

## Therapies to Help Recover Relationships of the Couples Healing from Infidelity - A Review Study

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### ABSTRACT

Infidelity represents one of the most difficult issues encountered in couple therapy, carrying profound implications for trust, intimacy, and long-term relationship stability. While its occurrence has increased in the context of financial independence, smaller family systems, and digital exposure, many couples continue to seek therapeutic support rather than separation. Over the past two decades, research has expanded our understanding of both the causes of infidelity and the effectiveness of therapeutic interventions. Studies have examined diverse approaches, including Emotion-Focused Couple Therapy, Narrative Couple Therapy, attachment-based models, and both traditional and integrative behavioral therapies. Findings across cultures and contexts suggest that while outcomes vary, these interventions can significantly improve relationship satisfaction, forgiveness, and psychological well-being, with success rates typically ranging from 35 to 60 percent. This paper synthesizes existing case studies and therapeutic models, emphasizing the importance of flexible, multi-modal strategies to address the evolving complexities of infidelity in contemporary relationships.

**Keywords:** *Infidelity Case Study, Couple Therapy, Couple Healing from Infidelity, IBCT, EFCT, NCT*

In the current context of social construct, getting into relationships outside marriage has become more abundant than ever. With increasing financial autonomy of the individuals, smaller family sets, exposure to social networking platforms, sexual and emotional involvement outside marriage are pacing. Though infidelity is not uncommon in India and elsewhere, the awareness that it has been very damaging to the relationships and that professional therapy can help recover relationships is growing (Duggal et al. 2011). However, it should be noted that infidelity is perhaps one of the most complex scenarios couple-therapists encounter (Blow et al. 2005, Whisman et al. 1997). As defined by Blow and Harnett (2005), infidelity is a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed upon norms (overt and covert) by one or both individuals in that relationship. A highly egregious event, as it should be, in a relationship, it is hardly the majority of the time that these couples end up in separation (Abrahamson et al. 2012). Couple-therapists have reported working through the

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state of shock, grief, trauma, pain, and several kinds of emotional and psychological turmoil to build back trust, intimacy, and life satisfaction.

The research regarding reasons for infidelity has gained traction in the last few decades. The insights obtained thereof are becoming helpful for the formulation of the therapy planning for the clients. Numerous case studies of couple therapy sessions battling the aftermath of infidelity with the intention of recovering their relationship and getting back to a functional life have been reported. By and large, it has been accepted by the psychologist/psychology researcher fraternity that appropriate interventions with required duration depending upon the case complexity can impact positively in life satisfaction, intimacy, forgiveness, psychological well-being (Karimzadeh et al. 2018) etc. of couples with infidelity. O'Malley and co-workers (2023) have reported a meta-analysis that describes positive outcomes in seven different clusters of relationships after couple therapy interventions. Particularly, in cases of healing after infidelity, several therapeutic techniques have been explored across culture, race, ethnicity, and religion. For example, the effect of emotion-focused couple therapy (EFCT) (Yokotani 2018), Gossner et al.'s (2022) clinical model based on attachment theory and rational ambivalence, narrative couple therapy (NCT) (Abrahamson et al. 2012), traditional behavioural couple therapy (TBCT) (Jacobson et al. 1979), integrative behavioural couple therapy (IBCT) (Jacobson et al. 1996), and various other therapy models and protocols have shown remarkable effectivity in terms of rebuilding a relationship after infidelity. The very first systematic empirical study about the efficacy of couple therapy surviving infidelity was reported by Gordon and coworkers (2004). They have shown the improvement of marital satisfaction of the non-involved partner after infidelity (also interchangeably termed as affairs in different literature) by using a multi-theoretical treatment that considers infidelity as a relationship trauma. However, it should be noted in this context that the authors themselves described this treatment method as heavily focused on affairs. On the other hand, a study by Atkins et al. (2005) reveals a more optimistic outcome of couple therapy in couples with infidelity where they have been considering other relationship issues alongside affairs. Since then, there have been numerous studies that report different protocols and features of couple therapy. Each of these therapy protocols are designed to explore and address different dimensions of relationships and their contribution to the occurrence of infidelity.

