Those of us who work with couples and who read/watch the news no doubt viewed these events with curiosity and interest as did other individuals around the world. Yet, couple therapists also bring the insider perspective related to our work as professionals, understanding the confusion, insecurity, surprise, anger, guilt, and sadness that engulf couples living through these relational difficulties—feelings that no doubt were not far behind the public faces of the governor and his wife. I personally thought about the events and distress that occurred as the governor talked with his wife and family about the events that would be uncovered in days to come. Therapists know that these conversations were emotional and difficult and included anger, tears, and a wide range of other emotions.

The above real life story raised several important questions about infidelity in relationships that played out in the news media for days. These questions included: How often is this type of activity occurring? Why did he take such a huge risk? Is this a problem with rich men? What other types of infidelity are there? Can their marriage survive? What are the best treatments? In this article, I will review some key points related to infidelity in relationships that address these questions. My answers are based on comprehensive reviews and critiques of the research literature conducted by Kelley Hartnett and me in 2005 (Blow & Hartnett, 2005a, 2005b). These are relationships that fall somewhere on a continuum between emotional only to sexual only.

Research on Infidelity

Research on infidelity is filled with methodological flaws and inconsistencies that dampen our confidence in the findings (Blow & Hartnett, 2005a; 2005b). This is not surprising, given that infidelity behaviors constitute secretive and often shameful behaviors, and as a result, potential participants may be reluctant to take part in research. Further, when they do, they may exaggerate or minimize their behaviors, especially in studies where questions are not specific. In addition, funding sources for research rarely prioritize infidelity as a focus of inquiry.

Definition of Infidelity and Populations Studied

Some of the other difficulties related to researching this topic are related to inconsistent definitions of infidelity in studies (primarily defined as sexual intercourse) and a predominant focus on heterosexual Caucasian married relationships. In an attempt to clarify the definitional issue, Blow and Hartnett (2005a, p7, 191-192) suggested the following definition: Infidelity is a sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity. This definition draws our attention to some key variables for clinicians to consider as they work with couples.

First, there are different types of infidelity. While no rigorous study exists on the topic of infidelity typologies, the literature refers to several types (Blow & Hartnett, 2005b). These are relationships that fall somewhere on a continuum between emotional only to sexual only, and relationships that have some particular kind of meaning attached to the specific behavior (Glass & Wright, 1992). These types of infidelities include one night stands, philandering, sexual addiction/compulsion, long-term love relationships, emotion only connections, and infidelities that help individuals leave unhappy relationships (Brown, 2001; Pittman, 1989).

Further, infidelities can include relationships with known partners (e.g., love relationship with a business colleague), anonymous partners (e.g., prostitutes), and fantasized partners (e.g., Internet relationships). The types of infidelities are critical for clinicians to consider as they treat these couples, and it is essential for clinicians to conduct rigorous and careful assessment of specific infidelity behaviors, frequency, with what kinds of partners, and meanings of the behaviors in the relationship. This is necessary because, for example, sexual addiction related infidelities require a different treatment focus than do love infidelities (e.g., long-term relationship), or opportunity relationships (e.g., one-night stand when an unexpected opportunity “to cheat” arises). Second, infidelity is defined by the rules of the relationship (overt and covert) and the meaning of the behavior in light of these relationship rules. One of the flaws in research studies is the assumption that all infidelities are the same across relationships, and a failure to take into account that each relationship has different rules related to exclusivity. The exact same behavior for one couple may mean something different to another, especially when one takes into account the many relationship types that exist including cohabiting, married, heterosexual, and same sex. Each relationship has unique rules negotiated by partners based upon their values, traditions, and needs. It is the breach of trust in the rules of the relationship that cause difficulties in the aftermath of infidelity. For clinicians, consideration of these rules and meanings associated with them should be an important component of treatment.

Infidelity Prevalence

Much of the research on infidelity (and the news media interest) is focused on the prevalence of infidelity. Numbers on prevalence vary from study to study, and these numbers should be understood in light of methodological limitations discussed previously. Blow and Hartnett (2005b) concluded that infidelity is occurring in approximately 25% or less of all relationships, that these numbers are either higher or lower depending on the study and its population, and that more men than women are engaging in these relationships. This should be thought of as a ballpark number, as all studies of this focus have methodological flaws. There is also some evidence suggesting difference in prevalence across ethnic groups and cultures, but again these data should be viewed with caution until more robust studies exist. The bottom line is that prevalence rates are of more interest to the media than for the clinician. For clinicians, the key concern is that we are aware that the problem exists in some relationships, we are more than likely to see these relationships in our practices, and that questions around infidelity should be part of our standard assessment procedures.

