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Brigham Young University - Provo

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Infidelity and Forgiveness: Therapists' Views on
Reconciliation and Restoration of Trust
Following Disclosure of
Infidelity

Miranda Goldie

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Master of Science

Mark H. Butler, Chair
Jeffry H. Larson
Roy A. Bean

School of Family Life
Brigham Young University

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ABSTRACT

Infidelity and Forgiveness: Therapists' Views on Reconciliation and Restoration of Trust Following Disclosure of Infidelity

Miranda Goldie
School of Family Life, BYU
Master of Science

Infidelity is one of the most prevalent presenting problems in relational therapy. There are many conceptualizations of the healing process following infidelity and suggested interventions and treatment plans. Forgiveness is an essential part of relationship growth and healing interpersonal hurts. Reconciliation is relationship repair that can accompany forgiveness. In addition, restoring trust is essential to reconciliation. Means to accomplish rebuilding trust must be established.

This study seeks to expand understanding of the treatment of infidelity specifically on the topics of forgiveness, reconciliation, and restoration of trust through disclosure. The Forgiveness vs. Reconciliation and Trust Scale (FvRTS) was developed as a measure for therapists' views and perception concerning these three topics. Through statistical analysis of the FvRTS, which was administered to relational therapists, this study investigates the views and opinions held by therapists concerning the relationship between reconciliation and forgiveness and the role of disclosure, both initial and ongoing, in restoring trust following infidelity. Therapists conveyed the view that reconciliation is not required for forgiveness. However, in their practice they encourage reconciliation following an affair. Results indicated that therapists perceive initial disclosure as having immediate negative impacts. But overall, therapists expressed a strong view that both initial and ongoing disclosure have a positive long term impact on relational healing.

Keywords: forgiveness, forgiving, reconciliation, trust, disclosure, Forgiveness vs. Reconciliation and Trust Scale

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Introduction

Recent studies have estimated that as many as 60% of married people will have an affair at least once in their life (Abrahamson, Hussain, Khan, & Schofield, 2012; Gordon, Baucom, & Snyder, 2004). It is also approximated that 50%-60% of couples attending therapy participate because of problems relating to infidelity (Atkins et al., 2001). Of this 50%-60% of couples in therapy as a result of infidelity, most include reconciliation as a goal (Bargarozzi, 2008). In light of this information, it is essential that couple therapists understand mechanisms of healing and reconciliation and the therapy processes necessary to reach this goal.

There are many diverse healing mechanisms that can be employed by a therapist to treat a couple in therapy following disclosure of infidelity. To understand treatment following infidelity it is important to understand some concepts and principles at the core of healing an attachment. The aspects of recovery from infidelity examined here are forgiveness, reconciliation, and the use of disclosure to restore trust. These concepts are examined both independent of and within the context of infidelity treatment.

Forgiveness and reconciliation are often confounded and conflated. Forgiveness and reconciliation need to be explored in relation and contrast to one another. In addition, restoring trust is an integral part of healing from an attachment wound (Abrahamson et al., 2012; Freedman, 1998; McCullough et al., 2000; Worthington, 2005; Worthington, 2006). Empirical studies concerning the rebuilding of trust in pair-bond attachment relationships following injury to the attachment bond are profoundly limited.

In our review of the literature we seek to examine occurrence of infidelity in its many forms, along with the severity of its impacts. Next, we observe conceptualizations of forgiveness and how it relates to infidelity. Reconciliation and restoration of trust are then discussed in

relation and contrast to forgiveness. Lastly trust is discussed along with the importance of initial and ongoing disclosure as interventions through which trust may be rebuilt. The subsequent study explores the views and attitudes therapists hold toward the compatibility of forgiveness and reconciliation, and the influence of initial and ongoing disclosure in the restoration of trust. This paper and study seek to add empirical evidence to the literature on the topic of healing following infidelity in a relationship.

Review of Literature

Prevalence and Types of Infidelity

The statistics indicating prevalence of infidelity in marital and other committed relationships vary significantly across multiple studies. Estimations have indicated as low as 1.5% of married people will participate in an extramarital sexual encounter within a one year period (Baucom, Gordon, Snyder, Atkins, & Christensen, 2006; Blow & Hartnett, 2005b). However, lifetime occurrence of infidelity is estimated to be as high as 60% (Abrahamson, Hussain, Khan, & Schofield, 2012; Gordon, Baucom, & Snyder, 2004). This number distributes to 20% of women and 40% of men reporting an affair occurring at least once during their lifetime (Gordon et al., 2004).

Within this 60% recorded, type of affair, duration of infidelity, and motivations for the interaction, were not specified. Blow and Hartnett (2005a) explain:

The concept of infidelity is often misrepresented by an exclusive focus on sexual intercourse. If we accept the definition of infidelity as a breach of agreed upon trust between two people, clearly sexual intercourse is not the only behavior that might be defined as infidelity in a relationship (p. 192).

With this definition in mind, other reports estimate that 20% of men and 10% of women participate in sexual infidelity during their lifetime, and 45% of men and 25% of women participate in emotional infidelity (Snyder, Baucom, & Gordon, 2007). For the purposes of this paper we will adhere to the definition of infidelity offered by Snyder et al. (2007), which states, “an affair involves violating the expectations or standards of a relationship by becoming emotionally or physically involved with someone else” (p. 3).

Many types and durations of infidelity are included in the statistics listed above. The literature suggests that type, duration, and motivation of an affair play a large role in relationship repair and recovery following infidelity (Bargarozzi, 2008; Abrahamson et al., 2012). Several conceptualizations and categorizations for infidelity have been suggested, including classifications based on motivation. For instance Bagarozzi (2008) outlines seven types of infidelity that could be included in these statistics. These include brief encounters, periodic sexual encounters, instrumental affairs, short term affairs triggered by adjustment periods, paraphiliac affairs, cathartic affairs, and complex and enduring affairs. Thus the large percentage of couples suffering the impacts of infidelity are variously represented among a broad range of categories in which infidelity can be organized (Baucom et al., 2006).

While considering the many kinds of infidelity and incentives for an affair, it can be understood that regardless of motivation or type of affair, infidelity has an intensely negative impact on attachment. Johnson reports, “From the cradle to the grave, humans desire a certain someone who will look out for them, notice and value them, soothe their wounds, reassure them in life’s difficult places, and hold them in the dark” (2004, p. 34). Infidelity poses a threat to the fulfillment of this need. When infidelity is present basic attachment needs go unmet in a marital or committed relationship. Some of the “tenets of attachment theory” and elements of a secure

attachment outlined by Johnson (2004) include secure dependence, a secure base, and emotional accessibility. These are violated by the threat or realization of infidelity. Participation by either partner in an extramarital emotional and/or sexual relationship breaks down attachment, trust, intimacy, and affection (Butler, Rodriguez, Roper, & Feinauer, 2010). Healthy attachment is damaged during the course of an affair and is difficult to repair.

In relationships where infidelity has occurred, both offending and non-offending partners experience personal psychological impacts. Some of these impacts include feelings of shame, powerlessness, and depression, among others (Baucom et al., 2006; Gordon et al., 2004). Following only physical abuse, therapists have rated infidelity as the most damaging occurrence in a relationship (Bird, Butler, & Fife, 2007; Butler et al., 2009). Infidelity, regardless of type, has negative impacts for individual partners and damages attachment relationships. Infidelity has been cited as one of the top reasons for a couple to initiate couple therapy (Abrahamson et al., 2012; Atkins, Baucom, & Jacobson, 2001; Butler et al., 2010; Gordon et al., 2004). It has been estimated by couple therapists that 50%-60% of couples in therapy attend as a result of infidelity (Atkins et al., 2001). In addition, infidelity is the strongest predictor of divorce (Baucom et al., 2006; Butler, Harper, & Seedall, 2009), and doubles the likelihood of divorce (Baucom et al., 2006). Nevertheless, among couples entering therapy that report infidelity as the presenting problem, most report reconciliation as a goal (Bargarozzi, 2008).

