

# INTRODUCTION

My first patient, whom I met in postdoctoral psychoanalytic training more than 30 years ago, was a single woman in her early 30s. She was conflicted about an affair she was having with a married man, with whom she was deeply in love. He had promised to leave his wife for her but just never got around to it. She couldn't decide whether to break up with him. In the years since then, I have worked with many married men and women living secret double lives for years or even decades, existing in a state of perpetual ambivalence about how to resolve the apparently permanent love triangles in which they find themselves. Some of these married men regularly have casual sex with work colleagues or sex workers but then are pressured to relinquish their preferred sexual outlet when their wives discover their extensive extramarital sex life. I've worked with many patients individually and in couples therapy trying to recover from the traumatic aftermath of exposed extramarital affairs. Perhaps surprisingly, many patients are those who were aware of their parents' extramarital affairs during their childhoods and are still troubled by it.

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*The Dynamics of Infidelity: Applying Relationship Science to Psychotherapy Practice*, by L. Josephs  
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This introduction provides an overview of the book so the reader will know in advance how all the pieces of the puzzle will be put together. Each chapter is a piece of the puzzle that looks at infidelity from a particular vantage point. The introduction provides the “big picture” so that the reader will foresee a glimpse of the destination.

## A CLINICIAN'S PERSONAL JOURNEY INTO RELATIONSHIP SCIENCE

My psychoanalytic training offered little practical guidance about how to deal with the dynamics of infidelity. Freud (1910/1957b, 1922/1955, 1924/1961) had hypothesized that adult romantic love triangles are ubiquitous because childhood oedipal conflicts are ubiquitous. Per Freud, young children universally wish to have sex with the opposite-sex parent and kill off the same-sex rival parent during early childhood. Resolution of one's childhood oedipal conflict allows one to reconcile with monogamy, whereas irresolution of that conflict leads one to become embroiled in endless complicated love triangles as an adult. Right or wrong, Freud's formulation of the dynamics of infidelity didn't provide me with much practical assistance in dealing with my patients (see Josephs, 2015b, for a review of the empirical status of certain aspects of Freud's oedipal theory).

Meanwhile, my patients wanted to better understand their current predicament and receive some practical advice about what to do. I couldn't very well say that their love triangles would finally be resolved in a constructive way if we work through their underlying oedipal conflicts after years of psychoanalysis. For most patients, a constructive resolution means finding a way to have a stable long-term intimate relationship without deceit. Often that means making a sexually exclusive relationship work. Sometimes it means exploring other deceit-free options, such as open marriage or polyamory, to which sexual minorities may be more open.

I started reading the psychology literature to see what insight it might provide into the topic of infidelity. I discovered that there is a significant marital therapy literature for how couples can recover from infidelity that offers sound advice for couples therapists willing to take on this daunting clinical challenge (Baucom, Snyder, & Gordon, 2009; J. S. Gottman, 2004; Johnson, 2004; Weeks, Gambescia, & Jenkins, 2003). Yet this literature was of little help to my single patients who were romantically involved with married partners or for my married patients who were having affairs and didn't want to go for couples therapy or were already in couples therapy but still concealing their affairs. I also found that this literature did not have that much to say about the personality dynamics that determine why some individuals have affairs

and some do not when grappling with similar marital stresses. The couples therapy literature doesn't like to implicitly blame individuals by highlighting the personality characteristics that make some individuals more prone to infidelity or more vulnerable to sexual betrayal. The systems emphasis on the couple or the family as the unit of analysis tends to overlook or downplay the individual personality dynamics of the perpetrators and victims of infidelity.

I discovered that evolutionary psychologists were very interested in the topic of infidelity because they are interested in understanding the sexual strategies that lead to reproductive success. From an evolutionary viewpoint, infidelity might be an adaptive, although socially unacceptable, reproductive strategy if it results in a reproductive advantage (Buss & Schmitt, 1993). Evolutionary psychology was illuminating as to why prevalence rates of infidelity are so high cross-culturally, yet humans also appear to have evolved to engage in romantic pair bonding for biparental care. Evolutionary psychology clarifies that both infidelity and monogamy have biological bases: Evolutionary psychologists believe that humans have evolved to be "strategic pluralists" (Buss & Schmitt, 1993) who can deploy various reproductive strategies as adaptations to different ecological conditions.

