

Infidelity and Behavioral Couple Therapy: Relationship Outcomes Over 5 Years Following Therapy

Rebeca A. Marín
University of Washington

Andrew Christensen
University of California Los Angeles

David C. Atkins
University of Washington

Prevalence rates for infidelity in American marriages range from 20% to 40%. Nevertheless, there is a paucity of research on the effectiveness of couple therapy when there has been an infidelity. In the present study the posttherapy outcomes of 19 infidelity couples were examined for up to 5 years following participation in a larger ($N = 134$) randomized clinical trial of couple therapy. All couples were randomized to Integrative Behavioral Couple Therapy (IBCT) or Traditional Behavioral Couple Therapy (TBCT) regardless of infidelity status. They were assessed approximately every 6 months for 5 years posttherapy, and current analyses focus on three outcomes: divorce, relationship satisfaction, and marital stability. Divorce was examined using logistic regression, whereas relationship satisfaction and marital stability were examined using hierarchical linear modeling. Divorce rates were significantly higher for secret infidelity couples (80%, $n = 4$) than for revealed infidelity (43%, $n = 6$) and noninfidelity couples (23%, $n = 26$). Infidelity couples who eventually divorced reported the highest marital instability; however, infidelity couples who remained married did not differ in marital stability or relationship satisfaction from noninfidelity couples. Furthermore, couples who remained married reported an increase in relationship satisfaction over time, regardless of infidelity status. Results suggest two potential pathways for couples recovering from infidelity such that some infidelity couples continue to improve and remain indistinguishable from their noninfidelity counterparts whereas other infidelity couples appear to markedly deteriorate and divorce.

Keywords: infidelity, behavioral couple therapy, hierarchical linear modeling

Infidelity is a common occurrence in marriages, and prevalence estimates for extramarital affairs in the United States have ranged from 20% to 40% (Atkins, Baucom, & Jacobson, 2001; Lauman, Gagnon, Michael, & Michaels, 1994). Janus and Janus (1993) found that ~42%

of all divorcees reported more than one extramarital sexual contact during the course of their marriages, and infidelity has been shown to be related to increased marital distress, conflict, and divorce (Amato & Rogers, 1997; Charny & Parnass, 1995). Moreover, researchers have documented relations between infidelity and increased depressive and anxiety symptoms in the noninvolved partner (Gordon & Baucom, 1999; Gordon, Baucom, & Snyder, 2004), and increased psychological distress for the perpetrator (Hall & Fincham, 2005). Not surprisingly, couple therapists have reported extramarital affairs to be one of the most damaging problems couples face and one of the most difficult problems to treat (Geiss & O'Leary, 1981; Whisman, Dixon, & Johnson, 1997). Nevertheless, despite these prevalence rates and potential negative impacts, there is a paucity of research on

Rebeca A. Marín, Department of Psychiatry and Behavioral Science, University of Washington; Andrew Christensen, Department of Psychology, University of California Los Angeles; David C. Atkins, Department of Psychiatry and Behavioral Science, Center for the Study of Health and Risk Behaviors, University of Washington.

Correspondence concerning this article should be addressed to Rebeca A. Marín, Department of Psychiatry and Behavioral Science, Center for the Study of Health and Risk Behaviors, University of Washington, 1100 NE 45th Street, Suite 300, Seattle, WA 98105. E-mail: rmarin@u.washington.edu

the effectiveness of couple therapy when there has been an infidelity. In addition, the few studies that have been conducted have limited follow-up data. The present study examined the long-term outcomes of a small number of infidelity couples ($n = 19$) five years after ending participation in a large randomized clinical trial of behavioral couple therapy ($N = 134$).

Couple Therapy and Infidelity

Approximately 50% of first marriages in the United States end in divorce (Bramlett & Mosher, 2001), and couple interventions have sought to improve couple's relationships that are distressed and moving toward separation and divorce. Baucom, Shoham, Mueser, Daiuto, & Stickle (1998) reviewed the clinical significance of couple therapy and found that approximately two thirds of couples improve during therapy, with at least one third of couples being classified as recovered. Although these findings are generally encouraging, as many as one third of couples receive no benefit from therapy (Jacobson & Addis, 1993). Furthermore, follow-up data has indicated that as many as one third of couples do not sustain the improvement accomplished during therapy (Jacobson, Schmalong, & Holtzworth-Munroe, 1987; Snyder, Wills, & Grady-Fletcher, 1991). Given the prevalence of infidelity, an unknown percentage of couples seeking therapy do so while dealing with one (or both) spouse's infidelities. Despite the prevalence of infidelity and the larger number of clinical trials on couple therapy in general, to date there have only been three published treatment studies where the effectiveness of couple therapy on infidelity has been explored (Atkins, Eldridge, Baucom, & Christensen, 2005; Atkins, Marín, Lo, Klann, & Hahlweg, 2010; Gordon et al., 2004).