THE FIRST PARAGRAPH IN A NEWS ARTICLE PUBLISHED IN THE NEW YORK TIMES (March 11, 2008) titled, “Affidavit: Client 9 and Room 871” stated:

It was after 9 on the night before Valentine’s Day when she finally arrived, a young brunette named Kristen. She was 5-foot-5, 105 pounds. Pretty and petite. This was at the Mayflower, one of Washington’s choice hotels. Her client for the evening, a return customer, had booked Room 871. The money he had promised to pay would cover all expenses: the room, the minibar, room service should they order it, the train ticket that had brought her from New York and, naturally, her time.

Client 9 turned out to be the Governor of New York state—Eliot Spitzer—and later details revealed that this was not his first venture into the secretive world of sexual escapades. The media and politicians had a field day, and images that captured our attention included a brief apology with his spouse standing by his side and his subsequent resignation from public life a few days later.
Infidelity Motivations
Another question that is frequently asked is, “Why do people engage in risky behaviors like infidelity?” This is an interesting question that is particularly relevant when one considers high profile politicians engaging in behaviors that put marriage, career, and reputation on the line (Governor Spitzer is a good example of this). One has to conclude that these individuals firmly believe (or at least convince themselves) that they will not get caught. Theoretical explanations of this process range from genetic predisposition (“I have a higher sex drive”) to marital sexual satisfaction (“My marriage is dead”) to opportunity (“I was tempted in a moment of weakness”) to intergenerational transmission (“My fathers cheated on my mother and I learned this from him”). Again, research in this area is limited. Every relationship is vulnerable to infidelity, and there is little partners can do to control behaviors in a relationship that is, in its essence, built on vulnerability. Anecdotally, clinicians speak to the ability of couples to heal from infidelity (Adkins, Eldridge, Baccoum, & Christensen, 2005). These couples were a part of a larger clinical trial comparing Integrative Behavioral Couple Therapy (IBCT) and Traditional Behavioral Couple Therapy. Conclusions of this study were that although infidelity couples began treatment more distressed than non-infidelity couples, cases where the infidelity was revealed prior to or during therapy showed equal or greater improvement in satisfaction than non-infidelity couples. However, couples where infidelity remained a secret stayed the same or grew worse. Although a small sample size, the results convincingly suggest that couples can recover from infidelity and that their relationships can be strong and satisfying. Anecdotally, clinicians speak to their experience of seeing couples heal from infidelity and its related pain and betrayal.

Infidelity Risks, Especially for Women
An area of concern is the health risks of infidelity, especially for women. It is well documented by many international studies that infidelity places women at increased risk for HIV/AIDS and other sexually transmitted infections (e.g., Palekar, Inzaile-Lieta, & Gotmarka, 2001; UNAIDS, 2006). In other cases, infidelity may place women at risk of violence or other kinds of abuse. The practitioner should be aware of these concerns at all times.

Can Relationships Survive Infidelity?
Another key question is whether or not relationships can survive infidelity. More than likely the best answer to this question is, it depends, on variables such as the type of infidelity, duration of the problem, values of the clients, other difficulties in the relationship, and most importantly, commitment of both parties to change (Blow, 2005). Results of a recent study of couples experiencing infidelity were promising related to the ability of couples to heal from infidelity (Adkins, Eldridge, Baccoum, & Christensen, 2005). These couples were a part of a larger clinical trial comparing Integrative Behavioral Couple Therapy (IBCT) and Traditional Behavioral Couple Therapy. Conclusions of this study were that although infidelity couples began treatment more distressed than non-infidelity couples, cases where the infidelity was revealed prior to or during therapy showed equal or greater improvement in satisfaction than non-infidelity couples. However, couples where infidelity remained a secret stayed the same or grew worse. Although a small sample size, the results convincingly suggest that couples can recover from infidelity and that their relationships can be strong and satisfying. Anecdotally, clinicians speak to their experience of seeing couples heal from infidelity and its related pain and betrayal.

What Are the Best Treatments for Infidelity?
It is important to consider best treatments for couples recovering from infidelity. Only a few studies of treatment specific to infidelity exist. Promising treatments include cognitive/ forgiveness-based approaches (Gordon, Baccoum, & Snyder, 2004); IBCT (Adkins et al., 2005); and Emotionally-Focused/attachment-based approaches (Blow & Timm, 2007; Johnson, Makinen, & Millikin, 2001).

Conclusion
Infidelity likely makes up a significant proportion of the practices of those specializing in work with couples. The good news is that many of the couples can heal and even grow from the traumatic event. The caveat to this is that the work is often painful, filled with wide ranging and contradictory emotions, and requires a competent and skilled therapist.

References

The Florida Division of the AAMFT and Annual Conference
MAY 16-18
The Florida division of the AAMFT will hold the annual conference in Ft. Lauderdale, FL. For more information, contact Larry Barlow at 850-906-0258, e-mail lbarlow110@msn.com, or visit www.famft.org.