment clearly are important factors in their ability to recover. The more they have invested in the relationship (e.g., children, money, and time), and the more they perceive barriers to exit (e.g., moral values, pressure from family, social isolation), the more likely they are to be committed to the relationship (Rusbult, 1983; Stanley, Markman, & Lobitz, 1995). This commitment may lead them to work harder in the treatment and to be more willing to engage in emotional risk-taking within the therapy. However, ambivalence about commitment is not necessarily an indicator of treatment failure. Ambivalence does not preclude the couple's ability to try to improve and understand their relationship in order to come to a good decision about whether to continue with the marriage.

In a more distal sense, the issue of commitment in the treatment of infidelity may be related to a developmentally based fear of intimacy or feelings of being "trapped" in a stable relationship. Attachment theorists describe a pattern of attachment that is characterized by approach-avoidance (e.g., Hazan & Shaver, 1994). Individuals with this pattern may need intimate relationships and seek them out, yet fear them to such an extent that they find it difficult to feel safe in long-term intimate relationships. Affairs may then serve as a means to create a safe level of distance from their partners. In this case, the participating partner may need adjunctive individual treatment targeted toward this issue before the marital relationship is able to recover.

Differences in Affair Patterns. An affair is not an affair. There are differences in the patterns of affairs that people engage in, and these differences are likely to affect

treatment course. An individual's reaction to a one-night stand may be quite different from the same person's reactions to the discovery of a long-term emotional and sexual extramarital involvement. This difference may be expected due to the different implications that these types of affairs may have for the continuation of the marital relationship. For example, a single instance of a one-night stand may be easier to understand or interpret as a mistake. However, an ongoing romantic and sexual affair may pose a greater threat to the stability of the marital relationship because the participating partner is likely to violate more of the couple's boundaries by sharing a greater range of intimacy with the affair partner. Thus, the extent of the betrayal may be made much greater. In addition, empirical research by Glass and Wright (1985) found that affairs in which there is both emotional involvement and sexual involvement are more predictive of marital dissatisfaction than either of these types alone. The decrease in marital satisfaction may be due to the increased time and energy being devoted to the extramarital relationship at the expense of the marital relationship. On the other hand, these findings could suggest that people in more distressed relationships are more likely to be open to both sexual and emotional extramarital involvement. Affairs in which both types of involvement are present are likely to be more disruptive to the relationship and require a greater amount of time and processing for the couple to adequately address pertinent issues.

Similarly, a history of repeated affairs also may have implications for treatment. If the injured partner has been through the process many times before, the participating partner's expressions of remorse and protestations of good behavior may ring hollow. Not surprisingly, it will be more difficult for the injured partner to take the emotional risks required to rebuild trust and intimacy in the relationship. Indeed, it may be the therapist's task to help the injured partner realistically evaluate if she or he even should take those risks. They still may be able to go through the recovery process, but they may need to evaluate the potential risks and benefits of staying in a relationship with individuals who are so vulnerable to engaging in extramarital affairs on a repeated basis.

Again, these descriptions are not meant to be an exhaustive list of the different factors that may change the trajectory of the recovery process. Instead, they are presented as examples of how individual differences may determine the course and difficulty of treatment.

Directions for Future Research

The treatment described here is similar to other treatments described for affairs and forgiveness in general, particularly in its emphasis on understanding the history behind the affair. The forgiveness model on which this treatment was based (Coop, Baucom, & Daiuto, 1995; Gordon, 1998; Gordon, Pautsch, & Baucom, 1996), is similar to that described by Glass and Wright (1997) in its conceptualization of an affair as an interpersonal trauma and the couple's reactions as similar to the recovery from a trauma. Both treatments overlap considerably in the first two stages of treatment, the impact and the meaning or context stages. In the first stage, both treatments focus on affect regulation and normalizing the partners' reactions to the affairs. In the second stage, the meaning stage, both treatments pay considerable attention to developing a coherent narrative about the affair that incorporates elements of the participating partner's contributions, the injured partner's contributions, and the contribution of the relationship. However, the present treatment is considered unique because of its integration of the cognitive-behavioral skills-based approach with a more insight-oriented component aimed at increasing the couple's understanding of developmental influences upon themselves and their marriage. In addition, this model also diverges from that of Glass and Wright in its emphasis on forgiveness in the third stage. We hope that this intervention also can serve as a model for integrating existing theoretical approaches in order to take into account issues that are of particular importance for the phenomena under consideration. In this instance, the need of couples to understand how such events could occur in their marriages demonstrated the need for a more developmental perspective than often is provided in cognitive-behavioral marital therapy. Similarly, the strong affect experienced in such instances created the need for increased attention to the role of emotion in the treatment paradigm.

