

An Integrative Approach to Treating Infidelity

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Intimate emotional and sexual relationships outside of marriage or a committed relationship occur with high frequency in both community and, particularly, clinical populations. Infidelity is the most frequently cited cause of divorce and is described by couple therapists as among the most difficult problems to treat. In this article, the authors describe a three-stage model for helping couples move past an affair, including (a) dealing with the initial impact, (b) exploring contributing factors and finding meaning, and (c) reaching an informed decision about how to move on—whether together or apart. This intervention draws on the theoretical and empirical literature regarding traumatic response as well as interpersonal forgiveness and incorporates empirically supported interventions from both cognitive-behavioral and insight-oriented approaches to treating couple distress. Preliminary empirical findings support the efficacy of this affair-specific intervention.

Keywords: infidelity; extramarital affair; couples therapy

Clinicians are frequently likely to encounter individuals coping with infidelity—whether in the context of couples therapy aimed at recovery from an extramarital affair, individual therapy with someone struggling with her or his own affair or responding to a partner's affair, or interventions with children contending with consequences of a parent's infidelity. Infidelity is the most frequently cited cause of divorce (Amato & Rogers, 1997). Surveys of couples therapists indicate that they regard extramarital affairs as among the most difficult conflicts to treat and that they often feel inadequately trained to conduct effective interventions targeting them (Whisman, Dixon, & Johnson, 1997).

In this article, we describe an integrative approach to working with couples struggling to recover from an extramarital affair. This approach draws on the theoretical and

empirical literature regarding traumatic response as well as interpersonal forgiveness. It incorporates empirically supported interventions from both cognitive-behavioral and insight-oriented approaches to treating couple distress. It evolves from more than 60 years of our collective clinical experience in working with couples struggling with deep interpersonal injuries as well as our own empirical research on couple therapy generally (Epstein & Baucom, 2002; Snyder, 1999) and mechanisms of forgiveness specifically (Gordon & Baucom, 1998, 1999; Snyder, Gordon, & Baucom, 2004). The affair-specific intervention model described here is the *only* couple-based intervention specifically designed to address both individual and relationship consequences of infidelity to have been empirically examined and supported in clinical research (Baucom, Gordon, Snyder, Atkins, & Christensen, 2006; Gordon, Baucom, & Snyder, 2004).

THE TRAUMATIC IMPACT OF INFIDELITY

Both clinical observations and empirical investigations affirm the devastating impact that discovery or revelation of an affair typically has on a couple. For people recently learning of their partner's affair (whom we refer to as the "injured partner"), research documents a broad range of negative emotional and behavioral effects, including partner violence, depression, suicidal ideation, acute anxiety, and symptoms similar to posttraumatic stress disorder (PTSD; Allen et al., 2005). Injured partners describe vacillating feelings of rage, overwhelming powerlessness, victimization, and abandonment. Similar to reactions observed in PTSD, they report violation of fundamental assumptions regarding their participating partner, themselves, and their relationship-shattering core beliefs essential to emotional security. Among people having engaged in an affair (whom we refer to as the "participating partner"), similar reactions of depression, suicidality, and acute anxiety are also common effects—particularly when disclosure or discovery of infidelity results in marital separation or threats of divorce. Anecdotal and some empirical

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evidence suggests that, regardless of culmination in separation or divorce, couples responding to infidelity exhibit disproportionately high rates of severe conflict and verbal or physical aggression compared to maritally distressed couples not reporting an affair.