Contemporary evolutionary psychology argues that it is a false dichotomy to assume that either monogamy or promiscuity is "natural" while the other is "cultural." Both are natural, and both are responsive to current cultural conditions. Gangestad, Haselton, and Buss (2006) noted that cultural variation can be evoked by underlying ecological variables such as pathogen load, resource scarcity, or sex ratio. Cultural responses to those ecological conditions may then change the underlying ecology, as when human responses to resource scarcity creates environmental pollution or the extinction of other species. Restrictive sexual moralities may be evoked by increasing prevalence rates of sexually transmitted diseases (STDs), but then the decrease in STDs achieved by those restrictions may evoke more permissive sexual moralities as sex becomes safer (i.e., evoked culture). Ecology evokes culture, while culture creates ecologies.

For clinicians, however, many of the insights of evolutionary psychology were of limited practical application because evolutionary psychologists often focus on proving universal and innate gender differences in adult romantic behavior. Biologically based and universal sex differences are not always relevant, for instance, when working with unique individuals who often do not conform to the statistical norms for their gender. Such individuals usually need help relieving their shame sensitivity for their gender nonconformity.

Only recently has evolutionary psychology begun to explore the personality subtypes of men and women that begin to explain why particular individuals are more predisposed toward infidelity than others. The evolutionary psychology of individual differences (Buss & Hawley, 2011) does begin to illuminate the psychology of the unique individual with which clinicians

must contend in daily practice. Particularly intriguing was new research on the Dark Triad of narcissism, Machiavellian intelligence, and psychopathy that is associated with an opportunistic and exploitative approach to adult romantic relationships (Jonason & Kavanagh, 2010).

## FROM RELATIONSHIP SCIENCE TO EVIDENCE-BASED TREATMENT

The research I found had the most direct clinical applicability to infidelity was research on adult attachment styles as it related to styles of marital communication (Anders & Tucker, 2000; Domingue & Mollen, 2009; Feeney, 1994). It emerged that securely attached individuals have more constructive styles of marital communication and are less likely to be unfaithful. In contrast, insecurely attached individuals possess less constructive styles of marital communication and are more likely to engage in infidelity. New research also linked insecure attachment style to impaired reflective functioning, a limited ability to reflect on one's own and others' mental states (Fonagy, Gergely, Jurist, & Target, 2002). Insecurely attached individuals have a limited ability to understand their partners' mental states and therefore engage in styles of marital communication that exacerbate marital conflict and insecure attachment (Overall, Simpson, & Struthers, 2013). Those marriages are at greater risk for marital infidelity.

Treating infidelity might therefore mean facilitating secure attachment in ways recommended by Johnson (2004) in *The Practice of Emotionally Focused Couples Therapy* and increasing reflective functioning in ways recommended by Bateman and Fonagy (2004) in their work on mentalization-based treatment. A link can then be made between infidelity as a symptom of insecure attachment and low reflective functioning and evidence-based treatments for increasing attachment security and reflective functioning.

The emphasis in clinical psychology these days is on evidence-based treatment for specific disorders like depression and anxiety. This psychotherapy research literature is of limited usefulness for practitioners looking to help patients seeking assistance with their conflicts around fidelity and infidelity in their most intimate relationships. Patients are often depressed, anxious, and angry for specific, rather than generic, reasons. Psychotherapy treatment manuals do not provide the specialized understanding necessary to treat patients who are depressed, anxious, and angry because of their conflicts around fidelity and infidelity. The betrayal trauma (Lusterman, 2011) that betrayed partners suffer might not be amenable to an exposure therapy for posttraumatic stress disorder (PTSD) in which they imagine their partner having sex with a romantic rival until their hurt, humiliation, jealousy,

and rage are extinguished. That kind of exposure might be retraumatizing: Recovery from infidelity appears to be better facilitated when the betrayed partner is spared the graphic details of the unfaithful partner's extramarital sex life (Baucom et al., 2009).

Both clinical psychology and psychotherapy research seem disconnected from the emerging science of intimate relationships that is being developed by social, personality, and evolutionary psychologists and is beginning to be referred to as *relationship science* (Gillath, Adams, & Kunkel, 2012). This is ironic because psychotherapists since Freud have routinely acknowledged that the anxiety, depression, and anger management problems they treat are often symptoms of an unhappy love life. Psychotherapists are often unaware that social, personality, and evolutionary psychologists have been developing an evidence-based science of intimate relationships that for the most part has yet to be applied to clinical practice.

