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LOMA LINDA UNIVERSITY
School of Science and Technology
in conjunction with the
Faculty of Graduate Studies

Development of a Contextual Model for the Treatment of Infidelity

by

Kirstee Williams

A dissertation submitted in partial satisfaction of
the requirements for the degree of
Doctor of Philosophy in Marriage and Family Therapy

March 2012

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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ABBREVIATIONS

RJA	Relational Justice Approach
SERT	Socio-Emotional Relationship Therapy

ABSTRACT OF THE DISSERTATION

Development of a Contextual Model for the Treatment of Infidelity

by

Kirstee Williams

Doctor of Philosophy, Graduate Program in Marriage and Family Therapy

Loma Linda University, March 2012

Dr. Carmen Knudson-Martin, Chairperson

Family systems theory has a history of critique by feminists for ignoring larger societal processes, thus inadvertently assuming equality in processes that are not inherently equal (e. g., Goldner, 1985; Hare-Mustin, 1978). Current research suggests that gendered power processes continue to organize how heterosexual partners relate to each other, making it difficult for couples to build mutually satisfying relationships (Coontz, 2005; Knudson-Martin & Mahoney, 2009). These same societal processes also influence both the etiology of affairs and recovery from them. Therefore, resolution of infidelity involves the interplay of many complex issues, of which gender, power, and culture are part (Williams, 2011). When contextual factors such as gender and power are not explicitly conceptualized, equality in couple relationships is assumed and responsibility tends to be placed equally on both partners for setting the stage for an affair (e. g., Brown, 2005; Olmstead, Blick & Mills, 2009). As a result, interventions may inadvertently promote gendered relationship patterns that make it difficult to establish a foundation for mutual support and intimacy (Knudson-Martin & Huenergardt, 2010; Scheinkman, 2005; Wiengarten, 1991). This limitation is an ethical issue in couple's therapy. This dissertation is a compilation of three publishable papers that outlines a couple therapy model for working with infidelity that places gender, power and culture at

its core. The first, a grounded theory analysis of the infidelity treatment literature provides a useful foundation for a socio-contextual model by identifying five conditions that limit attention to gender and power, including (1) speaking (or assuming) as though partners are equal, (2) reframing infidelity as a relationship problem, (3) limiting discussion of societal context to background, (4) not considering how societal gender and power patterns impact relationship dynamics, and (5) limiting discussion of ethics on how to position around infidelity. Paper two, a theoretical clinical model, the Relational Justice Approach, incorporates the larger social context in relation to infidelity treatment utilizing elements of Socio-Emotional Relationship Therapy (Knudson-Martin & Huneregardt, 2010). This paper includes three stages: 1) creating an equitable foundation for healing, 2) placing the infidelity in a societal context, and 3) practicing mutuality; it has been published in the December 2011 *Family Process* journal. The third paper, a task analysis examines the therapeutic processes within RJA to develop an empirical model of change. Findings indicated four necessary stages: (1) creating an equitable foundation for healing, (2) creating space for alternate gender discourse, (3) pursuing relational responsibility of powerful partner, and (4) new experience of mutual support. This dissertation adds a macro-lens for working with infidelity that is not only clinically sound, but socially just.

CHAPTER ONE

INTRODUCTION

Infidelity is one of the most difficult couple problems to treat, and is rated second in having a damaging impact on the relationship (Whisman, Dixon & Jonhson, 1997). Thus, therapists' preparation for and response to infidelity is a critical early turning point in the direction and outcome of the couple relationships (Butler, Harper & Seedall, 2009). Traditionally, infidelity has been thought of as a sign that something is wrong in the primary relationship; that affairs only happen in unhappy and unloving marriages (Glass, 2003; Pittman & Wagers, 2005). This assumption influences how current infidelity treatment models approach clinical practice. Yet, research regarding a causal relationship between infidelity and relationship dissatisfaction remain inconsistent (Treas & Giesen, 2000). Previous research has linked infidelity to contextual factors outside the relationship such as permissive sexual values, being male, opportunity, gender inequality, and culture (Reiss, Anderson & Sponaugle, 1980; Treas & Giesen, 2000). However, very few treatment methods approach gender, power and culture as treatment foci.

Therefore, this dissertation study extends Socio-Emotional Relationship Therapy (SERT), an approach that makes issues of gender, culture, and power central to couple therapy (Knudson-Martin & Huenergardt, 2010), to develop a clinical model that incorporates attention to socio-contextual issues in the treatment of infidelity. Task analysis was utilized to accomplish this goal, as this form of process research allows researchers to empirically validate theoretical clinical models (Greenberg, 2007).

Background

Infidelity is as difficult to treat in therapy as it is as common in therapy (Fife, Weeks & Gambescia, 2008). According to Glass and Wright (1992), about 25% of couples report entering therapy due to infidelity and an even larger percentage will disclose having or having had an affair during the course of treatment. Infidelity must be considered within societal and cultural processes that include considerations of gender (Pittman & Wagers, 2005b), as gender differences appear repeatedly in studies on infidelity (e. g., Brown, 2005; Glass, 2003). Research suggests that only 30 percent of men who have affairs are dissatisfied with their current relationship compared to 60 percent of women who have had an affair and reported being dissatisfied in their current partnership (Glass & Wright, 1992). Thus, assuming relational reasons for an affair as key to couples therapy is problematic.

Conceptualizing Infidelity through a Feminist Lens

The etiology of infidelity is related to social processes such as gender, power, and culture (Atkins, Baucom, & Jacobson, 2001; Glass, 2003; Treas & Giesen, 2000). Thus it is necessary to recognize how these social processes impact couple functioning and ultimately couple healing. In this research I apply feminist ideology to delineate how societal process impact infidelity through exploring the concepts of social discourse, gendered power, and mutual support. The idea of a mutually supportive relationship is further examined within Socio-Emotional Relationship Therapy (SERT); a couple's treatment approach designed to address issues of gender, power and culture.

Feminist Thought and Social Discourses

Feminist theory articulates a way of looking at the world that privileges equality through recognition of culture, diversity, oppression, and power differentials (e. g., Goldner, 1985; Hare-Mustin, 1978). The goal of feminist thought is to understand how these social processes influence gender equality (Chappell, 2000). How men and women are in relationship with one another is heavily influenced by social discourses.

Weingarten (1991) outlines five components to understanding discourse. She articulates that (1) discourses consist of idea's and practices that share common values, (2) that discourses construct specific worldviews, (3) that there are dominant discourses that influence current thinking, (4) that experiences outside of discourse shape our worldview, and (5) that discourses evolve based on social change. She suggests that social experience is mediated by discourse.

The impact of discourse on relational functioning was largely ignored by early systems theorists. As such, Virginia Goldner (1985) and Rachel Hare-Mustin (1978), pivotal figures in feminist family therapy, argued that systems theory was in the past an inadequate explanatory theory from which to build an understanding of the family. Hare-Mustin suggested that traditional gender socialization tended to disadvantage women. Goldner added that the typical "family case" of the over involved mother and peripheral father was best understood not as a clinical problem, but as the product of a historical process two hundred years in the making. She wrote that power relations between men and women in families were functioning in paradoxical, incongruous hierarchies that reflected the complex interpenetration between the structure of family relations and the world.

Therefore, feminists argued that unquestioned reinforcement of stereotyped sex roles which took place in much of the early family therapy models needed reconsideration. The exclusion of such considerations became an ethical issue in therapeutic practice.

Based largely on the work of early feminist family therapists, family systems theory has moved to incorporate gender, power and cultural sensitivities in clinical practice (i.e., Enns, 2010; Knudson-Martin & Huenergardt, 2010). However, couple therapy models outlining the tasks involved in applying these sensitivities are limited. This is particularly true of infidelity treatment.

Infidelity and Social Discourses

Societal messages around infidelity are complex, as attitudes toward and what constitutes unfaithfulness change depending on the context (Glass & Wright, 1992). Stereotypic masculinity often portrays affairs as a way to acquire status and power (Scheinkman, 2005). Brooks (2003) highlights the gendered context of the male role, noting:

The ‘dark side of masculinity’ includes a wide range of negative behaviors that frequently appear in populations of traditional men: violence, alcohol and drug abuse, sexual excess, emotional flight or withdrawal, sexism and inadequate behavior as relationship partners. (p. 168)

In contrast, societal messages around what it means to be a woman promote the idea that women are supposed to “keep their men happy” and the “relational environment stable”. Research has shown for many years that women tend to devote more energy to interpersonal relationships than men (Gilligan, 1982) and are also likely to care more

about preserving the relationship than men (Richardson, 1988). Current research also suggests that traditional gender ideology is still present in most heterosexual couple relationships, despite social movements toward equality (Knudson-Martin & Mahoney, 2009; Lorber, 2007).

Traditional gender discourses imply that women should value relationships, work hard to sustain them, and feel additional responsibility for their outcomes (Richardson, 1988). As such, throughout history women have been held responsible for the “quality” of the relationship (Richardson), and by implication, responsible for men’s affairs.

Ethically, it is important to recognize how these traditional gender discourses may be embedded in the assumption that infidelity is usually caused by relationship dissatisfaction. In order to be more sensitive to these issues, clinicians need to embrace concepts that incorporate larger societal processes as influencing the origins of infidelity. Treatments that focus on promoting the assumption of relational dissatisfaction without considering gender, power and culture as central to treatment may also inadvertently promote traditional gender expectations and the idea that women are responsible to relationship success, which in turn promote gendered power imbalances.

Gendered Power

Research has found that couples across contexts are most satisfied in their current relationships when equality is present (Buunk & Mutsaers, 1999; Collett, 2010; Michaels, Edwards, & Acock, 1984; Sprecher, 2001). Sullivan (2008) found that Westernized couples seek egalitarian ideals in their primary relationships. Other researchers have found that equality ideals may also be important to younger couples in collectivist

cultures (e.g., Moghadam, Knudson-Martin, & Mahoney, 2009; Quek & Knudson-Martin, 2006). However, gender equality is a difficult construct for men and women to actualize because of the subtle social discourses that organize around gendered power (Mahoney & Knudson-Martin, 2009).

A critical component of equality is shared power. In feminist thought, attention to power differentials refers to an awareness and clarification of power in its various forms as it exists within societal and gender structures and interpersonal relationships (Chappell, 2000). Culture, gender, sexual orientation, etc. all impact one's ability to obtain or maintain power in the larger societal context. This idea also applies to what is privileged clinically, as we hold the power to focus on one aspect of treatment over another.

Thus, it is vital to understand how what is privileged in treatment works to minimize or maximize power disparities in couple relationships, which, in turn, promotes or prohibits mutual healing (Knudson-Martin & Huenergardt, 2010). For couples working through issues of infidelity, mutual healing is a critical element of ethical treatment and as such, recognition of gendered power is a vital component of the focus of treatment.

Infidelity and Gendered Power

Relationships that are organized around traditional gender roles also organize around male power and privilege that may be invisible to the couples themselves (Mahoney & Knudson-Martin, 2009). The concepts of patriarchy that have existed across the world and throughout the centuries have until very recently, allowed infidelity

to be a man's privilege only (Scheinkman, 2005). Even with all of the recent changes in women's roles and positions in the world, the one issue that has been consistent in basically all cultures across time is the double standard around extramarital sex (Scheinkman).

Power positions and opportunity are also linked. However, opportunity and infidelity are different for men and women (Brown, 2005). Women are less aware of opportunities for an affair (Brown) as they are expected to focus on their primary relationships; whereas men, have traditionally been privileged to focus on other aspects outside the relationship, such as career, and have tended to have more opportunity for unfaithfulness (Allen & Baucom, 2004; Atkins, Baucom, & Jacobson, 2001; Blow & Hartnett, 2005; Glass, 2003). Yet, some research suggests that the gap between men and women and infidelity is decreasing (Johnson, 2005).

The disinterest of contemporary woman in investing long-term in unbalanced relationships (Mahoney & Knudson-Martin, 2009) may account for the increased rates of infidelity among younger generations of women (Atkins, Baucom, & Jacobson, 2001). This may also account for the more frequently cited relational reasons by women as the cause of an affair (Blow & Hartnett, 2005; Glass, 2003). It is known that infidelity has been linked to inequality, especially for women (Reiss, Anderson & Sponaugle, 1980; Treas & Giesen, 2000); thus, social patterns that organize couple relationships around male power may increase the likelihood of unfaithfulness. Equality is therefore an important factor for guarding against infidelity (Pittman & Wagers, 2005).

Working with infidelity in the context of gendered power may require helping partners with more "opportunity" for an affair (i.e., those who are not accustomed to

making their current relationship top priority) make shifts toward sharing responsibility for making the relationship satisfactory. As Glass (2003) articulates, unfaithful partners are not giving enough to their primary relationships and therefore are at greater risk for having an affair.

Helping partners shift toward sharing relational responsibility is a key element of a mutually supportive relationship (Knudson-Martin & Huenergardt, 2010) which according to Knudson-Martin and Huenergardt, also includes three other components of couple functioning: mutual attunement, shared vulnerability, and mutual influence. All four of these impact a couple's ability to obtain and sustain mutual support.

Mutual Support

Gendered power limits mutual support in couple's relationships. Current research offers evidence regarding the benefits of relationships on individual well-being and the importance of relational connectedness, yet couples have difficulty in establishing these connections if their relationships organize around male power (e.g., Jonathan & Knudson-Martin, in press; Scheinkman, 2005; Wiengarten, 1991). Recent neuroscience suggests that the brain and relationships are interconnected (Siegel, 2010) and that personal happiness is linked to one's ability to maintain connection (Siegel). This orientation toward other (Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006) is a relational way of being that is increasingly expected for fulfilling couple relationships (Coontz, 2005; Knudson-Martin & Huenergardt, 2010).

Research also supports the idea that emotional engagement and mutual influence are important factors in the longevity of couple relationships (Gottman, Coan, Carrare &

Swanson, 1998). Partners who are able to be influenced by the other are less likely to divorce (Gottman, Coan, Carrere, & Swanson) and equality in decision making, as well as non-traditional gender attitudes, improve relationship quality (Amato, Johnson, Booth, & Rogers, 2003).

The concept of a mutually supportive relationship involves four components regarding healthy couple interaction: mutual attunement, shared vulnerability, and shared relationship responsibility (Knudson-Martin & Huenergardt 2010). Attention to these components tends to highlight power processes, as well as the amount of “relationality” that each partner brings to the relationship (Knudson-Martin & Huenergardt). In the SERT model, understanding and identifying these power processes requires attention to the societal gender discourses that inform the experience of women and men and how partners relate to each other.

Socio-Emotional Relationship Therapy

Socio-Emotional Relationship Therapy (SERT) focuses on mutuality as an ethical relationship issue (Knudson-Martin & Huenergardt, 2010). It was developed out of a clinical research project designed to assess for and intervene in gendered power processes that limit equality in heterosexual couple relationships (Knudson-Martin & Huenergardt). The therapy involves helping couples achieve mutual healing by active renegotiation of gendered power (Knudson-Martin & Huenergardt, 2010). Though promising as a way to make socio-contextual issues central to practice, the approach has not yet been clinically validated.

In applying the SERT approach to the treatment of infidelity, it is important to first understand how assumptions about the origins of infidelity influence what is currently privileged in treatment models and how these may either limit or enhance mutual healing. Attention to how couple therapy does or does not support mutual healing, and the essential clinical tasks involved, are also critical if infidelity treatments are to be ethically just.

Process Research

In the field of psychotherapy there has been a gap in the literature connecting clinical practice and theoretical research (Kopta, 1999). As such, the field has moved toward empirical validation of clinical techniques (Kopta). Process research offers a way for theoretical models to acquire validation (Bradley & Johnson, 2005).

Pinsof (1989) suggests that it is important to have a conceptual framework for process research that is clear, comprehensive, and epistemologically adequate. He also articulates that clarity should be central to any conceptual framework utilized in this type of research (Pinsof).

Process research requires that one be able to analyze processes in transition. As such, there needs to be a way of collecting data that conceptualizes events and patterns (Langley, 1999). Coding serves as a way to begin recognizing the processes under investigation.

Process Coding

For the field of marriage and family therapy, process research can identify change

mechanisms, provide empirical based clinical model building and offer steps for clinician training (Alexander, Newell, Robbins, & Turner, 1995). Process research allows researchers to build minitheories about change events in therapy (Johnson, 2003). Coding offers a way of evaluating the therapeutic processes within the Relational Justice Approach.

A key form of coding, observational coding is one of the ways theoretical models can build verification (Alexander et al., 1995), as observation of therapy provides visible evidence for theoretical concepts. This type of coding involves the direct observation of a specific process, through live, videotape, or audiotape sessions (Alexander et al). Coders, raters, or judges, who while observing stay out of system being studied, examine the processes while they are happening (Alexander et al). The task at hand is to unitize and assign meaning to some aspect of the therapeutic process (Alexander et al).

Rigor with this type of coding requires operationally defining overtly observable therapist or client behaviors, as inferences about processes limit the reliability of the study (Alexander et al., 1995). Yet, at the same time coding is heavily influenced by conceptual framework, as researchers make choices regarding how to code and which processes to follow (Kerig, 2001). This has in the past raised questions about the ability of observational coding to be reliable (Kerig). The benefit however, of using observation-based measures is that these measures are immediate, pragmatic, and are always available to the clinician as processes occur; allowing the researcher to easily connect the research and clinical practice domains (Alexander et al). Kerig writes, “there is a natural complimentary to clinical practice and observational research” (p. 17).

When coding, each unit must be defined in concrete terms to ensure reliability (Alexander et al, 1995). This is done through ascribing culturally and contextually specific meanings to codes after data summary, reduction and analysis; not when defining the coding units themselves for observation (Alexander et al). Reliability in observational research is commonly thought of as the extent to which independent observers (usually two), working independently, agree on what behaviors are occurring (Lindahl, 2001).

