Understanding and Treating Marital Infidelity: A Multidimensional Model

DENNIS A. BAGAROZZI, SR.
Atlanta, Georgia, USA

Marital infidelity is a multifaceted problem that frequently causes couples to enter marital therapy. In this article, seven broad categories of extramarital relationships are reviewed. Certain personality factors are identified that must be taken into consideration when evaluating whether the problematic behavior is symptomatic of an axis II personality disorder, reflects less severe characterological weaknesses, or is due to other considerations. Marital dynamics, especially how spouses perceive the voluntary/non-voluntary nature of their marriage, is shown to be another important factor in determining the course, goals and outcome of therapy when infidelity is the presenting problem. An additional group of factors, e.g., marital disaffection, trust, desire to improve the marriage, willingness to reconcile, and the capacity to give and receive forgiveness is also important to take into account when gauging a couple’s motivation for treatment.

The discovery of an extramarital relationship by a spouse frequently is the precipitating factor that causes a couple to enter marital therapy. This is especially true when reconciliation is the stated goal. In order for the therapist to work successfully with couples presenting themselves for treatment with this problem four or more factors must be taken into consideration. These include:

1. The type of extramarital relationship.
2. The personality make up of the offending spouse.
3. The spouses’ perceptions of the marriage and the assumptions each spouse has about his/her partner’s commitment to remaining married.

Address correspondence to Dennis A. Bagarozzi, Sr., 2801 Buford Highway N.E., Suite 540, Atlanta Georgia, 30329. E-mail: jbagarozzi@aol.com
4. Circumstances and complaints during the marriage such as alcoholism or hypoactive sexual desire.

In this paper, each of these factors will be treated separately for the purposes of discussion. However, the reader should keep in mind that, in reality, there is a dynamic interplay among these factors. To consider only one or two of them misses the point that extramarital relationships are often complex and multi-determined.

TYPES OF EXTRAMARITAL RELATIONSHIPS

Brief Encounters

Brief sexual encounters such as one-night stands and short-term sexual relationships that last for several days or weeks have been termed “situationally specific affairs” (p. 483) by Masters, Johnson, and Kolodny (1994). An individual engages in such a relationship because the opportunity presents itself as convenient or alluring. Such affairs, according to these researchers, are not a result of premeditation. These types of affairs usually have several factors in common, such as:

1. Personal inhibitions are lowered by the use of alcohol and/or other drugs.
2. They usually involve strangers.
3. Generally, they occur far from the participant’s home.
4. They have a very low probability of being discovered.
5. Both participants understand and agree explicitly or implicitly that their sexual encounter is a one time experience or of short duration.

Essentially, in this type of affair, both parties understand the scope and parameters of the experience. The motives for engaging in this type of liaison, according to Masters, Johnson, and Kolodny (1994), include (a) a novel sexual experience, (b) a different partner, (c) adventure, and (d) to combat temporary loneliness. Lusterman (1998) has used the term “exploratory” to describe such encounters and Pittman’s (1989) description of “Accidental infidelity” would fall into this category.

Although Masters, Johnson, and Kolodny (1994) suggest that brief affairs of this type do no damage to one’s marriage so long as they remain hidden, they do not consider, as Pittman (1989) does, the possible psychological ramifications and intrapsychic turmoil that the unfaithful spouse may suffer as a result of his/her transgressions which may later have an effect upon the marriage.

Periodic Sexual Encounters

Periodic sexual encounters differ from brief and situationally determined affairs in that they are premeditated, persistent, and often chronic. The person
who engages in such encounters is usually not interested in developing deep, meaningful, or long-term emotionally bonded relationships. The primary reason for engaging in these types of relationship encounters is to fulfill a particular sexual need or desire that cannot be met within the context of one’s marriage. For example, a person may seek out partners or prostitutes who are willing to engage in sexual acts and practices in which his/her spouse refuses to participate.

In some heterosexual marriages, one partner’s bisexual orientation, of which his/her spouse is unaware, may cause the bisexual spouse to engage periodically in homosexual encounters since this need and desire for homosexual involvement cannot be satisfied in the marriage.