Perhaps more important, this treatment also is unique in its conceptualization of and strong focus on the process of forgiveness, which integrates the cognitive-behavioral orientation, the trauma literature, and the insight-oriented/developmental orientation into an understandable framework of recovery with clear stages of treatment. This framework is provided to the couple in order to help them gain a broader perspective on the process they are experiencing. In addition, this perspective can help the couple withstand the pain and difficulties of the various

stages of recovery because the couple has a clearer understanding of why these reactions are occurring and what needs to happen for them to move forward. In addition, because forgiveness is a concept that is widely used, and often alluded to in descriptions of successful marriages, its invocation may carry great weight for couples as a desirable goal.

Whereas the present treatment is based on empirical research in the trauma and forgiveness literature, along with clinical observation, the treatment itself requires empirical validation. It is currently being evaluated in a pilot study conducted at two sites, in North Carolina and Texas. Preliminary results suggest that it has been beneficial to couples (Gordon, Baucom, & Snyder, 1998). However, it has yet to be tested against a control condition, and its long-term effects are still unknown. Again, this problem of lack of empirical support is one that plagues all treatments in the infidelity literature. However, the treatment proposed here is based on a model of recovery from interpersonal betrayals that has received a measure of empirical validation, and also is based on the cognitive-behavioral and insight-oriented marital literature, both of which have yielded empirically supported treatments (Baucom et al., 1998).

Another potential shortcoming of this treatment, and other infidelity treatments, is that the role of the participating partner in the therapeutic process is somewhat underdeveloped. Little is known empirically about the particular needs of the partner who is being forgiven. Beach, Jouriles, and O'Leary (1989) found that both injured and participating partners are likely to be depressed; however, no other studies have directly addressed the problems of the participating partner. This lack of information clearly needs to be remedied; the pilot study described above is designed to collect information about the functioning of both the injured partner and the participating partner to understand more fully these two roles in the process of recovery. Furthermore, this treatment currently is most appropriate for couples in which the affair has ended. Some couples are likely to enter therapy before the affair ends, and this issue is likely to be a major focus of treatment; however, treatment of these cases is beyond the scope of this article.

In addition, although the treatment suggests that responses to affairs parallel a posttraumatic stress disorder (PTSD) response, the empirical data supporting this claim are still minimal. The authors' research offers some sup-

port for the theory of disrupted assumptions (Coop, Baucom, & Daiuto, 1995; Gordon, 1998); people in Stage 1 of this model had more negative assumptions about themselves and their partners than did people in the final stage of the process. However, more direct assessment of PTSD symptoms in people in the initial stage of the process is needed; this information is also being collected in the aforementioned pilot study.

In conclusion, although there is still a great deal of empirical work to be done, this treatment model offers a coherent, structured, theoretically sound approach to one of the most difficult marital issues to treat: infidelity. This model is grounded in theoretical perspectives that carry with them a tradition of empirical validation, and is based on a forgiveness model that also has been empirically tested and supported. Its strength lies in this grounding in empirical research, its clear, sequential framework for therapy, and its reliance on the forgiveness process, a concept that carries great weight with many clients. The structure of the treatment offers benefits for the therapist, particularly in the initial stage of therapy when clients are likely to come to sessions with a multitude of crises, large and small. Without a clear structure for the treatment and a larger perspective on what is happening and what needs to happen, both therapist and clients may find themselves lost among the labyrinth of crises and relationship problems linked to an affair. This treatment provides both the therapist and couple with a map to negotiate their way through this maze toward a healthy resolution of the emotional, cognitive, and behavioral disequilibrium accompanying an affair.

ACKNOWLEDGMENT

We thank Douglas K. Snyder for his invaluable contributions to the development of this treatment.

