

TREATING INFIDELITY:
THERAPISTS' RATINGS OF HOPE, THREAT, FORGIVENESS, AND
JUSTIFICATION

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Thesis submitted to the Faculty of the Virginia Polytechnic Institute and State University

in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

In

Human Development

Marriage and Family Therapy

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September 8, 2000
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Key Words: Infidelity, Treatment, Affairs, Therapist's Beliefs, Hope, Threat,
Forgiveness, Justification, AFTA, Internet, Gender, Type of Affair, Personal Experience

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(ABSTRACT)

This exploratory study examined the beliefs of 82 experienced Marriage and Family Therapists regarding the treatment of marital infidelity. Participants were asked to read an on-line vignette and respond to a subsequent web based questionnaire by rating levels of hope, threat, forgiveness, and justification for a couple in regard to various affair scenarios. This study employed an experimental design using six groups to discover possible differences in responses across the dependent variables of hope, threat, forgiveness, and justification. Participants were randomly assigned to one of the six groups, which determined which vignette the participant read. The vignettes varied for each group by the type of affair (sexual, emotional, or combination), and the gender of the affair initiator. This study also looked at therapists' personal experience with affairs.

Findings suggest an affair initiated by a woman was rated as more threatening to the marital relationship than an affair initiated by a man. Participants were also more likely to justify a woman's affair than a man's affair. While tentative, findings suggest that the type of affair and therapists' personal experience with affairs may be legitimate areas for further study within the context of infidelity research.

To my loving wife, Shireen, for joining me in the joy, growth, fulfillment, and adventure of our wonderful marriage.

To my parents, Fred and Pat Dodini, for teaching me through example the power of commitment in marriage.

ACKNOWLEDGEMENTS

The accomplishment of this seemingly monumental task would not have been possible without the support, encouragement, and direction of my faculty, committee, colleagues, and friends. It is an amazing experience when the lines between those roles blur in an environment of academia and collegiality.

I thank Dr. Eric McCollum for teaching me the importance of asking for help and working collaboratively. I thank Dr. Karen Rosen for her challenging expectations and thoughtful insights, not to mention her red pen. I thank Dr. Sandra Stith for reminding me that I had a thesis to do and that I could do it. Your positive attitude helped me overcome the paralyzing feelings of being overwhelmed. Thank you, Dr. Gabriella Belli, for seeing the statistical vision of the project even before I did! Grazie per l'aiuto e perche mi hai fatto pensare in una maniera nuova. Special thanks to Dr. Jean Coleman for helping me keep it all together! Maybe now I can slow it down? We'll see!

This project would never have even been started if not for the excitement, encouragement, support, and direction of Dr. Shirley Glass. A profound thanks to you for continuing the Athanasiou gift. You have believed in me and trusted me and for that I can never hope to repay you, but you have my word that I will continue the gift. I may never be able to fully express to you my profound gratitude, but I hope you will know of your impact on me.

To my friends and fellow travelers in the journey, thank you! I came to Virginia Tech because of my hope to be affiliated with you in this journey as well as the journey a great many years ahead. You have inspired me, humbled me, challenged me, and made

me better. I have learned the value of friends largely because of many of you. Thank you.

And finally to my amazing wife, family, and family-in-law. Thank you for enduring the challenge of dealing with an exhausted, stressed, and sometimes grouchy husband, son, or brother. I probably could never have left home to even begin this journey if not for each of you. To our soon to be born, beautiful little baby girl, your presence has already been one of encouragement and excitement to get this thing done so we can play! I can't wait!

This thesis is just one of many pathway markers in the journey, but none of them are more important to me than each of you are in my life. I thank you for loving me, caring for me, and supporting me. I thank you for your words, deeds, and prayers of support. The hugs and kisses weren't bad either!

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CHAPTER ONE-INTRODUCTION

Statement of the Problem

Marriage and family therapists throughout the country work with thousands of couples facing issues involving extramarital sex each year. Some estimates suggest that almost 50% of the couples that come to therapy are facing issues of infidelity (Atwood & Seifer, 1997). Numerous attempts to discover the prevalence of infidelity in the United States suggest that 50% to 65% of husbands and 45% to 55% of wives have engaged in an extramarital affair (Allgeier & Allgeier, 1995; Atwood & Seifer, 1997; Goettsch, 1994; Kinsey, Pomeroy, & Martin, 1948; Penn et. al., 1997; Thompson, 1983, 1984; Wiederman, 1997, 1998; Levine, 1998). Affairs are given as a reason for divorce or separation by as many as 31% of men and 45% of women (Atwood & Seifer, 1997). Indeed, Pittman (1993) wrote that, “Infidelity is the *sine qua non* of divorce” (p. 35).

Because extramarital sex (EMS) impacts so many couples and families who come to marriage and family therapists for help, it is essential that marriage and family therapists become aware of, and learn to deal with, the multiplicity of issues complicating such cases. Some of the issues that muddy the therapeutic waters may come as a result of the unique characteristics that the couple presents as well as from therapists’ own characteristics—their experiences, their beliefs, and their biases regarding infidelity.

From an empirical perspective, we know very little about what therapists think and believe about affairs (Glass & Wright, 1997). Few studies have documented the biases, beliefs, and experiences of marriage and family therapists regarding infidelity or their impact on therapeutic outcome for couples dealing with affairs in their relationships. Indeed, Brown (1991) believes that the mental health profession has avoided the study of

infidelity for some time. She cites our lack of knowledge about how to proceed and our own discomfort and fears as contributing factors in our avoidance of infidelity issues (Brown, 1991). This study attempts to address the paucity of empirical study of infidelity generally and specifically therapists' beliefs and biases in the treatment of it.

Generally speaking, most of what is understood about affairs has come as a result of studying couples and their experiences around affairs. Only recently have researchers explored what therapists think about affairs (Brandt, 1992). The following study is an empirical and exploratory study of the beliefs and biases marriage and family therapists have when working with a couple that desires to survive an affair. The purpose of this study is to discover what, if any, relationship client characteristics and therapists' personal characteristics will have on the beliefs held by experienced clinicians about a couple's ability to maintain their relationship in the wake of an affair. Since there is little research on therapist variables, this study incorporates what we know from the literature about infidelity within the context of the couple and attempts to apply that knowledge to therapists' experience of treating infidelity.

Definition

A first step toward understanding therapists' experience clearly is to define infidelity. The general population probably initially thinks of the sexual components of an affair when they consider the topic of infidelity. Clearly, the sexual indiscretion is a part of the process as well as one of the acts of an affair, but it is not necessarily the defining event. The emotional and sexual components of an affair touch the surface of what infidelity is for many couples. Pittman adds the components of "a breach of trust, a betrayal of a relationship, a breaking of an agreement" (1989, p. 20). One must also

consider the secrecy and dishonesty that effects the self esteem of the spouse, the rules that have been broken, the energy that keeping the secret takes from the marital relationship and the emotional turmoil specific to infidelity and betrayal. Brown (1991) says “affairs threaten the structure of the family and thus our very basis of belonging. An affair arouses and fuels our fear of abandonment, a feeling so basic and primitive it goes to the core of our being” (p. 1).

Glass and Wright (1997) go even further in emphasizing the breach of trust involved in an affair. They have identified three typologies of affairs—sexual, emotional, and a combination of sexual and emotional. They assert that it is possible therefore to have an affair and never be physically sexually intimate with the affair partner. The loss of trust and the hurt of being deceived can be more difficult for some partners to endure than dealing with the sexual aspects of the affair (Brown, 1991; Spring, 1996). Furthermore, they have suggested that the traumatic effects of each type of affair can be powerful and immobilizing. Indeed, recent literature regarding infidelity has documented the similarity of the symptoms associated with affairs to the symptoms associated with other traumas, such as that occurring in the case of a post-traumatic stress disorder (Glass & Wright, 1997; Gordon, Baucom, & Snyder, in press).

Despite the popular view, then, according to the literature (Brown, 1991; Glass & Wright, 1997; Pittman, 1989, Spring, 1996) sexual contact does not have to occur for a therapist or client to describe a given behavior as an “affair”. The key components of an affair appear to be a concealed and intimate betrayal of trust outside of the committed mutually agreed upon monogamous relationship involving physical sexual contact,

emotional intimacy, or both. Each of the typologies of affairs may elicit traumatic symptoms upon discovery.

Meaning

With this definition of infidelity in mind, it is quite possible that infidelity still means different things to different couples. The meaning a couple makes of extramarital intimacy may vary depending on their belief structures and life experiences. The same holds true for therapists.

A therapist's own personal experiences with infidelity, feelings about it, moral values, and resulting belief about the direction of therapy for the client couple can have a direct impact on clients (Silverstein, 1998; Spring, 1996). The therapist must guard against that impact being negative. The client couple may often feel shame and guilt surrounding the affair and the therapist's feelings about the affair, if moralistic or judgmental, can add injury to insult and shame (Atwood & Seifer, 1997; Brown, 1991; Glass, 1998; Spring, 1996).

In addition, the stress of working with the strong emotions that couples have about an affair takes its toll, "It is easy for the therapist to feel anxious, discouraged, hopeless, and frustrated working with clients dealing with extramarital affairs" (Silverstein, 1998, p. 294). Such feelings of countertransference also interfere in the therapeutic process. Silverstein (1998) says that while the conscious countertransference can be controlled, unconscious countertransference is "likely to be revealed in subtle forms of acting out such as favoritism of one spouse, harshness, impatience, or avoidance of painful affect" (p. 296) which are less easily controlled or even acknowledged by the

therapist. Lack of awareness of our own reactions to what the clients bring to session can lead to the therapist being judgmental.

Finally, the therapist's own personal experiences with infidelity may impact their reactions to the couple's struggle with the affair. Therapists' personal experience with an affair probably evoked powerful emotions that may be stirred up as they work with the couple. How the therapist deals with these emotions may influence the treatment and perhaps outcome of therapy. The outcome of their own personal experiences with affairs or betrayal may have a direct impact on the beliefs the therapist has about the possibility of successful accomplishment of the therapeutic goals for the couple.

In summary, Silverstein (1998) maintains that:

“Moralism interferes with progress in marital therapy. Everyone has beliefs of right and wrong, good and bad. Even when therapists have little identification with either party, they may find it difficult to avoid judging the infidel or the ‘innocent, helpless’ spouse. Righteousness slips out of suppression. Clients may perceive the judgment and experience heightened guilt and shame or their own reactive rationalizing righteousness. Perceived judgment can lead to further secret keeping and diminished honesty. Therapists’ hands are tied when either party is not fully open” (p. 297).

Therapists must become more fully conscious of their own morality, and their life's experiences that make up their beliefs about infidelity, so they can protect themselves and their clients from the judgments that may come into the therapy room.

Inquiries

The question that begs to be asked is what do marriage and family therapists believe about the various types of affairs? Do their beliefs change if a man has an affair rather than a woman? How does the personal experience or gender of the therapist affect the beliefs he or she has about extra marital sex (EMS)? In what case, if any, would a

therapist believe an affair is justified? What level of hope do therapists have that the couple can survive infidelity and remain together in a committed and monogamous relationship? In the eyes of the therapist, how important is forgiveness in the healing process of an affair?

The literature suggests that forgiveness, threat to the stability and continuation of a relationship, and justification of affairs are highly relevant to our understanding of the experience of affairs from the viewpoint of the couple (Brandt, 1992). Since, according to constructivist theory, individuals are co-creators of the reality of a given event or situation, I wondered what therapists believed about the issues of justification, threat, and forgiveness when treating a couple where one partner had had an affair. If justification, threat, and forgiveness are relevant to understanding the experience of affairs for couples, it is possible that these issues would also be relevant to understanding the experience of therapists who treat the couples. Finally, hope is an important contributor to treatment outcome (Miller, Duncan, & Hubble, 1996) so I added it as one of the dependent variables to be studied along with justification, threat, and forgiveness.

Justification

Glass and Wright (1992) have found that there is diversity between men and women around justifications of affairs. They found that individuals who were involved in an affair tended to justify the affairs in one of three ways: (1) being caught up on the passion of the moment, (2) falling in love, and (3) the development of an emotional connection with the affair partner. I wondered if therapists would justify affairs based on these three areas and if their justifications of affairs would differ based on the gender of the betrayer and the nature of the affair or based on the gender of the therapist and their

personal experience with an affair. Would therapists generally justify affairs across any of the three levels or would they not justify affairs?

Forgiveness

Recent studies suggest that “forgiveness-based interventions aimed at helping the individual cognitively reframe the interpersonal betrayal and gain a greater understanding of why the trauma occurred are effective in increasing participant’s levels of forgiveness and in improving their levels of individual psychological functioning” (Gordon, Baucom, & Snyder, in press, p.16). I wondered if therapists integrate forgiveness into therapy specifically for infidelity, thereby increasing the chances for improved psychological functioning and greater marital satisfaction for the couple? How important is the use of forgiveness?

Hope

Professional integrity and perhaps ethics would dictate that a therapist should believe that a couple could survive an affair (if that is the desire of each partner in the relationship) and convey that hope to the couple who is seeking to stay together. One tenet of the AAMFT Code of Ethics states that “therapists with specific education and training in marriage and family therapy provide the most effective mental health care to individuals, couples, and families” (AAMFT, 1998). With this in mind, Miller, Duncan, and Hubble (1996) have found that hope is the *operandus modi* for change in therapy. They emphatically state that for therapy to be effective both therapist and clients must have hope. It seems apparent that clients can gain hope from their therapists’ expressions of confidence in themselves, in the couple, and in therapy generally. Indeed, therapists

are often commissioned to “hold the hope for the clients”. Given the importance of hope, how hopeful are therapists about couples maintaining their relationships after an affair?

Threat

Related to therapists’ hope for the couple, is therapists’ opinion about the level of threat that an affair poses to the relationship. I have operationalized threat to the relationship to mean potential that the relationship may dissolve or become less rewarding or fulfilling. Wiederman and LaMar (1998) found that there were gender differences in the emotional reactions of couples to sexual infidelity. Indeed, they found that women were more hurt by the discovery of their partner’s emotional affairs and rated emotional affairs as being more detrimental to the relationship than did men. Conversely, they found that men were more angered by the discovery of a sexual affair and rated sexual affairs as being more threatening to the belief that the relationship would survive. I wondered how the interaction of betrayer gender and nature of affair would impact therapists’ ratings of threat to the relationship and color their belief that the relationship could survive the affair?

These four areas of interest—hope, forgiveness, justification, and threat to relationship make up the dependent variables for this study. They have been studied in relation to couples experiencing infidelity, but not in the context of therapists’ beliefs about working with infidelity. This study endeavors to fill a gap in the literature specific to infidelity and indeed in the general area of therapist perceptions and beliefs. It will give us a preliminary and exploratory glimpse at what impacts the experience of infidelity for experienced couple and family therapists.

Theoretical Framework

This study looks at the meaning therapists ascribe to infidelity, and thus uses phenomenology as its theoretical framework. “Phenomenological perspectives take the features of the world of everyday life, as experienced by its members, as their topic” (Gubrium & Holstein, 1993, p.651). Family researchers are increasingly interested in how family members experience their everyday worlds and how their perceptions of their experiences lead to diverse meanings, but have neglected the study of how therapists experience the world of couple’s treatment for infidelity. Phenomenology has been described broadly as a “tradition within the social sciences concerned with ‘understanding the social actor’s frame of reference’” (Boss, Dahl, & Kaplan, 1996, p.83). In this study, I have attempted to understand the frame of reference of therapists concerning their experience, biases, and beliefs regarding affairs.

The philosophical assumptions that guide phenomenological family therapy researchers have also acted as theoretical guides for my study (Boss, Dahl, & Kaplan, 1996).

1. *Knowledge is socially constructed and therefore inherently tentative and incomplete.* With this guideline, it is understood that specific meanings that therapists give to their experience of the affair will be impacted by the couple’s characteristics and in turn impact the couple’s experience. How an affair is defined for the therapeutic system will be comprised of the experiences, beliefs, and biases of all members of the system, including those of the therapists.

2. *Objects, events or situations can mean a variety of things to a variety of people.* An affair may be seen as part of the normal family life cycle for some clients and

therapists. It may mean a severe lack of commitment in a marriage to other therapists or a symbol of the relationship's woes in other areas for yet others. For the therapist, it may be seen as denoting a lack of intimacy or love within the marriage, when in the client's reality, it means nothing of the sort. Obviously, there is no single meaning for infidelity.

Social constructionist theory, within which phenomenology is classified, can be helpful in giving structure and understanding to the emotional story of infidelity. "A person's reality is maintained by developing a personal sense of self that is congruent with the social constructions" (Atwood & Seifer, 1997, p. 61). This includes the "reality" of infidelity for the therapist (Riessman, 1989). When a child is born, he or she immediately enters a social environment and begins to make sense of the environment by observing others and interpreting the rules of that society. The experiences of life and their constructed meanings play a large role in how we filter and explain the relationships of life. We try to match our experience with the meanings or scripts that society has constituted. In much this same way, we develop our personal identity, our marital script, and the meanings that we give to the experiences within marriage, including infidelity (Atwood & Seifer, 1997).

Objectives

During this study I sought to answer sixteen questions about the relationships of client characteristics and therapist characteristics to the previously mentioned dependent variables of hope, threat, forgiveness, and justification. The four independent variables include the gender of the affair initiator, the nature of an affair (e.g. emotional, sexual, and a combination of emotional and sexual), and the therapists' gender and personal experience with infidelity. The specific dependant variables were chosen on the basis of

recent literature addressing individuals' and couples' experience with affairs. The sixteen questions have been broken down across the four dependent variables and follow.

Hope Questions

Do therapists have greater hope for relationships where men have the affair or where women have the affair? Will hope levels of therapists vary as a result of the type of affair? Do hope ratings of therapists with personal experience be different from the ratings that therapists without experience gives? Will hope levels expressed by male therapists differ from those of female therapists?

Threat Questions

Will the therapist's appraisal of the level of threat to the relationship that the specific act of infidelity poses vary according to the gender of the betrayer? Do therapists' threat ratings differ by the type of affair? Will therapists with personal experience rate threat higher or lower than therapists who have not had experience? Will male therapists give higher threat ratings than female therapists?