Sometimes, in an otherwise satisfying marriage, one’s spouse may not be a very responsive, interested, or capable sexual companion. Protracted periods of sexual dissatisfaction and frustration may lead the frustrated spouse to seek out more experienced, responsive, and satisfying sexual partners. This type of sexual involvement is fueled by a chronically disappointing and unrewarding sexual relationship with one’s spouse and should not be confused with affairs motivated by the need for new, different, or more exciting sexual partners and experiences where personality factors often play a central role. The key issue in these types of affairs is that sex with one’s partner is seldom or never satisfying, pleasurable, or fulfilling. Going outside one’s marriage for sexual satisfaction, for such individuals, can be considered an act of desperation designed to meet an unfulfilled sexual need.

Instrumental and Utilitarian Affairs

Instrumental and utilitarian affairs are sexual relationships that are entered into for personal gain and in order to achieve a specific goal or group of goals. In such relationships, the sexual act is a means to an end and is not an end in itself. The goal may be financial, for example: to get a job, to keep one’s job, to get a pay raise or promotion. The goal may be professional in nature, for example: to further one’s career in a particular field, or to gain power and influence in professional organizations or political circles. The goal may be personally motivated, for example: to retaliate against one’s spouse (Lusterman, 1998), to evoke jealousy, or to ease the transition out of an unhappy marriage (Lusterman, 1998). In all these cases, sex is used as an exchange commodity.

Short-Term Affairs Triggered by Developmental Challenges or Changing Life Circumstances

Sometimes an affair may be symptomatic of an individual’s inability to master a particular developmental life task or crisis. For example, individuals who may not have solidified a personal identity, are confused about their sexual orientation (Lusterman, 1998), or who may not have successfully separated
from their families of origin may have an extremely difficult time making the transition to married life, parenthood or commitment to a heterosexual partner and life style. An affair may also represent rebellion against these new roles and responsibilities and may temporarily relieve some of the stresses and pressures associated with new life requirements and developmental challenges.

Questions about one’s desirability, attractiveness, and sexual adequacy may cause some middle-aged men and post-menopausal women to seek validation of their worth and appeal through an extramarital liaison.

Sometimes an affair may represent a person’s failure to cope with a difficult life circumstance, for example: the chronic illness of one’s spouse, the death of a family member, the birth of a handicapped child, drastic changes in one’s income or financial status, or the loss of one’s job. In such cases, an affair can serve as a temporary distraction from stressful life circumstances over which one has little or no control.

Paraphiliac Affairs

Individuals suffering from various paraphilias may periodically engage in affairs where they can act out their sexual fantasies. Paraphilias are disorders of sexual behavior in which a compulsive element narrowly defines the focus of a person’s sexual repertoire so that arousal and satisfaction become dependent upon what most people would consider to be bizarre or abnormal sexual practices. Some of the most common paraphilias include exhibitionism, voyeurism, fetishism, sexual masochism, sexual sadism, transvestistic fetishism, frotteurism, and pedophilia.

The paraphiliac’s behavior can be seen as a symbolic acting out of a painful unconscious conflict. The symbolic act may require involvement of other willing or unwilling participants. In other instances, the use of inanimate fetishes may be necessary for sexual satisfaction to be achieved. It is important to remember that the paraphiliac’s compulsive behavior is primarily designed to alleviate intense psychic pain, anxiety and depression. Achieving sexual gratification is only a secondary motive.

Cathartic Affairs

Like paraphiliac affairs, cathartic affairs are driven by unconscious conflicts that the person is attempting to resolve through acting out behavior. Like paraphilias, this sexual acting out has a compulsive quality to it, but bizarre and abnormal sexual practices are usually not part of the picture. Such affairs may continue for years when one finds a willing partner whose unconscious themes and needs dovetail in a complementary fashion (Bagarozzi & Anderson, 1989). Such unconscious collusion is not uncommon in these types of extramarital relationships.
More Complex and Enduring Relationships

Pre-divorce affairs are probably the most common type of extramarital relationship to be found. Both participants, in such extramarital relationships, are romantically involved and plan to marry once the impediments to divorce are removed. Marital therapy for the purpose of reconciliation is usually not something that the offending spouse is interested in pursuing. Frequently, it is the offended spouse who initiates marital counseling in a desperate effort to forestall what may be inevitable.