Taking into account the frequency of infidelity, the damage it inflicts on couples and attachments, the appearance of infidelity as a presenting problem for couples' therapy, and the desire for couples engaged in therapy to recover and reconcile, diligent efforts need to be taken by the profession of marriage and family therapy to understand the process of recovering from infidelity—which likely includes repentance, forgiveness, reconciliation, and rebuilding trust.

Therapists have reported that infidelity is one of the most difficult issues to treat as a therapist (Abrahamson et al., 2012; Atkins et al., 2001; Baucom et al., 2006; Gordon et al., 2004). Finding and understanding ways for couples to forgive, reconcile and restore trust are of utmost importance. In the therapeutic setting it is vital that clinicians and researchers alike understand forgiveness, reconciliation and trust, and their definitions, processes, and what components need to be included or excluded in order for healing to take place.

One step to better inform therapeutic intervention regarding infidelity is to discover the perceptions and clinical judgments of other clinicians on various aspects of the healing process after infidelity including: their attitudes toward forgiveness and reconciliation, and the impact of initial and ongoing disclosure of daily progress on trust in the relationship. Knowledge of the professional opinions of other clinicians concerning these topics can guide and direct both case conceptualization and intervention with couples seeking therapy following infidelity.

Forgiveness

The first component of healing following infidelity that we examine is forgiveness. Forgiveness has been defined in many different ways, and conceptualized through many frameworks and models. As we explore the various dimensions of forgiveness we examine both the challenge of defining forgiveness, and concepts commonly mistaken for forgiveness that are clearly excluded from an accurate description. In addition, the positive change, intrapersonal nature, requirement of choice, and motivations to forgiveness are described.

One of the biggest challenges within the helping professions today is that of defining forgiveness (Enright, Gassin, & Wu, 1992; Sells & Hargrave, 1998; Worthington, 1998). However, the importance of understanding forgiveness is immeasurable. Enright and Coyle (1998) emphasize the importance of understanding forgiveness. They write, “we equate the

search for ways to forgive with the search for a way to cure cancer” (p. 139). Indeed the literature emphasizes that while forgiveness is not in itself dangerous, misunderstanding forgiveness has great potential for harm (Butler, Dahlin, & Fife, 2002; Worthington, 2006).

In the forgiveness literature several processes are believed to be commonly mistaken for forgiveness at times. However, the exclusion of these items from the definition of forgiveness is generally agreed upon. Some of the actions believed to be incompatible with forgiveness include condoning, excusing, pardoning, forgetting, and justifying (Butler, Dahlin & Fife, 2002; Enright, 2001; Worthington, 2005). When any of these practices are confused with forgiveness or included in the forgiveness process, pseudo-forgiving is possible in which forgiveness is declared while resentment may remain, or even increase (Worthington, 2005). Thus it is widely accepted that these processes are not part of the forgiveness process. Nevertheless, McCullough, Pargament, and Thoresen (2000) explain that agreeing on what forgiveness is not does not equate to agreeing upon a definition of forgiveness.

Despite the wide variance in definitions, a few components are widely agreed upon as accurate descriptions of forgiveness. In the literature there is one transformation that is most commonly considered a key component to forgiveness. This component is a decrease in the victim’s negative response and increase in positive response towards the offender (Butler et al., 2002; McCullough et al., 2000). The negative responses in need of diminishment can include attitude, emotion, cognitions, motivations, and so on (McCullough et al., 2000). The framing of this aspect varies within context. For example, Waldron and Kelley describe this change as “one person’s individual choice to abandon resentment and adopt friendlier attitudes toward a wrongdoer” (2008, p. 17). While Freedman describes it as “overcoming one’s negative feelings toward the injurer” (1998, p. 202), Worthington (2001) describes this change as replacing

unforgiving emotions including anger and enmity with forgiving emotions such as love and empathy. Frise and McMinn add that forgiveness includes developing a sense of goodwill toward the offender (2010). Regardless of how it is framed or the specific reactions examined, this change from a negative to a positive orientation and disposition appears to be universally endorsed.

Another descriptive and defining factor of forgiveness is that forgiveness is generally seen as an intrapersonal process (Enright, Eastin, Golden, Sarinopoulos, & Freedman, 1992; McCullough et al., 2000; Worthington, 2001; Worthington, 2006), with some conceptualizations suggesting an interpersonal theme—especially when the victim is working with the offender toward forgiveness (McCullough et al., 2000). A definition to join these two perspectives has been offered, which defines forgiveness as, “intraindividual, prosocial change toward a perceived transgressor that is situated within a specific interpersonal context.” (McCullough et al., 2000, p. 9). Therefore the changes made in conjunction with forgiveness are within the individual, while the context of the offense was relational. The intrapersonal nature implies that the act of forgiving is chosen by the victim, or the non-offending person, independent of the subsequent actions on the part of the perpetrator or offender (Hope, 1987; Waldron & Kelley, 2008; Worthington, 2005). World War II and Nazi concentration camp survivor Corrie ten Boom wrote “forgiveness is not an emotion” and later added, “forgiveness is an act of the will, and the will can function regardless of the temperature of the heart” (1974, p. 47). From the frameworks of forgiveness outlined in the literature, it is suggested that forgiveness is granted as a gift from the forgiver to the offender (McCullough et al., 2000; Worthington, 2001). Forgiveness is also a gift the forgiver gives to themselves in order to move beyond the offense. While extremely helpful in promoting forgiveness, apology of the offender or repentance on their part does not *require*

forgiveness by the victim, nor are they necessary for the non-offending partner to choose to *grant forgiveness* (Freedman, 1998). In congruence with this conceptualization, the presence or absence of the offender is unnecessary to the forgiving process (Worthington, 2001). When a perpetrator is deceased or otherwise unavailable, the victim can still achieve full and complete forgiveness (McCullough et al., 2000). Change on the part of the offender is not a prerequisite to forgiving (Enright, 2001). Thus we see that forgiveness is an act of will on the part of the forgiver independent of the perpetrator. While generally agreed upon in the literature these concepts have not been empirically investigated.

Lastly, motivations for forgiveness differ vastly across each individual person and situation. While at times the injured party seeks to develop forgiveness out of concern for the well-being of the offender, it has been noted that the healing effects of forgiveness are perhaps equally or more significant for the forgiver (Butler et al., 2002; Worthington, 2005; Worthington, 2006). Enright (2001) proposes that the healing process of the injured is promoted and assisted by forgiving their perpetrator. Indeed it has been found that forgiving others “may be associated with long-term social adjustment and to physical and mental health” (Berry, Parrott, O’Conner, & Wade, 2001, p. 1278). Consequently a victim may choose to forgive with their own wellbeing as a primary motivation.

Within the context of recovery from infidelity, these factors of forgiveness can manifest themselves in many ways. We observe that a change in the non-offending partner from negative to more positive reactions to the offending partner can indicate greater forgiveness (Butler et al., 2002; McCullough et al., 2000; Worthington, 2001). However, forgiving is the choice of the non-offending spouse independent of the actions of the spouse that was unfaithful. This process of forgiving the offense will take place as a personal internal process for the injured partner

(Enright, 2001; McCullough et al., 2000). And for this internal forgiving process to take place following infidelity the non-offending spouse must be sufficiently motivated (Berry, Parrott, O’Conner, & Wade, 2001). Whether this motivation is their own personal well-being or an external motivator, a spouse who has been injured by the infidelity of their partner must have sufficient motivation to engage in the internal process of forgiveness.