OVERVIEW OF AN INTEGRATIVE, THREE-STAGE INTERVENTION FOR PROMOTING RECOVERY

We have previously described our three-stage treatment for couples struggling with issues of infidelity (Baucom, Gordon, & Snyder, 2005; Gordon & Baucom, 1999; Gordon, Baucom, & Snyder, 2000, 2004, 2005a, 2005b; Snyder, Baucom, & Gordon, 2007b). Consistent with conceptualization of infidelity as an interpersonal trauma, our affair-specific intervention for couples draws on the literature regarding recovery from interpersonal injury, including an emerging empirical literature on stages and processes of forgiveness (Baskin & Enright, 2004). Similar to trauma-based approaches, across diverse conceptualizations of recovery from interpersonal injury, a crucial component involves developing a changed understanding of why the injury or betrayal occurred and reconstructing a new meaning for the event (Rowe et al., 1989). Preliminary evidence concerning interventions aimed at promoting recovery from interpersonal injury—heretofore developed almost exclusively from an individual- rather than a couple-based perspective—indicates that such interventions can facilitate a more balanced cognitive appraisal of the injuring person and event, decreased negative affect and behaviors toward the offender, and increased psychological and physical health (Gordon et al., 2005a). Our affair-specific intervention for promoting recovery from infidelity has three stages, summarized below and described in greater length in the sections that follow.

Stage 1: Dealing with the initial impact. Partners are taught specific skills for managing emotions and decision-making skills for addressing relationship crises and disruption of individual functioning precipitated by the affair.

Stage 2: Exploring context and finding meaning. Interventions guide partners in examining factors from within the marriage, from outside their relationship, and from themselves that increased their vulnerability to an affair.

Stage 3: Moving on. Interventions help partners explore personal beliefs about forgiveness and examine how these relate to recovery from the affair. Concluding interventions target specific means for strengthening the marriage and protecting it from future threats to fidelity.

Although this stage model is presented in a linear fashion, our experience is that some individuals demonstrate a mixture of symptoms from various stages at any given time and might return to earlier stages after progressing through a latter stage (e.g., re-experiencing Stage 1 phenomena after a flashback later in the process). Hence, therapists should

use the following recommendations as guidelines for treatment that can be flexibly adapted to meet a given couple's needs.

STAGE 1: ADDRESSING THE IMPACT OF AN AFFAIR

Treatment Challenges and Strategies

Couples entering treatment following recent disclosure or discovery of an affair often exhibit intense negative emotions and pervasive disruption of both individual and relationship functioning that challenge even experienced couples therapists. One or both partners may report inability to complete the most basic daily tasks of caring for themselves or their children and may be unable to effectively function outside the home. Individuals outside the couple's relationship—including friends, extended family, or the outside affair person—may interact with either partner in a manner that prolongs or exacerbates emotional and behavioral turmoil rather than promoting stabilization or recovery. Questions of whether to continue living together, how to deal with the outside affair person, whom to tell of the affair and what to disclose, how to attend to daily tasks of meals or child care, or how to contain negative exchanges and prevent emotional or physical aggression all need to be addressed early on to prevent additional damage from occurring to the partners or their relationship.

Effective intervention requires explicit, active interventions by the therapist to establish and maintain a therapeutic environment. Doing so requires accomplishing three tasks: (a) establishing an atmosphere of safety and trust, (b) demonstrating competence, and (c) preparing the couple for therapy by providing a conceptual model for treatment. Safety and trust result from limiting partners' aggressive exchanges within sessions in an empathic but firm way. The therapist needs to describe her or his experience in working with affairs and similar relationship trauma and provide a brief overview of the three-stage treatment model that conveys a clear vision of how recovery progresses and what is required of participants along the way. Allowing partners to describe how they have struggled thus far needs to be balanced by a structured process that limits domination by discussion of the affair details, intervenes in the crisis to help the couple determine how best to get through the coming weeks, and promotes a collaborative effort to more fully understand the context of what has happened to be able to reach more informed decisions down the road.