Persons who are involved in non-voluntary marriages constitute another group of individuals who may engage in long-term extramarital relationships (Bagarozzi, 1983, 2001; Bagarozzi & Anderson, 1989; Bagarozzi & Atilano, 1982; Bagarozzi & Pollane, 1983; Bagarozzi & Wodarski, 1977). For such individuals, having a long-term affair or having a series of short-term affairs is what makes living in a totally unrewarding and dissatisfying marriage bearable. Lusterman (1998) uses the term “tripod affair” to describe such relationships. In many marriages of this type, the offended spouse may suspect that there is infidelity, but both spouses unconsciously collude and agree not to deal with the issue so as not to upset the couple’s homeostatic balance that the affair maintains and of which it is symptomatic. If, for some reason, the collusive pact of silence is broken and the couple’s homeostatic balance is disturbed, the couple may enter marital therapy in order to restore the status quo. Such a recalibration may or may not require the resumption of the clandestine affair.

One should not assume that all long-term extramarital relationships occur within seriously distressed non-voluntary marriages. In some cases an affair actually serves to stabilize a voluntary marriage. For example, a person may elect to go outside a marriage for sexual gratification because his/her spouse’s desire level has diminished considerably or has been lost completely. Here again, unconscious collusion between the spouses plays a part in the continuance of the affair and the maintenance of the marriage.

The loss or reduction of sexual desire for an individual is a complex phenomenon. Rarely, in my clinical work, have I found there to be a simple linear relationship between the loss of sexual desire and one specific cause or antecedent factor. A discussion of the dynamics of lost, diminished, or inhibited sexual desire would take us too far from the central focus of this paper; therefore, an exploration of this issue will have to be postponed until another time. Suffice it to say that changes in the desire level of one spouse may, in some cases, lead to an affair in marriages which are totally voluntary and otherwise satisfying.

The first step in working with couples when an extramarital affair is the presenting problem is to determine what type or types of extramarital relationships have occurred. Individual interviews, with both spouses, are very important at this juncture for a number of reasons:
First, the offending spouse may be more forthcoming and honest about the number, types, and reasons for his/her infidelity when the offended spouse is not present.
Second, the offended spouse may also have had (or is having) an extramarital affair of which the offending spouse may be unaware.
Third, individual interviews allow the therapist to formulate opinions about intrapsychic dynamics, personality make-up, and possible axis II diagnoses.

Table 1 highlights the major dimensions of extramarital involvement to be considered.

PERSONALITY FACTORS AND MARITAL INFIDELITY

Sometimes marital structure, systems dynamics, contexts, situational factors, sexual satisfaction, adjustment to married life, changing life and developmental circumstances, sexual orientation, sexual identity crises, paraphilias, and so on may not contribute significantly to a spouse’s errant behavior. In such cases, infidelity may be attributed to certain ego weaknesses (e.g., low frustration tolerance, poor impulse control), superego deficiencies (e.g., poorly integrated, concrete, or primitive superego), and structural anomalies in the self system (e.g., split self). A 30-item checklist for evaluating ego functioning, superego dimensions, and self configurations is available from the author upon request.

Another important determination for a therapist to make when conducting individual assessment interviews with each spouse is whether the personality deficiencies observed represent isolated deficits in personality structure or whether they are symptomatic of a more comprehensive personality disorder. If certain ego deficiencies, superego flaws, and self structural dynamics appear in conjunction with specific symptoms and defenses (e.g., projection, denial, splitting) and behavior patterns that persist over time and across a variety of situations and contexts, the therapist may suspect that the spouse does suffer from an axis II personality disorder. A list of some of the most common defense mechanisms is available from the author upon request.

