

# **Extramarital Affairs: Counselling of the Noninvolved Spouse**

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This paper examines the reasons for extramarital affairs. A developmental theoretical model and therapeutic framework is proposed by the author to work with noninvolved spouses in the treatment process, and the relevant therapeutic techniques are discussed. Counselling of the noninvolved spouse can be very helpful in dealing with issues of one's identity and self-esteem. The resolution and consolidation of one's identity and the restoration of self-esteem need to be accomplished if one wants to overcome the immediate crisis of the extramarital affair. A case example is used to illustrate the therapeutic procedures.

In a rapidly changing society, traditional family structures are giving way to new interpersonal patterns. A radical departure from traditional monogamous marriage is the tendency for marriages to be increasingly vulnerable to extramarital affair. From a Summary Report on Clientele Information System for Family Counselling/Casework service done by the Hong Kong Social Services from 1988-90 indicated that 26.1% of spouses seeking marriage counselling from ten member agencies were extramarital relationships. Though sufficiently alarming, the statistics show only the visible tip of the general state of many modern marriages which the pace of contemporary living has placed in a condition of stress. Such an affair often precipitates a therapeutic crisis. It is a complex phenomenon that requires skillful therapeutic intervention.

This paper examines the reasons for

extramarital affairs: the "cup of coffee" syndrome, alternative lifestyle, sexual causes, boredom, unhappiness, need to be needed, emotional disturbance, long distance marriages, all these factors contribute to conditions which increase the likelihood of one or both partners in a marriage having an affair. A developmental theoretical model and therapeutic framework is used to work with noninvolved spouses in the treatment process, and the relevant therapeutic techniques are discussed. A case example will be used to illustrate the therapeutic procedures.

Tales abound of affairs where no one gets hurt or where the marriage improves as a result to the affair. This is true in a sense: an affair takes pressure off the marital relationship. Less is expected from one's spouses, one's own needs are met, and disappointment is lessened. It is much easier to negotiate distance in an affair

than in marriages. Sometimes the emotional potential of the marriage is already limited and that is why the affair is sought. In other cases, the potential for the marriage is limited by the investment of emotional energy in the affair (Brown, 1991).

The focus here is on affairs that are painful and destructive for the noninvolved spouse, not on those "arrangement" that couples sometimes work out, verbally, or nonverbally, to lead separate lives. For the noninvolved spouse, the existence of an affair is a problem.

### Definitions

An affair is a sexual involvement with someone other than the spouse, which is hidden from the spouse. The key elements are extramarital, sexual and secret. This definition excludes open marriage and other consensual, if noninvolved, "arrangement" between spouses. Affairs of the heart, which do not involve a sexual relationship are not truly affairs—yet. Although the dynamics are similar, the lack of a sexual component means that the volatility and the sense of betrayal are substantially less. Often, however, affair of the heart are affair in the making.

The affair is a symptom of problems in the marital relationship. The discovery of the affair precipitates a crisis in the marriage. The most threatening aspect is not the affair itself, but the feelings of betrayal and helplessness. An affair is a wake-up call for those willing to hear the alarm. Those who don't hear the alarm are already in deep trouble – they are unable to pay attention to their own feelings (Brown, 1991).

### Perspectives on Extramarital affairs

The subject of extramarital affairs is found in the therapeutic literature cloaked and coloured by various therapeutic stances. The perspectives of different models determine automatically how extramarital affairs are explained, defined, emphasized, or treated. Two major differentiations can be made: the individual historical perspective and the couple interactional perspective. The discussion of affairs from the individual focus centres primarily upon analytical literature. Here the interest is in the source of such behaviour in adult life. Herbert Streehan (1976), Ruth Moulton (1977) exemplify such orientation. Within the marriage, their foci are on early models and learning, identification issues, parental distortions, and unresolved development.

The interactional view looks at extramarital affairs within the current relationship of the couple. Barton and Alexander (1981) trace the functional aspects of affairs as means of meeting system needs, most often those of regulating distance. The behaviour is part of an interlocking network of other family behaviours, all of which function to maintain a certain system level. In a similar way, defining affairs as acting-out behaviour – the cashing in of "brown stamps" from the Transactional Analysis perspective—supports the notion that affairs demonstrate an inability or breakdown of couples' problem-solving capabilities and communication. The affair forces the couple to communicate on a deeper level, brings energy into the system, and offers a model for greater freedom and intensity.

A third perspective, and somewhat of a middle ground between the two

described, is the developmental perspective. Its researchers and practitioners look at affairs within the developmental adult crisis and the normal stages of the marital cycle. Such views redefine affairs within a larger context of both anticipated developmental tasks and earlier choices.

## **Reasons for Extramarital Affairs**

### *The Cup of Coffee Syndrome*

EMA frequently result from attractions that are initially quite "innocent" and asexual in nature. They began with the "cup of coffee" syndrome in which two persons, each married to someone else, begin to relax over a cup of coffee-at-work, after social functions. Soon they develop the "habit" of meeting regularly, they share more and more details of their lives and feelings; they develop a dependence on these coffee talks. Finally, sex enters as the next level of involvement.