The primary objective of this article is to discuss different aspects of couple therapy in the cases of healing after infidelity qualitatively. While several case studies have been reported by various therapists for different therapy modalities, there are very few articles available that put together the findings of the studies in one place. Additionally, while the statistical meta-analysis of couple therapy interventions are carried out there is a lack of logical description on a case-to-case basis. In the following sections, different techniques considering multiple case studies for different therapies and their outcomes will be discussed in the light of different parameters of relationship after the episode of infidelity. Along with that, an attempt will be made to build a cross-cultural perspective on the therapy and intervention planning. In the following section there will be a discussion on case studies involving different intervention plans and the possible outcomes after each of them.

### **DISCUSSION**

#### ***Integrated behavioural couple therapy (IBCT)***

Out of the different therapeutic models for couples' therapy, IBCT showed approximately fifty per cent success rate in terms of surviving marriage after infidelity (Marín et al. 2014). TBCT has been proven to be a good tool for couples healing from infidelity. However,

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TBCT is focused more on addressing the cognitive understanding of infidelity and thought restructuring by teaching behavioural skills and building better communication between the partners. However, it is recognised by the clinicians that TBCT falls short to address the distress in the emotional paradigm. To look at the aspects of acceptance and forgiveness as well as to build trust between couples, it is required to heal the couples and increase marital satisfaction after an event of infidelity (Gottman et al. 2013). IBCT aims to integrate acceptance and forgiveness with TBCT in the treatment plan. Another major difference between TBCT and IBCT is that a TBCT therapist would refuse to accept a case where one of the partners or both have an ongoing affair unlike an IBCT therapist. While TBCT therapist considers an ongoing affair as a continuum to relationship distress and interference in the therapy, in IBCT disclosure of an affair during the therapy would be considered as an opportunity for introspection on the relationship and subsequent improvement (Martell et al. 2005).

### ***Treatment plan***

The standard protocol of TBCT is focused on behavioural intervention in addition to the acceptance and forgiveness training. IBCT, as described by Jacobson and Christensen (1998, 2000), strategically utilizes empathic joining, unified detachment, and tolerance building to promote acceptance. The vulnerable feelings, such as sadness, which may underlie partners' observed negative emotional reactions, for example, anger, are brought out by the IBCT therapist in the empathic joining part. The client is encouraged to express and elaborate on these feelings while the therapist shows empathy and, in some cases, validation. This exercise helps to build empathy towards each other. The unified detachment aims to provide the clients with a more objective view of the triggers of negative emotions. The therapist helps to recognise any problematic pattern in day-to-day life/ which occurs in a recurrent manner and suggests of any alteration of interaction. The tolerance-building phase deals with the individual differences of the couple and creates awareness of the positive/beneficial aspects of the difference as well as the negative consequences. In this stage, the therapist engages the couple in exercises where the couple is deliberately put into a conflict situation and asked to work through that with an informed understanding of their differences and their complementary as well as conflicting nature so that they can become less sensitized to the conflicting pattern, less attached and take less personally – in short become more tolerant. It is pertinent to mention here that in IBCT, where the affair is ongoing, the therapist may not focus on immediate termination of the affair but may as well utilize the affair as an opportunity to look back on the couple's relationship, the meaning of the affair to both the partner, the impact of the affair which would help build a perspective for the couple in distress. This gives the couple a chance to understand the affair considering the core relationship conflict and help formulate the therapy and address the core issue in the relationship. This not only increases relationship satisfaction but also reduces any recurrence of infidelity events in future. Subsequently, the therapist would engage the couple together in the termination of the affair as a form of unified detachment (Martell et al. 2005).

The formulation of couples' difficulties is one of the key points in the IBCT treatment. The presenting issues and the underlying issues are explored without any prior assumptions. It has been described by Baucom et al. (2006) that the affair might be a lesser issue to the injured partner compared to, for example, the fear of feeling less entitled to emotional connect or even to complain. In addition to that, the formulation helps to curate the above-mentioned strategies in a case-specific manner to address the emotional vulnerabilities and reduce the conflicting interaction towards each other. The example cited by Baucom et al. (2006) describes the female being the injured partner, traumatized by the male partner's

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affair but an underlying background of her own experience of pain with other men who have betrayed her has an important role to play in the couple's dynamics.<sup>18</sup> There the IBCT therapist can involve the couple in empathic joining to express the pain of the female partner and the male partner to listen to it. It is important for the therapist to find a ground of balance between the pain or emotional turbulence of both partners. Upon identifying any pattern of frustrating interaction where one might be insisting on talking and discussing the affair and the other partner avoids the discussion and focuses on "moving on", unified detachment can be helpful in recognizing the triggers and bringing a neutral/less-emotional stance in the arguments.