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>Descriptive Dimensions of Extramarital Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Affairs:</td>
<td></td>
</tr>
<tr>
<td>Reasons Given:</td>
<td></td>
</tr>
<tr>
<td>Number of Incidents:</td>
<td></td>
</tr>
<tr>
<td>Heterosexual Involvement:</td>
<td></td>
</tr>
<tr>
<td>Homosexual Involvement:</td>
<td></td>
</tr>
<tr>
<td>Paraphiliac Involvement:</td>
<td></td>
</tr>
</tbody>
</table>
Before reaching this conclusion, however, the following factors must be taken into account:

1. Quality of ego strength, extent, and severity of ego weaknesses and number of ego deficits.
2. Quality and structure of the superego.
3. Integrity of the self and self system dynamics.
4. Type of defenses employed.

When all the above factors are considered together, the therapist will then be able to judge whether an axis II diagnosis is warranted. Table 2 can be used as a diagnostic aid.

**TABLE 2** Diagnostic Considerations

<table>
<thead>
<tr>
<th>Ego Strengths</th>
<th>Ego Weaknesses</th>
<th>Ego Deficits</th>
<th>Superego Structure and Quality</th>
<th>Self Structure and Dynamics</th>
<th>Major Defenses</th>
<th>Major Symptoms</th>
<th>Possible Axis II Diagnosis</th>
</tr>
</thead>
</table>

**EACH SPOUSE’S PERCEPTIONS OF THE MARRIAGE**

How each spouse perceives his/her marriage will affect that spouse’s willingness to put forth the effort necessary to resolve the infidelity that has brought the couple in for treatment. The following factors should be taken into consideration once the personality dynamics of both spouses have been assessed and the type of extramarital relationship has been identified.

1. Each spouse’s subjective feelings of satisfaction with the marriage prior to the infidelity.
2. Each spouse’s subjective judgments and beliefs about the voluntary/non-voluntary nature of the marriage for himself/herself.
3. Each spouse’s commitment to his/her partner, to the marriage and to resolving the infidelity.
4. Each spouse’s judgments and estimations about his/her partner’s perceptions concerning the voluntary/non-voluntary nature of the marriage and his/her partner’s commitments.

When marital satisfaction, the voluntary/non-voluntary nature of the marriage and commitments are considered, eight possible perceptions of one’s marriage can be identified. These ideal types are outlined below:

I. Satisfying (prior to affair), voluntary, committed to one’s spouse, committed to improving the marriage and to resolving the infidelity.
II. Unsatisfying (prior to affair), voluntary, committed to one’s spouse, committed to improving the marriage and resolving the infidelity.
III. Unsatisfying (prior to affair), voluntary, not committed to one’s spouse, not committed to improving the marriage or resolving the infidelity but no better alternatives to marriage are perceived to be available at the time.

IV. Unsatisfying (prior to the affair), voluntary, not committed to one’s spouse, not committed to improving the marriage or resolving the infidelity but better alternatives are perceived to be available. Person plans to leave the marriage.

V. Satisfying (prior to affair), non-voluntary, committed to one’s spouse, committed to improving the marriage and to resolving the infidelity.

VI. Unsatisfying (prior to affair), non-voluntary, committed to one’s spouse, committed to improving the marriage and resolving the infidelity.

VII. Unsatisfying (prior to affair), non-voluntary, not committed to one’s spouse but committed to maintaining the marriage and improving the relationship without necessarily resolving the infidelity.

VIII. Unsatisfying (prior to affair), non-voluntary, not committed to one’s spouse but committed to maintaining the marriage with no desire to improve the relationship or to resolving the infidelity.