During Stage 1, it is important for therapists to avoid getting lost in the chaos of the partners' own emotional turmoil; this requires slowing interactions, keeping discussions focused on the most urgent or immediate decisions, and containing negative exchanges during sessions. Establishing and maintaining a therapeutic alliance with both partners can be particularly challenging; for example, injured partners often find it difficult to tolerate therapists' empathic responses to

participating partners' guilt, hurt, or loneliness. Therapists should refrain from either encouraging or supporting unrealistic commitments, which can set the couple up for further failure (e.g., never speaking again to an affair partner who works in the same office); they also should avoid trying to exert influence over people not included in the sessions (e.g., the affair partner or extended family). Just as important as containing destructive negative exchanges is confronting some couples' "flight into health" as a way of avoiding distress in the short term; instead, the therapist should work to promote tolerance for more intensely examining the affair to promote more enduring resolution in the long term.

Therapeutic Components of Stage 1

After completing an initial assessment, the couple should be given an explanation of the stages of the recovery process and the trauma-response conceptualization described earlier. The first stage of therapy emphasizes (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 (e) coping with flashbacks.

Boundary setting. When a couple feels out of control and in crisis, providing healthy boundaries can help to create some sense of normalcy and predictability. Couples reeling from an affair often need immediate assistance in setting limits on their negative interactions. For some couples, this involves making agreements about when, how often, and what aspects of the affair they will discuss. For other couples, problem-solving strategies may be directed toward temporary solutions primarily designed for "damage control." For example, if a common cause of arguments is a wife's anxiety regarding her husband's whereabouts, then her husband may agree to be zealous in checking in with his wife until some trust or security has been reestablished.

Second, for the injured partner to feel safe enough to engage in the therapeutic process, it is important for the participating partner to set strong boundaries on interactions with the outside third party. This is most easily achieved if the participating partner agrees to end the relationship with the third person with no further contact. However, some participating partners are unwilling to terminate all interaction with the outside person when the affair is discovered, sometimes logistics make it impractical to have no interactions, at least immediately (e.g., when the participating partner and third person work together), and, at times, the outside person continues to contact the participating partner despite being told not to do so. Because rebuilding trust is a crucial part of the therapeutic process, the therapist encourages the participating partner to be honest in stating what boundaries she or he is willing to set with the outside person at present and how that will be carried out, along with agreements for how the injured partner will be informed of contact with the outside person. However, it is crucial that the couple eventually together set limits on interactions with the outside person, particularly if the outsider insists on intruding into their

relationship. Continued interactions with the outside partner can have the effect of retraumatizing the injured partner and eroding the progress that the couple is able to make.

Self-care guidelines. Another major target of Stage 1 involves helping both partners to take better care of themselves to have more emotional resources to use as they work through the aftermath of the affair. We offer partners 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 to others 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.

Time-out and venting techniques. In light of the intense negative interactions between the partners at this stage in the process, most couples need strategies that allow them to disengage when the level of emotion becomes too high. "Time-out" strategies are introduced, and partners are instructed on how to recognize when one needs to be called and how to do so effectively. 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—for example, to "vent" their tension through nonaggressive physical exercise or to calm themselves through relaxation strategies.

Discussing the impact of the affair. A common need for an injured partner is to express to the participating partner how she or he has been hurt or angered by the affair. Often these interactions between the partners are rancorous and complicated by feelings of anger and guilt on the part of the participating partner. Frequently, the participating partner also has feelings of bitterness about an earlier hurt or betrayal in the marriage, which interferes with her or his ability to sympathize with the injured partner's feelings of betrayal.

We teach couples to use appropriate emotional expressiveness skills for both speaker and listener to help the injured person be more effective in communicating feelings and the participating partner to be more effective in demonstrating that she or he is listening (Epstein & Baucom, 2002). We facilitate the process of coming to an understanding of the affair's impact by encouraging the injured partner to write a letter exploring her or his feelings and reactions to the affair. After initial feedback on the letter from the therapist, the letter is then revised and read to the participating partner. This process allows injured partners to explore their reactions in a calmer manner, and then enables them to take time to express their feelings in ways that are not attacking or abusive and are more likely to be heard by the participating partner.