Task Analysis

Task analysis allows researchers to systematically assess theoretical clinical models (Greenberg, 2007). By focusing on specific change events in the theoretical model, task analysis provides a way to thoroughly examine the specific steps involved in therapeutic change (Greenberg). The immediacy of using observation-based measures allows researchers to easily connect the processes within RJA to therapeutic practice (Alexander et al, 1995). Therefore, process research offers a way to explore and further develop the RJA.

Greenberg outlines nine steps for conducting task analysis that occur in two phases. The first phase, “discovery,” entails: 1) specifying the task, 2) explicating clinicians cognitive map, 3) specifying the task environment, 4) constructing a rational model, 5) conducting empirical analyses, 6) synthesizing the rational- empirical model, and 7) theoretical explanation of the model (Greenberg, 2007). The second phase, “validation,” involves two final steps, “validating the components of the model” and step nine, “relating process to outcome” (Greenberg, 2007). This dissertation utilized the first

phase of task analysis, the discovery methodology, as the validation oriented phase, is best done in a second, separate analysis. This discovery phase relies on qualitative methodology, however, it allows for the development of an empirically based Relational Justice Approach.

Objectives

The purpose of this study is to generate a treatment model that addresses the social context in couple's infidelity treatment. To generate the model, I utilize Greenberg's (2007) method for conducting a task analysis of psychotherapeutic change in the following three phases:

1. Conduct a grounded theory analysis and critique of what is privileged in the current infidelity treatment literature.
2. Generate a theoretical model, the Relational Justice Approach, for incorporating the larger social context in couple's infidelity treatment.
3. Utilize task analysis to validate and refine the theoretical clinical model

The results of this study are presented through three papers; the first, a grounded theory analysis of how the current infidelity treatment literature addresses contextual issues of gender and power; the second, a proposed theoretical model for practice, the Relational Justice Approach (RJA) that incorporates the larger social context in infidelity treatment utilizing elements of Socio-Emotional Relationship Therapy (Knudson-Martin & Huneregardt, 2010); and the third, a task analysis that refines and validates the RJA.

According to Greenberg (2007), model development using the task analysis method is best done by “clinical-scientists” who have solid theoretical understanding and clinical experience in the therapeutic model they wish to study. Throughout my master’s and doctoral work, I have been researching and working with issues of infidelity in clinical practice. As a feminist scholar, the goal has been to highlight the need for a contextual lens in infidelity treatment, as many current approaches unintentionally miss larger societal issues of gender, power and culture. For the past several years I have also been actively involved in the Loma Linda University group working to develop Socio-Emotional Relationship Therapy (SERT), in which we make gender, power and culture core to therapeutic work. I am thus well situated to examine the literature on the treatment of infidelity through a contextual lens, apply the SERT principles to developing a new approach to infidelity treatment, and to lead a task analysis to refine and validate this model.

Rationale

Although the literature recognizes gender differences in infidelity, there are few clinical models that incorporate gender, power and culture as part of treatment. Preliminary analysis suggests that of those that do, these issues are seemingly dealt with in the assessment phase of treatment but not as the focus of intervention (e.g., Fife, Weeks, & Gambescia, 2007). This study generates a relational approach that places gender, power, and culture at the core of therapeutic intervention to help couples dealing with infidelity move toward relational connection by creating a foundation that equally supports both partners in the healing process.

Incorporating gender, power, and culture at the core of treatment is a new approach to treating infidelity, yet these processes have been documented by research as influencing the origins of an affair. Snyder and Doss (2005) highlight the importance of working from a research informed position, “Working with individuals coping with infidelity requires familiarity with information regarding common antecedents, correlates, and consequences of affairs (p. 1454). Thus, this study is a push to move the infidelity treatment literature to a more ethically sensitive position of including culturally and socially sensitive interventions at the core of treatment methods. Together, the three papers that constitute this dissertation provide an important empirical foundation for the Relational Justice Approach, a contextually-informed model for couple therapy when infidelity is a primary concern.

CHAPTER TWO

DO THERAPISTS ADDRESS GENDER AND POWER IN INFIDELITY? A FEMINIST ANALYSIS OF THE TREATMENT LITERATURE

Abstract

Socio-contextual factors such as gender and power play an important role in the etiology of affairs and in recovery from them, yet it is unclear how current treatment models address these issues. Drawing on feminist epistemology, this study utilized a grounded theory analysis of 29 scholarly articles and books on infidelity treatment published between 2000 and 2010 to identify the circumstances under which gender and power issues were or were not part of treatment. We found five conditions that limit attention to gender and power: (1) speaking (or assuming) as though partners are equal, (2) reframing infidelity as a relationship problem, (3) limiting discussion of societal context to background, (4) not considering how societal gender and power patterns impact relationship dynamics, and (5) limiting discussion of ethics on how to position around infidelity. Analysis explored how each occurred across three phases of couple therapy. The findings provide a useful foundation for a socio-contextual framework for infidelity treatment.

Keywords: infidelity, affairs, gender, power, social context, couple therapy, relational justice

Introduction

Therapists who profess competence in couples' issues must be able to effectively treat infidelity (Olmstead, Blick & Mills, 2009). Their preparation for and response to a client's affair is a critical turning point in the direction and course of treatment (Butler, Harper & Seedall, 2009). The ability to address infidelity involves the interplay of many complex processes, of which gender, power, and culture are a critical part (author, 2011). Permissive sexual values, being male, opportunity, gender inequality, and culture are linked with unfaithfulness (Atkins, Baucom, & Jacobson, 2001; Glass, 2003; Treas & Giesen, 2000). These societal processes influence both the etiology of affairs and recovery from them (Scheinkman, 2005; author); however, it is unclear how these contextual issues are addressed in clinical practice. Thus this study draws on feminist epistemology to deepen the understanding of how current infidelity treatment models address gender and power concerns.

Feminist Theory and Infidelity Treatment

Feminist theorists understand social processes through the lens of equality (Enns, 2010). In couple therapy, this means that it is important that relationships equally support each partner (author, 2010). According to Leslie and Southard (2009), therapists who apply this lens (1) challenge the notion of value neutrality and acknowledge and examine the role of values in therapy, (2) introduce gender issues into therapy in ways that appreciate both women's and men's experiences, (3) assess for power inequalities in relationships instead of assuming equality, (4) recognize that not everyone is affected in the same way by relationship patterns or is equally willing to sacrifice for the

relationship, and (5) hold individuals accountable for the effect of their actions on others, and (6) help clients identify individual choice points in systemic interaction.

Recognizing the impact of the socio-cultural context is a key factor in understanding how couple processes play out (author, 2010). Couples often have trouble moving beyond dominant gender discourses that promote inequality by sending messages that women are to emphasize and focus on the needs of others above their own and by making it difficult for men to express vulnerability or their need for relationship (Coontz, 2005; author, 2009). These messages can make it hard for women to assert their needs and desires in interpersonal relationships or for men to initiate relationship repair (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; author).

These same social norms also carry implicit messages about female responsibility regarding a partner's affair, as women have traditionally been held responsible for the state of the relationship (Leslie & Southard, 2009). Infidelity has also long been thought of as a sign that something is wrong in the primary relationship (Glass, 2003; Pittman & Wagers, 2005). Yet, the connection between couple distress and unfaithfulness is gendered (Glass, 2003; Glass & Wright, 1992). Women tend to report infidelity as being related to relationship dissatisfaction, whereas men often describe extramarital involvement as more about their desire for sexual excitement (Blow & Hartnett, 2005; Glass, 2003). Research also continues to find that more men than women are unfaithful (Allen & Baucom, 2004; Atkins, Baucom, & Jacobson, 2001; Blow & Hartnett). According to Scheinkman (2005), motivations for having an affair are gendered:

A leading reason for men to have affairs is still the sense of entitlement, like the middle-aged man who, feeling prosperous, leaves his aging wife for a younger partner (a "trophy wife"), or the philanderer whose self-

esteem is based on his number of conquests. As for the women having affairs, their motivation may be more often related to romantic ideals or to disappointments with their bargain in the marriage, or rebelliousness related to a sense of constriction associated with the burdens of domesticity. (p. 238)

Larger socio-contextual issues also impact equality processes in couple dynamics. Factors such as culture, gender, ethnicity, SES, and sexual orientation, affect ones' ability to obtain or maintain power in the larger society and in intimate relationships (Leslie & Southard, 2009). When power in a relationship is unequal there is an implicit dynamic of a "top dog" and an "under dog" (author, 2009). The "top dog" is unable to be vulnerable for fear of showing weakness and the "under dog" must hold back, for fear of upsetting the balance; making intimacy nearly impossible to achieve (author). While power tends to be linked with gender, gender is primarily a proxy by which imbalances are perpetuated (author, 2011). Though same-sex couples may also suffer from power inequalities, power disparities are more easily overlooked in heterosexual relationships (Author, 2009).

Power may also affect what is privileged clinically, as clinicians are able to focus on one aspect of treatment over another. Thus, it is vital to understand how what is privileged in treatment works to either minimize or maximize power disparities in couple relationships, as therapist actions may work to promote or inhibit mutuality in the relationship (author, 2009; Lyness & Lyness, 2007; author, 2011).

The literature on the treatment of infidelity is extensive, and numerous models for working with couples dealing with an affair have been developed (e.g., Butler, Harper & Seedall, 2009; Olmstead, Blick & Mills, 2009; Snyder, Baucom & Gordon, 2008).

Though some authors (i.e., Pittman, 2005; Scheinkman, 2005; Scheinkman & Werneck,

2010) discuss the importance of exploring infidelity from a societal, cultural, and gender framework; to our knowledge, this study is the first to utilize a feminist lens to systematically analyze how infidelity treatment is currently outlined and practiced. Our goal was to examine the treatment literature in order to develop grounded theory that explains how clinical models do or do not address larger societal concerns. Because gendered power differences are particularly problematic in heterosexual relationships, our analysis focused on this concern.

Method

Sample

Data for this study included journal articles and books that articulated methods for working with infidelity. In order to be included in the analysis, sources had to be published within the last ten years (i.e., 2000-2010) and outline treatment guidelines for working with infidelity (see table 1). Books and articles that were not published within the last 10 years, did not provide treatment strategies, or were not clinical in focus (i.e., research about infidelity that did not study treatment, self-help books for persons' dealing with an affair, etc.) were not included in the analysis. Articles that focused on treating sexual addiction or online infidelity were also not included, since these generally have different treatment approaches than those used to treat "traditional" affairs.

Articles were collected via Ebscohost in Academic Search Premier, CINAHL Plus with Full Text, PsycINFO, PsycARTICLES, PsycEXTRA, SocioINDEX with Full Text and ERIC. Search terms included "infidelity treatment," "treating infidelity," "working with infidelity," "infidelity," "treating affairs," and "couples treatment and

infidelity.” In total, 29 pieces of literature were included in the analysis. They are listed in Table 1.

Although most of the sources that served as the data for this analysis were not themselves research studies, our study has much in common with qualitative meta-data analyses (e.g., Sandelowski & Barroso, 2007). Such analyses differ from literature reviews in that systematic methods of scientific inquiry are employed. The goal is a synthesis; however analyses are interpretive in nature rather than aggregative or summative and allow a researcher to bring a unique theoretical focus to the previous literature (e.g., author, 2009). The methodology employed depends on the researcher’s purposes. We used a grounded theory approach because it uniquely allows researchers to develop explanations of how phenomena occur (Strauss & Corbin, 1998).

Analysis

We followed an abductive analytic process in which we cycled back and forth between on-going theory development and a return to the data for additional analysis (i.e., Daly, 2007). Our initial focus was guided by several theoretical assumptions: (1) that gender is a central force organizing heterosexual relationships, (2) that gender norms affect expectations of what is normal, acceptable, and valued, (3) that gender and power contexts inform personal emotion and meaning, and (4) that societal power differences between women and men affect the processes by which partners relate to each other. We were sensitized by our awareness that gender socialization tends to hold women responsible for relationships and requires that men avoid vulnerability, and that persons

Table 1.

List of Studies Included in the Analysis

Author(s)
Allen, E. & Atkins, D. (2005)
Atkins, et., al. (2005)
Baucom, et., al. (2006)
Blow, A. (2005)
Brown, E. (2001)
Brown, E. (2005)
Butler, M., Seedall, R., & Harper, J. (2008)
Case, B. (2005)
Duba, J., Kindsvatter, A., & Lara, T. (2008)
Dupree, et. al (2007)
Fife, S., Weeks, G., & Gambescia, N. (2008)
Fife, S., Weeks, G., & Gambescia, N. (2007)
Gordon, K. & Baucom, D. (2003)
Gordon, K., Baucom, D., & Snyder, D. (2004)
Gordon, K., Baucom, D., & Snyder, D. (2005)
Gordon, K., Baucom, D., & Snyder, D. (2008)
Gordon, et. al (2008)
Gorman, L. & Blow, A. (2008)
Johnson, S. (2005)
Johnson, S. M., Makinen, J., & Millikin, J. (2001)
Moultrup, D. (2005)
Olmstead, S., Blick, R., & Mills, L. (2009)
Olson, M. M., Russell, C. S., Higgins-Kessler, M., & Miller, R. B. (2002)
Parker, M. L., Berger, A. T., Campbell, K. (2010)
Pittman, F. & Wagers, T. (2005)
Scheinkman, M. (2005)
Snyder, D., Baucom, D., & Gordon, K. (2008)
Snyder, D. & Doss, B. (2005)
Whisman, M., & Wagers, T. (2005)

in more powerful positions generally pay less attention to the less powerful and are less motivated to accommodate to their needs and interests.

Each researcher began by independently conducting line by line coding of the techniques that were described in ten articles theoretically selected to represent a range of authors and perspectives. The purpose of this initial coding was to break down each clinical approach into segments, label those segments, and organize them to describe what was conceptually occurring (Strauss & Corbin, 1998). Examples of these early codes include, “participating partner held responsible for infidelity act,” “helping injured party de-escalate,” “fostering discussion of the affair using a systemic reframe,” “facilitating sharing information about the affair,” etc. Throughout the analytic process, data that were conceptually different from previous codes were given a new label. The researchers compared, discussed, and refined initial codes and grouped them into larger conceptual categories (i.e., conceptualization of infidelity, clinical target, clinical strategies, context, and ethics).

In the next phase, axial coding, we refined the conceptual categories and returned to the rest of the articles to examine the range and dimensions of each identified category. We discovered that treatment models tend to outline three general phases for practice. As we examined how gender and power issues were addressed in each of these phases, we found that they received very little attention in any aspect of the treatment literature.

The final phase of analysis involved a return to the articles and previous coding to identify the factors that explain the lack of attention to gender and power issues in the treatment of infidelity in each phase of therapy. We theorized that five factors limit attention to gender and power in the treatment of infidelity: (1) speaking (or assuming) as

though partners are equal, (2) reframing infidelity as a relationship problem, (3) limiting discussion of societal context to background, (4) not considering how societal gender and power patterns impact relationship dynamics, and (5) limiting discussion of ethics on how to position around infidelity. These factors were present throughout most approaches and in varying degrees across treatment phases.

Results: Conditions that Limit Attention to the Gender Context of Infidelity

In this section, we briefly discuss how each of the five factors noted above limit attention to gender and power when infidelity is a concern.

Speaking (or assuming) as Though Partners are Equal

Authors described interventions as though the affair occurred within an otherwise equal relationship structure. Many applied a “victim/ perpetrator” lens similarly to all couples without taking into consideration gender constructions or patterns of inequality may have influenced the decision to engage in an affair and may affect how the forgiveness process is experienced: The following example assumed an otherwise equal context: “The betrayed spouse will be using the Process of Forgiveness as an outline, while the involved spouse will use the Process of Apology” (Case, 2005, p. 44). Similarly, Blow (2005) described the “actions required of the offending party, and actions required of the victim of infidelity” (p. 96 & 98).

By speaking as though partners are equal, the ways in which power processes factor into an affair were unintentionally missed. Yet, from a socio-contextual lens, a

partner engaging in an affair from a one down position may be attempting to equalize the imbalance of power; whereas, a partner in the dominant power position may engage in infidelity based on feelings of entitlement.

Authors also spoke as though partners were equal when they uncritically adopted a neutral position. Note how the language of “both” in this example from Dupree, White, Olsen and Lafleur (2007) implied that partners, though different, are on an equal playing field.

Through de-escalation, the therapist attempts to reduce the level of emotional crisis, engage both partners through validation, and build trust with both partners while maintaining a neutral stance (which may require helping one partner become more engaged and bringing one partner’s level of emotional intensity down). (p. 335)

Snyder and Doss (2005) also emphasized the importance of neutrality: “When working with individuals coping with infidelity, therapists are obligated to convey as soon and as fully as possible their conceptualization of who comprises the client and their stance regarding therapeutic neutrality” (p. 1457). But they did not discuss how to deal with neutrality when partners do not have equal power in the relationship.

Reframing Infidelity as a Relationship Problem

Reframing infidelity as primarily a relationship problem implied that partners contributed equally to an affair without considering how societal gender or power processes imbedded in couple dynamics may be precursors to the development of an affair. For example, if a dominant partner engaged in infidelity based on feelings of entitlement to satisfy sexual curiosity, a relationship-focused

reframe held the partner in the one down position partially responsible for the unfaithful act. Yet framing infidelity as a relationship problem was one of the most common interventions utilized.

