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Running head: INFIDELITY AND COUPLE THERAPY

Pepperdine University
Graduate School of Education and Psychology

TREATMENT OF INFIDELITY AS A CLINICAL ISSUE IN COUPLE THERAPY:
A CRITICAL REVIEW OF THE LITERATURE

A clinical dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Psychology
by
Wilhelmina Emma Stamps
July, 2020
Kathleen Eldridge, Ph.D. – Dissertation Chairperson

This clinical dissertation, written by

Wilhelmina Emma Stamps

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

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DEDICATION

To my parents and my husband

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Finally, I would like to express my love and gratitude to my husband, Andrew Bell, whose unwavering support has always helped me to feel confident in my abilities. Thank you.

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ABSTRACT

Infidelity is perhaps the most challenging issue confronting couple therapists and has a high prevalence amongst couples in both clinical and community settings. Despite significant expansion of this field of research in recent years, there has not been a comprehensive review of the literature since 2005. Without such a review, it is problematic for clinicians and researchers to determine best practices and areas needing further inquiry. This article builds on the two most recent reviews (Allen et al., 2005; Blow & Hartnett, 2005) and provides a systematic critical review of the literature on infidelity published in the last 15 years. Key areas of focus include: types of infidelity, its prevalence, its psychological and functional impacts, therapists' attitudes towards managing infidelity as a clinical issue, empirically supported treatments, and methodological strengths and weaknesses of recent studies. Cultural diversity considerations and therapeutic management of infidelity disclosure are highlighted as particular areas of importance and focus. Additionally, the status of the recent literature was evaluated with respect to the recommendations of past critical reviews, and updated recommendations for future research are provided.

Chapter I. Introductory Literature Review

Introduction and Project Aims

Since Homer recounted the seduction of Helen of Troy by Paris that sparked the Trojan war, infidelity in committed relationships has been a source of suffering and curiosity that continues to captivate contemporary society. It has been the subject of scholarly research for nearly thirty years, as researchers and clinicians have attempted to better understand its role in interpersonal relationships and its ramifications for the wellbeing of individuals and society (Blow & Hartnett, 2005; Hertlein & Weeks, 2007; Vossler & Moller, 2015). While prevalence rates vary between sources, due to inconsistent methodology and the inherent difficulties in gathering data on an often-secretive behavior, it is estimated that the lifetime prevalence of marital affairs may be between 30% to 75% for men and 20% to 70% for women (Eaves & Robertson-Smith, 2007). With such high prevalence rates, it is no surprise that infidelity is one of the most common treatment issues in couple therapy (Blow & Hartnett, 2005).

However, therapists report feeling inadequate to effectively manage this issue when it presents in couple therapy (Olmstead, Blick, & Mills, 2009). This may be at least partially due to a lack of access to empirically validated resources for therapists, as few evidence-based treatments exist that are specific to infidelity, and there is limited research on the application and effectiveness of current empirically supported, broad-based couple therapy models for issues of infidelity (Gordon, Baucom, & Snyder, 2004). The most recent reviews of the literature on infidelity treatment (both published in 2005), indicated that there were few methodologically appropriate studies that investigated the occurrence and treatment of infidelity, and that there was a further need for research that provides more objective, clinically useful data (Allen et al., 2005; Blow & Hartnett, 2005). A search using the search term “infidelity” of PsychINFO, an expansive

database of peer-reviewed literature in the field of psychology, for the time period prior to the 2005 reviews found 469 documents. When the time parameters were changed to encompass the time from 2005 to 2018, the search term “infidelity” found 1,240 documents, and 244 documents were returned when the search was narrowed to the terms “infidelity treatment.” These results indicate that the research area of infidelity and infidelity treatment is rapidly expanding, and an updated, systematic review of the recent literature would assist in consolidating and presenting what is currently well understood about the topic and which areas are in need of further attention from researchers and practitioners.

The purpose of the present study is to provide a comprehensive, updated critical review of the literature on issues related to the treatment of infidelity in couple therapy. Specifically, it aims to systematically review the literature on the various types of infidelity, its prevalence, its psychological and functional impacts at the individual and systemic levels, therapists’ attitudes and perceived preparedness for managing infidelity as a clinical issue, the empirical literature on treatment efficacy, and methodological strengths and weaknesses. As cultural diversity considerations and therapeutic management of infidelity disclosure were identified as areas in particular need of development by prior reviews, they are specific areas of focus in this review (Seedall, Houghtaling, & Wilkins, 2013; Williams & Knudson-Martin, 2013). The researcher evaluated the status of the literature based on the recommendations of past comprehensive reviews, and updated recommendations for future research are provided. Following is a brief introductory review of the literature on clinical issues surrounding the treatment of infidelity in couple therapy.

Significance and Background Literature

Prevalence and subtypes. While it is clear that the prevalence of infidelity is high in Western cultures, there is significant variation in the estimates reported between studies, with 30% to 75% of men and 20% to 70% of women reporting some form of infidelity (Blow & Hartnett, 2005; Eaves & Robertson-Smith, 2007; Thompson & O'Sullivan, 2016a; Wilson, Mattingly, Clark, Weidler, & Bequette, 2011). This inconsistency can be partially attributed to infidelity's status as a secretive, taboo behavior; however, problematic assessment methods, along with the widely varying and often vague definitions that are used in infidelity research also contribute to the confusion (Blow & Hartnett, 2005; Thompson & O'Sullivan, 2016a).

The method of assessment used when gathering participant data on infidelity appears to have a significant impact on prevalence estimates (Brand, Markey, Mills, & Hodges, 2007; Fincham & May, 2017; Whisman & Snyder, 2007). Whisman and Snyder (2007) directly demonstrated the importance of assessment methods in their study, which found a significant discrepancy in the rates of infidelity acknowledged by the same participants in face-to-face interviews (1.08%) versus computer-assisted self-report (6.13%). While desire for secrecy surrounding this proscribed behavior continues, it appears that people tend to answer more honestly when surveyed anonymously, suggesting that the use of non-anonymous assessment methods may contribute to increased variability and potential inaccuracy in prevalence estimates.

The use of inconsistent definitions of infidelity amongst studies also appears to account for some of the variability in prevalence statistics. For instance, in their survey of 294 undergraduate students and 325 non-college adults residing in the United States, Varga, Gee, and Munro (2011) discovered that 60% of adults (63% of female adults and 55% of male adults) and

39% of undergraduates (39% of both males and females) responded affirmatively, when asked if they had ever experienced “cheating” in a romantic relationship without differentiating between participants’ status as involved partner or noninvolved partner. Similarly, Brand et al. (2007) found that men and women (average age of 19) reported higher rates of participating in infidelity (50.6% for women and 39.3% for men) when a broad definition was used: “any form of romantic and/or sexual involvement, short or long term, including kissing, while the individual is in a relationship with another person” (p. 104).

In contrast, Treas and Giesen’s (2000) secondary analysis of the National Health and Social Life Survey, a national probability sample of 3,432 American adults involving both face-to-face interviews and self-report questionnaires, found that infidelity was reported by 11.2% of ever-married or ever-cohabited respondents when defined as, “while living in a given marriage or cohabitation, continuing a former sexual relation or beginning one with a new partner” (p. 50), and sexual relation was further defined as, “mutually voluntary activity with another person that involves genital contact and sexual excitement or arousal, that is, feeling really turned on, even if intercourse or orgasm did not occur” (p.50). When infidelity is defined simply as having extra-marital sex in anonymous national surveys of heterosexual married populations, the prevalence statistics become more reliable, and indicate that it occurs in approximately 20 to 25% of married couples, with men engaging in extra-marital sex more frequently than women (Blow & Hartnett, 2005; Fincham & May, 2017; Thompson & O’Sullivan, 2016a).

However, despite the importance of having consensus regarding the basic facts of infidelity, it is important to consider that narrow definitions may lead to exclusion of some populations and minimization of various types of infidelity, such as emotional infidelity and

internet infidelity, that may be equally as impactful as sexual infidelity. To complicate matters further, there is a lack of data on major subsets of the population, such as LGBTQ populations and couples who are dating, cohabitating, or are currently divorced, who might be better captured by broader parameters (Blow & Hartnett, 2005; Fincham & May, 2017). To some degree the variance in definitions, and consequently in prevalence estimates, reflects the heterogeneity of behaviors considered to be infidelity by the general public, and the quandary of obtaining data that are reliable and also inclusive and descriptive of the phenomenon (Thompson & O'Sullivan, 2016a).

The impact of infidelity. Infidelity has major ramifications at both the individual and systemic levels and its consequences can be emotional, psychological, and functional for both members of the couple (Allen et al., 2005; Blow & Hartnett, 2005; Hertlein & Weeks, 2007). Multiple studies have found gender-based variations in partners' responses to the revelation of marital infidelity. Some research suggests that women may be more concerned with the emotional dimension of an extra-marital affair, while men appear to place greater emphasis on sexual and physical experiences (Allen et al., 2005; Blow & Hartnett, 2005; Wilkinson, Littlebear, & Reed, 2012). However, both men and women who had engaged in infidelity that was defined as simultaneously sexual and emotional, experienced more primary relationship dissatisfaction than those who engaged in either solely sexual or solely emotional affairs (Blow & Hartnett, 2005; Glass & Wright, 1985). Common psychological reactions among both involved and noninvolved partners appear to be depression, anxiety, and posttraumatic stress, as 25% of involved partners and 60% of their noninvolved partners reported experiencing emotional problems following revelation of the affair. (Azhar, Abbas, Wenhong, Akhtar, & Aqeel, 2018; Blow & Hartnett, 2005; Gordon, Baucom, & Snyder, 2004; Wilkinson et al., 2012).

Symptoms of depression, including suicidality, in both members of the couple appear to be a commonly occurring reaction to infidelity in a committed relationship, as researchers and clinicians describe a higher incidence of clinical depression in married and cohabiting couples reporting infidelity than in non-infidelity couples (Glass, 2002; Cano & O’Leary, 2000; Snyder, Baucom, & Gordon, 2008; Robustelli, Trytko, & Whisman, 2015). Noninvolved female partners appear to suffer the most from depression as Cano and O’Leary (2000) found that the female spouses of male involved partners were six times more likely to be diagnosed with a major depressive episode than non-infidelity female spouses. These results are supported by Christian-Herman, O’Leary, and Avery-Leaf’s (2001) findings that 36% of noninvolved female partners experienced pervasive symptoms of depression for as long as three months following the discovery of an affair, which is a significantly higher rate of depression compared to the general population. Symptoms of depression, potentially including suicidality, in one or both members of a couple seeking treatment for infidelity may pose significant challenges for couple therapists and further complicate an already challenging clinical picture.

In addition to depression, the research on individuals’ reactions to infidelity describe symptoms that resemble posttraumatic stress disorder (PTSD), including acute anxiety, overwhelming feelings of powerlessness and victimization, and destabilization of core beliefs relating to emotional security (Allen et al., 2005; Snyder et al., 2008; Robustelli et al., 2015). Snyder et al. (2008) described “flashback” phenomena occurring in noninvolved partners, as well as severe distress when entering public spaces or spending time with other couples who appear to be experiencing marital satisfaction. Charny and Parnass (1995) noted that noninvolved partners have exhibited responses including rage, fears of abandonment, decreased interpersonal trust, and loss of sexual and personal self-esteem.

Given this context of heightened emotional reactivity, it is perhaps not surprising that infidelity is also associated with physical risks (Allen & Atkins, 2005; Snyder, Baucom, & Gordon, 2008). Multiple studies have demonstrated a positive correlation between infidelity and intimate partner violence (IPV) (Allen et al., 2005; Blow & Hartnett, 2005; Shackelford, Goetz, Buss, Euler, & Hoier, 2005). Gender appears to contribute to differences in noninvolved partners' reactions to infidelity, as women appear to respond to their partner's infidelity by distancing themselves from the relationship and experiencing depression, while men appear to have a greater tendency to respond with violence (Miller & Maner, 2008; Wilkinson, 2012).

The physical consequences of sexual infidelity may also be inadvertent for the couple, as the majority of involved partners do not use condoms during sex with either the extramarital partner or the primary partner, which may lead to a higher risk of contracting sexually transmitted diseases (Choi, Catania, & Dolcini, 1994; Fals-Steward et al., 2003). The possibility of IPV and sexual health risks raise ethical questions with regards to confidentiality and prioritizing issues in treatment for therapists working with couples experiencing infidelity, as the duty to protect clients' physical safety may override other treatment goals.

While divorce may not always represent a negative outcome in troubled marriages, it is often a stressful event that can impact the quality of life and wellbeing of both members of the couple, as well as any children, and other joint endeavors. According to Amato and Previti's (2004) 17-year longitudinal study of married individuals, infidelity was present in one or both partners in one third of divorces and was the most commonly cited cause for marital dissolution. Though there is a clear correlation between marital infidelity and divorce, as affairs are commonly reported around the time of marital breakdown and subsequent divorce, it is unclear whether infidelity is a cause or a consequence of marital dissatisfaction and it may be that the

association is bidirectional (Amato & Previti, 2004; Wilkinson et al., 2012). The gender of the involved partner appears to impact the chances of divorce following infidelity, as multiple studies have shown that divorce and thoughts of divorce are more prevalent across multiple cultures when wives, as opposed to husbands, are unfaithful (Allen et al., 2005). Additionally, divorced partners who indicated that infidelity was a cause of marital dissolution demonstrated poorer post-divorce adjustment than those who cited other reasons for divorcing (Amato & Previti, 2004; Butler et al., 2009).

Therapist attitudes and preparedness. Despite its notable consequences and pervasiveness as a focus of treatment, therapists report that infidelity is one of the most difficult issues to treat, and one they feel inadequate to effectively manage when it presents in couple therapy (Olmstead et al., 2009; Peluso & Spina, 2008; Softas-Nall, Beadle, Newell, & Helm, 2008; Vossler & Moller, 2015). According to Whisman, Dixon, and Johnson's (1997) survey of couple counselors, infidelity was cited as the second most damaging to relationships (preceded only by physical abuse) and yet, it was the issue that couple therapists felt most unprepared to treat. These findings were further substantiated by Softas-Nall et al.'s (2008) survey of 332 marriage and family therapists, which found that 74% of therapists did not feel adequately prepared by their professional training program to treat the issue of infidelity in couple therapy and 72% did not believe that the current literature adequately addresses treatment of infidelity.

The lack of clinician training on the treatment of infidelity appears to continue beyond graduate programs and into clinical practice, as Glass (2002) found that only 11% of therapists in a survey of 365 licensed therapists attending professional conferences have ever read a journal article or book on the treatment of couples with a history of extramarital affairs. These findings

concerning therapists' perceived lack of preparedness may reflect a lack of access to adequate resources for therapists in the professional literature on individual and relationship features surrounding infidelity and its treatment (Allen et al., 2005; Blow & Hartnett, 2005; Hertlein & Weeks, 2007).

Evidence-based treatments. Though there are multiple theoretical treatment guidelines for infidelity, as well as countless self-help books and popular consumer resources, empirical research regarding therapeutic outcomes and treatment effectiveness has been published on only one treatment that is specific to infidelity: Gordon, Baucom, and Snyder's (2004) three-step integrative approach. Of the two studies that examined the effectiveness of this model, the first was a six-couple pilot outcome study, conducted by the authors of the treatment, using a replicated case-study design, which found that individual emotional and marital distress decreased significantly in a majority of the participants (Gordon et al., 2004). Kroger, Reibner, Vasterling, Shutz, and Kliem (2012) further investigated the efficacy of this treatment in their randomized-controlled trial, with 46 couples assigned to the treatment condition. While this study replicated the previously seen improvements in individual distress in both members of the couple, the level of marital distress and relationship satisfaction were not significantly impacted by the treatment (Kroger et al., 2012).

Furthermore, only two outcome studies, an initial study of 19 infidelity couples who participated in a randomized clinical trial of marital therapy and a 5-year follow-up to this study, have been published on the application of broad-based couple therapy models (Integrative Behavioral Couple Therapy and Traditional Behavioral Couple Therapy) to infidelity in married couples (Atkins, Eldridge, Baucom, & Christensen, 2005; Marin, Christensen, & Atkins, 2014).

Atkins et al.'s (2005) results demonstrated that the participating couples who disclosed infidelity in treatment made significant improvement in therapy, both in terms of individual distress and marital satisfaction, when they were assessed at the termination of treatment. However, it is notable that these gains were only seen in couples who disclosed the infidelity during the treatment process. The marital satisfaction of couples in which one partner maintained secrecy regarding an affair deteriorated significantly (Atkins et al., 2005). Despite the largely optimistic findings of the initial study, at five-year follow-up infidelity couples had a significantly higher rate of divorce (43%) than non-infidelity couples (23%) who participated in the study, even when secret affair couples were not included in the analysis (Marin et al., 2014). While divorce may not have been considered a negative outcome for all of these couples, this disparity in continued marital unity indicates that infidelity is an issue with unique challenges and thus requires specific clinical skills.

Only one additional study exists that examined the outcome of treatment as usual (TAU) on a German and Austrian community-based sample of 530 couples receiving therapy, 145 of whom presented with infidelity as a relationship problem (Atkins, Marin, Lo, Klann, & Hahlweg, 2010). Though the lack of treatment specificity is less helpful to practicing clinicians looking for guidance in providing evidence-based treatment, this study indicates that even TAU is beneficial to couples seeking treatment for infidelity, as infidelity couples initially presented with significantly higher individual and marital distress, yet improved at a more rapid rate than non-infidelity couples by termination and one-year follow-up. These findings suggest that aspects of couple therapists' current practices are helpful to their clients who present with infidelity as a treatment issue and, therefore, gaining a better understanding of helpful common principles of

treatment may be a beneficial strategy for future research that provides practical information for clinicians.

Apart from the few previously mentioned studies, current scholarly literature concerning the treatment of infidelity primarily presents untested theoretical models and guidelines. However, Dupree, White, Olsen, and Lafleur (2007) argue that, collectively, these theoretical models are valuable because they have evolved from the wisdom of multiple experienced scholar-clinicians and they share many common factors. Dupree et al. (2007) reviewed available peer-reviewed treatment models and synthesized common treatment principles into a practice-based evidence approach. The authors noted that many studies and current evidence-based practices (EBP) evolve from theoretical models and basic research strategies, rather than the observations of experienced practicing clinicians. Consequently, some EBPs may be overly circumscribed, and may fail to fully describe important phenomena surrounding the presenting problem for which they are designed. Stiles et al. (2003) similarly critiqued the evidence and conclusions drawn from some treatment efficacy studies, observing that they may fail to adequately reproduce conditions found in actual clinical practice.

Managing disclosure. One critical component of the treatment of infidelity in couple therapy is the actual disclosure and debriefing of an affair and how it is managed by the couple therapist (Allen et al., 2005; Butler et al., 2008; Peluso & Spina, 2008; Snyder, Baucom, & Gordon, 2005; Walter & Burger, 2012). With the exception of intimate partner violence cases, there is clear evidence that disclosing extra-dyadic activity leads to better treatment outcomes, in terms of both relationship and individual distress, than concealing infidelity (Atkins et al., 2005; Butler et al., 2008). In fact, Olson, Russel, Higgins-Kessler, and Miller's (2002) qualitative study

of intact married couples who had experienced infidelity found that closer marital relationships, increased partner assertiveness, improved self-care, and improved marital communication were all effects of the healing process following the disclosure of an extramarital affair.

However, in their national survey of marriage and family therapists, Brock and Coufal (1994) found that 96% of therapists indicated that they would maintain secrecy if infidelity was confidentially disclosed by one member of a couple during couple therapy. Even more recently, Softas-Nall et al. (2008) still found that a majority (57.3%) of therapists disagreed with disclosing a past affair if it was revealed confidentially by one partner. Paradoxically, Corley and Schneider's (2002) survey of couples where one member had disclosed past infidelity found that the vast majority of both members of the couple approved of disclosure, with 68.3% of involved partners (IP) and 81.4% of noninvolved partners (NP) endorsing that disclosure was the foundation for relationship improvements. This held true regardless of the relationship outcome as 71% of IPs and 82.7% of NPs who remained together approved of disclosure and 65% of IPs and 87.5% of NPs who divorced also approved of disclosure (Corley & Schneider, 2002). These findings indicate that therapists' responses to the revelation of infidelity during therapy may be inconsistent with both the current relevant research and with the values and preferences of couples who experience infidelity in marriages.

A review of the recent literature confirms Blow and Harnett's (2005) findings that there are currently no studies that provide empirical data on the therapist-guided process of disclosure as a component of the treatment of infidelity during couple therapy. While there is consensus in the literature on infidelity that the therapist's handling of disclosure of an affair is a critical issue in treatment, there are few specific recommendations and no empirical treatment research for

how therapists should manage the timing, frequency, and amount of disclosure (Dupree et al., 2007; Wilkinson, Littlebear, & Reed, 2012). According to Glass and Wright (1997) “direct disclosure from the involved partner seems to facilitate relationship recovery, especially if the initial disclosure is more immediate and complete, compared to being admitted only after repeated denials or in a process of ‘staggered disclosure’ in which aspects of the infidelity are revealed in stages” (Allen et al., 2005, p.119).

Additionally, while it is sometimes revealed prior to the start of treatment, infidelity is frequently disclosed during the course of couple therapy (Allen et al., 2005). However, the little research that exists on how therapists respond when infidelity is revealed during therapy has relied on therapists’ retrospective self-report, and no studies to date have provided data that describe clients’ and therapists’ actual interactions when infidelity is revealed in session (Blow & Hartnett, 2005; Olmstead et al., 2009; Vossler & Moller, 2015).

Attention to culture. While there are several studies that explore various cultural groups’ attitudes towards infidelity and sexual jealousy by surveying ethnic and sexual minority groups in America or international populations, no empirical studies exist that explicitly measure treatment effectiveness or appropriateness across cultural identities. Instead the vast majority of the body of infidelity treatment research has concentrated on heterosexual, married, Caucasian, middle-class couples (Blow & Hartnett, 2005; Hertlein & Weeks, 2007; Williams & Knudson-Martin, 2012). As Henry (2008) notes, the field of psychology’s historical lack of consideration for the differing experiences and perspectives of multicultural groups leads to research conclusions, as well as the treatment models that are supported by them, that are culturally narrow and have poor generalizability to non-majority populations. Applying these culturally narrow, traditional treatment models to multicultural groups has been demonstrated, in many

cases, to have iatrogenic effects, resulting from misdiagnosis, over-pathologizing, and inappropriate treatment applications (Davis & Stevenson, 2006; Stevenson, Davis, Herrero-Taylor, & Morris, 2003).

A preliminary review of the research available on non-majority-American and international populations indicates that significantly more attention should be paid to understanding multiple cultural perspectives on infidelity, as there appears to be some divergence from those that have traditionally been the focus of research. In their study of cross-cultural differences in relationship jealousy, Zandbergen and Brown (2015) surveyed a sample of 145 Hawaiian participants regarding the degree of self-reported jealousy evoked in imaginal infidelity scenarios. As most participants identified as multi-ethnic, including Pacific Islanders, Filipinos, Hawaiians, Japanese, Koreans, African Americans, Chinese, Americans and Europeans, measures of individualism and collectivism were administered to describe participants' cultural values and world view. They found that although gender was a better predictor for jealousy due to emotional infidelity, culture was a better predictor for jealousy involving sexual infidelity, with participants who identified as more collectivistic reporting more jealousy over sexual infidelity than their more individualistic counterparts (Zandbergen & Brown, 2015).

Similar results were found by Canto, Alvaro, Pereira, Torres, and Pereira's (2012) survey of 784 heterosexual Spanish participants, as degree of affiliation with a patriarchal culture of honor was a better predictor than gender for jealousy over sexual infidelity. Additionally, contrary to the universalist evolutionary psychological perspective, which holds that because of different adaptational challenges, women are more distressed by emotional infidelity and men are more distressed by sexual infidelity, both male and female participants in this study were

more negatively affected by emotional than sexual infidelity (Canto et al., 2012). While many studies of gender-based differences in relational jealousy minimized the role of culture as a mediator in favor of an evolutionary perspective, these results demonstrate that wider cultural context can supersede gender as an influence on perceptions of infidelity in relationships (Canto et al., 2012; Zandbergen & Brown, 2015). These findings also have implications for couple therapists, as available research and treatment resources may be less likely to emphasize the role of sociocultural perspectives, leading to potential minimization of culture in treatment.

Despite some methodological limitations, Penn, Hernandez, and Bermudez's (1997) case studies of infidelity treatment with African American, Hispanic American, and Asian American couples with diverse religious backgrounds provides insights into culturally minded therapists' experiences working with these populations. They note that infidelity has diverse meanings for people of varying cultures and ethnicities that are deeply impacted by historical and ongoing experiences of oppression. For example, in African American families, role-flexibility is described as a largely adaptive response to the economic and societal stressors that are the legacy of slavery and systemic racism, but also one that may lead to role-confusion, fragile family systems, and may complicate the recovery of relationships after infidelity (Penn et al., 1997). The authors discuss the importance of the initial joining phase of therapy and recommend that therapists' interventions should be contextualized and informed by an understanding of African American couples' cultural history as well as their individual perspectives.

More often than not, the gendered sociocultural context of infidelity has also been paid cursory attention, rather than meaningfully explored, in the infidelity treatment literature (Blow & Hartnett, 2005; Munsch, 2015; Williams & Knudson-Martin, 2013). In their analysis of the

infidelity treatment literature from a feminist social justice perspective, Williams and Knudson-Martin (2013) observe that gender and culture-based power dynamics were recognized as important in many current, peer-reviewed couple treatments with guidelines for working with infidelity, but they were rarely attended to as central constructs. Furthermore, they noted that many aspects of the reviewed treatment guidelines implicitly limited attention to gender and power. For example, a common feature found in many treatment approaches was the guideline to reframe infidelity as a co-created relationship problem (Williams & Knudson-Martin, 2013). The authors noted that, without first considering the impact of gender and power, this practice may perpetuate inequities in the relationship, which may be an underlying source of marital distress; as in the case of a partner in the one down position who is held partially responsible for a dominant involved-partner engaging in infidelity based on feelings of entitlement (Williams & Knudson-Martin, 2013). As research continues to indicate that gender equality promotes mutually supportive relationships and supports relationship success (Amato, Johnson, Booth, & Rogers, 2003; Gottman, 2011), reviewing implicit bias in research and clinical practice through a sociocultural lens may improve treatment outcomes for couples.