Coping with "flashbacks." A final but critical component in Stage 1 is the explanation of "flashback" phenomena and the development of a plan for how to cope with them. For example, a husband may discover an unexplained number on a telephone bill, which may then remind him of the unexplained telephone calls during the affair and trigger a flood

of affect related to his wife's affair. We provide a handout with a set of guidelines for addressing flashbacks. Within these guidelines, couples are taught to differentiate between upsetting events that reflect current inappropriate behavior versus events that trigger feelings, images, and memories from the past.

STAGE 2: EXAMINING CONTEXT

After addressing the initial impact of the affair in Stage 1, the second stage of treatment focuses on helping the couple explore and understand the context of the affair. This second stage typically comprises the heart of treatment and demands the greatest amount of time. Injured partners (and sometimes participating partners) cannot move forward until they have a more complete and thoughtful understanding of why the affair occurred. Partners' explanations for the affair help the couple decide whether they want to maintain their relationship, what needs to change, or if they should move forward by ending their relationship.

Treatment Challenges and Strategies

Couples need a roadmap for recovering trust and intimacy. It is not enough to contain the initial impact and reduce partners' negative exchanges. Injured partners, in particular, need ways to restore emotional security and reduce their fear of further betrayals. Both partners often crave mechanisms for restoring trust—injured partners for regaining it, and participating partners for instilling it. Reestablishing security comprises an essential precursor to letting go, forgiving, or moving on emotionally—either together or apart. Following an affair, couples who fail to restore security either remain chronically distant and emotionally aloof, craft a fragile working alliance marked by episodic intrusions of mistrust or resentment, or eventually end their relationship in despair.

The overarching goal of therapeutic interventions in Stage 2 is to promote a shared comprehensive formulation of how the affair came about. For injured partners this formulation facilitates greater predictability regarding future fidelity and a more balanced and realistic view of their partner (either a softening of anger or confrontation of enduring negative qualities). For participating partners an expanded explanatory framework promotes more accurate appraisals of responsibility for decisions culminating in the affair. For both partners, a comprehensive and accurate understanding of factors contributing to the affair prepares them for necessary individual and relationship changes aimed at reducing these influences.

Several challenges can undermine interventions during Stage 2 if not handled well by the therapist. First, it is important to emphasize to partners that "reasons" for the affair do not comprise "excuses." That is, participating partners are always held responsible for their choices to have the affair while delineating the context within which they made that decision. Second, when exploring aspects of the injured

partner that potentially contributed to their relationship becoming more vulnerable to an affair (e.g., deficits in emotional responsiveness, excessive negativity, prolonged absences, or significant emotional or behavioral problems), it is important that such factors be examined without blaming the injured partner for the participating partner's response of engaging in an affair. It is also important to prepare both partners that no amount of understanding may result in the affair "making sense"—and that the affair may always seem to some extent "irrational" or "unfathomable."

Finally, either partner may exhibit characteristics that render collaborative exploration of contributing factors more difficult—e.g., poor affect regulation that makes such discussions too threatening to pursue; inability to process or conceptualize psychological or interpersonal phenomena; persistent externalization of responsibility for one's own behaviors; or excessive tendencies toward guilt or caretaking that detract from the other partner's exploration of her or his own contributions to the affair. In such cases, couple-based interventions throughout Stage 2 need to be integrated with individual interventions targeting partners' own characteristics detracting from the goals and therapeutic processes essential to this stage.

Therapeutic Components

Exploring factors potentially contributing to the affair. We have previously articulated a comprehensive organizational framework for exploring a diverse range of factors potentially contributing to the context of an affair or influencing one or both partners' subsequent responses (Allen et al., 2005). The major domains of factors to explore in Stage 2 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 conflicts with in-laws; (c) issues specific to the participating partner such as her or his beliefs about marriage, or her or his social development history; and (d) issues specific to the injured partner such as her or his developmental history, or her or his relationship skills. In each domain, these factors are considered for their potential role as predisposing or precipitating influences leading up to the affair, factors impacting maintenance of the affair and eventual discovery or disclosure, and influences bearing on partners' subsequent responses or recovery.