For example, Atkins et al. (2005) emphasized that “focusing on the relationship as a whole may be particularly helpful for the involved spouse (p. 149). Brown (2001) instructed, “....formulate a statement about how they [the couple] both set the stage for the affair...” (p. 95). Johnson (2005) also expressed the common assumption that partners collude together to create the affair:

It was Carl Whitaker, after all, decades ago, who talked about the ‘mutual affair’.... *Therefore*, (italics added) They [affairs]... demonstrate the ‘aggrieved party’ may often be a conscious or unconscious instigator of them [affairs].” (p. 170)

Limiting Discussion of Societal Context to Background

A number of treatment models incorporated discussion of diversity, culture, and religion in their initial assessment of the factors influencing infidelity, but discussion of these issues remained in the background and not integrated into the larger treatment plan. For example, Fife, Weeks, and Gambescia, (2007) wrote,

A careful assessment will help in developing a treatment plan. Areas of assessment include the following: (1) The type of infidelity and level of deception, (2) The time frame or duration in which the infidelity occurred, the frequency of communication and/or sexual contact, the location of encounters, (3) History of past infidelity, (4) Relationship of the affair partner to both partners, (5) Degree of collusion by the betrayed partner, (6) Perceived attractiveness of the affair partner, (7) Social and cultural context of the infidelity (p. 318).

These authors also included a sentence suggesting the importance of understanding “the motivation for the affair, given that men and women generally engage in infidelity for different reasons” (Fife et al., p. 318). However, like other authors, they did make these contexts central to working through the infidelity beyond the initial assessment.

Not considering Impact of Gender on Relationship Dynamics

Throughout the papers we analyzed, discussion of how to work with relationship dynamics tended to favor a microsystemic lens that explored couple dynamics within the context of communication, commitment, intimacy, and connection and excluded the impact of gender and power on these relationship building processes. For example, in their review of the literature, Allen, et al. (2005) identified the intrapersonal, interpersonal, and contextual factors connected with engaging in and responding to extramarital involvement. Though gender was mentioned as a factor affecting relationship dynamics and infidelity, power was not addressed, and no models that work with gender and power as an organizing element for couple relationships and infidelity processes were identified in their review.

Limiting Discussion of Ethics to How to Position around Infidelity

Authors focused on ethical issues related to safe sex, secrecy, respecting cultural differences, boundaries, and conflicts of interest, as well as the need for therapists to examine their own personal values. They did not raise ethical concerns regarding power and equality. Though Snyder and Doss (2005) reminded clinicians that attention to contexts such as gender, ethnic, culture, religion, and sexual orientation are ethical issues

related to infidelity, the challenges they raised focused on “ensuring professional competence, inherent conflicts of interest when dealing with multiple clients, policies and limitations regarding confidentiality, and responsibility for clarifying implicit values” (p. 1453). They did not extend these ethical concerns to explicitly address how gendered power differences may affect the processes of relationship repair and shared healing..

However, Butler et al. (2009) emphasized an ethic of justice and equality, making the point that it is generally considered unethical to sacrifice one partner in order to maintain the “greater good” (i.e., relationship, family, etc). Though their discussion did not specifically include gender and power, the idea of sacrificing one partner to maintain the relationship is an important ethical dilemma and consistent with feminist epistemology.

(In)attention to Gender and Power Across Treatment

There was considerable agreement in the literature about what aspects of treatment should be focused on and the phases through which infidelity recovery occurs. Although there are slight differences in the progression across models, the consensus suggested three general phases in the therapy of infidelity, (1) crisis management and assessment, (2) working through how the affair occurred, and finally, (3) forgiveness and moving forward. In the section that follows, we consider how the factors that limit attention to gender and power occur within these treatment phases and contrast this with interventions that would attend to gender and power.

Phase I: Crisis Management and Assessment

Authors described the first phase of infidelity treatment as attending to the crisis instituted by the discovery of an affair and assessing the factors that contributed to it. Although varied in nature, initial interventions typically explored the couple's commitment to working on the relationship, helped couples develop an accountability plan, facilitated emotional expression between the hurt and offending partners, and assessed for perpetuating factors, such as duration of the affair, family of origin issues, degree of collusion by the non-offending partner, and individual personality and cultural features of each partner.

Each of the factors that limit attention to gender and power were present in the descriptions of the initial stages of treatment. For example, in a review of the infidelity treatment literature, Dupree et al. (2007) concluded that the first step is to reframe infidelity as a relationship problem: "A goal of the first phase of treatment... is to place the infidelity within the context of relational processes" (p. 335). Therapists also begin with the assumption that partners are equally culpable in creating the affair: "...working through infidelity before forgiveness can take place is helping both partners accept mutual responsibility for their own contributions to the extramarital affair" (Olmstead, Blick, & Mills, 2009, p. 56). Those that did include considerations of gender and/or power (i.e., Allen & Atkins, 2005; Gordon & Baucom, 2003; Gorman & Blow, 2008) offered few clinical strategies for how to work with it. For example, Allen and Atkins (2005) suggest "if a couple manifests clear differences in power, the possible role of this power imbalance in the infidelity should be addressed" (p. 1377), but did not explain how to do this.

Contextual factors also remained in the background in phase I. Interestingly, all the authors mentioned context as important to understanding the circumstances that gave rise to the affair and, to a lesser extent, the consequences of the affair. However, in most cases context was primarily understood as relationship factors along with aspects of individual functioning and family of origin issues: “. . . exploration of these undercurrents, these unseen foundations [multigenerational roots], will become one of the primary goals of the therapy” (Moultrup, 2005). Culture was also mentioned as a contextual component (i.e., Allen & Atkins, 2005; Duba, Kindsvatter & Lara, 2008; Dupree et al., 2007) as well as social scripts (Parker, Berger, & Campbell, 2010), but suggestions for how to work with these issues were only included when personal or societal narratives were identified as a clinical focus, as in this example from Duba, et al. (2008):

When *intrapersonal* contributors are at the root of an affair; counselors might consider breaking the process into three steps: (a) labeling prominent patterns and needs, (b) isolating relational examples of the pattern, and (c) externalizing the influence of problematic patterns and generating alternatives. (p. 296 - 297)

Though differences in prevalence of affairs by gender, double standards in acceptance of affairs, and differences in motivation by gender were mentioned, how to work with these differences was not addressed. Authors whose conceptualizations emphasized the larger social context (i.e., Parker et al., 2010) sometimes gave an example illustrating a gender or power difference, but they also offered little regarding how to work with these factors in managing the crisis.

Missing from these descriptions of phase I is any discussion of how couple dynamics regarding response to the crises are influenced by the gender and the power position of the victim. Interventions that work with de-escalation of emotion, for example, may hold female victims responsible for moving their relationships forward by articulating their pain in ways that are easier to hear by the male participating partners. In contrast, therapists that address gender and power in the initial phase of therapy would position themselves in relation to power differences between partners, avoid colluding with powerful partners' entitlement to define the problem, invite silenced voices into the conversation, and ask questions that begin to create and ethical awareness of equality issues (Williams, 2011). Therapists would attune to the emotional distress through socio-emotional attunement with each partner; that is, identify relevant social contexts and emotionally salient socio-cultural discourses and connect in ways that each partner feels understood and safe to engage (Knudson-Martin & Huenegardt, 2010). For example, in a case of a Hispanic couple in which the wife had an affair, a therapist might examine her sense of powerlessness to impact her husband prior to engaging in the affair and explore the husband's feelings of humiliation by probing what it means in his culture that his wife had an affair (see Williams, 2011).

Phase II: Working Through How the Affair Occurred

Authors presented the second phase of infidelity treatment as an opportunity for in-depth processing of how the affair occurred:

[The second phase of therapy] involves deriving a comprehensive explanatory formulation of the affair's occurrence that facilitates a realistic appraisal regarding potential reoccurrence of this traumatic

experience and aids in creating a new understanding of the couple relationship. (Gordon et al., 2004, p. 216)

All of the factors that limit attention to gender and power were also present in the second phase of therapy. For example, Allen and Atkins (2005) initially discussed in some detail how gender norms may create a culture that facilitates male infidelity, but in the illustration below, the gendered cultural context is reframed into an individual and family of origin issue:

Thus, Glen depicted himself as essentially passive throughout the entire affair process, “going along with” his workplace culture and the affair partner’s overtures. It became clear that this passivity was a hallmark of Glen’s behavior and a major risk factor. Glen described a domineering, “larger than life” father . . . (p. 1378)

As Atkins and Allen (2005) went on to show how to help the couple work through the cause of the affair, they fell back into a traditional gender script in which the wife becomes more understanding without addressing how they handle the gender and power aspects of this intervention:

As Barbara learned more about Glen’s personal history and how his passivity served as a protective adaptation, she became less frustrated and more compassionate towards him. (p. 1379)

Had the authors illustrated how to work with the gendered power context as a core issue, they would have discussed how to help Glen acknowledge the influence of masculine gender discourse on limiting his responsibility for maintaining the relationship and the effect of on Barbara. This would have set the stage for work

with Brian to help him overcome male entitlement and attend to Barbara and her needs.

By taking a systemic view in the second phase of treatment without placing these relational patterns in the larger context, many authors emphasized relationship dynamics as though each partner contributed equally and overlooked potential power imbalances:

A systemic reframe brings to light the underlying relationship dynamics and helps partners begin to accept that they both share responsibility for their relationship. Reframing infidelity in a systemic manner helps couples understand the connection between their relationship dynamics and the betrayal. (Fife et al., 2007, p. 319)

In contrast to most couple-oriented approaches, Parker et al., (2010) were clear that they externalize the infidelity within dominant societal narratives, “The clients and the therapist contextualize infidelity not as a quality inherent in the relationship, but as an external entity the couple can unite against” (p. 69). Pittman and Wagers (2005) were also an exception in that they suggested that relationship distress is a common myth associated with infidelity and recognized gender differences in unfaithfulness. In taking a more individual focus, Snyder and Doss (2005) suggested that “After placing an individual’s behavior within the appropriate social context, the therapist can then begin to explore the adaptive and maladaptive aspects of that behavior” (p. 1454). However, most interventions that focus on couple dynamics did not highlight the gender and power components.

From a feminist socio-contextual lens, interventions in the second phase of therapy would facilitate active integration of the social context as it relates to infidelity, with the goal to understand and make visible how socio-cultural processes play out in the

on-going, day-to-day life of the couple (Williams, 2011). Clinicians would also make the connection between power inequities and infidelity explicit. For example, a therapist might explore with a Caucasian couple how the wife's affair was related to a power imbalance in their initial attraction and masculine gender discourses that resulted in the husband being emotionally unavailable to her. They may discover that the flow of power enabled him to listen to her only when she was "calm," and left him with no idea that she had felt as relationally desperate as she did (see Williams, 2011).

Phase III: Forgiveness and Moving Forward

The final phase of infidelity treatment emphasized two processes: forgiveness and moving forward. "The final stage of treatment is focused on solidifying the forgiveness process as well as examining how the couple will move forward in their new relationship" (Dupree et al., 2007, p. 335). Relationally-focused interventions ranged from developing hope to exploring the meanings of forgiveness and apology, changing old patterns and expectations, pursuing the relationship, or starting a separation process:

...in the recovery or "moving on" stage, the injured person must move beyond the event and stop allowing it to control his or her life. The injured person must reevaluate the relationship and make a decision regarding whether or not he or she wishes to continue with the relationship. (Gordon & Baucom, 2003, p. 182)

All of the conditions that limit attention to the gender and power context were also present in this phase, even though we found recognition in the literature that gender and power affect the forgiveness process. "... current findings regarding power and psychological closeness [on forgiveness] suggests that these are issues that are important for the clinicians to assess..." (Gordon & Baucom, 2003, p. 196-197). For example,

therapists in the Olmstead et al. (2009) study did not mention how contextual factors may influence the process of forgiveness:

Therapists emphasized the importance of gaining an understanding of their clients' view of forgiveness . . . [and] (1) helping clients understand that forgiveness is a process and (2) facilitating client understanding of misconceptions regarding forgiveness. . . Two aspects of time that participants consistently discussed in relation to forgiveness of marital infidelity included: (1) the process of forgiveness requires time and (2) the topic of forgiveness should not be approached until the couple is ready. (p. 57-61)

Even though the ability to empathize with the hurt partner's pain is critical to forgiveness (Fincham et al., 2002; Toussaint & Webb, 2005), authors did not discuss how gender tends to organize the ability to empathize; with women generally showing higher levels of empathy than men (Macaskill et al., 2002; Scheinkman & Van Gundy, 2000, Toussaint & Webb, 2005). They did not consider that partners less willing or less able to empathize because of power or societal and cultural expectations also tend to carry less responsibility for moving the relationship through forgiveness and for sustaining the relationship long term (Williams, 2011). Therefore helping couples develop a shared vision of new relational possibilities by exploring and operationalizing previously unscripted egalitarian ideals as they move forward in the final phase of therapy is a relational justice concern.

Interventions that bring a socio-contextual lens to the final stage of infidelity treatment would explore with couples how forgiveness and moving forward are embedded in the larger process of relationship mutuality. Techniques would foster the practice of equality and guide couples to recognize implicit power structures in their relationships and determine how they may want to reorganize them. For example, a

husband who had an affair may have a difficult time overcoming masculine gender training that says he should not be vulnerable, and this may limit his ability to emphasize with his wife's pain and to apologize for the betrayal. Attaining mutuality would require that the therapist help him rebalance power by experiencing his vulnerability and attuning to hers (see Williams, 2011).

Discussion

Research continues to find that gender equality promotes relationship success and is foundational to the development of a mutually supportive relationship (e.g., Amato, Johnson, Booth, & Rogers, 2003; Gottman, 2011). Equality is thus an organizing force in how couple relationships maintain well-being (author, 2009; author, 2010). Facilitating mutuality in couple therapy sessions is critical for long term relationship success and healing.

In this study, we applied a feminist lens to the treatment literature in order to make visible the conditions under which gender equality and potential societal power discrepancies between partners were addressed. Though we found that gender and power tend not to be central constructs in clinical practice, the infidelity treatment literature appears to recognize their presence (i.e., Atkins, Baucom, & Jacobson, 2001; Glass, 2003; Treas & Giesen, 2000). Many models address the impact that gender has on the etiology of infidelity and the idea of power as an influence on the decision to have an affair appears to be gaining recognition (i.e., Fife et al., 2007; Gordon & Baucom, 2003). However, when applying a gender-informed lens, our analysis frequently identified examples of conceptualization and clinical strategies where the impact of gender and

related contextual power differences could have been addressed but were not. Rather than examining the gendered socio-cultural context of these issues, authors framed the discussion as though the participants held equal power in the relationship. Thus, while mutual healing was the implicit ultimate goal of all models reviewed, few adequately centralized gendered power concerns in this process.

The lack of attention to socio-cultural issues appeared to stem from the five factors: 1) speaking (or assuming) as though partners are equal, (2) reframing infidelity as a relationship problem, (3) limiting discussion of societal context to background, (4) not considering how societal gender and power patterns impact relationship dynamics, and (5) limiting discussion of ethics on how to position around infidelity. These findings reinforce what feminist theorists have long argued; that a systemic focus on couple interaction conceals power differences between the partners (Goldner, 1985; author, 1997). In privileging a micro-systemic framework for treatment, other, more macro-systemic processes tended to be unintentionally overlooked.

Implications for Therapy

A feminist critique of couple therapy is not new. For many years feminist practitioners have emphasized that gender processes affect communication processes and create disparities in heterosexual partners' power positions (e. g., Goldner, 1985; Goodrich, 1991; McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988). Feminist thought continues to have considerable influence on every area of couple therapy, and cutting edge treatment for issues such as violence, intimacy, and sex therapy focus on power dynamics related to gender (Lyness & Lyness, 2007).

The application of a feminist framework to the current infidelity treatment literature makes visible a number of ways that these models could better address the intersection of culture, gendered power, couple dynamics and infidelity.

A model that places socio-contextual concerns as central to practice would organize infidelity treatment around potential couple inequality, thus facilitating a process that works to challenge and reorganize implicit power structures that affect the development of mutual support. In contrast to the five conditions that limit attention to gender and power; one model that makes these components central is the Relational Justice Approach (Williams, 2011). This approach includes three phases that: (1) positions self [therapist] in relation to power imbalances in couple relationships, (2) seeks to understand and frame issues of infidelity within a macro-contextual lens, (3) makes discussion of societal context central to working through the affair, (4) seeks to understand and make explicit each couples unique expression of gender, power and culture in the organization of their relational context, and (5) expands discussion of ethics to include considerations of power. Figure 2 illustrates how this approach contrasts with the three phases we found to typify the therapy of infidelity. Detailed information about this model, including numerous case examples may be found in Williams (2011). The RJA approach is also applicable to same-sex partners.

The Relational Justice Approach is an application of Socio-Emotional Relationship Therapy (Williams, 2010). This promising framework centralizes macro-systemic concerns in couple therapy and offers detailed guidance in how to help couples create mutually supportive relationships based on shared relational responsibility and

mutual vulnerability, attunement, and influence. This model also helps to address the intersection of gender and power issues with other socio-cultural locations.

Limitations

Although a comprehensive approach to data collection was utilized, the literature available regarding the treatment of infidelity is extensive. Consequently once we reached theoretical saturation, we no longer utilized an all inclusive approach for data collection. However, we did continue to search the literature and treatments that were unique or offered a different perspective were added as data. Other areas of infidelity treatment such as sexual addiction or online infidelity were also not reviewed, nor was data pertaining to same-sex relationships.