Critique and Need for Further Study

The most recent reviews of the current research on infidelity indicated that there were few methodologically appropriate studies that investigated the occurrence and treatment of infidelity and that there was a further need for research that provides more objective, clinically useful data (Allen et al., 2005; Blow & Hartnett, 2005). Blow and Hartnett (2005) noted that while there is a multitude of circumstantial information from the media and other popular sources, scholarly research on infidelity has produced studies that have significant design

limitations and often contradictory results that may be confusing to practicing therapists.

Multiple studies rely on retrospective data, gathered after the incidence and, in some instances, the intervention stages of infidelity treatment, making temporal relationships between infidelity and other marital factors unclear (Allen et al., 2005; Blow & Hartnett, 2005).

Even more problematic are the many studies that use hypothetical situations and artificial vignettes to explore participants' attitudes towards imagined infidelity, often among convenience samples of undergraduate psychology students (Blow & Hartnett, 2005). In a study that examined partner jealousy, comparing actual infidelity to hypothetical vignettes, Harris (2002) found no correlation between the participants' reactions to the imagined scenarios and the real-life experiences, indicating that hypothetical conditions are unhelpful sources of data for clinical practice. A further methodological challenge lies in the cross-sectional design of the majority of studies on infidelity, in that the data collection often occurs after some form of treatment, making it impossible to control for the effects of an affair on individual and couple functioning (Allen et al., 2005; Blow & Hartnett, 2005; Hertlein & Weeks, 2007).

In addition to design limitations, a serious methodological concern in the current body of infidelity research is the lack of consensus regarding a working definition (or subtype definitions) of infidelity or a standardized use of terms. Surveys reveal that expectations of monogamy in marriage continues to be the cultural norm in America with up to 97% of sampled populations agreeing with the statement that married individuals should not engage in extramarital affairs, yet the circumstances and behaviors that constitute an affair were loosely, if at all, defined (Allen et al., 2005; Wilkinson et al., 2012). While it likely reflects a sociocultural reality, lack of consensus regarding use of terms and definitions continues to be a source of confusion to clinicians and researchers alike, as studies either fail to clearly define the

circumstances and specific behaviors that are included under the heading of infidelity or use a narrow definition of infidelity that is limited to extramarital, heterosexual intercourse (Allen et al., 2005; Blow & Hartnett, 2005). Few researchers elaborate on the reasons for differences in beliefs between different couples or between individual partners within a relationship (Blow & Hartnett, 2005). This lack of a systematic and precise definition within the infidelity literature leads to questionable validity and difficulty comparing the findings of various studies (Blow & Hartnett, 2005).

While further methodologically appropriate quantitative research is necessary, there is also a clear need for qualitative data that provide rich, case-based descriptions of the phenomena surrounding common therapeutic practices when infidelity is confronted in couple therapy (Allen et al., 2005; Blow & Hartnett, 2005). Qualitative studies that use direct observation or video data to provide in-depth descriptions of these processes would advance the literature by providing a better understanding of practitioners' real-life responses and interventions that can better inform treatment guidelines and the designs of future research studies, making them more relevant and applicable to clinical practice. As previously noted, therapists' management of the disclosure and debriefing of infidelity in couple therapy is considered a critical aspect of treatment that has garnered little empirical research data, and may be one area, in particular, that would be better illuminated by descriptive research.

An initial review of the more recent literature suggested that researchers have attempted to address these limitations in some cases, but many studies continue to be published that contain the same methodological problems (Guitar et al., 2017; Thomson & O'Sullivan, 2016; Wilson et al., 2011). While these continued methodological issues are likely related to difficulties inherent

in researching a highly secretive behavior that is heterogeneously defined by the general population, it may also be related to a lack of updated comprehensive reviews of the status of the literature on this subject, as review articles provide a centralized source of information for researchers to access and build on the current knowledge base (Mertens, 2015; Umscheid, 2013).

Focus and Scope of the Present Study

The focus of the present study is to provide an update to prior reviews of the literature on infidelity and the treatment of infidelity as a clinical issue in couple therapy through a systematic critical review of the recent literature. Key areas of focus include: types of infidelity, its prevalence, its psychological and functional impacts, therapists' attitudes towards managing infidelity as a clinical issue, empirically supported treatments, and methodological strengths and weaknesses of recent studies. Cultural diversity considerations and therapeutic management of infidelity disclosure are highlighted as particular areas of importance and focus. The scope of the present study involves summarizing and synthesizing major research findings, using individual studies to highlight key points rather than summarizing each study's findings. Additionally, the status of the recent literature was evaluated with respect to the recommendations of past critical reviews, and updated recommendations for future research are provided.

Chapter II. Methodology

This chapter presents an overview of the research methodology designed to accomplish the project aims of providing an updated systematic critical review of the literature on the treatment of infidelity in couple therapy. According to Umscheid (2013), a systematic review is distinguished from other types of types of literature reviews, such as narrative review and integrative reviews, in that bias is mitigated through a more rigorous and scientific approach. As in other scientific studies, a systematic review is guided by clearly defined research questions that allow for the identification of significant gaps in evidence, as well as replicability and updating by future studies (Mertens, 2015; Umscheid, 2013). The steps of performing a systematic review are as follows: (a) Define the research question, (b) Establish eligibility criteria, (c) Identify databases and search the literature, (d) Organize and analyze the data, (e) Synthesize the data (Kunz, Vist, & Oxman, 2007; Umscheid, 2013).

Research Questions

Per the previously mentioned guidelines, the researcher used clearly defined research questions to focus the review and ensure a systematic approach. Kahn et al. (2003) emphasized that formulating structured and unambiguous questions at the outset of the review process is a critical step in the review process. They noted that any modifications to the questions, once data collection has begun, should be conservative, and alternatives should only be considered if new conceptualizations of populations, interventions, outcomes, or study designs emerge. In keeping with these principles, the overarching project aim of providing an updated systematic critical review of the literature on the treatment of infidelity in couple therapy was refined and framed through the following questions:

1. What is the current status of epidemiological data on infidelity (i.e. prevalence, risk factors, subtypes, psychological and functional impacts)?
2. What are therapists' perceptions of treating infidelity when it arises as a clinical issue in couple therapy?
3. How has sociocultural identity been considered in the infidelity literature?
4. How effective are current evidence-based treatments for infidelity?
5. What is the current status of the literature regarding the clinical management of infidelity disclosure in couple therapy?
6. How have researchers responded to recommendations generated by previous critical reviews of the infidelity literature, and based on the current methodological strengths and weaknesses of recent empirical studies on infidelity, what are useful recommendations for future research?

Eligibility Criteria

When creating eligibility criteria, Umscheid (2013) recommended returning to the research questions and overall project aims to determine how sensitive and specific the search of the literature needs to be. As previously discussed, the literature on infidelity treatment is filled with countless self-help books and numerous theoretical treatment models that lack empirical support and have not been subjected to a peer-review process. The aims of this project, as reflected in the research questions, was to provide comprehensive information about empirically supported treatments and empirical data regarding issues that pertain to treatment of infidelity. Thus, the search was limited to peer-reviewed journals and literature regarding empirically supported treatment models. Though prior reviews of the literature excluded non-empirically validated treatment guidelines, the scope of this study was expanded to include theoretical

treatment models and guidelines that have been published in peer-reviewed journals, as using practice-based evidence has become increasingly more accepted as a method to narrow the gap between researchers and clinicians through “gathering good-quality data from routine practice.” (Bruce & Sanderson, 2005; Dupree et al., 2007; Margison et al., 2000, p. 123)

In order to be included, the literature was required to be pertinent to the subject of infidelity’s clinical treatment within an adult, committed couple population. A preliminary review of the literature indicated a substantial body of research that was focused on examining gender differences and jealousy from a sociological and evolutionary psychological perspective using hypothetical infidelity scenarios in college student and early dating relationship samples. Consistent with Harris’ (2002) findings, which were replicated by Allen and Baucom’s (2006) study, indicating that participants’ reactions to hypothetical infidelity scenarios significantly differs from those towards actual infidelity, prior comprehensive reviews have chosen to exclude these studies, as did the current study.

Since the purpose of this study was to update and expand on the previous (2005) comprehensive reviews of the literature, the dates of publication were used as parameters for inclusion or exclusion, and peer-reviewed articles published between 2005 and 2019 were targeted for review. Of the empirical literature reviewed, all types of studies were included for consideration regardless of the research design, sample size, method of statistical analysis, or other research variables. An additional criterion for inclusion was that the source was published in English. While conducting the initial search of the literature for review, some studies were identified that may have relevance to the topic, but they were originally published in languages other than English. An effort was made to obtain any existing English translations of relevant

literature. However, it was beyond the scope of this study to have materials translated, and therefore only English-language sources were included.

Search Strategy

Relevant resources were identified through a thorough search of PsycINFO, a comprehensive database of abstracts of literature in the field of psychology that is produced by the American Psychological Association. Pertinent studies were identified by searching alone and in combination the following key terms: *infidelity, prevalence, incidence, subtypes, treatment, couple therapy, family therapy, marriage therapy, culture, multicultural, therapist attitudes, extra-marital sex, extra-dyadic involvement, affair, extra-relational sexual contact, extramarital intercourse, marital therapy, disclosure, debriefing*. In order to compile a comprehensive list of available resources on this topic, the researcher included additional search terms as they emerged in the review process. The ancestry approach was also used to identify eligible literature.

Organization and Analysis Procedure

This study's methodology used a thematic approach, instead of a chronological approach, whereby the researcher organized studies that were conceptually related to allow for direct comparison (Mertens, 2015). A preliminary review of the identified literature suggested there are several aspects involved in the understanding of the status of treatment of infidelity as a clinical issue in couple therapy, including infidelity typology, comorbidity, cultural variance, evidence-based treatments, and therapists' attitudes. Mertens (2015) suggested that developing thematic categories should be a recursive process wherein categories may be redefined, added, or deleted

as the researcher continues through the review process, thereby creating a flexible framework to organize the studies as they are found. Thus, some categories were changed and added as new data emerged that did not meaningfully fit in a preexisting category.

Once a study was assigned a particular category, information about this study and a description of the results were included in a tracking table (Appendix A). Each available source was placed in electronic folders that corresponded to a superordinate category. An outline was then used to summarize information contained in each category, and key ideas from different pieces of literature were highlighted. These outlines described the nature of the studies, their conclusions, methodological strengths and weaknesses, the extent to which the individual studies yielded similar or dissimilar results, gaps in the research, and potential implications for clinical practice and future research.

Data Synthesis

Using the outlines and tracking table, the researcher referred back to the research questions and drew conclusions about each category, synthesizing the data qualitatively in a written evidence summary (Umscheid, 2013). These conclusions were then compared across domains and integrated into more comprehensive conclusions. These final conclusions are presented with consideration of the research questions in an effort to distinguish what has been learned and what remains to be accomplished (Mertens, 2015).

Chapter III. Results

The results of this systematic review provide an update to prior comprehensive literature reviews written by Allen et al. and Blow & Hartnett in 2005 and present a current analysis of peer-reviewed research on infidelity in committed adult relationships pertaining to treatment as a clinical issue in couple therapy. As previously described, an electronic database was searched to find articles published between 2005 and 2019 that could be relevant to this topic. These results were narrowed based on the above inclusion criteria, and the remaining articles were reviewed and categorized according to the research questions and themes that emerged in the review process.

When the search terms “infidelity” OR “extradyadic” OR “extramarital” OR “extrapair” OR “unfaithful” were applied, 1,463 peer-reviewed English language articles were returned. When non-English language publications were omitted and the population parameters were limited to human adults, 18 years and older, 572 articles were excluded. After eliminating studies that used hypothetical infidelity scenarios in college students and early dating samples, and those that explore jealousy from a sociological perspective, 678 articles remained for consideration. A further 462 articles were excluded based on an initial screening of titles and abstracts due to a lack of direct relevance to the clinical focus and scope of this study (e.g. studies that draw conclusions about potential for infidelity based on gaze patterns and other physiological markers in laboratory settings). The remaining 224 articles were analyzed and included in this review.

Through the process of collecting and analyzing the literature, and guided by the research questions, the following categories were identified as relevant overarching themes: epidemiological data (prevalence, infidelity behaviors and subtypes, psychological and physiological consequences), risk factors and predicting infidelity, general attitudes, therapists’

perspectives, evidence-based treatments, theoretical treatment guidelines, and cultural considerations.

Epidemiological Data

Prevalence. Consistent with the conclusions of the 2005 literature reviews, more recent studies that used nationally representative random samples and limited definitions of infidelity (i.e. extramarital sex) continued to yield the most reliable estimates of lifetime marital sexual infidelity prevalence, which range from 16.3% to 25.4%. Overall, results from national surveys from 1991 to 2016 showed an increase in rates of extramarital sex across age groups (Fincham & May, 2017; Wang, 2018). The largest rise was found in older cohorts of both genders, as rates of extramarital sex in women over 60 increased from 5% to 15%, while in men aged 65 to 90, rates were found to increase from 20% to 28%. Fincham and May (2017) speculated that this may be linked to increased availability of erectile dysfunction treatment in this time period.

However, in their 2017 analysis of the most recent nine waves of data from independent probability samples of the adult household population of the United States (General Social Survey), Labrecque and Whisman found a statistically significant linear decline in reported lifetime prevalence of extramarital sex from 2000 (17.8%) to 2016 (16.3%), indicating that increasing infidelity rates may be slowing or current infidelity behaviors may not be captured by limiting definitions to extramarital sex (e.g. considering greater accessibility of internet-based forms of infidelity). Regardless of variability in overall prevalence rates and consistent with findings in prior reviews of infidelity, in large national surveys, men were significantly more likely than women to report having engaged in infidelity defined as “extramarital sex” both in their lifetime, (21.2% of men vs. 13.4% of women) and in the past year (4.1% of men vs. 2.0% of women) (Labrecque & Whisman 2017).

As noted by the prior literature reviews, varying definitions of infidelity between studies continue to present difficulties in determining age and gender effects on prevalence and overall prevalence rates. Even in the context of large national random samples, the effects of subtle definitional differences on estimates of annual occurrence of infidelity is evident. Specifically, Luo, Cartun, and Snider (2010) compared eight US national samples that investigated infidelity frequency during the “past 12 months” and found that overall prevalence estimates ranged from 1% to 4% when infidelity was defined as “sexual intercourse (with someone other than the primary partner)” and from 1.5–9% when infidelity was measured as “having more than one sexual partner (other than the primary partner)” (p. 156).

While national surveys have tended to examine exclusively sexual behaviors, convenience samples drawn from the community and university settings have more often included a wider range of infidelity behaviors (i.e. emotional, online, and more ambiguous behaviors), leading to more statistical variability but, perhaps, better capturing real-world infidelity. For example, in a large 2016 survey of young to middle-aged adults (18-51 years) in committed dating relationships Martins et al. found that 63.1% of men and 57.8% of women reported some form of marital infidelity (sexual or emotional and/or face-to-face or online), and while more men than women acknowledged face-to-face and online sexual infidelity (23.4 vs. 15.5 %, respectively), no significant gender differences were found in emotional infidelity. These findings lend support for prior studies that show no significant differences in infidelity prevalence between men and women when a broader definition of infidelity was used (Brand, Markey, Mills, & Hodges, 2007; Eaves & Robertson-Smith, 2007; Gibson, Thompson, & O’Sullivan, 2016; Janssen & Milhausen, 2011).

The age of participants also appears to play a role in the variability of prevalence rates between studies, as some research has shown that the gender gap may be closing in younger American cohorts, though contradictory findings make drawing conclusions difficult (Adamopoulou, 2013; Brand et al., 2007; Havlicek, Husarova, Rezacova, & Klapilova, 2011; O'Sullivan & Ronis, 2013). For instance, Wang (2018) analyzed 2010 to 2016 General Social Survey data and found that, in adults aged 18 to 29, infidelity rates were lowest compared to other age cohorts, but women's extramarital sexual infidelity was slightly higher than men's (11% vs. 10%, respectively). This relationship reversed when men and women entered their thirties and the gap widened as overall rates of infidelity increased throughout middle age.

Contrarily, other studies of undergraduate students in committed dating relationships, found higher rates of infidelity (ranging from 22.6% to 89%) (Luo et al., 2010). Additionally, significant gender differences were noted in this population, with men reporting a higher incidence of infidelity behaviors (Luo et al., 2010; Negash, Fincham, & Pasley, 2014; Vail-Smith, Whetstone, & Knox, 2010). While some of this variability can be attributed to differences in how infidelity was operationalized and the type of relationship (marriage vs. dating relationships), drawing conclusions about infidelity trends in younger cohorts would be premature and requires examination of a broader range of infidelity behaviors and comparison of dating vs. marital relationships in nationally representative random samples.

Regarding the identities of extramarital sexual partners in the United States, Labrecque and Whisman (2017) found that more than half the people (53.5%) who reported engaging in extramarital sex in the past year reported that the extramarital partner was a close personal friend, and 29.4% reported having extramarital sex with a neighbor, coworker, or long-term acquaintance. While women and men were equally likely to choose these types of partners, men

were 1.75 times more likely to have a casual “hook-up” with a relative stranger and 10.16 times more likely to pay for extramarital sex (Labreque & Whisman, 2017). However, it should be noted that this survey was conducted through in-person interviews, and thus may be impacted by issues of social desirability given the societal taboos around the subject matter that was investigated.

Military and veteran populations emerged amongst studies as being particularly at risk of experiencing infidelity, and also of suffering its consequences. In London, Allen, and Wilmoth’s (2013) secondary analysis of a national probability sample of 3,432 noninstitutionalized US adults aged 18 to 59 years, veterans were found to report twice the rate (32.17%) of extramarital sexual relationships compared to nonveterans, even when controlling for other factors, such as sociodemographic and early-life experiences. Furthermore, divorce was significantly more likely in the veteran vs. non-veteran population and was strongly and independently associated with extramarital sex. However, findings were less robust in female veterans, as they were underrepresented in the sample and remain an understudied population.

Two other studies found a strikingly high annual incidence of sexual infidelity (22.6% and 22.2%) in recently deployed service members when compared to community estimates of 1–9% (Balderrama-Durbin et al., 2017; Kachadourian, Smith, Taft, & Vogt, 2015). Interestingly, Balderrama-Durbin et al. (2017) noted that participants had reported rates of lifetime sexual infidelity (21%) prior to deployment, that were comparable to lifetime estimates in the general public, suggesting that deployment is a particularly high risk period for military populations and may account for some of the higher prevalence rates of infidelity in military veteran populations. However, the small, predominantly male samples in these two studies limit generalizability, and thus should be studied in a larger representative sample.

Infidelity behaviors and subtypes. At the time of their review, Blow and Hartnett (2005) noted that the more clinically-oriented theoretical literature discussed the complex differences between types of infidelity (i.e. long-term affairs, one-night stands, emotional connections) and their implications for treatment, but empirical research tended to reduce these experiences to discrete but vaguely defined categories (i.e. emotional-only, sexual-only, and combined emotional/sexual) and study them separately, with explicit sexual behaviors receiving the most focus. While the majority of publications continue to use vague terms, since the 2005 reviews, a growing number of studies have been published that investigate different types of infidelity simultaneously, including various forms of emotional infidelity, more ambiguous physical infidelity behaviors, and technology-based infidelity, using multiple approaches in an effort to better describe different phenomena.

One approach has been to operationalize infidelity by specifying a range of physical and/or emotional acts (Docan-Morgan & Docan, 2007; Thornton & Nagurney, 2011; Vail-Smith, Whetstone, & Knox, 2010). For example, in their survey of Norwegian adults aged 18 to 67 years, Træen and Thuen (2013) asked respondents about the following behaviors in an effort to capture the heterogeneity of infidelity: “When in a committed relationship...falling in love and not doing anything about it; falling in love and doing something about it; kissing another person; dating another person; having sex with another person” (p.139). While a large number of respondents (58%) acknowledged having participated in some form of infidelity, the most common behavior was kissing another person (33%), followed by falling in love without taking action (28%), and only 20% reported explicit sexual activity.

However, the majority of studies have continued to focus on primarily sexual behaviors and tend to use non-representative college or community convenience samples, such as Vail-

Smith, Whetstone, & Knox's (2010) survey of 1341 college students, which defined infidelity as "having oral, vaginal, or anal sex outside a partner-perceived monogamous relationship" (p. 15). In that case, nearly a quarter (27% of men and 20% of women) acknowledged participating in at least one form of sexual infidelity, and oral sex (16.1%) was the most common behavior, followed by vaginal intercourse (16.0%), and anal intercourse (2.8%). The researchers found that being over the age of 20, binge drinking, fraternity membership, male NCAA athlete status, and non-religiousness were the largest risk factors for sexual infidelity in this sample (Vail-Smith et al., 2010).

Other researchers have explored definitions and prevalence rates of different types of infidelity through the process of developing new assessment measures that list a spectrum of behaviors potentially considered to be exclusive in monogamous relationships (Luo et al., 2010; Martins et al., 2016; Mattingly, Wilson, Clark, Bequette, & Weidler, 2010; Thompson & O'Sullivan, 2016a; Wilson et al., 2011). Wilson et al. (2011) developed the Perceptions of Dating Infidelity Scale (PDIS), an inventory of 15 emotional and sexual infidelity behaviors that contained ambiguous behaviors (e.g. eating, dancing, gift giving to someone other than the primary partner), deceptive behaviors (e.g. withholding information from the primary partner, secretly fantasizing about somebody else), and explicit behaviors (e.g. heavy petting, dating, and intercourse). Two studies of university students were conducted using the PDIS and found that, to varying degrees, all behaviors were considered forms of infidelity, with ambiguous behaviors perceived as least indicative of infidelity; deceptive behaviors perceived as moderately indicative of infidelity; and explicit behaviors perceived as most indicative of infidelity (Wilson et al., 2011).

Thompson and O'Sullivan (2016) furthered this work by adding online technology-oriented items to their Definitions of Infidelity Questionnaire (DIQ), which they developed and validated across three studies of predominantly Caucasian, heterosexual community convenience samples. The DIQ incorporated four subscales: sexual/explicit behaviors (e.g. penile-vaginal intercourse; showering with someone else), technology/online behaviors (e.g. liking someone on social media; masturbating with someone over webcam), emotional/affectionate behaviors (e.g. sharing secrets; supporting someone else financially), and solitary behaviors (e.g. fantasizing about someone; viewing pornography). Likewise, all behaviors were considered indicative of infidelity to some degree, with sexual/explicit behaviors considered most indicative of infidelity, followed by technology/online behaviors, emotional/affectionate behaviors, and solitary behaviors to lesser extents, leading the authors to conclude that infidelity is a highly subjective and multidimensional construct (Thompson & O'Sullivan, 2016a). Notably, the finding that some online technology-based behavior and solitary behaviors are comparable in level of perceived severity to other offline partnered behaviors was unique to this study and warrants further examination, as it could indicate that some online behaviors and those that do not involve affair partners could be considered as damaging to relationships as traditional forms of infidelity.

Luo et al. (2010) included a similarly wide range of behaviors in developing their Extradyadic Behavior Inventory, which was designed to measure the prevalence of 23 face-to-face behaviors and 13 technology-based behaviors, but to date has only been used with college convenience samples. In the pilot study for the measure, more ambiguous behaviors were found to be most common (i.e. 83.6% of men endorsed having flirted with someone other than the primary partner) and explicit sexual behaviors (i.e. 4.7% of women endorsed anal sex outside of the primary relationship) were least common in both genders, though nearly all behaviors were

found to be more frequent in men (Luo et al., 2010; Martins et al., 2016). Martins et al. (2016) used the measure in their study of Portuguese university students and found that emotional forms of infidelity were most commonly endorsed by both men and women (62.6% and 57.2%, respectively), followed by physical/sexual infidelity behaviors, which were endorsed by 23.4% of men and 15.5% of women.

In addition to describing what constitutes infidelity and the prevalence of these behaviors, each of these studies attempted to define the underlying structure of infidelity as a construct, particularly in reference to the traditional two-factor model of infidelity (emotional vs. sexual), which lacks formal empirical support (Luo et al., 2010). However, each study made different inferences about the underlying factor structure of the construct. Luo et al. (2010) determined that their data did not support the traditional two-factor model and argued that a one-factor model, “composite infidelity,” in which higher values indicate more physical, cognitive, and emotional intimacy with an affair partner, was the best fit with their data for face-to-face infidelity. However, they proposed a two-factor structure for online infidelity (i.e. “online emotional” and “online sexual”) and argued that the physical distance that is, at least initially, involved in technological interactions enables a more definitive separation of sexual and emotional acts (Luo et al., 2010).

Wilson et al. (2010) concluded that their data supported a three-factor structure of infidelity, and that infidelity is composed of ambiguous, deceptive, and explicit behavioral dimensions, which vary in terms of quality and severity. Consistent with the development of their measure, Thompson and O’Sullivan (2016) proposed that infidelity is composed of four factors: sexual/explicit behaviors, technology/online behaviors, emotional/affectionate behaviors, and solitary behaviors.

Alternately, Weiser, Lalasz, Weigel, & Evans (2014) suggested that infidelity has a prototype structure and may not be definable in a classical sense of all-or-nothing category membership where each behavior is assumed to be equally representative of a category. Instead they argued that infidelity has a “fuzzy” internal structure with clear, prototypical cases that are surrounded by other cases with varying degrees of similarity to the prototype. The authors cited support for their conceptualization in their findings across four studies that participants, the majority of whom were Caucasian undergraduate students, were able to consistently generate and distinguish between central and peripheral features of infidelity. They suggested that five themes emerged as being prototypical of infidelity (violation, secretiveness, immorality, consequences, and emotional outcomes). Remarkably, sex and kissing were the only specific behaviors identified by participants as being prototypical of infidelity, as participants tended to define infidelity more in terms of qualities than behaviors (Weiser et al., 2014). Therefore, they concluded that merely asking participants about their behaviors, as is the practice of most infidelity researchers, may not be the best method of assessing infidelity, as the general public may view infidelity as encompassing central qualities beyond the presence of specific behaviors.