Forgiveness is difficult to understand completely. Opinions on how to achieve forgiveness are varied. Still, there are common factors that a mental health professional might consider while assisting a couple in the process of healing following infidelity. These factors include 1) the need for adjustment in the non-offending partner’s reactions toward the offending spouse, 2) the intrapersonal nature of forgiveness, 3) the choice that must be made by the forgiver to commit to the forgiving process, and 4) incentives to engage in forgiveness—one of which may be the possibility for reconciliation. Greater knowledge and understanding concerning these processes need to be obtained in order for proper therapeutic intervention to be applied.

Reconciliation

Reconciliation is the second aspect of recovering from infidelity to be discussed. Alongside *forgiving*, *reconciliation* is another term within the helping field for which a variety of understandings and definitions are provided. In addition, very little research has studied reconciliation and the processes and interventions necessary for reconciliation to be achieved (Shnabel & Nadler, 2008; Worthington, 2005). A few of the characteristics of reconciliation examined here include the central theme of trust, interpersonal nature, motivations for, and exceptions to healthy reconciliation. Exploring these elements creates a context in which forgiveness and reconciliation as related to infidelity can be compared.

In personal relationships another term used synonymously with reconciliation is relationship repair (Waldron & Kelley, 2008). In more formal and impersonal relationships reconciling may simply include engaging in interactions in a pleasant manner (Freedman, 1998). Such is the case with a boss, coworker, neighbor, or acquaintance. A common thread among definitions of reconciliation is the theme of restoration of trust (Abrahamson et al., 2012; Freedman, 1998; McCullough et al., 2000; Worthington, 2005; Worthington, 2006). Reconciliation has been defined as “reestablishing trust in a relationship after trust has been violated” (Worthington, 2001, p. 33). Worthington (2005) adds that the main two components of reconciliation are commitment and trust. Understanding the path to restoring trust can assist the knowledge and understanding of how reconciliation works and how to complete relational repair in a relationship that has been injured by infidelity.

Knowing that reconciliation centers on commitment and trust, logic dictates that reconciliation is an interpersonal process. In order to repair a relationship and engage in reconciliation, both parties must be willing to commit to and invest in the relationship and then alter their behavior to make the relationship work (Worthington, 2005). Worthington (2006) points out that logically, since reconciling is repairing a relationship, it does not occur within an individual. Reconciliation is a social act (Shnabel & Nadler 2008). For more personal and intimate relationships reconciling requires both the offender and the injured partner to be willing to come together to work, play, and live together in a safe atmosphere (Johnson, 2004; McCullough et al., 2000). The investment requisite on the part of the injured partner is willingness to exhibit good will and set aside blame. The efforts of the offending party need to exhibit a willingness to take responsibility and make amends (Worthington, 2005), in part to rebuild trust and safety. In accordance with the need for both members of the relationship to be

part of the reconciliation process there needs to be the opportunity for ongoing contact (McCullough et al., 2000). Thus if one party is deceased or absent from the relationship, the two are unable to reconcile (Worthington, 2006).

The desire for reconciliation may be motivated by a number of sources. Some of these include the desire for decreased social tension (Freedman, 1998), a need to alleviate guilt (Worthington 2006), the fear of losing previous investments in the relationship, valuing the other person as a partner (Worthington 2001; Worthington, 2006), anxiety over potential for a perceived failure (Worthington, 2001; Worthington, 2006), a belief that doing nothing will make the situation worse, the idea that reconciliation will lead to a stronger relationship (Worthington, 2001), and avoidance of loneliness (Worthington, 2006). These motivations can be internal or external in nature, and lead to interpersonal action and behavior that fosters a repair in the relationship.

Safety is pivotal in order for reconciliation to take place in a personal relationship (Worthington 2006). While reconciliation may relieve difficulties in areas including finances, social tension, public view and other factors, it is undesirable in situations lacking change from the perpetrator (Worthington, 2001). Uncertainty that the same behavior will not be repeated is a powerful deterrent to initiating or continuing a reconciliation process. Reconciliation without change in the relationship and alterations in the behaviors of both partners, especially the perpetrator, places the injured person at risk (Enright, 2001). Thus reconciliation should not be attempted in relationships that continue to be unsafe (Worthington, 2006). In the case of infidelity, pursuing reconciliation with insufficient change on the part of the offending partner exposes the aggrieved partner to unacceptable emotional, psychological, physical, and attachment risk.

Still, information concerning how to obtain true and complete reconciliation is limited, the issue remaining largely unstudied. Despite these limitations it is known that reconciliation is centered on commitment and trust, is interpersonal in nature, is motivated by both internal and external factors, and requires safety. While there are many other aspects of reconciliation which could be explored, those described above relate the basic and most commonly agreed upon aspects of reconciliation. An examination of these particular elements allow for an investigation of reconciliation in the context of forgiveness and a comparison between the two.

Relationship Between Forgiveness and Reconciliation

Because of the large roles of forgiveness and reconciliation in relationship healing following infidelity, it is necessary to compare and contrast the two to understand how each can be sought in therapy. When examined side by side it becomes apparent that forgiveness and reconciliation are separate processes in distinct contrast. Several topics are to be explored concerning the relationship between forgiveness and reconciliation. First, four possibilities are examined regarding potential combinations of forgiveness and reconciliation. Within the context of these combinations we explore the compatibility and extent of independence of forgiveness and reconciliation by investigating ways in which the processes of one may influence the processes of the other.

“For forgiveness to occur, it is essential that the injured person be able to recognize the difference between forgiveness and reconciliation and understand his or her behavior and the motivation behind it” (Freedman, 1998). The literature distinguishes forgiveness and reconciliation as separate and independent processes (Freedman, 1998; Knutson, Enright, & Garbers, 2008; McCullough et al., 2000; Worthington, 2005; Worthington, 2006). Yet these two acts are often confused with each other by laypersons and some professionals, though they are

indeed separate (Worthington, 2001). McCullough et al. (2000) explain that repentance and forgiveness are not the same as reconciliation. Furthermore it is widely accepted that both forgiveness and relationship repair can occur independently of each other (Enright, 2001; McCullough et al., 2000; Worthington, 2001; Worthington, 2006).

There are several differences that separate forgiveness and reconciliation from each other. Many of these factors are listed above in the conceptualizations of each process individually. First, while forgiveness is defined as intrapersonal and therefore is an internal process, reconciliation is inherently interpersonal and is seen to be an external act (Worthington 2005; Worthington, 2006). Another separation between forgiveness and reconciliation is that forgiveness is given but reconciliation is earned (Enright, 2001). This means that a victim forgives of their own choice, for which no change is required on the part of the perpetrator. However, inasmuch as reconciliation requires a restoration of trust, reconciliation must be earned through trustworthy behavior of the offender, whereas forgiveness can occur without building or rebuilding trust (Enright, 2001). These are two key ways in which forgiveness and reconciliation are in stark contrast to one another.

As outlined by both Freedman (1998) and Worthington (2005) all combinations of forgiveness and reconciliation are possible. These include four types of situations. First is a circumstance in which both forgiveness and reconciliation have occurred. The second option is the possibility of forgiveness without reconciliation.

The third combination is reconciliation without forgiveness. Reconciliation as described above is a rebuilding of trust and engaging in pleasant interaction. These two processes may take place while a negative reaction including anger and resentment towards the offending party may remain. Based on the conceptualization of forgiveness provided above, the lingering of these

negative reactions is evidence of a lack of forgiving. Thus if this negative reaction can remain while functional interaction can be developed and belief in the predictability of the other person's behavior can be restored, reconciliation can take place without forgiveness occurring. However, if one defines reconciliation as entailing relationship repair, it can be argued that as long as anger and resentment linger the relationship has not been truly repaired and thus reconciliation cannot be complete without forgiveness (Enright, 2001; Waldron & Kelley, 2008).