Forgiveness Questions

Will ratings a therapist gives to the importance of forgiveness for the couple to be successful in surviving the affair change as a result of differing betrayer genders? How about due to changes in the affair type? Will therapists who have personal experience vary in their ratings of the importance of forgiveness in comparison to those therapists who have not had personal experience? Do female therapists give more importance to forgiveness than male therapists?

Justification Questions

Will justification ratings for affairs vary by changes in the betrayer gender? Will those ratings vary by different types of affairs? Do therapists with experience justify affairs more than those without? Will male therapists justify affairs more readily than female therapists will?

CHAPTER TWO--REVIEW OF THE LITERATURE

History of Researching Infidelity

Much of what we know about the problem of infidelity has come from the early general studies of human sexual behavior performed by researchers such as Kinsey (1948), Hite (1981), and others. These groundbreaking studies focused on sexuality in general terms and included extramarital sexuality as a piece of the human sexual experience. A number of highlights from these studies will be presented to give a context for later studies that have had as their focus the specific experience of infidelity and provided a base understanding of the prevalence of infidelity.

Prevalence

Kinsey, Pomeroy, & Martin (1948) were pioneers in the area of researching human sexual behaviors. They took the first steps toward legitimizing sexuality as a scientific area of inquiry and in doing so, became the first to comment on the extensive experience of extramarital sex. The Kinsey et al. (1948) study included reports of self-selected volunteers from many different areas and demographic segments of the population using face to face interviews with over five thousand men and almost six thousand women. They found that by age 40 approximately half of all married men and a little more than a quarter of married women had been unfaithful to their spouses (Brandt, 1992).

While this study has been instrumental at beginning the scientific inquiry into the realm of sexuality, it has been faulted by critics who believe the “group sampling design seriously restricts the generalizations made through the studies...” (Kim, P. 65, in Nuebeck, 1969). Other critics, including Wyatt, Peters, and Guthrie (1988) believe the

face to face interview style is problematic because it may inhibit truthful answers to sensitive questions (Brandt, 1992). This issue may lead one to believe that the numbers may have actually been higher. Other critical points to the study have been that the population lacked representation from many age groups and minority groups. Notably, African Americans were largely absent in the study.

While the criticisms for Kinsey's study are many, the importance of the work is great. Kinsey provided the first data on the prevalence of extramarital sex and took a giant step toward opening the door for future studies such as this one. While the data may be dated and perhaps invalid, it has opened the door for a more intensive and thorough study of infidelity.

In a 1987 study of human sexuality, which also encompassed the study of extramarital involvement, Hite included both qualitative and quantitative measures of sexual behaviors. She did this in an effort to offer an alternative to the "value-free" impartial study of sex. She believed that such "value-free methodological strategies of the Sciences are at best irrelevant and at worst a distortion of the subject matter itself" (Hite, 1987, p.770). While Kinsey's study was a quantitative investigation into behaviors, Hite believed that the data could be interpreted in a very subjective nature and without the qualitative voice of the participants of the study, that interpretation would likely be skewed by the researcher's bias. She appeared to be saying that it didn't matter what the behaviors were or how many individuals were involved and that the focus should be on the experience of the behavior for the participants. Hite recognized the highly subjective nature of the study of sexuality and the interpretation of the data itself and attempted to capture the subjective experience from the view of the participant

through the use of anonymous questionnaires with open-ended essay questions. The questionnaires were distributed to various organizations instead of individuals to maintain anonymity, however this meant that only individuals who had a vested interest in the subject matter were likely to participate (Brandt, 1992; Hite, 1987).

Perhaps due to the sampling technique employed, Hite found a dramatic increase in the extramarital activity in comparison to Kinsey's study. She found that 72% of men married two years or more had sex outside of marriage and 70% of women married for five years or more also had sex outside of their marriage. These differences have been accounted for by changes in time or a shift in the cultural paradigm around sexuality as well as the structural and methodological differences in the two studies. Hite believed she was able to capture a more valid response due to the anonymity of her questionnaire as opposed to Kinsey's face to face interview (Brandt, 1992).

Critics of Hite's study have called it a "sex book" and not a "sex study." They have suggested that since the respondents were volunteers, and not randomly selected, the sample was more representative of a sexually avant-garde population (Brandt, 1992; Robinson, 1981). Many critics contend that Hite's work is not a scientific study (Shapiro, 1987; Gould, 1981; Robinson, 1981; Hochschild, 1987; Brandt, 1992). They tend to believe that the sample consisted of individuals who used the questionnaire as a tool to express their unhappiness in their relationships and those who "must like to talk about their sexual lives" (Gould, 1981, p.8). In defense of Hite, she appeared to be somewhat ambiguous in her assertion of whether or not the study was ever intended to be scientific.

Lawson (1988) believes that Hite's methodology of counting affairs is problematic because of the semantics of the questions themselves as well as the way she must have "added together everyone who ever had any affairs in any marriage, so long as they had been married for at least five years when they completed her questionnaires" (p. 76). I would suggest that limiting the sample to individuals who have only been married for at least five years restricts the sample and would therefore be an inaccurate assessment of the numbers of affairs nationally. Studies have shown that men tend to have affairs at a younger age, which raises the possibility that an affair could occur within the first five years of a marriage (Glass & Wright, 1977). Hite's restriction of the sample seems to suggest that affairs only occur after the couple has been married five years or more. This simply is not accurate.

Although Hite's work has been highly criticized, I believe it to be an important work in the field of marital therapy because it has generated such a widespread interest in the area of extramarital affairs. This interest has been generated largely as a contentious outcry and rebuff of the data that Hite presents (Brandt, 1992). I believe this demonstrates the field's concern for marriages in the face of infidelity as well as interest in preserving marriages and protecting them from affairs.

Lawson (1988) did a study of infidelity on a volunteer sample of British newspaper readers who were largely educated, middle class, and middle-aged people (Brandt, 1992). She found that "premarital sexual experience relates in significant ways to post-marital behavior, the faithful more often being inexperienced before marriage and the most adulterous the most experienced" (p.77). Interestingly she found that 10 percent of the sample never began a marriage committed to sexual exclusivity.

Additionally, when male respondents and female respondents were combined, 73 percent of the respondents had at least one “adulterous liaison” in any marriage (Brandt, 1992). These numbers come closer to those reported by Hite, yet again, the issue of sampling method draws into question the validity of these findings.

As researchers have struggled to determine accurate prevalence rates for infidelity and to understand some of the dynamics of couples and individuals who are unfaithful, greater emphasis has been placed on producing research that is bias free and that effectively samples a broad spectrum of individuals without agendas (Brandt, 1992). As discussed previously, many critics of the study of human sexuality and in particular extramarital sex have noted that samples have been composed of individuals with an ax to grind and a desire to justify and legitimize behaviors of which society in general disapproves (Brandt, 1992, Elbaum, 1981; Pittman, 1989).

Pittman says “something like 85% of us believe that monogamy is the ideal” (p.29) and yet somewhere between 40 percent to 60 percent of the population appears to be engaged in extramarital relations. There appears to be dissonance between beliefs and behaviors in this case. The question is raised of how researchers can study a behavior that most American’s believe is either wrong, or at the very least not the ideal? Pestrak et al. (1985) went on to say that seventy percent of Americans in general and 85% of college students disapprove of extramarital sex.

Since “extramarital affairs have occurred in every corner of society, every occupation, and every locality” (McGinnis, 1981, p.22), it is clear that the factors that contribute to affairs and their treatment are far more complex and rich than simply looking at prevalence rates. Two ways in which infidelity has been classified in order to

make sense of the multiplicity of issues are marital dysfunction and abusive behavior (Brandt, 1992).

Marital Dysfunction

Efforts have been made to understand infidelity in terms of marital dysfunction as a symptom of a problem in the marriage that is being addressed indirectly through the use of another individual who acts as a moderator or thermostat for the emotional closeness in the marriage (Brandt, 1992). The presence of a third person in the marital system, indicates that there may be a problem with the couple's ability to stand togetherness and closeness or intimacy (Brandt, 1992; Scarf, 1987). Bowen's theory of triangulation suggests that one might pull a third member into a marital system as a mechanism to control anxiety and emotion in a marital system (Bowen, 1978). Scarf (1987) believes that when an affair occurs "someone is frightened about getting too close, or someone is hungering for an intimacy that is lacking" (p.132).

Form of Battery

While battery is often understood to connote a physical act, the consequences of an emotional battering can be equally as devastating if not more so than the physical abuse (Brandt, 1992). "The violence is interpreted here is the repeated lying and betrayal of trust and its devastating impact on the spouse. Some blame the victim and posit a masochistic personality style which both precipitates and maintains this form of treatment, believing that 'these women play a major role in provoking the abuse' (Brandt, 1992, p.21). The emotional abuse goes on past the simple betrayal of trust, and can begin to have an even more detrimental effect on the spouse as the betrayer lies and distorts reality in an effort to convince the spouse that he or she is crazy and that what is

perceived is not really happening (Gass & Nichols, 1988). This “crazy-making” behavior can go on for years at the expense of the sense of reality for the betrayed spouse. Botwin (1988) views extramarital sex as a predominately male problem and an abusive situation for women

Clinical Issues

Much of the early research that has been conducted on the problem of infidelity has been done outside the realm of the clinical practice. These early studies have concentrated on identifying prevalence, causal variables, and establishing a working definition of the problem. While this approach has offered researchers a glimpse of the prevalence of infidelity in the world as well as some of the consequences of that behavior on individuals, couples, and society, it has offered very little to therapists who endeavor to assist individuals and couples who are confronted with this issue. The following will be a review of the literature from a clinical perspective.

The literature demonstrates a shift in the empirical focus on the sexual aspects of infidelity including prevalence and possible causes to a clinical focus of trust and meaning. Because all clinicians are different and will use diverse techniques and theory in treatment, it would be impossible to describe what all clinicians are doing in the field. Fortunately there are a few vocal clinicians who are giving workshops, presentations, and conferences on the treatment of infidelity as well as writing about what they are doing in treatment and what the current state of the art of treatment might be.

Despite the overwhelming prevalence of infidelity in our culture, limited literature is available to guide clinicians in the treatment of extramarital infidelity. Humphrey completed a survey in 1983 in which he examined all the quarterly journals dealing with

marriage and family issues for the year 1982 and found only one article dealing with extramarital sex out of the possible 428 articles published that year (Humphrey, 1983, as cited in Glass & Wright, 1988). Moreover, Glass and Wright (1988) found that in their search of 60 marital and family therapy manuals, handbooks, and texts, the term “extramarital” was most often not cited at all in the subject index. Pittman (1989) says:

Ten years ago, when I first began speaking publicly about treating marital infidelity, the journals and workshops gave the impression that the most common problem in the country was anorexia and that no family therapist had ever talked to anybody having an affair...I was feeling a little weird because I was treating two anorectics a year while seeing at least a dozen couples each week in which somebody was screwing around. It was the most common family crisis in my practice and nobody in the profession was talking about it (p.2).

Pittman has been a strong voice for the treatment of infidelity, and in bringing it into clinical prominence. He has said that he believes based on his clinical practice, that “Infidelity of some sort takes place in at least 70% of marriages...” (Pittman, 1987, p.98). Further, he believes infidelity to be a factor in 90% of divorce cases (Pittman, 1999). As stated earlier, Pittman defines infidelity not in terms of sex, but in terms of trust, betrayal, and intimacy (Pittman, 1989). He contends that it is the secrecy and the breaking of trust that is most likely to destroy the marriage, not the sexual act itself. He goes on to say that the power an affair holds over a couple, in a sense taking the relationship hostage, exists because of the secrecy that protects the affair. It is tempting to suggest then that the betrayed contributes to the upholding of the secrecy, but Pittman does not believe it helpful to blame the victim. He suggests that no one can force another to have an affair, that it is always the betrayer who has a choice to end the secrecy and stop the unfaithful behavior and allow for the power of honesty to break up the power of secrecy.

Generally speaking, Pittman believes people get involved in affairs in an effort to distract themselves from intimacy and avoid problems that are either too threatening to themselves or that may create an environment that is too intimate if discussed openly. On the hinges of this belief, some experts have suggested that by confronting and dealing with an affair, an affair can be beneficial to the relationship. In rejection of that belief, Pittman (1989) says “The likelihood of an affair helping a marriage is on the same order as the likelihood that the marriage could be improved by some other major crisis, such as the house burning down or the baby dying” (p.225).

Pittman focuses on disclosure of secrets and open communication as the keys to overcoming an affair. He believes this flows both ways—between the couple and openness from the therapist. He believes the therapist cannot collude with the betrayer by remaining silent or neutral about their values. “With infidelity you can’t get by being neutral. You have to take a stand about secrecy and about the way affairs undermine intimacy and equality in a marriage” (Pittman, 1989, p.2). He believes that a good therapist will not support the blamelessness by telling the involved spouse that he or she is engaging in normal behaviors. He believes therapists do a disservice to monogamy and distrust the viability of monogamy when they create a secret alliance with the involved partner. This action is dangerous and harmful to the spouse. He cautions that “Most people, even psychotherapists, can’t get past two ideas about infidelity: (a) infidelity is so normal that it need not be mentioned, and (b) infidelity is so dangerous that it must not be revealed” (Pittman, 1989, p.119). These ideas hurt the couple in different ways, but both boil down to the idea that individuals are incapable of handling the truth in their relationships and should not be trusted with it. This is precisely the

same belief structure that perpetuates affairs and according to Pittman, does the most harm to the relationship. In the end, he believes that “If people would only trust one another enough to reveal the secrets and tell the truth, then maybe they could do what everybody wants to do, and most people are afraid to try—they could live together happily ever after” (Pittman, 1989, P.290).

Like Pittman, Brown has not characterized affairs in terms of sexual acting out, but rather she characterizes affairs in terms of avoidance and betrayal. She suggests that an affair is symptomatic of problems in the marital relationship (Brown, 1991). One common thread among Brown and Pittman is the belief about the danger of secrecy.

When Brown begins to suspect that an affair may have occurred, or if the betrayer discloses the affair to her but not to the spouse, she will discontinue couples therapy and hold that secret only as long as she is working with the betrayer individually. The goal of the individual therapy is to assist the betrayer to prepare for, and carry out the disclosure of the affair to the spouse. No couples work is done during this time. Brown even goes as far as to say that all affairs should be revealed, regardless of how long ago they occurred, since it is the secret that is destructive, not the sex (Brown, 1991). For Brown, there is no statute of limitations on truthfulness.

The first step to healing is the revelation of the affair and it is framed as a positive step toward examining the problems that underlie the affair. The secret is the barrier to greater intimacy and once that barrier is broken, the rebuilding of trust can occur, bringing with it the desired relationship (Brown, 1991). As a final step toward rebuilding, Brown views forgiveness as a necessary part of closure but she stops short of discussing how she facilitates the work of forgiveness (Brown, 1991).

In Janis Abrahms Spring's book, After The Affair (1997), the author discusses her conceptualization of an affair as an act of dishonesty and a breaking of trust, rather than a sexual act. She says, "Affairs are about secrets and trust" (Spring, 1997, p.5). Her treatment strategies reflect her belief that the issues at hand are not necessarily sexual, but are definitely about trust and forgiveness. Prior to any couples work, Spring helps to prepare the both the betrayer and the betrayed for the revelation of the affair in an individual setting and does not encourage the hurt partner to ask specific questions until he or she is ready for an honest response (Spring, 1997). Once the affair has been revealed, Spring presents a three stage model of "recovery" from affairs for both the hurt and the unfaithful partner. Spring separates herself from other researchers of infidelity in her discussion of the affair from the perspective of both parties. She takes a considerable portion of her book comparing and contrasting the different emotional responses to the affair as well as sex or gender differences in the responses to an affair (Spring, 1997).

Two specific differences that she believes are important to elucidate are actually based on Glass' (1977) research on sex differences. She notes that women generally take longer to heal and tend to re-live the affair more while men compartmentalize the act. Additionally, she finds that when a woman has an affair, divorce is more likely than if the man has the affair. Spring offers as a reason for this that women tend to have affairs for reasons of love and dissatisfaction with their current marital state, which creates a more significant emotional and sexual combination affair. She also notes that men, according to her clinical studies, tend to be less forgiving (Spring, 1997). She does not discuss how this trend continues or if it is changed in homosexual relationships. Indeed, the literature

that I encountered did not address the concept of affairs within a homosexual relationship to any degree.

The first stage in Spring's recovery model is the effective reframing of the emotional responses for both the hurt and the unfaithful partner, in the face of this trauma, as normal. As therapists, she believes therapists should "get the client to tell us how badly they are doing and then normalize it" (Spring, 1999, AAMFT Conference). Spring makes a great effort to normalize the experiences of hopelessness, justification, and the struggle with forgiveness of self and other. Her clinical study of affairs and these three areas of emotional response formed the basis of my study of these issues as they are impacted from the perspective of the therapist. Spring encourages therapists to normalize the struggle and be patient in the recovery process by not forcing the couple to forgive too soon or too much. She says "Suffering from an inner sense of badness makes healing impossible" (Spring, 1999, AAMFT Conference).

The second stage of Spring's model addresses the decision that must be made as to whether the relationship will continue or not. She helps the couple make cognitive decisions about the fate of the relationship rather than emotional decisions. She does this by exploring ideas about love and the beliefs underlying each partner's reservations and fears about recommitting to the relationship, and finally deciphering the meaning of the affair for both. If the couple makes the decision to stay together, the third stage continues in mixed conjoint and individual sessions format. The goal at this time is to assist the couple in restoring trust, conducting a funeral for the lover (affair partner), rekindling sexual intimacy, and lastly, reconceptualizing forgiveness as a process based on an "act of grace" for the self rather than the spouse (Spring, 1997).