Consistent with Blow and Hartnett’s (2005) recommendations, more researchers have used qualitative and mixed-methods approaches to explore, in a more in-depth manner, how the general public defines and understands different types of infidelity. Like Weiser et al. (2014), Guitar and colleagues (2017) conceptualized infidelity as having a prototype structure and analyzed participants open-ended definitions of what they believed to comprise both sexual and emotional infidelity. In their second study, which aimed to quantify prior qualitative definitions, the following definition was ranked most prototypical of sexual infidelity by both genders: “Sexual infidelity is when you are in a relationship or a marriage, and engage in sexual activity

with another individual that is not your girlfriend/boyfriend, husband or wife. Having an affair, or cheating in a sexual manner” (Guitar et al., 2017, p. 439). The highest ranked definition of emotional infidelity was: “Emotional infidelity is when a person in a relationship creates an emotional distance by spending an excessive amount of time with, or thinks about, another person outside of the relationship, to the point that the other partner becomes ignored or rejected emotionally” (Guitar et al., 2017, p. 445).

However, gender differences were found, as women rated “pretending you feel a certain way for your current partner when you really don’t feel that way most of the time and most likely feel that for another person” and “becoming attached to another with the intention of having a sexual relationship” as being significantly more prototypical of emotional infidelity than did male participants, indicating that women may include different qualities in their definitions of infidelity than do men (Guitar et al., 2017, p. 445). The authors found that, while both genders focused on behaviors and qualities (i.e. deception) when they were asked to define infidelity in general, women more often described feelings when asked to differentiate between the two types, and there was significant disagreement about what constituted emotional, but not sexual, infidelity between genders (Guitar et al., 2017).

Morrissey, Wettersten and Brionez (2019) focused specifically on the complexities of emotional infidelity and used a constructivist grounded theory approach to analyzing interviews of professional women in cross-gender relationships, in order to describe their lived experiences. Through this process, they generated the following definition of emotional infidelity:

Emotional infidelity includes an emotional connection to an outside individual of potential or actual romantic interest that goes against the stated or unstated agreements of the primary relationship. Emotional infidelity involves time invested in the outside other

in the form of thoughts (i.e., thinking about the other) and behaviors (i.e., confiding in or sharing vulnerabilities with the outside other) that in turn interfere with the primary relationship. Finally, emotional infidelity involves withholding information about those thoughts or behaviors from the primary partner. (Morrissey et al., 2019, p. 86).

Such qualitative studies make significant contributions to the field by providing a counterpoint to those that evaluate participants' responses to researcher-defined concepts and may not capture the complexity of infidelity phenomena.

Internet/technology-based infidelity. While the 2005 reviews included little focus on infidelity behaviors involving technology, internet access through computers and smartphones is increasingly part of everyday life, and internet and technology-based infidelity has emerged as a frequently explored subtopic in this field of research. In fact, nearly 15% of the articles included in this review presented empirical findings concerning online infidelity behavior. Despite this focus, there is consensus in the literature that researchers, as well as partners and therapists, struggle to define what constitutes infidelity on the internet. Perhaps even more so than traditional forms of infidelity, which online behaviors couples consider infidelity appear to be subjective individual and couple-specific determinations (Abbasi, 2019; Jones & Hertlein, 2012; Vossler, 2016). Yet, even though the concept may not yet be well understood, certain internet behaviors, such as masturbating with someone other than the primary partner via webcam and starting a profile for online dating, are perceived as indicative of infidelity to the same extent as comparable face-to-face behaviors (Thompson & O'Sullivan, 2016a; Whitty & Quigley, 2008).

As with traditional face-to-face forms, internet infidelity experiences may best be conceptualized on a continuum of sexual and emotional involvement. Docan-Morgan and Docan (2007) found that a wide spectrum of behaviors were considered infidelity, with goal-directed

online infidelity behaviors (e.g. having cybersex) perceived as more severe than superficial, informal online behaviors (e.g. complimenting an internet chatroom contact) by both men and women, though both types of online infidelity were perceived as more severe when committed by one's partner than oneself. It may be that the ambiguity of internet infidelity assists involved partners to rationalize their own behaviors, as Mileham (2007) explained in her qualitative study of married chatroom users who had frequent cybersex with strangers without their partners' knowledge. Participants described the behaviors as "cheating" but were observed to avoid psychological discomfort by rationalizing their behavior as "harmless" due to the lack of physical contact and anonymity afforded by interacting with strangers (p. 11).

Furthermore, Helsper and Whitty (2010) determined that married couples assumed that one another shared the same perceptions of what was appropriate online behavior, but actually differed in what they considered infidelity or inappropriate online behavior. Definitions and reactions towards infidelity may also differ depending on which online platform the behavior occurs, as user anonymity and interactivity varies between apps, social media platforms, and other websites. Cravens and Whiting (2014) concluded that Facebook infidelity appears to be a greater perceived threat to noninvolved partners due to the increased likelihood that infidelity behaviors may occur offline in addition to online. However, according to Docan-Morgan and Docan, (2007) only a minority (18%) of online infidelity relationships progress to in-person interactions, as they are typically maintained electronically. However, online dating applications (e.g. Tinder), where more users may be pursuing face-to-face relationships were not factored into these results. Weiser et al. (2018) studied university student Tinder users and noted that while messaging an affair partner was more common (20%) than having sexual intercourse (7%), for

those who used Tinder to engage in infidelity behaviors, some online affairs may transition to face-to-face sexual infidelity.

Despite being an increasingly common phenomenon, internet infidelity has been found to have strikingly harmful consequences for couples, including dissolution of the relationship and symptoms of posttraumatic stress in individuals who have been affected by it (Hertlein & Piercy, 2006; Schneider, Weiss, & Samenow, 2012). For example, Schneider et al. (2012) found that more than half (55.9%) of noninvolved partners reported that they had been traumatized by the involved partner's internet, smartphone, and social media-based cybersex behaviors. Moreover, 71% endorsed having lost trust in their partner, with 48.1% of them reporting that they did not believe trust could ever be fully restored (Schneider et al., 2012).

Using narrative analysis and an interpretive approach to analyze accounts of noninvolved partners who experienced Facebook-based internet infidelity in their committed relationships, Cravens, Leckie, and Whiting (2013) identified an emotional cycle following online infidelity discovery. This cycle involved appraising the damage to relationship boundaries, acting on the appraisal, and making a decision about the disposition of the relationship (Cravens et al., 2013). The authors noted that, while in the midst of this cycle, many participants had difficulty interpreting their partner's online behavior and what implications it had on their relationship (Cravens et al., 2013). While internet technology-based infidelity appears to have similar consequences to more traditional forms of infidelity, given the ubiquity of smartphones and computers, it may have additional costs for couples due issues of speed of access and accessibility, and the ambiguity regarding the acceptableness of behaviors that do not occur "in real life."

Regarding risk factors for online infidelity, having a prior history of participating in cybersex was strongly associated with both men and women's online infidelity behaviors, but was only associated with prior in-person infidelity in men in one study (Wysocki & Childers, 2011). Other studies found that increased relationship ambivalence, reduced relationship satisfaction, and increased attachment anxiety and avoidance may be risk factors for online infidelity (McDaniel et al., 2018; Vossler, 2016). Apart from these few studies, most recent articles on the subject of predicting internet infidelity have involved academic models that may further the discourse and theoretical understanding of factors leading to partners' vulnerability to these behaviors, but lack empirical validation and the ability to draw reliable conclusions regarding causal relationships (Hertlein & Piercy, 2006; Hertlein & Stevenson, 2010; Vossler, 2016).

As with face-to-face infidelity, differences in the ways in which online infidelity is operationalized in each study, the idiosyncrasies of each study's sample, and the highly subjective nature of the construct, leads to considerable variability in internet infidelity prevalence rates. For example, in their longitudinal study of married or cohabitating couples, who were primarily in their early 30s, McDaniel, Drouin, and Cravens (2017) found that only 10% of partners stated that they had:

shared intimate information with others online, chatted with ex-relationship partners, engaged in behaviors online that they would hide from their partner, hidden their chats from their partners, gotten defensive or angry when their partner interrupted their online behavior, or thought that their partners might be upset if they read through their online correspondence. (p. 93)

However, much higher rates of internet infidelity (62.1% - 92.3% of men and 45.2% - 79.4% of women) were reported in the two studies that used the Extradyadic Behavior Inventory, in samples of college students in committed dating relationships. In these two studies participants were asked specifically about their history of engaging in the following technology-based behaviors during their current relationship: “Shared sexual pictures; Discussed complaints; Flirting; Kept someone secret; Deep emotional attachment; Visited dating website; Time with romantic interest; Phone sex; Felt in love; Masturbated online/over the phone; Shared intimate pictures; Cybersex; Had a ‘back up’ partner” (Luo et al., 2010, p. 160). Such varied results make drawing conclusions about the overall prevalence rates of these behaviors nearly impossible. While age, relationship status (married vs dating), and sampling method all likely contribute to this variability, differences in assessment method and operationalization of the construct appear to account for the majority of the inconsistencies. Additionally, despite the recommendations of the 2005 reviews, little progress has been made in understanding these behaviors in diverse populations, and the dearth of information on individuals of different socioeconomic statuses, ethnicities, and sexual orientations continues to be problematic.

Amongst those who are explicitly looking for extramarital infidelity relationships, sexting may be a common online infidelity behavior according to a survey of users of AshleyMadison.com, a website for married individuals who are seeking extramarital affairs. Wysocki and Childers (2011) found that 60% of users had sent sexual texts and 51.1% had sent nude photographs of themselves. Though women were nearly 1.5 times more likely than men to send nude photographs, this behavior was not confined to younger women, as might be expected considering changing technology-use norms amongst younger cohorts in recent years. In fact, over 50% of married female AshleyMadison.com users between the ages of 40 and 49 reported

sending nude photographs, as did over 40% of married female users over the age of 50 (Wysocki & Childers, 2011).

Given the relatively high prevalence and considerable consequences of technology-based infidelity, it is not surprising that more couples and individuals are presenting for professional treatment of these issues (Hertlein & Stevensen, 2010; Vossler, 2016). In their 2008 survey of members of the American Association for Marriage and Family Therapists, Goldberg, Peterson, Rosen, and Sara found that, in over half the sample, MFTs reported that internet infidelity cases made up 5% of their caseloads, and for a further 15% of MFTs surveyed, it represented up to 10% of their caseloads. The authors speculated that the discrepancy between these relatively high numbers of cyber-sex-related caseloads and the 27% of the participants who did not see any clients with cybersex difficulties could reflect a lack of routine assessment for these problems, in addition to clients' reticence regarding disclosing their participation in these behaviors. Furthermore, 87% of MFTs surveyed reported that their graduate training did not sufficiently prepare them to diagnose or treat these issues (Goldberg et al., 2008).

Even experts in the field appear to struggle when it comes to internet behaviors, as Nelson, Piercy, and Sprenkle (2005) observed in their Delphi study, where a panel of 20 expert therapists in the area of extramarital affairs, who were asked to identify basic assumptions in treating internet infidelity, could not reach a meaningful consensus. In fact, only secrecy was found to be a consistently agreed upon feature of this phenomenon, and no agreement was found regarding the extent of clinical focus that should be placed on individual or couple issues.

A lack of educational resources and inconsistent clinical training appear to leave therapists vulnerable to bias when making treatment decisions, as Hertlein and Piercy's (2008) survey of 508 MFTs found that therapists' personal and cultural identities, including own

experience with infidelity, religiosity, age, and gender, influenced their focus on individual, couple, or environmental processes when treating internet infidelity. Client identity also led to differential treatment decisions, as male clients were more likely to be perceived as sex addicts and female clients' internet infidelity behaviors were more likely to be perceived as atypical (Hertlein & Piercy, 2008).

Though some internet infidelity treatment guidelines exist that combine aspects of broad-based couple therapy models with internet infidelity-specific considerations (i.e. Hertlein, 2011; Hertlein & Piercy, 2008; Jones & Tuttle, 2012; Young, 2006), they lack empirical validation apart from a few case studies (Hertlein & Piercy, 2006; Vossler, 2016). Hertlein and Piercy's (2008) survey found that practicing therapists reported using a variety of treatment perspectives when working with individuals and couples presenting with internet infidelity, though none of the therapists surveyed endorsed using any of the infidelity-specific guidelines. Instead, the most common approaches were integrative orientations (20% of therapists), solution-focused approaches (16%), systemic therapies (11%), and experiential perspectives (6.2%).

Given these indications that therapists do not appear to use internet infidelity-specific treatments and instead use theoretical approaches that do not tend to specifically address infidelity, it is unclear how therapists in the field are currently treating couples who present with technology-based infidelity. One qualitative study (Hertlein & Piercy, 2012) was identified that used in-depth interviews with 15 therapists who are experienced with treating internet infidelity, and found common themes in the steps therapists take when faced with this issue:

- (a) develop physical boundaries (i.e. limiting access to computer, supervised use of devices/online accounts),
- (b) develop psychological boundaries (discuss definitions of infidelity, explicitly discuss relationship contract),
- (c) manage accountability, trust, and

feelings, (d) increase client awareness around etiology of the Internet relationship, (e) assessment of the couple's context and readiness for change (Ask about negotiation skills, previous positive relationship experiences, previous history of infidelity throughout the generations; evaluate relationship expectations; identify goals for both individuals and the couple; assess commitment), (f) assess the presence of unique circumstances (Determine whether it is an addiction; evaluate whether there are physical issues contributing to the problem; evaluate expectations of gender and if or how they play into the relationship; circular questioning; take problem out of context; clarify presence of third person), and (g) work toward forgiveness (Communication; assess willingness to move toward forgiveness; psychoeducation around forgiveness as a decision). (p. 257)

While all of these steps are generally consistent with most other clinical treatment guidelines for face-to-face forms of infidelity, it appears that experienced therapists believe that special considerations are necessary to accommodate for the unique circumstances surrounding internet technology-based infidelity.

In particular, because of the pervasiveness of smartphones, involved partners may have continual access to their means of infidelity, and setting physical boundaries can become challenging for both partners. Helsper and Whitty (2010) found that female noninvolved partners are more likely to monitor their partners' internet activities and Cravens et al. (2013) found that excessive monitoring behaviors can have negative impacts on relationships. Overall, more specific research is necessary regarding the healing process in the case of internet infidelity, and empirically validating existing treatment guidelines may lead to their greater accessibility and acceptance by practitioners.

Impact of infidelity. Consistent with the 2005 reviews, more recent research on the impact of infidelity on couples' and individuals' psychological functioning indicates that a wide array of problematic symptoms occurs in the context of infidelity and may sometimes lead to criteria being met for multiple psychiatric disorders. Trauma related disorders are most often associated with infidelity, and numerous studies published after 2005 build on prior research in documenting the occurrence of posttraumatic stress symptoms in the context of infidelity. Commonly reported symptoms include flashbacks, intense emotional reactivity to thoughts of the affair, and difficulties being in public or avoidance of others that are seemingly happy and content with their relationships (Kröger et al., 2012; Roos, O'Conner, Canevello, & Bennett, 2019; Snyder, Baucom, & Gordon, 2008; Warach & Josephs, 2019; Wilkinson, Littlebear, & Reed, 2012). For instance, in a sample of unmarried adults who experienced a partner's infidelity, Roos et al. (2019) found that 45.2% endorsed symptoms that met full criteria for PTSD, indicating that infidelity may produce trauma symptoms at a relatively high rate, even in younger adult dating relationships. Furthermore, in a study of recently deployed, combat-exposed Veterans, participants who reported partner infidelity during their deployment exhibited higher levels of posttraumatic stress and depression symptom severity, compared to participants who did not report infidelity (Kachadourian, Smith, Taft, & Vogt, 2015).

Perhaps because they are commonly identified as the “victims” of infidelity, noninvolved partners' psychological reactions receive the most attention in the literature. For example, Abrahamson, Hussain, Khan, and Schofield (2012) used narrative inquiry methods to analyze in-depth interviews with noninvolved partners who had remained in their relationship after infidelity and found that participants described “intense and overwhelming feelings such as

shock, horror, denial, anger, hurt, anguish, despair, guilt, sadness, inadequacy, rejection, and betrayal surfaced with actions of yelling, silence, withdrawal, and distancing” (p. 1510).

Moreover, for noninvolved partners who choose to remain in a committed relationship following infidelity, a significant risk to emotional well-being appears to be a lack of forgiveness. Kluwer and Karremans (2009) demonstrated that across different forms of relationships (dating, cohabitating, and married), unforgiving motivations (i.e. revenge and avoidance) were associated with more negative and less positive affect, with the strongest associations found in noninvolved partners who were highly committed to the relationship. Interestingly, they found that unforgiving motivations were not associated with more negative affect in a noninvolved partner when the infidelity was in a prior relationship, suggesting that forgiveness may be most important to the emotional health of noninvolved partners when they choose to remain in the relationship following infidelity.

Similarly, Heintzelman, Murdock, Krycak, and Seay, (2014) studied posttraumatic growth in noninvolved partners who were seeking support in online forums following an experience of infidelity in their current relationship. They found that only forgiveness predicted posttraumatic growth, and there was no relationship between level of commitment or relationship satisfaction and experiencing growth after a traumatic infidelity. Notably, length of time since infidelity did not predict forgiveness in this study, indicating that forgiveness and healing after an affair is neither passive nor inevitable in the long-term, even when couples decide to remain together. Chi et al. (2019) found that forgiveness involved a decision to give up bitterness and thoughts of revenge and was associated with the noninvolved partner’s more solidarity-oriented personality. Also, perceiving the involved partner as motivated to reconcile increased noninvolved partner’s empathy and the tendency to perceive the partner’s behavior as benign,

which then led to higher levels of decisional forgiveness (Chi et al., 2019). Higher levels of traits associated with mindfulness, such as being nonreactive and non-judgmental of internal experience, were also positively correlated with noninvolved partners' forgiveness (Johns, Allen, & Gordon, 2015).

Though noninvolved partners appear to experience the most pronounced symptoms, it can be expected that both members of a couple seeking treatment following an affair will be distressed and empirical studies of couple therapy with infidelity couples indicate that they present to therapy more distressed than their non-infidelity counterparts (Atkins et al., 2010; Blow & Hartnett, 2005; Kroger et al., 2012). Along these lines, Kroger et al. (2012) found that both involved and noninvolved partners reported PTSD-like symptoms and scored in the moderate to high range on the Beck Depression Inventory prior to entering therapy. Other relationship-based indicators of distress have also been observed in infidelity couples, including high levels of the demand-withdraw communication pattern, which has been shown to be amongst the most destructive interactional patterns and is associated with relationship dysfunction and individual maladjustment (Balderrama-Durbin, Allen, & Rhoades, 2012; Eldridge, Sevier, Jones, Atkins, & Christensen, 2007).

When a couple's distress grows to the extent that it outweighs satisfaction and commitment to the relationship a divorce may result, and prior research has consistently demonstrated that infidelity is one of the strongest and most proximal predictors of divorce (Allen et al., 2005; Blow & Hartnett, 2005). A more recent study found that affairs predicted divorce even when controlling for marital satisfaction in a sample of 134 seriously and chronically distressed married couples, indicating that regardless of the quality of the relationship, an affair can destroy a marriage (Atkins & Gallop, 2007). Furthermore, Allen and

Atkins (2012) analyzed data from the General Social Survey and found that more than half of individuals (62% of men and 67% of women) who admitted to engaging in sexual infidelity were divorced or separated from their spouse. In addition, a history of one's own infidelity raised the likelihood of being currently divorced but remarried by 2.6 times, divorced and not remarried by 4.1 times, and separated by 5.8 times. The authors noted that, since only the respondents' own sexual behavior was measured, even higher rates of divorce may have been associated with infidelity if additional types of infidelity were included (e.g. emotional infidelity, internet infidelity, and partner infidelity). These results contrast with treatment outcome studies, which generally demonstrated much lower divorce rates (0% to 53%) in smaller, often nonrepresentative samples of help-seeking couples and suggest that infidelity may more often than not lead to divorce in the general public (Atkins et al., 2005; Gordon et al., 2004; Marin et al., 2014).

While divorce is generally more common in military service member and veteran populations, infidelity appears to be an even greater threat to these marriages than it is to civilian marriages (London, Allen, & Wilmoth, 2013; Snyder, Balderrama-Durbin, & Fissette, 2012). One study of active duty airmen found that 75% of service members who reported that they or their spouse engaged in emotional or sexual infidelity during a deployment had divorced by six to nine months after returning home, whereas only 5% of service members without infidelity divorced during the same timeframe (Balderrama-Durbin et al., 2017). Moreover, veterans' sexual infidelity was found to have a strong independent association with divorce according to London et al.'s (2013) analysis of survey data from a large national probability sample, even when controlling for sociodemographic and early-life characteristics.

Having a history of infidelity also appears to impact the emotional climate of a divorce, as spouses whose partners both engaged in the infidelity and also initiated the divorce have been found to have higher levels of depression than those whose partners initiated the divorce without any infidelity occurring (Allen et al., 2005). According to the 2005 reviews, other factors, such as the affair characteristics, being the involved vs. noninvolved partner, and gender were determined to influence partners' reactions and adjustment to divorce (Allen et al., 2005; Blow & Harnett, 2005). However, two more recent studies of divorced, majority Christian men and women found that spiritual well-being was a better predictor of divorce adjustment than spousal infidelity or being the initiator of the breakup. (Steiner, Durand, Groves, & Rozzell, 2015; Steiner, Suarez, Sells, & Wykes, 2011). Accordingly, it may be helpful for clinicians to assess the role of clients' spirituality and to attend to these values in therapy when couples or individuals present for treatment of infidelity related issues.

In some cases in which infidelity occurs, remaining in the relationship may have physical consequences. The 2005 reviews found that infidelity was a commonly cited precipitant of intimate partner violence, with strong cross-cultural evidence that men have a greater tendency than women to respond with violence in these circumstances (Blow & Hartnett, 2005; Allen et al., 2005). Nemeth, Bonomi, Lee, and Ludwin (2012) explored these dynamics in their qualitative study of heterosexual couples where one member was incarcerated for intimate partner violence (IPV) against the other. They found that infidelity accusations were consistently identified as both a chronic relationship stressor and an acute trigger for violence that included head trauma, bite wounds, strangulation, and lost pregnancies. Both perpetrators and survivors of the IPV identified infidelity preoccupation as an ongoing relationship stressor in all of the couples who were studied. Furthermore, other more covert forms of IPV have been found to be

related to infidelity, as Goetz and Shackelford (2009) found that men's controlling behaviors, such as restricting their partners' social life and being vigilant about their partners' whereabouts, as well as men's sexually coercive behaviors in intimate relationships were consistently predicted by women's infidelity.

The overwhelming majority of this literature focuses on heterosexual relationships and the male perpetrator to female victim paradigm and, and despite the recommendations of the 2005 reviews, almost no research has been conducted on the relationship between IPV and infidelity in individuals with other sexual orientations or gender identities. One exception is Turell, Brown, and Herrmann's (2018) recent study of couples with bisexual partners, which noted prior research findings that bisexual individuals are more likely than any other sexual orientation to experience IPV and found that both suspected or actual infidelity and perpetrator bi-negativity were the variables most related to IPV perpetration. These associations were strongest when the perpetrator was male and both partners were bisexual (Turrell et al., 2018). Two additional articles examined the relationship between infidelity and female perpetration of physical IPV, another understudied behavior, and found that college women endorsed more frequent, though less physically injurious infidelity-precipitated perpetration of IPV than college men (Brem et al., 2018; Langhinrichsen- Rohling, Misra, Selwyn, & Rohling, 2012). However, the relationship between partner infidelity and women's IPV was mitigated by dispositional mindfulness (i.e. "propensity to be attentive to internal and external events" (p. 252), as women with high levels of mindfulness traits were less likely to commit IPV even in the context of infidelity.

Physical, psychological, and sexual IPV in response to infidelity and infidelity anxiety have been documented across multiple cultures, and several recent international publications

have explored the relationship between IPV and infidelity in the context of global efforts to better understand gender-based health risk factors, including sexually transmitted infections such as HIV. These qualitative and mixed-methods studies provide rich descriptions of the phenomenology of these behaviors in Ghanaian, Nicaraguan, Nigerian, Malawian, Mexican, South African, and South Indian samples (Adinkrah, 2008; Boyce, Zeledon, Tellez, & Barrington, 2016; Conroy, 2014a; Conroy, 2014b; Hirsch et al., 2007; Parker, Pettifor, Maman, Sibeko, & MacPhail, 2014; Rocca, Rathod, Falle, Pande, & Krishnan, 2009; Smith, 2007; Vera Cruz & Mullet, 2019). For instance, Boyce et al. (2016) conducted interviews and focus groups with coupled heterosexual Nicaraguans and found that inequity in gendered norms concerning infidelity served to justify male expressions of jealousy, involving restricting partner autonomy, sexually coercive behaviors, and IPV. Women's internalization of these norms guided their beliefs that male infidelity was due to their own inadequacies, which led to having unwanted sex, fewer discussions about safe sex, and increased risk of exposure to STIs.

Previous research has consistently found that the majority of those engaging in sexual infidelity are unlikely to use condoms with either their primary or their affair partner (Allen et al., 2005; Blow & Hartnett, 2005). Conley, Moors, Ziegler, and Karathanis (2012) extended these findings in an anonymous internet survey of 801 coupled individuals with multiple sexual partners, as they discovered that those who had engaged in infidelity (i.e. secretive extra-pair sexual relationships that violated expectations of monogamy in the primary relationship) evidenced significantly less condom use, less frequency of sexually transmitted infection testing, and less discussion of safe sex concerns with new partners than those who had extra-pair sexual relationships that were sanctioned by the primary relationship. Likewise, in a sample of heterosexual university students, Swan and Thompson (2016) found that participants who

reported infidelity in their current self-defined monogamous relationships described feeling more protected from sexual health risks, despite reporting less condom use than individuals who defined their relationship as non-monogamous. These results indicate that when compared to populations who have open relationships and multiple sexual partners, the secrecy and violation of relationship norms involved in infidelity leads to higher risk health behaviors.