Future directions

We know that gender and power are important socio-cultural forces organizing the experience of infidelity; therefore therapy must move to include careful consideration of such socio-contexts. Models that address socio-contextual concerns at the heart of infidelity treatment are currently very limited. Therefore, a model that integrates the research on the etiology of infidelity regarding gender, couple inequality, and culture into treatment protocol is an essential next step for moving the treatment of infidelity forward. Clinical work must support powerful partners to experience accountability for the impact their behavior has on the relationship. This helps create a sense of relational justice (Boszormenyi-Nagy & Krasner, 1986; Dolan-Del Vecchio, 2008; author, 2010). Relational justice, then, espouses couples to “a dynamic and ethical interconnectedness”

(Boszormenyi-Nagy & Krasner, 1986, p. 8) leading toward hope, healing and ultimately, mutually supportive connection.

As a next step, we are in the process of further developing and validating the relational justice approach (e.g., author, 2011). This approach makes ethical concerns around power and inequality central in therapy and builds on the extensive body of literature on the treatment of literature currently available to articulate what is missing: concrete actions for how therapists can attend to the socio-contextual factors surrounding infidelity. The relational justice approach provides guidance in how to assess for potential power imbalances and how to work with power imbalances around crisis management, working through the causes of the affair, and forgiveness and moving on.

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CHAPTER THREE

**A SOCIO-EMOTIONAL RELATIONAL FRAMEWORK FOR INFIDELITY:
THE RELATIONAL JUSTICE APPROACH**

Abstract

Current clinical models for addressing infidelity tend not to make social context issues a central focus; yet societal gender and power structures, such as female responsibility for relationships and limited male vulnerability, affect the etiology of affairs and create power imbalances in intimate relationships. How therapists respond to these societal influences may either limit or enhance the mutual healing of both persons in the relationship. Thus attention to these societal processes is an ethical issue. This paper presents one perspective, the Relational Justice Approach, for working with infidelity. It places gender, power, and culture at the center of intervention in couple therapy, and includes three stages: 1) creating an equitable foundation for healing, 2) placing the infidelity in a societal context, and 3) practicing mutuality. Each stage is illustrated with case examples and contrasted with current practice regarding infidelity.

Keywords: infidelity, affairs, gender, power, social context, couple therapy, relational justice

Introduction

Addressing infidelity in couple relationships is a deeply painful process for both partners. Resolution involves the interplay of many complex issues, of which gender, power, and culture are part. These societal processes influence both the etiology of affairs and recovery from them. Though many clinicians are aware that permissive sexual values, being male, opportunity, gender inequality, and cultural norms influence the origins of unfaithfulness (Atkins, Baucom, & Jacobson, 2001; Glass, 2003; Treas & Giesen, 2000), how to address these issues in a clinical session is less clear. Few models for the treatment of infidelity explicitly articulate how to make them central to practice (e. g., Brown, 2005; Olmstead, Blick & Mills, 2009).

The purpose of this article is to present the Relational Justice Approach (RJA) for working with infidelity and to focus attention on the socio-cultural aspects of gender, power, and culture as an important fulcrum for clinical change (Huenergardt & Knudson-Martin, 2009). The approach incorporates socio-cultural attunement as a key point of departure and draws on a four part model of mutual support as a guiding frame for practice across various cultural contexts and couple structures (Knudson-Martin & Huenergardt, 2010). The paper emphasizes how to work with the power disparities created by socio-cultural contexts, with examples from heterosexual and same-sex relationships.

Infidelity as a Relational Justice Issue

Traditionally, infidelity has been thought of as a sign that something is wrong in the primary relationship; that affairs only happen in unloving and unhappy relationships

(Glass, 2003; Pittman & Wagers, 2005; Scheinkman, 2010). However, research regarding a causal relationship between infidelity and relationship dissatisfaction remains inconsistent (Treas & Giesen, 2000). Atkins, Baucom, and Jacobson (2001) found that lack of marital happiness is not, by itself, a sufficient predictor of infidelity. Affairs may be less a statement about marriage than a statement about individuals (Perel, 2010). According to Scheinkman (2010), infidelity is more about human yearnings than relational distress, which differ according to gender.

Gender influences the etiology of affairs (Glass, 2003; Glass & Wright, 1992). Even when relational reasons are at the root of an affair, the issues are usually gendered. Women tend to report infidelity as being related to relationship dissatisfaction, whereas men often describe extramarital involvement as more about their desire for sexual excitement (Blow & Hartnett, 2005; Glass, 2003). Research continues to find that more men than women are unfaithful (Allen & Baucom, 2004; Atkins, Baucom, & Jacobson, 2001; Blow & Hartnett). Thus gender is an important consideration that interacts with other contextual factors to impact the origins of unfaithfulness (i.e., personality traits, family of origin issues and increasing sexual freedom for women following the development of birth control) (Gordon, 2002; Schmitt, 2004; Scheinkman & Werneck, 2010).

Infidelity in Context

Family systems theory has a history of critique by feminists for ignoring larger societal processes, thus inadvertently assuming equality in processes that are not inherently equal (e. g., Goldner, 1985; Hare-Mustin, 1978). Current research suggests

that gendered power processes continue to organize how heterosexual partners relate to each other (Coontz, 2005; Knudson-Martin & Mahoney, 2009; Scheinkman, 2005), but it is difficult for couples themselves to recognize how power inequalities structure their interaction (Mahoney & Knudson-Martin, 2009). Patriarchy, which existed across the world and throughout the centuries has until very recently, allowed infidelity to be a man's privilege only (Scheinkman, 2005). Even with all of the recent changes in women's roles and positions in the world, one issue that has been consistent in virtually all cultures across time is the double standard around extramarital sex (Scheinkman).

When contextual factors are not explicitly conceptualized, responsibility tends to be placed equally on both partners for setting the stage for an affair (e. g., Brown, 2005; Moultroup, 2005; Olmstead, Blick & Mills, 2009). As a result, interventions may inadvertently promote gendered relationship patterns that make it difficult to establish a foundation for mutual support and intimacy (Knudson-Martin & Huenergardt, 2010; Scheinkman, 2005; Wiengarten, 1991). Power imbalances based on gender and societal positions impact a couple's ability to build emotional connection, leaving the less powerful partner significantly more vulnerable than the more powerful one (Greenberg & Goldman, 2008).

It's not unusual for therapists to collude with cultural expectations that women are responsible for the relationship. For example, Moultrup (2005), wrote regarding a case example, "She displayed thoughtfulness and even a willingness to take on some responsibility- this was a fertile clue that she was able to understand some kind of systemic component to the affair" (p. 34). Similarly, Brown (2005) emphasizes the importance of encouraging women to recognize their part in their partners' infidelity,

You can help her understand how she contributed to making the behavior patterns that helped set the stage for an affair. She will not like looking at this, although at some level she knows she had some part in setting the stage. (p. 65)

In contrast, the Relational Justice Approach utilizes the core components of Socio-Emotional Relationship Therapy (Knudson-Martin & Huenergardt, 2010) to place socio-cultural attunement and attention to gender and societal power positions at the core of therapeutic intervention.

Socio-Emotional Relationship Therapy

Socio-Emotional Relationship Therapy (SERT) begins with the ethical premise that couple relationships should mutually support the well-being of each partner and outlines four related components of healthy couple interaction: mutual attunement, shared vulnerability, shared relationship responsibility, and mutual influence (Huenergardt and Knudson-Martin, 2009; Knudson-Martin & Huenergardt, 2010). SERT draws on social constructionist thought regarding the contextual processes of gender, culture, identity and relational interactions. Viewing couple relationships through the lens of social constructionism suggests that couples learn patterns of interaction based on the social context in which they live but that other, less well-developed possibilities are also available to them.

In SERT, therapists use the concepts of “socio-cultural attunement” and “socio-cultural discourse” to understand the context of relational dynamics. Understanding the discourses that inform a couple’s reality enables clinicians to attune to the socially scripted behaviors to help them move beyond socio-cultural gender patterns that may

limit mutual support (Knudson-Martin & Huenergardt, 2010). SERT therapists actively target their interventions to interrupt societal power processes that maintain relational inequalities.

The Relational Justice Approach

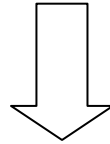
Relational justice is defined as “a dynamic and ethical interconnectedness--past, present and future--that exists among people whose very being has significance for each other” (Boszormenyi-Nagy & Krasner, 1986, p. 8). This interconnectedness places couples in an ethical position of needing both partners to share responsibility for maintaining the quality of the relationship. However, as described earlier, in heterosexual relationships gender stereotypes create power disparities in relationship investment that place the burden of this responsibility on women. Though not the only source of detrimental power imbalances, stereotypic gender patterns tend to mask relational injustice because the discrepancy appears normal or natural. Power imbalances in same-sex couples, although not gender specific, can also be just as limiting (Jonathan, 2009).

To address the societal context of the give and take in relationships, RJA adapts the SERT case progression outlined by Knudson-Martin & Huenergardt, (2010) to create three phases of infidelity treatment; 1) creating an equitable foundation for healing, 2) placing the infidelity in a societal context, and 3) practicing mutuality.

Phase I: Creating an Equitable Foundation for Healing

Goal: Set the stage for mutual healing

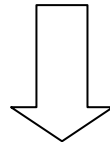
- 1) Therapists position themselves in relation to the power context of the infidelity
 - a. Invite silenced voices into the conversation
 - b. Avoid colluding with the powerful partners entitlement to define the problem
 - c. Ask questions that create awareness of equality issues
- 2) Demonstrate socio-cultural attunement with each partner around the trauma of infidelity
 - a. Identify relevant social contexts and emotionally salient discourse
 - b. Connect in ways that each partner feels understood and safe to engage



Phase II: Placing Infidelity in Social Context

Goal: Understand the relational effect of the social context connected to the infidelity

- 1) Reframe the affair within the context of larger social processes
- 2) Make power processes associated with the infidelity explicit
- 3) Help partners experience the reality and implications of power imbalances



Phase III: Practicing Mutuality

Goal: Experience new relational possibilities beyond the infidelity

- 1) Define personal meaning of equality
 - a. Explore unscripted equalitarian ideals
 - b. Operationalize what equality/ mutuality means
- 2) Deepen relational experience that fosters movement toward forgiveness
 - a. Facilitate engagement with difficult issues around the affair
 - b. Facilitate connection through mutual vulnerability & attunement
 - c. Facilitate accountability that overcomes gender stereotypes
 - d. Promote shared responsibility for relationship maintenance and each partner's well-being

¹ All names and identifying information have been changed to protect the confidentiality of the clients

Figure 1. Relational Justice Approach for the Treatment of Infidelity

The Process of Therapy

Phase I: Creating an Equitable Foundation for Healing

Crisis management and assessment are the usual initial steps in infidelity treatment (e. g., Dupree, White, Olson & Lafleur, 2007; Fife, Weeks, & Gambescia, 2007; Glass, 2003). This first phase typically entails facilitating emotional expression between the hurt and offending partners, assessing each partner's commitment to making the relationship work, developing an accountability/ trust plan, and assessing for perpetuating factors, such as duration of the affair, family of origin issues, degree of collusion by the non-offending partner, and individual personality and cultural features of each partner.

In the Relational Justice Approach the initial phase of therapy views the above issues through a larger social lens and that does not assume equality. Therapists set the stage for mutual healing by positioning themselves in relation to power differences between partners. They avoid colluding with powerful partners' entitlement to define the problem, are sensitive to inviting silenced voices into the conversation, and ask questions that begin to create awareness of equality issues. Therapists also attend to the emotional distress of the affair through socio-emotional attunement with each partner; that is, they identify relevant social contexts and emotionally salient discourses to connect in ways that each partner feels understood and safe to engage (Knudson-Martin & Huenergardt, 2010).

Table 2. *How RJA Contrasts with Usual Treatment*

The Relational Justice Approach	Traditional Infidelity Treatment
<p><i>Phase I: Creating an Equitable Foundation</i></p> <ul style="list-style-type: none"> • Emotional processing based on socio-cultural attunement (i.e., power, culture) • Assessment based on social context (i.e., power structure, cultural norms, gender norms) • Understanding presenting problem as part of macro-processes 	<p><i>Phase I: Crisis Management/ Assessment</i></p> <ul style="list-style-type: none"> • Emotional processing based on balance (i.e., turn taking) • Assessment based on personal/ couple context (relationship, family of origin, personality traits) • Understanding presenting problem as part of micro-processes
<p><i>Phase II: Placing the Infidelity In Social Context</i></p> <ul style="list-style-type: none"> • Integration of the social context (i.e., societal power position, gender expectations) surrounding the infidelity • Infidelity recovery process is customized according to context 	<p><i>Phase II: Placing the Infidelity In Context</i></p> <ul style="list-style-type: none"> • Reframing the infidelity as a relational problem • Infidelity recovery process is the same across contexts
<p><i>Phase III: Practicing Mutuality</i></p> <ul style="list-style-type: none"> • Apology and forgiveness with attention to power contexts • Moves toward forgiveness through mutual attunement, shared vulnerability, shared relationship responsibility, and mutual influence 	<p><i>Phase III: Forgiveness</i></p> <ul style="list-style-type: none"> • Forgiveness and apology without attention to power contexts • No specific focus on the development of mutuality

Since the emotional distress that couples experience often parallels symptoms of PTSD (Glass, 2003), it is especially important to contextualize the emotional pain as power processes tend to marginalize the trauma of the less powerful person. Attention to power dynamics at this stage creates an essential foundation for relational justice as the therapist supports the more powerful partner to take in and be impacted by their partner's experience.

Sonjaⁱ, a Latino woman, was furious with her husband, Gary, a Caucasian male, for having had a one night stand with a female co-worker. Yet in session Gary had difficulty hearing her anger, which she also constantly downplayed. Sonja minimized her pain and anger in accordance with socio-cultural patterns that tell women to “keep the peace” in order to preserve the relationship. Gendered messages that men must maintain a strong position also limited Gary's ability to tolerate her anger. Cultural messages also entitled Gary to more freedom and autonomy, which meant that his White male privilege limited his ability to see aspects of his own entitlement in their interaction.

Socio-emotional attunement, e. g., understanding Gary's difficulty with vulnerability and Sonja's downplay of her anger through a contextual lens, helped both partners feel understood by the therapist (Knudson-Martin & Huenergardt, 2010;). As Gary began to see his difficulty with vulnerability as part of gendered messages outside himself that suggest that men should be strong, he was able to take a more relational position with Sonja. We began by openly discussing Gary's difficulty in hearing Sonja's anger and encouraging him to challenge the gender discourses:

Therapist: Gary, I notice that you're having a hard time hearing Sonja right now because she's angry . . . , I want you understand how important

it is for you to be willing to hear Sonja's anger, as this will really make a big difference for you and Sonja as you heal.

Gary's first response was that Sonja's anger was getting them nowhere, that he should not have to listen to things that made him feel guiltier than he already did. This issue would send them into a tirade of arguments, resulting in distance, insecurity and a sense of hopelessness on both parts. However, with active support and encouragement, Gary was able to begin to understand the importance of being vulnerable so that Sonja could express her anger openly to him. By taking a less powerful position, he made it easier for Sonja to deal with her hurt:

Sonja: I still struggle with the infidelity. Sometimes I have things come out of the blue that pull me right back into my anger and insecurity, but most of the time I do ok now.

Purposeful intervention into the gendered power structure of the relationship helped Sonja and Gary manage their immediate stress:

Gary: Well, I used to think that the rehashing was unproductive and honestly, sometimes I still feel a little like that, but I tell myself that it's not about me, it's about our relationship. What Sonja needs right now from me is to answer questions and to hear things even if we talked about them before. It's still hard for me to stay quiet and really listen when she is angry, but I know that being able to do this is especially important because she tells me how helpful it is.

In contrast to usual practice, the Relational Justice Approach does not encourage partners to express vulnerable emotions through automatic turn taking; I had to work first with Gary's inability to hear Sonja, so that as the less powerful partner, she would not be fearful of losing the relationship if she were to openly voice her anger over his affair. In this process, vulnerability becomes much more a mutual exchange.

The emotions around an affair are also intricately connected to each partner's socio-cultural power position and gender expectations. Jose, a Latino husband whose wife Raquel had had an affair was devastated and humiliated. To understand his emotional pain, my initial questions tuned into his cultural scripts, "What does your culture say about what it means to be a husband whose wife had an affair?" Because Latino and White men live in a culture of "masculinities" that has both stereotypic and unique expression (Falicov, 2010), attuning to his personal experience of these societal issues was a critical aspect of understanding the power dynamics in this case and creating an equitable foundation for healing. As Jose talked about his emotional pain, Raquel began to experience openness and vulnerability from him that had previously been limited in their marriage. As a result, the power difference between them began to shift.

Phase II: Placing the Infidelity in a Societal Context

The second phase of standard infidelity treatment commonly includes helping the couple embrace a relational understanding of the source of the affair. Usually, this means reframing the infidelity in systemic terms to help the couple make the connection between their relationship and the affair (e.g. Olmstead, Blick & Mills, 2009). The Relational Justice Approach addresses these relationship issues through a macro lens. Instead of focusing primarily on the shared relational cause of the affair, RJA facilitates active integration of the social context as it relates to infidelity. Issues such as jealousy are framed within larger social processes (Scheinkman & Werneck, 2010). Similar to the SERT case progression (Knudson-Martin & Huenergardt, 2010), the goal is to understand and make visible how socio-cultural processes play out in the on-going, day-to-day life of

the couple and make the connection between power inequities and infidelity more explicit.

Alan and Susan, a Caucasian couple, had been in therapy for several weeks trying to overcome the emotional crisis following Susan's affair. She was upset with herself for having violated her commitment to her marriage, but at the same time she was very angry with Alan. Alan, on the other hand, was shocked that Susan could have done such a thing and was also deeply hurting. Alan's work took him away from home often, and Susan felt that for most of their marriage he was emotionally "unavailable." Knowing that relationship inequality has been linked to a greater likelihood of infidelity, particularly for women, I wanted to identify how gender discourses influenced their relationship. I asked Alan what he had learned about how men should deal with emotions. When he responded that he didn't know many men who were good with emotions, we were able to speculate about why that might be and how well he thought it worked for him in his marriage with Susan.