Psychotherapy process and outcome research has discovered that an important predictor of outcome is the therapeutic alliance (Norcross & Wampold, 2011; Wampold, 2001). Therapist personality variables such as trustworthiness, empathy, and authenticity are associated with a good therapeutic relationship and a good therapeutic outcome (Wampold & Imel, 2015). Relationship science has discovered that those exact same personality variables—trust, empathy, and authenticity—are also associated with successful long-term relationships in which the infidelity risks would be relatively lower (Brunell et al., 2010; Neff & Suizzo, 2006; Shimberg, Josephs, & Tittel, 2016).

An evidence-based treatment for infidelity can therefore be derived from the kind of evidence-based relationships (i.e., therapeutic relationships associated with positive psychotherapy outcomes), intimate as well as therapeutic, that lead to good outcomes. Evidence-based treatment in the broadest and best sense of the term isn't entirely reducible to the evidence provided by randomized controlled trials (RCTs). Such trials only show that a manualized treatment is better than no treatment (e.g., a waitlist control) or bad treatment (e.g., a pseudotreatment missing essential ingredients). RCTs have yet to show that any manualized treatment is substantially better than a competing manualized treatment (see Wampold & Imel, 2015, "The Great Psychotherapy Debate"). According to Wampold and Imel (2015), the evidence convincingly shows that some therapy is better than no therapy. Yet for empirically validated treatments, the remission rate of patients getting well and staying well is only around 25% in treating simple cases of depression and anxiety in which complex cases with personality problems have been screened out (Shedler, 2015).

Treating infidelity means treating complex cases of patients who are simultaneously depressed, anxious, and angry and suffer underlying personality

problems (i.e., the kind of patients excluded from most psychotherapy studies). Findings have indicated that couples who are dealing with infidelity showed greater marital instability, dishonesty, arguments about trust, narcissism, and time spent apart (Atkins, Yi, Baucom, & Christensen, 2005). Fortunately, couples therapy does appear to successfully help couples recover from infidelity (Atkins, Marín, Lo, Klann, & Hahlweg, 2010). Nevertheless, treating infidelity is only sometimes about helping couples recover from it. Infidelity treatment often involves individual treatments, with the unfaithful partner, the betrayed partner, and the affair partner each trying to figure out how to go forward with their lives despite being embroiled in a complicated love triangle that might have no foreseeable end in sight. Evidence-based treatment for infidelity therefore needs to be based on a science of intimate relationships as well as on evidence-based therapeutic techniques and relationships that can work with both complex and simple cases.

### INFIDELITY BELIEFS AND DICHOTOMOUS THINKING

Over time, I discovered that many patients arrive in psychotherapy with certain “infidelity beliefs.” Those beliefs often mirror ideas floating around in the popular culture. Infidelity beliefs reflect moral values as well as “implicit theories of relationships” (Knee, Patrick, & Lonsbary, 2003) that are culturally relative and individually variable and so are often a topic of polarized debate. Cognitive reappraisal, an evidence-based therapeutic technique that is central to cognitive behavioral approaches to treating depression, anxiety, and anger, has yet to be applied to cognitive restructuring of infidelity beliefs. But suffice to say that cognitive reappraisal of any belief is challenging when such a belief is held with a strong sense of conviction. It is not always clear to psychotherapists how to engage in cognitive reappraisal of those infidelity beliefs and theories without unwittingly slipping into a moralistic position that implicitly takes sides in a polarized conflict.

Infidelity beliefs often reflect either—or thinking—what cognitive psychologists call *dichotomous thinking* (Napolitano & McKay, 2007) and what psychoanalysts call *splitting* (Kernberg, 1996). Popular infidelity beliefs are also often reflected in the more sensational or polemical books on infidelity that are published for general audiences. Such books are either promonogamy, like how to “affair-proof” one’s marriage (Staheli, 1998), or are antimonogamy, suggesting that humans aren’t naturally monogamous and that monogamy is only an oppressive cultural institution (Ryan & Jetha, 2011). The promonogamy popular books suggest that it is easy to find sexual fulfillment in a monogamous arrangement if only couples follow the correct prescriptions for marital happiness. Such books assume that sexual ambivalence and frustration

don't have to be a permanent feature of married life with which everyone must learn to constructively cope.

In contrast, the antimonogamy books knowingly assume that sexual ambivalence and frustration are permanent features of monogamous married life, and that is exactly why monogamy is an oppressive cultural institution that is not natural. The antimonogamy popular books imply that individuals could achieve greater happiness in an open marriage or polyamorous arrangement if only people overcome their culturally instilled irrational sexual jealousy and possessiveness. Such books assume that sexual jealousy and possessiveness aren't an inherent part of human nature and recommend unlearning culturally instilled sexual jealousy so one can happily share one's sexual partner with others. Yet a recent study suggested that the polyamorous may suffer from "polyagony" in attempting to overcome jealousy (Deri, 2015). Dichotomous thinking is evident whenever one arrangement is idealized and the other devalued, be it monogamy or nonmonogamy.