Qualitative studies of South African and Malawian couples may shed some light on the motivations that influence such risky choices around infidelity, as the couples described impaired ability to openly and effectively discuss strategies to prevent HIV, such as condom use and HIV testing, due to fears of arousing infidelity suspicions in the relationship (Conroy, 2014; Parker et al., 2014). Their findings suggest that strategies for facilitating disclosure and increasing openness regarding sexuality in relationships may be a necessary component for disease prevention and larger public health initiatives.

Risk Factors and Predicting Infidelity

Given the high costs of infidelity for individuals and relationships, it is not surprising that publications focused on trying to predict these behaviors make up one of the largest subcategories of infidelity research conducted in the last 15 years. Fincham and May's (2017) review synthesized much of the recent literature on this topic and divided their findings into four categories of factors that predict sexual infidelity: demographics, individual, relationship, and context. Demographically, they found that men are more likely than women to engage in sexual infidelity, though as previously noted, the gender gap may be closing in younger American cohorts and sex differences may not hold true when infidelity is defined more broadly than just sexual intercourse (Brand et al., 2007).

Race/ethnicity. As in the 2005 reviews, Fincham and May note that African Americans have been found to have higher infidelity rates than their Caucasian counterparts, citing a 2000 study by Treas and Giesen that oversampled African Americans and Hispanics and measured extramarital sex exclusively. This is consistent with the most recent General Social Survey data, which estimate that 22% of ever-married African Americans have engaged in extramarital sex, compared to 16% of Caucasians and 13% of Hispanics, with the highest rate found amongst African American males (28%) (Wang, 2018). However, apart from a few national surveys, African Americans and ethnic minorities in general are severely underrepresented in the vast majority of studies, both prior to and following the 2005 reviews, and almost nothing is known about infidelity behaviors outside of extramarital sex in these populations. While some studies have shown that educational attainment may mediate the relationship between infidelity and ethnicity, others have contradictory findings (Carr, 2010; Wang, 2018). Likewise, Fincham and May concluded that research regarding the associations between infidelity and education, age, and income yields no consistent pattern of findings.

Individual risk factors. In terms of individual risk factors for engaging in infidelity, Fincham and May identified personality variables, specifically higher neuroticism and narcissism, insecure attachment, prior exposure to own or close others' infidelity, more premarital sexual partners, substance use, poor psychological health, and permissive attitudes towards casual sex. Regarding personality, more recent studies investigating the association between dark triad (psychopathy, narcissism, and Machiavellianism) and other personality traits evidenced some contradictory findings in that lower neuroticism and higher psychopathy and Machiavellianism were found to be associated with infidelity, while there was no significant

association with narcissism (Alavi, Kye Mei, & Mehrinezhad, 2018; Moor & Anderson, 2019; Brewer & Abell, 2015; Timmermans, De Caluwé, & Alexopoulos, 2018; Weiser et al., 2018).

Another recent article that looked at both partners in two large longitudinal studies of married couples, found that more extraverted wives, and both husbands and wives whose spouse was high in neuroticism and extraversion, were more likely to engage in infidelity regardless of their level of relationship satisfaction (Altgelt, Reyes, French, Meltzer, & McNulty, 2018). No relationship was found between either partners' narcissism and likelihood of infidelity when controlling for relationship satisfaction (Altgelt et al., 2018). Accordingly, conclusions regarding personality and infidelity prediction may be premature, and further studies that do not rely on cross-sectional designs and university samples would help with generalizability.

Similar to personality, recent research regarding infidelity and attachment style has revealed some inconsistent results. Fincham and May included attachment style within the individual dimension of infidelity prediction and determined that insecure attachment predicts infidelity. While this conclusion appears broadly accurate across studies, a more in-depth look at the numerous articles in the last 15 years that have explored the relationship between these two variables reveals a more complex picture, as well as some contradictory findings. For instance, both McDaniel et al. (2017) and Norona, Olmstead, and Welsh (2018) found greater attachment avoidance and anxiety in both male and female involved partners in dating relationships, though Norona et al. found higher rates of avoidant attachment than anxious attachment in their sample of emerging adults who reported emotional and/or physical infidelity. Russell, Baker, and McNulty (2013) also found that insecure attachment predicted infidelity in their longitudinal study of married couples, but it was the involved partners' high anxious attachment that predicted infidelity in this case, while avoidant attachment did not. In contrast, McNulty,

Meltzer, Makhanova, and Maner's (2018) combined findings of two longitudinal studies of both members of newlywed couples found that high attachment anxiety was negatively associated with infidelity. As such, it appears that having secure attachment may be a protective factor against infidelity, but no predictable pattern emerges regarding the type of insecure attachment in either involved or noninvolved members of infidelity couples.

Russell et al. (2013) suggested that some of the variability can be explained by differences in the populations that were sampled, and that dating relationships are significantly different from newlywed marriages, and there again from established marriages, such that psychological traits have different implications for infidelity in these different relationship types (Shackelford, Besser, & Goetz, 2008). Additionally, while some of these studies attempted to measure other characteristics (i.e. personality, relationship variables) that may mediate the relationship between attachment and infidelity, the characteristics that were investigated varied or were operationalized in different ways, which likely led to the variability in their results (Shimberg, Josephs, & Grace, 2016). Besides the vicissitudes of these findings, using non-representative, Western samples to draw universalist conclusions about the relationship between attachment and infidelity also appears to be inherently problematic, as Schmitt and Jonason (2015) observed that their findings of significant associations between greater dismissive-avoidant attachment style and infidelity had small effect sizes that were driven by Western industrialized cultures in their large study of individuals from 56 different countries in 10 major world regions. Further study would be necessary to determine if associations between attachment style and infidelity hold true across global cultures.

With regard to the other individual risk factors discussed by Fincham and May, there is more consistent support for their conclusions that prior exposure to one's own or close

others' infidelity, having more premarital sexual partners, substance use, poor psychological health, and sociosexuality, or permissive attitudes towards casual sex, are associated with higher rates of infidelity across recent studies (Allen et al., 2008; Jeanfreau, Herring, & Jurich, 2016; Knopp, Scott, Ritchie, Rhoades, & Markman, 2017; Maddox Shaw et al., 2013; Norona et al., 2018; Vail-Smith et al., 2010; Weiser & Weigel, 2017). Of these risk factors, sociosexuality in particular has received attention from social psychology researchers over the last 15 years, which likely reflects interest in the liberalization of Western attitudes towards sex in general.

For example, two recent studies of individuals using online dating platforms found that sociosexuality was more strongly associated with engaging in sexual infidelity than gender or commitment to a relationship (Rodrigues, Lopes, & Pereira, 2017; Weiser et al., 2018). However, as is the case with psychological health, there is evidence of bidirectional effects in the relationship between sociosexuality and infidelity, and it is unclear to what degree experiencing infidelity, either as an involved or noninvolved partner, is a cause or consequence of openness to casual sex and aspects of poor psychological health (Hall & Fincham, 2009; Maddox Shaw et al., 2015). Methodological limitations, including the cross-sectional or retrospective design of the majority of studies on these topics, precludes making determinations regarding causation, and more longitudinal studies are necessary to better understand these relationships.

Relationship risk factors. In comparison to individual and demographic characteristics, factors pertaining to the quality of the relationship itself are more strongly and stably related to infidelity, and more reliable conclusions can be drawn thanks to a few robust studies that replicate prior research findings and longitudinal studies that follow both members of couples over time (Allen et al., 2008; Maddox Shaw et al., 2013; Mark, Janssen, & Milhausen, 2011; McNulty et al., 2018). Specifically, as noted by both the 2005 reviews and Fincham and May's

(2017) review, poor relationship satisfaction continues to be a well-established correlate of infidelity, with good evidence of bidirectional effects (Jeanfreau, Jurich, & Mong, 2014; McDaniel et al., 2017; Maddox Shaw et al., 2013; Omarzu, Miller, Schultz, & Timmerman, 2012; Whisman, Gordon, & Chatav, 2007). In their longitudinal study that followed a large, demographically representative US sample over a 20-month period, Maddox Shaw et al. (2013) extended this prior body of work by demonstrating that, regardless of gender, low relationship satisfaction is a predictor of engaging in sexual infidelity, not only a correlate or a consequence. Interestingly, they also found that sexual satisfaction and frequency in the primary relationship were unrelated to infidelity, suggesting that engaging in infidelity may be more often a response to an emotional rather than a sexual void in a relationship. While higher satisfaction in a relationship may be a protective factor against infidelity, Negash, Cui, Fincham, and Pasley's (2014) findings that adults in more highly satisfying dating relationships were more likely to end the relationship upon discovery of infidelity than those who reported lower satisfaction indicates that infidelity may have devastating effects on people who have successful relationships and thus more to lose.

As recognized in Blow and Hartnett's 2005 review, the quality of communication in a relationship, which is conceptualized by multiple broad-based couple therapy models as a central component of relationship health, also continues to be a well-established predictor of infidelity. Specifically, higher negative communication in both members of the couple predicts both women's and men's sexual infidelity in committed relationships (Allen et al., 2008; Maddox Shaw et al., 2013). Furthermore, Allen et al. (2008) found that, in addition to higher negative communication, lower female positive communication and higher female and male invalidation when assessed premaritally, were the strongest predictors of both gender's infidelity during the

marriage. These findings support the validity of evidenced-based couple therapy models and theoretical treatment guidelines that include interventions to improve communication for use in couples presenting with infidelity or as a prophylactic for distressed couples who are at risk for experiencing infidelity because of problematic communication styles.

Involved partners' low relationship commitment is another consistently documented predictor of infidelity in the literature (Fincham & May, 2017; Le, Korn, Crockett, & Loving, 2011; Lee & O'Sullivan, 2019; Maddox Shaw et al., 2013). For instance, in their longitudinal study of committed dating couples Maddox Shaw et al. found that relationship commitment-related variables, including low dedication, having no plans for marriage, and partners' known or suspected past affair were significant predictors of infidelity. Fincham and May's review argues that this body of research supports the utility of the investment model in predicting infidelity. From this perspective, commitment is conceptualized as encompassing relationship satisfaction, availability of attractive alternative partners, and investment level, and it has been validated as an explanation for maintaining different types of relationships across cultures (see Le and Agnew's 2003 meta-analysis of 52 cross-cultural studies). Interestingly and in contrast to these conclusions, Whisman et al. (2007) found that wives' pregnancy increased the risk of husbands' infidelity, which was more likely in pregnancy couples with high versus low relationship satisfaction. Additionally, one recent study comparing Asian Americans' and European Americans' divorce decision-making found that European Americans' decision to divorce was most associated with investment model variables; however, for Asian Americans, having a more permissive attitude towards divorce was a better predictor of divorcing (Yuan & Weiser, 2019).

Contextual factors. In their review, Fincham and May (2017) group religious and occupational factors into their final category of contextual factors that predict infidelity. For

both genders, more time spent traveling for work and having jobs involving increased contact with potential sexual partners, and, for men, having a higher ratio of female versus male co-workers were noted to be correlates of infidelity (Fincham & May, 2017). Additionally, three international studies of Dutch and Chinese populations found that power, as measured by degree of managerial responsibilities and salary, was positively related to infidelity regardless of gender (Lammers & Maner, 2016; Lammers, Stoker, Jordan, Pollmann, & Stapel, 2011; Wen, & Zheng, 2019). Furthermore, Lammers and Maner (2016) found support for their hypothesis that power releases individuals from their sexual inhibitions and increases their appetite for counter-normative sexual practices, as they found that attraction to secrecy mediated the relationship between power and infidelity and no associations between power and casual sex were found amongst single participants.

Fincham and May (2017) also observed that multiple studies have demonstrated increased religiosity to be a protective factor against infidelity. However, a closer examination of the recent literature demonstrates that this conclusion only holds true when religiosity is operationalized as higher frequency of religious service attendance and agreement that the Bible is the literal word of God, as reporting strong faith and greater feelings of nearness to God was correlated with increased rates of infidelity (Atkins & Kessel, 2008; Burdette, Ellison, Sherkat, & Gore, 2007; Wang, 2018).

As with most other correlates of infidelity, a more complex story emerges when religion is teased apart and operationalized in different ways. Disparate results from several studies examining the influence of religiosity on young adults' decisions to engage in infidelity further highlight the importance of definitional consistency. Specifically, when university student respondents were asked to define their beliefs using a forced choice paradigm (i.e. religious or

not religious), Vail-Smith et al. (2010) found that non-religiousness was a significant risk factor for having had oral or vaginal sex outside of the primary relationship. Alternatively, Norona et al. (2016) used a 10-item measure with a Likert-type scale to quantify the extent to which university students were internally connected with a religion and concluded that intrinsic religious motivation positively and significantly predicted university students' infidelity and their degree of physical and emotional intimacy with their affair partner. Even more confusing, no significant correlations were found between young adults' infidelity and religious beliefs, when religiosity was measured by one item where participants were asked to rate the importance of religion in their lives (Mark et al., 2011).

Overall, while many studies attempt to identify specific risk factors for infidelity, their results are often inconsistent and sometimes contradictory. Methodological problems previously identified in the 2005 reviews continue to be common, including non-representative convenience sampling, cross-sectional designs, inconsistently defined variables, and the use of non-anonymous methods of data collection, which likely account for much of the variation in results. Studies also commonly lack sufficient attention to potential moderating and mediating variables, resulting in misleading, reductionist conclusions. Fincham and May (2017) echoed the 2005 reviews in calling for assessment of infidelity using specific behaviors (i.e. vaginal/anal penetration) that are explicitly not sanctioned in the primary relationship, the use of anonymous methods of data collection, and prioritization of longitudinal studies. While they recommended examining infidelity predictors in a multivariate context, they note that attention should only be placed on variables that provide useful information that is beyond what is already explained by relationship satisfaction in predicting infidelity. Additionally, despite being a clear recommendation of the 2005 reviews and a common refrain in the limitations sections of many

articles since then, studies that investigate infidelity predictors continue to be focused almost exclusively on heterosexual couples. While it appears that progress has been made in the acknowledgement of this problem in the literature, it is necessary for researchers to address this issue by actively including LGBTQ couples in their research designs.

General Attitudes

Throughout the infidelity literature, researchers typically maintain an ostensibly neutral stance towards the subject, using terminology such as “extradyadic behavior” and “non-exclusive partner” in order to avoid the implication of moral judgment, which is in stark contrast to the attitudes and language used by the general public (i.e. cheating and cheater). In fact, since the sexual revolution of the late 1960s and early 1970s, the percentage of American adults who endorse the conviction that extramarital sex is “always wrong” (69% in 1973) has steadily increased, as those with more open views on the matter, participants who reported it was “sometimes wrong” or “not at all wrong” have decreased from a high point of 16% when the General Social Survey (GSS) began collecting data in 1973 (Carr, 2010). Despite this longer-term trend, Labrecque and Whisman (2017) examined the most recent available waves of the GSS data and found that, between 2000 and 2016, more subtle but significant changes in that the percentage of those who believe extramarital sex is “always wrong,” which declined from 79.4% to 75.8%, and the percentage of those reporting it was “sometimes wrong” significantly increased from 7.1% to 8.7%, which may indicate some shift towards more liberal attitudes.

Findings of other representative national surveys indicate that contextual factors, such as the quality of one’s social network, also appear to influence moral judgment of extramarital sex, as Schafer (2014) found that men with larger social networks are more likely to disapprove of

infidelity even when controlling for religion, education, and more general attitudes towards sex and romantic partners. Those who had a history of extramarital sex, over the course of their lifetime or in the past year, were more likely to hold flexible views and consider it to be only sometimes or “not at all” wrong, as were men when compared to women consistently over time (Carr, 2010; Labreque & Whisman, 2017; Wang, 2018).

Gender differences in attitudes and reactions towards infidelity continue to be a more frequently studied aspect of the field, particularly in the context of evolutionary psychological and social-cognitive theories. While the majority of these studies ask participants to speculate about their reactions to hypothetical scenarios, which have been consistently shown to differ from reactions to actual infidelity experiences, a few researchers have used retrospective reports of participants prior infidelity experiences (Campbell, 2008; Moreno, & Kahumoku-Fessler, 2018; Omarzu et al., 2012; Walsh, Millar, & Westfall, 2019). Two studies found that women hold more negative attitudes and regret towards their own past sexual infidelity than do men, indicating that women may place more emotional weight on the infidelity relationship, and its outcome may have more implications for their self-esteem (Campbell, 2008; Omarzu et al., 2012).

The findings of a meta-analysis by Carpenter (2012) suggest that there is no significant difference between men and women’s’ distress levels in response to different types of infidelity, and it is, rather, the extent that any form of infidelity is perceived to threaten the relationship that accounts for differences in distress levels. However, Ijzerman et al. (2014) responded to Carpenter’s conclusions and detailed their replicated findings that, consistent with the authors’ evolutionary psychological orientation, men are more distressed by sexual infidelity while women find emotional infidelity more distressing. Methodological inconsistencies appear to

account for the majority of disagreement between the studies examined, and the method of measuring distress (i.e. continuous or forced-choice measures) and the population sampled (e.g. US student samples vs. older, married cohorts) leads to variability in the results and conclusions that are drawn (Carpenter, 2012; Ijzerman et al., 2014; Zengel, Edlund, & Sagarin, 2013). While it may be helpful to clinicians' understanding of their clients to know if one type of infidelity over another is more likely to cause distress based on the client's gender, the answer is likely nuanced and dependent on multiple other interacting personal, contextual, and relationship variables.

Therapists' Perspectives

Despite the startling findings of earlier publications covered in the 2005 reviews that infidelity is one of the most common presenting problems in couple therapy, but one which most therapists feel unprepared to treat, the actual experiences of practicing therapists continues to be poorly understood and less frequently investigated by researchers. However, eight more recent studies were identified in this review that sought to provide insight into the attitudes and practices of therapists, who are currently treating couples and individuals presenting with infidelity as a therapeutic issue (Butler et al., 2010; Goldberg et al., 2008; Hertlein & Piercy, 2012; Hertlein & Piercy, 2008; Moller & Vossler, 2015; Olmstead et al., 2009; Softas-Nall et al., 2008; Vossler & Moller, 2014).

Definitions. Moller and Vossler's (2015) qualitative study used thematic analysis to explore 7 experienced White, British therapists' definitions of infidelity in reference to their work with heterosexual couples. They discovered that therapists and their clients, as understood by the therapists, hold multifaceted and often contradictory beliefs about what constitutes

infidelity. For instance, sexual intercourse outside the primary relationship was described as the most common client definition of infidelity but was also reported to be the most challenged definition by clients in therapy, as therapists felt that “partners use different definitions of infidelity in the context of couple counseling to negotiate blame and accountability and to assign or refute moral responsibility for solving the couple problem” (Moller & Vossler, 2015, p.495). This is consistent with prior research findings that both men and women perceived a range of infidelity behaviors as more severe when committed by one’s partner than oneself, and sheds light on what may motivate partners’ view of the problem when seeking treatment for infidelity (Docan-Morgan & Docan, 2007; Mileham, 2007).

Therapists’ own definitions referenced a variety of sexual and non-physical, emotionally intimate behaviors, as well as qualities (i.e. secrecy) and impacts on the noninvolved partner (i.e. feelings of betrayal), which were seen as central to the construct (Moller & Vossler, 2015). However, sexual intercourse was not always considered to constitute infidelity, as in the case of sexual addiction, which some therapists viewed as more of an individual problem than a couple problem. Overall, and in contrast to the approaches taken by most infidelity researchers, therapists did not meaningfully distinguish between sexual and emotional infidelity, and the authors suggested that future research should focus less on essentialist epistemological frameworks and acknowledge the socially-constructed, fluid nature of the construct in their research designs, in order to be more useful to clinicians (Moller & Vossler, 2015).

Disclosure. The manner in which therapists perceive and manage disclosure of infidelity when it occurs in session has received attention from a few researchers, though surprisingly few studies that have been published since the 2005 reviews identified this aspect of treatment as a critical one, about which there was little empirical data. In another study by Vossler and Moller

(2014) using interviews with the same seven therapists, most therapists described the moment of disclosure in terms of trauma, bereavement, and grief reactions on the part of the noninvolved partner, who was perceived to demonstrate highly emotional reactions, “ranging from shock, disbelief, denial, bewilderment and anger to strong feelings of being hurt and betrayed.” (Vossler & Moller, 2014, p. 428). One therapist noted that these emotions were accompanied by an “almost obsessive. . . wish to be told what happened” (p. 429), which resulted in recurrent probing of the involved partner for further details, which was considered to be potentially destructive to the relationship and the individual partners. These clinical impressions are supported by the findings that excessive monitoring behaviors following infidelity can have negative impacts on relationship satisfaction and longevity (Cravens et al., 2013).

Apart from theoretical guidelines, no specific studies have examined what are the most efficacious practices for regulating the disclosure process or even the decisions made by practitioners, who are currently working with infidelity couples, when faced with this issue (Butler, Harper, & Seedall, 2009; Dupree et al., 2007; Juhnke et al., 2008; Wilkinson et al. 2012). According to Butler et al.’s (2009) theoretical reflection paper, choices include nondisclosure as determined by the involved partner; full disclosure as offered by the involved partner, partial disclosure as offered by the involved partner, or requests made by the noninvolved partner regarding disclosure; however, there was no further investigation of what would constitute full or partial disclosure or the impacts of each option on the couple.

Likely because there are so little empirical data on the effect of different disclosure decisions or knowledge about how practicing therapists currently manage the disclosure process, in regard to frequency and degree of detail, professional ethical codes do not specifically reference these issues (Gottlieb, Lasser, & Simpson, 2008). Instead, general standards are

described by the American Counseling Association's Code of Ethics (2005) in that "counselors clearly define who is considered 'the client' and discuss expectation and limitations of confidentiality" (p. 7). Thus, there is little guidance for therapists on how to balance the best interests of the individual partners as well as the relationship, which may be at odds during different stages of treatment.

There has been comparatively more research published that investigates couple therapists' decision-making when one partner privately discloses infidelity to the therapist with the expectation that it will be kept confidential. The complexity of the issue is revealed in reviewing ethical guidelines for couple therapists, which discuss the risks and benefits of multiple stances therapists may take, including maintaining each partner's confidentiality regarding information disclosed in individual sessions, instituting a "no secrets" policy from the outset of treatment, or informing the couple that the therapist will decide if and when any information is disclosed based on clinical judgment (Gottlieb et al., 2008). Butler, Rodriguez, Roper, and Feinauer (2010) surveyed 130 therapists following a workshop on the treatment of infidelity, which advocated for disclosure of infidelity and found that 81% agreed that it is not beneficial to a marriage for the therapist to keep infidelity a secret and 68% did not agree with leaving the decision to disclose up to the involved partner during couple therapy. However, a small but statistically significant minority of therapists strongly believed that maintaining a client's infidelity secret would not "make a healthy attachment relationship difficult or impossible in marriage." (Butler et al., 2010, p. 98). These findings are in stark contrast to earlier studies included in Blow and Harnett's 2005 review, indicating that a large majority of therapists would maintain an involved partner's confidentiality if they wished the therapist to keep the infidelity secret during couple therapy. While these differences may be related to conducting the

study immediately following a workshop that advocated for disclosure, as well as framing the questions in terms of marital outcomes as opposed to issues of confidentiality, the differing results may reflect the conflict that therapists experience between ethical responsibilities towards patient confidentiality and their beliefs about what is most beneficial to the couples they treat.

Softas-Nall and colleagues (2008) found some evidence for this perspective in their mixed methods study of 332 AAMFT members, which revealed multivariate results. They found that while 77.7% agreed with therapist disclosure to the other partner if the infidelity was revealed privately in the context of couple therapy and 72% agreed with disclosure when the infidelity was ongoing and children were involved, 58% of therapists would not insist on disclosure to the noninvolved partner if the affair was in the past and 79% would not encourage disclosure in the context of domestic violence (Softas-Nall et al., 2008). Age and level of degree were found to play a role in therapists' decisions, as Master's level therapists aged in their 20s to 50s encouraged disclosure more than their same-aged doctoral level counterparts, but the opposite was found when therapists were older than 60, as doctoral level therapists were more likely to support disclosure than those with a Master's degree (Softas-Nall, et al., 2008). Surprisingly, no other variables, including personal experience with infidelity and infidelity in family of origin, were found to have a statistically significant impact on therapist disclosure. Additionally, and consistent with studies detailed in the 2005 reviews, while 92% had clinical experience working with infidelity, three-quarters of therapists in this study stated that their training inadequately prepared them to manage infidelity disclosure and 72% believed the current research on this issue to be inadequate (Softas-Nall et al., 2008). These results indicate that couple therapists go through a complex ethical and clinical decision-making process when

determining whether to maintain or facilitate disclosure of infidelity secrets, though unfortunately with little support from empirical research.

Treatment considerations. Because of the emotionally charged reactions of couples to the revelation of infidelity, couple therapists consistently cite the need to contain and manage feelings as a primary focus in initial treatment stages (Hertlein & Piercy, 2012; Peluso & Spina, 2008; Vossler & Moller, 2014). Vossler and Moller (2014) found that therapists view clients' initial exchanges to be typified by a "hurt child" mentality and consider an initial treatment goal to be moving the discourse to an "adult-to-adult" dialogue (p. 429). Competing feelings were understood to underly cycles of partner-blame and self-blame that interfere with this goal, as one therapist described, "You're trying to on one hand to move forward to reconcile, but you're being held back by the anger on one side but often by the guilt on the other" (Vossler & Moller, 2014, p. 429). While therapists consider managing these reactions to be one of the most challenging tasks in therapy, it was also seen as critical to moving towards commonly referenced later stage goals, including forgiveness and helping the couple to see infidelity as a symptom of larger relationship issues (Hertlein & Piercy, 2012; Olmstead et al., 2009; Vossler & Moller, 2014).