### *Efficacy*

In two separate case studies by Christopher R. Martell and Stacey E. Prince (2005) the effectivity of IBCT for the couple suffering from infidelity was shown in same-sex couples. Though the therapy protocol was not very different from its core principles, it should be highlighted that the framework of the individuals' belief systems in a same-sex relationship can be distinct. In one case of a gay couple, it was noted that sexual encounters outside of a relationship without prior disclosure racked havoc upon the injured partner. However, upon case history analysis it was found that the world views of the two partners regarding the exclusivity of sexual interaction are different. During the IBCT, the acceptance of the mismatched belief system for each other was developed by expressing thoughts and feelings in front of each other and creating relationship boundaries. The distrust issues of the injured partner were soothed by continuing the therapy sessions for more than 8 months where the partners and the therapist would discuss the activities of the previous week related to their arrangements made in sexual life. The behavioural changes were induced by training them to refrain from blaming and communicating better. The sexual exclusivity here was not the theme of the problem caused by the affair. The couple went on to have a nonmonogamous relationship after therapy. The major issue was the betrayal of trust created by the nondisclosure of the secondary sexual encounter. It is pertinent to mention that the concept of infidelity is discrete for individuals and the therapist needs to tailor the sessions. In addition to that, the trust issues and the variance in belief systems due to different upbringings called for a special focus on the acceptance and forgiveness practice which made the therapy successful.

In the other case, a lesbian couple visit the therapist with complaints which can be described as a demand-withdrawal interaction pattern. One of the two individuals described herself as outgoing and articulate whereas the other partner was introverted and quite (the injured partner). While they complained of reduced intimacy, conflict over money issues due to the income imparity the first partner disclosed in the individual session that she has a work friend with whom the friendship has grown outside the realm of work to the gym, sharing personal feelings etc. and though they did not have sex they kissed. Upon the disclosure of the event to the injured partner, the committing partner blamed the injured partner for being withdrawn. The therapist emphasized not blaming the partner and reframing the situation with a focus on the demand-withdrawal pattern. On the other hand, upon disclosure of the affair, the injured partner was upset by the fact that her partner was resorting to some outsider as her primary confidante, telling and sharing her work problem with her rather than for physical intimacy. To build up trust they set clear boundaries for the relationship where the predator partner would give up any interaction outside work with the secondary partner. In this case, the therapist distilled the demand-withdrawal interaction pattern and trained them to interact in a way where the injured partner can voice her feelings freely without any perception of threat to the relationship and the other partner to be more accommodating

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rather than overbearing in the arguments. Here also the variance of upbringing played a crucial role in shaping their core characteristics, to be introverted or outgoing. Hence assertiveness training was provided to the injured partner in order to facilitate better communication (Fife et al. 2008).

### ***Emotion focused couple therapy/ emotion focused therapy (EFCT/EFT)***

John Bowlby (1969, 1973) has proposed a theory which assumes that every person has a tendency to forge and maintain strong affectionate bond to persons like mother or caregiver in early childhood and the quality of these bonds have very prominent effect on the future relationships of that individual. Based on that Johnson and Greenberg (1985) have developed a short-term treatment model to help couple to deal with emotional-relational issues. This model is generally known as emotion focused therapy. This model attempts to modify the constricted interaction pattern and emotional responses of the distressed couple (Johnson et al. 2001). It has been shown in several studies including the landmark meta-analysis by Gordon, Baucom and Snyder (2004) that EFT has been reasonable effective for emotionally injured couples who are trying to work out a way to improve their relationship satisfaction and marital fulfilment (Johnson et al. 1988, 1995).

This therapy is a short-term intervention restricted to 12-20 sessions. The basic structure of the therapy follows three stages- cycle de-escalation, changing interactional positions, and consolidation and integration (Johnson et al. 1998).

### ***Treatment plan (Greenman et al. 2013)***

The therapy plan is distributed in three stages.