Patients often arrive in the consulting room with infidelity beliefs that rationalize their current marital predicament. Unfaithful men who enjoy a casual extramarital sex life often mistakenly assume that evolutionary psychology suggests it is not natural for men to be monogamous; therefore, their wives should become more accepting of their extramarital affairs. Such men don't appreciate that paternal care would not have evolved were it not for some innate tendency to engage in sexually exclusive pair bonding for biparental care. The evolution of paternal care requires the paternity certainty that monogamy facilitates (Gray & Anderson, 2010). Betrayed women who believe that monogamy is the natural state of affairs may mistakenly assume that their husbands' infidelities are only a symptom of a deep-seated fear of intimacy and commitment that should get fixed in psychotherapy. Betrayed women might not realize that a comprehensive review of the research literature suggests that men might have a stronger sex drive with a greater need for sexual variety than women, and thus they might be more frustrated by monogamous constraints than are women (Baumeister, Catanese, & Vohs, 2001).

Patients' conviction in their own infidelity beliefs and fear of being unfairly judged for those convictions may make them intolerant of those with opposing infidelity beliefs. They see their partners' infidelity beliefs as mistaken perceptions that need to be corrected. Patients then mistakenly think that a therapist's job is to validate the patient's correct infidelity belief while correcting the partner's mistaken one instead of learning to reframe their own infidelity beliefs in the terms of a larger metaperspective that can contain conflicting points of view.

It is difficult to accept that romantic partners are entitled to a mind of their own when their partners' seemingly misguided infidelity beliefs result in their own sexual frustration or betrayal. Patients can easily be shamed for their

infidelity beliefs. As a consequence, therapists need to be able to validate the kernel of truth in patients' infidelity beliefs while respectfully helping patients assimilate an alternative but more complex viewpoint that can contain multiple and seemingly conflicting perspectives.

Infidelity beliefs are an expression of what developmental psychologists call *theory of mind* (Frith & Frith, 2003, 2006). Part of successful individual and couples psychotherapy is enabling patients to mentalize infidelity, that is, to look at infidelity through the prism of a more sophisticated theory of mind that can contain multiple and contrasting perspectives (Josephs, 2015a). Betrayed partners have difficulty mentalizing how a person they trust could possibly betray that trust through sexual infidelity. Unfaithful partners have difficulty mentalizing the traumatic impact of sexual betrayal on partners with whom they feel sexually frustrated. The ability to reflect on and empathize with a romantic partner's viewpoint deteriorates when feeling sexually frustrated and rejected by that partner. As hurt and anger intensify, reflective functioning diminishes (Josephs & McLeod, 2014).

Facilitating dialectical thinking (i.e., seeing both sides of a conflict) when it comes to infidelity beliefs is challenging because it may evoke strong, but hopefully transient, negative reactions toward the therapist. After all, patients are highly invested in their infidelity beliefs—in having them validated by their therapists and having opposing infidelity beliefs invalidated. That makes it difficult for a therapist to assume the role of a neutral third party who can see both sides of a conflict. The therapist may be perceived as criticizing and invalidating the patient's infidelity belief by suggesting it is only partially true. The therapist may seem to be abdicating the responsibility of empathizing with the patient's viewpoint by recognizing and empathizing with the kernel of truth in a romantic partner's opposing infidelity belief.

A therapist who notes the downside of infidelity may be seen as implicitly moralistic and imposing the therapist's sexually restrictive values on the patient. In contrast, a therapist who notes the upside of infidelity could be seen as perversely rationalizing deceit and betrayal in romantic relationships. The therapeutic alliance may be ruptured by such negative reactions to the therapist's attempts to facilitate the development of a metaperspective that sees both sides of a conflict. In this case, the therapeutic alliance will then require repair through acknowledgment of the therapist's own personal contribution to the relationship rupture (Safran & Muran, 2003). Clarification of the therapeutic rationale for approaching the patient's infidelity beliefs in a dialectical manner may enable the patient to see the value of searching for ways to transcend polarizing discourse on a sensitive issue.

Absolute conviction in one's own infidelity beliefs often coexists in a dissociated way with puzzlement, self-doubt, and confusion as to why people are unfaithful. Do people who are unfaithful possess a fear of marital intimacy?