Spring believes therapists need to question and explore the assumptions about forgiveness that may cause a person to forgive too early, creating pseudo forgiveness. Some of these assumptions are: (1) forgiveness is always good for you, (2) forgiveness shows that you are a good person, and (3) forgiveness eliminates conflict and moves the relationship forward. In general, Spring believes, “When nothing has been earned and learned (couples) will be back into therapy” (Spring, 1997, p.195). The earned and learned forgiveness constitutes a genuine forgiveness and can be partial and progressive. She asks therapists to be thoughtful about other assumptions on the road to genuine forgiveness including: (a) Forgiveness happens all at once; (b) when you forgive, your negative feelings toward your partner are replaced by positive feelings, (c) when you forgive you forget; (d) when you forgive, you admit that your negative feelings were wrong or unjustified, (e) forgiving sends a message that what was done was not that bad, and (f) when you forgive you ask for nothing in return.

Spring refutes each of these assumptions and believes that these assumptions hinder health and healing and get in the way of genuine forgiveness. She believes that genuine forgiveness requires work from both parties and must be earned by the betrayer. She asserts that doing otherwise colludes with the betrayer and further contributes to the crazy-making for the hurt. “If reconciliation is to be the goal, restitution is essential” (Spring, 1997, p. 179). In the end, forgiveness is an act of grace that the hurt partner gives to himself or herself by allowing himself or herself to let go of the trauma of the infidelity. It is not a free gift to the betrayer, but rather a gift to the self which allows the hurt to begin to love themselves again and make sense of their trauma (Spring, 1997).

While Spring's work is predominantly clinical in focus, she does take steps toward connecting what we have learned about the causes and experience of infidelity with treatment. In a conference address at the American Association of Marriage and Family Therapists annual convention, Dr. Spring also began to address the idea that therapists' experiences and beliefs about forgiveness and treatment of infidelity can impact the progress and direction of treatment and indeed, the outcome. Spring quotes one client as saying, "I was the hurt [betrayed spouse] and I made it hard on my therapist, but my therapist re-traumatized me because of his frustration with me. He thought I should be healing faster" (Spring, 1999). She left this topic in the air, pending additional study.

Empirical Study

Shirley Glass and Tom Wright began looking at infidelity as a researchable and empirically valid area of study in the 1970's. At that time, they endeavored to re-analyze a study done by Athanasiou and Shaver, in 1969. The Athanasiou study consisted of a sex research questionnaire that was published in Psychology Today which garnered over 20,000 responses from men and women. Athanasiou discovered that men began extramarital sex earlier in their marriages, had more extramarital partners, and were more interested in non-traditional marriages. On the other hand, women were more likely to be inhibited by religious or moral training, guilt, and fear of pregnancy. Romanticism, as measured by Athanasiou, was associated with happier marriages, and people who were rated "high" on romanticism scales were less likely to engage in extramarital sex than those low in romanticism (Glass, in press).

Glass and Wright (1988) began to see that there were considerable differences in gender for the beliefs about infidelity and indeed, in the practice of extramarital involvement (EMI). “Men and women differ in type of extramarital involvement in ways that reflect traditional sex roles. Men characterize their EMI as more sexual, whereas women characterize their EMI as more emotional...The degree of emotional involvement in extramarital relationships is greater for women than men” (Glass & Wright, 1988, p.304). It is possible that the type of extramarital involvement—sexual, emotional or a combination of the two—may determine likely outcome in the marriage. Indeed, these authors found that extramarital relationships that are based on a combination of sexual and emotional connection and involvement are more often a sign of an unhappy marriage. Combination types of affairs therefore pose a greater risk for marital dissolution than sexual only or emotional only affairs (Glass & Wright, 1988). These findings suggest that therapists have a responsibility to “note the more serious implications for the marriage and the therapeutic outcome...” (Glass & Wright, 1988, p.312). Glass and Wright seem to suggest that therapists must address different kinds of affairs differently because of the varying levels of threat to the relationship. They are the first researchers to suggest that not all affairs are created equally or carry with them the same ramifications or meanings for couples.

This position also solidifies their position that it is possible to consider any extramarital emotional involvement, which is secret, intimate, and has the potential for sexual chemistry, an affair. With this stance Glass and Wright distinguish themselves from other writers. However, they are similar to the previously mentioned researchers in

their suggestion that extramarital involvement is not necessarily about sex, but it is most definitely about honesty, truth and secrecy (Glass & Wright, 1988).

After the re-analysis study, Glass and Wright began to look at justifications employed by individuals who were unfaithful. They handed out 1000 anonymous questionnaires at an international airport and public work area in a metropolitan city and found that men characterized their EMI as more sexual while women reported the events as more emotionally based (Glass, in press). Further, affairs that women had were often more detrimental to the relationship due to the combined sexual and emotional components. Glass hypothesized that most women needed to have an emotional connection before engaging in the sexual behaviors which created a greater threat to the marital relationship. They also found that women who were married longer (12 years or more) were often most dissatisfied with their marriages which created an even greater threat to the relationship when added to the infidelity pot (Glass and Wright, 1985). Glass and Wright (1992) found “that a combined-type affair has the most serious negative impact on the marriage” (p. 32).

Most recently, Glass (in press) has said “Because women’s affairs are more often combined-type emotional and sexual involvement, the prognosis for rebuilding the marriage is less optimistic when the presenting problem in couples therapy is the wife’s affair. However, the problem is equally serious when a husband’s extramarital sexual relationship was also a deep emotional attachment” (p.27). The question that remains is whether or not therapists recognize this greater threat to the relationship and do they have hope in either case for the couple to remain in a fulfilling and satisfying, monogamous marriage? She goes on to say “I have observed that some of the therapeutic assumptions

of clinicians are also derived from similar gender perspectives about the meanings of infidelity” (Glass, in press, p. 27).

In 1992, Glass and Wright published their work on justification of affairs and found that men and women differed in their preferred justifications and found that in general, justifications were clustered around three areas. The three areas of justification were (1) sexual only, (2) romantic love, and (3) emotional intimacy (Glass & Wright, 1992). The sexual only factor included items such as sexual enjoyment, curiosity, sexual experimentation, novelty, and sexual excitement. This factor was endorsed by 75% of the men and 53% of the women in the sample that had been involved in extramarital intercourse. Emotional intimacy was characterized by intellectual sharing, companionship, enhancement of self-confidence and self-esteem, and respect. The final justification cluster was romantic love as characterized by “falling in love” and “getting affection and love” from the other person. This justification was endorsed by 77% of the women in the study and 43% of the men (Glass & Wright, 1992). In general, they concluded that women were less approving of sexual justifications than men, and women approved sexual justifications less than love and emotional justifications. Ultimately, both men and women were more accepting of sexual involvement by husbands and emotional involvement by wives (Glass & Wright, 1992). The type of extramarital involvement they had experienced predicted the justifications that people endorsed. This was especially true for men. Essentially, if the individual had an emotional affair, he or she also endorsed the emotional justification or if he or she had a sexual affair, the more likely justification endorsement was sexual.

In light of the differences found in gender and type of affair, and the suggestion that therapists will likely respond in kind to these differences, I began to question what therapists would do or think about their treatment of infidelity. The four prominent writers that have been reviewed as part of the literature study have each contributed something unique and valuable in their treatment strategies and to the empirical study of infidelity, perhaps none more so than Glass and Wright. Their similarities outnumber their differences in treatment strategy, but their differences are also valuable as research questions. Many of my questions have evolved from these differences.

Glass and Wright (1980) have said that there are as many different types of affairs as there are different couples. Infidelity is a complex and multifaceted concept and behavior. It is appropriate that this review should include a look at some of the contributing factors for infidelity treatment including attitudes, values and beliefs around (1) clinical issues of hope, threat, and justification (2) countertransference, (3) shame, (4) gender, and (5) forgiveness.

Therapists' Attitudes, Values, and Beliefs About Affairs

In 1975, Knapp conducted one of the first clinical studies of therapists and their treatment of extramarital sex. Specifically, Knapp wanted to raise the level of consciousness of therapists' biases in treating couples who sought help after a non-monogamous marriage either from swinging, group marriage or other "alternative" marital styles including infidelity. She found that counselors' personal sex experiences and attitudes toward their own personal involvement in outside sexual relations were directly related to their attitudes and beliefs about client behaviors (Knapp, 1975). She

goes on to say that a “sizeable number of counselors said they were personally disapproving but professionally supporting of the sexual life-style choices of...clients” (p.512). While the response rate of the 465 questionnaires sent to a sample of the American Association of Marriage and Family Counselors was fairly low, Knapp did make a significant contribution to the area of therapist biases as they pertain to the treatment of infidelity.

Knapp’s study was done during a time when it was popular to believe a clinician’s personal experience was separate from their professional experience, however, it brings into question the viability of that position. She maintains that it is absurd to insist that a therapist should and can be personally neutral and objective because “every psychotherapist has his [or her] values and he [or she] reflects his [or her] values into the therapeutic experiences with the patient” (Knapp, 1975, p.507).

As one explores the literature on the treatment of infidelity and the impact of what therapists bring to sessions in treating it, it becomes clear that the field has avoided the issues of therapist bias and personal experience as well as their values and beliefs about treatment. Glass (1999 personal communication, July) has said that to her knowledge from 1980 to 1992 there were no empirical studies analyzing the association between extramarital attitudes and behaviors in therapists.

Value Debate—Tool vs. Impediment

Systems theory suggests that the value system of the therapist will interact with the many other systems involved in therapy and will have an impact on the therapeutic outcome. Indeed, Carlson and Erickson (1999) recognize “that neutrality is not possible when therapists work from a systems theory approach” (p.62-63). Neutrality, they

contend, results in a “value schizophrenia” or a dissonance in the split between the therapist’s personal values and how the therapist acts in therapy. The result will be that the therapist will send a mixed message which has the potential to exacerbate the trauma the clients have already experienced as a result of the affair (Carlson & Erickson, 1999).

Strean (1980) has suggested that therapists “are human beings, with biases, limitations, and vulnerabilities. Consequently, their conclusions about interpersonal behavior do not rest exclusively on impartial reflection on the empirical facts but are often influenced by their own subjectivity” (p. 185). Brandt (1992) goes on to say “Professional responsibility requires the clinician to be clear on where he or she stands on the issues” (p.36). Some writers believe that the biases and beliefs therapists have can be used as tools to assist clients in discovery, while still others believe that biases and beliefs are impediments to treatment and may limit discovery.

Pittman (1987) believes one belief marriage and family therapist must have is a core belief in marriage. He says, “A marriage therapist must believe in marriage. There are many therapists who don’t. They might believe in ideal marriages, and may even seek them or dream of them, without believing in the sort of imperfect marriage that succors and structures us normal, imperfect human beings” (p.83). Pittman appears to be saying that if the couple wants to remain married after the affair, as therapists we must believe in marriage and express our belief in it to our clients. Pittman would use this belief as a tool to assist his clients achieve their goals of overcoming the affair. Further, Doherty (as cited in Carlson & Erickson, 1999) claims that “in our effort to keep values out of therapy we have caused great harm to society. He has proposed that therapists have an obligation to be ‘moral consultants’ to their clients, helping them to think about,

understand, and be responsible for the real consequences that their behaviors have on others” (p.61).

Knapp (1975) says that “clinicians who have traditional morals and values may find changes in marriage styles a threat, with some...undoubtedly conveying subtle condemnation or hostility toward their sexually unorthodox clients” (p.507). Knapp seems to disagree with Pittman and Doherty in as much as she believes that clinicians who have traditional values may limit discovery for the clients and may condemn the clients for behaviors that are not compatible with those of the therapist. For her, the beliefs and values of the therapist may impede the successful accomplishment of the couple’s goal.

Knapp (1975) found in her studies that many therapists deny they have personal values or feelings while in the therapy room. In this attempt to remain neutral, they deny their humanness and are not helpful to the client who is seeking to find and make sense of their own humanity. Instead, Knapp suggests that therapists recognize that they do have reactions and feelings about the emotionally charged experiences their clients are going through. In the case of infidelity, where studies estimate that at least 60% of the population of the United States have been impacted personally by some form of an affair, it is likely, that the therapist may indeed have a very powerful response to the issues at hand. Indeed, Deacon et al. (1999) reported that sixty percent of the 200 AAMFT members they surveyed suggested that marital problems were the number one reason for their personal therapy. If therapy is an attempt to make a bad situation good or a good situation better, or if the purpose of an assessment is to find out what is “wrong” with a family or couple, then it seems that “efforts to be value free, impartial, and

nonjudgmental are at least curious” (Ryder, 1985, p. 30). For Knapp (1975) and Consoli (1996), personal objectivity is rarely achievable, and in some cases, harmful to the clients. Knapp says:

“detached” professionals are still judgmental human beings who must operate within a personal value framework. Whether asked to or not, counselors should consider discussing any personal biases openly with clients early in therapy rather than to act under the assumption that personal feelings do not enter into the professional interaction. For counselors to insist that they can hold their own negative or positive feelings in abeyance while dealing with clients can jeopardize the integrity of the therapeutic relationship. (p.513).

Consoli (1996) contends that “a number of authors have considered the influence of therapists’ values as pervasive, impacting diagnoses and prognoses, therapy process, outcome assessment, treatment goals, case conceptualization, supervision, personality theories, and the nature of assessing change” (p.60). With values impacting virtually every portion of our work in therapy, it becomes important to distinguish what values we may hold as a profession and as individuals.

Ryder (1985) suggests that in the case of infidelity, it may be impossible to be impartial and not have an opinion. He describes the way some therapists may “want spouses to be cured of having extramarital affairs, and others may want non-straying spouses to get over their jealousy problem. Affairs or not, in the stereotypic American marriage this is the recurring question of whether the husbands should stop doing the things wives complain about or wives should learn to quit complaining” (p.26). In the end, clinicians are more likely than not to have value biases that affect their work (Baum, 1986). In fact, in one study, Baum (1986) found that when clinicians were given vignettes describing an affair and asked to make recommendations they typically did not

advocate that the couples should split up because of the affair. Affairs were seen as a potential threat to marriage and therefore recommendations to attend therapy were given, notwithstanding that 48% of the therapists surveyed held permissive attitudes toward extramarital sex personally (Baum, 1986).

In contrast to previous writers, Humphrey (as cited in Gurman, 1981) maintains that therapists should not reveal their values and beliefs during treatment of affairs. He holds to the classic belief of neutrality to simply reflect the projections and beliefs of the client. Brown (1991) and Spring (1995) do not offer specific comment on the role of therapists' personal values or their impact on affairs.

It appears that the distinctions made in the literature are generally not whether therapists should have biases because all therapists have them. Rather, writers appear to disagree about what to do with those biases and beliefs in the therapy room. Regardless of whether the therapist believes in marriage or not, is personally in favor of extramarital involvement, or is traditional in their morals, it appears that the debate is over how or whether to express those beliefs. The expression of the specific beliefs of therapists necessitates a trust in the couple to make informed decisions for themselves. In many ways we protect our clients from the potential damaging impact of our unsaid beliefs by making them explicit and conscious. While on the table, therapists' beliefs can be accepted or rejected by the clients themselves without being subtly seduced by the implicit or subconscious beliefs of the therapist.

In the case of traumas, such as infidelity, it is particularly important to allow the client to make decisions for themselves. Clients often say they feel that they have lost themselves, that somehow they have disappeared. By allowing the client to decide for

himself or herself the goal and direction of therapy, the client is engaging in a self discovering experience. They are no longer discounted and made to feel crazy, but rather given the chance to reflect for themselves on what they want for their marriage or for themselves.

Therapists' Emotional Reactions to Working with EMI

Related to the beliefs that therapists have while working with couples and EMI are the emotional responses to the experience. Similar questions can be asked about how or whether to disclose the emotional responses that may be triggered not only by the experience in the moment of the session, but also by past sessions and outcomes with other clients, and finally, by the therapists' personal experiences. Before researchers can begin to offer opinions in this area, they must first begin to document what some of those experiences might be.

Silverstein (1998) characterizes many of the responses that clients have toward disclosure of an affair as "intense pain, shame, fear of abandonment, guilt, disillusionment, and rage" (p.294) along with obsession with the act, nightmares, loss of trust, and long periods of depression and anxiety. These symptoms are also typical descriptions of the symptoms associated with trauma. Under these intense circumstances, "it is easy for the therapist to feel anxious, discouraged, hopeless, and frustrated" (p. 294) while working with these couples. Further muddying the waters of this countertransference response is the therapist's personal experience with affairs. "Perhaps the clinician has had her [his] own dalliance, temptation, or affair. She [He] may feel entitled, righteous, angry, or guilty. Perhaps she [he] has been betrayed, with concurrent feelings of shame, rage, or hurt. Even without such experiences the clinician may favor

one or the other position, losing sight of the fact that most marital problems are two-way problems” (Silverstein, 1998, p. 296).

Silverstein (1998) goes on to discuss an additional difficulty in the therapist’s possible wish to avoid anger, conflict, helplessness, or disillusionment in the face of the intense emotions. Additionally, as the couple reunites, they may transfer their feelings of anger and resentment to the outsider—the therapist. All the more reason for some therapists to collude with the clients and avoid the issues that bring up the most pain.

Trauma can appear to have a cumulative effect in the sense that new traumatic experiences can be further complicated by previous experiences. This may also be true for therapists who work with many EMI cases over a period of time. The area of vicarious traumatization has begun to creep into the literature as it pertains to the long term impact of trauma work. Particular attention has been placed on “the notion that work with traumatized clients has negative consequences for the clinician. The stress of this work has been referred to as ‘compassion fatigue’” (Cunningham, 1999, p.278-279). Vicarious traumatization is characterized as distinct from countertransference in the sense that it develops as a process over time and “is a reaction to the cumulative stories to which clinicians are exposed, not a response to an individual client” (Cunningham, 1999, p.279). A series of favorable outcomes or perceived failures in cases of infidelity may have impact on the beliefs and the emotional reactions to further work in the area. This added to the potential that the therapist may have lived through his or her own EMI experience may elicit intense emotional reactions. This differs from the traditional sense of countertransference which “focuses on the personality of the clinician, frequently

suggesting that the clinician's response is due to unresolved conflicts with in the clinician" (Cunningham, 1999, p.279).