**Cycle de-escalation:** the context of this part is the understanding that a dysfunctional interaction is an important part of the root cause of relationship difficulties post-infidelity. This stage helps the couple identify the problematic interaction pattern. The therapist attempts to sensitize the couple to the countless emotional experiences that previously drove the negative interaction between partners like loneliness, sadness, and fear.

**Withdrawer re-engagement and blamer softening:** in the second stage, the restructuring of the interaction pattern between the partners is attempted. The objective of this activity is to achieve a secure attachment bond by providing a safe environment for expression and communication.

**Consolidation and integration:** In this third stage, therapists make the couple focus on the new way of interacting with each other during the trigger situations they had in the problem cycle. As a facilitator, the therapist helps the couple to discuss and explore effective problem solving.

However, it is particularly important to mention that this is not an all-in-one therapy. The objective of this therapy is to resolve destructive interaction pattern necessary for a sustainable recovery from conflicting situation. In case of treatment of infidelity, it is important for the recovering couple to identify the pattern of recurring conflict and way to deal with that. Here we will discuss two case studies by Sandra Naamen et al. (2005) which involve two couples suffering from infidelity. These two cases indicate, the intervention works for some case, however have limitations. In these two cases, intervention was designed for ten sessions and the outcome shows the level of expression to their partner has been improved for one couple while the other couple did not show any significant change.

### *Efficacy*

In case of Maya and Michel, Michel was doubtful towards Maya of cheating online with another guy. While Maya admitted of the communication, no physical relationship was existent. Yet, we could consider this as a case of infidelity in terms of the belief of Michel. Their attachment style was dismissive and fearful avoidant for injured and offending partner respectively. In the stages of the therapy, the injured partner expressed grief and the offending partner becomes less defensive. The offending partner moved forward and acknowledged her share of responsibility. Michel asked for the earlier unexpressed reassurance which have been responded by Maya in a caring and protective way. It should be noted however, during the sessions there has been statements indicating regret and escalated aggressive emotions from the couple. However, the therapist intervention led to softening the tone and tracked back to the course of expression. It was also carefully crafted to differentiate between the primary emotion of hurt or fear from anger. In the end of the 10 sessions the termination assessment indicated increased trust towards each other, higher level of expression and a successful resolution of attachment injury.

In the other case, Sam and Kate were struggling with the infidelity of Sam with Kate's friend. In here, the offending partner almost always posed a rigid stunt while the injure partner was hostile at first and then distant. No substantiative gain was made over the sessions except de-escalating the couple's vicious cycle. This case can show the limitations of the EFCT in a classical manner. While in the initial sessions the de-escalation of tension has been observed and from a distant and hostile mode, a comparatively higher expressive phase could be seen – it got worse in the following sessions ( ) session 5-6) and both partners were back to the hostile interactional pattern. This was attributed to the long duration of time since the occurrence of the injury. In the session 9 Sam was observed to take a risk of lowering the level of resistance as opposed to the distant stance of Kate and exploring his feelings (withdrawer engagement) it failed to let Kate take a softened stance. Overall, the couple showed none of the attributes of the designated steps of the therapy model. The long endurance of the injury has been explicitly pointed by the researchers as responsible for weakening the interpersonal bond.

### *Narrative couple therapy (NCT)*

Narrative couple therapy is one of the therapeutic techniques that have been not explicitly studied. In this technique, more emphasis is given to the root cause analysis of the events of infidelity. It can be noted from the discussions mentioned above that, in all other treatment methodologies, the foundations are laid on the details of the event of infidelity and reasons are traced back to the behavioural and interaction patterns. The therapy sessions are primarily based on the corrective measures. In NCT the event of infidelity is considered as an outcome of the background and the narration, retelling and deconstructing the backstories are used as the treatment plan.

Parker et al. (2010) have described NCT as the process in which the therapist and couple collaboratively co-construct an alternate view of the problem by “un-packing” or defining the personal accounts in an objective manner or detailing the event in order to broaden the perspective of the affected couple. In particular, the narrative approach is found to be very insightful for older couples affected by affairs (Freedman et al. 2002).

The proponents and advocates of NCT claims this technique brings in the account of subjective realities of the individual in terms of their age, gender, cultural norms, social

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values, conditioning etc. which in many instances, due to the lack of objective measures get overlooked in other therapeutic modules (Freedman et al. 1996).