The fourth and final potential combination of forgiveness and reconciliation is an absence of both forgiveness and reconciliation. There are reasons persons might choose any of these four options, and potential negative consequences too. For instance Enright (2001) describes reconciliation without forgiveness as an "armored truce" in which both parties interact but continue to be on guard. These several combinations show that while forgiveness and reconciliation are compatible and interrelated, they are largely independent as well.

While forgiveness and reconciliation are separate and occur independently of each other the two are considered related in the sense of both being part of relational healing. An additional suggested avenue through which forgiveness and reconciliation are related is that forgiveness can naturally lead a person to desire reconciliation as a result of the compassion and softened attitudes developed through forgiveness (Waldron & Kelley, 2008; Worthington, 2001). Other proposed relationships between forgiveness and reconciliation are that forgiveness can be a step towards reconciliation (Enright, 2001), and that forgiveness is necessary for complete and healthy reconciliation to occur (Enright, 2001; Waldron & Kelley, 2008). Gaertner (2011) proposes that forgiveness is a necessary step towards reconciliation and must precede reconciliation while others believe that reconciliation can result from forgiveness or vice versa.

Waldron and Kelley (2008) argue that forgiveness is only sought if reconciliation is the ultimate goal. However, little research has been done to test these conjectures.

Forgiveness and reconciliation have many contrasting factors that separate them. But there are also commonalities between them that such that shifts in one can produce shifts in the other as well. One noted most frequently in the literature is an emotional switch (Waldron & Kelley, 2008) containing an adjustment from aggressive emotions to friendly feelings (Worthington, 2005). This change would obviously impact motivation for both forgiveness and reconciliation. Regardless of the differences and similarities of forgiveness and reconciliation, Snyder et al. (2007) explain that through both forgiveness and reconciliation, in the case of infidelity, a relationship can be better and more satisfying than it was before an occurrence of infidelity.

Consideration of topics concerning forgiveness and reconciliation including the distinction between forgiveness and reconciliation, contrasting elements of each, possible combinations, influences of one on the other, and potential for the two working together bring an enlightenment to how treatment of infidelity might be handled by practitioners. However, while the literature explores these aspects of the relationship between forgiveness and reconciliation, little or no research is available. Understanding the perceptions of practicing clinicians regarding a comparison of forgiveness and reconciliation can be a starting place for better informing intervention and treatment following infidelity.

Restoration of Trust

The third and final piece of healing following infidelity to be examined is the restoration of trust. Worthington (2005) defines trust as “the strength of each partner’s conviction that the other can be counted on to behave in a benevolent manner” (p. 187). Other descriptions of trust

include a belief that the other person will behave pro-socially, with pro-social behaviors including accommodating, sacrificing, and affirming, among others (Waldron & Kelley, 2008; Worthington, 2006). From these definitions it can be known that for trust to be built each partner must perceive the behavior of the other as trustworthy (Worthington, 2006). This leads to the question, how can the belief in another's commitment to behaving in a pro-social manner be fostered and grown.

The literature provides that trust is earned over time in increments through continually trustworthy behavior (Enright, 2001; Worthington, 2006). It seems that as there is an engagement in pro-social behaviors a higher level of trust is achieved. Thus as predictability increases that a spouse will act for the wellbeing of their partner and the relationship, trust is grown and risk associated with intimate vulnerability is decreased (Waldron & Kelley, 2008). This indicates that consistency in positive behaviors increases predictability and therefore trust.

Trust is essential to psychological security and emotional safety in a relationship (Snyder et al., 2007). Waldron and Kelley (2008) relate that "relationships are grounded in a sense of certainty that the partners will honor relationship rules, look out for the interests of the relationship, and behave in predictable ways" (p. 42). When partners fail to follow the rules of the relationship, cease to place the interest of the relationship as a high priority, and lack predictability in their behavior, as in the case of infidelity, trust collapses. In fact, trust has been named as the dimension of a relationship most disrupted by transgression (Waldron & Kelley, 2008). As explained above, reconciliation requires trust to be rebuilt in a relationship (Abrahamson et al., 2012; Freedman, 1998; McCullough et al., 2000; Worthington, 2005; Worthington, 2006). Thus, understanding how trust is re-gained and the steps involved in

recovering from a violation of trust is imperative in acquiring an ability to reconcile or to assist others in the reconciliation process.

Initial and ongoing disclosure. Initial disclosure of an extramarital affair can reveal or confirm an intense attachment injury and breach of trust. The methods by which this initial disclosure is completed are crucial to the healing process and the possibility of forgiveness and or reconciliation to occur (Butler, Seedall, & Harper, 2008). While disclosure of an affair brings about immediate negative consequences including distrust, anger, anxiety and numerous others, it also opens the way for repair and healing to occur. Without this disclosure it has been theorized that the attachment will suffer as a result of the infidelity, without the cause or reason being known to the non-offending partner (Butler, et al., 2008)—and therefore without recourse for healing and reconciliation. After the disclosure of an affair, utilizing proper treatment, the attachment between partners can be stronger and more fulfilling than it was before the injury to the attachment (Snyder et al., 2007).

While disclosure of infidelity opens the way for forgiveness, reconciliation, and restoration of trust, there are situations in which disclosure of an affair would be inadvisable as a result of the easily explosive and damaging initial impacts. As described by Butler, et al. (2008) these include situations in which there is risk for violence, or physical, mental, or emotional abuse against the disclosing spouse, risk for triggering previously existing psychopathology, or where the disclosure is perceivably being used for abusive purposes. Other considerations in the decision for disclosure might be risk that either partner will do harm to themselves or others, already imminent divorce, and impact on children. All of these things need to be considered for an educated decision to be made regarding disclosure. Understanding the consensus views of clinicians regarding this initial disclosure can assist in this decision making process.

Ongoing disclosure also plays a role in rebuilding trust in a relationship. Transgression in a relationship can alter the definition of trustworthy behavior and acceptable situations and activities for each partner. Situations in which partners are placed have a large impact on decision making and vulnerability to continued transgression. Examples provided by Enright (2001) include that of a gambler being given money and a pedophile being given the responsibility to care for children. The offender cannot and should not put themselves in the same context in which the wrong-doing has previously occurred. Injury as a result of infidelity changes expectations of appropriate behavior for each spouse. Snyder et al. (2007) explain that a partner may exhibit behaviors that were once accepted in the relationship but now are difficult to accept because of an association with an extramarital affair. Accordingly, a new unwritten contract of acceptable behavior needs to be established in order for trust to increase (Enright, 2001). The new behavioral expectations need to be reasonable and realistic (Snyder et al., 2007). During the process of creating a new contract, both partners need to listen and understand each other. Furthermore solutions need to be generated and decided upon conjointly.

Following the formation of a new behavioral contract there is a need for means to track progress, and adherence to the new relationship rules. In addition, couples will require a course of action to evaluate and modify new behavioral contracts (Enright, 2001). Transparency and honest disclosure of daily progress and difficulties in overcoming infidelity is a means to accomplish these tasks. These disclosures of progress and barriers along with appraisals of expected behavior require more than an absence of secrets, but rather complete openness from each partner in terms of behaviors and reactions to those behaviors. This interaction must then bring about appropriate adjustments to the new expectations (Snyder et al., 2007). As these

policies are adhered to, evidence of a continuation of trustworthy behavior over time can be noted and thus rebuild trust (Enright, 2001).