The two distinct concepts can impact therapy in diverse ways. While countertransference has the potential to impact a particular relationship wherein the client's experience and the therapist's personality may collide, vicarious traumatization has the potential to impact not only current sessions, but also to carry over to future EMI cases. If a therapist is not clear about his or her own biases, experiences, beliefs, and emotional reactions, there is a great potential for the therapist's issues to get in the way of good therapy and result in increased trauma for the client as well as for the clinician (Cunningham, 1999; McCann & Pearlman, 1990; Geddes & Pajic, 1990; Silverstein, 1998). The persistent exposure to the trauma of infidelity and in larger scope to marital discord, can result in the therapist losing hope in marriage, and indeed, family life in general (Cunningham, 1999; McCann & Pearlman, 1990; Geddes & Pajic, 1990). Pittman would suggest that if this loss of hope in marriage were to occur, the ability of that therapist to be helpful to the couple would be diminished (Pittman, 1987).

Gender Biases

One area of bias that is particularly prominent in the infidelity literature is that of gender. Glass and Wright note that "therapists approach men and women differently when exploring the ramifications of their extramarital involvement" (1988, p.306). In another study, Sprecher, Regan, and McKinney (1998) found that predictions about the outcome of extramarital relationships depended on the gender of the affair initiator. Participants in this study were more likely to believe the level of commitment of the betrayer if the betrayer was a woman rather than a man. This was true regardless of the

number of children the betrayer had in the marriage or the length of the marriage (Sprecher, Regan, & McKinney, 1998).

The previous authors continue with their review of the impact of gender on extramarital beliefs and behaviors by summing up the research literature on the subject.

They state,

Gender is an important variable to consider in any investigation of extramarital sexuality. Compared to women, men hold more permissive attitudes about EMS, are more likely to express an interest in having an extramarital relationship, are more likely to engage in one, and report that they are less emotionally committed to their ES partner. Research also indicates that that a double standard exists in regard to censure for extramarital sexual relationships. While ES behavior is not considered acceptable for either gender, it seems to be more tolerated or expected in men (Sprecher et al., 1998, p.302-303).

Pesttrak, Martin, and Martin (1985) believe that the level of threat to the marital relationship is relative, stating that all extramarital relations pose a great threat to the family unit. Sprecher et al. (1998) concur, but go on to say that women are more likely to engage in an affair for reasons of love and commitment to the affair partner rather than for sex or pleasure. Therefore the perceived prognosis for the new relationship may be positive and therefore more threatening to the marriage than a man's affair. Conversely, "a married man who has an extramarital relationship may be viewed as having nonrelational motives (pleasure etc.) and thus the new relationship may be viewed as temporary" (p.304) and therefore perhaps less threatening to the marital relationship. The extramarital relationships were characterized and given specific typology as being primarily sexual, primarily emotional, or a combined, emotional-sexual affair (Thompson, 1984).

Forgiveness

One additional area of interest in the infidelity literature is the belief or bias toward the importance and use of forgiveness in therapy. The clinical relevance of forgiveness in the case of infidelity has been established by Spring (1997). This literature review now moves from a suggestion that forgiveness would be helpful for couples to a specific model or intervention to encourage forgiveness in the couple and a study of the impact of forgiveness.

Gordon, Baucom, and Snyder (in press) have developed a three-stage model of forgiveness and intervention program to assist couples who are struggling with a relationship trauma such as infidelity. Their model integrates the elements of marital theory and distills the critical elements of forgiveness across the major forgiveness theories. They propose that “those behaviors that disrupt important marital assumptions and violate relationship standards, particularly those behaviors involving betrayal of trust, are particularly important for understanding forgiveness” (Gordon, Baucom, & Snyder, in press, p.7). They go on to explain that those behaviors described above create a high level of negative affect between partners which allows for the likelihood of negative cognitive distortions about the relationship, negative predictions about the future of the relationship, and negative attributions toward the individuals involved.

The more a couple is unable to communicate and resolve the conflicts, the less likely they will have the ability to forgive the betrayal (Gordon, Baucom, & Snyder, in press). This creates a significant problem for the couple trying to survive an affair given the nature of trauma and the typical coping mechanisms employed to protect oneself from further harm. These strategies often involve managing interpersonal anxiety by

distancing oneself from the relationship, or not allowing oneself to need the other partner in order to reduce vulnerability or anticipated rejection or loss (Gordon, Baucom, & Snyder, in press). Effective therapeutic interventions must provide the clients safety in showing vulnerability such that they can begin to do the work of understanding the betrayal and moving beyond it in a hopeful manner and employ the use of forgiveness over time.

“The literature on traumatic responses suggests that people are most likely to become emotionally traumatized when an event violates basic assumptions about how the world and people operate. The cognitive disequilibrium resulting from an interpersonal trauma, such as an affair, may be more clearly understood when placed in this light” (Gordon, Baucom, & Snyder, in press, p.18). When an affair violates the basic tenets of marriage and the assumptions of how marriage works (such as my partner can be trusted or my relationship is a safe place) the injured person can lose the predictability for the future of the relationship and may experience a profound loss of control. As long as the couple does not have a clear understanding of how and why the affair occurred, they cannot trust the partner not to be hurtful again. This necessitates the use of coping mechanisms in the face of trauma that may not be helpful in overcoming the affair but do have a protective function that cannot be ignored.

Gordon, Baucom, and Snyder (in press) suggest that to overcome this normal reaction to trauma the therapist must assist the couple in (a) absorbing and experiencing the impact of the interpersonal trauma while normalizing the initial reactions, (b) searching for meaning for the cause of the trauma along with the implications of this

understanding, and (c) continuing in the successful navigation of everyday life within the relationship while using a newly constructed set of core relationship beliefs.

Recent studies have shown that there may be great incentive to forgive. They have found that “forgiveness of one’s spouse for major emotional injuries significantly predicted [later] marital adjustment” (Gordon, Baucom, & Snyder, in press, p. 15). Most studies have not discussed how forgiveness is accomplished, however. Hargrave and Sells (1997) posit that the work of forgiveness is composed of both “exonerating” and “forgiving”. Exonerating is considered a cognitive function of gaining insight into and understanding the motive behind the betrayal while forgiving is more behavioral and entails creating opportunity for compensation from the betrayer and through acts such as apologies, or other symbolic restitution. The components of forgiveness are not considered stages that are meant to be progressed through in succession, but rather stations that each person must pass through at one time or another. Hargrave and Sells (1997) consider these stations to be insight, understanding, compensation, and overt acts of forgiveness. With this in mind, most theorists agree that forgiveness takes time and is more likely to occur as an ongoing process rather than a discrete event in time.

In the end, common elements in forgiveness include (a) regaining a more balanced view of the offender and the event, (b) decreasing negative affect towards the offender, and (c) giving up the right to punish the offender further (Gordon, Baucom, & Snyder, in press; Hargrave & Sells, 1997). Forgiveness does not mean nor does it require that anger disappear completely. In fact, “it is expected that the emotions and thoughts associated with the event will reoccur, similarly to PTSD flashbacks; however these

thoughts and feelings are no longer as severe or as disruptive as they once were” (Gordon, Baucom, & Snyder, in press, p.26).

Instead of focusing on the control or elimination of the negative affect, the goal of the couples therapy is to develop a more balanced and realistic view of the relationship and the assumptions within the relationship. It is hoped that the betrayed will begin to experience a sense of control of the negative affect, and the ability to relinquish voluntarily one’s right to punish the unfaithful partner. This does not require that the person experience positive feelings for the betrayer.

Forgiveness-based interventions that focus on helping the individual cognitively reframe the interpersonal betrayal and gain a greater understanding of why the trauma occurred are “effective in increasing participants’ levels of forgiveness and in improving their levels of individual psychological functioning” (Gordon, Baucom, & Snyder, in press, p.20). It is interesting to note that DiBlasio and Benda (1991) find that clinicians with personal religious viewpoints are more likely to suggest and use forgiveness as a treatment strategy. More research must be done in this area to begin to understand what factors might encourage a therapist to suggest forgiveness or believe that forgiveness would be necessary for resolution of the trauma of infidelity.

Summary

Because of the complex nature of extramarital involvement and the diversity in beliefs, biases, and attitudes that therapists might have about the topic of infidelity, it was necessary to restrict this review to some of the salient thoughts within the literature at this time. While the topic of infidelity contains many more factors than the clinical issues around hope and threat to the relationship, and justification, countertransference, gender

biases, and forgiveness, this review has attempted to elucidate the current thought on these areas as they pertain to the treatment of infidelity as well as how they pertain to the current study. It is hoped that this discussion of the literature will serve as a backdrop for the present study.

Numerous attempts to discover the prevalence of infidelity in the United States suggest that 50% to 65% of husbands and 45% to 55% of wives have engaged in an extramarital affair (Allgeier & Allgeier, 1995; Atwood & Seifer, 1997; Goettsch, 1994; Kinsey, Pomeroy, & Martin, 1948; Penn et. al., 1997; Thompson, 1983, 1984; Wiederman, 1997, 1998; Levine, 1998). Affairs are given as a reason for divorce or separation by as many as 31% of men and 45% of women (Atwood & Seifer, 1997). Indeed, Pittman (1993) takes it further and says, “Infidelity is the *sine qua non* of divorce” (p. 35). While infidelity may not be the *only* reason for divorce, it is clear that it is a major contributor to the dissolution of many marriages. In the examination of the prevalence of infidelity in this country to the clinical implications of those rates, the impact of these issues on therapists has been in the foreground.

Rationale for the Study

Therapists who are committed to working with couples and families will work with couples who have experienced an affair; yet, there is virtually no literature addressing what therapists think and do in situations when a couple is trying to survive the affair and continue in a committed, monogamous relationship. This study attempts to discover what areas may impact therapists’ sense of hope for these couples and the degree of threat to the relationship they assign to the behaviors. It also attempts to discern

if therapists could justify unfaithful behavior. Finally, what level of importance do therapists believe forgiveness plays for the couple in treatment?

Much of the literature on infidelity focuses on the beliefs and actions of couples involved in therapy (Atwood & Seifer, 1997; Brown, 1991; Buss & Shackelford, 1997; Glass & Wright, 1997; Spring, 1996; Wiederman, 1997, 1998), but very little is known about therapists' beliefs about and experience with infidelity. Surely, therapists' beliefs impact the course of therapy and the level of hope that couples and therapists alike have for overcoming and surviving infidelity. Do therapists have hope for couples who want to stay together in the wake of an affair? The answer to this question may depend on the gender of the betrayer, the type of affair, and the therapist's personal experience with affairs. This study has given us a glimpse of the possible answers for the questions around therapist beliefs for hope, justification, forgiveness, and threat to the relationship.

The study fills a gap in the literature as to what therapists perceive and believe about infidelity. In a 1975 landmark study, Knapp discovered a significant correlation between therapists' personal sexual experience and attitudes toward their own extramarital sex. She went on to find that therapists with extramarital sexual experience or who were personally in favor of extramarital sex were more liberal or accepting in attitudes toward clients who had had affairs. Liberal therapists tended to see EMS clients as normal in personality whereas therapists who had not had affairs or who were against affairs for themselves judged clients as neurotic, personality disordered, and antisocial. Since Knapp's study 25 years ago, no follow-up study has been performed. We simply don't know what therapists think and do around issues of infidelity today.

This study, while not a follow-up to Knapp's, might provide a context to understand what therapists today think about infidelity specifically around issues of hope, forgiveness, threat to the relationship, and justification of affairs. This study provides a possible starting point for further study and research on therapists' experience of helping couples stay together in a committed monogamous relationship after an affair.

CHAPTER THREE--METHODS

Brief Overview of Study

The present exploratory study examined the patterns of beliefs and biases of 82 therapist respondents. Each participant responded to a series of questions after reading a vignette describing a couple that has come to treatment because one of the partners in the couple had an affair. Specific inquiry was made into the beliefs that therapists had in regard to the hope they expressed for the couple to be successful in overcoming the affair, the degree of threat the behavior posed to the relationship, the importance of forgiveness for the couple, and finally, beliefs about the justification of the described behavior.

Sample

A sample of all the members of the American Family Therapy Academy (AFTA) who have email addresses was selected as participants in this study (N=551). AFTA members were selected because the organization is made up of 861 experienced clinicians and teachers who represent a variety of theoretical orientations and who hold diverse academic and professional positions. Membership requirements for AFTA include: a terminal professional degree, five years of post-degree clinical experience working with families and five years of experience teaching family therapy, or performance of significant research in the field of family therapy (AFTA Newsletter, 1999/2000). The membership is international with members coming from the United States, Canada, and 20 other countries around the world. Nine percent of the AFTA membership (80 people) claim minority status with 13 Asian members, 25 African Americans, 41 Latino/a, 4 Native Americans, and 20 individuals describing themselves as either gay, lesbian, or bisexual. Nine percent of the total membership is from outside of

North America. Fifty-eight percent of the group is female while the remaining 42% are male.

AFTA members are typically psychiatrists, nurse practitioners, social workers, psychologists, or marriage and family therapists who describe themselves as being professionally committed to working with couples and families. The membership of AFTA is therefore heterogeneous across variables of ethnicity, culture, profession, and academic background as well as theory but appears to be homogenous around the interest and focus on couples and family therapy. This sample is ideal for this study because it offers heterogeneity at the same time offering expertise in the area of couples therapy which is the area of focus in this current study.

Our sample was similar in make-up to the entire population of AFTA members. Within the sample, fifty-one percent of the respondents are female while 49% are male. One percent of the respondents are African American, 12% are Latino/a, and 7% said that they were “other” with the rest being caucasian. It is possible to generalize findings from this study to the general AFTA population and perhaps to a population of experienced therapists of diverse professional background who focus on couples and family therapy and who have email and respond to web-based questionnaires. This piece is important because we do not have data about the individuals who did not participate.

Age categories of respondents ranged from 40 years old to 70 or more years. The majority of respondents are 50-59 years old (50%). Sixty-six percent of the respondents has 21 or more years of clinical practice experience with 70% having doctorate degrees, 17% masters. Eleven percent of the respondents are medical doctors. The majority of respondents claimed Marriage and Family Therapy as their primary professional

affiliation. Another 23% claimed membership in the field of psychology. An overwhelming majority (72%) said they used systemic thought and theory predominantly in their work.

Forty-four percent of the respondents said that they had some training for treating infidelity while 42% said they have had extensive training for doing so. Among the therapists in this study, half said 13%-25% of their caseloads were comprised of cases involving infidelity. The other half reported that anywhere from 26% to 75% of their caseload involved infidelity.

In this study, 65% of the respondents are married. Twenty-nine percent of the participants had been married twice, and 3% had been married three times. Overall, 38% of the respondents had been divorced. Infidelity had occurred in the extended family in 46% of the respondents. Twenty-nine percent of the respondents said their spouse had an affair while married to the respondent with 37% of those cases ending in divorce. In this study, 38% of the respondents said that they personally had an affair at some point in their relationships and 31% of those who had affairs were still married to their spouse. A total of 51% of the sample had personal experience with an affair—meaning they themselves had had an affair, or their spouses had had an affair. Forty percent of the women in this study had had an affair. The ratio of males in the study who had affairs was 36%. These findings are consistent with national averages. It is interesting to note that 31% of those who had an affair were still with their spouses while only 13% of those whose spouses had an affair were still together. It is not known if those who have had affairs have disclosed them which could give insight into this disparity.

This sample of practitioners is composed largely of white, middle-aged, highly experienced clinicians, many of whom have had direct personal experience with infidelity. Many of the respondents also see infidelity cases on a regular and frequent basis. Each of the respondents had access to both email and internet and was inclined to participate in a web based study.

AFTA has made great efforts to encourage their membership to get involved in the technological advances of the internet. According to a recent newsletter, this “has been seen as central to AFTA’s mission” (AFTA Newsletter, Winter, 1999/2000, p. 13). At the present time, 551 members (64% of the total membership) are on-line and attempts were made to contact these members for participation in this study. The names and email addresses of participants were obtained from the September, 1999 AFTA Membership Directory and the AFTA Newsletter, Winter, 1999/2000. As is common with email addresses, a number of the email addresses were faulty (n= 31) which left the true participant pool at N= 520. Of these, 82 people returned questionnaires—a 16% return rate. AFTA appeared to lend itself well to the technical nature of this study due to the high percentage of on-line membership.

Procedure

Each individual in the participant pool of 520 was randomly assigned to one of six research groups. Group membership corresponded to one of six narrative vignettes and accompanying questionnaire. Emails with a link to the website that housed the vignette were sent to each participant. I chose to use email as the method of contact for participants because of low cost, convenience, confidentiality, and in an effort to increase return rate. The cost of using the internet and email in comparison to traditional mail

makes it a very appealing method of contact. There is virtually no cost with the exception of the web design costs, which are minimal. Email is also much more convenient and less time consuming for participants. I had hoped this would increase response rates for this study. Also, because the individuals are never identified on the web, there was complete anonymity, an important protection when dealing with sensitive materials.

The introductory emails detailed how participants were selected to participate and described the study as a descriptive study aimed at measuring therapist experience regarding couples counseling. At the bottom of each email there was a “link” to the “Informed Consent” web site. If sample members chose to participate in the study, they clicked on the link and were taken to the informed consent page.

The informed consent page outlined perceived risks and benefits and indicated that there would be no compensation for their participation. Participants were told that they could print a copy of the informed consent for their records by clicking on the “Print” button on their web browser. They were informed that some of the questions were of a personal nature and that they may want to take measures to ensure privacy while filling out the survey. Participants were also informed that their participation was completely confidential and that there was no way of determining the identity of participants or the computer they may have used. Because the website was a secure site, only those individuals who received an email to participate were able to participate in the study. Participants were informed that they could discontinue participation by exiting the web site at any time. If the participant decided he or she did not wish to participate after reading the informed consent form they simply pressed the “I do not wish to participate”

button. They were then taken to a page that thanked them for their time and did not gain access to the vignette and questionnaire. See appendix 1A for the informed consent form.