REFERENCES

- Abraham Spring, J. (with Spring, M.). (1996). *After the affair: Healing the pain and rebuilding trust when a partner has been unfaithful*. New York: Harper Collins.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Ashleman, K. (1997, April). *Forgiveness as a resiliency factor in divorced families*. Paper presented at the biennial meeting of the Society for Research in Child Development, Washington, DC.
- Baucom, D. H., & Epstein, N. (1990). *Cognitive-behavioral marital therapy*. New York: Brunner/Mazel.
- Baucom, D. H., Shoham, V., Mueser, K. T., Daiuto, A. D., & Stickle, T. R. (1998). Empirically supported couple and family interventions for marital distress and adult mental health problems. *Journal of Consulting and Clinical Psychology, 66*, 53-88.
- Beach, S. R. H., Jouriles, E. N., & O'Leary, K. D. (1989). Extramarital sex: Impact on depression and commitment in couples seeking marital therapy. *Journal of Sex and Marital Therapy, 11*, 99-108.
- Brown, E. (1991). *Patterns of infidelity and their treatment*. New York: Brunner/Mazel.
- Calhoun, K. S., & Resnick, P. A. (1993). Post-traumatic stress disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders* (pp. 48-98). New York: Guilford Press.
- Coop, K. L., Baucom, D. H., & Daiuto, A. (1995, November). Demystifying forgiveness: A cognitive-behavioral stage model. In D. H. Baucom (Chair), *Four FACTs of marriage: Forgiveness, acceptance, commitment, and trust*. Symposium conducted at the annual conference of the Association for the Advancement of Behavior Therapy in Washington, DC.
- Coop, K. L., Baucom, D. H., & Daiuto, A. (1996, April). *Couples therapy: A cognitive-behavioral approach to understanding forgiveness*. Workshop presented at the second annual national Conference on Forgiveness in Clinical Practice, Baltimore, MD.
- Enright, R. D., and the Human Development Study Group. (1991). The moral development of forgiveness. In W. Kurtines & J. Gewirtz (Eds.), *Handbook of moral behavior and development* (Vol. 1, pp. 123-152). Hillsdale, NJ: Erlbaum.
- Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99*, 20-35.
- Freedman, S. R., & Enright, R. D. (1996). Forgiveness as an intervention goal with incest survivors. *Journal of Consulting and Clinical Psychology, 64*, 983-992.
- Glass, S., & Wright, T. (1985). Sex differences in type of extramarital involvement and marital dissatisfaction. *Sex Roles, 12*, 1101-1120.
- Glass, S., & Wright, T. (1997). Reconstructing marriages after the trauma of infidelity. In W. K. Halford & H. J. Markman (Eds.), *Clinical handbook of marriage and couples interventions* (pp. 471-507). Chichester: Wiley.
- Gordon, K. C. (1998). *Demystifying forgiveness: A cognitive-behavioral stage model*. Unpublished doctoral dissertation, University of North Carolina-Chapel Hill.
- Gordon, K. C., & Baucom, D. H. (1998). Understanding betrayals in marriage: A synthesized model of forgiveness. *Family Process, 37*, 425-450.
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (1998). Addressing infidelity: Preliminary results for a forgiveness-based marital intervention. In D. Atkins (Chair), *Infidelity:*