In the first study of treatment for infidelity, Gordon et al. (2004) reported outcomes on six couples who had experienced an extramarital affair. Their treatment model was designed specifically for infidelity, conceptualizing recovery from an extramarital affair as analogous to recovery from an interpersonal trauma. Therefore, their model incorporated elements from the trauma literature, especially around violated assumptions. Furthermore, because the authors define the discovery or disclosure of an affair as a relational betrayal, their treatment also incor-

porated aspects from the authors' three-stage forgiveness model (Gordon & Baucom, 1998, 1999, 2003).

Their research showed that before treatment nonparticipating partners reported higher levels of psychiatric symptoms (i.e., depression, PTSD) relative to the partner involved in the infidelity. They also found that the partners who participated in the infidelity reported less individual distress, and that both partners reported elevated relationship distress as measured by the Global Distress Scale from the Marital Satisfaction Inventory—Revised (MSI-R; Snyder, 1997). At the end of treatment and also at 6-month follow-up, nonparticipating partners reported decreased marital distress, PTSD, and depression symptoms, and increased forgiveness. However, marital discord remained elevated for the partner who participated in the infidelity. One of the strengths of the study was that all participants completed the assessments at each time point; however, couples were assessed only once 6 months after therapy had ended. Therefore, the permanence of therapy gains remains in question particularly given the high level of continuing marital distress for the participating partner.

Atkins et al. (2010) examined therapy outcomes of a treatment sample of 1,060 participants from Germany and Austria in which 27% of couples endorsed infidelity as being a problem in their marriage. The marital distress, sexual dissatisfaction, and levels of depression for the infidelity ($n = 145$) and noninfidelity ($n = 385$) couples were compared before therapy, 6 months after treatment began, and 12 months after treatment began. Multilevel modeling results showed that couples who endorsed infidelity as a problem in their relationship were significantly more distressed in their relationships and reported more symptoms of depression at the start of therapy than couples who did not experience infidelity. Interestingly, infidelity status was not related to sexual dissatisfaction.

Twelve months after treatment began, and ~6 months after treatment ended, all couples showed significant improvement in marital satisfaction, although couples who experienced infidelity in their relationship showed significantly more improvement than did their counterparts. A similar pattern was seen with depression, such that all participants improved although those reporting infidelity also showed

more improvement than did their counterparts. The strength of this study was its relatively large sample size and representative community sample; however, little information was known about the infidelity or the treatment provided. In addition, similar to Gordon et al. (2004), couples were only followed to ~6 months following the end of therapy.

Finally, Atkins et al. (2005) examined the outcomes of 19 moderately to severely distressed couples in which at least one partner reported infidelity, where these couples had participated in a randomized clinical trial of two broad-based behavioral couple therapies (Christensen et al., 2004). The couples were assessed with self-report questionnaires at four time points (pretreatment, at 13 weeks, 26 weeks, and at the final therapy session). Because infidelity was not part of the selection process for the couples, the qualities of the affairs and their revelations varied notably. Approximately one third of affairs were revealed before therapy beginning and half revealed during therapy (infidelity couples). Finally, a quarter of the affairs were never revealed during therapy and only discovered by the therapist or the research team after treatment had ended (secret affair couples).

Results showed that the infidelity couples began therapy significantly more distressed than noninfidelity couples, and secret affair couples were even more distressed. Furthermore, infidelity couples who had disclosed the affair had a positive trajectory for relationship satisfaction during therapy and they improved at a greater rate than their distressed noninfidelity peers. Thus, at the end of treatment these infidelity couples were not significantly different from the noninfidelity couples; in sharp contrast, secret affair couples showed gains early in treatment but deteriorated in later portions of therapy, ending treatment highly distressed. Finally, Atkins et al. (2005) also found that both partners in the infidelity couples achieved similar gains in therapy. Taken together, these findings indicated that couples struggling with infidelity could be successfully treated in couple therapy. It was also clear that couples in which there was an undisclosed affair did not benefit from treatment. However, couples were only assessed through the end of treatment, so it was unclear whether the gains would be sustained over time and whether any differences would emerge be-

tween the infidelity and noninfidelity couples after treatment had ended.