These sessions exploring the context of the affair 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 can take the form of structured discussions between the partners as they attempt to understand the many factors that potentially 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 partners are not able to do themselves. However, if the couple's communication 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 her or his understanding of what is being expressed.

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 own relationship. It is in this 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 resolve her feelings of rejection and abandonment in her marriage. 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.

Constructing a shared narrative. After examining potential contributing factors across diverse domains, the therapist's task is to help the couple integrate the disparate pieces of information they have gleaned into a coherent narrative explaining how the affair came about. Achieving a shared understanding of how the affair came about is central to partners' developing a new set of assumptions about themselves, each other, and their relationship. This goal can be accomplished in several ways. As one, the therapist can explain to the couple that this is the next task and ask each partner to prepare for the next session by trying to "pull it all together," including a focus on the (a) relationship issues, (b) outside issues impacting their relationship, (c) individual issues related to the participating partner, and (d) individual issues related to the injured partner that contributed to the context within which the affair occurred. The couple and therapist then discuss their fullest understanding at the next session.

Alternatively, each partner can be asked to write a letter for the next session (similar to the task in Stage 1 described earlier) in which each person describes now in a fuller and softened manner what she or he understands to be these relevant factors. As a result of such issues arising from discussion of the affair, the therapist and the couple discuss what aspects of their relationship may need additional attention and how this can be accomplished 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.

STAGE 3: MOVING ON

Even after a therapist helps a couple to contain the initial negative impact of an affair and then guides them through a systematic appraisal of potential contributing factors, either partner can remain mired in the past or indecisive about the future. Injured partners' hurt, anger, or fear of future betrayals may persist or episodically resurface in intense or destructive ways. Participating partners may also struggle with unrelenting guilt, unresolved resentments toward their partner that potentially contributed to the affair originally, or lingering attachment to the outside affair partner or ambivalence about remaining in the marriage.

Treatment Challenges and Strategies

Once therapeutic efforts in Stage 2 have been completed or approach a point of diminished new information, the therapist needs to help partners move on emotionally—either together or apart. When therapists or couples talk about "moving on," "forgiving," or "letting go," they often mean different things—in terms of both what it would look like at the end and what it would take to get there. When helping couples to recover from infidelity, we define *moving on* as composing four key elements: (a) each partner regains a balanced view of the other person and their relationship, (b) they commit not to let their hurt or anger rule their thoughts and behavior toward the partner or dominate their lives, (c) they voluntarily give up the right to continue punishing the partner for her or his actions or demanding further restitution, and (d) they decide whether to continue in the relationship based on a realistic assessment of both its positive and negative qualities.

Treatment strategies in Stage 3 emphasize helping partners examine their personal beliefs about forgiveness and how these relate to their efforts to move on from the affair. Additional strategies encourage integration of everything partners have learned about themselves and their relationship—well beyond the affair—to reach an informed decision about whether to continue in their relationship or move on separately. For couples deciding to move on together, interventions emphasize additional changes partners will need to undertake either individually or conjointly to strengthen their relationship and reduce any influences that potentially render it more vulnerable to another affair in the future. If one partner or the other reaches an informed decision to end the relationship, the couple is helped to implement that decision to move on separately in ways that are least hurtful to themselves and others they love—particularly their children.

It is important during Stage 3 that therapists not try to bring about their own preferred outcome and also that they not abdicate responsibility for ensuring that all relevant information is considered by both partners in pursuing a thoughtful decision about how to move on. Similarly, the therapist needs to strike a balance between respecting partners' personal values and beliefs about forgiveness while

also challenging ways in which partners' beliefs may interfere with moving on in an emotionally healthy manner. Some couples risk remaining ambivalent about their marriage for years—draining themselves of the energy required to nurture and strengthen their relationship while avoiding the challenges of pursuing healthier alternatives either alone or in a different relationship. Therapists need to balance patience with a sometimes tortuous decisional process against actively engaging partners in reaching decisions that allow them to move forward.