Are humans meant to be monogamous? Does infidelity only occur when a couple has a poor sex life, and do people who are unfaithful not really love their partners? Betrayed spouses wonder why their partners were unfaithful. Were they not good in bed, are they fundamentally unlovable, or have they lost their youthful good looks with age and weight gain? Or perhaps they were in denial about the possibility that their husbands might be “lying pigs” or their wives “cheating sluts”?

Even unfaithful partners privately wonder what was the “real” reason they were unfaithful, especially after the affair is exposed and they realize the devastating consequences. Were they trying to get out of an unhappy marriage, to make their partners jealous as punishment for taking them for granted, to have a vacation from the stresses and responsibilities of family life, or to resolve a midlife crisis? People who have affairs with married people (i.e., “mate poachers” as evolutionary psychologists call them) often wonder why their married lovers are being unfaithful: are they just interested in casual sex, or is this an attempt to leave an unhappy marriage and live happily ever after with someone new?

Patients need help bridging a deep-seated contradiction within their personalities between absolute conviction in their own infidelity beliefs and another side that is totally confused. Infidelity as a hot-button issue can activate the kind of dichotomous thinking, emotional flooding, and emotional dysregulation most characteristic of individuals who suffer from borderline personality disorder (Brodsky & Stanley, 2013). Treating infidelity therefore requires helping patients mentalize the psychology of love triangles and sexual betrayal in the face of their own emotional dysregulation and defensive ways of coping with that dysregulation.

## THE EVOLUTIONARY ROOTS OF HUMAN SEXUAL AMBIVALENCE

The evolutionary point of view begins to help us gain insight into why humans may live in a permanent state of sexual ambivalence. As noted earlier, evolutionary psychologists have suggested that humans are “strategic pluralists” (Buss & Schmitt, 1993) who can deploy either short-term or long-term reproductive strategies as ecological conditions warrant. As a consequence of possessing these opposing reproductive strategies, the central but often unseen sexual conflict in human nature may be between the desire to find happiness and emotional security in a long-term monogamous relationship and the desire to reexperience erotic excitement and romantic intimacy with other partners once the honeymoon phase of a relationship is over. That inner struggle may be experienced acutely whether one is male or female, gay or straight, young or old, single or married.

The human species appears to live in a state of perpetual sexual warfare but for the most part is only marginally aware of living in such a battle zone. There are no known cultures in which infidelity is absent. Yet there are also no known cultures in which individuals don't go a bit berserk as a result of sexual betrayal, sometimes to the point of homicide. Evolutionary anthropologists such as Helen Fisher (2004) and William Jankowiak (1995), as well as evolutionary psychologists like David Buss (2000), now believe that romantic love and romantic jealousy are cross-cultural universals.

It seems that in all historical periods and cultures, some people are trying to get away with infidelity, while other people are trying to catch and punish "cheaters." There appears to be never-ending guerilla warfare between those trying to get away with infidelity and those trying to prevent it. Psychotherapists are often drawn into the battle when unfaithful partners try to enlist their therapists to help them feel less guilt-ridden about their hidden infidelities or betrayed partners try to recruit their therapists in their efforts to punish and fix their unfaithful partners; affair partners too may try to recruit therapists to help them find a way to break up with their affair partner and finally move on with their lives or to convince their married lovers to leave their spouses for them.

Humans may have evolved to be eternally at war with themselves about whether to remain faithful and with each other in trying to prevent and punish their partners' infidelities while trying to successfully conceal their own (even if it's just hiding their adulterous fantasy life or innocent flirtations). This psychological warfare produces innumerable casualties: the couples trapped in joyless but monogamous marriages; unfaithful individuals living secret double lives praying that they don't get caught; the partners whose infidelities have been exposed and whose marriages and families have fallen apart; the single people in love with married partners who will not leave their spouses for them; the betrayed partners who feel scarred for life; and finally the children who witness parental conflict around exposed infidelity and draw their own conclusion about the nature of married life. These casualties of the infidelity wars often make their way into the offices of individual and couples psychotherapists.

Previti and Amato (2004) found that 21% of divorced individuals reported exposed infidelity as the reason for the breakup of the marriage. Yet what remains an unsolved mystery is the number of divorces precipitated by hidden infidelities that were never detected by the betrayed spouse. One clue that infidelity may be an even more common reason for divorce than is often realized is the speed with which many divorced men start new relationships (Duncombe & Marsden, 2004). These relationships may be a continuation of affairs previously concealed from their wives and children. Thus, hidden conflicts around infidelity may be a much more frequent cause of marital breakup

than usually appreciated. Many will not leave an unhappy marriage until they have secretly lined up a suitable replacement.