Forgiveness is a common element amongst the numerous theoretical infidelity treatment guidelines, and other studies have shown that a lack of forgiveness is a significant risk factor to noninvolved partners' emotional well-being after an affair (Dupree et al., 2007; Fife, Weeks, & Stellberg, 2013; Heintzeman et al., 2014; Hertlein & Weeks, 2007; Kluwer & Karremans, 2009). Accordingly, Olmstead et al.'s (2009) qualitative study asked ten experienced marriage and family therapists specifically about what interventions are most important when working towards forgiveness with infidelity couples and found that couple therapists approach

forgiveness in a multistep process. First, therapists tended to explore each member of the couple's definitions of forgiveness before providing psychoeducation that forgiveness is an ongoing process and helping clients differentiate between forgiving and other associated but different processes (i.e. reconciling and excusing) (Olmstead et al., 2009). However, therapists also discussed the need to clarify the couples' goals for the future of their relationship early in treatment in order to determine whether the therapeutic task will be forgiving and breaking up or forgiving and reconciling. Though the therapists in Olmstead et al.'s study reported that they initiate this conversation early in treatment, they also agreed that explicitly discussing forgiveness requires sensitive timing and tends to happen in later stages of treatment, when couples' readiness has been thoroughly assessed. One therapist stated,

They want to hold onto the fact that it was offensive and it was wrong and so they don't want to forgive in the sense that it didn't happen. They want to forgive with a sense of 'reconciling' or 'learning from it' or 'letting it go' and figuring out a different way to make things better. I think you have to be real careful with forgiveness because forgiveness is an issue that comes way late in the game. You can't suggest forgiveness early on because people will blow up. (Olmstead et al., 2009, p. 51)

This perspective appears to be consistent with couples' views of the forgiveness process according to one qualitative study that interviewed six couples working with one therapist and found that couples agreed that the forgiveness process started early in therapy but was implicit, as the couple began to experience forgiving motivations as their understanding of the infidelity increased (Bird, Butler, Fife, 2007). However, it was considered helpful when the therapist's interventions explicitly addressed forgiveness later in the treatment, and couples reported that the bulk of forgiveness occurred after therapy concluded (Bird et al., 2007).

Interestingly, the therapists in Vossler and Moller's (2014) study, who were not explicitly asked about forgiveness, as they were in Olmstead et al.'s interviews, did not reference forgiveness as a central component of treatment. Instead they focused on steps to lay the groundwork for forgiving motivations, such as reestablishing trust, treating underlying relationship problems, and reframing the infidelity within the context of the relationship to avoid partner blaming. Fife et al. (2013) noted that therapists have been shown to shy away from directly addressing forgiveness in treatment and attributed this to the association between forgiveness and religiosity, as prior research has found that professional therapists have tended to distance themselves from religious and spiritual matters (Fife & Whiting, 2007).

In the three qualitative studies that explored practitioners' perspectives of the therapist-facilitated healing process following infidelity, participants frequently reported helping clients to make meaning of infidelity through the implicit use of systemic theory to conceptualize infidelity as resulting from dynamic relationship processes for which both members of the couple share responsibility (Hertlein & Piercy, 2012; Olmstead et al., 2009; Vossler & Moller, 2014). For instance, Olmstead et al.'s participants felt that assessment of family of origin and relationship history was an essential treatment component and a prerequisite for forgiveness, as one interviewee described, "I try to get a sense of the history of the relationship and how the infidelity came to be. My working assumption is that it is a symptom of something not okay in the relationship" (Olmstead et al., 2009, p. 56). Therapists gathered this information to assist couples to understand that infidelity does not happen in isolation, and to facilitate the noninvolved partners' recognition of their role in the affair. Similarly, the therapists in Vossler and Moller's study believed that understanding why the infidelity occurred was a primary task of therapy, which was accomplished by reducing its attribution to individual psychological

deficiencies and understanding contextual factors in order to assist couples to reduce blame and the associated explosive anger.

Given the small sample sizes and lack of information regarding these therapists' theoretical orientation, it is uncertain whether most therapists would approach infidelity from a systems theory perspective. Hertlein and Piercy (2012) found that 11% of their sample of MFTs working with infidelity reported using systemic therapies, and a number of the theoretical clinical treatment guidelines incorporate systemic thinking in that infidelity is conceptualized as the product of social and relational processes rather than individual motivations and decisions (Butler et al., 2008; Duba Kindsvatter, & Lara, 2008; Erzar & Simonič, 2010; Fife, Weeks, & Gambescia, 2008). While there is insufficient empirical support to draw conclusions regarding behaviors that characterize most therapists' practices, it may be that even therapists who identify as practicing from different orientations find systemic theory helpful in reducing conflict and providing an explanation for infidelity that encourages forgiveness by reducing blame and distributing responsibility more evenly between partners. Further research is necessary to understand which theories practicing therapists use to conceptualize infidelity, as well as studies that compare and evaluate the efficacy of different treatment models.

Evidence-Based Treatments

In their critique of the infidelity treatment literature, Hertlein and Weeks (2007) compared the different approaches of researchers and therapists working with infidelity couples to a Robert Frost poem that describes "two roads diverging in a wood" (p. 96). These parallel but disconnected avenues of inquiry are evident when comparing the large body of research that has been generated by social psychology researchers, particularly from evolutionary psychological

perspectives, and the relatively smaller collection of therapist-authored theoretical treatment guidelines that have little to no empirical support. The lack of research that has been published on infidelity treatment effectiveness in the last 15 years is one of the most surprising findings of this review, especially considering the frequency with which clients present to therapy for this issue, the well-established findings that therapists feel unprepared to treat it, and the clear recommendations of the 2005 reviews, both of which called for more infidelity-specific treatment outcome research (Allen et al., 2005; Blow & Hartnett, 2005).

At that time, two studies (Atkins et al., 2005 and Gordon et al., 2004) addressed treatment efficacy for infidelity couples. Since then only four such studies have been published: a 5-year follow-up study (Marin et al., 2014) on Atkins et al.'s (2005) work comparing Traditional Behavioral Couple Therapy (TBCT) and Integrative Behavioral Couple Therapy (IBCT) in 19 infidelity couples; one study (Atkins et al., 2010) on the effectiveness of treatment as usual (TAU); a randomized-controlled trial of Gordon et al.'s integrative infidelity treatment model (Kröger et al., 2012); and one article (Allen, Rhoades, Stanley, Loew, & Markman, 2012) on the usefulness of marriage education classes for army couples with a history of infidelity. No further research has been published on the effectiveness of infidelity-specific interventions or that of broad-based couple therapy models with affair couples, with the exception of Makinen and Johnson's (2006) study of Emotionally Focused Couple Therapy (EFT), whose sample included a majority of infidelity couples but did not differentiate between infidelity and non-infidelity outcomes in their results.

Blow and Hartnett's review noted that "Infidelity represents a significant injury to the trust in the relationship; as such, treating infidelity is very different from treating a simple 'communication' issue" (2005, p. 230). Marin et al.'s (2014) results underscore this statement, as

they found divorce rates were far higher for couples who had kept a past infidelity secret during therapy (80%) than for couples who disclosed and addressed infidelity in treatment (43%), which was still nearly double the divorce rate of non-infidelity couples (23%) by five years after completing a course of broad-based couple therapy (TBCT or IBCT). Atkins et al.'s original 2005 study appeared to demonstrate optimistic findings for this population, in that infidelity couples were consistently and significantly more distressed prior to treatment but improved at such a rate that they were indistinguishable from their non-infidelity counterparts, even in terms of individual wellbeing. However, these results suggest that, if divorce is used as a measure of treatment success, broad-based couple therapies may not be as effective in the longer term for infidelity couples as those presenting with other concerns and, therefore, may not adequately address issues that are specific to this problem. Interestingly, infidelity couples who remained married after completing therapy were equivalent to non-infidelity couples in terms of marital satisfaction and stability, and both groups were found to experience increased relationship satisfaction over time (Marin et al., 2014). Further research examining the differences between infidelity couples who stay together after treatment and those who divorce is necessary to better understand the mechanisms leading to relationship improvement and individual posttraumatic growth. Additionally, it may be useful to empirically examine the efficacy of methods of extending treatment effects, such as "relapse" prevention strategies or scheduling booster sessions in the months or years after an initial course of treatment.

Atkins et al. (2010) had similar findings to those of Atkins et al. (2005) in their study comparing 145 infidelity couples with 385 non-infidelity couples in a German and Austrian community-based sample, who were treated with treatment as usual (TAU) by therapists identifying themselves as working from a range of orientations (integrative, systemic,

psychodynamic, Gestalt, and behavior therapy). Like Atkins et al. (2005), the researchers concluded that their results were optimistic for couples who seek professional treatment of infidelity, as these couples entered therapy with significantly lower relationship satisfaction and more depressive symptoms but made improvements at a more rapid pace than non-infidelity couples and were indistinguishable from them at six-month follow-up. However, in light of Marin et al.'s findings suggesting that treatment effects may not persist in the longer-term in the same way for many infidelity couples as they do for non-infidelity couples, future research with longitudinal designs that follow couples in the years following treatment is necessary to understand the prognosis for these couples. Nevertheless, the findings that TAU, as practiced by therapists in the community, is at least initially effective for infidelity couples and demonstrates similar results to evidence-based, manualized therapies suggests that existing practices are a solid foundation that can be tailored to couples facing this issue.

Despite all of the clinical guidelines for infidelity treatment published in peer-reviewed journals and the numerous, and in some cases very well-known, books written on the subject by therapists and researchers (see Scheinkman, 2005 for a review of the main professional books on this topic), only one infidelity-specific treatment, Gordon et al.'s (2004) integrative model has been empirically investigated. The treatment is based on the conceptualization of infidelity as an interpersonal trauma and involves a three-step, forgiveness-oriented approach that is delivered over 26 sessions (Gordon et al., 2004). The first step, "Dealing with Impact," entails individual and relationship assessment, triage of any crisis issues, interventions aimed at stabilizing individual and couple functioning, and collaborative treatment planning. Couples are taught speaker-listener techniques and engage in letter-writing and reading in session to facilitate effective communication. Step two, "Exploring Context and Finding Meaning," aims to

contextualize the affair from an individual and relationship developmental perspective, where co-created relationship patterns are explored while maintaining the involved partner's personal responsibility for infidelity behaviors (Gordon et al., 2004). The final step, "Moving on," involves forgiveness-promoting strategies and balanced decision-making regarding the future of the relationship based on the shared formulation of why the affair happened, constructed during the preceding sessions (Gordon et al., 2004). This treatment devotes almost exclusive focus to the affair versus other marital issues and interventions are primarily cognitive-behavioral but include some insight-oriented strategies.

Two studies have looked at this treatment's efficacy, including Gordon et al.'s initial 2004 study, which used a replicated case study design and found that, though both members of the couple evidenced gains in individual and marital distress, the noninvolved partner, who started therapy with more depression and anxiety symptoms, demonstrated greater improvement in these areas and was the only member of the couple to experience higher relationship satisfaction at 6-month follow-up. More recently, Kröger et al. (2012) investigated the efficacy of this treatment in their waitlist control group RCT and found that both partners demonstrated significantly less anxiety and PTSD-like symptoms at posttreatment assessment, but there were no clinically significant improvements in depression or relationship satisfaction for either partner. These findings suggest that this infidelity-specific treatment may lead to some limited individual gains but does not appear to result in overall improvement in both partners' psychological or relationship functioning. Thus, it is possible that predominantly focusing on the infidelity may not lead to overall improvement in relationships following an affair; however, this conclusion is premature, as only one infidelity-specific treatment has been studied. Further investigation of other infidelity-specific treatments and comparison to broad-based, empirically

supported couple therapy models and current practices of community-based therapists would be helpful in determining the best approach for these couples, who clearly represent a population with unique needs and therapeutic challenges.

Additionally, Kröger and colleagues noted the high dropout rate for this study (56%) compared to other couple therapy clinical trials (between 5% and 24% in recent studies), which was partially attributed to the treatment's explicit focus on coming to a decision about the future of the relationship, as multiple couples decided to divorce and drop out of treatment before finishing the last stage (Kröger et al., 2012). As such, it may be helpful for future approaches to include strategies for increasing engagement with and commitment to therapy, including emphasizing the potential for clients to derive individual benefits by completing treatment regardless of relationship outcomes. Another common reason for failing to complete the protocol was reported to be "ended treatment due to the emotional impact" (Kröger et al., 2012, p.793), which reflects the well-established consensus in the literature that this population presents with high levels of emotional distress and reactivity. In anticipation of these conditions, it may be beneficial to incorporate emotion regulation and distress tolerance skills throughout therapy.

An alternative approach to both infidelity-specific interventions and broader but still generally issue-focused therapies (i.e. broad-based, empirically validated couple therapies and TAU) is examined in Allen et al.'s (2012) randomized clinical trial of marriage education classes in a sample of 662 Army couples, 23.4% of which reported a history of infidelity. The intervention, the Prevention and Relationship Education Program (Markman, Stanley, & Blumberg, 2010), was delivered by Army chaplains, who had received training in the protocol, and involved a one-day workshop and weekend retreat where couples were educated about

characteristics of healthy marriages in the military context (e.g. communication, problem-solving, deployment/reintegration issues) but did not focus on infidelity (Allen et al., 2012).

Consistent with prior research, they observed that couples with a history of infidelity had the least satisfaction and communication skill before the intervention and improved at a greater rate than non-infidelity couples, however Atkins et al.'s (2005, 2010) finding that both groups of couples were indistinguishable following treatment was not replicated, as infidelity couples had comparable levels of communication skill to non-infidelity couples, but lower marital satisfaction persisted for these couples at posttreatment assessment (Allen et al., 2012). Furthermore, participating in the intervention did not have significant divorce-prevention effects for infidelity couples, as it did for those without a history of infidelity (Allen et al., 2012). The effectiveness of PREP in reducing future infidelity was not discussed in this article, but such information may be useful in helping couples to “affair proof” their relationships. Given these and the three other treatment outcome studies’ findings, it appears that there are significant limitations to all current treatments that have received empirical examination, regardless of their level of focus on infidelity. More research comparing the effectiveness of other clinical approaches that includes longer-term follow-up in individuals and couples would be helpful in improving current practices and developing new therapies.

Noteworthy effects were also seen in the control group, in which infidelity couples who were more distressed than non-infidelity couples upon initial assessment, were found to make small but statistically significant improvements at a greater rate than non-infidelity couples, indicating that some of the gains in treatment can be attributed to regression to the mean effects (Allen et al., 2012). However, at one-year follow-up these improvements were not sustained (Allen et al., 2012). Thus, a tentative pattern appears to emerge, when also considering Marin et

al.'s findings, in that infidelity couples are highly distressed following infidelity or its revelation but tend to make initial improvements with time, and even more so with treatment. However, they continue to be at a higher risk for deterioration in the long term, in regard to individual wellbeing and relationship functioning, than non-infidelity couples. Longitudinal and qualitative research examining couples' relationship processes in the years following infidelity and couple differences leading to different trajectories (i.e. resurgence in dissatisfaction and eventual dissolution or improved functioning and intact relationships) would be useful to clinicians treating this issue.

Theoretical Treatment Guidelines

Because of their empirical focus, neither of the 2005 reviews included the numerous therapist-authored treatment guidelines that are based on clinical experience and theoretical models. Due to the minimal empirical data on specific infidelity treatment efficacy and effectiveness, it is helpful to examine these theoretical guidelines, as these therapists' collective wisdom is valuable and can provide a bottom-up approach to research and clinical practice. Dupree et al. (2007) advocated for this perspective, as they noted that many empirically supported treatments do not provide a full representation of what is helpful because they are designed using basic research and tend not to incorporate a thorough understanding of practices in the field. The authors sought to narrow the clinician-researcher gap by reviewing the available peer-reviewed guidelines published up to the point of their publication in order to identify common factors and provide a practice-based evidence approach (Dupree et al., 2007).

Their resulting practice-based guidelines involve recommendations for assessment of individual factors: thoughts/emotions, crisis level, psychopathology, stage of life; couple/family

factors: relational patterns, family of origin patterns, outside stressors; and infidelity factors: type/length of affair, method of disclosure. Common practices were synthesized into several guidelines from which to structure interventions: provide plan/course of therapy to couple at outset, set boundaries, de-escalate emotional crisis, cognitive reframing of infidelity based on assessment of past expectations/patterns, systemic restructuring of interactions/communication, attachment rebuilding by expressing hurt/forgiveness and creating new meaning of relationship (Dupree et al., 2007). The authors found that scholar-clinician authored theoretical guidelines most often advocate for delivery of treatment in three stages, and thus recommended that therapy with infidelity couples should be structured as follows: stage one involves de-escalation, assessment, and collaborative treatment planning; in stage two the therapist intervenes through cognitive reframing and restructuring emotional attachments; and stage 3 is defined by promoting forgiveness and negotiating the relationship outcome (Dupree et al., 2007).

Dupree et al. also recommend attention to other processes, including ethical tensions between confidentiality and secret-keeping (i.e. provide confidentiality policies upfront and avoid keeping secrets unless specifically contraindicated) and treatment engagement and adherence, which is primarily addressed by advising that the therapist should be “direct, active, collaborative, guide[ing], flexible, advice-giving” (p. 332) and should remain non-judgmental, provide hope, and focus on the affair (Dupree et al., 2007). Cultural considerations and relapse prevention are briefly addressed, though the authors noted that these were not typically explicit features amongst the clinical guidelines included in their review, and therapists tend to consider second order changes that result from therapy (i.e. reducing psychopathology, systemic restructuring of relationship patterns, and attachment rebuilding) as implicit methods of relapse prevention (Dupree et al., 2007).

Since Dupree et al.'s review and synthesis, considerably more theoretical guidelines have been published, and they represent one of the largest categories of peer-reviewed articles included in this review. Though most are fairly integrative, treatment models were identified to have emerged from different theoretical traditions, such as systems theory (Dean, 2011; Erzar & Simonič, 2010; Fife et al., 2013; Peluso & Spina, 2008; Zola, 2007), attachment theory (Duba et al., 2008; Reibstein, 2013), narrative therapy (Parker, Berger, & Campbell, 2010; Scuka, 2015; Williamson & Brimhall, 2017), emotionally focused therapy (Halchuk, Makinen, & Johnson, 2010; Makinen & Johnson, 2006; Negash, Carlson, & Linder, 2018; Schade & Sandberg, 2012), cognitive-behavioral therapy (Bravo & White Lumpkin, 2010; Buss & Abrams, 2017), psychoanalytic theory (Bagarozzi, 2008; Leone, 2013; Oppenheimer, 2007), and transtheoretical approaches (Blow, 2005; Haney & Hardie, 2014; Morrissette, 2012; Sauerheber & Disque, 2016; Snyder et al., 2008). Additionally, a few authors have presented clinical vignettes, in which couple therapy is structured around a metaphor for healing after infidelity (Rider, 2011; Scuka, 2012; Warren, Morgan, Williams, & Mansfield, 2008). For example, Warren et al. (2008) compare the relationship to a poisoned tree and structure their three-phase treatment around this metaphor, emphasizing that the tree should not be cut down prematurely (containing initial crisis), but should instead be protected from harm (understanding the context that led to infidelity), and nurtured so that it may grow and bear new fruit (forgiveness and rebuilding attachment).

The literature also contains guidelines tailored to specific cultural groups, including Muruthi et al. (2015) social constructionist approach to working with Afro-Caribbeans, and Madathil, and Sandhu's (2008) considerations for therapy with East-Indian infidelity couples, as well as those that focus on gender-based power dynamics (Giblin, 2011; Williams, 2011;

Williams, Galick, Knudson, & Huenergardt, 2013). Several models present treatments for infidelity that incorporate religious views, such as Buddhist (Warren et al., 2008), Christian (Sauerheber & Ponton, 2017), Hindu (Madathil & Sandhu, 2008), Jewish and Muslim (Lambert & Dollahite, 2007; Karris & Arger, 2019; Reich & Kalantar, 2018), and nondenominational spiritual perspectives (Gibson, 2008). Clinicians have also provided suggestions for adapting existing treatments to specific populations. For instance, Snyder, Gasbarrini, Doss, and Scheider (2011) suggested modifications for Gordon et al.'s integrative approach for use with military couples and Army chaplain counsellors, and Williamson and Brimhall (2017) discussed the use of narrative couple therapy to promote messages of strength and wisdom, instead of weakness and frailty, in older adult couples facing infidelity.

Unfortunately, the vast majority of these clinical guidelines appear to be written largely in isolation from one another and, therefore, may not have not directly incorporated previous discoveries and insights. However, they appear to share many commonalities and are generally consistent with the elements detailed in the Dupree et al.'s practice-based approach. Specifically, the therapist is typically encouraged to maintain a neutral, non-judgmental stance, even in the face of extreme emotional dysregulation, and to establish boundaries regarding secret-keeping and couple behavior, such as ending the affair if it is still ongoing (Snyder et al., 2008) and increasing transparency on the part of the involved partner (Hertlein, Dulley, Cloud, Leon, & Chang, 2017). Treatment is commonly organized in to three to five linear steps or phases through which therapists guide their clients, though most note that, in practice, the progression is rarely linear and more often resembles a spiral (Wilkinson et al., 2012).

Whether explicitly or implicitly, infidelity is consistently conceptualized as an interpersonal trauma and strategies to contain and emotionally process the initial crisis are

commonly included in the first phase of treatment. Suggestions to achieve these goals are numerous and include introducing the idea of infidelity's traumatic impact to normalize the chaotic emotions that often ensue (Haney & Hardie, 2014; Scuka, 2015), and "shielded enactments" (Fife et al., 2013, p. 350), which may assist clients to express feelings by using the therapist as surrogate for the partner until they are able to communicate directly in a constructive manner. Explicit acknowledgement and validation of the noninvolved partner's feelings of betrayal, loss, and devastation are also seen as central component of early work, and they are considered a prerequisite for later therapeutic goals. However, there is some variation amongst these models regarding the proportion of therapy that should be devoted to these tasks, as some advocate for a "long period of focus" (Leone, 2013, p. 291) and others encourage moving the couple more quickly towards mutual perspective taking and constructive dialogue (Sauerheber & Ponton, 2017; Fife et al., 2008).

As discussed by Dupree et al., assessment of individual and relationship factors continues to be emphasized in the first phase of most clinical guidelines, as well as continuously throughout treatment. Bagarozzi (2008) highlights the importance of determining the function of the infidelity by assessing for developmental and major life circumstance changes that may have created conditions for an affair. Gibson (2008) proposed including a spiritual assessment into this phase, where the therapist may ask about the couple's religious affiliation and spiritual beliefs, which can be framed in terms of values and what brings meaning to life for partners who are not religious. Most authors agree that thorough assessment of each individual partner's functioning, the relationship and larger family history, and the infidelity's context is important to generate information that will be used in later stages of treatment.

The middle phase of therapy involves understanding the infidelity in the context of the relationship, which most often involves a systemic, relational theoretical perspective of infidelity as the product of relationship processes rather than the result of individual motivations or psychopathology, regardless of the model's primary theoretical underpinnings. Fife et al. (2008) recommend that the therapist intervenes to help clients view their problems in new ways through the use of systemic reframing and they note that

First, the reframe should help the couple see the situation in circular terms, instead of the typical linear view in which one partner is seen as the victim and the other as the villain.

Second, a reframe should highlight the good in the relationship. (p. 319)

Peluso and Spina (2008) also caution the therapist against exclusive focus on the event of the infidelity, and they encourage work towards improvement of the relationship overall. This is often addressed by including more general goals, such as promoting empathy and rebuilding the attachment bond through teaching empathic communication and problem-solving techniques, in the middle phases of most models (Bravo & White Lumpkin, 2010; Leone, 2013).

Having laid the groundwork in such a manner, the final phase of treatment involves encouraging posttraumatic growth through increasing emotional connection, building trust, and moving towards forgiveness. Suggested interventions to achieve these goals are diverse and include psychoeducation about the process of forgiveness (Fife et al., 2013, Sauerheber & Ponton, 2017), practices to increase trust and intimacy derived from attachment theory and emotionally focused therapy (Makinen & Johnson, 2006; Reibstein, 2013; Schade & Sandberg, 2012), and narrative therapy techniques to assist with externalizing the problem, meaning-making, and reframing the infidelity as a potential opportunity for growth and transformation (Duba et al., 2008; Scuka, 2015).

While most recent guidelines appear to assume that the decision to preserve the relationship has already been made prior to beginning treatment, Duba et al. (2008) reminds the therapist that couples may progress through therapy with different goals and levels of motivation, and several models advise that deciding the outcome of the relationship should evolve from a therapist-led discussion that is postponed until the end of treatment (Dupree et al., 2007; Fife et al., 2008; Snyder et al., 2008; Juhnke et al., 2008)

Fife et al. (2013) present a clinical model that integrates the majority of these elements, including a basis in a systemic understanding of infidelity as the product of relationship processes, approaching infidelity as a relationship trauma, and providing a multi-step treatment model, quite similar to Gordon et al.'s (2004), that involves deescalating crisis reactions, establishing boundaries to promote trust, contextualizing the affair within the relationship, and facilitating forgiveness. In addition, they present a useful conceptualization and operationalization of forgiveness as an interpersonal process rather than a discrete individual event. The therapist is encouraged to use interventions, such as teaching empathic listening, emotionally focused techniques, reflecting on prior experiences of receiving forgiveness, reviewing common goals and values, and incorporating empathic understanding of the impact of infidelity into apology, to help move the couple towards four unifying factors of forgiveness: "In other words, empathy, humility, commitment and apology have a reciprocal and generative effect such that the actions of one partner may have a soothing effect and may facilitate movement in the other" (Fife et al., 2013, p. 353). The authors provide a rationale for their emphasis on forgiveness by citing prior research findings that treatments involving forgiveness increase clients' hope and self-esteem, decrease anxiety and depression, and support healthier emotional expression in relationships (Fitzgibbons, 1986; Fife et al., 2013; Harris et al., 2006).