Therapeutic Components

Discussion of forgiveness. Four basic aspects of forgiveness are discussed with the couple: (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 or “moving on.” For example, partners may report difficulty with forgiveness out of beliefs that forgiving their partner is “weak” or is equivalent to declaring that what happened is acceptable or excusable. Or partners may equate forgiving with forgetting or with rendering oneself vulnerable to being injured in a similar way in the future. Addressing such beliefs by exploring whether one may forgive and yet also appropriately hold the partner responsible for her or his behaviors may result in the couple developing a new conceptualization of forgiveness that feels more possible for them to achieve.

Similarly, the therapist often must explore “blocks” to forgiveness. Couples who have reasonable beliefs about forgiveness may still experience resistance to forgiving, and it is important for the therapist to examine those issues that prevent the couple from moving forward. One such issue may be that one spouse is still dominated by anger about her or his partner—for example, because of perceived power imbalances following the affair or failure to regain an adequate sense of safety in the relationship. In such cases, the anger may serve a protective function for the angry spouse. Alternatively, the anger may point to unresolved relational questions or violated assumptions that were not explored or resolved in earlier stages. Sometimes difficulty moving beyond anger toward forgiveness reflects lingering resentments from the affair not based on current dynamics in the marriage. In such cases, using motivational interviewing techniques (Miller & Rollnick, 2002) to help the angry partner examine the costs and benefits of continuing in this position versus actively working to put the anger and the event behind her or him may be useful. Additional strategies for helping clients forgive are drawn from published resources on forgiveness therapy (e.g., Enright & Fitzgibbons, 2000).

Exploration of factors affecting their decision to continue their relationship. In this final stage of treatment, couples are encouraged to use what they have learned about each other and their marriage to decide whether their relationship is a healthy one for them or not. In our work with couples,

we emphasize an important distinction between “forgiveness” and “reconciliation.” That is, couples who have successfully negotiated the forgiveness process may still decide to dissolve their relationship based on their new understandings of themselves. In these cases, the therapist strives to help partners separate without intense anger and resentment toward each other. To this end, couples are encouraged to ask themselves separately—and then to discuss together within the sessions—a series of questions that the therapist designs to help them evaluate their relationship. These questions focus on whether each partner is willing and able to make individual changes needed to preserve the relationship and help it be rewarding, whether as a couple they can work together effectively as a unit for the family, and whether they are willing to make needed changes in interacting with the outside world (e.g., patterns at work, interacting with other people) that might be related to the affair.

Sometimes couples work successfully through the first three stages of this affair-specific treatment but, as a consequence of their efforts, recognize enduring individual or relationship issues that could potentially benefit from continued therapeutic work. Alternatively, one or both partners may recognize longstanding relationship patterns that have their developmental origins from earlier relationships and seek to explore these more intensely in individual therapy; quite commonly, however—especially when the couple therapy has been successful—individuals express a preference to pursue these issues in conjoint sessions with their partner as a way of promoting increased understanding and opportunities for empathic joining within the marriage.

At other times, when reaching the end of Stage 2, partners may conclude that critical factors contributing to the affair cannot be resolved and might determine that the best decision for them is to end their relationship and move on separately. When either partner concludes after careful consideration of all the relevant information that continuing the relationship is not in their best interests, we work to help them dissolve the relationship in a manner that is least hurtful to the two of them and to others involved in their lives—including children, other family members, and friends.