Summary of Previous Research and Present Study

Thus, at this point the extant literature on outcomes of couple therapy for infidelity is based on 25 infidelity couples in the United States and 145 infidelity couples in Germany and Austria. On an interpersonal level, the general deterioration of the relationship has been demonstrated across studies (Allen et al., 2005; Atkins et al., 2005; Beach, Jouriles, & O'Leary, 1985; Cano & O'Leary, 1997; Whisman et al., 1997). Despite the devastating effects infidelity can have at the intra- and interpersonal level, all three treatment studies suggest that couples can be successfully treated (Atkins et al., 2005; Atkins et al., 2010; Gordon et al., 2004). Couples in which there has been an affair who pursue marital therapy have shown strong improvements during therapy, including greater marital satisfaction, reduced psychological trauma symptoms, and greater forgiveness in the uninvolved partner. However, it has remained unclear whether the gains obtained in treatment were sustained past the end of treatment (Atkins et al., 2005) or past the 6-month follow-up (Atkins et al., 2010; Gordon et al., 2004).

The present study picks up where Atkins et al. (2005) ended, examining the 5-year post-therapy outcomes of infidelity couples ($n = 19$) who participated in a randomized clinical trial of marital therapy ($N = 134$; Christensen et al., 2004). In the present study, the term "infidelity couples" refers to both revealed and secret infidelity couples.¹ Three main questions were addressed in the current study. First, the divorce rates for the revealed infidelity couples, secret infidelity couples, and noninfidelity couples (i.e., distressed couples seeking therapy, who did not report infidelity) were compared at 5 years posttherapy. Second, two key outcomes were examined from 6 months to 5 years posttherapy: (a) marital stability (i.e., steps taken toward divorce) and (b) relationship satisfac-

¹ The two groups of couples being referred to as "revealed infidelity" and "secret infidelity" were identified in Atkins et al. (2005) as "infidelity" and "secret affair couples," respectively. We feel the current labels are more descriptive and less likely to cause confusion to the reader.

tion. Based on results from Atkins et al. (2005), we expected that revealed infidelity couples (but not secret infidelity couples) would have similar divorce rates, marital stability, and relationship satisfaction as noninfidelity couples by the 5-year post therapy follow-up. Finally, we expected that secret infidelity couples would have higher rates of divorce and lower rates of marital stability and relationship satisfaction than the revealed infidelity and noninfidelity couples.

Method

Participants

All the data for the present study came from a randomized clinical trial that compared the effects of Traditional Behavioral Couple Therapy (TBCT; Jacobson & Margolin, 1979) and Integrative Behavioral Couple Therapy (IBCT; Jacobson & Christensen, 1996) with distressed married couples (Christensen et al., 2004). Participants were 134 heterosexual married couples who qualified as seriously and chronically distressed, and they were recruited via newspaper and radio ads from November 1997 through February 2001. The research was conducted at both the University of Washington (63 couples) and the University of California, Los Angeles (71 couples).

At initial recruitment, the mean age of wives was 41.6 years ($SD = 8.6$), and the mean age of husbands was 43.5 years ($SD = 8.7$). The mean number of years of education (counting kindergarten) was 17.0 ($SD = 3.2$) for both spouses. Couples had been married a mean of 10.0 years ($SD = 7.6$) and had an average of 1.1 ($SD = 1.0$) children. Most of the participants were Caucasian (husbands: 79%, wives: 76%). Other ethnicities included African American (husbands: 7%, wives: 8%), Asian or Pacific Islander (husbands: 6%, wives: 5%), Latino or Latina (husbands: 5%, wives: 5%), and Native American or Alaskan Native (husbands: 1%).

Nineteen of the 134 couples reported an infidelity before or during treatment (revealed infidelity, 74%, $n = 14$) or after treatment ended (secret infidelity, 26%, $n = 5$). The revealed infidelities were disclosed to the partner before ($n = 6$ couples) or during treatment ($n = 8$ couples), whereas therapists or the research

team discovered the secret infidelities after the end of treatment. Most of the affairs took place >6 months before therapy began (63%, $n = 12$), 11% ($n = 2$) began <6 months before therapy began, 11% ($n = 2$) began during therapy, and for the remaining 15% ($n = 3$) it was unknown when the affair began. Slightly more men (58%, $n = 11$) than women were the spouse involved in the infidelity. Almost a quarter of the infidelity couples reported multiple infidelities. All but one of the affairs involved sexual intercourse. The length of infidelity ranged from 1 to 24 months with the median length being 6 months.

Procedure

Only those procedures from the larger treatment outcome study that were relevant to the current study are described here. Further details of the study procedure can be found in Christensen et al. (2004) and Christensen, Atkins, Baucom, & Yi (2010). Couples were randomly assigned to one of the two treatment conditions (IBCT vs. TBCT). The original study did not include infidelity as part of its research design, and hence, infidelity couples were not randomly assigned to treatment based on their infidelity status. Approximately two thirds of infidelity couples (63%) received TBCT. In both conditions, therapy began with a four-session assessment period, including an initial conjoint session, two individual sessions, and a feedback session. In addition to assessments during treatment, after treatment was completed, couples were assessed every 6 months through the 5-year follow-up, except between the 2- and 3-year assessment points when couples were assessed once in 12 months owing to a gap in study funding.