After reading the informed consent document, participants had to choose again to participate, after which, they were taken to one of the six vignettes and questionnaires. They would then complete the questionnaire, submit their responses, and exit the web site. Their responses were automatically downloaded to a database and were subsequently analyzed.

Analysis consisted of a multivariate analysis of variance (MANOVA) of each of the dependent and independent variables to determine significant differences in mean responses for the broad categories of vignette characteristics and therapist characteristics. This revealed significant differences, which were further studied using analysis of variance (ANOVA) for each individual variable. Graphs and tables of descriptive statistics were developed to describe and represent the results of the participant responses.

Vignettes

Each vignette described a series of events that bring a hypothetical couple to therapy. The vignettes are identical except for manipulations to the gender of the affair initiator and type of affair. The affair types were either sexual, emotional, or a combination of sexual and emotional. In one form, for example, the female partner may have initiated a sexual affair. In another form, the male partner may have initiated an emotional affair. The other details in the vignettes are identical and conclude when the couple goes to therapy and the betrayer promises that the behavior will cease. Each partner then expresses a desire to be able to survive the affair and stay together in a

monogamous and committed relationship and asks the therapist for help. To view the actual vignettes, see appendixes 2A and 3A. A diagram of the six possible combinations follows.

DIAGRAM 1.1 VIGNETTE COMBINATIONS

		Affair Type		
		Sexual	Emotional	Combination
Betrayer Gender	Male	Male Sexual	Male Emotional	Male Combination
	Female	Female Sexual	Female Emotional	Female Combination

Questionnaire

After reading the vignette, participants were asked to provide demographic information and respond to a series of questions. Questions focused on the beliefs therapists had regarding hope for the couple, the threat the described behavior had to the relationship, the importance of forgiveness for the couple to achieve their goals, and whether there was justification for the behaviors described in the vignette. Each dependent variable of hope, threat, justification, and forgiveness was operationalized through the use of a single question regarding the variable. The actual questions and available responses follow.

1. *Rate your level of hope for the couple. As a therapist, how hopeful are you personally that the couple will be able to accomplish their goal of surviving this experience by remaining together in a committed, monogamous, and healthy relationship?*
 - a. extremely hopeful
 - b. moderately hopeful
 - c. indifferent
 - d. moderately pessimistic
 - e. extremely pessimistic

*a=1 e=5

2. *Please rate the level of threat to the relationship that Brian's/Lisa's behavior may have on the relationship. Choose the one best answer.*
- it is/may be helpful to the relationship
 - it has/may have little impact on the relationship
 - it is/may be detrimental to the relationship
 - it is/may be very detrimental to the relationship
 - this relationship will/may end in divorce and/or separation as a direct result of the behavior.

*a=1 e=5

3. *Using the scale that follows, in your opinion, how important will it be for the couple to forgive if they are to be successful in accomplishing their goal of remaining together in a committed, monogamous, and healthy relationship?*

1-----2-----3-----4-----5-----6-----7

It is vitally important.

It is unimportant.

It is detrimental.

4. *In your opinion, the behavior described in the vignette would be justified if Brian/Lisa said:*
- "I was just curious and excited and got caught up in the passion. It meant nothing to me."
 - "I did it because the other person listens to me and respects me. I feel better about myself when I am around him/her. We can talk about anything."
 - "I did it because the other person really cares about me. We fell in love and we share an emotional and sexual bond."
 - There is no justification for the behavior described in the vignette.

* a=1 d=4

CHAPTER FOUR--RESULTS

The present exploratory study examined the patterns of possible beliefs and biases of 82 therapist respondents who read a vignette describing an affair scenario. We specifically wanted to understand the beliefs that therapists had in four areas. What hope did they express for the couple to successfully maintain their relationship in the wake of an affair? How would these therapists rate the level of threat the described behavior posed to the relationship? What degree of importance did these therapists give forgiveness for the couple? Finally, would therapists justify the behavior described in the vignette?

In order to test the hypotheses in this project, multivariate and univariate analyses of variance were used. The first step in the data analysis was to conduct a multivariate analysis of variance combining all dependent variables (hope, threat, justification and forgiveness) and independent variables (therapist gender, therapists' personal experience with infidelity, betrayer gender in the vignette and the type of affair presented in the vignette). This analysis revealed a main effect only for the gender of the betrayer in the vignette ($F= 2.58, p= .047$). No significant interaction effects were found.

This analysis tended to be problematic because there were relatively few subjects in each of the sixteen possible groupings or cells, thus diluting the power of the test. Because of the relatively small sample size, separate multivariate analyses were done to examine therapist characteristics and vignette characteristics independently of each other.

Therapist Characteristics

The independent MANOVA of therapist characteristics including personal experience and therapist gender was performed across the dependent variables of hope,

threat, justification, and forgiveness. There were no significant main effects, however the therapists' personal experience approached significance ($F=1.85$, $p < .13$). Again, no interaction effects were observed.

While the multivariate analyses did not reveal any significant findings for therapist characteristics, we were still concerned that our small sample sized was contributing to the lack of significant differences. Since this was an exploratory study, a univariate analysis of variance for therapist experience was done to further investigate the effect of therapists' personal experience in order to counteract the impact of small sample size and diluted cells. As shown in table 2.3, the tests of between-subjects effects revealed a significant main affect for therapists' personal experience on justification ratings ($F=4.89$, $p=.031$).

TABLE 2.3--TEST OF BETWEEN-SUBJECTS EFFECTS FOR THERAPIST CHARACTERISTICS

N=82

Source	Dependent Variable	F	Sig.
Personal Experience	level of hope	0.045	0.835
	level of threat	0.04	0.85
	forgiveness	0.01	0.92
	justification	4.89	0.031
Therapist Gender	level of hope	1.65	0.205
	level of threat	0.04	0.85
	forgiveness	2.9	0.093
	justification	0.21	0.64

While the results of the ANOVA are not consistent with those of the multivariate analyses, they do suggest that more study of therapist personal experience, especially as it relates to justification, may be merited. In this case, if the therapist had personal

experience with an affair, he or she responded in a significantly different way to the justification question than those who did not have personal experience. Graph 2.1 illustrates this effect and demonstrates that therapists who reported having personal experience with an affair were significantly more likely to justify a client's affair.

GRAPH 2.1—JUSTIFICATION BY PERSONAL EXPERIENCE



Vignette Characteristics

As with therapist characteristics, an independent MANOVA of vignette characteristics including betrayer gender and type of affair across the dependent variables was conducted in order to eliminate confounding results from the therapist characteristics. Results were similar to the initial MANOVA in that the main effect of betrayer gender continued to be significant ($F=3.26, p=.016$). Of course, a significant

main effect for an independent variable in a multivariate analysis does not indicate which of the dependent variables is significantly different across the independent variable.

To get a more detailed understanding of where the significant variance occurred, univariate analyses of variance were done for each of the dependent variables for the independent variables of betrayer gender and type of affair. This step would allow us to better understand where the variance is occurring and again allows us to compensate for the diluted cell sizes.

The results of this analysis are shown in Table 2.5 and highlight that the main effects for betrayer gender were again found to be the only statistically significant factor ($F=5.421, p=.023$). Betrayer gender was significant across levels of threat ($F= 5.42, p=0.02$) and justification ($F=4.21, p=0.04$). While not statistically significant, “type of affair” as it related to forgiveness neared statistical significance ($F=2.930, p=.059$).

There were no interaction effects between the betrayer gender and type of affair.

TABLE 2.5--TESTS OF BETWEEN-SUBJECTS EFFECTS, VIGNETTE CHARACTERISTICS

N=82

Source	Dependent Variable	F	Sig.
Betrayer Gender	level of threat	5.4208	0.0226
	level of hope	0.5515	0.46
	forgiveness	0.0066	0.9357
	yes/no justification	4.2126	0.0436
Type of Affair	level of threat	1.0094	0.3693
	level of hope	0.4695	0.6271
	forgiveness	2.9298	0.0595
	Yes/no justification	0.1075	0.8982

Dependent Variables

In the following section, the results for each of the dependent variables of hope, threat, justification, and forgiveness are presented and summarized. Mean responses and standard deviations are presented across each category and combination of categories. Graphical representations of the main effects that reached statistical significance are presented.

Hope

There were no significant differences in the responses for the level of hope therapists had for couples regardless of affair type and the gender of the betrayer. Generally, therapists in this study had a moderate degree of hope that the couple they read about could be successful in obtaining their goal. Table 3.1 highlights the mean responses of therapists and the standard deviations of the responses for each combination for level of hope across affair type and betrayer gender.

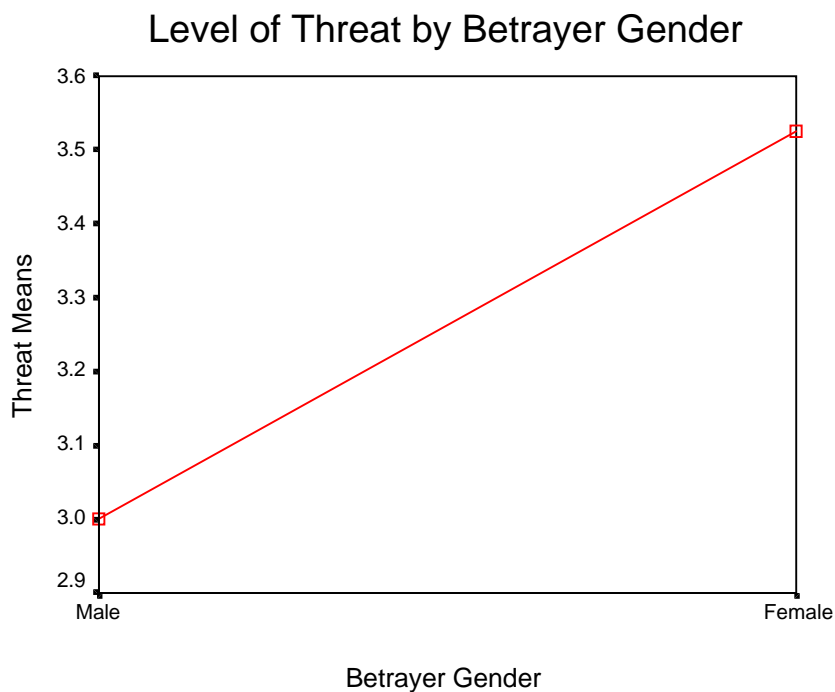
TABLE 3.1--HOPE RATINGS OF THERAPISTS ACROSS TYPE OF AFFAIR AND BETRAYER GENDER

affair type	betrayer gender	Mean	S. D.	N
sexual	Male	2	0.86	20
	Female	2.14	0.66	14
	Total	2.06	0.78	34
emotional	Male	2.36	1.03	11
	female	2.08	1.08	12
	Total	2.22	1.04	23
combination	male	2	0.41	13
	female	2.58	1.16	12
	Total	2.28	0.89	25
Total	male	2.09	0.80	44
	female	2.26	0.98	38
	Total	2.17	0.89	82

Threat

Therapist ratings for threat to the relationship were found to be significantly different across betrayer gender but not for type of affair ($F=5.421$; $p=.023$; $F=1.009$, $p=.369$ respectively). To illustrate the differences within betrayer gender, the mean responses were plotted for threat across betrayer gender. Graph 3.1 demonstrates that therapists rated threat levels as being significantly higher and therefore more threatening to the relationship if the betrayer was a woman.

GRAPH 3.1—THREAT BY BETRAYER GENDER



Generally speaking, respondents reported that affairs posed a threat to the relationship of the couple. Female initiated affairs were rated as more threatening than male initiated affairs. In this study, as the mean values for threat ratings increased, the

perceived threat to the relationship also increased. Table 3.2 highlights each of the means and standard deviations for level of threat across betrayer gender and type of affair.

TABLE 3.2—DESCRIPTIVES FOR LEVEL OF THREAT

affair type	betrayer gender	Mean	S. D.	N
sexual	male	3.10	1.21	20
	female	3.28	0.99	14
	Total	3.17	1.11	34
emotional	male	2.82	1.40	11
	female	3.33	0.78	12
	Total	3.08	1.12	23
combination	male	3.00	1.22	13
	female	4.00	0.60	12
	Total	3.48	1.08	25
Total	male	3.00	1.24	44
	female	3.53	0.86	38
	Total	3.24	1.11	82

Forgiveness

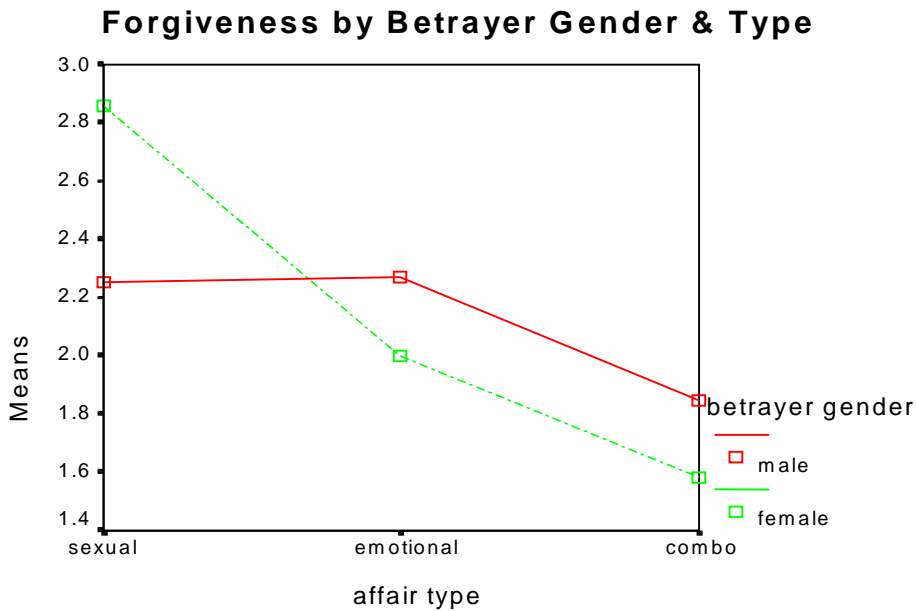
Findings for the importance of forgiveness were not significantly different across each characteristic. However, across type of affair, statistically significant results were approached ($F=2.930$, $p=.059$). Table 3.3 shows the average scores for the importance of forgiveness in the case of a sexual affair were 2.50, possibly indicating less importance for forgiveness than in the case of emotional affairs (2.13) and combination affairs (1.72). Therapists generally felt that forgiveness was more important for combination affairs. Differences in the betrayer gender did not result in significant differences in importance of forgiveness ratings.

TABLE 3.3--DESCRIPTIVES FOR FORGIVENESS

affair type	betrayed gender	Mean	S. D.	N
Sexual	male	2.25	1.37	20
	female	2.86	2.03	14
	Total	2.50	1.67	34
Emotional	male	2.27	1.19	11
	female	2.00	0.95	12
	Total	2.13	1.06	23
Combination	male	1.85	0.89	13
	female	1.58	0.79	12
	Total	1.72	0.84	25
Total	male	2.14	1.19	44
	female	2.18	1.48	38
	Total	2.16	1.33	82

Graph 3.2 illustrates the spread of the range of the responses for the importance of forgiveness in the case of a female initiated affair in comparison to those of a male initiated affair. It is interesting to note that there was a far greater spread in the range of responses for the importance of forgiveness across type of affair for female affairs in comparison to the relatively restricted range of responses for male initiated affairs.

GRAPH 3.2—FORGIVENESS BY BETRAYER GENDER & TYPE

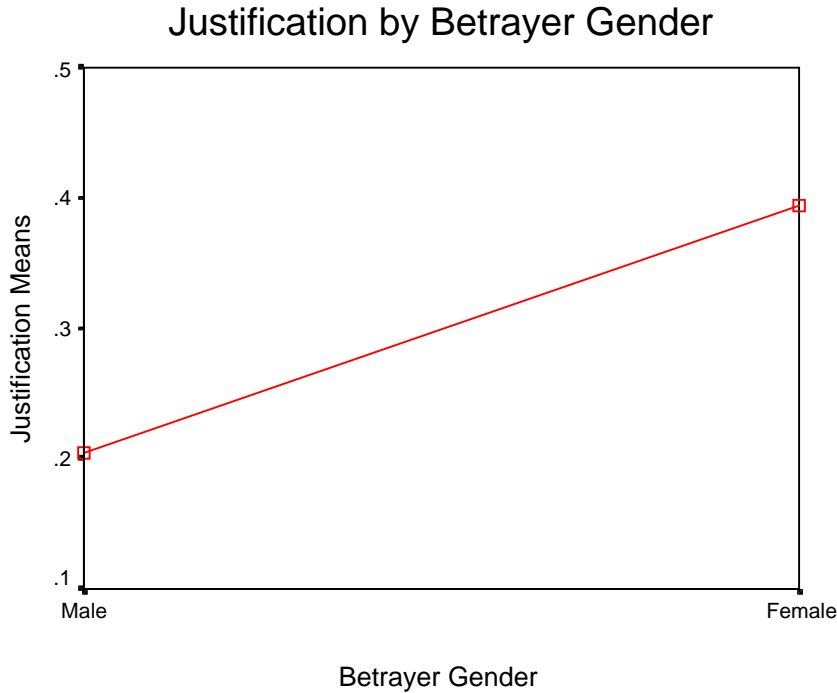


Justification

The responses to this question were re-coded such that all respondents who justified the behavior by choosing a, b, or c were given scores of 1 (justified), while those who said there was no justification for the behavior (d) were given scores of 0. Higher mean scores were indicative of justification for the affair behavior. Justification ratings were found to be significantly different across betrayer gender ($F=4.213, p=.044$), but not affair type ($F=0.107, p=.898$). Generally speaking, female initiated affairs were viewed as being more justifiable than male initiated affairs. Average justification scores for male initiated affairs were 0.20, while they were .39 for female initiated affairs.

Even though it was found that the respondents believed that affairs initiated by a woman were more threatening to the relationship than a man's initiated affair, these same respondents tended to justify a woman's affair more readily. Graph 4.1 details the differences in mean responses for justification across betrayer gender.