- New developments in research and clinical interventions.* Symposium conducted at the annual conference of the Association for the Advancement of Behavior Therapy, Washington, DC.
- Gordon, K. C., Baucom, D. H., & Snyder, D. K. (in press). The use of forgiveness in marital therapy. In M. E. McCullough, K. Pargament, & C. Thoresen (Eds.), *Frontiers of forgiving: Conceptual, empirical, and clinical perspectives*. New York: Guilford Press.
- Gordon, K. C., Pautsch, J., & Baucom, D. H. (1996, November). *Perceptions of forgiveness: A coding system*. Poster presented at the annual conference of the Association for the Advancement of Behavior Therapy, New York.
- Hargrave, T. D., & Sells, J. N. (1997). The development of a forgiveness scale. *Journal of Marital and Family Therapy, 23*, 41–63.
- Hazan, C., & Shaver, P. R. (1994). Attachment as an organizational framework for research on close relationships. *Psychological Inquiry, 5*, 1–22.
- Hebl, J. H., & Enright, R. D. (1993). Forgiveness as a psychotherapeutic goal with elderly females. *Psychotherapy, 30*, 658–667.
- Holeman, V. T. (1994). *The relationship between forgiveness of a perpetrator and current marital adjustment for female survivors of childhood sexual abuse*. Unpublished doctoral dissertation, Kent State University Graduate School of Education, Ohio.
- Huang, S. T. (1990). *Cross-cultural and real-life validations of forgiveness in Taiwan, The Republic of China*. Unpublished doctoral dissertation, University of Wisconsin–Madison.
- Humphrey, F. G. (1982). Extramarital affairs: Clinical approaches in marital therapy. *Psychiatric Clinics of North America, 5*, 581–593.
- Jagers, J. L. (1989). Putting Humpty together again: Reconciling the post-affair marriage. *Journal of Psychology and Christianity, 8*, 63–72.
- Janoff-Bulman, R. (1989). Assumptive worlds and the stress of traumatic events: Applications of the schema construct. *Social Cognition, 7*, 113–136.
- Janus S. S., & Janus, C. L. (1993). *The Janus report on sexual behavior*. New York: Wiley.
- Lauman, E. O., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality*. Chicago: University of Chicago Press.
- McCann, I. L., Sakheim, D. K., & Abrahamson, D. J. (1988). Trauma and victimization: A model of psychological adaptation. *The Counseling Psychologist, 16*, 531–594.
- McCullough, M. E., Worthington, E. L., & Rachal, K. C. (1997). Interpersonal forgiving in close relationships. *Journal of Personality and Social Psychology, 73*, 321–336.
- Moultrip, D. (1990). *Husbands, wives, and lovers: The emotional system of the extramarital affair*. New York: Guilford Press.
- Pittman, F. (1989). *Private lies: Infidelity and the betrayal of intimacy*. New York: Norton.
- Prager, K. J. (1995). *The psychology of intimacy*. New York: Guilford Press.
- Reibstein, J., & Richards, M. (1993). *Sexual arrangements: Marriage and the temptation of infidelity*. New York: Scribner's.
- Rosenak, C. M., & Harnden, G. M. (1992). Forgiveness in the psychotherapeutic process: Clinical applications. *Journal of Psychology and Christianity, 11*, 188–197.
- Rowe, J. O., Halling, S., Davies, E., Leifer, M., Powers, D., & van Bronkhorst, J. (1989). The psychology of forgiving another: A dialogal research approach. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology: Exploring the breadth of human experience* (pp. 233–244). New York: Plenum Press.
- Rusbult, C. E. (1983). A longitudinal test of the investment model: The development (and deterioration) of satisfaction and commitment in heterosexual involvements. *Journal of Personality and Social Psychology, 45*, 101–117.
- Smedes, L. B. (1984). *Forgive and forget: Healing the hurts we don't deserve*. New York: Harper and Row.
- Snyder, D. K., & Wills, R. M. (1989). Behavioral versus insight-oriented marital therapy: Effects on individual and interspousal functioning. *Journal of Consulting and Clinical Psychology, 57*, 39–46.
- Stanley, S. M., Markman, H. J., & Lobitz, W. C. (1995). Commitment: A powerful model for understanding key relationship dynamics. In D. H. Baucom (Chair), *Four FACTs of marriage: Forgiveness, acceptance, commitment, and trust*. Symposium conducted at the annual conference of the Association for the Advancement of Behavior Therapy, Washington, DC.
- Thompson, A. P. (1984). Extramarital sexual crisis: Common themes and therapy implications. *Journal of Sex and Marital Therapy, 10*, 239–255.
- Westfall, A. (1989). Extramarital sex: The treatment of the couple. In G. R. Weeks (Ed.), *Treating couples: The intersystem model of the Marriage Council of Philadelphia* (pp. 163–190). New York: Brunner/Mazel.
- Whisman, M. A., Dixon, A. E., & Johnson, B. (1997). Therapists' perspectives of couple problems and treatment issues in the practice of couple therapy. *Journal of Family Psychology, 11*, 361–366.

Received March 28, 1998; revised February 25, 1999; accepted May 17, 1999.