Susan reported that Alan, who was older than Susan by six years, treated her "like a child." The couple's early attraction was based on a common gendered power difference in which she saw him as a secure provider and he viewed her as bubbly, naive, fun and sexy. After marriage, their relationship continued to be organized around traditional gender patterns. Allan believed that as long as he worked hard and provided for the family he was "doing his job" and being a good husband. He did his best to listen to Susan when she was "calm" and to help her with the house work when he was home, but had no idea that Susan was so desperate.

Therapist: Do you think that this model of the man “doing his job” and the woman holding back her thoughts and just trying to make him happy creates problems for couples? Did the infidelity provide you, Susan, with a way to break out of this model?

Susan: I never thought about it before, but yes, I feel like Alan is more willing to listen to me now, now that I am “serious” about being unhappy.

Therapist: Remember that the messages about how to be in relationship are bigger than both of you. Alan, it sounds like you were working hard to follow the messages that you have about how to be a good husband.

Alan: Yes, I thought I was doing everything just fine. I feel like I don’t know what she wants, and now she’s gone and done this...

Therapist: In my experience, infidelity often has to do with the balance of power in the relationship. What you both are describing is a power imbalance based on social patterns. It’s not something either of you purposely did. However, this imbalance is something that we will have to work with in order to help you both move forward and protect your relationship from infidelity in the future.

Their gender typical relationship structure made it difficult for Allan to tune into Susan’s feelings or to let himself be known to her. Placing infidelity in context of the gendered power imbalance in Susan and Alan’s interaction helped the couple see how the imbalance perpetuated Susan’s affair and become motivated to create a new, more mutual foundation for their marriage.

Dealing with infidelity is compounded by the complexity of power. Partners that have more power tend to take less responsibility for maintaining the relationship. This can make the decision to have an affair seem less consequential (Glass, 2003). At the same time, partners with less power may engage in infidelity in an attempt to establish equality. In heterosexual couples gender is the proxy by which power imbalances are perpetuated; in same-sex couples where gender differences are removed, the connection between power and infidelity becomes more explicit.

Nicole and Michelle had been in relationship for seven years. Nicole was older than Michelle and working full time while Michelle finished school. Five years into their

relationship Michelle had an affair. They presented for therapy after Michelle had moved out of the house. Examination of their relational context identified a significant difference in attention to the other, leaving Michelle, as the more attuned partner in the one-down position:

Michelle: I was really unhappy, I tried talking with Nicole about it but she was always too busy to make changes to our relationship. Things just got worse and worse and finally I found someone who would listen to me.

When Michelle moved out of the house, she drew Nicole's attention, thus both partners now appeared interested in understanding the other's perspective. However, Michelle remained cautious:

Michelle: I know that I hurt her, we have talked about it a lot and I feel really bad. I desperately want her to be able to trust me again; but at the same time I also want us to take the time we need to heal. I am still unsure about moving back into the house.

The goal in this phase of therapy was to help the couple come face to face with the consequences of the social context connected to the affair.

Therapist: It sounds like at this point you both are able to hear and take in your partner's emotions around the affair. However, to help me understand your relationship a little better, tell me what it means to be together as a committed couple?

Nicole: Well, we really strive to be equal partners. This is important for both of us, and always has been.

Michelle: Yea, it's true, although sometimes I feel like Nicole and I are not always the same. Sometimes I don't feel like I have the same rights as she does, like the ability to make decisions about our finances because I don't contribute much financially. And then the fact that I am younger makes me feel like Nicole is more experienced than me in many ways.

Nicole: Sometimes I do feel like I have to teach Michelle, especially when it comes to finances. She's also immature at times.

Michelle: I hate it when she says that, because that's what makes me question moving back home. There is this idea that I am the immature one in the relationship because I am younger and more emotional.

Naming the power difference enabled them to come face to face with the ways their differing societal power positions interfered with attaining their egalitarian ideals:

Therapist: It sounds like sometimes there is a parent-child feel to your relationship. This gets in the way of your equal partnership, which impacted the decision to have an affair.

Thus, in the second phase of therapy the couple comes face to face with the consequences of the social context connected to the affair.

Phase III: Practicing Mutuality

In standard practice, the third phase of therapy typically focuses on movement toward forgiveness (e. g., Dupree, White, Olson & Lafleur, 2007). This entails promoting empathy, relational commitment, and hope. It often includes a sincere apology from the offending partner. In RJA, these important aspects of working through infidelity are part of the larger process of practicing mutuality and utilize the four components of the SERT model: mutual attunement, shared vulnerability, shared relationship responsibility, and mutual influence (Knudson-Martin & Huenergardt, 2010).

The ability to empathize with the hurt partner's pain is critical to the process of forgiveness (Fincham et al., 2002; McCullough, 2000; Toussaint & Webb, 2005).

However, women tend to have higher levels of empathy than men (Gault & Sabini, 2000; Macaskill et al., 2002; Scheinkman & Van Gundy, 2000, Toussaint & Webb, 2005).

Partners less willing or less able to empathize because of power or societal and cultural

expectations tend to carry less responsibility for moving the relationship through forgiveness and for sustaining the relationship over the long haul. Thus the goal of the final phase of therapy is to envision new relational possibilities by exploring and operationalizing previously unscripted egalitarian ideals. The emphasis is on experiential work that facilitates engagement with difficult issues by fostering connection around areas of vulnerability, accountability and attunement while promoting shared responsibility for relationship maintenance and each partner's well-being. This also fosters the development of trust.

In Allan and Susan's case, although Susan had the affair, she was willing to empathize with Allan's experience of it, especially after learning how social discourses perpetuated Allan's disengagement in the relationship. Her willingness to be empathic was an important part of her sense of relational responsibility regarding the affair. However, it was important that she not carry this responsibility alone, as this would have moved the couple back to previous gendered ways of relating. Therefore, it was critical that Alan also learn to attune and empathize with Susan's experience in order to promote mutuality.

In contrast, John and Tiffany had been working through John's infidelity. John was having a difficult time overcoming masculine gender training that said he should not be vulnerable. This limited his ability to empathize with his wife's pain and to apologize for the betrayal. He routinely came back to the expectation that Tiffany should empathize with how difficult it was for him to understand her emotions. His construction of masculinity meant that he did little to orient himself toward others and was unskilled at relational processes such as attunement and vulnerability.

For this couple, gendered patterns of relating also meant that Tiffany would often jump to John's aid by helping him feel more comfortable (e.g., "I know you're trying your best babe, I know this is hard for you"). If I had encouraged Tiffany's help of John, she would have maintained the responsibility of moving the relationship toward forgiveness, despite the fact that she had not had the affair. Thus, it was critical that I work with John to expand the ways in which he had learned to engage in the relationship.

For example, I encouraged John to turn toward Tiffany and voice what he believed she was experiencing about his affair. I also facilitated a conversation between both Tiffany and John about mutuality, encouraging him to practice behaviors that promote shared responsibility.

Therapist: John, I know this is difficult to do, but stay with it for just a moment; I want you to know that you have the power to make a huge impact in your partnership. Right now in this moment, what does relational responsibility look like?

By helping John move toward vulnerability, I was opening him up to be influenced by and attuned to Tiffany's full experience so he could take responsibility for moving them toward forgiveness.

Therapist: John, as you practice, can you turn toward Tiffany.

John: [turns toward Tiffany] I really want us to move forward, but I know that it will take time for you to forgive me. How can I help you feel safe?

Therapist: Good question, John.

Tiffany: Maybe you could leave your cell on so I can call you if I need to.

These cases illustrate how recovering from an affair is enhanced when gender stereotypic power imbalances are replaced with shared vulnerability, attunement, relational responsibility, and influence. These components of relational justice are

central to all relationships. The case of Josh and Liam helps to illustrate how practicing mutuality is part of healing. Josh had less responsibility for the relationship than Liam, who was several years younger. Though Josh's affair was very distressing to Liam, he was not in the habit of thinking about the impact of his behavior on Liam and discounted his perspective:

Josh: Well, I know it's hard for him, he really feels a strong responsibility to the relationship. He also doesn't ever say anything to me about what is still bothering him about the affair and honestly, sometimes that makes me not respect him, like he's weak or something.

Liam: I don't say anything because you don't listen. There's no point in telling you how I feel about staying true to our commitment because you go ahead and do what you want anyway.

Encouraging Josh to attend to Liam in the moment-by-moment of the therapy session helped the couple begin to experience mutuality:

Therapist: Hang on a minute. Josh, Liam is telling you something really important about the structure of your relationship. Remember when we talked about this idea of a mutually supportive relationship and what that would look like for you both as a gay couple? Josh, you said you feel that you have more power in this relationship, and Liam, you agreed. I want you to notice that right now is a wonderful opportunity to do something different and share the power between you.

Josh: Ok, yea.

Therapist: Ok, so I am asking you to stay here in this place of honesty and openness; it may feel vulnerable. Can you turn toward Liam? Tell me what you see, what clues are visible that help you attune to his experience?

Josh: He looks sad.

Therapist: Yes, what else? What is his posture telling you?

Josh: He looks deflated.

Therapist: Great description, why don't you invite him to talk with you about his experience.

As Josh became more attuned to Liam's experience, he felt a stronger sense of accountability to him and the relationship. As Liam saw increased responsiveness from

Josh, he began to trust that he could have an influence on him. In this way, experiential exercises involving the four components of mutual support help couples begin to develop a new model of relationship more likely to sustain them over the long term.

Conclusion

The Relational Justice Approach integrates the research on the etiology of infidelity regarding gender, couple inequality, and culture into treatment protocol. The model maintains an ethical stance of working from a non-neutral position that highlights how implicit messages around gender, power and culture limit a couple's ability to achieve mutuality.

Affairs are part of power processes. Therefore, treating infidelity in this context means that a therapist works differently based on the power structure of the relationship. One of the complexities of dealing with infidelity from this lens is that less powerful partners who have had an affair may find themselves having relational power for the first time. Yet, clinicians must still maintain awareness of how the couple's previous relationship patterns may have been imbalanced. Many of the accountability plans that a couple may utilize (i.e., checking up) can quickly transition them back to previous forms of inequality. It is important that in being held accountable for their infidelity, less powerful partners not also fall back into a one-down position. For RJA, mutuality is critical to overcoming the trauma of an affair.

The integration of mutuality looks different for every couple as societal and cultural messages shift across social locations and throughout life. However, the concepts of mutual support provide options for being in relationship beyond the scripted

training that society continues to prescribe. Looking at infidelity from a contextual lens requires that therapists open themselves to options beyond a traditional framework of relational distress, and embrace new standards of ethical treatment that integrate the complexities of social context. In the Relational Justice Approach, healing from an affair is an exercise in mutuality as couples transcend power imbalances to experience relational connection.

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CHAPTER FOUR

**A CONTEXTUAL MODEL FOR INFIDELITY TREATMENT, THE
RELATIONAL JUSTICE APPROACH: A TASK ANALYSIS**

Abstract

Gender, culture, and power issues are intrinsic to the etiology of infidelity, but the clinical literature offers little guidance on how to work with these concerns. The Relational Justice Approach (RJA) (Williams, 2011) to infidelity treatment is unique in that it places power and socio-cultural issues at the heart of clinical change. Though theoretically helpful, this approach has not been systemically studied. Therefore task analysis was utilized to understand how change occurs in RJA. The findings indicated four tasks necessary for successful change: (1) creating an equitable foundation for healing, (2) creating space for alternate gender discourse, (3) pursuing relational responsibility of powerful partner, and (4) new experience of mutual support. Critical to these interventions were therapist's awareness of power dynamics that organize couple relationships, therapist's leadership in intervening in power processes, and socio-cultural attunement to gender discourse. Specific techniques and tasks necessary to accomplish each phase of treatment were also identified.

Introduction

The importance of addressing larger contextual issues of gender, power, and culture in couple therapy is well known (e.g., Lyness & Lyness, 2007; Knudson-Martin & Huenergardt, 2010); however, research identifying the tasks involved in doing this work is minimal. This is particularly true of infidelity treatment.

Many approaches for treating affairs explore contextual factors such as family of origin, culture, and relationship processes as part of the assessment for understanding how infidelity occurred (e.g., Gordon, Baucom, & Snyder, 2004, 2008; Gorman & Blow, 2008). Some approaches also bring awareness of gender or power into treatment conceptualization (e.g., Fife, Weeks, & Gambescia, 2007; Gorman & Blow, 2008), but information about how to incorporate them into clinical protocol is very limited (Williams, 2011a).

The Relational Justice Approach (RJA) (Williams, 2011a) is unique in that it places gender, power and culture as the fulcrum for clinical change in couple's infidelity treatment (see figure 1). Though the approach has a well-developed conceptual model, it has not been systemically studied. Thus we used task analysis to study the therapeutic processes within the RJA theoretical model (e.g., Greenberg, 2007).

Relational Justice Approach

The Relational Justice Approach utilizes the core components of Socio-Emotional Relationship Therapy (SERT) (Knudson-Martin & Huenergardt, 2010) to place socio-cultural attunement and attention to gender and societal power positions at the core of therapeutic intervention in the treatment of infidelity. SERT draws on social

constructionist thought regarding the contextual processes of gender, culture, identity and relational interactions, and begins with the ethical premise that couple relationships should mutually support the well-being of each partner.

The SERT approach focuses on four conditions that facilitate mutual support: (1) mutual attunement, which refers to the ability of both men and women to empathically resonate with the other's experience; (2) mutual vulnerability, which means that each person exposes themselves to the emotional risk inherent in intimate relationships; (3) shared relational responsibility, which refers to the ability of both men and women to take responsibility for the well-being of the other and the relationship as a whole; and (4) mutual influence, which is the ability to influence one's partner to respond. (Knudson-Martin & Huenergardt, 2010). These four concepts frame how couple processes around the issue of infidelity are understood in the RJA. When they are present, partners are attentive, observant, and interested in the other.

RJA Conceptual Model

The conceptual model for the Relational Justice Approach to infidelity involves three phases of couple work: 1) creating an equitable foundation for healing, 2) placing the infidelity in a societal context, and 3) practicing mutuality (Williams, 2011a). In phase one, therapists position themselves in relation to power differences between couples, avoid colluding with the powerful partners' entitlement to define the problem, invite silenced voices into the conversation, and ask questions that create awareness of equality issues. Therapists also demonstrate socio-cultural attunement with each partner around the trauma of the infidelity so that each client feels understood and safe to engage.

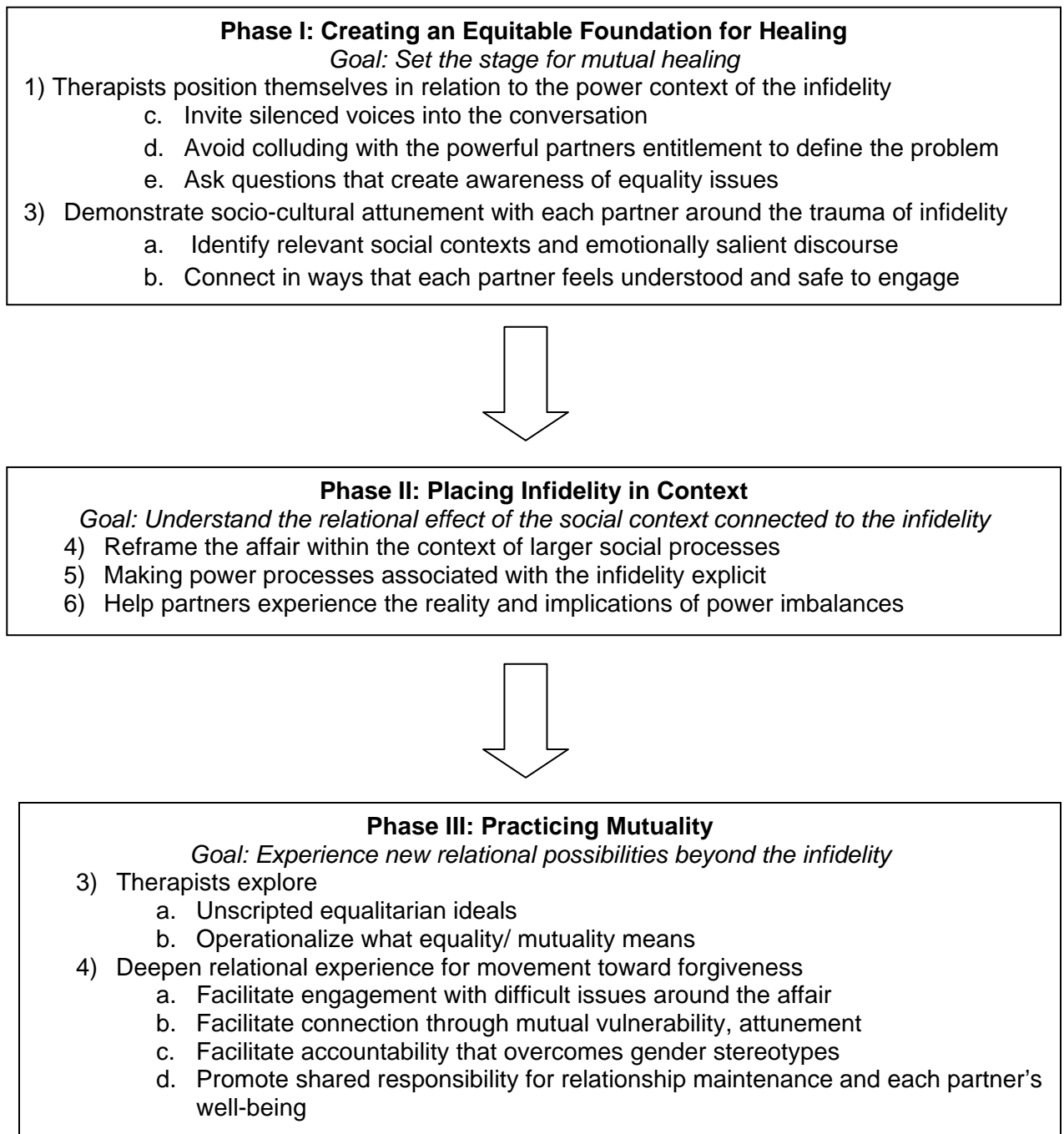


Figure 1. Relational Justice Approach for the Treatment of Infidelity

The second phase places the infidelity in context, meaning that the affair is understood from a larger societal lens (Williams, 2011a). Therapists reframe the infidelity within gender, power and cultural processes by making the connections between the affair and these contexts explicit.