GRAPH 4.1—JUSTIFICATION BY BETRAYER GENDER



A frequency table (Table 4.1) shows that the majority of respondents (80%) believed there was no justification for a male betrayer’s affair, yet (40%) of the respondents believed a female’s affair was justifiable in some way. The starkest differences occurred in the case of emotional affairs wherein 91% of the respondents said there was no justification for male initiated affairs, and 50% said the same act was justified if a woman did it.

TABLE 4.1—JUSTIFICATION BY BETRAYER GENDER

Justification by Betrayer Gender

		betrayer gender	
		male	female
		justification	justification
no justification	%	79.5%	60.5%
justification	%	20.5%	39.5%

Summary

Betrayer gender was found to significantly impact therapists' ratings of the level of threat and justification for affairs. Type of affair nearly yielded significant differences in therapist responses as they related to forgiveness. Significant differences were found in the cases of therapists' personal experience as it related to justification. This finding is quite tentative given that only the ANOVA yielded significant differences in responses for personal experience across justification.

Each of the results in this study must be considered tentatively in light of the small sample size and varying population sizes within each cell. Notwithstanding these limitations, as an exploratory study, this study takes steps toward identifying areas of possible significance in the treatment of affairs. The study does not purport to provide any definitive answers, but rather highlights areas that need to be examined at more depth.

CHAPTER FIVE--DISCUSSION

Questions & Answers

The purpose of this exploratory study was to discover if characteristics presented by a client couple, and therapists' personal characteristics, would impact the beliefs held by experienced clinicians around the treatment of infidelity. I specifically wanted to see if client characteristics and therapist characteristics would impact the ratings therapists gave for hope, level of threat, importance of forgiveness, and justification. I pondered on sixteen questions about therapist beliefs in these areas. The following section will summarize what was learned from this study and attempt to offer tentative answers to these sixteen questions as they were answered or not answered by the results of this study. I will compare the summarized findings to the current literature to put the findings in the context of what other researchers have discovered. This section ends with a summary of overarching themes and a discussion of the limitations of this study. The final piece will be a brief discussion of the clinical implications and a look at possible further research.

Question 1

Will therapists' sense of hope that the couple can remain in a monogamous, committed relationship (if the couple desires to do so) vary as a result of different "betrayers" gender?

In general, the therapists in this sample rated the level of hope across the board as "moderate". While there was no significant difference in the way therapists rated hope by the betrayer gender, there did appear to be a possible trend. In general, therapists had higher hope ratings in the cases where the betrayer was a man in comparison to those ratings when the betrayer was a woman. The average means for men were 2.97 while

those for women were 3.54. These numbers can be interpreted in such a way that the higher the mean score, the less hope therapists expressed for the couple. A quarter of all the therapists questioned in the sexual affair category said that they were “extremely hopeful” in cases where the male initiated a sexual affair. Only 7% of the therapists expressed that same level of hope in cases where the woman initiated a sexual affair. The area of greatest difference was in the combination affairs (3.0 for men, 4.0 for women). There appeared to be less hope on average when the combination affair was initiated by a woman. On average, therapists who received the vignette depicting a combination affair initiated by a woman rated the situation as neither hopeful nor pessimistic.

Question 2

Will hope levels of therapists vary as a result of the type of affair?

There did not appear to be any significant variability in hope as a function of the type of affair. A trend that could be seen, while not significant, showed that generally speaking, therapists expressed less hope in cases where the affair was a combination type affair (3.50). Emotional affairs were rated as having more hope on average (3.19).

Question 3

Do hope levels that a therapist may have for a couple trying to stay together in a committed, monogamous relationship vary according to the therapist’s personal experience with infidelity?

The main effects for the therapists’ characteristics were not significant on any factor. On average, the mean responses for those who had experience were 2.22, while those who had no personal experience, rated hope at 2.18 on average. These ratings are virtually identical.

Question 4

Will therapists' hope ratings change as a function of the gender of the therapist?

There did not appear to be any evidence of variability of hope ratings based on the gender of the therapist. On average, men rated hope at the 2.33 level while women rated hope at the 2.08 level. These responses reflect a general similarity in hope ratings for men and women. The majority of respondents tended to have moderate levels of hope for a couple trying to survive an affair; however, it is interesting to note that ratings of "extremely hopeful" occurred more often in cases of sexual affairs initiated by men.

While I am not aware of any studies on the interaction of hope and infidelity per se, it is possible to extract from the literature a general sense of agreement with these tentative findings. Sprecher et al. (1998) found that men were more often interested in participating in sexual affairs and that these affairs were rated as less harmful to the marriage than a woman's sexual affair. To the extent that level of threat and level of hope are related it is possible to extrapolate that male initiated sexual affairs would allow the therapist to express greater hope. Thompson (1984) also found that affairs initiated by men were less harmful because, hypothetically, if a woman had become involved sexually, she was most likely also involved emotionally. By our definition, this would be a female initiated combination affair. Our findings suggest that there was less hope expressed in this case and might, therefore, lend support to Thompson's work.

Question 5

Will the therapist's appraisals of the "level of threat" vary according to the gender of the betrayer?

There is a statistically significant difference in the way therapists rate level of threat as the gender of the betrayer is manipulated. In general, the male initiated affairs received a mean threat rating of 2.97 while the female initiated affairs received a 3.54 rating. The greatest difference between the means of threat ratings occurred in the cases between male initiated emotional affairs (2.82) and female initiated combination affairs (4.00, very detrimental to the relationship). One area of particular interest in the respondents' response to this question was the number of therapists who believed a male initiated affair was actually "helpful to the marriage". Therapists who rated the affair as "helpful to the marriage" did so only for the case of male initiated affairs. While the numbers of therapists who rated the affair as helpful were relatively low (10% of the sample), it is interesting to note that there appears to be a double standard in this case. Findings seem to suggest that some therapists believe it might be good for the marriage if the man does it, but not if the woman does it.

The results of this study are consistent with the findings of Sprecher et al (1999) and Thompson (1984). Glass and Wright (1977, 1985) have also found that there is a particular link to the levels of marital dissatisfaction in cases where the woman is initiating an affair which may act as a moderator for the reasons a woman gets extramaritally involved. This perception of marital dissatisfaction for woman may also play a role in therapist threat ratings. If a woman gets involved because she is unhappy with her marriage, and men do not necessarily have to be unhappy with the marriage to seek out an affair, then it follows that the additive effect of the affair and the marital dissatisfaction would be more threatening to the marriage.

Question 6

Do “threat to relationship” ratings a therapist might attribute to a couple vary by the type of affair?

The findings of this study do not show a significant difference in the participants’ threat ratings based on the type of affair. Overall, therapists believe that affairs in general are detrimental to very detrimental to the marriage.

Question 7

Will level of threat ratings vary by personal therapist experience?

The results of this study do not suggest that there are any differences in threat ratings of a specific affair behavior among therapists with varying personal experience with infidelity. The author has found no evidence in the literature to suggest that therapist experience has ever been studied as it relates to infidelity and threat ratings.

Question 8

Will therapist ratings of threat vary by the gender of the therapist?

Again, therapist characteristics were not found to be significantly related to variability in the dependent variables. In this case, male and female therapists responded almost identically to the measure of threat. Average mean responses for men were 3.28 and for women were 3.23. Generally speaking, male and female therapists believed that affairs are detrimental to the relationship.

Weideman and LaMar (1998) found that men and women differed in their emotional reactions to infidelity. Emotions such as jealousy, hurt, and anger in the face of their partners’ affairs differed according to the gender of the participants. Their findings suggest that men are more threatened by their partner’s opposite sex affair than

by a same sex affair. The opposite was true for women (Weiderman & LaMar, 1998). This study begins to examine gender as a moderator to threat, but in the case of the couple, not the therapist. It is also one of the first studies to address the possibility of same sex or homosexual affairs. To my knowledge, there are no studies that address the interaction of therapist gender and perceived threat to the relationship.

Question 9

Will therapists' ratings for the importance of forgiveness for the couple to be successful in surviving the affair change as a result of differing betrayer genders?

The results of this study did not demonstrate significant difference in therapist ratings of the importance of forgiveness as the betrayer genders were manipulated. In general, all therapists across each category believed that forgiveness was moderately important for the couple regardless of the gender of the betrayer. There was near parity in the mean forgiveness ratings for male and female betrayers (2.12 and 2.15 respectively). This is consistent with Brandt's (1992) findings in which therapists rated forgiveness as "very helpful" in dealing with affairs. Pittman (1989) and Brown (1991) also advocate the importance of forgiveness for the couple while Glass and Wright (1988) go as far as to say that forgiveness needs to be incorporated as a treatment intervention in couples work with infidelity. Gordon, Baucom, and Snyder (in press) also encourage therapists to use a treatment intervention focused on forgiveness as a final step in the healing process.

Question 10

Will therapists' ratings for the importance of forgiveness vary due to changes in the affair type?

While the levels reached in this category were not quite statistically significant ($p=.059$), this area may be relevant for further study. In general, therapists rated the importance of forgiveness as higher for combination type affairs (1.71) than for sexual (2.55) and emotional (2.13) affairs. Brandt (1992) has also found a distinction made on levels of forgiveness according to the type of affair. A few respondents in this study believed forgiveness would be detrimental, however this was only suggested in cases of sexual affairs initiated by women.

Overall, the data in this study suggests that therapists believe forgiveness is important if the couple is to survive the affair. The literature supports this suggestion, however, there does not appear to be an agreement among researchers on how forgiveness is to be implemented in therapy. Gordon, Baucom, and Snyder (in press) have only recently created a treatment model for how to implement forgiveness in treatment of couple trauma. Clearly, more research must be done in this area.

Questions 11 & 12

Will the importance of forgiveness ratings for the couple vary by the therapists' personal experience or by changes in therapist gender?

There were no main effects for therapist characteristics in this study. The one area of variability in the means occurred between male and female therapist who had personal experience. This difference is not significant, but it may have some clinical meaning in the sense that male therapists who have had personal experience with an affair may rate forgiveness as being more important. To the author's knowledge, therapist affair experience has never been studied in the in the case of treating infidelity. Literature in this area has been hard to find if not non-existent.

Question 13

Will justification ratings for affairs vary by changes in the betrayer gender?

The data suggests that there are significant differences in the way therapists rate the justification of affairs depending on the gender of the betrayer. Therapists were more likely to justify a woman's affair than a man's affair (.40 to .19). Furthermore, over three-fourths of the therapists (80%) believed there was no justification for a man's affair while almost half (42%) believe there is justification for a female betrayer. These results may have direct clinical implications for therapists who may feel judgmental about a man's affair, and yet justify the same behavior in a woman. Respondents were particularly condemning of a man's emotional affair.

Glass and Wright have been the first to look at how couples themselves justify having affairs (1988). This study is the first to look at therapist levels of justification. Our description of an emotional affair follows closely with the justification that Glass and Wright (1988) describe as a deep emotional commitment, somewhat akin to falling in love. They have found that falling in love was chosen most often as a justification of a person's affair. Weiderman and LaMar (1998) found that women had stronger reactions to their spouses' emotional affairs than their sexual affairs. Our findings appear to suggest that this can be extended to the idea that it is possible that therapists of both genders may have a more powerful reaction to men's emotional affairs as manifest in their particular unwillingness to justify that behavior.

Question 14

Will justification ratings vary for different types of affairs?

There were no statistically significant differences in the respondents' ratings for justification across different types of affairs. Generally speaking, therapists did not justify any type of affair. On the other hand, it seems to appear that therapists don't really like the idea of a woman having a simply sexual encounter without the emotional connection. Therapists in this sample seem to be saying that women shouldn't have an affair, but if it were to occur, they needed to make sure they loved the affair partner. This is compelling because the female initiated combination affairs are also believed to be most threatening to marriages. This area is particularly complex and further study must be done to understand the data more fully.

Question 15

Will justification ratings for affairs vary if the therapist has had personal experience with an affair?

While the MANOVA's did not produce any significant main effect for the entire category of therapist characteristics, the ANOVA done across personal experience and justification does produce significant differences ($p=.031$). However, only 6% of the variance in the therapist characteristics cluster for justification is accounted for in personal experience. These contradictory findings between the MANOVA and ANOVA make it difficult to apply meaning to the results. It is interesting to note that therapists who had personal experience with an affair appeared to rate the affair behavior as justifiable (.40) more often than those therapists who did not have experience (.18). At the time of this writing, the author is not aware of any studies that look at the relationship between therapist experience and justification. Indeed, little if any research has been conducted on prevalence rates of infidelity for therapists.

Question 16

Will justification ratings change as a result of changes in the gender of the therapist?

Alone, there was no evidence to suggest that there was variability by gender, however, male therapists who did not have personal experience were less justifying of an affair behavior than any other category (.13). Generally speaking there was little variability across gender. Male therapists rated justification on average at .27 while female therapists rated it .32. Statistically and practically speaking, these responses are nearly identical.

Summary

From this study, four areas of significance arose. The gender of the betrayer appeared to have some relationship to the threat ratings and to the justification ratings that therapists gave for the couple in the research vignette. The type of affair behavior (sexual, emotional, combination) also seemed to be clinically relevant and neared statistical significance as it pertained to forgiveness within the couple. Lastly, the personal experience of the therapist seemed to interact in some way with the variability in the ratings for justification of affairs. These findings appear to create more questions than they provide answers for, however, this is the nature and design of the exploratory stance of this study.

Generally speaking, the therapists in this study were moderately hopeful the couple would be able to survive the affair. This contrasts with what Humphrey (as cited in Brandt, 1992) considered an insurmountable gulf of pain and anguish between a couple experiencing an affair. It may also reflect what Pittman (1989) suggests when he stated that when an affair is stopped, disclosed, and worked through in therapy, there is great

hope that the couple can enjoy greater levels of intimacy and indeed greater joy in their marriage.

Technical Limitations

Because of the technical nature of the study, there were limitations on who could reasonably participate. Initially, only those clinicians that had email could participate in this study. Secondly, the clinicians also had to have internet access. Respondents were also limited in their ability to respond to only the questions they wanted to. Only totally completed questionnaires could be downloaded to the database. If a participant chose not to answer a particular question, they could not submit their responses. Additionally, there appeared to be problems with the web server that housed the website, which made it impossible for some members of the sample to respond. Each of these factors may have contributed to the low response rate and consequent small sample size. Also, some members of the sample pool declined to participate because of their concern over the internet's ability to maintain anonymity. I suspect that recently nationally televised incidents of computer hacking and privacy invasion may have contributed to a hesitancy to participate in on-line surveys.

Improvements could have been made to the website and the web browser that houses the website to insure that data could be transferred without hitch or crash. Also, changes to the mechanism that downloads the data to the database could have been made to allow for incomplete surveys to be downloaded. Notwithstanding the limitations of the technological nature of this project, there is great value in the use of the internet as a viable medium for empirical research. One focus of this study was the attempt to incorporate the technological advances of the last ten years to assist in the time honored

tradition of empirical study. It is hoped that this study may serve as a template for further use of the internet in both empirical and clinical studies.

Methodological Limitations

A poor response rate which contributed to a small sample size was the number one limitation of this study and all of the results must be interpreted with this limitation in mind. Methodological limitations to sample size occurred in part because we wanted to know the background of the respondents. We chose not to use list serves or other email listings to get the survey to a larger number of potential participants. Given the exploratory purpose of this study, return rate and background information were judged more important than a potentially larger population. I did anticipate a better return rate, however.

An unequal return in the six groups also complicated the analysis and interpretation of results. Because there was not uniformity in numbers, nor in make-up of the groups, it is possible that some differences between groups could be attributable to unequal, and dissimilar group membership. While random assignment does limit this limitation, it must still be kept in mind as results are interpreted. Future studies will want to ensure equal numbers of participants in each group and uniformity in their composition. Special attention will need to be paid to ensuring an equal distribution of men and women in each group, something that this study was unable to do.

Since I chose to examine the responses of highly experienced marriage and family clinicians, I was limited to a handful of organizations. I would have liked to study the American Association for Marriage and Family Therapy; however, they have a policy against providing an email listing of their clinical membership. Hopefully this study,

along with others, can serve as a signal to professional organizations that email and internet access to membership lists would benefit the field and further research. Because this study focuses on a particular professional organization, the findings may not be generalizable to the larger population of clinicians who treat couples.

Well-developed scales don't exist to measure the concepts and variables I measured in this study. Hopefully future can employ the use of standardized, validated scales to measure more accurately the impact of the independent variables on areas such as threat, forgiveness, and justification. Although this study may be criticized for its lack of scales and scientific rigor, the methodology employed can be considered acceptable for its exploratory nature.

Another limitation of the methodology arose in the use of vignettes to create the atmosphere of a therapeutic experience. It is impossible to establish the therapeutic setting in a virtual environment. Perhaps future studies would use videotape or webcasts in the form of streaming video to depict the couple rather than written vignettes. It is hoped that this method would better capture the emotional climate of couples work. However, it is possible that employing such technologically advanced methods would further limit access to participation.

Due to the very personal nature of the questions asked, all precautions were taken to protect confidentiality. Limited demographic background information was collected and there was no way to track who did participate or who did not participate. It is therefore impossible to determine if there were significant differences between those who participated and those who chose not to. This is a serious limitation to this study and future studies would need to consider methods of data collection that can ensure

confidentiality at the same time differentiating among participants and non participants. This is a tricky balance given the intimate nature of the questions. It would also be particularly helpful to determine if there are differences between members who are on-line and have email, and members who have neither.

Questionnaire

There are currently no validated questionnaires for the study of infidelity and therapists' beliefs about its treatment. Because of this, I created a questionnaire that I believed had good face validity and that would provide opportunity to understand the subject matter and begin to gain insights for future study. Without reliable and valid scales, it will be difficult to study this area and have any relative level of confidence in the reliability and validity of the outcome. One step toward insuring greater validity and reliability would be to initiate a qualitative component would be useful and provide a context in which to interpret the quantitative data. Future studies would need to include a qualitative component.

