
Treatment of Clients Coping With Infidelity: An Introduction



Douglas K. Snyder

Texas A&M University

Intimate emotional and sexual relationships outside of marriage or a committed relationship occur with high frequency in both community and, particularly, clinical populations. Clinicians are likely to confront infidelity not only among couples they treat, but also among individuals struggling with their own or their partner's affair and among children contending with consequences of a parent's infidelity. This introduction highlights special concerns related to treating individuals, couples, or families dealing with infidelity addressed in this issue of *Journal of Clinical Psychology: In Session*. The articles comprising this issue advance explicit guidelines and practice recommendations for assessment, intervention, and ethical conduct. © 2005 Wiley Periodicals, Inc. *J Clin Psychol/In Session* 61: 1367–1370, 2005.

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Extramarital affairs occur with high frequency both within the general U.S. population and among treatment-seeking samples. Representative community surveys indicate a lifetime prevalence of sexual infidelity of approximately 21% among men and 11% among women (Laumann, Gagnon, Michael, & Michaels, 1994). Broadening infidelity to encompass emotional as well as sexual affairs increases these rates among men and women to 44% and 25%, respectively (Glass & Wright, 1992). Infidelity is the most frequently cited cause of divorce (Amato & Rogers, 1997), with approximately 40% of divorced individuals reporting at least one extramarital sexual contact during their marriage (Janus & Janus, 1993). These prevalence rates of infidelity stand in bold contrast to studies indicating that most individuals (70%–85%) report that extramarital affairs violate their expectations for acceptable behavior in committed relationships (Laumann et al., 1994; Smith, 1994).

Correspondence concerning this article should be addressed to: Douglas K. Snyder, Ph.D., Department of Psychology, Texas A&M University, College Station, TX 77843-4235; e-mail: d-snyder@tamu.edu.

Thus, clinicians are frequently likely to encounter individuals coping with infidelity—whether in the context of couple therapy aimed at recovery from an extramarital affair, individual therapy with someone struggling with his or her own affair or responding to a partner's affair, or interventions with children contending with consequences of a parent's infidelity.

Surveys of couple 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). Individual therapists are no more likely (and, indeed, may be even less likely) to feel competent in treating clients struggling with their own or a partner's infidelity. Among a spectrum of potential deficits may be the lack of (a) a conceptual framework for viewing infidelity from individual, couple- or family-system based, or broader cultural perspectives; (b) guidelines regarding the content and format of clinical assessment; (c) strategies regarding individual, couple, or family interventions addressing the often conflicting goals of individuals affected by the extramarital affair; and (d) understanding the ethics relevant to treating infidelity.

The articles comprising this issue of *Journal of Clinical Psychology: In Session* address a broad spectrum of assessment, intervention, and ethical issues related to treating individuals coping with infidelity. The articles articulate clear frameworks, explicit guidelines, and practice recommendations for effective and ethical conduct. They also vary in their relative focus on different levels of the social system and in their theoretical underpinnings.

The first two articles in this collection address conceptualizing and assessing infidelity. Allen and Atkins (2005, this issue) assert that a key task in working with couples when there has been an affair is helping both partners to derive a fuller understanding of how the affair occurred. Toward this end, the authors examine contributing factors from both inside and outside the relationship, as well as from both partners, as each of these exerts an influence prior to, during, and following the extramarital relationship. Allen and Atkins highlight key empirical findings regarding infidelity, emphasizing that therapists' familiarity with the research literature can be instrumental in helping couples to understand their own experiences.

In their article on assessing relationship betrayals, Whisman and Wagers (2005, this issue) note that, despite its prevalence, clinicians may often fail to accurately identify infidelity or its role in a couple's difficulties. They recommend that therapists inquire about emotional or sexual infidelity as routinely as other sensitive matters, such as physical aggression and substance abuse. Of particular concern are assessing and responding to situations in which an individual has engaged in sexual activity placing him or her and their primary partner at increased risk for contracting a sexually transmitted disease. In addition to what and how to assess, the authors identify related aspects of individual and couple functioning to assess when dealing with relationship betrayals.