### ***Treatment Plan***

In the NCT, the treatment path is divided into four paths namely formation of problem-saturated stories, defining infidelity, externalizing infidelity and re-story or reconstruction of reality. The sessions are not that much structurally distributed unlike the other treatment methodologies due to the subjectiveness of this methods however, some general guidelines are follows to work around the separate sessions of the offending partner and the injured partner, disclosure of the details, joint sessions etc.

In the initial sessions, the framework of the problem-saturated story is formulated by narration of the individual and identifying their independent background conditioning like self-perception, value system, own definition of infidelity. Then each of the partners of the couple narrates the infidelity incident. The affair is described by the each of them in terms of their point of view and observations.

In the next step, through multiple individual and joint sessions, a definition of infidelity is created. This definition takes in consideration of the individuals' cultural, societal conditioning and value system (Allen et al. 2005, 2005). The definition of infidelity is deconstructed. The process of deconstruction is very important in this context. In an objective definition, the individual often excludes the alternative possibilities of explanation of any given event or situation (Sarup, 1993). During narration and sharing stories, the couple gets a chance to reflect back to the definition. The role of the therapist is very crucial in this stage. By questioning and engaging in the discussion the therapist enables each partner to get a chance to listen to the partner's side, examine their personal values and determine other possible meaning of their experience (Freedman et al. 1996, 2002). Here the therapist also mediates for deriving the accuracy of the meaning of the stories shared and help them retelling in a newer light.

The process of externalization of infidelity is to make the couple realize that the affair is not an intrinsic feature of the relationship but an outcome of several circumstances that occurred in a particular order. It is imperative to develop the sense in the couple that the event of the affair is not indicative of deep, inherent character flaws of the offending partner but perhaps indicative of the long-standing styles of relating and resulting patterns of interacting and understanding (Brimhall et al. 2016). This is the stage where the therapist will also help the couple to identify the influences on the couples' lives in terms of partner's mental and physical health, perception of self, gender role, social relationships etc. which might have contributions towards the occurrence of the affair (White et al. 1990).

Finally, retelling of their own story would be the concluding part of the therapy sessions. Here, based on the past discussions and reflections, the couple together narrate the story of infidelity – the narrative that is integrated into the couples past, present as well as future plans (White 2007). In some cases, NCT therapists insist upon performing a definitional ceremony where the persons of importance in the couples life are invited in the final sessions. However, that is more common for older couples than younger (White 2009).

### ***Efficacy***

In a case reported by Parker et al. (2010) the progress of two couples viz. Shawn-Jessica and Jake-Stephanie have been demonstrated very explicitly. In the case of Jake and Stephanie, it

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was observed the perception of relationship and cheating varies amongst couples. Here, Jake was involved in a communication with another woman to discuss relationship and sex related issues in marriage. Stephanie considers that as cheating and expresses hurt. However, it should be noted that the presenting complain to the therapist was not cheating. The couple reported “lack of intimacy in marriage”. The consideration of cheating by Jake was verbalized by Stephanie on the fourth session. The highlight of narrative sessions is the exploration of ideas encompassing the definition and values in the institution of marriage and that of infidelity. In the case of Shawn and Jessica as well, the understanding of infidelity differ. Jessica would be considerate about affairs during courtship while dismissive of any mercy during marriage. Shawn expresses of feeling insulted by another man with whom Jessica was in a relationship before they got married. The process of narration particularly presents the “two sides” of understanding the marriage. In the case of Shawn and Jessica, it has been suggested that the affair of one partner justifies the affair of another but reject if the circumstances are different like before marriage (but in a relationship) and after marriage.

### CONCLUSION

In these discussions, we have explored the multiple facets of infidelity and the therapeutic ways of dealing with the same. In the case studies, from various cultures, countries and ethnicities, it can be noted that there are significant result-oriented interventions that helped save marriages after infidelity. More importantly, it provides with insights for the different parameters of relationships and the likelihood to commit infidelity and how the method of interventions can be modified according to the circumstances. With the example of IBCT, it is evident that in certain cases it is more beneficial to mix different methods as compared to following any single one. However, the success rate of any of these methods is around 35-60%. This presents the therapist community to challenge the method of therapy and improve upon. With the progress of time and advancement of technology in everyday life, the types of complicacies are changing. In the ever-changing landscape of relationship paradigm the psychologist community has to look forward to analyse, investigate, recognise pattern and improvise to create new module of therapy.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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