Therapists addressed infidelity—when it had been revealed—using the techniques of their assigned treatment modality; hence, those in TBCT worked on communication and problem-solving skills with which to discuss the infidelity and address issues related to it, whereas those in IBCT focused on the emotional impact of the infidelity and on understanding its origins and meaning.

Measures

Relationship status. A brief phone interview was designed to assess relationship status

at the 5-year follow-up. For those couples who had dropped out of the program and wished to no longer be contacted, study members conducted an extensive Internet search to determine their relationship status (Christensen et al., 2010).

Relationship satisfaction. The Dyadic Adjustment Scale (DAS; Spanier, 1976) was used to assess relationship satisfaction for all in-lab and mailed assessments. The DAS is a widely used 32-item self-report questionnaire of marital satisfaction. For assessments conducted by phone, the partners were individually administered a shorter 7-item DAS (DAS-7) to assess relationship satisfaction (Hunsley, Best, Lefebvre, & Vito, 2001; Hunsley, Pinsent, Lefebvre, James-Tanner, & Vito, 1995; Sharpley & Cross, 1982). To maintain consistency of analysis, DAS-7 scores were extracted from all the full-length in-lab DAS administrations, and the DAS-7 was used as the primary outcome measure of relationship satisfaction. In the current sample, alphas for the DAS-7 at 5 years were .86 for wives and .85 for husbands.

Marital stability. The Marital Status Inventory (MSI; Weiss & Cerreto, 1980) consists of 14 true/false items that measure steps taken toward separation or divorce, including relatively common indicators that would be broadly endorsed (e.g., "I have occasionally thought of divorce or wished that we were separated, usually after an argument or other incident") as well as items indicative of an impending or completed divorce (e.g., "I have filed for divorce or we are divorced"). In the current sample, the alphas for the MSI were .80 for both wives and husbands.

Data Analysis

Differences in divorce status at 5 years between revealed infidelity, secret infidelity, and noninfidelity couples were examined descriptively, and divorce rates between infidelity and noninfidelity were compared using logistic regression. For longitudinal outcomes (i.e., MSI and DAS-7), hierarchical linear modeling (HLM; Singer & Willett, 2003) was used to assess differences between infidelity and noninfidelity couples over time and account for the nonindependence of the data. HLM is an especially flexible statistical tool with longitudinal and nested data (Atkins, 2005). In the current

study, a three-level model was used to characterize couples' change over time in relationship satisfaction and marital stability. Models were stratified by divorce status at 5 years (see comment below related to divorce status and missing data).

Following the notation of Raudenbush and Bryk (2002), the primary model is displayed in Equation 1.

Level 1 (repeated measures):

$$Y_{ij} = \pi_{0ij} + \pi_{1ij}(Time) + \varepsilon_{ij} \quad (1)$$

Level 2 (individuals):

$$\pi_{0ij} = \beta_{00j} + \beta_{01j}(Wives) + r_{0ij}$$

$$\pi_{1ij} = \beta_{10j}$$

Level 3 (couples):

$$\beta_{00j} = \gamma_{000} + \gamma_{001}(Infidelity) + \gamma_{002}(Divorce) + u_{00j}$$

$$\beta_{01j} = \gamma_{010}$$

$$\beta_{10j} = \gamma_{100} + \gamma_{101}(Infidelity) + \gamma_{102}(Divorce) + u_{10j}$$

Or, as a Single, Composite equation:

$$Y_{ij} = \gamma_{000} + \gamma_{001}(Infidelity) + \gamma_{002}(Divorce) + \gamma_{010}(Wives) + \gamma_{100}(Time) + \gamma_{101}(Infidelity : Time) + \gamma_{102}(Divorce : Time) + u_{00j} + u_{10j}(Time) + r_{0ij} + \varepsilon_{ij}$$

in which t indexes time, i indexes individuals, j indexes couples, and a colon denotes an interaction between two or more variables. *Time* is a continuous measure of weeks since the end of therapy; *Wives* (0 = husbands; 1 = wives), *Infidelity* (0 = no infidelity; 1 = infidelity, both secret and revealed), and *Divorce* (0 = together at 5 year follow-up; 1 = not together at 5 year follow-up) were indicator variables. ε_{ij} is the Level 1 residual error term that describes the scatter of each individual's data around that

individual's estimated regression line, r_{0ij} is a random intercept that allows spouses within the same couple to have their own intercept values, and u_{00j} and u_{10j} are the random effects at the couple level that allow each couple within the study to have a distinct intercept and slope.