Some participants emailed me in response to the questionnaire. Some didn't like the way questions were posed and in frustration decided not to participate. Some respondents felt that the questions involving forgiveness were too narrow and not answerable given the limited information available in the vignette. A few went on to say that they felt that my questions regarding forgiveness were "naïve to the complexity of the issue". Perhaps this is a valid critique for each of the areas of interest, and yet participants found only the forgiveness questions objectionable. This may say something about the issue of forgiveness as well as the way the questions were asked.

Of those who took issue with the questions, the number one complaint was that they felt that they were unable to make a decision based on a lack of the complete picture for the couple and the situation. I questioned if therapists ever have a truly complete picture of clients and the situation. And yet, decisions about the direction of therapy or treatment interventions are often made in the first couple of sessions, without a complete understanding of the dynamics involved. Therapists often make different decisions based on very limited information every day. For this reason, I would suggest that there is more to the critique of the questions for forgiveness than simply not having enough information. At the least, these comments seem to suggest that therapists need more information to feel justified in making decisions for the importance and validity of forgiveness than they might in other cases. Further study would need to be done to support this statement.

Finally, a few participants reported shock at the intimate nature of the questions and declined to participate while still others applauded me in the efforts to approach the subject matter. The emotion and diversity of the comments given to me by participants are witness to the complex if not controversial nature of infidelity.

Clinical Implications

One of the goals of this study has been to begin to shed light on possible sources of bias and beliefs as they may or may not impact therapy for couples dealing with infidelity. By bringing these issues to the awareness of the scientific community, it is hoped that therapists will consider looking at their beliefs and become aware of the dynamics that may become part of the process of therapy. In particular, the gender of the betrayer appears to have impact on the way therapists conceptualize therapy. The type of

affair may also have bearing in some fashion on how therapists conceptualize their treatment interventions for issues such as forgiveness. And lastly, the therapist's own personal experience with infidelity may have some impact on the justification of affair behaviors. Further study will help clarify our understanding of these dynamics within couples treatment for infidelity.

Some would say that as therapists acquire more experience in the therapy room, they learn, develop, and grow in their capacity to be helpful. But what happens when therapists try to leave parts of their life's experience out of the room? Brandt (1992) found that therapists rated clinical experience as being very helpful in treating infidelity, but rated their own personal experience as being somewhat problematic in the treatment of affairs. Perhaps in this case it is ever more vital that therapists learn from their personal experience as well as their professional experience in such a way as to be more helpful to couples encountering an affair.

The topic of personal experience as it relates to the treatment of infidelity will add fuel to the debate over the place of personal values and judgments in the therapy room. Pittman (1989), Knapp (1975), and Sprenkle and Weis (1978) all suggest that therapists ought to look at their personal experiences, values, beliefs, and biases and begin to weigh the importance of allowing them to come into the therapy room. They hold that therapists have a choice of letting their beliefs impact therapy consciously where there is at least some control, or unconsciously where there is certainly very little control. They suggest therapists disclose their beliefs and biases to clients in such a way as to protect them from the unconscious impact that cannot be controlled. At the very least, therapists should themselves be aware of their potential biases.

Brown (1991) adds that therapists who work with couples facing affairs need to be well aware of their own issues regarding infidelity and to fill the gaps in their training for treatment of extramarital affairs. She cautions that therapists should not measure the success of therapy by whether the couple stays together, but rather by the “process of therapy” (p.298). She encourages both beginning and experienced clinicians to take the training to their own marriages and keep their own relationships in order. Lastly, Brown (1991) says:

The degree to which we are aware and have resolved our own issues is the degree to which we will be able to help our clients resolve theirs. Our own struggle for intimacy allows us to understand the depths of our clients’ struggles and empathize with them (p.298).

Future Research

Future research on therapists’ biases and beliefs in treating infidelity will need to include a qualitative component that will enrich the understanding of the quantitative data. Because forgiveness and justification, in particular, seem to be very complex and subjective terms, the opportunity for open-ended discussion or comment may increase our ability to conceptualize and understand the subjective nature of the process from the perspective of the therapist more fully. This will allow further study of forgiveness and justification to be more accurately operationalized.

One difficulty lies in the quantification of ideas such as forgiveness, hope, justification, and threat. Since there are no adequately developed scales to measure the intricate interaction among the variables studied in relation to infidelity at this time, perhaps further studies will be able to employ the use of measures for issues such as

hope, threat, justification, and forgiveness. Further studies will need to address that hurdle.

Some of the respondents felt that they could not address the questions adequately because they did not feel they had enough information. The vignettes for further study would want to address this concern. As suggested previously, perhaps a video clip or streaming video webcasts would assist in supplying more information for the respondents. The downfall of this is that as the vignettes are more complex and more vivid, more issues are brought into the study, making it difficult to clearly understand and account for differences discovered. At the same time, it may more closely reflect the complex experience of couples work for infidelity.

Additional Questions

The exploratory nature of this study has provided a foothold for future studies and a number of questions evolved as a result of the initial findings. The fact that there were no interaction effects between any of the variables studied was striking. I wondered why this occurred. It is possible that a larger sample size would have produced interaction effects, but further study needs to be done to test that thought.

It appears that the gender of the affair initiator has impact on perceived levels of threat and forgiveness. Because gender contributed to only a small percentage of the variance in those differences, I wondered what additional factors contribute to varying responses for threat and forgiveness. In particular, I was surprised that there was no interaction effect or a cumulative effect for gender and type of affair for threat.

It appears that affairs initiated by women are more threatening to the relationship, but what accounts for that difference? Some writers suggest that it may be because

women are likely more dissatisfied with the marriage if they are seeking and engaging in affairs. It is as if some expect that men can have affairs for no good reason or just for the thrill of it all and not necessarily as a statement of discontent or dissatisfaction with the marriage. The findings suggest that perhaps this perception does not hold for women's affairs. The combination of the dissatisfaction and the affair may contribute to this effect. It may also be that if a woman engages in a sexual affair, it is perceived that she probably also has an emotional commitment to the affair partner, creating the perception of a combination affair. In this instance there would only be two possible types of affairs for women—emotional or combination, which might limit the variability in type of affair. The emotional connection seems to have some impact on the perceived threat to the relationship, but to what degree and in what fashion? There are clearly more questions about how, why, and under what circumstances the gender of the betrayer impacts the perceived threat to the relationship and under what circumstances might the type of affair contribute to that effect.

Internet Research

In conclusion a brief comment on the experience of doing internet based empirical research seems appropriate. People are often slow to trust new technology. Researchers are often stuck in a bind between using the advances of the technology for its ease and efficiency and perhaps disenfranchising individuals who either don't have access to the new technology or who are not yet comfortable using the technology. This study ran head on into this dilemma. While using the internet was extremely functional, efficient, and cost effective, the price for these luxuries was a reduced return rate.

While the internet age is quickly creating a new medium for living, many who are perhaps not as technologically savvy or who didn't grow up with a mouse in hand have a distrust in the technology. The population studied for this project tended to be more mature individuals who may not have as much familiarity with the internet. I think this learning curve will begin to flatten out as more and more people use the internet and more and more researchers tap into this medium. The more researchers successfully use the internet for their studies, the more comfortable participants will be in their participation. I suspect that time will show that the internet will become the preferred method for quantitative study.

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APPENDIX 1A--Participant Informed Consent Form

Title of Study: A Measure of Therapists' Perceptions on Couples Counseling

Investigator: This study is being conducted by Mr. Aaron Dodini, candidate for the master's degree in Marriage and Family Therapy at Virginia Polytechnic Institute and State University. His advisor is Dr. Eric McCollum.

Study Purpose

The purpose of this study is to survey a sample of experienced couple and family therapists to discover their beliefs and perceptions regarding the experience of couples counseling.

Procedures

To participate in the study, you are asked to read this informed consent form. Once you have read and understand the informed consent, and have decide you wish to participate, please click on the "I have read and understand this informed consent and wish to participate in this study" button at the bottom of the document. Once you have clicked this button, you will be given access to a short vignette and questionnaire. Please read the vignette and answer the questions to the best of your ability. Simply follow the instructions on the questionnaire. After you have answered the questions and are finished with the experience, please hit the "submit and exit" button and your responses will be cleared and downloaded to a data collection site and you will exit the questionnaire. Total time of participation is expected to be 10 to15 minutes.

Risks

We do not anticipate any risks in this study. As is the case with any survey asking personal questions, there is a chance that you will feel uncomfortable or uneasy about providing personal information. Please be reassured that your privacy and anonymity will be protected to the utmost.

Benefits of Project

Participation in this project will not only further the young career of a master's candidate, but it will also fill a twenty-five year gap in the literature on therapist perceptions of infidelity issues. This project will also serve as the backdrop for further research and inform subsequent studies.

Confidentiality

Your responses to this survey will remain completely anonymous. Your name is not associated with the responses you give nor are there any identifying data in this research project. There is no way of knowing who you are nor which computer you may be using during this experience. Your responses are in no way linked to your email address. A block on all computer ISN numbers makes it impossible for us to identify you or the computer you use in any way shape or form.

Compensation

You will receive no compensation or benefits for your participation.

Freedom to withdraw

If at any time you wish to withdraw your consent to participate in the study, you are encouraged to do so. You do not have to participate in this study. You are free to answer as many or as few of the questions that you desire. There will be no negative repercussions for incomplete surveys or withdrawal. If you desire to withdraw from participation during the completion of the questionnaire, simply hit the “back” button on your web browser. Your responses will be erased and not added to the data file.

Approval of Research

This project has been approved, as required, by the Institutional Review Board for projects involving human subjects at Virginia Polytechnic Institute and State University and by the Department of Human Development.

Participant’s Responsibilities

I voluntarily agree to participate in this study and to record my opinions on the survey as accurately and truthfully as I can. I have read and agree to the conditions described above and wish to participate in this project.

Should I have any questions about this research, I will contact:

Aaron Dodini or Dr. Eric McCollum or Dr. E. R. Stout 540-241-9359

703-538-8393 703-538-8460

adodini@vt.edu

emccollu@vt.edu

[I have read the informed consent and agree to participate in this study.](#)

[I do not wish to participate in this study.](#)

APPENDIX 2A--Vignettes and Questionnaires

Special attention is made to not discriminate against any gender or sexual orientation. It is understood that affairs can and do occur in couples of any sexual orientation or sex regardless of marital vows or lack thereof. In general, it should not be interpreted that “couples” connote a union of man and woman. Also, the formation of a couple does not necessitate a marital vow or ceremony as there are also many lesbian and gay couples who come to couple and family therapists hoping to keep their relationships intact after an affair. This study looks at a heterosexual relationship impacted by a heterosexual affair. Additional studies may be conducted to see if there is a difference in the data between heterosexual relations and affairs and homosexual relations and affairs. For simplicity and clarity of data, we have chosen to concentrate this study on heterosexual relations.

VIGNETTE --Male betrayer-Sexual—Form 1

Directions: Please read the following vignette and answer the questions that follow based on the information provided within the vignette. Please choose the ONE best answer from among the provided possible responses.

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Brian was secretly in an internet chat room chatting with someone in a provocative manner when Lisa walked in the room. Lisa saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Brian describes meeting Jamie in a chat room. After several such meetings, the two decide to meet in the city where they all live. Five days after Brian and Jamie met on the internet, Brian told Lisa that a Friday night work meeting would go late, so Lisa shouldn't wait up. That evening, Brian and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Brian said that they had sexual intercourse and then Brian went home to Lisa.

While in the session, Lisa asked if this was the first and only time that this had happened and Brian said yes and that there had not been any subsequent contact between Brian and Jamie. Brian expresses a sense of lost youth and opportunity as well as anger

for having to give up Jamie. Lisa is devastated by the revelation, but decides that the relationship is too important to “throw away”. Notwithstanding the commitment to the relationship, Lisa still feels traumatized, betrayed, and angered by Brian's behavior. Brian asks Lisa for forgiveness and promises there will never be another incident. During the session Lisa describes feelings of confusion and ends the session by saying, “I feel like I am going crazy.”

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed, monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

Vignette Male betrayer-Emotional—Form 2

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Brian was secretly in an internet chat room chatting with someone in a provocative manner when Lisa walked in the room. Lisa saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Brian describes meeting Jamie in a chat room. After several such meetings, the two decide to meet at a hotel in the city where they all live. Five days after Brian and Jamie met on the internet, Brian told Lisa that a Friday night work meeting would go late, so Lisa shouldn't wait up. That evening, Brian and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Brian said that they held hands, gazing into each other's eyes and talked, sharing intimate details about their respective lives, and that they thought they might be “falling in love”. Brian said that he and Jamie had an emotional connection where they thought they could talk about anything and felt listened to and respected. Brian said that after talking, they did not have sexual intercourse and then Brian went home to Lisa.

While in the session, Lisa asked if this was the first and only time that this had happened and Brian said no, that there had been subsequent contact between Brian and Jamie, but still no sexual contact. Brian expresses a sense of lost youth and opportunity as well as anger for having to give up Jamie. Lisa is devastated by the revelation, but decides that the relationship is too important to “throw away”. Notwithstanding the commitment to the relationship, Lisa still feels traumatized, betrayed, and angered by Brian's behavior. Brian asks Lisa for forgiveness and promises there will never be another incident. During the session Lisa describes feelings of confusion and ends the session by saying, “I feel like I am going crazy.”

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed,

monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

Vignette Male betrayer-Combo—Form 3

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Brian was secretly in an internet chat room chatting with someone in a provocative manner when Lisa walked in the room. Lisa saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Brian describes meeting Jamie in a chat room. After several such meetings, the two decide to meet at a hotel in the city where they all live. Five days after Brian and Jamie met on the internet, Brian told Lisa that a Friday night work meeting would go late, so Lisa shouldn't wait up. That evening, Brian and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Brian said that they held hands, gazing into each other's eyes and talked, sharing intimate details about their respective lives, and that thought they might be "falling in love". Brian said that he and Jamie had an emotional connection where they thought they could talk about anything and felt listened to and respected. Brian said that after talking, they had sexual intercourse and then Brian went home to Lisa.

While in the session, Lisa asked if this was the first and only time that this had happened and Brian said no, that there had been subsequent contact between Brian and Jamie, including sexual contact. Brian expresses a sense of lost youth and opportunity as well as anger for having to give up Jamie. Lisa is devastated by the revelation, but decides that the relationship is too important to "throw away". Notwithstanding the commitment to the relationship, Lisa still feels traumatized, betrayed, and angered by Brian's behavior. Brian asks Lisa for forgiveness and promises there will never be another incident. During the session Lisa describes feelings of confusion and ends the session by saying, "I feel like I am going crazy."

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed, monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

APPENDIX 2B--QUESTIONNAIRE

(used with all of the “male betrayer” vignettes; Forms 1-3)

In asking the following questions, we realize that you have received only limited information about this couple. However, based on what is in the vignette, please do your best to answer the questions.

1. In your opinion, was Brian’s behavior an “affair?”
 - a. yes
 - b. no
 - c. undecided

2. Please rate the level of threat to the relationship that Brian’s behavior may have on the relationship. Choose the one best answer.
 - f. it is/may be helpful to the relationship
 - g. it has/may have little impact on the relationship
 - h. it is/may be detrimental to the relationship
 - i. it is/may be very detrimental to the relationship
 - j. this relationship will/may end in divorce and/or separation as a direct result of the behavior.

3. Rate your level of hope for the couple. As a therapist, how hopeful are you personally that the couple will be able to accomplish their goal of surviving this experience by remaining together in a committed, monogamous, and healthy relationship?
 - e. extremely hopeful
 - f. moderately hopeful
 - g. indifferent
 - h. moderately pessimistic
 - i. extremely pessimistic

4. How confident are you personally in your ability to be effective in helping the couple to achieve their goal if you are their therapist?
 - a. extremely confident
 - b. moderately confident
 - c. unsure
 - d. moderately unconfident
 - e. extremely unconfident

5. In your opinion, should part of the therapy for this couple include an intervention to help the couple with issues of forgiveness?
 - a. yes
 - b. no
 - c. undecided

6. Based on the vignette, if you were the therapist, you would:
- encourage Lisa to forgive Brian.
 - encourage Brian to forgive Lisa.
 - encourage both partners to forgive each other.
 - not encourage Lisa to forgive Brian.
 - not encourage Brian to forgive Lisa.
 - not encourage either partner to forgive the other.

7. Using the scale that follows, in your opinion, how important will it be for the couple to forgive if they are to be successful in accomplishing their goal of remaining together in a committed, monogamous, and healthy relationship?

1-----2-----3-----4-----5-----6-----7
 It is vitally important. It is unimportant. It is detrimental.

8. In your opinion, what is the probability that the couple will forgive in this instance?

1-----2-----3-----4-----5-----6-----7
 Highly probable. It could happen. It will never happen.

9. In your opinion, the behavior described in the vignette would be justified if Brian said:
- “I was just curious, and excited and got caught up in the passion. It meant nothing to me.”
 - “I did it because the other person listens to me and respects me. I feel better about myself when I am around him/her. We can talk about anything.”
 - “I did it because the other person really cares about me. We fell in love and we share an emotional and sexual bond.”
 - There is no justification for the behavior described in the vignette.
10. Considering the situation described in the vignette, if the gender of the participants were switched, your understanding and responses to this situation would:
- not change
 - change slightly
 - change somewhat
 - change drastically
 - change completely

Demographic Questions—these questions are about your personal and professional experience.