At the outset of therapy, it is important to assess the level of marital satisfaction, commitments, and the barriers that exist to prevent divorce (i.e., the voluntary/non-voluntary nature of the marriage) as each spouse perceived them before undertaking treatment, since how each spouse perceives the marriage, and his/her place in it, will influence that spouse’s willingness to work toward resolution of the infidelity. Similarly, it is essential to determine what each spouse believes to be his/her partner’s perception of the marriage along these same dimensions. For example, a husband who perceives his marriage to be a III or IV and who knows that his wife perceives their marriage to be non-voluntary (e.g., V, VI, VII, VIII) will probably have little desire to end an affair or to enter marital therapy. However, if an unfaithful spouse perceives her marriage to be a V and knows that her husband perceives the marriage as she does, the prognosis for improving the marriage and resolving the infidelity may be good. Similarly, the prognosis for helping spouses who both perceive their marriage to be a VI may also be positive. On the other hand, spouses who perceive their marriage to be a VII or VIII will pose interesting challenges for a therapist, especially if both spouses can accurately assess each other’s perceptions of their relationship.

TREATMENT CONSIDERATIONS: ASSESSMENTS AND DIAGNOSES

In my work with couples, a systematic assessment of the marriage is conducted before formal treatment is begun. Couples are asked to complete a battery of instruments that are selected specifically to address the presenting
problem. Each spouse is interviewed separately for two structured diagnostic sessions. In these individual interviews, personal/family histories are gathered. Special attention is given to incidents and themes of infidelity in the individual’s family of origin and extended family system. A central part of the personal history portion of these interviews is the exploration of each spouse’s intimate relationships (Bagarozzi, 2001). Personal histories are essential for arriving at a DSM IV axis II diagnosis. Individual interviews are also used to explore each spouse’s motives for wanting to remain in the marriage and to assess each spouse’s empathic ability and capacity for giving and receiving forgiveness. Finally, individual interviews are used to ask each spouse to speculate about what he/she believes his/her partner’s motives might be for wanting to reconcile. When infidelity is the presenting problem, the following instruments are routinely administered.

Justification for Extramarital Involvement Questionnaire
(Glass & Wright, 1992)

This assessment tool is an excellent adjunct to material gathered through individual interviews. It is a 17-item, Likert-type questionnaire that explores spouse’s justifications and rationalizations for engaging in an extramarital sexual relationship. Four domains are assessed. These include: (a) sexual justifications, such as excitement and sexual satisfaction, (b) extrinsic motivations such as career advancement, (c) emotional gratification, and (d) love and romantic motives and involvements. Items are in the form of phrases or partial sentences. Responses are scored on a four-point scale with options ranging from “I would feel completely justified” to “I would feel completely unjustified.” Although the Justification for Extramarital Involvement Questionnaire (Glass & Wright, 1992) does not address all types of affair motivations described earlier in this paper, it does deal with the majority of them in a straightforward, clear, and concise manner.

Marital Disaffection Scale (Kersten, 1988; Kayser, 1993)

Disaffection is described as the gradual loss of an emotional attachment to one’s spouse. Disaffection includes a decline in caring about one’s spouse, emotional estrangement and an increasing sense of apathy and indifference toward one’s spouse. The scale consists of 21 items scored on a four-point, Likert-type scale with response options ranging from “Very true” to “Not at all true.” The range of scores is 21–84. The higher the score, the higher the disaffection is thought to be. In my work with couples, regardless of the voluntary/non-voluntary nature of the marriage, I have found there to be a negative association between disaffection and a willingness to work toward a successful resolution of marital infidelity. In a broader sense, a
spouse’s motivation to engage in marital therapy is often dependent upon that spouse’s degree of disaffection.

Trust Scale (Rempel, Holmes & Zanna, 1985)

Clearly, trust has been violated when infidelity occurs in a marriage. Regaining trust is a central theme, therefore, that must be addressed continually throughout the therapeutic process. The Trust Scale (Rempel, Holmes, & Zanna, 1985) is a 17-item, Likert-type scale that assesses three areas of interpersonal trust: faith in one’s partner, predictability of a partner’s behavior and actions, and dependability. This last dimension, dependability, deals specifically with sexual fidelity. The Trust Scale can be used as a pre-treatment—post-treatment measure of the degree to which trust has been regained by the offended spouse at the conclusion of therapy.