Placing the infidelity within a societal context is a critical component distinguishing RJA, as much of the current literature on the treatment of infidelity frames *couple distress* as the reason for an affair (Williams, 2011b). This is an ethical issue; as the couple distress hypothesis assumes equality in a relationship that is not inherently equal (e. g., Goldner, 1985; Hare-Mustin, 1978). Traditional gender ideology influences reasons for engaging in infidelity (i.e., Scheinkman, 2005) as well as perpetuates gendered power imbalances in heterosexual relationships (Coontz, 2005; Knudson-Martin & Mahoney, 2009; Scheinkman, 2005). Women tend to report infidelity as being related to relationship dissatisfaction, whereas men often describe extramarital involvement as more about their desire for sexual excitement (Blow & Hartnett, 2005; Glass, 2003). Therefore, framing affairs as a couples issue without considering the larger social context can overlook underlying inequality in the relationship prior to the affair and promote power imbalances. (Williams, 2011b).

In phase three of the conceptual model therapists support couples in practicing mutuality in order to experience new relational possibilities beyond the infidelity and facilitate movement toward forgiveness. Therapists explore unscripted egalitarian ideals, facilitate engagement with difficult issues connected to the affair and utilize the core components of SERT: mutual attunement, mutual vulnerability, shared relational responsibility and mutual influence (Knudson-Martin & Huenergardt, 2010).

There has not yet been research to validate the theoretical assumptions of the Relational Justice Approach in clinical practice. Task analysis offers a structure from which to begin the process of validation (Greenberg, 2007). The primary goal of this research is to examine the therapeutic processes and develop an empirical model of change that leads to mutual support for couples recovering from infidelity. This empirical model will then be compared with the RJA conceptual model (referred to by Greenberg (2007) as the rational model) in order to synthesize a rational-empirical model that more accurately reflects actual therapist performances.

Task Analysis

Task analysis is a type of process research that allows researchers to build minitheories about change events in therapy (Johnson, 2003). Change events are “clinically meaningful client-therapist interactional sequences that involve a beginning point, a working-through process, and an end point” (Greenberg, 2007, p. 16). Coding offers a way of evaluating these events. Task analysis uses direct observation of a specific process through videotape sessions (Greenberg, 2007). The benefit of using observation-based coding is that these measures are immediate, pragmatic, and are always available to the clinician as processes occur, allowing the researcher to easily connect the research and clinical practice domains (Alexander, Newell, Robiins, & Turner, 1995).

Coding, in task analysis, is heavily influenced by the conceptual framework, or what Greenberg (2007) terms the “rational model” (p. 18), as researchers make choices regarding how to code and which processes to follow. Coding ascribes culturally and

contextually specific meanings to change events. Thus, when coding, it is imperative that the researchers are guided by a clear conceptual framework. In this study, the Relational Justice Approach (RJA) provides this conceptual lens.

Method

Though task analysis commonly focuses on client behavior, it can be modified to examine various types of interactions between therapist and client (Greenberg, 2007). In our analysis we focused on the therapist as an active catalyst of change. We used task analysis to analyze therapist performance and client couple response in order to discover how various therapeutic processes facilitate the development of mutual support for couples recovering from infidelity. Study began by first identifying a sample of change events in which couples demonstrate mutuality in clinical sessions.

Identifying the Change Event

Identifying change events in task analysis includes clarifying event markers and event resolutions of a specific phenomenon. According to Greenberg (2007), “First, resolution events are selected and resolutions defined... in order to develop categories that serve to describe the essential components of resolution and their sequence” (p. 20). Events are chosen based on “the phenomenon of interest” (i.e., resolution event), not a progression of sessions over time. Therefore, “sessions that contain the purest (i.e., best) possible examples of clients working to resolution of the task of interests” (Greenberg, p. 20), i.e., demonstrations of one of the four elements of mutual support that underlie the RJA conceptual model, were utilized in this study. The change events were drawn from

videotaped sessions in which clinicians practicing from a socio-emotional perspective (Knudson–Martin & Huenergardt, 2010) believed couple change toward mutuality (i.e., a resolution event) had occurred.

Tapes were provided by MFT doctoral students who were part of the SERT clinical research team at Loma Linda University and working with couple cases dealing with “traditional” infidelity; that is, a partner had engaged in sexual activity with someone outside the marriage. We expected that these therapists were likely to incorporate issues of gender, power and culture considered central to change in the the RJA model. After obtaining consent from the client couple and therapist, the first and second author examined the video tapes to identify the event resolution, event marker, and eventually, the components of change (Greenberg, 2007).

Event Resolution

In this study event resolution is the process by which therapists facilitate mutual support when working with infidelity. In the rational model mutual support is critical for creating an environment in which healing from the trauma of the affair can take place and also for protecting against infidelity reoccurring. Therefore, in watching videotapes we looked for moments in which we thought the four components of mutual support (mutual attunement, mutual influence, shared vulnerability, and shared relational responsibility) were occurring between the partners. .

The case below is an example of mutual support. The couple was able to engage in vulnerable conversation about the impact of the wife’s affair and attune to each other’s experience connected to the infidelity.

W: This is hard for him because it reminds him of the situation around the affair, so I can understand why he would feel concern about that.

H: Yea, this big, it's meaningful to me. When you said what you did, it really eased my pain a little bit, there are things I still don't agree with, but I understood where you were coming from, that you didn't even want to think about it. So it says you understand what you did and how rotten it was, and that you understand where I am coming from.

We observed that this conversation took place in context of what appeared to be genuine concern for the other as they were turned toward one another, speaking gently to each other and maintaining eye contact. We identified mutual attunement, mutual influence, shared vulnerability, and shared relational responsibility in this exchange. Therefore, we marked this event as a successful resolution to be analyzed in greater detail.

Event Marker

The next step was identifying the “event marker;” i.e., the beginning of a series of therapeutic interventions and client couple responses that ends with the previously coded successful or unsuccessful event resolution (Greenberg, 2007). The rational model informs researchers where change should begin; therefore, based on the RJA rational model, we determined that the event marker was therapist initiation of “relational talk.” This specific intervention seemed to be the clearest moment in which therapist’s awareness of gender and power issues, or lack thereof, became explicit. This was the critical point in which the affair was either going to be placed within a contextual lens or viewed as the result of relationship distress. The event marker “relational talk” occurred when the therapist directed the focus of therapeutic conversation on the relationship between the couple. For example, “What would be one thing that could take the relationship from a seven to an eight?” In this sequence, Therapist #1, initiated

conversation with the couple about their relationship. How therapists initiation of “relational talk” fostered or hindered the development of mutual support was part of subsequent analysis.

Sample

Fifteen tapes were nominated; eight did not include the event marker and were not included in the analysis. Out of the remaining seven tapes, four tapes did not show event resolution but were reserved for comparison analysis. The three tapes that did include both the event marker and event resolution were transcribed and broken into multiple successful change sequences (Greenberg, 2007). In total, thirteen successful change events were utilized for analyzing therapist behaviors leading from the event marker of relational talk to the event resolution of mutual support. Seven unsuccessful change events were contrasted with successful change, to ensure that the essential elements were unique to the successful change process. In total, 20 change events were utilized in the analysis. Sequences ranged from 20 minutes to forty-five minutes in length.

The therapists ($N = 6$) ranged in age from 25 to 57, with a diverse range of ethnicities, including Caucasian, East Indian, Korean, and Swedish. Five of the therapists were female and one was male. Client couples ($N = 5$) were also diverse, ranging in age from 30 to 60; married 8 to 35 years; and included Caucasian, Latina and Korean ethnicities. All were heterosexual couples and included men ($N = 4$) and one woman who had engaged in infidelity. Types of infidelity ranged from emotional, sexual, or both, to recurrent affairs.

Coding Tasks in the Change Event

Coding is a critical issue for researchers embarking on task analysis. Using existing and reliable measures is important in determining a global index of resolution (Greenberg, 2007). Yet when reviewing the literature of the generalized coding systems, all failed to highlight the uniqueness that RJA therapeutic competencies require. In place of a validated measure of mutual support (i.e., resolution), we utilized the expertise of ten SERT therapists trained to identify the components of mutual support to help validate our observations regarding event resolution. In order to do this, we presented what we identified as successful and unsuccessful resolution states to the clinical research team to determine whether they could verify our successful resolution event by identifying the same components of mutual support.

We began with sensitivity to the RJA model, but no predetermined codes. Each change event was coded individually, categorizing therapist performance in ways that best described what was being observed (Greenberg, 2007). Examples include, therapist blocking, challenging, structuring conversation, encouraging client to express vulnerable emotion, naming vulnerable emotion for client, etc.). Patterns were then analyzed for themes across change events (Greenberg). For example, the codes “therapist blocking,” “challenging,” and “structuring conversation” were grouped together to become the theme “providing leadership.” The sequencing of the emerging themes was used to construct the empirical model of how therapy moves couples toward mutuality. Using a circular process of analysis, subsequent transcripts were examined and the results were continually integrated into the developing empirical model (Greenberg).

It is important to note that although the RJA model provided a theoretical idea of the kinds of interventions that might be important, we were invested in understanding what was happening, not what should be happening in therapy. We did our best to bracket previous understandings in order to “receive in as uninvested a fashion as possible what is there to observe in the actual performance” (Greenberg, 2007, p. 19).

Results: The Empirical Model

Analysis of the 20 change events led to the development of an empirical model (see figure 2) comprised of five core components. Two of the components (i.e., attention to power dynamics and socio-cultural attunement) appeared to provide the foundation for the three remaining components: (1) pursuing relational responsibility of powerful partner, (2) creating space for alternate gender discourses and (3) deepening experience of mutual support. These three components comprised the circular process by which successful resolution occurred. Importantly, the foundation-- attention to power and socio-cultural attunement-- is depicted in figure 2 as an on-going context that must be maintained throughout the therapy.

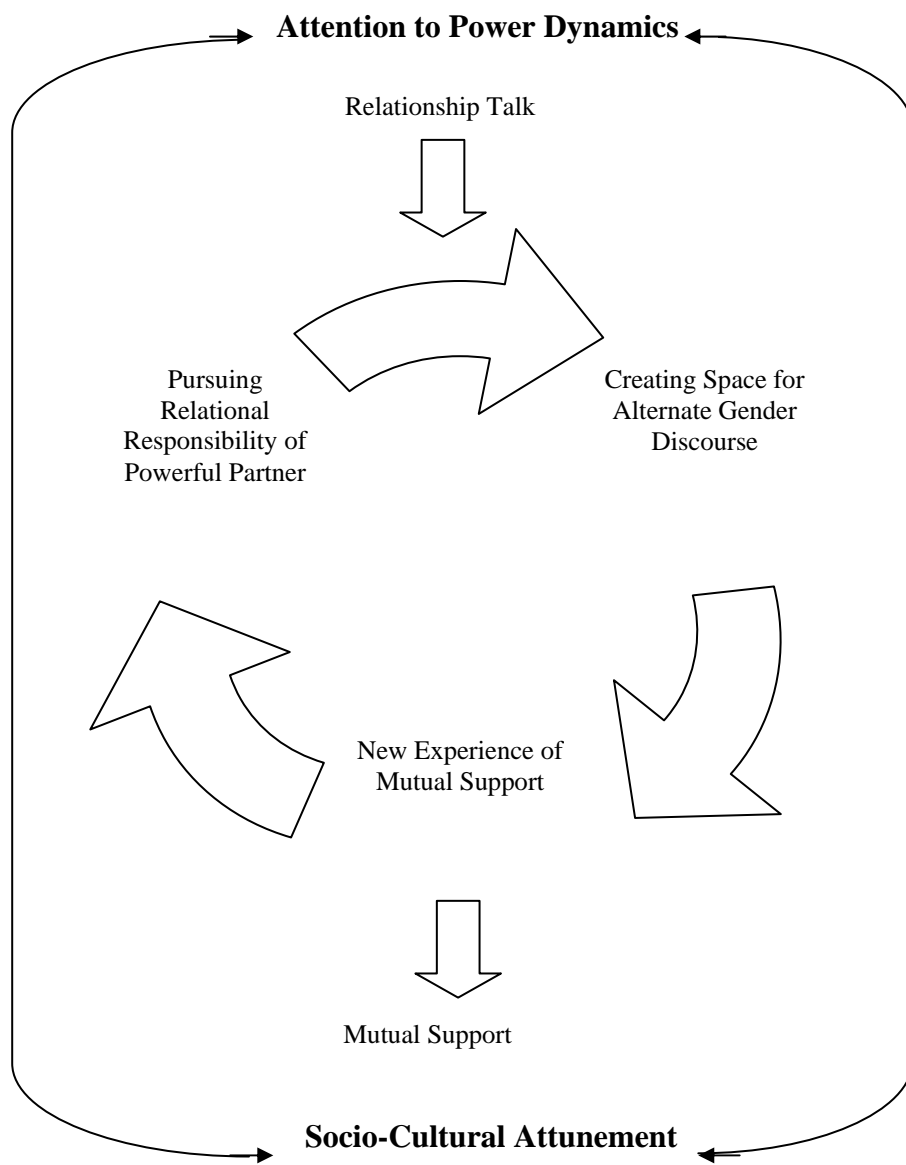


Figure 2. Empirical Model

Foundational Components

Attention to Power Dynamics

Gendered power limits male relational responsibility and influences the decision to engage in an affair; men are more interested in extramarital involvement than women and more likely to actively seek an extramarital partner (Allen, et. al., 2005). All therapists in the successful resolutions approached the event marker with attention to power processes in the couple's relationship, utilizing three important interventions: (a) strong leadership, and (b) not relating to the couple from a position of assumed equality.

Strong Leadership

Because of the invisible, taken-for-granted nature of gendered power in heterosexual relationships (Mahoney & Knudson-Martin, 2009), strong leadership by the therapist appeared to be particularly important, as successful resolution required persistent efforts by the therapist to engage the powerful partner and support the less powerful partner. Techniques ranged from helping the couple stay on task to structuring the session to initially engage the powerful partner in therapy, as well as therapist willingness to challenge power positions. For example, in the following successful event, the husband, whose willingness to engage in an affair was related to gendered power that limited his sense of responsibility for relationship maintenance, therapist #2 provided strong leadership in counteracting this pattern by focusing first on his efforts to maintain relational connection. "I have a question, what do you think it means that despite everything that is going on outside the home, all the stress, that you are still really making an effort to connect with her?" This intervention reinforcing action that

challenged the usual power dynamic, appeared pivotal in setting the foundation for mutual support and increasing his demonstration of relational investment.

In contrast, in an unsuccessful change event in which the husband had had an affair, Therapist #6, appeared to collude with his reality and take a one down position that kept him from feeling challenged. The husband would repeatedly interrupt his spouse, challenge her point of view, and position himself as the expert on their relationship with little regard for her input. In session, Therapist #6 asked the wife how she was dealing with her husband's infidelity, to which she explained that she was trying to deal with it in a way that was the best for both herself and her spouse. The therapist then turned to the husband:

Therapist: [To husband] I see you sitting over here with your eyebrows up, what's going on for you?

Husband: I am just curious, on where she is trying to go with it, I was listening to her and she's really not answering the question.

The therapist responded to the husband by backing down from her original line of inquiry, which led to a series of apologetic interactions toward the powerful partner and a return to his agenda. Lack of leadership only seemed to solidify his hierarchical position, leading to his continued minimization of the affair and blaming his wife for her lack of trust.

Not Assuming Equality

Therapists who attend to power dynamics do so under the assumption that partners do not necessarily have equal power in the relationship. They purposely position themselves in relation to power imbalances (i.e., challenging, naming, asking about, etc.)

avoid using language that implies equality such as “both of you,” and are attentive to how gender discourse organizes each person’s contribution to relationship maintenance.

In unsuccessful change therapists appeared to talk to the couple from a framework of assumed equality. This was most visible when the affair was framed as resulting from relationship problems instead of connected to contextual issues of gender and power. For example, in this sequence, therapist #4 suggests that the partners were equally to blame for their failure to maintain the relationship and thus equally responsible for the affair:

In retrospect, it really does seem that the relationship was starting to lose connectedness and as safety starts to dissipate, both of you are going into chaos, and the relationship is no longer providing stability.

Following this conversation, the couple was unable to move into the change cycle toward mutual connection. Instead, they engaged in a power struggle of who was at fault for the affair.

Socio-cultural Attunement

A second central component underlying successful change was therapist attunement to societal and cultural expectations that set the stage for power imbalances within relationships. Key elements were (a) voicing gendered experience and (b) making the link between gender and power explicit.

Voice Gendered Experience

When therapists were able to voice an understanding of clients’ unspoken gendered experience, the couples then appeared receptive to alternate gender discourses

that foster mutuality.