The key terms for the present analyses relate to the infidelity main effect (γ_{00i}) and infidelity by time interaction (γ_{10i}), describing whether marital stability and satisfaction differs by infidelity status during follow-up, conditional on the other terms in the model (e.g., divorce). In addition, because the MSI is a type of count variable (i.e., a count of steps taken toward separation and divorce; Atkins & Gallop, 2007), Poisson HGLM was used for the MSI. The Poisson HGLM was broadly similar to the HLM shown in Equation 1 except that there is a natural log link function that connects the covariates (i.e., right hand side of composite equation above) to the outcome. Similar to logistic regression, raw coefficients are typically raised to the base e and are interpreted as rate ratios.

Another issue relates to divorce and missing data. HLM is often highlighted for its ability to include all available data and for providing unbiased estimates of missing data, assuming that missing data meet certain assumptions (see, e.g., Atkins, 2005 or Hedeker & Gibbons, 2006). However, marital outcomes following divorce do not comprise missing data in any meaningful sense of the term (e.g., how would it ever make sense to estimate a couple's "marital" satisfaction following divorce?). This issue is addressed by Little and Rubin's (2002) book on missing data within the context of an example of modeling quality of life in a sample in which some participants died. The simplest approach is to stratify the analyses by divorce (or death, in Little and Rubin's example), which is what we have done in the present analyses. Finally, as noted previously, the number of infidelity couples is quite small. This does not cause any fundamental problems for the analyses (e.g., violate assumptions of statistical models); however, the intuitive judgment about this holds true: With 14 revealed infidelities and five secret infidelities, there is relatively little information on these couples in the data. Thus, estimates and contrasts will have wide confidence intervals and generally lack precision, relative to a sample with a larger number of infidelity couples. Analyses were done with SPSS version

19 and R v2.14.2 (R Development Core Team, 2012).

Results

Divorce Rate

Descriptively, 53% of infidelity couples (including secret infidelity couples, $n = 10/19$) were divorced by 5 years posttherapy, compared with 23% of noninfidelity couples ($n = 26/115$), and logistic regression revealed that the odds of divorce for infidelity couples were more than three times that of noninfidelity couples (OR = 3.7, 95% CI = 1.4, 9.7).² Atkins et al. (2005) noted differences between couples who had revealed their infidelity before or during treatment and those whose affair remained secret, in which the secret affair couples had a stronger, negative association with relationship satisfaction. Although the small sample size limits inferential statistics, the descriptive divorce rates by the 5-year follow-up for revealed infidelity (43% divorced, $n = 6/14$) and secret infidelity (80% divorced, $n = 4/5$) showed a similar pattern to those found during treatment. In all following analyses, secret and revealed infidelities are examined together as a single group.

Marital Stability

Table 1 contains descriptive statistics for the MSI based on the relationship status and the infidelity status of the couple, and Figure 1 displays similar descriptive information graphically (represented respectively by triangles and circles). Descriptively, infidelity and noninfidelity couples who remained married 5 years following the end of treatment were quite similar in that both endorsed a relatively small number of steps taken toward divorce. Those infidelity couples who went on to separate demonstrated high levels of relationship instability. Poisson HGLM was used to examine the association of infidelity status

² For the present logistic regressions, we used a Bayesian approach that includes a prior distribution for the coefficients (see Gelman, Jakulin, Pittau, & Su, 2008). This serves to put some mild constraints on the regression coefficients. Logistic regression with sparse data is prone to partial separation in which coefficients are biased upward.

Table 1
Marital Status Inventory Means and Standard Deviations Over Time by Relationship and Infidelity Status

Assessment time	Married			Separated/Divorced		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Non-infidelity couples						
6 months	1.66	2.10	154	5.37	4.72	50
12 months	1.65	2.24	159	6.67	5.16	40
18 months	1.98	2.32	164	8.25	4.82	40
24 months	1.70	2.20	162	8.15	5.04	41
42 months	2.26	2.85	82	8.73	4.45	11
60 months	2.29	2.89	150	6.87	5.72	31
Infidelity couples						
6 months	1.70	2.92	14	9.29	3.50	15
12 months	2.56	2.76	16	10.00	3.65	15
18 months	1.56	1.67	16	10.00	3.21	15
24 months	2.00	2.48	16	10.38	3.69	13
42 months	1.83	4.02	6	6.40	5.32	10
60 months	1.21	1.53	14	9.00	6.93	5

Note. *n* = individuals.

with the MSI, controlling for divorce status and gender (as shown in Equation 1). Analyses focused on finding a best-fitting model, based on Akaike’s Information Criterion (AIC) and Schwarz’s Bayesian Criterion (BIC; see Singer & Willett, 2003). The best

model according to these criteria was a main effects model that contained time, gender, relationship status (together vs. divorced), and infidelity status (infidelity vs. noninfidelity). The model did not support any two-way or three-way interactions.