Spousal Inventory of Desired Changes and Relationship Barriers (Bagarozzi, 1983)

The Spousal Inventory of Desired Changes and Relationship Barriers (SIDCARB) (Bagarozzi, 1983) is a brief empirically tested paper and pencil self-report instrument that can be used to measure spouses’ perceptions of three dimensions of their marriage: (a) overall satisfaction with the nature of the marital exchange process in ten critical areas of marriage, (b) commitment to one’s spouse and commitment to one’s marriage, and (c) perceived barriers to separation and divorce. By having each spouse complete this questionnaire, which takes 3–5 minutes to administer, the therapist can determine the degree to which each spouse perceives his/her marriage to be non-voluntary. Asking each spouse to answer SIDCARB questions according to how he/she believes his/her partner would respond to these same questions provides the therapist with valuable information about each spouse’s perceptions concerning his/her partner’s satisfaction with the marriage, commitment to the relationship and the voluntary/non-voluntary nature of the marriage.

Once assessments and diagnostic formulations have been completed, the therapist will be able to make a well-informed determination about the course of therapy. In some cases, group and individually focused treatments may prove to be valuable adjuncts to marital therapy. This is especially true when the sexual behavior of the offending spouse is judged to be compulsive or is thought to be symptomatic of a personality disorder or paraphilia. Since the prognosis for successfully treating certain types of personality disorders (e.g., narcissistic, borderline, paranoid, and anti-social) and paraphilias is poor, a frank and straightforward discussion with the couple about the nature of these conditions is recommended. How the therapist approaches such issues is a matter of personal style, and care should be taken not to present an overly pessimistic picture. However, the therapist should advise the couple that some difficult therapeutic work is ahead of them. In some cases, as therapy
progresses and the unfaithful spouse is unable or unwilling to discontinue the offensive behavior, the offended spouse may find himself/herself at a crossroads where the decision to remain in the marriage or to leave it can no longer be postponed. Unfortunately, in some non-voluntary marriages, the offended spouse may simply decide to remain in an unhappy relationship and accept the fact that his/her partner will periodically be unfaithful.

As was mentioned earlier, individuals who suffer from various paraphilias usually cannot become sexually aroused and are unable to achieve orgasm without the aid of specific behavioral rituals, enactments or fetishes. Usually, the person with a paraphilia engages in an extramarital sexual relationship because he/she feels too ashamed and guilty to ask his/her spouse to engage in the behavioral rituals needed for sexual gratification. Sometimes, however, if the spouse is willing to engage in the required fantasy behavior and ritual or is willing to incorporate the indispensable fetish as part of their love making, the paraphiliac may not find it necessary to go outside the marriage for sexual fulfillment.

Unfortunately, in some cases, the paraphiliac fantasy and ritual requires that the person engage in extramarital relationships or employ the services of a prostitute in order to find sexual gratification. In other instances, getting caught and being punished for sexual behavior may be a central aspect of the paraphiliac theme that is required for sexual satisfaction. In such cases, the prognosis for a successful resolution is poor.

Forgiveness

Therapists should not assume that all offended spouses who enter marital therapy are willing to grant forgiveness to their partners even though the offending spouse may ask for forgiveness. Although both spouses may express the desire to reconcile, forgiveness may not be part of the reconciliation agreement for the offended spouse. Reconciliation, in such cases, may simply mean that the offended spouse accepts the fact that infidelity has occurred but agrees to remain in the marriage under one condition, e.g., that no further transgressions occur. In such cases, reconciliation can be seen as provisional. Provisional reconciliation usually occurs in voluntary marriages when only one incident of unfaithfulness has taken place. In some voluntary marriages, the offended spouse may agree to a provisional reconciliation in order to placate the offending spouse, but he/she actually plans to end the marriage once a better alternative relationship or circumstance presents itself.

A spouse who is locked into a non-voluntary marriage may not be willing to forgive, because the errant spouse is a repeat offender. Even in cases where the offending spouse has not been unfaithful in the past, he/she may have proven to be dishonest, unreliable, undependable, and unpredictable in other areas of the marriage for so long that he/she can no longer be trusted.
In both voluntary and non-voluntary marriages, forgiveness might be withheld strategically, that is, in order to change the power dynamics in a homeostatic marital system. Reminding the unfaithful spouse of his/her transgressions becomes a potent weapon that can be used to defeat the offending spouse in marriages where conflicts are seen in terms of win-lose, zero sum challenges.