11. What is your gender?
- male

- b. female
12. What is your age?
- a. 20-29
 - b. 30-39
 - c. 40-49
 - d. 50-59
 - e. 60-69
 - f. 70 or older
13. What is your ethnic background?
- a. African American
 - b. Asian/Pacific Islander
 - c. Caucasian
 - d. Hispanic
 - e. Native American
 - f. Other
14. How many years have you been in a clinical practice?
- a. 0-5
 - b. 6-10
 - c. 11-20
 - d. 21-30
 - e. 31-40
 - f. 41 or more
15. What is your highest educational degree attained?
- a. Master's
 - b. Doctorate
 - c. M.D.
 - d. Other
16. With what professional field do you most identify with? (mark primary)
- a. Clergy
 - b. Clinical Nursing
 - c. Marriage and Family Therapy
 - d. Medicine
 - e. Psychology
 - f. Social Work
 - g. Other
17. What is your primary theoretical model?
- a. Psychoanalytic
 - b. Cognitive-Behavioral
 - c. Radical Behavioral
 - d. Cognitive

- e. Systemic
 - f. Feminist
18. Describe your personal level of training specifically in couples counseling for issues of infidelity.
- a. No training
 - b. Limited training
 - c. Some training
 - d. Extensive training
19. What percentage of your current caseload is dealing with issues of infidelity?
- a. 0-12%
 - b. 13%-25%
 - c. 26%-50%
 - d. 51%-75%
 - e. 76%-100%
20. What is your current marital status?
- a. Single/Never Married
 - b. Married
 - c. Remarried after death of spouse or divorce
 - d. Divorced
 - e. Separated
 - f. Widowed
 - g. Currently in a committed monogamous relationship and/or cohabitating, but not married
21. How many times have you been married?
- a. Never married
 - b. Once
 - c. Twice
 - d. Three times
 - e. Four or more times
22. How many times have you been divorced?
- a. Never
 - b. Once
 - c. Twice
 - d. Three times
 - e. Four or more times
23. Have you experienced infidelity in your family of origin/extended family (i.e. parent or sibling had an affair)?
- a. Yes
 - b. No

24. To your knowledge, has your current or past partner(s) had an affair while in a committed relationship with you?
- a. Yes
 - b. No
 - c. N/A, not in/never have been in a committed relationship.—Skip to Question #25

24a. Are you currently together with any of the above-mentioned partner(s) who have had an affair?

- a. Yes
- b. No
- c. N/A

24b. Was your divorce/separation a result of you partner's affair?

- a. Yes
- b. No
- c. N/A

25. Have you ever had an affair?

- a. Yes
- b. No
- c. N/A, never been in a committed relationship.---Skip to End

25a. Did you stay together with your partner after the affair? (This question refers to the partner with whom you were in a committed relationship, not the affair partner.)

- a. Yes
- b. No
- c. N/A

25b. Was your divorce/separation a result of your affair?

- a. Yes
- b. No
- c. N/A

APPENDIX 3A--Vignettes

Vignette--Female betrayer-Sexual—Form 4

Directions: Please read the following vignette and answer the questions that follow based on the information provided within the vignette. Please choose the ONE best answer from among the provided possible responses.

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Lisa was secretly in an internet chat room chatting with someone in a provocative manner when Brian walked in the room. Brian saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Lisa describes meeting Jamie in a chat room. After several such meetings, the two decide to meet in the city where they all live. Five days after Lisa and Jamie met on the internet, Lisa told Brian that a Friday night work meeting would go late, so Brian shouldn't wait up. That evening, Lisa and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Lisa said that they had sexual intercourse and then Lisa went home to Brian.

While in the session, Brian asked if this was the first and only time that this had happened and Lisa said yes and that there had not been any subsequent contact between Lisa and Jamie. Lisa expresses a sense of lost youth and opportunity as well as anger for having to give up Jamie. Brian is devastated by the revelation, but decides that the relationship is too important to "throw away". Notwithstanding the commitment to the relationship, Brian still feels traumatized, betrayed, and angered by Lisa's behavior. Lisa asks Brian for forgiveness and promises there will never be another incident. During the session Brian describes feelings of confusion and ends the session by saying, "I feel like I am going crazy."

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed, monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

Female betrayer-Emotional—Form 5

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Lisa was secretly in an internet chat room chatting with someone in a provocative manner when Brian walked in the room. Brian saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Lisa describes meeting Jamie in a chat room. After several such meetings, the two decide to meet at a hotel in the city where they all live. Five days after Lisa and Jamie met on the internet, Lisa told Brian that a Friday night work meeting would go late, so Brian shouldn't wait up. That evening, Lisa and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Lisa said that they held hands, gazing into each other's eyes and talked, sharing intimate details about their respective lives, and that they thought they might be "falling in love". Lisa said that she and Jamie had an emotional connection where they thought they could talk about anything and felt listened to and respected. Lisa said that after talking, they did not have sexual intercourse and then Lisa went home to Brian.

While in the session, Brian asked if this was the first and only time that this had happened and Lisa said no, that there had been subsequent contact between Lisa and Jamie, but still no sexual contact. Lisa expresses a sense of lost youth and opportunity as well as anger for having to give up Jamie. Brian is devastated by the revelation, but decides that the relationship is too important to "throw away". Notwithstanding the commitment to the relationship, Brian still feels traumatized, betrayed, and angered by Lisa's behavior. Lisa asks Brian for forgiveness and promises there will never be another incident. During the session Brian describes feelings of confusion and ends the session by saying, "I feel like I am going crazy."

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed, monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

Vignette--Female betrayer-Combo—Form 6

A couple, Lisa and Brian, has come to you for counseling. The couple complains of a sense of distancing in the relationship and constant arguing and yelling. They say they never do anything together anymore. The incident that prompted them to come for therapy occurred when Lisa was secretly in an internet chat room chatting with someone in a provocative manner when Brian walked in the room. Brian saw the interaction and became very angry so the couple decided that they needed counseling and expressed a desire to improve their relationship.

During the first sessions, Lisa describes meeting Jamie in a chat room. After several such meetings, the two decide to meet at a hotel in the city where they all live. Five days after Lisa and Jamie met on the internet, Lisa told Brian that a Friday night work meeting would go late, so Brian shouldn't wait up. That evening, Lisa and Jamie met at a hotel bar. After talking for a couple of hours, they decided to get a room in the hotel. Lisa said that they held hands, gazing into each other's eyes and talked, sharing intimate details about their respective lives, and that they thought they might be "falling in love". Lisa said that she and Jamie had an emotional connection where they thought they could talk about anything and felt listened to and respected. Lisa said that after talking, they had sexual intercourse and then Lisa went home to Brian.

While in the session, Brian asked if this was the first and only time that this had happened and Lisa said no, that there had been subsequent contact between Lisa and Jamie, including sexual contact. Lisa expresses a sense of lost youth and opportunity as well as anger for having to give up Jamie. Brian is devastated by the revelation, but decides that the relationship is too important to “throw away”. Notwithstanding the commitment to the relationship, Brian still feels traumatized, betrayed, and angered by Lisa’s behavior. Lisa asks Brian for forgiveness and promises there will never be another incident. During the session Brian describes feelings of confusion and ends the session by saying, “I feel like I am going crazy.”

The couple decides to work on the relationship and try to overcome this experience and become a stronger couple. Both Brian and Lisa express doubt in their ability to overcome the experience, but both want to hope that by the end of their sessions with you they will be able to forgive each other and remain in a healthy, committed, monogamous relationship together. As they leave your office they ask if there is any hope for their relationship.

APPENDIX 3B--QUESTIONNAIRE

(used with all the “female betrayer” vignettes; Forms 4-6)

In asking the following questions, we realize that you have received only limited information about this couple. However, based on what is in the vignette, please do your best to answer the questions.

1. In your opinion, was Lisa’s behavior an “affair?”
 - a. yes
 - b. no
 - c. undecided

2. Please rate the level of threat to the relationship Lisa’s behavior may have on the relationship. Choose the one best answer.
 - a. it is/may be helpful to the relationship
 - b. it has/may have little impact on the relationship
 - c. it is/may be detrimental to the relationship
 - d. it is/may be very detrimental to the relationship
 - e. this relationship will/may end in divorce and/or separation as a direct result of the behavior.

3. Rate your level of hope for the couple. As a therapist, how hopeful are you personally that the couple will be able to accomplish their goal of surviving this experience by remaining together in a committed, monogamous, and healthy relationship?
 - a. extremely hopeful
 - b. moderately hopeful
 - c. indifferent
 - d. moderately unhelpful
 - e. extremely unhelpful

4. How confident are you personally in your ability to be effective in helping the couple to achieve their goal if you are their therapist?
 - a. extremely confident
 - b. moderately confident
 - c. unsure
 - d. moderately unconfident
 - e. extremely unconfident

5. In your opinion, should part of the therapy for this couple include an intervention to help the couple with issues of forgiveness?
 - a. yes
 - b. no
 - c. undecided

6. Based on the vignette, if you were the therapist, you would:
- encourage Lisa to forgive Brian.
 - encourage Brian to forgive Lisa.
 - encourage both partners to forgive each other.
 - not encourage Lisa to forgive Brian.
 - not encourage Brian to forgive Lisa.
 - not encourage either partner to forgive the other.
7. Using the scale that follows, in your opinion, how important will it be for the couple to forgive if they are to be successful in accomplishing their goal of remaining together in a committed, monogamous, and healthy relationship?
- 1-----2-----3-----4-----5-----6-----7
 It is vitally important. It is unimportant. It is detrimental.
8. In your opinion, what is the probability that the couple will forgive in this instance?
- 1-----2-----3-----4-----5-----6-----7
 Highly probable. It could happen. It will never happen.
9. In your opinion, the behavior described in the vignette would be justified if Lisa said:
- “I was just curious, and excited and got caught up in the passion. It meant nothing to me.”
 - “I did it because the other person listens to me and respects me. I feel better about myself when I am around him/her. We can talk about anything.”
 - “I did it because the other person really cares about me. We fell in love and we share an emotional and sexual bond.”
 - There is no justification for the behavior described in the vignette.
10. Considering the situation described in the vignette, if the gender of the participants were switched, your understanding and responses to this situation would:
- not change
 - change slightly
 - change somewhat
 - change drastically
 - change completely

Demographic Questions—these questions are about your personal and professional experience.

11. What is your gender?
- male
 - female

12. What is your age?
- 20-29
 - 30-39
 - 40-49
 - 50-59
 - 60-69
 - 70 or older
13. What is your ethnic background?
- African American
 - Asian/Pacific Islander
 - Caucasian
 - Hispanic
 - Native American
 - Other
14. How many years have you been in a clinical practice?
- 0-5
 - 6-10
 - 11-20
 - 21-30
 - 31-40
 - 41 or more
15. What is your highest educational degree attained?
- Master's
 - Doctorate
 - M.D.
 - Other
16. With what professional field do you most identify with? (mark primary)
- Clergy
 - Clinical Nursing
 - Marriage and Family Therapy
 - Medicine
 - Psychology
 - Social Work
 - Other
17. What is your primary theoretical model?
- Psychoanalytic
 - Cognitive-Behavioral
 - Radical Behavioral
 - Cognitive

- e. Systemic
 - f. Feminist
18. Describe your personal level of training specifically in couples counseling for issues of infidelity.
- a. No training
 - b. Limited training
 - c. Some training
 - d. Extensive training
19. What percentage of your current caseload is dealing with issues of infidelity?
- a. 0-12%
 - b. 13%-25%
 - c. 26%-50%
 - d. 51%-75%
 - e. 76%-100%
20. What is your current marital status?
- a. Single/Never Married
 - b. Married
 - c. Remarried after death of spouse or divorce
 - d. Divorced
 - e. Separated
 - f. Widowed
 - g. Currently in a committed monogamous relationship and/or cohabitating, but not married
21. How many times have you been married?
- a. Never married
 - b. Once
 - c. Twice
 - d. Three times
 - e. Four or more times
22. How many times have you been divorced?
- a. Never
 - b. Once
 - c. Twice
 - d. Three times
 - e. Four or more times
23. Have you experienced infidelity in your family of origin/extended family (i.e. parent or sibling had an affair)?
- a. Yes
 - b. No

24. To your knowledge, has your current or past partner(s) had an affair while in a committed relationship with you?

- a. Yes
- b. No
- c. N/A, not in/never have been in a committed relationship.

24a. Are you currently together with any of the above-mentioned partner(s) who have had an affair?

- a. Yes
- b. No
- c. N/A

24b. Was your divorce/separation a result of your partner's affair?

- a. Yes
- b. No
- c. N/A

25. Have you ever had an affair?

- a. Yes
- b. No
- c. N/A, never been in a committed relationship.

25a. Did you stay together with your partner after the affair? (This question refers to the partner with whom you were in a committed relationship, not the affair partner.)

- a. Yes
- b. No
- c. N/A

25b. Was your divorce/separation a result of your affair?

- a. Yes
- b. No
- d. N/A

APPENDIX 4A--Letter of Request for Participation

Dear Sir or Madam:

You have been randomly selected from a group of couple and family therapists and mental health professionals to participate in a research project being performed by Mr. Aaron J. Dodini, a master's candidate at Virginia Polytechnic and State University.

The purpose of this study is to survey a sample of experienced couple and family therapists to discover their beliefs and perceptions regarding the experience of couples counseling.

Your responses to this survey will remain completely anonymous. Neither your email address nor your name is associated with the responses you give. There are no identifying data in this research project. There is no way of knowing who you are nor which computer you may be using during this experience. Your responses are in no way linked to your email address. A block on all computer IP numbers makes it impossible for us to identify you or the computer you use in any way shape or form.

To participate in this study please click on the internet link at the bottom of this email. The link will take you to the web site that houses the informed consent and will allow you access to a short vignette and questionnaire. The time requirement to participate is estimated to be 7 to 12 minutes. Your participation will be greatly appreciated. To participate in this study, please click below.

Sincerely,
Aaron J. Dodini
Master's Candidate, Virginia Tech

www.nvgc.vt.edu/adodini/consent1.html

Aaron J. Dodini

949 A S. Rolfe St. • Arlington, VA 22204 • (703) 271-8882 • adodini@vt.edu

EDUCATION

The Catholic University of America, Washington, D.C.

Doctoral Student, Clinical Psychology

Family Psychology Emphasis

Virginia Polytechnic and State University, Falls Church, VA

Master's Candidate, Marriage and Family Therapy

Thesis: *Treating Infidelity: Therapists' ratings of hope, threat, forgiveness, and justification.*

Publication: Stith, S., Lundberg, K., & Dodini, A. (1999). *Issues in Spouse Abuse Risk Assessment.*

Research: Graduate Research Assistant; NIMH funded grant, "Virginia Tech Domestic Violence Focused Couples Counseling Program."
Assisted in Meta-Analysis of Domestic Violence Literature Review for paper in press.
Developed SPSS code book and performed data entry for a Master's Thesis studying emotional and physical abuse in dating relationships. Portions of the data were used in additional research performed by Murray Straus, Ph.D. and Sandra Stith, Ph.D.
Pilot study of Therapist Attitudes, Annual Smart Marriages Conference, 1999; AAMFT Annual Conference, 1999. Developed and administered survey of "Therapist Attitudes Toward Treating Marital Infidelity" with Shirley Glass, Ph.D., APBP.

Brigham Young University, Provo, UT

BS, Psychology; Minor, Family Studies

Teaching: Teaching Assistant for Marriage Preparation and Marriage Enhancement undergraduate courses.
Guest lecturer and led discussion groups, review sessions, and grading responsibilities.

Research: SPSS data entry for study by Dr. Lambert on "Youth Outcome Questionnaire."
Qualitative Coding of interviews for doctoral dissertation on dynamics of interpersonal relationships among adolescent group home residents.

CLINICAL EXPERIENCE

Center for Family Services, Falls Church, VA

Marriage and Family Therapist Intern

Primary therapist for individuals, couples, and families dealing with a variety of issues and problems including substance abuse and addiction, domestic violence, and infidelity. Other areas of experience include work with clients with ADHD, PTSD, Bi Polar, Borderline and court ordered as well as self referred clients. Summer 1999—present.

Catholic University of America Counseling Center, Washington, D.C.

Intake Coordinator, Assistant to Director

Process paperwork, administer and score HCL and make primary evaluations for treatment. After evaluation, make assignment to appropriate therapist intern. Fall 2000—present.

Virginia Tech, Falls Church, VA

Therapist Intern

Intake and evaluation for NIMH funded grant on Couples Treatment of Domestic Violence. Fall 1998—Fall 2000.

Wasatch Mental Health, Provo, UT

Human service worker

Co-facilitator of family group therapy sessions for adolescent male sex offenders and their families and victims. Assisted in daily activities in the group home. Supervised/managed other human service workers. Taught weekly sex-education/personal development classes. December 1996—July 1998.

Utah County Dept. of Family Services, Provo, UT

Human service worker

Assisted in daily activities in group home for troubled/abused/neglected youth. Worked in association with the department of family services for placement and protection of youth. October 1996—October 1997.

PROFESSIONAL EXPERIENCE

Community Seminars

Currently teach healthy parenting, marriage enhancement, divorce prevention, sexuality within marriage, and marital communication classes at community church.

Department of Human Development

Compilation and submission of COAAMFT Reaccreditation Self Survey for Marriage and Family Therapy Master's program. October 1999.

BYU Community Seminars

Led marriage enrichment seminars and divorce prevention seminars in conjunction with Brigham Young University's community outreach programs. Seminars ranged from small group meetings to large, 500 participant, conference style seminars. October 1997.

Utah County School District

Taught life skills class on intimacy and communication to local high school students. February 1998.

Professional Membership

Student Clinical Member American Association for Marriage and Family Therapists.

COMMUNITY SERVICE

Missionary service in northern Italy and southern Switzerland from July 1993—June 1995. Performed in a number of clergy responsibilities including teaching and counseling congregations, families, and individuals. Served in various leadership positions, conducting meetings, training seminars and supervising other area missionaries. Taught English conversation classes and performed in other vital community services such as flood relief.

PERSONAL

Interest in all areas of couples and family experience, outcome research, assessment, and evaluation.

Fluent in Italian. Can read and understand Spanish at a moderate level.

Avid sports fan. Love to play competitive basketball and volleyball. Fledgling guitarist and singer.

REFERENCES

Dr. Sandra Stith, Professor, Director of Virginia Tech Marriage and Family Therapy Program. E mail: [sstith@vt.edu](mailto:ssith@vt.edu)

Dr. Eric McCollum, Associate Professor, Clinical Director, Center for Family Services, thesis chair. E mail: emccollu@vt.edu

Dr. Jean Coleman, Assistant Clinical Director, Center for Family Services, clinical supervisor. E mail: colemanj@vt.edu