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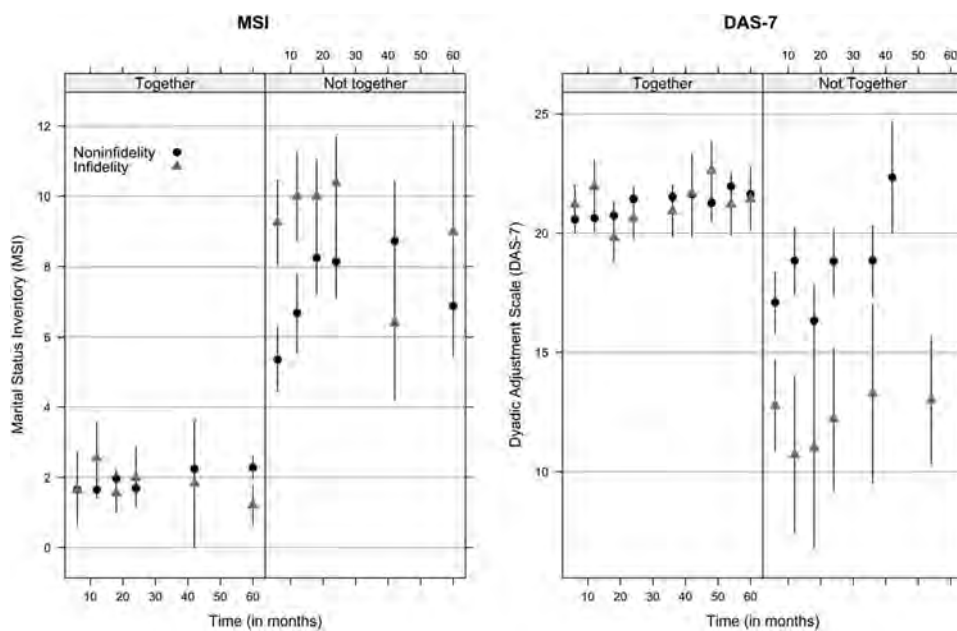


Figure 1. Marital Status Inventory and Dyadic Adjustment Scale scores for infidelity and non-infidelity couples by relationship status up to 5-years after treatment.

There was an overall small, but significant, increase in steps taken toward divorce over the 5 years of follow-up of $\sim 6\%$ per year (rate ratio [RR] = 1.06, 95% CI for RR = 1.02, 1.09), controlling for other terms in the model. Not surprisingly, couples who went on to separate showed a strong association with the MSI (RR = 4.9, 95% CI for RR = 3.3, 7.1). What is more interesting is that after controlling for divorce status at 5 years, there was not a significant association between infidelity status and steps taken toward divorce (RR = 1.2, 95% CI = 0.7, 2.0). Finally, analyses comparing revealed infidelity couples with noninfidelity couples (i.e., excluding secret affair couples) reached similar conclusions with little change in any parameter estimates.

Relationship Satisfaction

Table 2 contains the means and standard deviation scores for the DAS-7 based on the relationship and the infidelity status of the couple, and Figure 1 displays similar descriptive information graphically. Descriptively, the findings for relationship satisfaction suggest that infidelity couples who remain married had similar relationship satisfaction to noninfidelity couples. The three-level model described earlier was fit to the DAS-7 data, and model selection procedures applied. Accord-

ing to AIC and BIC, the best model was the one containing time, gender, relationship status (together vs. divorced), infidelity status (infidelity vs. noninfidelity), and the interaction between infidelity status and relationship status. The three-way interaction between relationship status, infidelity status, and time was also tested and found to not be significant, $B = -.002$, $SE = .01$, $t(238) = -.15$, $p = .88$.

There was a significant main effect for time for married couples such that over time both infidelity and noninfidelity couples reported a small but significant increase in relationship satisfaction, $B = .005$, $SE = .002$, $t(97) = 2.71$, $p = .008$. There was also a significant main effect for relationship status ($B = -3.48$, $SE = .95$, $t[129] = -3.66$, $p < .001$) such that, at the 6 month follow-up, individuals in couples who eventually divorced reported less relationship satisfaction ($M = 16.0$, $SD = 6.0$, $n = 51$) than did those in couples who remained together ($M = 20.6$, $SD = 5.1$, $n = 169$). In addition, there was a significant interaction between relationship status and infidelity status ($B = -5.67$, $SE = 2.14$, $t[132] = -2.65$, $p = .009$) such that, at the 6-month follow-up, infidelity couples who eventually divorced reported the lowest relationship satisfaction ($M = 12.2$, $SD = 5.3$, $n = 13$) of any group. Furthermore, the main effect for gender approached sig-

Table 2
Dyadic Adjustment Scale 7 Means and Standard Deviations Over Time by Infidelity and Relationship Status