In spite of this growing body of theoretical literature, our search did not uncover any significant body of empirical literature on restoration of trust. Consequently understanding the views of therapists concerning restoration of trust, and the steps involved, can be a useful starting point, illuminating potentially useful pathways of empirical investigation. Practicing couples' therapists bring a wealth of clinical experience and professional considerations which can expand our scholarly understanding of trust and the processes involved in its restoration. Therefore we need this survey of therapist's attitudes as a starting point to understanding restoration of trust and the role disclosure fulfills in this restoration, particularly following infidelity in a relationship. The attitudes of seasoned mental health professionals can be an informative guide as to important variables to consider in future research. This study examines therapists' perceptions of the acts of initial and ongoing disclosure as a means for restoring trust in a relationship.

Purpose of the Study

Forgiveness, reconciliation, and restoration of trust are pivotal factors in healing after infidelity. Where either forgiveness or reconciliation is the desired result with or without the other, therapists need to understand both concepts and how they relate to each other. In addition, where trust must be rebuilt, the initial disclosure of an affair, and ongoing report of progress as an intervention need to be considered and evaluated as to their impact on healing and desired goals.

We believe that a good starting point in opening a new line of research is to poll the cumulative expertise and judgment of practicing therapists. Their views can often illuminate and

highlight beneficial lines of research inquiry and suggest the initial contours of working models or theories. There is a high degree of variance within conceptualizations and models of forgiveness, reconciliation, and restoration of trust outlined in the literature. From this it can be hypothesized that there may be a plethora of views among couple therapists containing a degree of variance equal to that seen in the literature.

Understanding the beliefs of therapists based on their professional opinion and experienced clinical judgment concerning forgiveness and reconciliation—including restoration of trust—can inform practice in treatment of infidelity. In addition, gaining a greater understanding of the consensus among professionals can inform future conceptualization and models offered by scholars. The following study seeks to increase understanding by conveying the carefully considered opinions and practice of couple therapists with varying degrees of experience with treating couples in the process of healing from infidelity. The results of this study allow for the informed consideration of clinical opinions in the decision making process for couple therapists treating infidelity.

Research questions include the following: (1) Do therapists believe reconciliation is required for the completion of forgiveness? (2) Do clinicians view initial disclosure of an affair to be harmful or beneficial to an attachment relationship? (3) Do therapists perceive ongoing disclosure of daily progress as beneficial or harmful to the attachment relationship and rebuilding trust? (4) What are therapists' practice patterns regarding the encouragement of reconciliation and ongoing daily disclosure? (5) Do therapists' perceptions of treatment factors for infidelity vary on the basis of sex, ethnicity, years of clinical experience, frequency of infidelity cases seen in therapy, number of clients seen per week, or whether or not someone close to them had experienced the impact of infidelity?

Answers to these inquiries will allow for greater informed decision making and therapeutic practice on the part of couple therapists. In addition, findings from this study can guide and inform future research.

Methods

Design

A survey design using archival data was used to measure therapists' perception of the relationship between forgiveness and reconciliation, and disclosure, both initial and ongoing, for the rebuilding of trust following infidelity in an attachment relationship. Inasmuch as this study involves archival data also employed in other studies, our reporting of the method repeats prior research reports (e.g. Butler, Hall, & Yorgason, 2013; Butler et al., 2010).

Participants

Participants were clinical professionals and trainees who attended a national conference. Those participating registered in advance for a workshop within the conference on healing following infidelity, which addressed clinical concerns relating to the treatment of infidelity. Original enrollment was 180 persons, consisting primarily of marriage and family therapists, psychologists, and social workers. Of the 180 enrolled, some were not in attendance leaving 148 who participated in the session and returned the teaching questionnaire. Response rate was calculated using original enrollment compared with the number of surveys returned ($148/180=82.2\%$). Of the 148 responses received, 32 respondents denied consent for research use of the data drawn from their instructional experience, leaving 116 responses. Of the 116 remaining respondents, 31 were excluded as a result of missing data. The final participant sample size was 85, or 47% of original enrollment.

The demographic information provided by participants showed that 62.5% of participants were female and 37.5% were male; 80.5% of participants identified themselves as Caucasian with 19.5% listing themselves as African American, Hispanic, Asian, American Indian, or other. Average age of participants was 46 years old (SD = 13.4); average clinical experience among participants was 12 years (SD = 10.3). When asked if someone personally close to them has experienced or been significantly affected by an extramarital affair or other infidelity 90.3% of participants responded in the affirmative.

Procedure

While the survey completed by workshop participants was for instructional purposes, and integral element of the interactive experience, the procedure and secondary use of the archival data for research purposes has been IRB-reviewed and approved.

Presentation. Participants attended a two-hour presentation which explored various facets of infidelity treatment including ethical concerns and other issues faced by therapists when handling infidelity in couple therapy. Five specific aspects of treating infidelity were covered in the workshop attended by participants. This study examines the responses given during the sections of the presentation covering forgiveness and reconciliation and the restoration of trust. The workshop included both didactic instruction as well as small and whole group discussions. An outline of the presentation is available upon request.

One of the themes discussed during the presentation was conceptualizations offered to clients in therapy concerning the relationship between forgiveness and reconciliation. Another dimension of infidelity treatment examined in the presentation was the role of openness and interpersonal transparency—in other words, disclosure—and open remorse, in the restoration of trust. In accordance with these issues, participants completed an exercise in which they were

asked to reflect on and share with a partner the feeling of forgiveness when reconciliation is framed as a required element of forgiveness. Following the instruction and small group discussions concerning the relationship of reconciliation to forgiveness and the pathways to restoring trust, participants were asked to record their own thoughts and views on these topics, and complete the Forgiveness vs. Reconciliation and Trust Scale (FvRTS). Participants consisted mostly of experienced professional therapists. Thus, it was anticipated that participants would provide their own independent thoughts and opinions while filling out the questionnaire. However, it cannot be ignored that participating in the presentation prior to filling out the survey may have influenced the responses.

Informed consent. Participants were informed both preceding the presentation, and following small group activities, of the opportunity to share their perceptions regarding the topics discussed in the workshop through completion of an instructional survey. The chance for their views to be formally conveyed to their peers through a future publication of the collective data was conveyed. All participants were informed both in writing (on the questionnaire) and orally during the presentation itself, of their right to decline consent to research use (in addition to the instructional purpose) of the questionnaire data. A demographic questionnaire was also included. The portions of the questionnaire used in this study are the “forgiving and reconciliation” and “restoration of trust” sections, along with the demographic information (see Appendix A and Appendix B for FvRTS and demographic questionnaire respectively).

The original and primary purpose of the survey was as a standard educational device—to grant participants the opportunity to reflect on the information presented and to develop or refine and convey their own views based on their comprehensive consideration of reconciliation, its compatibility with forgiveness and suggested behaviors to assist in trust restoration following an

extramarital affair. The survey was designed to offer an alternative to a more comprehensive open-forum discussion which was incompatible with the large workshop size. Through completing the survey, turning it in and giving consent, workshop participants were able to meaningfully engage in the professional reflection and written dialogue on forgiveness, reconciliation, and trust. Reflection exercises following an instructional experience are a standard teaching device without implications for human subjects beyond participating in a standard learning/teaching experience (Butler et al., 2013; Butler et al., 2010). The conveyance of the intention—with consent—to report the participants' aggregated views to their professional peers through a journal publication provided incentive to thoroughly and conscientiously complete the learning activity/survey. Participants were able to deny consent for the research use of their questionnaire by declining consent in writing, or by not filling out the survey. Data from all respondents who declined consent were excluded from analyses.

Instruments

The Forgiveness vs. Reconciliation and Trust Scale (FvRTS) is a survey instrument measuring therapists' views of the relation of reconciliation to forgiveness and the role of initial and continuing disclosure in healing and rebuilding trust. The FvRTS contains 14 items scored on a 7-point Likert-scale. There are no reliability or validity data available, as this questionnaire is a new measure. However, this study develops some reliability statistics, and our review suggests face validity.