When both spouses desire to work toward forgiveness, the therapist’s role is to help them explore the meaning of forgiveness and the conditions under which forgiveness is typically granted. In my work with couples choosing to work toward forgiveness, discussions about forgiveness are begun with a definition of the term and its major components:

(a) Definition—Forgiveness is a conscious, deliberate and willful decision on the part of the offended spouse to grant pardon to the offending spouse for his/her act or acts of infidelity.
(b) In granting forgiveness, the offended spouse agrees to cease feeling angry and resentful feelings toward the offending spouse.
(c) In granting forgiveness the offended spouse agrees to relinquish the right to retaliate against the offending spouse.
(d) In granting forgiveness, the offended spouse agrees not to use the offending spouse’s unfaithfulness as a calculated maneuver, strategy or weapon to defeat his/her mate when disagreements arise between them.

If the offended spouse agrees to abide by the conditions outlined above, the offending spouse must:

(a) Acknowledge that he/she has willfully violated the marriage contract/agreement by becoming involved in an extramarital sexual relationship.
(b) Accept full responsibility for the infidelity and not blame his/her spouse or others for his/her unfaithfulness.
(c) Request forgiveness.
(d) Promise to discontinue the extramarital relationship (if it is still ongoing) and promise not to become involved again, in the future, in any other extramarital sexual relationship.
(e) Outline the specific behaviors that he/she agrees to perform in order to demonstrate his/her sincerity and to demonstrate that any and all extramarital relationships have been brought to an end.
Critical Issues Pertaining to Forgiveness

Agreeing to forgive one’s spouse is the first step toward reestablishing trust in a marriage. For the offended spouse, doubts, uncertainty, and mistrust are common and understandable emotions in the aftermath of betrayal. There is a tendency, in some cases, for the deceived spouse to attempt to monitor the unfaithful spouse’s behavior in order to ensure that fidelity is actually being practiced. Checking telephone and cell phone records, perusing credit card and personal check receipts, reviewing bank statements, tracking internet usage, opening mail, and clandestinely following one’s spouse are some of the means a wronged spouse might use to gain a sense of mastery and control in a situation fraught with anxiety. Such “checking up” behavior may continue for a long time and usually angers the unfaithful spouse who may ask “when will it end?” and “when will you trust me?” Monitoring behavior is often accompanied by a strong desire, on the part of the offended spouse, to know details about the affair. For the offending spouse, the demands for information may seem petty and unreasonable, but for the offended spouse knowledge and specific information may be what is needed to gain mastery over the traumatic experience of being betrayed and deceived.

The “checking up” phase of treatment represents a transitional period, and its duration differs from couple to couple. Although characterized by anger, hostility, resentment and jealousy, “checking up” does offer the therapist an opportunity to reframe the offended spouse’s behavior in a positive way that may facilitate reconciliation. “Checking up” can be characterized as an indication that the offended spouse is still emotionally and passionately involved in the marriage. On the other hand, the therapist should take note that if apathy or indifference replace “checking up,” this may mean that the offended spouse has emotionally withdrawn from the marriage and that complete disaffection has taken place. In some cases, loss of sexual desire that is specific to the offending spouse may be seen in place of “checking up.” This sometimes occurs when the offended spouse is struggling with feelings of repressed rage. The total or global loss of sexual desire may be symptomatic of a major depression.

This “checking up” transitional period is usually very stressful and emotionally draining for both spouses. Eventually, the offended spouse will have to make a decision. He/she can (a) make a “leap of faith,” i.e., trust the offending spouse and discontinue “checking up,” (b) accept the possibility that his/her mate will never be trustworthy, stay in the marriage and continue to live in doubt, or (c) end the marriage.