In one session in which the husband had the affair, the wife was upset that he was not as emotionally distressed as she was. The therapist, attuned to the male discourse of limited vulnerability, focused on what it was like for him to acknowledge the pain he caused his wife:

Is it hard for you to hear that you made her scared? ... you do things to not have to acknowledge [her feelings]. . . what does that make you feel like, to have to hear that she is scared? That you scared her? (Therapist #1)

In this change sequence, the therapist next gave voice to gendered power processes impacting mutual vulnerability by highlighting the husband's tendency to discount his wife's emotions around the affair. In this way, socio-cultural attunement to the gendered context of emotional experience also set the stage for movement toward mutuality.

Make Gender-Power Connection Explicit

Socio-cultural attunement makes the connection between gender discourses and power processes explicit. That is, therapists appeared not only attuned to gender discourses but also power processes affecting the development of mutual connection. Therapist #5 utilized her awareness of gender by voicing potential gender discourses (i.e., need to be competent) that could limit the powerful partner's ability to be vulnerable enough to attune to his wife. She also utilized her awareness of power and counteracted the imbalance by first supporting the powerful husband's vulnerability and encouraging him to stay attuned to his wife: ". . . so as she shares her needs, I hope that

you don't take it as your doing something wrong. It might be awkward at first... but just try and really hear what they [her needs] are and not get caught up in I messed up again."

In the unsuccessful change events, therapists tended to be aware of gender discourses without connecting them to the underlying power dynamics in the couple's relationship. For example, in another session in which the husband had the affair, the therapist focused on the female discourse of self silencing (Jack & Ali, 2010), but did so under the premise that the couple had mutual influence over one another.

[To wife] Not only is it good for you to recognize for yourself what your needs are, but you can't communicate what your needs are if you aren't aware of what they are. This is a really important piece of being in a relationship with someone, being able to say I need this. I believe that is something you are not doing. He didn't feel needed by you. (Therapist #3)

In this interaction, the female pattern of silencing one's own needs is addressed, but the partner in the one down position was held responsible for creating the conditions in which the affair occurred. Feeling her powerlessness, the client voices this to the therapist,

Was it wrong for me not to say anything to him? Yea, it was wrong. But I can guarantee you, if I would have told him, it would have pissed him off because that would make me, I'm sorry, selfish. Because he's the hard working man.

In all the unsuccessful change events socio-cultural attunement was either not present at all or present but not linked to power. Attention to these foundational components made possible the circular process that led to the successful event resolution.

Circular Change Process

There appeared to be a natural progression from the foundational components above into the circular change process leading to a new experience of mutual support. This change process included three primary elements: creating space for alternate gender discourse, pursuing relational responsibility of powerful partner, and deepening experience of mutual support.

Creating Space for Alternate Gender Discourses

Change events that successfully fostered mutuality did not simply identify the presence of stereotypic gender patterns; they created space for alternate gender discourses by highlighting and privileging new ways of being in relationship beyond scripted gendered ideology. In order to create space for alternate discourses, therapists had to first socio-culturally attune to gender and power processes that were limiting the couples' ability to engage differently. Therapists created space by following the female partner's reality and facilitating male partner's attunement and vulnerability.

Following Female Partner's Reality

Gender discourses of male privilege and female responsibility for avoiding conflict, keeping the peace, and putting others needs before their own contribute to a dynamic in which male realities could become more salient in therapy. Therefore, a primary task in facilitating alternate ways of being was to create space for the female partner's voice, as well as support the male partner in taking in her reality. For example, in a sequence in which there was disagreement regarding whether an affair had occurred

or not, Therapist #6 created space for an alternative gender discourse by supporting the female partner's reality of her husband engaging in an affair.

H: The reason why it got as bad as it did is because I felt I wasn't doing anything wrong. But she felt like I crossed a line.

T: Our last session, we talked about the term emotional affair... I am hearing two different definitions for emotional affair; there is the wife's and the husband's. We can start with the wife's...

The decision to resist going with the male partner's definition was a critical choice point because it created space for discourses of mutuality rather than male privilege. In contrast, in unsuccessful change events therapist's appeared to discount the female partner's reality more frequently than the reality of the male partner. In one session in which the husband had the affair, Therapist #3 was engaging the couple in conversation about how gender roles contributed to the infidelity. Subsequently, the wife raised her discomfort over the affair, "[To husband] so for you to do that, I wonder what you are doing, are you emailing her?" To which the therapist replied, "Let's not be confusing, that is a separate issue from what I was just talking about." This sent the message that the wife's concerns were unimportant or that the husband should not have to be accountable to her concerns. It limited the opportunity to create new relational patterns that contribute to mutual support and healing.

Facilitating Male Attunement

Gender discourse of female responsibility for relationship maintenance fosters the development of attunement skills for women and limits the development of these skills in men. For successful change, it became clear that therapists needed to facilitate the male

partner's attunement to the female partner's experience if gender discourses were to be challenged. Interventions ranged from discussing processes that limit attunement to having the male partner practice attuning to the female partner's experience. Techniques included naming the negative impact of dismissing her experience, asking him to explore the impact his behavior has on her, and asking him to inquire about her experience. Because discrepancies in attunement create a power imbalance (Knudson-Martin & Mahoney, 2009), fostering male attunement appeared to transition couples toward mutual support.

For example, in another sequence in which the husband had the affair the therapist actively facilitated the male partner's attunement by asking him to inquire about his wife's experience. The following sequence illustrates the husband's difficulty and the therapist's continuous engagement of him:

Therapist #1: Do you think that surprise would make her teary? So, ask her what the feeling was?

Husband: Well, I know my tears were of joy.

Therapist #1: What about hers?

Husband: Well, she pretty much answered that.

Therapist #1: Just ask her.

Husband: [To wife] were your tears of joy?

Wife: Well, yea, because like you said, you missed me.

For this couple, this intervention created space for a new way of being in which the husband countered socio-cultural gender discourses by actively engaging in understanding his wife's experience.

Facilitating Male Vulnerability

Interventions that appeared to facilitate male vulnerability ranged from asking about his strategies for limiting vulnerability, naming the discourses that limit vulnerability, asking about strategies for maintaining vulnerable engagement, and asking him to give voice to vulnerable emotions. These interventions seemed to contribute to movement toward mutual vulnerability and ultimately, mutuality.

For one couple in which the wife had engaged in an affair, the husband was describing his difficulty in maintaining vulnerability when his wife became negative. Recognizing the discourse of limited male vulnerability and how this inhibits intimacy, Therapist #2, encouraged the male partner to not only connect with his wife's positive emotions but to be vulnerable enough to take in all aspects of her emotional experience.

Husband: The negativity has stopped because I am one of those if you nag at me, I am just going to shut down.

Therapist: [To husband] But can I ask, because this is important in the changes you are making, which is really important progress, that you are able to connect with [wife's] negative emotions as well?

Husband: It's funny when school starts for her, I can feel her negativity, because the stress is back and at first it was kind of hard for me to deal with, the high tension, and crabbiness is uncomfortable. But it's something I have to deal with, I know that I can't be afraid of it or shut down because of it.

This intervention was pivotal in moving the couple toward mutuality, as both expressed pleasure over their new experience of shared vulnerability. Similarly, in an example in which the husband had an affair, his inability to be vulnerable kept him in a hierarchical position in the relationship. Therapist #1 worked directly with him in expressing vulnerable emotion. Over the course of several minutes of focused attention, he was able to take a more vulnerable position, "[To husband] You get teary from surprise? Was that

a feeling?” The husband then began to tear up and reached for a Kleenex to wipe his eyes. In these ways, therapists were able to create space for a new the powerful partner in moving toward vulnerability creating a sense of shared vulnerability for the couple.

Pursuing Relational Responsibility of Powerful Partner

The therapist’s initial attention to power dynamics created opportunities for pursuing the powerful partner’s relational responsibility. This task emerged as an important component to change, as supporting the powerful partner in accepting relational responsibility appeared to lead to shared investment in relationship maintenance (Coontz, 2005; Knudson-Martin & Mahoney, 2009; Schinkman, 2005). This task was different from the foundational component of attention to power in that the initial attention to power dynamics provided the therapeutic space for experiential work pursuing relational responsibility with the dominant partner directly.

In the successful change events, relational responsibility seemed to be accomplished directly with the powerful partner. Interventions appeared to create space for the powerful partner to develop a relational vision, as well as not allow the less powerful partner to carry responsibility for the relationship alone. Partners that have more power tend to take less responsibility for maintaining the relationship which can make the decision to have an affair seem less consequential (Glass, 2003). At the same time, partners with less power may engage in infidelity in an attempt to establish equality (Williams, 2011). In heterosexual couples gender is a proxy by which power imbalances are perpetuated (Williams).

For one couple struggling with the wife's infidelity, the therapist posed a question to the couple about the future of the relationship. Consistent with a gendered lens of female responsibility for relationship maintenance, the wife answered the question for the couple, signifying her obligation for carrying the vision for the relationship forward. Since the wife had the affair, she expressed an even greater sense of responsibility for the relationship. Therapist #2 utilized her awareness of how gendered power limits relational investment by directly engaging the husband in creating a shared vision: "So it's about identifying what you really do want, and you guys are slowly creating your vision. [To husband] how does this affect your vision of where the relationship is headed, what your relationship means?"

In the above sequence, allowing the wife to carry the responsibility for the relationship, despite the fact that she had engaged in the affair, would have moved the couple back to their imbalanced, gendered interaction. Thus, engaging the powerful partner directly in creating a vision for the relationship fostered a sense of relational responsibility that was central for successful change (i.e., movement toward mutual support) with this couple.

New Experience of Mutual Support

Having a new experience of mutual support appeared to be an important component of helping couples solidify new, non-gendered ways of being in relationship. Key tasks included focusing on the process of mutual support and validating each partner's contribution.

Focus on Process of Mutual Support

Interventions within this category included naming the process that facilitates mutual support, facilitating mutual engagement through enactment, and asking about new emotional experience of mutual support. These techniques seemed to build awareness for the couple of how mutual support “looks and feels”.

In another change event in which the husband had the affair, Therapist #1 worked to engage the couple in practicing mutuality through enactment. In the following example, the therapist had been actively working with the gendered power processes impeding mutual support by expanding the husband’s ability to be influenced and vulnerable, and to take relational responsibility by realizing the impact of his behavior on his partner. This was followed by an enactment between the couple that fostered, for both, a new sense of mutual connection (i.e., mutual support).

Therapist: When you were in the moment, what were you feeling?

Husband: [Wiping away tears] I was feeling closer to her in the way I want to be...and that I am sorry for what I have done [having the affair].

The couple then moved to discussing the emotional experience tied to this new way of interacting.

Therapist: [To wife] What do you feel like now?

Wife: Like we got to a point like we can actually talk to each other about our feelings...and I am feeling grateful.

Both partners talked about the new experience of mutuality in ways that suggested it had a profound impact on their experience of each other and made genuine forgiveness and moving on possible.

Validation

In successful change events therapists tended to validate the progress that couples were making towards mutual support, while maintaining continued awareness of how gendered power previously limited mutuality. For example,

This is fabulous, this is a huge thing...there are two voices now in this relationship, in the sense that you [talking to wife] are able to know that your voice is valid and he wants to know what that voice is and is willing to engage with that. (Therapist #2)

Both partners agreed that they were experiencing something new and positive in the relationship which appeared to motivate them to continue practicing mutual support.

Event Resolution: Mutual Support

Rich descriptions of the resolution event (i.e., mutual support) arose out of the analytic process. In successful resolution couples appeared to engage in sharing previously unvoiced experiences of one another. These experiences were both positive and negative (i.e., emotional pain connected to the affair), but couples expressed a sense of feeling heard and understood by the other. In the successful resolution both partners also appeared to feel safe enough to disclose needs and insecurities connected to the affair. Body language indicated engagement and connection toward other (i.e., turned toward one another, participating actively in conversation, eye contact, touching each other).

Across successful change events client couples appeared to adopt processes that included vulnerability, attunement and relational responsibility, particularly and notably with the powerful partner, which then resulted in the less powerful partner reciprocating.

Unsuccessful resolution was characterized by a power struggle over responsibility for disconnection in the relationship and ultimately the affair. Interactions included displays of defensiveness, hostility, resentment and not listening to the other. Blaming of the less powerful partner for the conditions that preceded the affair by the powerful partner was also visible. In all of the unsuccessful cases the powerful partner's reality dominated the session. Both partners body language indicated hopelessness and disengagement (i.e., head down, turned away from partner, stopping conversation) ultimately leading to a lack of mutual support.

Rational-Empirical Comparison

The next step in this analysis was to compare the theoretical approach (rational model) to what was observed through the task analysis (empirical model) to develop a rational-empirical model (see figure 3). This rational-empirical model represents the researcher's current understanding of the essential steps in resolving the task (Greenberg, 2007).

The comparison with the rational approach (RJA) revealed that what was thought to be a linear process was in actuality circular, with a more refined understanding of the resolution components. Phase I of the rational model was found to be an important foundational piece of the empirical model and called for therapist's attention to power dynamics, socio-cultural attunement and making the connection between gender and power explicit. We found strong support for these aspects in the empirical model. Through the analysis, therapist's leadership emerged as a key component in laying a foundation in which mutuality becomes figural. Therapist leadership was critical for

moving couples into the change cycle as well as moving through to resolution. In the rational model, the centrality of leadership was not emphasized.

Phase II of the rational model called for placing the infidelity within the context of larger social processes, however, through the analysis two specific contexts emerged as pivotal. Relational responsibility of powerful partner and the construction of gender through discourse were important contextual factors for both understanding and intervening in infidelity. Phase III in the empirical model was more specific than the rational model proposed, although there was a lot of similarity between them. Practicing aspects of mutual support through enactment was important in solidifying change in the rational-empirical model.

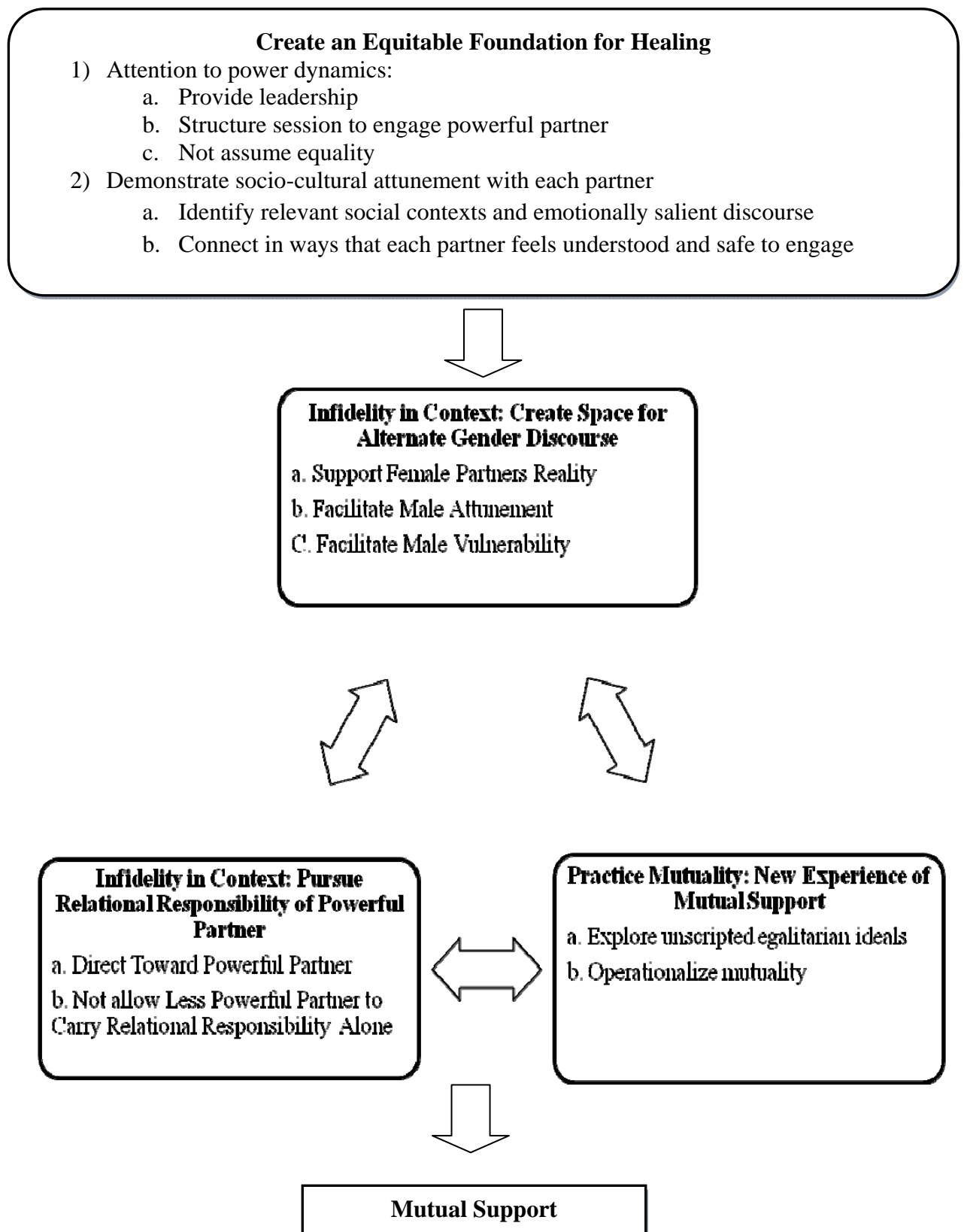


Figure 3. Rational - Empirical Model

Discussion

This study explored the clinical processes that lead toward mutual support for couples in treatment for infidelity. Strong support was found for the components proposed in the Relational Justice Approach. Supporting partners to change the ways in which they orient toward each other and the relationship creates the potential for new relational possibilities (i.e., mutual support) (Knudson-Martin & Huenergardt, 2010; McNamee & Gergen, 1999; Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). Both partners need to share responsibility for maintaining the quality of the relationship (Williams). Therapy, then, must support powerful partners to experience accountability for the impact their behavior has on the relationship (Knudson-Martin & Hunergardt). This helps create a sense of relational justice (Boszormenyi-Nagy & Krasner, 1986; Dolan-Del Vecchio, 2008; Knudson-Martin & Huenergardt, 2010) and fosters the development of forgiveness (Meneses & Greenberg, 2011).