To standardize scoring, items 1, 3, 4, 8, 10, 12 and 14 were reverse scored so that higher scores reflect stronger therapist views that reconciliation is not required for forgiveness to be complete. A lower score then represented stronger therapist views that reconciliation is required for forgiveness. One example of a survey item regarding forgiveness and reconciliation is

“Complete forgiveness after infidelity does not require remaining in the marital relationship.” Responses ranged from strongly disagree to strongly agree. Similarly, higher scores on disclosure questions indicate stronger therapist views that disclosure (initial and ongoing) will have a long term positive impact on relationship healing. In addition, lower scores on openness and disclosure questions reflect stronger therapist views that disclosure (initial and ongoing) will have a long term negative impact on relational healing. An example of a disclosure survey item is “Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.” Higher scores on items 2, 5, 6, 7, 9, 11, and 13 were already oriented in this direction and so were not reverse scored. .

In addition, the original rating consisted of a Likert scale range between 1 and 7. For more intuitive reading of results, scores were recoded to range between -3 and +3 prior to analysis. In accordance with this coding, -3 represents strong disagreement, +3 represents strong agreement, and 0 indicates no position. A demographic questionnaire was also included which covered several categories including gender, age, years of experience, and so forth. A full copy of the demographic questionnaire can be found in Appendix B. Responses to these items were sought in order to statistically compare and control for participant demographic variables that could systematically be related to respondent ratings.

Results

Several sets of statistical tests were performed using archival data from the Forgiveness vs. Reconciliation and Trust Scale and accompanying demographic data. First, using all fully completed surveys (n=63), a factor analysis was performed to determine if similar items clustered together into subscales. The resulting subscales were used for imputation of missing data (Merkle, 2011). This practice is common in psychological research (Merkle, 2011; Song &

Belin, 2004; Yoo, 2009). The factor analysis yielded two subscales. Those surveys which were incomplete but where two-thirds or more of the survey items loading onto one factor were completed, these responses were used for imputation. The mean of individuals' responses to the completed questions loading onto the factor were used to fill in the missing responses. This gave a final sample of 85. For those items on the survey that did not load onto a factor the n remained 63.

Following the factor analysis and imputation of missing data, descriptive statistics and one sample, two-tailed t-tests were then calculated for each subscale resulting from the factor analysis. This permitted a measurement of general consensus of opinion on each topic covered by the subscales. In addition, Cronbach's alpha was calculated for each resulting subscale to determine internal consistency.

Next, descriptive statistics and one sample, two-tailed t-tests were completed for each individual question to indicate statistical significance of agreement or disagreement (departure from neutral value of zero), with each item. This was determined by the significance of the difference between mean scores for individual items and zero, the neutral response value. This test allowed us to determine if therapists' possess significantly strong opinions concerning each of the topics covered in the survey. Cronbach's alpha was also calculated for the FvRTS as a whole to determine internal consistency.

Lastly, independent sample t-tests were calculated to uncover any relationship between demographic data and scale scores. The demographic variables which were compared to responses were sex, ethnicity, years of clinical experience, frequency of infidelity cases seen in therapy, number of clients seen per week, and whether or not someone close to them had experienced the impact of infidelity.

Factor Analysis

Examination of the items on the FvRTS produced a supposition that questions would cluster into specific factors. A factor analysis was used to determine potential subscales within the larger measure and a base to impute some missing data. The factor analysis yielded two factors onto which the questions loaded. Four of the 14 questions on the FvRTS did not load onto any factor. In addition, factor two originally contained three survey items. These three questions were used for the two-thirds cut off to fill in missing data. However, one of the three items loading onto factor two was later removed from further analysis in order to achieve conceptual coherence/consistency of the scale. In the end, the four items not loading onto a subscale, and the single excluded from factor two (five items in total) were removed from further analysis in which the factors were employed. The remaining 9 questions loaded onto two subscales. A summary of the results of the factor analysis can be seen in Table 1.

Table 1 Factors and Factor Loadings of FvRTS Items

		Factor Loading
Factor 1: Ongoing Disclosure (Cronbach's Alpha = .78)		
* Item 3	Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.	0.56
Item 5	Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.	0.67
* Item 8	Ongoing disclosure of daily progress or difficulties in overcoming infidelity decreases the non-offending spouse's fear or anxiety concerning the offending spouse's infidelity.	0.73
* Item 10	Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the non-offending spouse's confidence in the offending spouse's trustworthiness.	0.77
Item 11	Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the relationship's "us" orientation for both spouses.	0.50
* Item 12	Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases overall trust and attachment security in the relationship.	0.67
* Item 14	In my marital therapy practice, I encourage both initial and ongoing disclosure of progress and difficulties related to infidelities.	0.63
Factor 2: Forgiveness vs. Reconciliation (Cronbach's Alpha = .67)		
* Item 1	Complete forgiveness after infidelity does not require that the spouses reconcile and remain in the marital relationship.	0.85
Item 7	Complete forgiveness after infidelity does not require remaining in the marital relationship.	0.88

*Reverse scored item. Reworded to reflect reverse scoring.

Upon examination of the items which loaded onto the first factor, it can be seen that items loading onto this factor cover the topic of the impacts of ongoing disclosure of daily progress in a relationship seeking recovery from infidelity, and subsequent therapeutic practice regarding this ongoing disclosure. This factor is accordingly labeled "ongoing disclosure" (Cronbach's Alpha = .78). The second factor included two items from the FvRTS. These two questions referenced the connection between forgiveness and reconciliation following disclosure of an affair. Thus this factor is called "forgiveness vs. reconciliation" (Cronbach's Alpha = .76).

Individual Constructs Analyses

Along with calculations of descriptive statistics, a one sample, two-tailed t-test was performed for each factor individually. The responses to each subscale were statistically significant. The *ongoing disclosure* construct produced statistics indicating that therapists generally “somewhat agree” that the impacts of ongoing disclosure lead towards healing and positive impacts on the relationship. Analysis of the *forgiveness vs. reconciliation* subscale provided evidence that therapists generally “somewhat agree” or “agree” that complete forgiveness does not require reconciliation and that disclosure of an affair injures the attachment initially. A summary of the findings of both the descriptive statistics and the t-tests are found in Table 2.

Table 2 Individual Construct Analyses

Factor	Mean	S.D.	N	T-Statistic	Confidence Intervals	
					Lower	Upper
1. Ongoing Disclosure	0.96	0.97	74	8.53 *	0.74	1.18
2. Forgiveness vs. Reconciliation	1.50	1.03	85	13.41 *	1.27	1.72

*p < .05 (2-tailed).

Individual Item Analyses

Each individual item on the FvRTS was tested independently with a one sample two tailed t-test, to determine if the mean responses were significantly different from zero, the value of a neutral response. Means of all responses were significantly different from zero. Reported in Table 3 are means, standard deviations, significance values, confidence intervals, and statistics exploring possible ceiling effect.