Assessment time	Together			Separated/Divorced		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Non-infidelity couples						
6 months	20.57	5.25	155	17.08	5.88	38
12 months	20.64	5.41	159	18.84	5.23	25
18 months	20.74	5.13	163	16.32	5.16	22
24 months	21.43	4.60	166	18.81	4.15	16
36 months	21.51	4.28	149	18.83	2.86	6
42 months	21.60	4.25	81	22.33	3.51	3
60 months	21.62	4.36	154	11.00	—	1
Infidelity couples						
6 months	21.21	2.26	14	12.77	5.31	13
12 months	21.93	3.27	14	10.71	6.82	7
18 months	19.81	2.90	16	11.00	7.28	5
24 months	20.62	2.47	16	12.20	5.54	5
36 months	20.93	3.08	15	13.25	7.09	4
42 months	21.67	3.27	6	16.00	—	1
60 months	21.44	3.90	16	—	—	—

Note. *n* = individuals.

nificance ($B = -.77$, $SE = .39$, $t[105] = -1.98$, $p = .050$), suggesting that at 6-month follow-up wives reported less relationship satisfaction ($M = 19.3$, $SD = 5.7$, $n = 111$) than husbands ($M = 19.8$, $SD = 5.6$, $n = 109$) regardless of relationship or infidelity status. Finally, there was no significant main effect for infidelity status ($B = -.12$, $SE = 1.24$, $t[96] = -.10$, $p = .92$), meaning that infidelity and noninfidelity couples who do not divorce report similar relationship satisfaction.

Clinical significance.³ The HLM analysis showed that all couples who remain married reported similar relationship satisfaction, regardless of infidelity status. Using the methods described in Jacobson and Truax (1991), clinical significance outcomes from pretreatment to 5 years post therapy were calculated separately by infidelity status. Following Christensen et al. (2010), couples who divorced were considered deteriorated. Approximately 50% of couples qualified as improved or recovered by the 5-year follow-up regardless of infidelity status, whereas 14% ($n = 17$) remained unchanged and ~40% ($n = 45$) deteriorated from the end of treatment. When broken down by infidelity status, approximately one third ($n = 7$) of infidelity couples were categorized as improved or recovered and a little over 10% ($n = 2$) categorized as unchanged compared with the end of treatment. Furthermore, almost 60% ($n = 10$) of infidelity couples were categorized as deteriorated compared with 34% ($n = 35$) of noninfidelity couples. An important distinction in these numbers was that nine noninfidelity couples qualified as deteriorated though they had not divorced by the end of the follow-up period whereas all infidelity couples who qualified as deteriorated were divorced. When infidelity couples were broken down by type of infidelity (i.e., revealed vs. secret), 80% secret infidelity couples ($n = 4$) qualified as deteriorated compared with 50% of revealed infidelity couples ($n = 6$).

Discussion

Infidelity is a pervasive problem in American marriages with negative effects at the individual, marital, and societal levels (Amato & Rogers, 1997; Charny & Parnass, 1995; Gordon & Baucom, 1999; Gordon et al., 2004; Hall & Fincham, 2005). The present study provides a preliminary look at how couples who have ex-

perienced an affair respond to treatment over the following 5 years. We first consider the substantive meaning of the results and their convergence or divergence with previous research. Next theoretical and clinical implications of the study are discussed. Finally, limitations of the study are reviewed and future directions for research are suggested.

Similar to all couples pursuing therapy, there are two ultimate outcomes for the marital relationship following an affair: couples either remain together or get divorced. Past research has been cautiously optimistic, showing infidelity couples sustained improvements 6 months after treatment with reduced anxiety symptoms, increased forgiveness (Gordon et al., 2004), less depression, and higher relationship satisfaction (Atkins et al., 2010). In the present study, infidelity couples had more than double the divorce rate of noninfidelity couples by 5 years post-therapy. Thus, the optimism of earlier studies is tempered by this finding, yet the story is more nuanced than this first glance. Although the current sample of revealed and secret infidelity couples is small, the data suggest differences in marital outcomes between these two types of affairs. Among the revealed infidelity couples, more than half (57%) the couples remained married by the 5-year follow-up whereas only 20% of the secret infidelity couples were still married by the 5-year follow-up, compared with 77% of noninfidelity couples. Although these differences need to be viewed within the small sample of infidelity couples generally, the current results suggest that many revealed infidelity couples were able to sustain the gains made during treatment and preserve the integrity of the relationship.