EMPIRICAL SUPPORT FOR THIS COUPLE-BASED AFFAIR-SPECIFIC INTERVENTION

The clinical literature is replete with descriptions of alternative approaches to working with couples struggling with issues of infidelity (for a compilation of representative approaches, see Peluso, 2007). However, with rare exception, these have not been empirically evaluated for their effectiveness with affair couples—a critical shortcoming even among those approaches adapted from empirically supported treatments for generalized couple distress. Findings from couple therapy outcome research suggest a limited impact of general couple therapy on individual symptomatology of either

injured or participating partners (Baucom et al., 2006). In this context, the approach we describe here for treating infidelity is unique in three respects: (a) it draws integratively from diverse, empirically supported, couple-based interventions—most notably, cognitive-behavioral and insight-oriented approaches—as well as empirically supported interventions from the trauma and forgiveness literatures; (b) this approach was specifically developed for couples struggling with issues of infidelity, versus those approaches exclusively adapted from treatments for generalized couple distress; and (c) it remains to date the only affair-specific intervention to have been empirically evaluated for its efficacy with affair couples.

We have presented preliminary evidence for the efficacy of this treatment approach in a replicated case study of six couples recovering from infidelity (Gordon et al., 2004). All couples completed treatment and a 6-month follow-up assessment. Consistent with anecdotal literature, the majority of injured partners entering this treatment initially showed significantly elevated levels of depression and symptoms consistent with PTSD. Concern with emotional regulation and struggles to understand their betrayal dominated. Relationship distress was severe; feelings of commitment, trust, and empathy were low. By termination, injured partners demonstrated gains in each of these areas. Most important, gains were greatest in those domains specifically targeted by this treatment, such as decreases in PTSD symptomatology and mastery over successive challenges of the forgiveness process. Treatment effect sizes were moderate to large and generally approached average effect sizes for efficacious marital therapies not specifically targeting couples struggling from an affair.

Participating partners in this study exhibited as a group only modest disruption of individual functioning in terms of depression or anxiety but displayed moderately high levels of overall dissatisfaction with their marriage. Although the average reduction in marital distress was modest for the participating partners, the treatment was not without impact on them. When describing the impact of treatment, participating partners expressed that the treatment was critical to (a) exploring and eventually understanding their own affair behavior in a manner that reduced likely reoccurrence, (b) tolerating their injured partners' initial negativity and subsequent flashback reactions, (c) collaborating with their partners in a vital but often uncomfortable process of examining factors contributing to the affair, and (d) deferring their own needs for immediate forgiveness until a more comprehensive process of articulating the affair's impact, exploring its causes, and evaluating the risks of reoccurrence had been completed.

Overall, this study provided preliminary evidence for the efficacy of this treatment in helping most couples to recover and move on from an extramarital affair. Although many of the techniques used in this intervention have been promoted elsewhere in the clinical literature, this study was the first to

provide empirical evidence for the success of these procedures. Based in part on these empirical findings, as well as our clinical experience implementing this approach with scores of couples recovering from infidelity, we have developed a self-guided manual for couples struggling to recover from an affair (Snyder, Baucom, & Gordon, 2007a). This resource provides couples with a conceptual framework for understanding their experiences and assists them in moving through successive stages of dealing with the initial impact of the affair, arriving at a shared formulation of how the affair came about, and reaching an informed decision for how to move on—either together or separately. Structured exercises guide partners through each stage. Although written in a manner that encourages both injured and participating partners to work through each stage collaboratively, either partner can use this resource individually or in conjunction with individual or couple therapy. A companion clinician's manual for treating couples recovering from infidelity will also be available (Baucom, Snyder, & Gordon, in press).

SUMMARY

For couples, an extramarital affair is one of the most difficult relationship experiences from which to recover. For therapists, couples struggling with issues of infidelity are among the most difficult to treat. Effective treatment—and optimal recovery—require an integrative approach that (a) recognizes the traumatic impact of an affair, (b) builds relationship skills essential to initial containment of trauma and effective decision making, (c) promotes partners' greater understanding of factors within and outside themselves that increased their vulnerability to an affair and influence their recovery, and (d) addresses emotional, cognitive, and behavioral processes essential to forgiveness and moving on—either together or separately. The integrative treatment approach described here is the first conjoint therapy specifically designed to assist couples' recovery from an affair to garner empirical evidence of its efficacy. Additional clinical trials with diverse clinical populations are currently underway.

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