Table 3 Individual Item Analyses

Question	Mean	S.D.	N	T-Statistic	Confidence Intervals	
					Lower	Upper
** 1. Complete forgiveness after infidelity does not require that the spouses reconcile and remain in the marital relationship.	1.24	1.62	85	7.05 *	0.89	1.58
2. In the beginning, disclosure of extramarital affairs fosters resentment and increased injury to the attachment relationship.	1.61	1.27	85	11.67 *	1.34	1.89
** 3. Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.	0.85	1.43	80	5.31 *	0.53	1.17
** 4. In the beginning, disclosure of extramarital affairs fosters resentment and increased injury to the attachment relationship.	0.56	1.57	79	3.16 *	0.21	0.91
5. Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.	1.04	1.32	79	6.96 *	0.74	1.33
6. In the end, disclosure of extramarital affairs fosters increased healing in the attachment relationship.	2.00	0.89	76	19.49 *	1.80	2.20
7. Complete forgiveness after infidelity does not require remaining in the marital relationship.	1.64	1.37	85	11.00 *	1.34	1.93
** 8. Ongoing disclosure of daily progress or difficulties in overcoming infidelity decreases the non-offending spouse's fear or anxiety concerning the offending spouse's infidelity.	0.56	1.59	77	3.09 *	0.20	0.92
9. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the non-offending spouse's confidence in the offending spouse's commitment to change.	1.20	1.28	75	8.09 *	0.90	1.50

(Continued on next page)

Table 3 Individual Item Analyses (*Continued*)

Question	Mean	S.D.	N	T-Statistic	Confidence Intervals	
					Lower	Upper
** 10. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the non-offending spouse's confidence in the offending spouse's trustworthiness.	0.41	1.70	74	2.06 *	0.01	0.80
11. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the relationship's "us" orientation for both spouses.	1.36	1.15	74	10.18 *	1.10	1.63
** 12. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases overall trust and attachment security in the relationship.	1.09	1.43	74	6.61 *	0.76	1.42
13. In my marital therapy practice, as a part of forgiveness I encourage my clients to remain in the marriage relationship once infidelity has been revealed.	0.43	1.69	76	2.24 *	0.05	0.82
** 14. In my marital therapy practice, I encourage both initial and ongoing disclosure of progress and difficulties related to infidelities.	1.43	1.42	76	8.82 *	1.11	1.76

**Reverse scored item. Reworded to reflect reverse scoring.

*p < .05 (2-tailed).

Demographic Group Differences Analysis

An independent sample t-test was completed for each subscale to determine if there were significant differences in mean responses for the two factors based on demographic variables. The two constructs *ongoing disclosure*, and *forgiveness vs. reconciliation*, were tested against gender, years of clinical experience, frequency of infidelity cases seen in therapy, number of clients seen per week, and whether or not someone close to them had experienced the impacts of infidelity. All of these tests generated only one significant result. There was a significant difference in the responses of males and females for *forgiveness vs. reconciliation*. Females more strongly agreed than males that reconciliation is not required for complete forgiveness ($p = 0.015$). But both males and females at least somewhat agree that reconciliation is not required for forgiveness. No other significant differences were found. This finding is in Table 4.

Table 4 Reconciliation Not Required for Forgiveness

	N	Mean	S.D.	T-Value	Significance Value
Gender					
Male	27	1.22	1.12	2.49	0.015 *
Female	52	1.75	0.76		

* $p < .05$ (2-tailed).

Discussion

This study presents the results of statistical analyses performed on archival data obtained from therapists during a presentation to marriage and family therapists and other emotional and mental health counselors attending a national conference. The presentation was entitled “Healing Wounds of Infidelity: Common Clinical Paradoxes” and covered ethical dilemmas and clinical paradoxes a therapist may face when treating infidelity in therapy. In the dilemmas discussed, included was the paradox between forgiveness and reconciliation, and the impacts of initial and

ongoing disclosure in an effort to rebuild trust in the forgiving and reconciling processes. Participants were asked to fill out a survey which contained the 14 item Forgiveness versus Reconciliation and Trust Scale (see Appendix A) in addition to demographic information (see Appendix B). Analyses of these data can inform and guide current therapy practice in treating infidelity by taking the opinions and expertise of other clinical professionals into consideration.

Summary of Results

Research questions guiding this study included the following: (1) Do therapists believe reconciliation is required for the completion of forgiveness? (2) Do clinicians view initial disclosure of an affair to be harmful or beneficial to an attachment relationship? (3) Do therapists perceive ongoing disclosure of daily progress as beneficial or harmful to the attachment relationship and rebuilding trust? (4) What are therapists' practice patterns regarding the encouragement of reconciliation and ongoing daily disclosure? (5) Do therapists' perceptions of treatment factors for infidelity vary by differences among participants? Each of these inquiries received a response from the data.

From the analysis of both individual items and a subscale regarding the necessity of forgiveness to be accompanied by reconciliation, the data indicates that therapists see reconciliation as separate from, and unnecessary for, complete forgiveness. From the analysis of individual items regarding initial disclosure we learn that mental health clinicians see initial disclosure of an extramarital affair as having a negative immediate impact, but in the end they see this disclosure as opening the way for healing.

Our results from individual item analysis and analysis of a subscale regarding ongoing disclosure indicated that therapists perceive daily ongoing disclosure as having a positive impact on an attachment relationship following infidelity. Some of these perceived positive impacts, as

written in survey questions, include increased confidence in a partner's trustworthiness, increased "us" mentality, and increased overall trust in a relationship.

Lastly, using individual item analysis we discovered that overall therapists encourage reconciliation as well as initial and ongoing disclosure as a part of healing after infidelity.

Demographic Differences

In comparing subscale responses as a function of demographic variables one significant difference was discovered. Both males and females believe that reconciliation is not required for forgiveness, however, women endorsed this statement more strongly than men. There is evidence to suggest that gender may play a role in the impact of certain cases on the therapist (Blow & Hartnett, 2005b; Pistorius, 2006). This is especially true in cases involving sexual topics including sexual abuse and infidelity (Pistorius, 2006). Hence a significant difference between the opinions of males and females could have been expected in this study. And as Gordon et al. (2004) explain, men are twice as likely to cheat as women. It can be hypothesized that perhaps male participants related a bit more closely with an offending spouse and the females related more closely with the aggrieved/traumatized spouse. This could explain the difference found between the opinions of males and the opinions of females found in this study. However, research in the future would need to be completed to test this hypothesis and to develop other explanations for this difference between men and women.

Several demographic items which we imagined might separate opinions did not have a significant impact. It is clear that both time and experience in the therapy room have an influence on the views, opinions, and implementation of interventions and techniques of a therapist (Blow & Harnett, 2005b; McCullough, & Soldz, 1999). It was thus expected that those with a higher frequency of infidelity cases, a greater number of clients per week, and more years in practice

could view forgiveness, reconciliation and restoration of trust through disclosure (initial and ongoing) differently from those with less experience. However, no statistically significant influence was found. One possible explanation for this is that perhaps clinical training addresses the issues examined in this study thereby aligning new therapists with the views generated by experience.

Finally, having a personal connection with someone who has dealt with the impacts of infidelity was considered as a condition that could alter one's view and perceptions of forgiveness, reconciliation and restoration of trust after infidelity (Blow & Hartnett, 2005b). Those who have seen up close the devastation that can result from infidelity could potentially have more empathy for one or both spouses in an unfaithful marriage, which again can influence their opinions on the process of healing from infidelity. However, having a personal connection with someone who experienced infidelity in their relationship did not produce any systematic differences in therapists' views.

Limitations to the Study and Recommendations for Future Research

The most prevalent limitation to this study is that participants represent a very specific sample. The questionnaire was administered at a conference attended voluntarily by clinicians. It was done in a presentation in which participants chose to participate after being informed of the workshop subject matter. This reduced our sample not only to therapists who attended the conference but to therapists attending a national conference who also chose this particular seminar to attend. Thus, we obtained a sample that is limited to therapists already possessing a particular interest in this subject matter. This limits the applicability of the results of this study compared with the applicability had the questionnaire been administered to a random sample of therapists. Additionally, the sample size is very small, thus limiting generalizability.

This questionnaire was completed following the presentation of information regarding infidelity, forgiveness, reconciliation, restoration of trust and the role of ongoing disclosure within the restoration of trust. During the lecture the participants were provided information, and were invited to carefully consider ethical concerns and considerations regarding these topics. Given that the questionnaire was completed following the presentation, bias and alteration of results may have occurred. A pre-test/post-test approach would have been better methodologically, if not pedagogically. Had the survey been given independent to, or previous to the presentation, the results would likely be more representative of the genuine response of participants.