Even though there is considerable overlap between most clinical models, a few authors present perspectives that diverge from the most common relational systemic framework and make contributions to the theoretical discourse in some noteworthy respects. For instance, Williams (2011) presents a three-phase model for treating infidelity, the Relational Justice Approach, which emerged from her feminist critique of the literature and addresses the gendered power imbalances that emerge between intimate partners as a result of sociocultural norms. The approach contextualizes infidelity, as well as the couples' subsequent behaviors, within the social justice discourse on the relationship between power and privilege in order to create an "equitable foundation for healing" (Williams, 2011, p. 516). Treating extramarital affairs in this framework requires the therapist to take a "non-neutral position" and structure interactions based on a couples' power dynamic in order to "highlight how implicit messages around gender, power, and culture limit a couple's ability to achieve mutuality" (Williams, 2011, p. 527). Williams posits that traditional family systems approaches neglect power imbalances in their focus on the shared relational responsibility for the affair, and thus perpetuate the harmful relationship norms that originally led to infidelity.

Though presented from a psychodynamic perspective, Oppenheimer (2007) also argues that family systems approaches to infidelity may have iatrogenic effects on both partners, such that noninvolved partners are subjected to additional suffering when they are incorrectly made partially responsible for the affair, which in turn deprives the involved partner of the benefits from gaining insight into their own internal conflicts born from early object-relations. While Oppenheimer acknowledges that traumatic reenactments of early caregiver relationship dynamics occur in marriage, as a spouse may shift from a projection of the "good parent" to the "bad parent" as romance transitions into long term commitment, she argues that the involved

partner draws the noninvolved partner into such an exchange through projective identification in order to justify the affair. Instead of mutual acceptance of responsibility, she suggests helping the noninvolved partner to step out of the role that they have been induced to play and helping the involved partner to recognize the introjection (Oppenheimer, 2007).

Alternatively, both Bus and Abrams (2017) and Bravo and White Lumpkin (2010) advocate for presenting couples with a conceptualization of infidelity that is derived from the large body of evolutionary psychology research, which views infidelity in the context of biological imperatives and evolved human behaviors. Infidelity is explained to be the product of relationship habituation and risky short-term mating strategies on the part of the involved partner, and the noninvolved partner is encouraged to reframe their feelings of betrayal and devastation as mate-retention strategies that were effective given the limited resources of ancestral environments but are no longer functional.

Understanding the evolutionary logic of jealousy, in short, provides patients with conceptual tools for cognitively reframing jealousy and infidelity. Rather than moralize or invoke cultural mores, the RE/CBT therapist educates the client to the evolutionary logic of evolved emotions and desires and their possible irrationality in the modern environment. (Buss & Abrams, 2017, p. 170)

These approaches rely on these principles to challenge rigid thoughts and behavioral techniques are suggested to reduce rumination, promote relaxation, and increase novel experiences in the relationship (Bravo & White Lumpkin, 2010; Buss & Abrams, 2017).

Disclosure guidelines. Despite agreement that it is a critical aspect of treating infidelity, the process of disclosing infidelity and therapists management of disclosures in therapy is addressed by only a few of the theoretical treatment guidelines. One study (Juhnke et al., 2008)

detailed a nine-stage debriefing process, which they suggested should be conducted in a one to two-hour session prior to any further treatment, when couples are seeking therapy for infidelity. However, this approach assumes that noninvolved partners have knowledge of some details of the affair prior to therapy, and the protocol focuses primarily on process and reactions to the prior disclosure to help couples progress “from cognitive discussions of the infidelity experience, through an emotional debriefing of their feelings and experiences, and back to the cognitive focused stages that allow discussion of their immediate needs and commitment to continuing” (p. 313). While the authors go into considerable detail about containing emotional reactions to the disclosure of the affair, they do not provide advice about the therapist’s role in regulating what information should be disclosed.

Haney and Hardie (2014) suggest that the noninvolved partner should be supported in confronting the involved partner to obtain “full disclosure...such as identity of affair partners, duration of the relationship, frequency and nature of encounters and so forth” (p. 408) in the interests of helping the noninvolved partner accept the reality of the situation and begin to process the trauma. While they also caution the therapist to monitor fact-finding in the disclosure process, so as to avoid overly graphic detail that may become content for intrusive thoughts, these authors hold that the decision should ultimately be in the hands of the noninvolved partner, and they recommend a “24-hour rule,” whereby the noninvolved partner is given time to decide if they want to hear more details.

Alternatively, Fife et al. (2008) consider detailed questioning unhelpful and instead advise the therapist to focus on the emotional process occurring between the partners and their underlying affective experiences, rather than on the content of the infidelity. Hertlein et al. (2017) also note that damaged trust can lead to the noninvolved partner becoming preoccupied

with gathering evidence about the affair through surveillance of their partner. They suggest that the surveillance should be normalized while also working to establish a time limit for the behavior and helping the couple to build trust to relieve the noninvolved partner's need to surveil.

Butler et al. (2009) note that ethical decision making regarding the disclosure process requires thorough consideration of cultural contexts. They contend that Western cultural values prioritize individual rights and are the foundation of the ethical codes of mental health associations. In this tradition, they argue that a therapist who accommodates one spouse in keeping relationship-relevant information from another violates Western "ethics of justice, equality, and individual rights in relationships" (Butler et al., 2009, p. 127). However, the authors do not discuss ways that ethical decision-making may be different when working in different cultural contexts or with culturally diverse clients.

Cultural Considerations

In their 2005 reviews, both Blow and Hartnett and Allen and colleagues noted that there was a lack of research that specifically attended to diverse sociocultural identities and the tendency of many studies to use clinical and community convenience samples, which were typically heterosexual, Caucasian, and more highly educated, was problematic in terms of generalizability to other groups. Hays's (1996; 2008) "ADDRESSING" model (age, developmental disabilities, acquired disabilities, religion, ethnicity, sexual orientation, socioeconomic status, indigenous group membership, nationality, and gender) serves as a useful lens to conceptualize the multidimensional nature of sociocultural identity from a U.S.

perspective, and will be used as a framework to consider how more recent literature has attended to different aspects of culture.

Age. Though the largest rise in rates of infidelity by age has been found amongst those who are 60 years and older (Fincham & May, 2017), very little is known about the etiology or recovery from affairs in this cohort. Instead, most of the clinical research focuses on the occurrence and treatment of infidelity in married middle-aged adults, and research exploring attitudes towards, reactions to, and reasons for infidelity is most often conducted using university samples, which may be even further from the lived experience of older adults. This is surprising given the phase of life changes that occur in this population, such as retirement, shifts in caregivers roles, alterations in physical and cognitive status, and changes in the relationship due to entry into long-term care facilities, all of which may influence the likelihood that infidelity will occur and the consequences for the individuals involved, as well as the relationship.

Williamson and Brimhall's previously discussed theoretical paper on narrative therapy for older adults facing infidelity was one of only two publications identified by this review as including a specific focus on this population. The other (Træen, Kvalem, Hald, & Graham, 2019) examined prevalence rates and correlates of sexual infidelity in probability samples of older adults from four European countries (Belgium, Denmark, Norway, and Portugal) and found that, although the vast majority considered infidelity to be wrong, across these countries, 1% to 4% of participants reported that their last sexual intercourse was outside of their primary relationship. Older adult men with different sexual likes and dislikes from their primary partner and lower relationship satisfaction, and older adult women, who perceived less intimacy in their primary relationship were more likely to have engaged in infidelity, but no significant gender differences were found in prevalence rates. Further research into the phenomenology surrounding infidelity

when it occurs in this population is necessary to understand what would be most helpful therapeutically.

Disability. One commonly cited reason for couple therapist non-disclosure of infidelity in the literature is under the condition that it occurs in a relationship where one partner is serving as a caregiver for another who has a disability and “where the partner stays together only to provide medical and emotional support” (Wilkinson et al., 2012, p.143). While no further guidance is given about the circumstances that would indicate it is advisable to withhold this information from another partner in treatment, these recommendations bring up questions regarding the role of bias towards individuals with disabilities. Nosek et al. (2007) determined that “preference for people without disability compared to people with disabilities was among the strongest implicit and explicit effects across the social group domains” (p. 19), suggesting that therapists who rely on more subjective clinical judgment in these cases may be more vulnerable to such biases.

Unfortunately, no studies were identified by this review that would shed light on the particular concerns of populations with disabilities, which is surprising given for instance, the higher rates of divorce found in marriages where one partner is living with spinal cord injury (Kreuter, 2000; Karana-Zebari, de Leon, & Kalpakjian, 2011). As infidelity is consistently identified as one of the most commonly cited reasons for divorce (Allen & Atkins, 2012; Blow & Hartnett, 2005), it is reasonable to assume that infidelity plays a role in at least some of the divorces in this population. To better understand the factors that may be unique to this population, it would be beneficial to have a combination of qualitative studies that provide in-depth explanations of the processes related to infidelity in relationships where disability is a

feature, and quantitative studies that clarify which factors and patterns are most salient and can be incorporated into treatment approaches.

Religion. Since the 2005 reviews, there has been some consideration of the role of religion in researchers' attempts to predict who will engage in infidelity, how to respond to couples' spiritual needs in therapy, and how faith in a higher power might influence individuals' healing following infidelity. As previously discussed, the influence of religiosity on the decision to engage in infidelity is complex, as evidenced by representative national survey data indicating that more frequent religious service attendance and agreement that the Bible is the literal word of God is a protective factor against engaging in sexual infidelity but stronger faith and self-perceived closeness to God predicts increased sexual infidelity (Atkins & Kessel, 2008; Burdette et al., 2007; Fincham & May, 2017). Other quantitative studies have also examined the relationship between religiosity and infidelity in smaller university and community convenience samples (Norona et al., 2016; Mark et al., 2011; Tuttle & Davis, 2015; Vail-Smith et al., 2010) but, due to methodological inconsistencies, their findings are contradictory and less helpful.

One qualitative study used a grounded theory approach to analyzing interviews with highly religious, upper-middle class, Christian, Jewish, and Muslim married couples, thereby illuminating some of the potential processes through which religiosity might strengthen fidelity (Lambert & Dollahite, 2007). The authors proposed a conceptual model derived from the couples' descriptions in which infidelity was indirectly discouraged by the underlying quality of the marriage, which was bolstered by religious beliefs and practices. Taking marriage vows and regular religious observance increased couples' commitment to one another and strengthened their moral values against infidelity. The couples also described the importance of religious observance in fortifying their relationships with God, leading to a desire to please God, and

avoid actions, like infidelity, that were perceived as displeasing to God. While these results are not generalizable to the overall population due to characteristics of the sample, they provide helpful considerations for therapists working with couples for whom religious beliefs are salient.

While nearly all clinical guidelines for infidelity treatment included in this review advocate a thorough initial assessment of the individual and relationship functioning, many do not explicitly include religious or spiritual beliefs as an area of inquiry. This may reflect the tendency found by Fife and Whiting (2007) of professional therapists to distance themselves from religious and spiritual matters. Gibson (2008) addressed this issue by proposing guidelines for assessing religious and spiritual beliefs along with a case example demonstrating the usefulness of framing interventions and empathizing with emotions experienced by the couple within in a religious context. Bird et al. (2007) also found evidence that couples perceive the therapist's accommodation of their values and religious beliefs to be helpful in facilitating forgiveness and healing following infidelity.

Even if couples decide to end the relationship after infidelity, findings indicate that spiritual well-being better predicts divorce adjustment than spousal infidelity or being the initiator of the break-up (Steiner, Durand, Groves, & Rozzell, 2015; Steiner, Suarez, Sells, & Wykes, 2011), which suggests that it may be helpful for therapists to facilitate discussions about spiritual beliefs with clients who have experienced infidelity. Additionally, while they lack empirical validation, several theoretical guidelines approach treatment for infidelity couples from specific religious or spiritual traditions, including Buddhism (Warren et al., 2008), Christianity (Sauerheber & Ponton, 2017), Hinduism (Madathil & Sandhu, 2008), and Islam (Reich & Kalantar, 2018), and include useful cultural considerations for therapists working with these populations.

Race/ethnicity. While many studies acknowledge the lack of diversity of their samples as a limitation, the vast majority of research on infidelity continues to be conducted on Caucasian Americans, and very little empirical research has explored how individuals from varying ethnic groups in the U.S. may experience and respond to a partner's actual (vs. hypothetical) infidelity. As previously discussed, representative national survey data indicate that ever-married African Americans are more likely than Caucasians to report having had sex with someone other than their spouse, and Hispanics are least likely of the three groups to report extramarital sex (Fincham & May, 2017; Wang, 2018). However, the community and college convenience samples that have been used to study broader definitions of infidelity are disproportionately Caucasian, as between 81% to 90% of participants were identified as Caucasian in recent publications that reported demographic characteristics (Luo et al., 2010). Therefore, very little is known about other forms of infidelity (i.e. emotional and internet infidelity) in ethnically diverse populations. Likewise, no infidelity prevalence data of any kind has been published in peer-reviewed articles for Native Americans, Pacific Islanders, or Asian Americans.

In fact, this review identified only one empirical study that included a focus on Asian Americans. Yuan and Weiser (2019) compared Asian Americans' and European Americans' attitudes towards divorce and divorce decision-making following infidelity and found that, for Asian Americans, only attitude towards divorce was a strong predictor of the decision to divorce. For European American participants, factors involved in weighing costs and benefits of divorce (i.e. commitment, personal income, and attractiveness of alternatives) were more associated with decision-making than their attitude towards divorce. The authors proposed that this difference was most attributable to having collectivistic versus individualistic values, as collectivistic cultures tend to view divorce more harshly and in the context of its impacts on the extended

family, rather than primarily on the individual. These results highlight the importance of considering differences in cultural values when working with diverse couples facing infidelity in therapy, and the need for cross-cultural quantitative studies that use multivariable techniques to better capture the complexity (i.e. interactions between gender, generational status, and acculturation) of cultural affiliation and the experience of infidelity.

Three qualitative and mixed method studies were identified that explored the concept of infidelity amongst African American and Latino American populations in the context of STI prevention, as they are ethnic groups who are the most at risk of contracting HIV amongst American self-identified heterosexuals (Eyre, Flythe, Hoffman, & Fraser, 2012; Macaуда, Erickson, Singer, & Santelices, 2011; McLellan-Lemal, Toledo, Daniels, & Villar-Loubet, 2013). A common feature found amongst the participants in all three of these studies, who were predominantly of lower education and income status, was discussion of their perceptions that infidelity was inevitable within their social context. In a sample of inner-city Puerto Rican and African American young adults, Macaуда et al. found a high rate of infidelity (48%) but no significant ethnic or gender differences in either perceptions of or reasons for engaging in infidelity. Participants reported that tolerance for infidelity was dependent on relationship type, as there was less tolerance for infidelity in self-defined serious relationship, but few relationships were considered to reach this level of investment due to the scarcity of resources and opportunities in the inner-city environment. Motivation for infidelity was considered important, as participants were less disapproving of engaging in infidelity for the purposes of maintaining access to one's children versus doing so for sexual gratification or social status.

While these qualitative findings provide valuable insights into the experiences of specific subcultures, generalizations would be inappropriate and would risk presenting ethnic minorities

as homogenous groups. Instead, these studies further emphasize the socioculturally constructed nature of infidelity and the need for more qualitative studies that provide rich descriptions of different non-majority groups. However, it follows that from a clinical perspective, any proposed treatments for infidelity should be empirically validated and sensitively tailored for use within ethnically diverse populations in order to avoid the adverse effects of applying treatment models based on research with majority groups with poor external validity, as previously described by Henry (2008) and Davis and Stevenson (2006).

Socioeconomic status. In general, infidelity research tends to be conducted on more highly educated, middle income individuals, particularly given the frequency of university convenience sampling and the tendency of clinicians to conceptualize their theoretical treatment guidelines around the experiences of these types of clients, who are the most likely demographic to present for couple therapy (Substance Abuse and Mental Health Services Administration, 2015). Apart from previously referenced research that discussed socioeconomic status in the context of ethnic minority groups, two qualitative studies specifically focused on the phenomenology of infidelity amongst low-income individuals (Fosse, 2010; Hill, 2007).

Hill (2007) examined a qualitative subsample of the Fragile Families Survey and found that infidelity was discussed as a precipitating factor in each instance of relationship dissolution amongst unmarried, low-income parents. Fosse (2010) interviewed 38 low-income men living in inner-city Boston and proposed a model of attitudes that lead to infidelity: A sense of doubt, or generalized mistrust and lack of confidence in their partner's fidelity that was shaped by the experience of poverty and domestic instability; duty to their social network of close male relationships, which serves as a substitute for absent familial support; and foreshortened destiny, influenced by limited opportunity and threats to personal safety that reduces inhibition in the face

of sexual temptation. As the majority of clinical guidelines for treating infidelity in couple therapy emphasize understanding involved partners' motivations for having affairs, it is important for clinicians to consider the influence of systemic inequalities faced by couples of lower socioeconomic status.

The majority of studies included in this review did not report participants' education, income, or occupational data, and even fewer directly examined the relationship between these variables and infidelity's incidence, treatment, or outcomes. The 2005 reviews differed in their conclusions about the relationship between these variables and the likelihood of engaging in infidelity, Blow and Hartnett concluded that having middle or higher income, having more than a high school education, and full-time employment predicted infidelity's occurrence, but Allen et al. found no clear pattern due to variability in the studies included in their review. More recent studies also yielded inconsistent findings. For instance, Maddox Shaw et al.'s (2013) demographically representative longitudinal study found no relationship between these variables and engaging in infidelity for either gender. Mark et al. (2011) also found no association between income, education, or employment and women's infidelity, but, amongst men, having a high school education or less was associated with a history of infidelity in a large, predominantly Caucasian, heterosexual community convenience sample. Contradictorily, participants who had completed some college were more likely to report infidelity than those who had a high school education or had completed college in a study using a more ethnically diverse community convenience sample (Fish, Pavkov, Wetchler, & Bercik, 2012). As in other areas of the infidelity literature, idiosyncrasies of the sample and the use of different definitions of infidelity appear to contribute to the confusion regarding socioeconomic status as a predictor of infidelity.

Sexual orientation. In 2005, Blow and Hartnett lamented the lack of research on same-sex couples, and even 15 years later, information about relationship norms and infidelity in these populations continues to be limited. There are not sufficient data to estimate prevalence rates of infidelity in committed gay, lesbian, and bisexual couples, and several studies indicate particular challenges for measuring infidelity in these groups. For instance, Brady, Iantaffi, Galos, and Rosser (2013) found additional empirical support for qualitative findings (Hoff & Beougher, 2010) and theoretical papers authored by clinicians who specialize in working with LGBTQ populations (Burch, 2008; Martell & Prince, 2005), that gay men in committed relationships may define monogamy differently and be more willing to acknowledge different arrangements regarding sex outside of the primary relationship than do heterosexual couples. However, as in heterosexual relationships, infidelity appears to be associated with increased risk of negative health consequences, as participants who acknowledged “cheating” in both monogamous and open relationships were most likely to have unprotected anal sex with both their primary and their extradyadic partner (Brady et al., 2013). As such, it appears to be infidelity’s inherent qualities of secrecy and betrayal of implicit or explicit relationship norms, rather than having a non-monogamous relationship or multiple sexual partners that places gay men most at risk of contracting STIs.

Two studies were identified that examined infidelity and its correlates in bisexual individuals. Hoang, Holloway, and Mendoza (2011) found that women with less bisexual identity congruence had higher levels of internalized biphobia and were more likely to report infidelity. Turell et al.’s (2018) study also demonstrated that bisexual individuals’ higher internalized biphobia and real or perceived infidelity were most predictive of IPV, which has been found to be disproportionately high in bisexual communities. Accordingly, it is advisable

for therapists treating infidelity in this population to assess for each member of the couple's stage of sexual identity development, their attitudes towards their partner's sexual identity, as well as the presence of infidelity and IPV.

It is telling that almost all of the articles with an LGB focus included in this review relied on referencing research published in the 1980s, and no recent empirical studies were identified that examined lesbian experiences of actual infidelity. A few articles published by experienced therapists provide commentary on the influence of heterosexist norms on perceptions of infidelity in lesbian relationships (Burch, 2008; Moors & Schechinger, 2014) and suggestions to clinicians for avoiding such biases in their treatment of lesbian couples (Martell & Prince, 2005; Schwartz, 2012). Burch (2008) argues that lesbian relationships have more flexible boundaries, as they have evolved within their own culture in response to social constraints and partly in opposition to heterosexual ideals regarding marriage. Like Burch, Martell and Prince (2005) encourage therapists working with lesbian couples to examine their own biases and to avoid making assumptions that sex outside of the primary relationship is infidelity or, alternatively, that sex is required to constitute an affair. While this work serves to further the discourse about issues surrounding infidelity that are relevant to this community, they lack empirical validation, and are less helpful to therapists seeking evidence-based treatments for diverse clients.

Indigenous heritage. No studies were identified that dealt with the infidelity experiences of indigenous populations.

National origin. In their 2005 review, Blow and Hartnett noted prior cross-cultural research documenting infidelity in every culture, and there is a growing body of international literature on infidelity that is available in English. While there is a substantial quantity of research published on Western European populations, these findings tend to be treated as

culturally interchangeable and applicable to American populations in the infidelity literature. However, most non-Western European international and cross-cultural infidelity research centers on gender differences in responses to hypothetical infidelity scenarios that have been shown to be uncorrelated with reactions to actual infidelity and are therefore less helpful to clinical practice (Allen & Baucom, 2006; Harris, 2002; Zengel, Edlund, & Sagarin, 2013).

Two large cross-cultural studies examined correlates of actual infidelity in multiple countries and world regions (Dillon et al., 2014; Schmitt & Jonason, 2015). Dillon et al. (2014) gathered data from both members of 3000 married couples from China, Russia, Turkey, the UK, and the US, and found that in all five cultures, being an involved partner of either gender increased worry about their spouse's fidelity, and though infidelity disclosure was not determined, spouses of involved partners reported greater worry that their spouse would be unfaithful. Schmitt and Jonason (2015) found statistically significant correlations between having dismissing attachment style and engaging in infidelity across 56 nations in 10 major world regions, but effect sizes were small and global effects were acknowledged to be driven primarily by Western, educated, industrialized, rich and democratic (WEIRD) samples. Furthermore, gender-specific associations between attachment and infidelity were not consistently demonstrated, as they have been in prior US-based studies, indicating that they may not be cross-cultural universals and therefore less relevant in predicting men's and women's infidelity across the world (Schmitt & Jonason, 2015).

A few recent Chinese and international studies indicate that infidelity has growing significance as social issue in China (Chi et al., 2019; Li & Zheng, 2017; Liu & Zheng, 2020; Wen & Zheng, 2019; Zhang, Parish, Huang, & Pan, 2012; Zhang, Ting-Toomey, Dorjee, & Lee, 2012). In fact, Zhang et al.'s (2012) analysis of national probability survey data found notably

higher rates of sexual infidelity in Chinese couples than in U.S.-based samples. Gender disparities were particularly striking compared to American and Western European estimates, as the annual prevalence of women's non-commercial sexual infidelity (4.5%) was significantly lower than men's non-commercial (11%) and commercial (5.5%) sexual infidelity (Zhang et al., 2012). Despite the higher prevalence of infidelity and evidence that infidelity is directly associated with increasing rates of divorce in China (Yuan & Wisner, 2019), divorce remains far less common than it is in the U.S. (Mo, 2020). Zhang, Ting-Toomey, Dorjee, and Lee (2012) found that, compared to American participants, Chinese participants used non-confrontational strategies when faced with a partner's infidelity and preferred to consider how to protect their own and their partner's image. These attitudes, in addition to stronger cultural and societal prohibitions against divorce, may contribute to lower propensity of Chinese couples to respond to infidelity by divorcing.

As previously discussed, several African, Central and South American, and South Asian qualitative studies have examined infidelity in the context of global efforts to better understand gender-based health risk factors, including sexually transmitted infections and IPV. Common findings in these studies indicate that infidelity and suspicion of partner infidelity are commonly described precipitants of sexual, emotional, and physical forms of IPV and are a barrier to adoption of HIV-prevention strategies in high risk populations. For instance, Parker et al. (2014) found that both men and women in South Africa avoided discussion about safe sex with their primary partner because it provoked fears of arousing suspicions of infidelity in the relationship. Though valuable insights can be gathered from these studies about norms surrounding infidelity outside of America, they provide little information about how couples or their larger

communities address infidelity, outside of destructive behaviors, and there is little guidance for clinicians working to help these couples heal from infidelity.

Gender. Differences in heterosexual men and women's rates of engaging in infidelity, their attitudes towards various types of infidelity, and their behavioral and psychological responses when infidelity occurs in a marriage or dating relationship has been extensively examined in the literature and covered earlier in this review. Though sometimes contradictory, this body of knowledge contains important considerations for therapists working with couples who have had affairs. However, the majority of treatments do not directly address the influence of gendered power dynamics on recovery from affairs (Williams & Knudson-Martin, 2013).

Williams and Knudson-Martin's (2013) feminist review of clinical guidelines for treating infidelity found that gender and power tend to be acknowledged but were not central components of most treatment models. They cite research indicating that equality is foundational in successful relationships and proposed that, by neglecting to inform interventions with a sensitive understanding of gender-based power dynamics, therapists risk perpetuating unhealthy power imbalances in relationships, of which infidelities may be a symptom. The authors identified the following common factors amongst treatment guidelines that limit responsiveness to issues of gendered power dynamics: "(a) speaking (or assuming) as though partners are equal, (b) reframing infidelity as a relationship problem, (c) limiting discussion of societal context to background, (d) not considering how societal gender and power patterns impact relationship dynamics, and (e) limiting discussion of ethics on how to position around infidelity" (Williams & Knudson-Martin, 2013, p. 271).