Partners with a history of trauma (i.e., infidelity) especially need a partner who is willing and able to create a safe place for vulnerability (Johnson, 2005). Current models of forgiveness (i.e., Meneses & Greenberg, 2011) stress the importance of vulnerability as “the ability of the injuring partner to tolerate and respond to the injured partner’s anger and pain ultimately involves the injurer nondefensively accepting responsibility for the pain caused” (pg. 498). Meneses and Greenberg (2011) also found that “not shifting the blame onto the injured partner is key to signaling that the injurer accepts responsibility” (pg. 500), a central component of the RJAs.

Treatment Implications

This study helps to clarify the processes by which mutual healing from the trauma of infidelity may occur and offers specific actions that therapists can take. Healing from trauma requires reciprocity (Fearday & Cape, 2004), however, reciprocity in relationship is only possible when equality is present. Therefore, therapists must attend to the larger social contexts influencing inequality if couples are to create a context of mutual support in infidelity recovery. This study explores therapeutic processes in couple processes, therefore the results also provide insight into how attention to socio-contexts may be helpful in other types of couples problems in which trauma has occurred.

This task analysis highlights the process by which mutuality is fostered in couple's infidelity treatment. Four necessary stages for successful change were identified: (1) creating an equitable foundation for healing, (2) creating space for alternate gender discourse, (3) pursuing relational responsibility of powerful partner, and (4) new experience of mutual support. Critical to these interventions were therapist's awareness of power dynamics that organize couple relationships in working through infidelity, therapist's leadership in intervening in power processes and creating space for alternate ways of being. Socio-cultural attunement to client experience and gender discourse was also critical. For couples working through infidelity, the Relational Justice Approach is an important framework for understanding the processes involved in moving toward mutual support.

Limitations and Directions for Future Research

In this study the sample of therapists consisted of female doctoral students at a

University in Southern California. It is unknown to what extent the empirical model would generalize to sessions conducted with male or more experienced therapists. Clients in this study were heterosexual; therefore caution should be exercised in generalizing the model to same-sex couples. However, the Relational Justice Approach theorizes that power, not gender, is the organizing force in inequality, therefore, the model hypothesizes its applicability to same-sex relationships and has been used successfully with these couples as well (Williams, 2011). Future research should involve samples of same-sex couples in treatment for infidelity in order to understand how the model fits with this differing socio-cultural context in which power imbalances are not gender specific.

The therapeutic processes identified in the Relational Justice Approach may be relevant for providing a framework of how to work with gender and power in other couple therapy models, such as Socio-Emotional Relationship Therapy. Since RJA was adapted from SERT, the four necessary stages of successful change may also apply to SERT therapy. Future research should examine how SERT may also be applied to treatment of other couple problems.

This study focused on the discovery oriented phase of task analysis (Greenberg, 2007). Therefore, this study only offers preliminary justification for the RJA. It is beyond the scope of this study to provide quantitative verification of this model. Future research should focus on quantitative validation of the RJA. Couple sessions ranged from a single session to a series of sessions, therefore, this study also does not offer longitudinal information about the therapeutic process of infidelity recovery.

This study provides vital insight into processes that facilitate mutual support for couples recovering from infidelity which can be used to guide clinical work. Although research has shown the connection between infidelity and the socio-cultural contexts of gender and power, there are currently no other infidelity models to guide practitioners in how to work with these contextual issues.

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CHAPTER FIVE

DISCUSSION

Contribution to the Field

This dissertation developed a treatment model designed to address couples infidelity from a feminist lens. This model, termed the Relational Justice Approach is unique in that it highlights central aspects of gender and power in couple's treatment that other infidelity treatment models limit (Williams, 2011). Developed in three stages, the RJA, encompasses a thorough examination of the infidelity treatment literature, and applies the findings by outlining specific interventions for working with gender and power for couples suffering from infidelity. The application of feminist philosophy has transformed ethical treatment for many couples' therapy approaches (e.g., Goldner, 1985; Goodrich, 1991; McGoldrick, Anderson, & Walsh, 1989; Walters, Carter, Papp, & Silverstein, 1988). This is particularly evident in the domestic violence literature (e.g., Bograd, 1984; Bograd, 1999; Goodman & Epstein, 2008). It is surprising then, with such an ethically laden and couples oriented problem as infidelity that treatment models have failed to centralize feminist concerns. The application of feminist philosophy is critical as what therapists focus on in session may replicate societal inequalities or transform them (Knudson-Martin & Huenergardt, 2010). For infidelity treatment, in session awareness of socio-cultural factors such as gender and power are requisite to mutual healing (Knudson-Martin & Huenergardt) and prevention of an affair (Pittman & Wagers, 2005).

Gender Equality in Infidelity Treatment

The Relational Justice Approach (RJA) approach to infidelity developed through this dissertation research is important because gender equality in couple relationships requires mutual support (Knudson-Martin & Huenergardt, 2010). “Mutual support”, a concept derived from Socio-Emotional Relationship Therapy (SERT), offers three necessary components (i.e., mutual attunement, shared vulnerability, and shared relational responsibility) for equality in intimate relationships (Knudson-Martin & Huenergardt) and adds a fourth, mutual influence that is central to how couple’s organize their relationship. The RJA extended the SERT approach to the issue of infidelity and researched essential tasks in applying this approach, which had not been done before for either the RJA or SERT.

The RJA Model Development

The development of the Relational Justice Approach was a three part process of model development. First, I conducted thorough analysis of the infidelity treatment literature that outlined the ways in which gender and power were not addressed in current practice. This study identified five conditions that limited attention to gender and power, including: (1) speaking (or assuming) as though partners are equal, (2) reframing infidelity as a relationship problem, (3) limiting discussion of societal context to background, (4) not considering how societal gender and power patterns impact relationship dynamics, and (5) limiting discussion of ethics on how to position around infidelity. This analysis highlighted the need for a socio-contextual framework in treating affairs, as this was an essential element missing in current approaches.

The grounded theory identified in paper one laid the foundation for developing the Relational Justice Approach to provide a contextual framework for working with affairs in couple therapy. In Paper Two, I presented this theoretical clinical model, utilizing elements of Socio-Emotional Relationship Therapy (Knudson-Martin & Huneregardt, 2010). The model included three stages: (1) creating an equitable foundation for healing, (2) placing the infidelity in a societal context, and (3) practicing mutuality. This paper was published in the December 2011 *Family Process* journal.

In traditional infidelity treatment the first phase of therapy focuses on crisis management and assessment (e. g., Dupree, White, Olson & Lafleur, 2007; Fife, Weeks, & Gambescia, 2007; Glass, 2003) which entails facilitating emotional expression between the hurt and offending partners, assessing each partner's commitment to making the relationship work, developing an accountability/ trust plan. The second phase of standard infidelity treatment commonly includes helping the couple embrace a relational understanding of the source of the affair. Usually, this means reframing the infidelity in systemic terms to help the couple make the connection between their relationship and the affair (e.g. Olmstead, Blick & Mills, 2009). The third phase of therapy typically focuses on movement toward forgiveness (e. g., Dupree, White, Olson & Lafleur, 2007).

The Relational Justice Approach views the above issues through a larger social lens that does not assume equality. Therapists set the stage for mutual healing by positioning themselves in relation to power differences between partners. They avoid colluding with powerful partners' entitlement to define the problem, are sensitive to inviting silenced voices into the conversation, and ask questions that begin to create awareness of equality issues. Therapists also attend to the emotional distress of the affair

through socio-emotional attunement with each partner; that is, they identify relevant social contexts and emotionally salient discourses to connect in ways that each partner feels understood and safe to engage (Knudson-Martin & Huenergardt, 2010). Instead of focusing primarily on the shared relational cause of the affair, RJA facilitates active integration of the social context as it relates to infidelity.

While RJA was theoretically sound, the specifics of how change occurs in the model had not been systemically studied. Therefore, I utilized task analysis to examine the therapeutic processes within RJA to develop an empirical model of change.

Task analysis is a type of process research that allows researchers to build minitheories about change events in therapy (Johnson, 2003). Change events are “clinically meaningful client-therapist interactional sequences that involve a beginning point, a working-through process, and an end point” (Greenberg, 2007, p. 16). Coding offers a way of evaluating these events. Task analysis uses direct observation of a specific process through videotape sessions (Greenberg, 2007).

By focusing on specific change events in the theoretical model, task analysis provided a way to thoroughly examine the specific steps involved in the RJA change process (Greenberg).

The findings, reported in paper 3, indicated four necessary stages for successful change: (1) creating an equitable foundation for healing, (2) creating space for alternate gender discourse, (3) pursuing relational responsibility of powerful partner, and (4) new experience of mutual support. Critical to these interventions were therapist’s awareness of power dynamics that organize couple relationships in working through infidelity and therapist’s leadership in intervening in these power processes. Socio-cultural attunement

to client experience and gender discourse was also critical, as this created space for alternate ways of being that enable couples working through infidelity to move toward mutual support.

This study helps to clarify the processes by which mutual healing from the trauma of infidelity may occur and offers specific actions that therapists can take. Healing from trauma requires reciprocity (Fearday & Cape, 2004), however, reciprocity in relationship is only possible when equality is present. Therefore, therapists must attend to the larger social contexts influencing inequality if couples are to create a context of mutual support in infidelity recovery.

Forgiveness in Infidelity Treatment

Forgiveness is central to infidelity recovery, and therapist recognition of relationship-specific features in fostering forgiveness for couples is critical (Kluwer & Karremans, 2009). While the components that the RJA and SERT identify as mutuality have not specifically been linked to forgiveness through research, it is hypothesized that this process *is* what fosters the development of desire to forgive for couples working through infidelity. The RJA model developed in this dissertation provides insight into how forgiveness can be facilitated in couple's infidelity treatment and is backed by other current models focusing specifically on forgiveness (i.e., Meneses and Greenberg's, 2011). Meneses and Greenberg's (2011) forgiveness model identified similar components necessary to achieving this process for couples experiencing betrayal that the RJA posits.

Meneses and Greenberg (2011) also utilized task analysis to study forgiveness in couples who had experienced betrayal (i.e., infidelity and partner “forced” abortion). Their findings revealed the important role that the male (i.e., injurer) plays in moving forgiveness forward for the hurt female partner. They identified five components of this process:

- 1.) Injurer’s (i.e., males) expression of nondefensive acceptance of responsibility for the offense, 2.) Injurer’s expression of shame/empathic distress, 3.) Injurers heartfelt apology, 4.) The injured partners shift in the view of other, and 5.) The injurer’s expression of acceptance of forgiveness, relief, or contrition (pg. 497).

Similar to the premises of the Relational Justice Approach, Meneses and Greenberg (2011) stress the importance of “the ability of the injuring partner to tolerate and respond to the injured partner’s anger and pain, as this ultimately involves the injurer nondefensively accepting responsibility for the pain caused” (pg. 498). Other forgiveness research has also found that the injuring partner’s ability to empathize with the hurt partner’s pain is imperative to forgiveness (Fincham et al., 2002; McCullough, 2000; Toussaint & Webb, 2005). Meneses and Greenberg (2011) further identified that,

Not shifting the blame onto the injured partner is key to signaling that the injurer accepts responsibility, and that “‘pressure to forgive,” marked by expressed intolerance for the injured partner’s emotions, and “‘competition of hurts,” marked by a dismissal of the injured partner’s hurt and a request for attention to the injurer’s experience involved the injurer’s unwillingness to express any vulnerable feelings, and a tendency to blame the injured partner rather than to express some degree of compassion for her hurt (pg. 500).

RJA adds to our understanding of forgiveness by placing it within the context of larger relationship process (i.e., practicing mutuality) and utilizes the four components of

mutual support in facilitating mutuality. It was identified in both this dissertation research and Meneses and Greenberg (2011) research that couples who achieve a sense of absolution of betrayal accomplished this through specific types of interaction with each other, to which therapist interventions are key. Therapists must attend to the larger social contexts influencing inequality if couples are to create a safe atmosphere of mutual support. This study explores therapeutic processes in couple dynamics, therefore the results also provide insight into how attention to socio-contexts may be helpful in other types of couples problems in which trauma has occurred.

Implications and Limitations

This task analysis highlights the process by which mutuality is fostered in couple's infidelity treatment. Four necessary stages for successful change were identified: (1) creating an equitable foundation for healing, (2) creating space for alternate gender discourse, (3) pursuing relational responsibility of powerful partner, and (4) new experience of mutual support. Critical to these interventions were therapist's awareness of power dynamics that organize couple relationships in working through infidelity, therapist's leadership in intervening in power processes and creating space for alternate ways of being. Socio-cultural attunement to client experience and gender discourse was also critical. For couples working through infidelity, the Relational Justice Approach is an important framework for understanding the processes involved in moving toward mutual support.

This study explored the clinical processes that lead toward mutual support for couples in treatment for infidelity. Strong support was found for the components

proposed in the Relational Justice Approach. Supporting partners to change the ways in which they orient toward each other and the relationship creates the potential for new relational possibilities (i.e., mutual support) (Knudson-Martin & Huenergardt, 2010; McNamee & Gergen, 1999; Silverstein, Bass, Tuttle, Knudson-Martin, & Huenergardt, 2006). Both partners need to share responsibility for maintaining the quality of the relationship (Williams). Therapy, then, must support powerful partners to experience accountability for the impact their behavior has on the relationship (Knudson-Martin & Hunergardt).

While this dissertation outlines a necessary and currently missing framework for treating infidelity, it is also only the beginning for the Relational Justice Approach. The final paper, the task analysis, offers an empirical lens for further developing the RJA. Yet, in order to further validate the model, more research exploring phase two of task analysis is needed. This next step is the link between treatment and outcome. The validation-oriented phase of task analysis involves more traditional studies in the context of justification; however, these tests are done at the end of a research program based on prior research involving description and discovery (Greenberg).

Specifically, future research should involve samples of same-sex couples in treatment for infidelity in order to understand how the model fits with this differing socio-cultural contexts in which power imbalances are not gender specific, as well as how the therapeutic processes identified in the Relational Justice Approach may be relevant to how to work with gender and power in other couple therapy models, such as Socio-Emotional Relationship Therapy. Since RJA was adapted from SERT, the four necessary stages of successful change may also apply to SERT therapy. Future research should

examine how SERT may also be applied to treatment of other couple problems. This dissertation adds an ethical component that prioritizes the vulnerability of less powerful partner's to ensure equal opportunity for movement toward mutual healing.

Conclusion

Incorporating a contextual approach to infidelity treatment adds a gendered power lens to working with infidelity that other models tend to limit. Approaches that integrate cultural and societal sensitivity are necessary for a truly systemic lens for treating affairs. The Relational Justice Approach creates opportunity for working with infidelity from a new framework that is neither common nor available in current literature. It is also on the cutting edge of the family therapy, as models that utilize feminist thought continue to have considerable influence on every area of couple's work (i.e., violence, intimacy, and sex therapy) (Lyness & Lyness, 2007).

Current research (i.e., Meneses & Greenberg, 2011) supports the findings of the RJA as couple reconciliation, particularly with trauma (i.e., infidelity) requires "the ability of the injuring partner to tolerate and respond to the injured partner's anger and pain as this is at the heart of the couples' forgiveness process" (pg. 498). With the Relational Justice Approach, I posit that therapists must intervene in gendered power in order to foster an atmosphere of vulnerability that may be foreign to couples who experience inequality. The RJA is based on the premise that therapy needs to not replicate power imbalances by assuming shared responsibility for the affair as this often holds women responsibility for the unfaithful act which can easily transfer into therapy sessions.

How infidelity is worked with in couple's therapy can significantly impact the outcome of treatment (Atkins, Eldridge, Baucom, & Christensen, 2005). Yet, it is imperative that we have a model for working with infidelity that is not only clinically sound, but socially just. The Relational Justice Approach offers this lens. RJA, therefore, helps couples renegotiate the socio-contextual aspects of their relationship that are at the core of infidelity recovery, as inequality makes it difficult to establish a foundation for mutual support and intimacy (Knudson-Martin & Huenergardt, 2010; Scheinkman, 2005; Wiengarten, 1991). Power imbalances based on gender and societal positions also impact a couple's ability to build emotional connection, leaving the less powerful partner significantly more vulnerable than the more powerful one (Greenberg & Goldman, 2008).

Although research has shown the connection between infidelity and the socio-cultural contexts of gender and power, there are currently no other infidelity models to guide practitioners in how to work with these contextual issues. Clinical work must support powerful partners to experience accountability for the impact their behavior has on the relationship. This helps create a sense of relational justice (Boszormenyi-Nagy & Krasner, 1986; Dolan-Del Vecchio, 2008; author, 2010). Relational justice, then, espouses couples to "a dynamic and ethical interconnectedness" (Boszormenyi-Nagy & Krasner, 1986, p. 8) leading toward hope, healing and ultimately, mutually supportive connection. In the Relational Justice Approach, healing from an affair is an exercise in mutuality as couples transcend power imbalances to experience relational connection and forgiveness.

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