The FvRTS is a new questionnaire. The use of this survey is thus limited to this study alone. The ability of the FvRTS to capture fully the ideals and opinions held by therapists concerning the treatment of infidelity may be limited. If the FvRTS were used again in future research amendment would be valuable to focus questions closer on targeted research questions, and to allow for more accurate representation of participant opinions.

One large discrepancy that was found between the opinions and practice of therapists was the belief that reconciliation is not required for forgiveness; however, therapists encourage it in their practice. One hypothesized explanation for this discrepancy is that clients who come to therapy are seeking reconciliation and therefore therapists encourage this in accordance with the wishes of the client. This hypothesis and a desired explanation for the disconnect between belief and practice warrant further research.

Therapists' opinions regarding reconciliation in the context of forgiveness, and ongoing disclosure as a means of restoring trust need to be investigated further to understand better their beliefs and ideals regarding these matters. In addition, to further research regarding the opinions

of clinicians, clients could be surveyed to understand their wants, needs, and comfort level with the aspects of forgiveness, reconciliation, and openness and disclosure in treatment for infidelity.

Clinical Implications

Given that over half of married people will be unfaithful in some way during their marriage (Abrahamson, Hussain, Khan, & Schofield, 2012; Gordon, Baucom, & Snyder, 2004) and more than half of couples seen in marital therapy are seeking treatment for infidelity (Atkins et al., 2001), results of this study and any related future research should influence clinical practice in the treatment of infidelity. The expertise, opinions, and practice of other clinicians can be very useful as therapists consider critical treatment options for couples and individuals trying to overcome the tragedy of infidelity in their relationship.

Results from this study can guide clinical preparation and treatment for various dimensions of the healing process following infidelity. First, as this study reveals, therapists see initial disclosure of an affair as harmful in the beginning. Clinicians can use this information to brace both the offending and non-offending partner for impact if disclosure is to occur while in treatment. In the event that disclosure has occurred before the entrance into therapy, clinicians can recognize the harmful impact of this revelation including increased resentment and attachment injury. This will allow therapists to intervene appropriately and help clients move forward. Also, supervisors can use this information to prepare student therapists for the initial disclosure of infidelity in their own cases. Beginning therapists need to be trained to expect greater attachment injury at disclosure, and know that an unperturbed couple relationship may neither be possible nor the appropriate goal early on in treatment following infidelity.

Further training suggestions can be made based on the results of this study. Beginning therapists—male and female—need to have training early in their career to be aware their own

attitudes, perceptions and beliefs about clients and cases involving infidelity. Therapists need to be cognizant of their own thoughts and bias and how that might impact their clients. Supervisors can use this information to better arm the student therapist.

Next, a difficult question which must be answered for and by couples in treatment for infidelity is that of reconciling. Do the partners have the desire to reconcile? Will they be able to move forward effectively with or without either forgiveness, reconciliation, or both? And what are their views concerning whether reconciliation is necessary for complete forgiveness?

In answering these questions for cases in practice, the careful consideration of the views of seasoned clinicians can inform and guide practice for therapists facing these questions with their clients. One thing that is clear from this study is that therapists believe that clients can move forward and forgive without reconciliation. The belief of clients regarding this matter is a potential topic for future research. Information of particular usefulness if reconciliation is that not only do therapists believe that ongoing disclosure is beneficial in the healing process, they also hold practice congruent with this belief. Thus, using daily disclosure of progress between partners is a viable treatment technique for couples seeking to restore trust following infidelity. This treatment option is seen as helpful in decreasing non-offending spouse anxiety, increasing trust and attachment, and increasing “us” orientation.

Lastly, in the end therapists believe that overall, the disclosure of an affair better fosters eventual healing in the relationship. This gives both the therapist and the couple hope for the future and motivation to move forward. This is consistent with suggestions in the literature (Butler et al., 2008).

Conclusions

The question of the necessity of reconciliation as a part of forgiveness is one crucial to the choices of clients seeking recovery from infidelity. It is a basic question that determines the course of not only therapy but their life with or without their partner. This study has determined that therapists in general do not believe reconciliation is required for forgiveness. However, they do encourage reconciliation in their couple therapy practice. As a part of healing they see disclosure of an affair to be initially harmful, but in the end, beneficial to healing. And lastly, therapists view ongoing disclosure as highly beneficial to restoring trust in a reconciling relationship, and encourage this in their practice. These discoveries can inform and guide practice in a clinical setting with couples seeking treatment following infidelity.

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Appendix A: The Forgiveness vs. Reconciliation and Trust Scale (FvRTS)

1 Strongly Disagree 2 Disagree 3 Somewhat Disagree 4 Undecided 5 Somewhat Agree 6 Agree 7 Strongly Agree

1. Complete forgiveness after infidelity requires that the spouses reconcile and remain in the marital relationship.

1 2 3 4 5 6 7

2. In the beginning, disclosure of extramarital affairs fosters resentment and increased injury to the attachment relationship.

1 2 3 4 5 6 7

3. Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters resentment and increased injury to the attachment relationship.

1 2 3 4 5 6 7

4. In the beginning, disclosure of extramarital affairs fosters increased healing in the attachment relationship.

1 2 3 4 5 6 7

5. Ongoing disclosure of daily progress or difficulties in overcoming infidelity fosters increased healing in the attachment relationship.

1 2 3 4 5 6 7

6. In the end, disclosure of extramarital affairs fosters increased healing in the attachment relationship.

1 2 3 4 5 6 7

7. Complete forgiveness after infidelity does not require remaining in the marital relationship.

1 2 3 4 5 6 7

8. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the non-offending spouse's fear or anxiety concerning the offending spouse's infidelity.

1 2 3 4 5 6 7

9. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the non-offending spouse's confidence in the offending spouse's commitment to change.

1 2 3 4 5 6 7

10. Ongoing disclosure of daily progress or difficulties in overcoming infidelity decreases the non-offending spouse's confidence in the offending spouse's trustworthiness.

1 2 3 4 5 6 7

11. Ongoing disclosure of daily progress or difficulties in overcoming infidelity increases the relationship's "us" orientation for both spouses.

1 2 3 4 5 6 7

12. Ongoing disclosure of daily progress or difficulties in overcoming infidelity decreases overall trust and attachment security in the relationship.

1 2 3 4 5 6 7

13. In my marital therapy practice, as a part of forgiveness I encourage my clients to remain in the marriage relationship once infidelity has been revealed.

1 2 3 4 5 6 7

14. In my marital therapy practice, I discourage both initial and ongoing disclosure of progress and difficulties related to infidelities.

1 2 3 4 5 6 7

Additional Comments:

Thank you for sharing your professional voice on this issue. This information will be used in a future professional publication and/or presentation. Responses are confidential, and completion and submission of the form constitute consent to participate. If you do not wish to participate, please return the blank questionnaire for response rate calculation.

Appendix B: Demographic Form

1. Your gender: Male Female
2. Your age: _____
3. Your race: _____
4. Your degree: Area of degree: _____
 Bachelor's degree
 Master's degree
 Doctoral degree
5. Years you have been practicing: _____
6. Type of practice
 Private Church/pastoral counseling
 Community agency Other: _____
7. Location of practice (city): _____
8. In your practice, approximately what percentage of your clients present issues related to extramarital affairs or infidelity?

0-10%	11-20%	21-30%	31-40%	41-50%
51-60%	61-70%	71-80%	81-90%	91-100%
9. Approximately how many clients do you see per week? _____
10. Someone personally close to me has experienced or been significantly affected by an extramarital affair or other infidelity.

Yes	No
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