In response to these criticisms, Williams (2011) proposed the previously described Relational Justice Approach (RJA), which argues that sociocultural norms, such as holding

women primarily responsible for relationship functioning and discouraging male vulnerability, lead to power imbalances that may contribute to engaging in infidelity and inhibit both partners' healing if not dealt with in treatment. Instead, RJA therapists 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" (Williams & Knudson-Martin, 2013, p. 280). This approach contrasts with the family systems theoretical underpinnings of most clinical treatment guidelines, which tend to view partners as equally responsible for creating relational dynamics that lead to affairs, and instead takes a more macrosystemic approach to help couples frame the infidelity within larger problematic societal contexts.

Chapter IV. Discussion

This review identified 224 articles that are relevant to the treatment of infidelity as a clinical issue in couple therapy for adults in a committed relationship. The following chapter will provide a summary and analysis of the findings of these studies, organized to answer the research questions posed by this systematic review. In addition, methodological limitations will be discussed, as well as suggested directions for future research.

Research Question One

What is the current status of epidemiological data on infidelity (i.e. prevalence, risk factors, subtypes, psychological and functional impacts)?

Prevalence. Though roughly 85% of Americans believe that extramarital sex is always or almost always wrong, the most recent available estimates indicate that between 16.3% to 25.4% of Americans have engaged in extramarital sex throughout their lives, and between 1.5% and 9% have done so in the past year (Fincham & May, 2017; Labrecque & Whisman, 2017; Luo et al., 2010; Wang, 2018). As noted in the 2005 literature reviews, research that restricts definitions of infidelity to extramarital sexual intercourse and studies this behavior only in the context of married, heterosexual couples, yields the most reliable but limited prevalence estimates. These recent figures are generally consistent with the findings of the 2005 reviews, though, likely due to even subtle differences in how infidelity was defined in these studies, the resulting variability makes drawing useful comparisons difficult.

Both 2005 reviews discussed the divide between studies that estimate infidelity's prevalence using such limited definitions in probability samples and those that examine a wider range of infidelity behaviors and subtypes (i.e. emotional, online, and more ambiguous

behaviors) in community and university convenience samples. The inclusive definitions used in the later types of studies appear to better approximate real-world infidelity experiences, though at the expense of reliability and generalizability, as prevalence rates reported in university convenience samples range from 22.6% to 89% when broader definitions are used (Luo et al., 2010; Negash, Fincham, & Pasley, 2014; Vail-Smith, Whetstone, & Knox, 2010). This methodological divide has persisted over the past 15 years, despite recommendations that further research should collect data on a wide range of behaviors in large, diverse samples of married, dating, cohabitating and divorced people, as recent studies reporting infidelity prevalence statistics continue to fall distinctly in to one of the two categories (Blow & Hartnett, 2005).

While prevalence data are less reliable when using broader definitions, one interesting finding from these studies is that the gap between men and women's infidelity tends to collapse when emotional and more ambiguous behaviors are included. Even in some recent probability samples, there is evidence that sexual infidelity occurs at the same rate in younger cohorts; however, in general, men have consistently higher rates of sexual infidelity than do women. Other notable gender differences are found in comparing the identities of sexual infidelity partners, as both men and women most often have affairs with close friends, co-workers, and long-term acquaintances, but men are more likely to have sex with strangers and sex workers (Labrecque & Whisman, 2017).

Risk factors. Many theories of why people engage in infidelity are explored in the literature, and a large proportion of recent empirical studies focus on identifying risk factors that may predict these behaviors. However, due to inconsistent methodology and idiosyncrasies of the samples used in these studies, their results are often inconsistent and at times contradictory. The most reliable findings across studies indicate that male gender, veteran status, being African

American, being in one's 70s (for men), and women in their 60s are the most likely demographic groups to report extramarital sex (Fincham & May, 2017; Wang, 2018). Further individual risk factors for infidelity include insecure attachment, prior exposure to own or close others' infidelity, more premarital sexual partners, substance use, poor psychological health, and permissive attitudes towards casual sex (Fincham & May, 2017). Findings regarding types of insecure attachment and personality traits that place individuals at risk for engaging in infidelity are contradictory, but there is some evidence that dark triad traits (psychopathy, narcissism, and Machiavellianism) may also be associated with infidelity (Moor & Anderson, 2019; Brewer, Hunt, James, & Abell, 2015; McNulty & Widman, 2014).

Factors pertaining to the quality of the relationship itself are more strongly and stably related to infidelity, and include poor relationship satisfaction, higher negative communication in both members of the couple, and involved partners' low relationship commitment, though highly committed men with pregnant wives are also more likely to engage in infidelity (Allen et al., 2008; Apostolou, 2019; Fincham & May, 2017; Maddox Shaw et al., 2013; Whisman et al., 2007). Contextual factors, such as time spent traveling for work, having jobs involving increased contact with potential sexual partners, and religiosity, when defined as having strong faith and greater feelings of nearness to God, are associated with increased risk of infidelity, but higher frequency of religious service attendance and agreement that the Bible is the literal word of God are negatively correlated with infidelity (Fincham & May, 2017; Wang, 2018).

In their 2005 review, Blow and Hartnett cautioned clinicians in "using this information as they work with couples and individuals, as these research findings are not absolute truths; rather, they are tentative ideas about what might be going on in the lives of clients" (p. 217).

Considering the many inconsistencies in findings between studies and notable methodological

weakness, such as insufficient attention to potential moderating and mediating variables that result in misleading, reductionist conclusions, it continues to be advisable that therapists use caution when applying these findings to their clinical work. As recommended in both 2005 reviews, future research should use multivariate modeling to provide context and better understand the interactions between variables, and more studies with longitudinal designs are necessary to draw causal conclusions. However, it is important to note that researchers have likely had difficulty implementing these recommendations due to the greater demands involved in these designs (i.e. obtaining larger, more diverse samples; including more measures for participants to complete).

Infidelity behaviors and subtypes. Some progress has been made over the last 15 years since Blow and Hartnett (2005) observed that only clinically-oriented theoretical literature tended to consider the complexities of various types of infidelity. A growing number of empirical studies have moved away from exclusive focus on sexual behaviors and investigated different types of infidelity simultaneously, including various forms of emotional infidelity, more ambiguous behaviors, and technology-based infidelity, using multiple approaches in an effort to better describe different phenomena. Particularly through efforts to develop new assessment measures, researchers have explored how people define infidelity and which behaviors and qualities are central to the construct.

In general, these studies indicate that a wide variety of behaviors are considered infidelity to some degree, ranging from sexual/explicit behaviors (e.g. penile-vaginal intercourse; showering with someone else), technology/online behaviors (e.g. liking someone on social media; masturbating with someone over webcam), emotional/affectionate behaviors (e.g. sharing secrets; supporting someone else financially), and solitary behaviors (e.g. fantasizing about

someone; viewing pornography) (Oberle, 2017; Thompson & O'Sullivan, 2016a). Interestingly, in multiple studies, participants rated infidelity behaviors as more severe when committed by a partner than themselves, particularly in the case of emotional and technology-based behaviors (Docan-Morgan & Docan, 2007; Mileham, 2007; Thompson & O'Sullivan, 2016b). Some authors have suggested that what constitutes infidelity is based on subjective individual and couple-specific determinations, but that an underlying prototype structure, in which prototypical cases that are surrounded by other cases with varying degrees of similarity to the prototype, best explains the construct (Guitar et al., 2017; Weiser et al., 2014). For instance, certain qualities (violation, secretiveness, immorality, consequences, and emotional outcomes) and behaviors (sex, kissing) may be considered to be prototypical of infidelity (Weiser et al., 2014). However, it should be emphasized that most these studies used university convenience samples, and their results are therefore less generalizable to other groups.

Internet and technology-based infidelity. Due to the ubiquity of the internet, social media, and portable devices that provide constant access to other people and virtual content, it is not surprising that researchers have increasingly investigated the relationship between infidelity and this aspect of modern life. Perhaps even more so than traditional forms, couples' decision-making regarding which online behaviors are considered infidelity appears to be highly subjective, though recent studies have demonstrated that some internet behaviors, such as masturbating with someone other than the primary partner via webcam and starting a profile for online dating, are perceived as indicative of infidelity to the same extent as comparable face-to-face behaviors (Thompson & O'Sullivan, 2016a; Whitty & Quigley, 2008). Furthermore, internet infidelity leads to painful consequences for couples, including break-up of relationships and, in one article, more than half of noninvolved partners reported that they had been traumatized by

the involved partner's technology-based infidelity (Hertlein & Piercy, 2006; Schneider et al., 2012).

As such, internet and technology-based infidelity may represent even more of a minefield for couples and therapists, as the behaviors involved are often more ambiguous but may be equally damaging to relationships. Mileham (2007) found that chatroom users, who hid their frequent cybersex behaviors from their partners, rationalized their actions as "harmless" due to the lack of physical contact and anonymity, while still considering their own behavior as "cheating." Another study found that married couples assumed that one another shared the same perceptions of what was appropriate online behavior, but actually differed in what they considered infidelity or inappropriate online behavior (Helsper & Whitty, 2010). Other more ambiguous behaviors, such as liking another user's post, may be considered more indicative of infidelity depending on which social media platform they occur, as some platforms (e.g. dating or meet-up apps) are associated with increased likelihood that infidelity behaviors may occur offline.

As with the infidelity literature in general, methodological problems pervade this subfield of research and marked differences in the ways in which online infidelity is defined and operationalized, the use of nonrepresentative convenience samples, and the highly subjective nature of the construct lead to inconsistent and contradictory findings across studies. Such varied results make drawing helpful conclusions about prevalence rates and risk factors for these behaviors nearly impossible. However, it is telling that a survey of MFTs found that, for roughly three-quarters of their sample, internet infidelity cases made up between 5% and 10% of their caseloads (Goldberg et al., 2008). The authors speculated that the remainder of the participants, who reported that they did not see any clients with cybersex difficulties, could reflect a lack of

routine assessment for these problems, which may also be related to their finding that 87% of MFTs surveyed reported that their graduate training did not sufficiently prepare them to diagnose or treat these issues.

How therapists respond to these issues when clients present with them in therapy is even more uncertain. A few theoretical guidelines have been published by researcher clinicians, but there is no empirical support for any treatment model that is specific to internet infidelity. Furthermore, even a panel of experts in the field of couple therapy could not reach a meaningful consensus when they were asked to identify basic assumptions in treating internet infidelity (Nelson et al., 2005). The lack of focus on these issues in clinical training and minimal treatment resources leave therapists vulnerable to bias when making treatment decisions, as another survey of MFTs found that therapists' conceptualization of and clinical responses to internet infidelity differed depending on their own and their clients' demographic factors and cultural identities (Hertlein & Piercy, 2008).

This area of the field is quickly evolving and must continue to keep pace with the continual changes in internet and technology behaviors. The 2005 reviews included little focus on this type of infidelity, and while many more studies have been published than could be found at that time, there continues to be very little that is both reliable and readily applicable to clinical work with couples.

Impact of infidelity. Consistent with the 2005 reviews, more recent research indicates that infidelity has considerable consequences for couples' and individual partners' psychological functioning, and a wide variety of problematic symptoms occur in the context of infidelity and may lead to criteria being met for multiple psychiatric disorders. While typically most prominent in noninvolved partners, symptoms of posttraumatic stress and depression continue to be found

in both members of the couple across studies, and infidelity couples are consistently more distressed than their non-infidelity peers when they present to treatment (Kroger et al., 2012; Roos et al., 2019; Whisman, 2016). For couples who decide to stay together, a noninvolved partner's ability to forgive the betrayal appears to be important to both the relationship as well as to factors associated with their own emotional wellbeing (Heintzelman et al., 2014; Kluwer & Karremans, 2019). Forgiveness under these circumstances appears to be a more active and intentional process, as length of time since infidelity did not predict forgiveness even when couples remained together for years (Heintzelman et al., 2014).

While divorce is not always seen as a negative outcome, it remains associated with significant costs to individuals and joint undertakings, and there is evidence that divorcing partners with a history of infidelity experience more depression than those without infidelity (Allen et al., 2006). In 2005, Blow and Hartnett cited mixed findings regarding the likelihood of divorce following infidelity, but more recent studies paint a bleaker picture for the longevity of relationships in which it occurs. For instance, Allen and Atkins (2012) analyzed data from a large representative, national sample and found that more than half of individuals (62% of men and 67% of women) who admitted to engaging in sexual infidelity were divorced or separated from their spouse, which are even more remarkable figures considering that only the respondents' own sexual (vs. emotional or technology-based) infidelity was measured. Taken collectively, the findings of recent studies indicate that divorce is more likely than not after infidelity occurs; however, longitudinal studies that follow both members of a couple and examine interactions between multiple factors that may contribute to infidelity and divorce are necessary to make better predictions about marital outcomes.

Infidelity is also associated with physical consequences, and the 2005 reviews concluded that infidelity was a well-established precipitant of intimate partner violence (IPV), which is most often perpetrated by men. More recent contributions to the literature support these findings and numerous qualitative studies provide rich descriptions of the circumstances that surround these violent, but sadly not infrequent, reactions to infidelity. In fact, in a field that has historically studied only very limited populations (i.e. Caucasian, heterosexual, middle class, married Americans), it is promising that many of these studies explored these behaviors in diverse global cultures.

For the most part, the increase in international publications that focus on how these issues manifest in diverse cultures has not translated into more research being conducted on traditionally understudied populations in the U.S. This is made even more concerning considering findings, such as Turrel et al.'s (2018), that in couples with bisexual partners, who have been shown to be more likely than any other sexual orientation to experience IPV, both suspected or actual infidelity and perpetrator bi-negativity were the variables most related to IPV perpetration. Several studies also link psychological forms of IPV, such as sexually coercive and controlling behavior, to increased risk of exposure to STI, and multiple studies over the past 15 years have supported prior findings that those engaging in sexual infidelity are unlikely to use condoms with either their primary or their affair partner (Brady et al., 2013; Conley et al., 2012). Studies of both heterosexual individuals and gay men demonstrate that it would seem to be infidelity's inherent qualities of secrecy and betrayal that places individuals most at risk of contracting STIs through failure to practice safe sex, as those who had open relationships and multiple sexual partners were more likely than those with infidelity to use condoms (Brady et al., 2013; Swan & Thompson, 2016).

Research Question Two

What are therapists' perceptions of treating infidelity when it arises as a clinical issue in couple therapy?

While the 2005 reviews did not devote much focus to therapists' perceptions of treating infidelity, given prior findings that infidelity is one of the most common presenting problems in couple therapy, but one which most therapists feel unprepared to treat, it is useful to understand how practicing clinicians view this issue and respond to it when it occurs in their clients' lives. Three qualitative studies examined this process and found that therapists describe containing the couples' often explosive emotional reactions and moving them towards constructive dialogue as one of the first and most challenging tasks that must be accomplished. Commonly referenced later stage goals include helping the couple to see infidelity as a symptom of larger relationship issues and forgiveness (Hertlein & Piercy, 2012; Olmstead et al., 2009; Vossler & Moller, 2014).

Though their theoretical orientations were not discussed, and only a minority of therapists reported using systemic therapies in a prior study of MFTs working with infidelity (Hertlein and Piercy, 2012), implicit use of systems theory was apparent in the ways that therapists reported helping clients make meaning of infidelity across studies. Currently, there is insufficient empirical support to draw conclusions regarding behaviors that characterize most therapists' practices, but it may be that even therapists who identify as practicing from different orientations find systemic theory helpful in lessening conflict and providing an explanation that encourages forgiveness by reducing blame and distributing responsibility more evenly between partners.

Though the majority of infidelity-specific treatment guidelines include an emphasis on moving towards forgiveness, therapists did not tend to directly reference forgiveness as a central component of treatment. Instead they focused on steps to lay the groundwork for forgiving

motivations, such as reestablishing trust, treating underlying relationship problems, and reframing the infidelity within the context of the relationship (Olmstead et al., 2009). Other research has shown that therapists may not directly address forgiveness in treatment due to discomfort with the association between forgiveness and religiosity, as prior research has found that professional therapists have tended to distance themselves from religious and spiritual matters (Fife & Whiting, 2007). Though considerably more research is necessary to determine which components of treatment are effective, providing therapists with empirical evidence to support a clinical rationale for directly addressing forgiveness may be helpful in reducing these barriers. One study asked specifically about facilitating forgiveness, and therapists described the need for clarifying clients' understating of forgiveness before explaining that it is an ongoing process that is distinct from other associated but different processes, such as reconciling and excusing (Olmstead et al., 2009).

Regarding definitions of infidelity, in contrast to the large body of research that has attempted to clearly delineate emotional vs. sexual infidelity, the few recent qualitative studies that explore therapists' definitions found that they did not meaningfully distinguish between sexual and emotional infidelity (Moller & Vossler, 2015). Instead therapists described a broader range of sexual and non-physical, emotional behaviors combined with qualities, such as secrecy and betrayal, which may be more in line with the complex, fluid nature of infidelity's clinical presentation. Therapists also understood contradictions in the ways their clients defined infidelity to be meaningful, and client definitions were perceived as being constructed in response to individual needs to negotiate accountability for hurt and moral responsibility for improving the relationship. Implicit in most of the therapists' conceptualizations of infidelity was a view of infidelity as a significant relationship trauma (Moller & Vossler, 2015).

Research Question Three

How has sociocultural identity been considered in the infidelity literature?

The 2005 reviews observed that there was a lack of research that included or specifically attended to diverse sociocultural identities, and that the tendency of many studies to use clinical and community convenience samples, which were typically heterosexual, Caucasian, and more highly educated, was problematic in terms of generalizability to other groups. With some areas of exception, these tendencies are largely unchanged over the past 15 years. Moreover, many studies continue to omit demographic characteristics beyond gender and age range but continue to make broad statements regarding their findings, implying underlying assumptions that they are universally applicable. Other studies note the limitations of using non-representative samples, but this does not appear to have resulted in changes to the designs and sampling methods of most subsequent studies.

Though many cultures and subcultures within the U.S. are largely ignored in the infidelity literature, some particularly notable omissions include indigenous populations and those living with disabilities, as no studies could be identified that dealt with the infidelity experiences of these populations. Interestingly, theoretical clinical guidelines have cited relationships, where one partner is serving as a caregiver for another who has a disability, and “where the partner stays together only to provide medical and emotional support” (Wilkinson et al., 2012, p.143), as instances where therapists are advised not to encourage disclosure of affairs to the noninvolved partner. Examples of such cases in the literature tend to focus on the infidelity experience of the caregiver of a partner that is “bedridden” (Scheinkman, 2005, p. 241) and do not describe affairs had by people with disabilities. Regardless, these depictions do not appear to

acknowledge the sexuality of people living with disabilities and do not address potential biases that might influence therapists' work with these couples.

Other diverse groups that have received very limited attention, apart from being mentioned within the context of prevalence statistic in large national surveys, include older adults and U.S. ethnic minorities. Considering the findings in these surveys that adults over the age of 60 and African Americans are demographic groups most likely to report experiencing sexual infidelity, the lack of knowledge about the infidelity experiences of these populations is startling. As previously discussed, most infidelity research is conducted using samples of college-aged or middle-aged participants, and only two studies were identified that specifically dealt with the experiences of older adults.

Three qualitative studies described important considerations for combined samples of inner city African American and Latino adults. In these contexts, infidelity was perceived as inevitable, and tolerance for it was relative to other factors related to scarcity of resources in this environment (Macauda et al., 2011). These studies emphasize the socioculturally constructed nature of infidelity and provide valuable insights into the experiences of specific subcultures, but generalizations would be inappropriate and would risk presenting ethnic minorities as homogenous groups. Additionally, the majority of the samples in these studies were low income, and the socioeconomic realities of the inner-city context were significant in shaping participants' views of infidelity.

Two additional studies explored the phenomenology of infidelity amongst low-income individuals and found that infidelity was a common precipitating factor in relationship dissolution (Hill, 2007), and amongst inner city men, generalized mistrust and foreshortened destiny that was influenced by the experience of poverty and domestic instability reduced

inhibition in the face of sexual temptation (Fosse, 2010). As the majority of clinical guidelines for treating infidelity in couple therapy emphasize understanding involved partners' motivations for having affairs, it is important for clinicians to consider the influence of systemic inequalities faced by couples of lower socioeconomic status. However, as previously noted in Allen et al.'s review, it continues to be the case that more recent findings regarding the relationship of income, education, and occupation and the likelihood of infidelity are inconsistent, thus researchers and clinicians should refrain from making broad assumptions based on these studies.

The pervasiveness of heteronormativity in the infidelity literature is made even more apparent since legislation legalizing gay marriage was passed in the U.S. in 2015, as studies of extramarital and extradyadic dating behavior continue to be overwhelmingly focused on cisgender heterosexual relationships. Furthermore, multiple theoretical papers written by clinicians who specialize in working with LGBTQ populations, as well as a few empirical studies, indicated that there may be significant differences in relationship norms surrounding monogamy and infidelity in LGB versus heterosexual couples (Brady et al., 2013; Burch, 2008). These findings have implications for researchers and clinicians, as researchers may need to tailor their studies' designs to respond to differences in the way infidelity is understood in these groups, and clinicians are cautioned against relying on the conclusions of otherwise good quality research studies that are conducted using only heterosexual samples and norms.

Recent representative national surveys have replicated findings discussed in the 2005 reviews that more frequent religious service attendance and agreement that the Bible is the literal word of God is a protective factor against engaging in sexual infidelity but stronger faith and self-perceived closeness to God predicts increased sexual infidelity (Fincham & May, 2017). However, as was noted in 2005, other studies' use of convenience samples and differing

definitions of both religiosity and infidelity lead to findings that are contradictory and less helpful in predicting infidelity based on religion. Other recent studies found that spiritual well-being better predicted divorce adjustment than spousal infidelity or being the initiator of the break-up (Steiner et al., 2011; Steiner et al., 2015), indicating that it may be helpful for therapists to include a spiritual assessment, such as the practices outlined by Gibson (2008) in his clinical guidelines, in their larger assessment of individual and relationship functioning. Given the relatively limited attention religion has received in the infidelity literature, and findings that professional therapists tend to distance themselves from religious and spiritual matters (Fife & Whiting, 2007), clinicians may wish to examine these potential biases in their work with infidelity couples.

While the vast majority of infidelity research has been conducted in a U.S. context, both prior to 2005 and more recently, there is a growing body of international literature on infidelity that is available in English. The findings of recent large, cross-cultural studies that examined couples from global cultures, had interesting implications for attachment theory and infidelity. While many U.S. and Western European-based researchers refer to associations between attachment and infidelity as universals, cross-cultural correlations between having dismissing attachment style and engaging in infidelity had small effect sizes, and global effects were acknowledged to be driven primarily by WEIRD samples (Schmitt & Jonason, 2015).

Infidelity in China has received increasing attention from Chinese and international researchers, and one survey using a national probability sample found significantly higher rates of sexual infidelity compared to U.S. estimates, with more gender disparities between men's much higher rates than women's (Zhang et al., 2012). Other international studies include several African, Central and South American, and South Asian qualitative studies which have examined

infidelity in the context of global efforts to better understand gender-based health risk factors. Common findings in these studies indicate that infidelity and suspicion of partner infidelity are commonly described precipitants of sexual, emotional, and physical forms of IPV and are a barrier to adoption of HIV-prevention strategies in high risk populations (Parker et al., 2014).

Research Question Four

How effective are current evidence-based treatments for infidelity?

Perhaps the most remarkable finding of this review is the lack of progress toward empirical validation of treatment frameworks for infidelity, as little more is known about which therapeutic practices are effective for couples facing this issue even 15 years on from similar findings in the 2005 reviews. At that time, two studies presented empirical evidence for the use of three treatments (two broad-based couple therapies and one infidelity-specific model) with a total of 25 infidelity couples. Since then, only four additional publications have investigated the efficacy of these treatments, as well as a general marriage education class and the unspecified routine practices of community therapists or treatment as usual (TAU).

The 2005 reviews reported cautious optimism for infidelity couples who disclosed infidelity and received treatment. Couples who completed Gordon et al.'s (2004) integrative infidelity-specific approach in their replicated case study, and couples who were randomized into two broad-based couple therapies (TBCT or IBCT) and disclosed infidelity during treatment (versus secret affair couples) in Atkins et al.'s (2005) study, were generally found to have significant reductions in aspects of individual and relationship distress to the extent that they were in most respects comparable to non-infidelity couples. Additionally, none of these couples divorced during treatment or, in Gordon et al.'s study, at six-month follow-up.

Unfortunately, the two more recent studies that examined these approaches would appear to somewhat dampen the optimism of the previous findings. An RCT that investigated the efficacy of the integrative infidelity-specific approach found some improvement in individual partners' PTSD-like symptoms but there were no clinically significant improvements in depression or relationship satisfaction for either partner (Kröger et al., 2012). Furthermore, Atkins et al.'s initial findings that disclosed infidelity couples were indistinguishable from non-infidelity couples after receiving either TBCT or IBCT did not hold true at five-year follow-up. While those infidelity couples who remained married were equivalent to non-infidelity couples, and even experienced increased relationship satisfaction over time, disclosed infidelity couples had nearly double the rate of divorce compared to non-infidelity couples, and 80% of secret affair couples were divorced by five years after treatment (Marin et al., 2014). Though one outcome study comparing TAU in infidelity versus non-infidelity couples found similarly hopeful initial results to Atkins et al.'s original study (i.e. infidelity couples improved at such a rate that they were indistinguishable from non-infidelity couples despite entering therapy more distressed), in light of Marin et al.'s findings, longer-term follow up is required to determine the degree to which treatment effects persist.

General marriage education classes led to improved communication skills in Army couples with a history of infidelity, but they were not found to significantly improve relationship satisfaction or prevent divorce as they did in non-infidelity couples (Allen et al., 2012). However, this study's control group data offered some interesting insights in that infidelity couples were found to make small but statistically significant improvements at a greater rate than non-infidelity couples, but these improvements were not maintained at one-year follow-up. Given these and the other empirical treatment findings, a tentative pattern emerges, such that

infidelity couples are highly distressed following infidelity or its revelation but tend to make initial improvements with time, and much more so with treatment. However, in the middle to longer term, they continue to be at significantly higher risk of deterioration than non-infidelity couples.