Most people appreciate that infidelity puts a marriage at significant risk of dissolution, and that's why unfaithful partners take such pains to cover it up. What is rarely considered is the impact of infidelity on children, even when it doesn't result in divorce. In a study I conducted with one of my students among 300 undergraduates at Adelphi University where I teach, 25% reported awareness of parental infidelity (Hunyady, Josephs, & Jost, 2008). A child's reaction to exposed parental affairs appears to be quite similar to their reaction to parental divorce: It undermines the child's belief in the durability of stable lifelong relationships (Duncombe & Marsden, 2004). Thus, children become noncombatant casualties of their parents' sexual conflicts.

Infidelity is a common phenomenon: In a frequently cited study of prevalence rates, 23% of currently married men and 12% of currently married women admit to engaging in extramarital sex (Wiederman, 1997).<sup>1</sup> In any given year, it is estimated that 1.5% to 4% of individuals will engage in marital infidelity (Wiederman, 1997). The infidelity rates among unmarried individuals (e.g., college students in committed relationships) are even higher, and the phenomenon crosses gender lines (Feldman & Cauffman, 1999). The most recent research suggests that women under age 40, especially on college campuses, are quickly catching up to men in the infidelity rates in egalitarian countries in North America and Western Europe (Drigotas, Safstrom, & Gentilia, 1999; Glass & Wright, 1985; Wiederman, 1997).

The high prevalence rates of infidelity worldwide make it questionable to pathologize such a common sexual behavior. Yet it does seem that the more severe the psychopathology, the more likely it is a person will have unstable intimate relationships characterized by conflicts around infidelity. Perhaps the best way to think of it is that negotiating ambivalence about sexual fidelity is a common challenge of married life, like marital bickering or sexual boredom. More disturbed individuals will have greater difficulty negotiating this conflict than individuals more skilled in dealing with the many challenges and frustrations of long-term intimate relationships. For this reason, prevalence rates of infidelity are higher among individuals who are insecurely attached (Hazan, Campa, & Gur-Yaish, 2006) and high on narcissism (Buss & Shackelford, 1997). Infidelity can be an outgrowth of the underlying personality problems of all three members of the love triangle that give rise to maladaptive patterns of communication in intimate relationships. To change those patterns, it is often necessary to treat underlying personality issues, such

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<sup>1</sup>These figures most likely underreport the issue because of the sensitivity of making this disclosure and the fact that the samples include many younger people who have not been married long.

as impaired reflective functioning, insecure attachment, defensive grandiosity, narcissistic entitlement, and dichotomous thinking.

Different cultures have different prevalence rates as well as different attitudes toward infidelity (Druckerman, 2007). Nevertheless, reactions to exposed infidelity appear to be a cross-cultural universal whether one is American, French, or a hunter-gatherer living a Stone Age lifestyle. Bruce Knauft (1991), who studied violence among hunter-gatherers, discovered that a leading cause of homicide was sexual jealousy. Kenneth Good (1997), who lived with the Yanomamo of South America, found that revenge for infidelity was sometimes delivered by a poison arrow to a mate poacher's back. Sexual betrayal by one's romantic partner evokes not only jealousy but humiliation and rage. Betrayed partners experience symptoms of PTSD, such as flashbacks of the philandering spouse having sex with the affair partner, because infidelity constitutes a serious attachment injury that prevents secure attachment (Johnson & Makinen, 2003).

Affairs create considerable emotional turmoil for everyone involved in the love triangle. The unfaithful partner may suffer intense shame and guilt upon exposure, as well as reputational damage. The unfaithful partner may feel overwhelmed by having to learn how to deal with the betrayed partner's PTSD. Affair partners may be precipitously rejected by unfaithful partners who decide to recommit to their betrayed partners. The casualties of conflicts surrounding infidelity may require considerable psychological rehabilitation to heal these wounds of war. Given the potential costs, few people are prepared to accept infidelity: Nearly 99% of married Americans expect their spouse to have sex exclusively within the marriage and assume that their partner expects the same of them. More than 90% think that it is "always" or "almost always" wrong for a married person to have extramarital sex (Treas & Giesen, 2000).

## A ROAD MAP FOR THE SCIENCE OF INTIMATE RELATIONSHIPS

It is not widely appreciated that there is a considerable research literature on infidelity, widely scattered among the subdisciplines of psychology as well as evolutionary biology and evolutionary anthropology. Currently, these areas of infidelity research tend to exist in isolation. To fully understand all sides of the conflict between fidelity and infidelity, it is important to develop an integrative perspective covering many areas of research so that no important variables are overlooked.