Although important, divorce is not the only relevant outcome for a distressed relationship, as there are many reasons why a couple may choose to remain married regardless of infidel-

³ All couples in the original study were treated with TBCT or IBCT. Infidelity couples were not randomly assigned to treatment modality; therefore, ~60% of infidelity couples ended up receiving TBCT. A one-way ANOVA was conducted to compare the divorce rate by the 5-year follow-up based type of therapy received and on infidelity status, with infidelity status further broken down into revealed versus secret affairs. The results suggest there was no significant difference between couples who received IBCT versus TBCT regardless of infidelity status, $\eta_p^2 < .001$, $F(1, 128) = 0.04$, $p = .85$.

ity status. One possibility is that infidelity couples that remain married, remain in tumultuous and unstable relationships. The current results do not suggest this pattern; instead, results show that among couples who stay together, noninfidelity and infidelity couples have largely similar—and low—levels of marital instability as measured by the MSI. However, it could still be the case that infidelity couples who remain married suffer from notably lower satisfaction in their relationships.

Relationship satisfaction followed a somewhat similar pattern to relationship stability. Infidelity couples who remain together were indistinguishable to their noninfidelity counterparts in terms of relationship satisfaction. The findings of infidelity couples who remain together in the present study are broadly similar to those of Atkins et al. (2010) and Gordon et al. (2004), in which relationship satisfaction of infidelity couples either improves and is maintained or is indistinguishable from noninfidelity couples. Furthermore, in the present study, once divorce was accounted for, infidelity and noninfidelity couples' relationship satisfaction continued to improve over time well beyond the end of treatment, suggesting that improvement was not just a temporary boost owing to treatment.

Descriptively, these findings suggest that infidelity couples organize along two pathways: those whose relationships steadily deteriorate and eventually end and those who are able to work through the infidelity, stay together, and perhaps improve following therapy. The question remains what determines which pathway a couple will follow? The negative outcomes of the secret infidelity couples suggest that an important step is disclosing the affair and working through it in therapy. However, it must be noted that >40% of infidelity couples who disclosed the affair and processed it during therapy still divorced. Thus, disclosure is no assurance of a positive outcome. Furthermore, it is possible that partners in some "noninfidelity couples" had affairs that were never disclosed and yet remained together and improved their marriage. Besides actual disclosure, the timing and method of disclosing may also determine which trajectory a couple would embark on. For example, when an infidelity is confessed as opposed to discovered, both partners may be more willing to work on restoring the marital relationship. Additionally, the decision to divorce may be related to characteristics of the infidelity

such as type (i.e., sexual vs. emotional; single vs. multiple), involved partner (i.e., husband vs. wife), and length of affair (i.e., ongoing vs. one-night-stand). Although the current research assessed some of these factors, the small sample size prohibits any meaningful assessment of differences within infidelity couples. Finally, it is possible that infidelity-specific interventions would also impact the outcomes for these couples. Additional research is needed to determine what other variables funnel couples into one trajectory versus the other.

Implications and Future Directions

The present findings suggest a complex clinical picture for the long-term adjustment of infidelity couples following therapy. Future research should focus on determining which elements distinguish infidelity couples who divorce from those who remain married. It might be helpful to explore what compels some couples to reveal their infidelity, as this was a key factor discriminating two different outcomes for infidelity couples in this study. Additionally, details about the characteristic of the infidelity, the timing and method of revealing the affair, and what impact these variables have on outcomes might also be considered. Future longitudinal studies should also consider assessing for infidelity at multiple time points. It would also be useful to know how much of a role the infidelity played in the divorces of those infidelity couples who ended up divorced. Furthermore, qualitative data from infidelity couples may illuminate what led those who knew about the infidelity to seek treatment, what impact the infidelity had, and how they experienced their relationship after an infidelity. This information could be helpful in leveraging additional resources (e.g., spiritual/religious beliefs, cultural values, etc.) to strengthen marriages before and/or after an infidelity. Finally, in this study the author addressed issues of relationship satisfaction and marital stability; it might be interesting for future researchers to address how an infidelity impacted the trust and intimacy of the relationship and whether or not there could be evidence for posttraumatic growth in some infidelity couples.

Although an important contribution to the discourse, the present study was not without limitations. The first is the small sample of infidelity couples. National prevalence rates suggest there should have been more couples in the sample with

admitted infidelity. It is impossible to tell how many “noninfidelity” couples were or had been involved in an affair at the time of treatment and/or follow-up. Also, throughout follow-up assessments couples were not asked about additional infidelity until the 5-year assessment point and then they were only asked about infidelity over the previous 6 months. It is possible that some of the noninfidelity and infidelity couples engaged in an affair after treatment ended. Finally, nothing in this study addresses what distinguishes those couples who admit to an infidelity from those who do not, nor what compels some couples to seek treatment after an infidelity while others do not.

Conclusion

Infidelity is a pervasive problem in American marriages, and it can have devastating effects at the individual, relationship, and societal level. However, infidelity does not have to be the end of the relationship. It is clear that couples are able to work through an infidelity, restore their relationship, and enjoy a stable and satisfying marital relationship. The challenge remains how to best help them do so.

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Received November 12, 2012

Revision received April 11, 2013

Accepted October 9, 2013 ■