Overall, what can be gleaned from these four studies is the understanding that infidelity couples appear to be significantly different, in terms of both individual and relationship factors, even from their highly distressed, non-infidelity counterparts. Accordingly, approaches that offer no direct focus on the infidelity appear to be least helpful, and not disclosing the affair seems to be most destructive, but it does not necessarily follow that near-exclusive focus on the affair leads to much better treatment outcomes. TAU and broad-based couple therapy models seem to have the most promising initial findings. However, there is evidence that one course of these treatments may not be sufficient to maintain improvements in the longer term for a large portion of infidelity couples. Regardless of these indications, so few empirical treatment studies exist that drawing firm conclusions about the efficacy of any treatment model is premature.

Given the lack of empirically supported treatments for this issue, it is not surprising that numerous scholar-clinicians have contributed to the literature by proposing theoretical guidelines based on their experience working with these couples. Disappointingly, these guidelines lack any empirical evidence supporting their utility in clinical work, with the exception of a few case studies that are helpful in illustrating how a treatment might be delivered but do not provide evidence of efficacy. Two prior studies have argued for the collective value of this body of clinical knowledge and produced treatment guidelines based on the many commonalities found amongst theoretical guidelines (Dupree et al., 2007; Fife et al., 2013). To a large extent, they resemble Gordon et al.'s integrative infidelity-specific approach in that treatment is structured

into linear stages, typically involving assessment, de-escalation and validation of strong emotional reactions, exploration of context and relationship dynamics thought to contribute to infidelity, and movement towards forgiveness and balanced decision-making regarding the disposition of the relationship. Underlying these, and the majority of other guidelines, is an explicit or implicit systemic conceptualization of infidelity's etiology, such that infidelity is viewed as a relationship trauma that has been co-created through the partners' relational dynamics, rather than the result of individual motivations.

However, several papers have offered important critiques of these practices and their implicit assumptions. Williams (2011) presented clinical treatment guidelines that emerged from a feminist response to traditional family systems approaches to infidelity treatment, which may neglect gendered power imbalances in their focus on the shared relational responsibility for the affair, and thus perpetuate the harmful relationship norms that may have originally led to infidelity. Other authors offer psychodynamic perspectives and argue that emphasizing mutual responsibility for an affair has iatrogenic effects on noninvolved partners and deprives involved partners of gaining insight into their own internal conflicts that motivated their engagement in infidelity (Bagarozzi, 2008; Oppenheimer, 2007). Still other clinicians argue that framing infidelity as a traumatic betrayal involves taking a moral position against infidelity that idealizes monogamy, truth-telling, and transparency (Reibstein, 2013; Scheinkman, 2005). Scheinkman (2005) describes this as a distinctly American, middle-class perspective that ignores individuals, cultures, and subcultures for whom monogamy is a more relative value. She argues that taking such a moralistic view of infidelity risks foreclosing on exploration of the subtleties of emotional experiences in relationships and managing the reality that affairs tend to happen.

Turning to the relative wealth of theoretical treatment models may offer helpful suggestions to clinicians, but ultimately the lack of empirical support for these approaches leaves clinicians more vulnerable to bias in their decision-making and likely in a state of uncertainty about best practices. Additionally, most clinician-authored theoretical treatment guidelines tend to consider second order changes that may result from therapy (i.e. reducing psychopathology, restructuring of relationship patterns, and attachment rebuilding) as inherent methods of relapse prevention. In light of Marin et al.'s preliminary findings, it may be advisable to include more explicit methods of relapse prevention, even when therapy is initially successful.

This general lack of advancement is surprising, as even in a body of literature plagued by inconsistencies, there continues to be well-established evidence that infidelity is one of the most common issues for which couples present to therapy. Yet therapists continue to report that they feel ill equipped to treat it, whether in more traditional forms or in newer manifestations (i.e. internet and technology-based infidelity). In order to begin to address these issues, it is recommended that experienced therapists presenting theoretical frameworks for working with infidelity couples begin to conduct more research on their interventions. By implementing their guidelines in a more systematic manner and evaluating their effectiveness, even if only small samples are used, clinician-researchers can avoid bias and better determine what elements of their treatments are most effective. Further steps can be taken in collaboration with other researchers to generate more rigorous treatment outcome studies, in order to validate the efficacy of approaches as well as their effectiveness with diverse couples. Given the indications that infidelity couples are at higher risk of deterioration, and even initially successful treatment effects may not persist in the longer term, longitudinal studies are necessary to understand the prognosis of infidelity couples and better extend the effects of treatment.

Research Question Five

What is the current status of the literature regarding the clinical management of infidelity disclosure in couple therapy?

The 2005 reviews both briefly address the clinical management of disclosure of infidelity and recommend that more focused research should be conducted on this process. Blow and Hartnett (2005) noted the findings of Atkins et al. (2005) that keeping affairs completely secret during treatment appears to lead to poor individual and relationship outcomes. Allen et al. (2005) reported evidence that “staggered disclosure” where specifics of the infidelity are revealed piecemeal to the noninvolved partner may be harmful to both individuals and the relationship. Despite these findings and recommendations, only a few studies have included a focus on disclosure since that time. Additionally, most of this research involves surveys of couple therapists’ decision-making when one partner privately discloses infidelity with the expectation that it will be kept confidential from their partner, as well as theoretical discussions of the ethics surrounding this choice. There has been almost no empirical investigation of the actual process of disclosure, when it occurs in therapy, or what information is helpful or harmful to individual partners and the relationship.

One exception is Vossler and Moller’s (2014) qualitative study, where therapists described the need to contain often explosive, emotional reactions to the revelation of infidelity. They also observed that noninvolved partners can become preoccupied with learning details of the affair and probing their partners for more information, which was considered to be humiliating for the involved partner and potentially damaging to the relationship. However, these therapists also considered the noninvolved partners’ need to reconstruct the events of the affair to

be a prerequisite for accepting the reality of the infidelity, which was seen as a necessary step towards healing.

As such, it would appear that when the existence of an affair is revealed in therapy, some therapists may first attempt to contain the partners' strong emotional reactions, before facilitating the noninvolved partners' fact-finding, while also managing tendencies to become preoccupied with the details of the infidelity. However, far more information is necessary to understand how therapists manage the disclosure process and how therapists distinguish between appropriate fact-finding and unhealthy preoccupation with details. For instance, how do therapists manage an involved partner's need to unburden their conscience or act out anger towards their partner by revealing details of an affair that may be unwelcome? It may also be less helpful to rely on therapists' and couples' retrospective reports, and studies that use direct observation or video data to provide in-depth descriptions of practitioners' real-life responses and interventions would advance the literature.

Only three of the theoretical treatment guidelines identified by this review directly discussed the disclosure process, and their stances on the matter differed. For example, one paper advocated for "full disclosure" but avoidance of overly graphic details that could lead to traumatic, intrusive thoughts (Haney & Hardie, 2014, p. 408). Hertlein et al. (2017) suggested normalizing the noninvolved partner's need to gather evidence about the affair through surveilling the involved partner, while also establishing a time limit for the surveillance. Alternatively, Fife et al. (2008) argued against detailed questioning all together and suggested that the therapist redirect couples to examine the underlying emotional process. Despite these somewhat vague and contradictory recommendations, clinicians and researchers continue to agree that managing disclosure is a critical aspect of treating infidelity.

When infidelity is revealed outside of joint couple sessions, therapists appear to go through a complex ethical and clinical decision-making process when determining whether to help an involved partner maintain or facilitate disclosure of infidelity secrets. In contrast to findings reported in the 2005 reviews, which indicated that most therapists would maintain an involved partner's confidentiality if they wished the infidelity secret to be kept during couple therapy, more recent surveys of therapists indicate that, if an affair is still ongoing, a majority of therapists agreed that they would disclose to the other partner, though 58% of therapists would not insist on disclosure to the noninvolved partner if the affair was in the past, and 79% would not encourage disclosure in the context of domestic violence (Butler et al., 2010; Softas-Nall et al., 2008). Butler et al. (2009) presented an interesting discussion highlighting the cultural value-laden process of clinical decision making in the context of secrecy and infidelity, and they discuss the distinctly Western cultural values, including truth-telling and individual freedom, that inform ethics codes and relationship norms in America. However, the authors did not discuss ways that ethical decision-making may be different when working in different cultural contexts or with culturally diverse clients.

Research Question Six

How have researchers responded to recommendations generated by previous critical reviews of the infidelity literature, and based on the current methodological strengths and weaknesses of recent empirical studies on infidelity, what are useful recommendations for future research?

In this final section, the status of the recent infidelity literature's methodology and substantive domains will be compared and contrasted with the conclusions of the 2005 reviews,

and recommendations will be made for future studies, with an emphasis on increasing the usefulness and applicability of research to the treatment of infidelity in clinical practice.

Definitions and methods of assessment. A methodological weakness identified in both 2005 reviews was the variability in how infidelity was defined and operationalized across studies, which continues to be an issue that leads to confusingly contradictory findings in research conducted over the past 15 years. However, researchers have more consistently acknowledged this problem and dealt with it to varying degrees in recent studies. Though limited and poorly operationalized definitions, such as “extramarital sex” continue to be used, this practice is more often acknowledged as a limitation, and a strength of several recent studies is the use of measures and definitions that investigate these behaviors on a continuum. For example, Luo et al.’s (2010) Extradyadic Behavior Inventory lists a range of sexual, more ambiguous physical, non-physical emotional, and technology-based behaviors, that would be helpful to continue to examine in future research. Presenting a range of behaviors that includes sexual intercourse allows researchers and clinicians to compare prior findings regarding explicit sexual behaviors (i.e. extramarital sex and sexual intercourse) alongside other behaviors that have been shown to have consequences that are equally as damaging for individuals and relationships. However, it is important that any such measures be developed and validated using representative samples that are selected to match the populations on whom they are intended for use.

Additionally, other studies have found that infidelity appears to have a prototype structure and tends to be associated with qualities such as secrecy and betrayal. It is recommended that measures not only list behaviors, but also clearly state that the behaviors are to be considered in the context of these qualities. This would help researchers to avoid capturing

extra-dyadic activity that is sanctioned by the primary relationship, and thus does not constitute infidelity, while also capturing the infidelity that does occur in open or nontraditional monogamous relationships. In the interest of accurately measuring intended behaviors, the 2005 reviews noted the importance of reducing participants' hesitance to disclose their engagement in what continues to be taboo behaviors, and thus it is an additional recommendation of this review that language used to capture these qualities be neutral and non-judgmental. For instance, self-report measures could use the following phrases to introduce a list of behaviors: "Please indicate in which of these activities you have engaged, with the understanding that they would fall outside of the spoken or unspoken expectations in your primary relationship, *and* while intending to keep them secret from your primary partner."

Recommendation one. Researchers should investigate infidelity by including a broad spectrum of behaviors and clarify, using non-judgmental language, that these behaviors should be considered in the context of intended secrecy from the primary partner and actions that are knowingly outside of spoken or unspoken relationship expectations.

Another ongoing definitional problem involves the study of the relationship of infidelity and other concepts, such as religiosity and socioeconomic status, which were observed by this review to be often vaguely and inconsistently defined. Allen et al. discussed this problem in the context of opportunity to have affairs, which was inferred through factors such as residing in an urban environment and employment status and may not adequately capture the intended construct. More often than not, recent studies of infidelity's prevalence and correlates continue to examine these constructs indirectly and in conjunction with multiple other complicated variables, which makes analysis of interaction effects less effective. As this practice continues to be a

limitation that leads to contradictory findings across studies, it merits emphasis as an area for improvement in future research.

Recommendation two. Future research should prioritize detailed analysis of fewer, more theoretically relevant, and well operationalized constructs for investigation relative to infidelity, rather than including a wide range of vaguely defined variables.

A strength of recent research is that most quantitative studies have used anonymous methods of assessment (e.g. internet surveys), which was a previous recommendation of the 2005 reviews and has been shown to reduce participants underreporting of infidelity. Still, social desirability bias continues to be a threat to the validity of infidelity studies that rely on participants' self-report. Allen et al. also recommended including an index of social desirability in assessment measures, and though no studies were identified that used this strategy, implementing such practices would likely provide researchers with more confidence in the validity of their results. Other studies have used methods such as couching infidelity questions within more neutral inquiries about the relationship to normalize disclosure and reduce participants' emotional reactivity to the topic.

Recommendation three. In order to minimize underreporting of infidelity, future research should continue to use anonymous methods of assessment. Researchers should also implement multiple strategies to evaluate the presence of responding based on social desirability and to reduce participants' reactivity to infidelity questions.

Another concern regarding current infidelity assessment methods is that the vast majority of studies collect data on individuals, rather than both members of the couple, which may make their results less accurate. Blow and Hartnett recommended that researchers gather more couple data, and several recent studies have done so (e.g. Altgelt et al., 2018; McNulty et al., 2014;

Russel et al., 2013); however, almost all of these studies focus on newlywed couples, for whom infidelity may be less frequent and managed differently within the relationship. Studies that gather data from both members of the couple at various relationship stages, particularly those with longitudinal designs, would assist in clarifying differences in individual and relationship factors that make infidelity more likely, protective factors against infidelity during times of marital distress, and differences in relationships that end versus those that heal from infidelity.

Recommendation four. When possible, infidelity researchers should gather data from both members of couples in different forms and stages of relationships and compare their responses in their analyses.

Sample characteristics. Allen et al. (2005) noted that, particularly in the case of gathering data on sexual behavior, using community convenience samples leads to self-selection bias and often very different findings from those that use national probability samples. Another strategy to boost sample size and reduce self-selection bias is asking participants to respond to hypothetical infidelity scenarios, which continues to be common despite good evidence that it is not equivalent to measuring actual infidelity. Both prior reviews recommended that quantitative studies use random sampling methods, but it is worth reiterating that the lack of studies that investigate a range of actual infidelity behaviors using representative probability samples continues to represent a serious and continuing weakness in this body of literature.

Additionally, it is problematic that many studies continue to promote systematic bias by drawing general conclusions about infidelity based on samples that are overwhelmingly and disproportionately Caucasian and heterosexual. If probability samples are not possible due to cost or suitability to the research questions, researchers should consider using homogenous convenience samples and working collaboratively with other researchers to examine topics

relevant to infidelity by comparing data from other studies with homogenous convenience samples of different sociodemographic groups conducted on the same topic (see Jager, Putnik, & Bornstein, 2017 for a discussion of homogenous convenience samples). However, as with traditional convenience samples that are disproportionately weighted towards any one sociodemographic group, studies using homogenous convenience samples should clearly represent, in titles and abstracts as well as discussions, the population that is being sampled and the limitations in generalizability to other groups.

Recommendation five. It is recommended that quantitative studies use representative random sampling methods and investigate actual infidelity (vs. hypothetical scenarios) in order to obtain the most generalizable and reliable data. If representative probability samples are not indicated, researchers should consider comparing studies with homogenous convenience samples of different sociodemographic groups that examine the same aspect of infidelity.

Blow and Hartnett recognized that understanding how ethnic and sexual minorities experience infidelity was limited by the predominant use of Caucasian, heterosexual samples at that time. As previously discussed, this tendency persists in the U.S.-based empirical infidelity literature, and many diverse groups and minority populations have received minimal attention. Furthermore, many studies continue to omit demographic characteristics beyond gender and age range but continue to make broad statements regarding their findings, making it unclear to researchers and clinicians in which cases these findings might be applicable.

Different methodological strategies should be employed to sensitively respond to gaps in the literature, which differ according to population and have been previously detailed in this review. For instance, no peer-reviewed articles could be identified that explored the infidelity experiences of Native Americans or people living with physical disability. In such cases,

qualitative studies could provide rich descriptions of the phenomena surrounding infidelity and assist in developing theoretical frameworks on which to base further research questions, while quantitative studies can establish prevalence of infidelity and population-specific epidemiological data, and also validate treatment approaches in diverse groups. In particular, it is not sufficient for researchers to limit their focus to cisgender, heterosexual couples and individuals, and future studies should include the experiences of LGBTQ populations.

Recommendation six. Future research should prioritize gathering more information about the overall experience of infidelity in diverse groups, through both the use of representative sampling and more thorough demographic data collection and reporting in larger quantitative studies, as well as purposive sampling methods and more qualitative research. In particular, studies should include the experiences of LGBTQ populations.

Design. As was noted in 2005, with a few rare but helpful exceptions, most recent infidelity research continues to use cross-sectional designs, and thus conclusions regarding causal relationships between variables cannot be determined. This is problematic for both the large body of research that continues to focus on identifying factors that predict infidelity, as well as the relatively fewer studies that examine the longer-term effectiveness of treatment and the healing process following infidelity. While longitudinal data would be most helpful in these cases, Allen et al. noted that infidelity has a low base-rate in any given year, which makes collecting this type of data challenging. They recommended that researchers use an accelerated longitudinal design, in which staggered samples can be linked to form a continuous longitudinal design that represents a longer time period; however, no studies were identified that used such a research design during the past 15 years.

Another possibility, though with its own limitations, would be to improve on the usefulness of cross-sectional designs by gathering additional information regarding the timeframes of different life events (i.e. marriage, birth, divorce, separation) and experiences, such as episodes of psychiatric illness and recovery. Though this would rely on individuals' retrospective self-reports, which may be less reliable, it would provide more information to researchers and clinicians regarding couples' perceptions of events leading to infidelity and its aftermath. However, based on findings of this review that infidelity couples may be at a higher risk of deterioration in the longer term, even after receiving psychotherapy, it is recommended that treatment outcome studies continue to follow couples for at least five years after therapy is concluded.

Recommendation seven: Future research should prioritize using designs with a temporal component. Though longitudinal designs are ideal for better understanding causal relationships between infidelity and other variables, it is recommended that cross-sectional studies gather self-report data regarding temporal relationships between infidelity, infidelity disclosure, and other variables (i.e. divorce, major life events, mental health and wellbeing). Studies evaluating treatment outcomes should continue to follow infidelity couples for at least five years after therapy is concluded.

Blow and Hartnett identified the need for more qualitative studies of infidelity in their 2005 review, and since that time multiple studies have been published that use qualitative and mixed methods approaches to understand phenomena surrounding infidelity. Considering the helpfulness of these findings, particularly in understanding therapists' experiences of working with this issue, it is recommended that further qualitative studies explore areas of this field that are poorly understood (i.e. infidelity experiences in culturally diverse groups; therapists'

management and couples' perceptions of the disclosure process; the process of healing after infidelity). While gathering and analyzing couples' and therapists' retrospective descriptions of experiences with infidelity is important, the use of video data and recordings of couple therapy sessions may be particularly useful to better understand how couples define infidelity, the process of disclosure when it occurs in therapy, and how experienced therapists actually intervene when working with couples facing this issue.

Recommendation eight. There is a need for further qualitative and mixed methods studies that provide depth and detail regarding the infidelity experiences of couples and their therapists that are poorly understood, and researchers should consider using video data, rather than mainly couples' and therapists' retrospective reports, to better describe therapeutic processes.

Analysis. A large portion of the studies on infidelity published in the past 15 years have examined a variety of factors (i.e. demographic, individual, relationship, and contextual) in an effort to determine what predicts infidelity, and other studies, though fewer in number, also investigate the relationship between these factors and divorce, as well as healing, after infidelity. The 2005 reviews both discussed the importance of examining potential predictors of infidelity in a multivariate context, and to a large extent this advice has been heeded, as studies frequently report both main effects, as well as more complex moderating effects between infidelity and other variables. However, as previously described, infidelity and many of these other variables are often poorly and inconsistently operationalized, leading to contradictory findings.

Additionally, in an effort to make novel contributions to the literature, many studies include a large number of poorly operationalized variables in their analyses and do not devote sufficient attention to understanding more complicated constructs. Fincham and May (2017)

recommended that future studies examine an additional predictor variable only when it “(a) adds information over and beyond that provided by relationship dissatisfaction in predicting infidelity or (b) acts as a moderating variable in predicting infidelity” (p. 72). Additional research is necessary to determine what makes individuals and relationships vulnerable, as opposed to resistant, to infidelity, but its usefulness will be improved if prior methodological recommendations are followed. Furthermore, additional efforts should be made to replicate these research findings using representative samples. Otherwise, as Blow and Hartnett cautioned 15 years ago, infidelity research findings should be considered tentative and not necessarily representative of the experiences of the couples whom they treat.

Recommendation nine. Future studies should examine well operationalized constructs in multivariate contexts, and efforts should be made to replicate prior research findings using representative samples. Researchers may also wish to consider the recommendations of prior reviews in selecting variables to study, so that their findings will benefit from what is currently known to be relevant to infidelity.

Conceptual and Methodological Limitations of This Study

While a systematic review has a number of methodological strengths, including being guided by research questions and clear protocols for conduct, it also has some limitations (Grant & Booth, 2009). One consideration is publication bias, as research studies that generate significant positive results are more likely to be published than those that do not, and a disproportionate emphasis may be placed on poorer quality research or studies that overlook or minimize contradictions or inconsistencies (Mertens, 2015). Kunz et al. (2007) recommend documenting methodology and critiquing its limitations as a way of offsetting, though not eliminating,

publication bias. Additionally, the process of creating eligibility criteria, as well as summarizing and synthesizing data, is subject to bias, as it may be determined by the researcher's subjective judgment and potential tendency to select literature that supports the researcher's world view (Grant & Booth, 2009). The researcher remained mindful of cultural assumptions by engaging in reflexivity to reduce any distortions or preconceptions that may have been unwittingly introduced into the research design and process. For instance, the researcher engaged in reflexive journaling, noting elements of cultural self-identity, opinions, thoughts and feelings, during the review process. After articles were read, reactions and reflections were noted in the journal, and the journal was reviewed both prior to writing category outlines and after drafting conclusions in order to minimize bias.

Conclusion

It has been 15 years since Blow and Hartnett lamented that "Couple therapists who stay abreast of current research literature may find themselves frustrated when they attempt to assimilate the research findings on infidelity. There are limitations in methodologies, conflicting results, and information that is of little practical value in the therapy room" (p. 217). Since that time, the quantity of peer-reviewed literature on infidelity in committed relationships has grown exponentially; however, conclusions about the state of the literature remain to a large degree similar. It is clear that researching an inherently secretive, taboo behavior will lead to some unavoidable difficulties, but significant methodological problems persist despite the good recommendations of prior reviews.

Some progress has been made in specific areas within this field of research, but it is concerning that very little clinically useful information continues to be known about socioculturally diverse groups, or essentially anyone outside of middle-class, able-bodied,

Caucasian-American, heterosexuals. Additionally, in the entire history of the field there are only six empirical studies that explored the treatment of infidelity, and their findings were inconclusive regarding the efficacy of either broad-based empirically supported couple therapies or one infidelity-specific treatment for couples. However, it is reassuring that future researchers have the capacity to mitigate many of these problems and make significant contributions to research and clinical practice, if they design future studies in consideration of prior methodological recommendations.

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APPENDIX A:

Tracking Table Sample

Tracking Table Sample

Step 1: Search database using relevant search terms

Step 2: Select appropriate study (Sample study – Allen et al., 2012).

Step 3: Complete tracking data table

Step 4: Identify applicable thematic categories and list codes

Citation	Allen, E.S., Rhoades, G.K., Stanley, S.M., Loew, G., Markman, H.J., (2012). The effects of marriage education for army couples with a history of infidelity. <i>Clinical Psychology</i> , 12(2), 101-143.
Publication type	Peer-reviewed journal, Randomized controlled trial
Objectives/hypothesis	Hypothesis: couples with a history of infidelity assigned to PREP will show greater gains from before to after intervention (post and one year follow up) than couples without infidelity assigned to PREP, as well as greater gains than couples with infidelity assigned to control group
Sample	343 couples, 155 (23.4%) of the couples were coded as having a history of infidelity
Research design	Mixed-methods – qualitative interview data and self-report measures given pre and post with 1-4 year follow-up
Major findings	Couples with a history of infidelity who were randomly assigned to a marriage education program showed the lowest levels of satisfaction and communication skills prior to the intervention. Couples with infidelity assigned to the intervention showed significantly greater improvements in satisfaction after intervention compared to couples without infidelity assigned to the intervention, and tended to also show relatively greater improvements in communication skills. However, while couples with infidelity assigned to intervention showed the greatest gains in marital satisfaction, they remained significantly lower in their satisfaction after intervention relative to couples without infidelity assigned to PREP.
Thematic categories	EBT – Evidence based treatments

APPENDIX B:

IRB Approval Notice

IRB Approval Notice

PEPPERDINE UNIVERSITY

Graduate & Professional Schools Institutional Review Board

May 12, 2020

Protocol #: **051220**

Project Title: Treatment of Infidelity as a Clinical Issue in Couple Therapy: A Critical Review of the Literature

Dear Emma:

Thank you for submitting a "GPS IRB Non-Human Subjects Notification Form" for *Treatment of Infidelity as a Clinical Issue in Couple Therapy: A Critical Review of the Literature* project to Pepperdine University's Institutional Review Board (IRB) for review. The IRB has reviewed your submitted form and all ancillary materials. Upon review, the IRB has determined that the above titled project meets the requirements for *non-human subject research* under the federal regulations 45 CFR 46.101 that govern the protection of human subjects.

Your research must be conducted according to the form that was submitted to the IRB. If changes to the approved project occur, you will be required to submit *either* a new "GPS IRB Non-Human Subjects Notification Form" or an IRB application via the eProtocol system (<http://irb.pepperdine.edu>) to the Institutional Review Board.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite our best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete explanation of the event and your response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at <https://community.pepperdine.edu/irb/policies/>.

Please refer to the protocol number denoted above in all further communication or correspondence related to this approval.

On behalf of the IRB, we wish you success in this scholarly pursuit.

Sincerely,

Institutional Review Board (IRB)
Pepperdine University

cc: Mrs. Katy Carr, Assistant Provost for Research
Dr. Judy Ho, Graduate School of Education and Psychology IRB Chair