Behavioral contracting can be a very valuable intervention at this point in therapy, because it allows the offended spouse to make an informed and data based decision concerning whether or not to trust the offending spouse again. Problem areas identified during the assessment process, especially those areas that showed up as concerns on the Trust Scale (Rempel, Holmes &
Zanna, 1985) and the Spousal Inventory of Desired Changes and Relationship Barriers (Bagarozzi, 1983) can become the focus of behavioral contracting. The more the unfaithful spouse lives up to the agreements negotiated in therapy, the more the offended spouse will be likely to see him/her as a faithful, predictable and dependable partner worthy of being trusted again.

RECAPITULATION

Marital infidelity is a multi-faceted problem. In order to help couples that present with this concern, a therapist must be able to assess a number of inter-related factors. The first factor to consider is the type or types of affairs engaged in by the unfaithful spouse. Table 1 can be used to help therapists categorize and conceptualize the nature and scope of the problem. The second factor to consider is the degree to which faulty personality variables play a significant role in the process. The therapist must ask himself/herself whether the transgression or transgressions committed by the unfaithful spouse reflect isolated personality flaws and weaknesses or whether they are symptomatic of a much more comprehensive personality disorder. Lists of ego functions, superego dimensions, self structures, defenses, and diagnostic considerations were constructed to help therapists evaluate whether an axis II personality diagnosis is warranted. A third factor that must be taken into account is each spouse’s perception of the voluntary nature of his/her marriage as well as each spouse’s beliefs about his/her partner’s perception of the voluntary nature of the marriage since such perceptions and beliefs contribute significantly to a spouse’s motivation for and commitment to marital therapy. Motivation to engage in and profit from marital therapy is also colored by a number of additional factors. These include:

1. The degree of disaffection present in each spouse.
2. The extent of mistrust experienced by the offended spouse or spouses.
3. The desire of both spouses to improve the marriage.
4. The willingness of both spouses to reconcile.
5. The capacity and desire of both spouses to grant and receive forgiveness.

Table 3 can be used as a guideline for estimating spouses’ motivation for treatment.

TREATMENT CONSIDERATIONS AND CONCLUSIONS

Marital therapists are faced with a complex systemic challenge when couples identify infidelity as the presenting problem. Not only must the therapist consider marital structure, couple dynamics, intergenerational influences, and contextual factors before deciding upon a course of action, the therapist must
<table>
<thead>
<tr>
<th>Perception of Marriage: Voluntary/Non-Voluntary</th>
<th>Perception of Spouse’s Perception of Marriage: Voluntary/Non-Voluntary</th>
<th>Degree of Disaffection</th>
<th>Extent of Mistrust</th>
<th>Desire to Improve Marriage</th>
<th>Willingness to Reconcile</th>
<th>Capacity and Desire to Grant and Receive Forgiveness</th>
</tr>
</thead>
</table>
also take into account the personality make-up of the offending spouse. This is especially relevant when the offending spouse seeks forgiveness and both parties wish to reconcile and improve their marriage, since deficiencies in ego functioning and flaws in the self structure and/or the superego of the unfaithful spouse may make it difficult for trust to be reestablished and for forgiveness to be granted. The rebuilding of trust is the central issue to be dealt with in therapy when unfaithfulness is the central cause of marital distress. Regaining trust, however, does not come easily, and each couple is different in terms of the length of time it takes for trust to be reestablished.

There are some cases, however, where forgiveness and/or reconciliation are not the shared goals of the spouses, because the offending spouse has proven to be chronically untrustworthy. Nevertheless, the offended spouse may choose to remain in the marriage for a variety of reasons discussed earlier. For some couples, stability may be more important than marital satisfaction. For other couples, maintaining the appearance of a satisfying and stable relationship may be the primary concern. In such cases, spouses may agree to live as “room mates” with each partner leading a separate and independent life. Long standing affairs may be continued or brief periodic liaisons may be permitted so long as they are conducted discreetly. Such agreements between spouses may simply represent the formalization of an informal, non-verbalized contract that had not been openly acknowledged previously. Therapists should realize that such a compromise may indeed be negotiated by a small percentage of couples who enter therapy when infidelity is the presenting problem.

REFERENCES