I begin in Chapter 1 by discussing infidelity from the perspective evolutionary psychology and clarifying how humans became monogamously inclined cooperative breeders who often resort to uncooperative reproductive strategies. Chapter 2 looks at how infidelity may be a symptom of insecure

attachment and diminished reflective functioning. Chapter 3 considers gender differences in motivation for infidelity and how those gender differences interact with attachment style. I discuss infidelity as an outgrowth of narcissistic ways of coping with insecure attachment in Chapter 4, while Chapter 5 looks at infidelity through the lens of what evolutionary psychologists call *mate value*—our sense of our relative desirability as a romantic partner. Chapter 6 discusses the psychology of romantic jealousy and how it can result in retaliatory infidelity, an often-overlooked motive for infidelity. In Chapter 7, I examine how the reasons for infidelity evolve across the lifespan, while Chapter 8 looks at the problems betrayed partners and affair partners face when unfaithful partners resist recommitting to monogamy. Chapter 9 considers the challenges of treating infidelity when it derives from sexual addiction. Chapter 10 looks at the communication styles associated with fidelity and infidelity. Finally, the Conclusion describes how high mentalization, authenticity, and generativity appear to be crucial ingredients of successful long-term relationships.

## AN INTEGRATIVE APPROACH TO TREATING INFIDELITY

Treating infidelity, whether the patient is the unfaithful partner, the betrayed partner, or the affair partner, in either individual or couples therapy, is often a specialized instance of treating individuals who tend to be relatively high on insecure attachment, be it anxious or avoidant attachment style, and relatively high on narcissism, be it grandiose or vulnerable narcissism, regardless of their particular role in a complicated love triangle. Such individuals tend to be deficient when it comes to reflective functioning, empathy, authenticity, and communication skills. The treatment approach is therefore to remediate these relationship skills deficits regardless of the particular personality style and dynamics.

Fortunately, there are now evidence-based approaches to remediating these relationship skills deficits of which infidelity may be a symptomatic eruption. Mentalization-based therapy for borderline personality disorder is an effective approach to increasing reflective functioning (Bateman & Fonagy, 2004). Increasing the ability to reflect on the mental states of others improves empathy. Integrative couples therapy is an effective approach to improving communication skills (J. M. Gottman, 1999) and to mindful acceptance of romantic partners as they are despite their frustrating imperfections (Christensen & Jacobson, 1998).

The unreflective tendency is to want to “fix” a partner’s “unhealthy” sexuality so one won’t feel so frustrated, rejected, disgusted, and betrayed. It is difficult to extend the acceptance, understanding, and respect for a partner’s sexuality that one would like to receive for one’s own sexuality when

a partner's sexuality seems problematic. *Mindfulness* in this context means learning how to look at the enduring personality traits, emotional problems, and sexuality of one's romantic partner with nonjudgmental acceptance rather than moralizing judgment. Integrative couples therapy facilitates learning to accept a partner's personality rather than trying to fix it (Christensen & Jacobson, 1998). That recommendation is challenging to implement when a partner possesses significant narcissistic or borderline traits and engages in sexual infidelity or responds to sexual betrayal in a vindictive way.

Only recently has mindfulness been used in couples therapy to increase empathy (Gambrel & Keeling, 2010). Empathizing with the viewpoint of an egocentric partner who has been unreasonably devaluing and blaming and who has betrayed one's trust is not easy. It is one thing to learn how to accept a partner's minor character flaws that have been blown out of proportion. It is another thing to learn how to patiently accept a partner who has been deceitful, abusive, or angrily withholding sex and affection as that partner gradually learns how to acknowledge and assume responsibility for curtailing the kind of unacceptable behaviors that result in serious attachment injury. Such partners are often at significant risk of relapse even when they have made reasonable incremental progress.

To restore trust and intimacy, romantic partners must relate to one another not only with accurate empathy and acceptance but also with authenticity, transparency, and honesty. Partners must learn to say what they mean and mean what they say. That is not so easy because such intimate risk taking may mean exposing irreconcilable differences of opinion and confronting painful truths. Why make oneself vulnerable to being misunderstood and criticized for sharing one's true self? Communication skills are required to openly but respectfully speak one's mind while demonstrating acceptance of a partner's right to have a mind of his or her own. Couples often avoid these moments of truth, fearing that the relationship won't survive the ugly scene that might erupt when everyone's hurt and anger is finally expressed with full force. Partners may need encouragement to confront rather than avoid such painful conflicts and require coaching about the most constructive ways to broach shame-sensitive topics without putting a partner on the defensive. Johnson (2004) noted that couples cannot feel securely attached to each other until they each feel it is safe to express, openly and nondefensively, the aspect of themselves that feels vulnerable to further attachment injury and can trust that their partners will respond with acceptance and empathy.