Gordon, Baucom, and Snyder (2005, this issue) describe an integrative approach for treating couples recovering from an affair that embraces both cognitive-behavioral and insight-oriented methods. Their couple-based approach for treating infidelity draws on the trauma and forgiveness literature in delineating three stages of treatment: (a) dealing with the initial emotional and behavioral disruption following disclosure or discovery of the affair; (b) constructing a shared formulation regarding factors that contributed to the infidelity; and (c) reaching informed decisions about how to move on—either individually or as a couple. The second stage, which typically is the most difficult and protracted phase of therapy, emphasizes understanding how the affair occurred and incorporates the organizational two-dimensional framework for conceptualizing infidelity described by Allen and Atkins (2005) earlier in this issue.

The next two articles adopt sharply contrasting perspectives on the role of extramarital relationships in individuals' and couples' lives. In their article on teaching clients about fidelity, Pittman and Wagers (2005, this issue) detail common myths held by the public and often by clinicians that inadvertently contribute to extramarital affairs and complicate individuals' responses to infidelity. They describe how physiological correlates of affairs can exacerbate misinterpretation of emotional and physical experiences and interfere with rational decisions unless understood and challenged by an informed therapist. Pittman and Wagers emphasize the importance of therapists debunking myths regarding infidelity, confronting individuals with their own choices, and challenging attitudes that distract persons from maintaining a faithful marriage.

Advocating an alternative perspective, Linquist and Negy (2005, this issue) note that social norms regarding extramarital sexual relations vary across cultures and assert that therapists should adopt a neutral, nonjudgmental stance when treating individuals dealing with infidelity. While acknowledging that affairs may be influenced by reasons most persons might consider "unhealthy," the authors assert that extramarital relationships may also derive from healthy motives. Linquist and Negy advocate a utilitarian perspective to evaluating extramarital affairs based on their individual and relationship consequences (whether negative or positive), rather than on the degree to which the behavior violates cultural norms or the therapist's own relationship standards.

Martell and Prince (2005, this issue) also address cultural norms and ethics when working with same-sex couples for whom nonmonogamy comprises a presenting concern. Although working with infidelity in lesbian and gay relationships may not differ dramatically from mixed-gender couples, understanding partners' agreements with one another about outside sexual activity is critical to evaluating such behavior's impact on the relationship and on tailoring interventions. The authors cite research indicating that sexual nonmonogamy is more frequent in gay male relationships than in mixed-gender couples, and that lesbian women are more likely to retain emotional involvement with ex-partners after becoming involved with a new partner. Among other recommendations, Martell and Prince caution against underestimating partners' commitment to one another if they choose a nonmonogamous relationship.

Infidelity impacts not only those individuals engaged in extramarital relationships and their partners, but also their children. Lusterman (2005, this issue) discusses the impact of marital infidelity on a couple's children and emphasizes the negative consequences linked to parents' efforts to enlist their offspring in maintaining secrecy about illicit relationships. Interventions targeting children coping with parental infidelity need to be guided by the child's age, gender, developmental stage, and cultural norms. Such considerations will influence not only the content of treatment, but also its structure—for example, sessions with the child alone, with parents separately, or the family collectively.

Finally, in the concluding article, Snyder and Doss (2005, this issue) address unresolved clinical and ethical issues in treating infidelity. Specifically, they discuss therapists' need to develop competence in assessment and intervention skills related to treating infidelity, identifying the client, managing conflicts of interest, handling confidentiality, and articulating personal and professional values potentially influencing treatment.

The contributions to this issue of *Journal of Clinical Psychology: In Session* are simultaneously complementary and contradictory, reflecting the inherent conflicts and difficult choices confronting therapists and their clients when contending with infidelity. Case examples illustrate clinical dilemmas and informed decision making. The individual articles may either affirm or challenge one's existing practices. Collectively, the articles reflect a tremendous wealth of clinical wisdom and empirical research. Given the prevalence

of infidelity and the distress that frequently accompanies it, there are few therapists who will not benefit from careful study of the following articles.

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