Treating infidelity, be it in individual or couples therapy, requires psychotherapy integration. That integration requires combining psychodynamic approaches to enhance reflective functioning, such as mentalization-based therapy (Bateman & Fonagy, 2004) and transference-focused therapy (Levy, Meehan, et al., 2006), with behavioral approaches to couples work that use

mindful acceptance of a partner's frustrating limitations (Christensen & Jacobson, 1998), communication skills training (J. M. Gottman, 1999), and emotion-focused work to heal attachment injuries (Johnson, 2004). Owen and Hilsenroth (2014) found that therapists who implement treatment manuals flexibly obtain better results than therapists who implement treatment manuals rigidly or formulaically.

Wachtel (2010) noted that RCTs that study "pure" types of treatment for patients without dual diagnoses disadvantage psychotherapy integration. Psychotherapy integration mixes apples and oranges to make an original fruit salad by individually tailoring a treatment to a specific patient in a specific situation when the patient's problems don't exactly fit some singular diagnostic category. Stricker and Trierweiler (1995) recommended the "local clinical scientist" model in which clinicians keep abreast of the latest research but also feel free to draw on their unique clinical experiences and clinical judgment to utilize the best mix of approaches for a particular patient in a particular situation.

Therapist *cultural humility*, an attitude of respect for and lack of superiority toward people from a different cultural background, appears to be associated with a stronger therapeutic alliance (Hook, Davis, Owen, Worthington, & Utsey, 2013). Treating infidelity does not necessarily mean idealizing monogamy over various forms of consensual nonmonogamy such as open marriage or polyamory, toward which sexual minorities may have more favorable attitudes. It does mean recognizing that nonconsensual nonmonogamy (i.e., infidelity) is an unethical act that inflicts relational damage be one male or female, gay or straight. Trust and secure attachment are eroded anytime one is caught lying or breaking a promise.

An emerging approach to effectiveness research is not to compare pure types of treatment for patients with singular diagnoses but to look for common factors that cut across effective treatments to discover the evidence-based relationships (Norcross & Wampold, 2011) and evidence-based therapeutic processes (Castonguay & Hill, 2012) that make psychotherapy effective with even complex cases. An evidence-based therapeutic relationship and process may be facilitated whenever a therapist of any theoretical orientation role models the communication skills, reflective functioning, mindful acceptance, and secure attachment style that he or she hopes to promote.

The therapist must actively confront shame-sensitive issues in direct, straightforward language and in a way that is respectful when patients are avoidant (i.e., the therapist must use communication skills). The therapist must contain moralizing reactions in order to respond empathically to narcissistic and Machiavellian personality traits that betray the trust and diminish the self-respect of significant others (i.e., mindful acceptance). The therapist must demonstrate an ability to discover the integrative metaperspective

through dialectical thought when lapsing into dichotomous thinking in emotionally trying circumstances that encourage polarization (i.e., high-level reflective functioning). Research suggests that attachment style is implicitly revealed in communication style (Mikulincer & Shaver, 2010): Secure attachment is revealed in verbal communication that is clear and coherent, whereas insecure attachment is revealed in language that is overly abstract and experience-distant or confused and confusing. Therapists must speak in clear and coherent but emotionally evocative language to break through the cognitive impenetrability of anxious patients who are responding defensively.

The therapist's ability to role model reflective thought, acceptance, and constructive communication is put to the test when patients respond negatively to attempts to approach the negotiation of conflicting infidelity beliefs in a dialectical manner. Can the therapist practice what he or she preaches when put to the test by being angrily or contemptuously accused of being moralistic (i.e., anti-infidelity) or perversely Machiavellian (proinfidelity) by a patient who feels implicitly judged and invalidated by the therapist's attempt to empathize with both sides of an inner conflict?

## CONCLUSION

We begin our journey into infidelity research and its treatment in Chapter 1 as we delve into our evolutionary heritage. Why is it that sexual ambivalence appears to be built into human nature? And what ecological variables influence how different individuals learn to cope with that ambivalence? To rephrase Shakespeare: "To cheat or not to cheat? That is the question."