### *Alternative Lifestyles*

EMA may represent attempts by couples to adopt "alternative lifestyles" that are beyond jealousy and sexual possessiveness. Therapists don't meet couples who successfully accomplish these goals, but they are expected to treat the failures and the rejects that result from these idealistic activities. Affairs vary widely in their length. Couples may appear for therapy after a single act of marital infidelity, but more commonly the affair, or affairs, have been going on for months or even years. The length of the affair, however, cannot necessarily be equated with the depth of feeling that

exists between the marital partners. Clients repeatedly demonstrate that human beings have a potential capacity to love and to engage in sexual relations with more than one partner. Many EMA clients state that bigamy would be the only ideal solution, because they love both their spouse and their EMA partner. Love, however, is certainly not the only reason reported by clients for engaging in EMA.

### *Sexual Causes*

Various facets of modern marriage itself add to the pressures on sex in marriage. Women are still being encouraged to stay "pure" (ie., nonsexual) until marriage. They are then expected to shed twenty or so years of negative sexual conditioning and to act and feel "sexy" with their husbands. Meantime, young men are socialized premaritally under a dominant theme of "get all (the sex) you can get." Once married, these opposing attitudes held by husbands and wives about sex quickly collide. Couples argue over the frequency of intercourse, over nudity, and over techniques and coital positions. Modern wives are expected to be superwomen—great mothers and homemakers and to simultaneously have exciting jobs and careers outside their homes. The net result of these combined forces is likely to be frequent bitter marital arguments over sex.

### *Boredom*

Marital sexual frustration or boredom is frequently listed as another reason for EMA. Performing the same act with the same partner in the same way at the same time under the same conditions can and does – easily lead to this boredom. An

unimaginative spouse, often unaware that he or she is being secretly "rated" by the partner, is weak competition for a sexy, daring, adventuresome EMA lover.

### ***Unhappiness***

Marital partners who are unhappy in their marriages, even if their sexual adjustments have been satisfactory, may become emotionally vulnerable to sexual approaches from others. They yearn to be noticed, to be appreciated, to be "understood". In many subtle ways they communicate their unhappiness to others – including members of the opposite sex—and this often leads to sexual involvement through the familiar sequence of sharing, listening, feeling rapport, closeness, mutual dependence, caring and then sexual expression of these feelings.

### ***Need to Be Needed***

One of the least understood motivations for EMA relationships is the fact that intercourse, per se, may be only secondary to more pressing motivations for persons engaging in affairs. Many human beings suffer from low self-esteem, personal insecurities, and profound feelings of inadequacy. To be accepted, needed, and valued by another person is enormously gratifying to such individuals – and an EMA relationship ordinarily appears to provide many of these satisfaction.

### ***Long Distance Marriages***

As Hong Kong moves towards 1997 and the merging of various economic and social transactions across the border

becomes increasingly active, the effect on certain marital and familial life patterns is beginning to be discernible to family service agencies. The issues over which some families are seeking help are associated with the increasing numbers of Hong Kong residents who work in China while maintaining their families in Hong Kong, and the increasing number of Hong Kong men marrying women in China whose families continue to remain in China.

Alternative relationships which were easily available in China gradually filled many of the basic caring and intimacy needs of the husbands in China. Only with the discovery of the affairs did many of the wives begin to voice their concern, expressing their disappointment and requesting the discontinuation of these affairs or a return to work in Hong Kong.

### **A Developmental Theoretical Model**

A developmental theoretical model is presented for helping the noninvolved spouses in dealing with EMA in their relationships. Such a model emphasizes the substantial normative change that almost all individuals undergo during the developmental life cycle and the necessity for the marital relationship to change correspondingly and accommodate over time. Berman and Leif (1975) have provided a useful summary of marital issues and expected stresses that parallel the different periods of adult development.

The healthy marriage is able, flexibly and even synergistically, to adapt to the individual growth of each partner. In contrast, a dysfunctional marriage is likely to be strained by the inevitable developmental changes of the spouses. Such individuals literally grow apart,

although along the way there may be resented accommodation to the spouse, self-denial of opportunities for each spouse's individual growth, or both. Such attempted compromises often work against the relationship over time, stifling the growth of the marriage and leaving the individuals unfulfilled. Eventually many couples in this situation seek marital therapy (Rice & Rice, 1986).

### *Identity*

The developmental model helps the therapist to attend especially issues of identity and self-esteem in working with the noninvolved spouse in the treatment process. Many people believe that "being married" somehow confers an identity on them as individuals. Marriage is perceived as a sign of personal maturity, as a significant part of becoming an adult. The process of submerging oneself into a marital relationship is often done willingly. The lack of felt personal identity is usually not perceived as problematic if the marriage is functioning smoothly. When the bond is more tenuous, a struggle begins around the issue of whether one would make it on his or her own. The perception that the marriage may not work out can precipitate an identity crisis. The noninvolved spouses in this situation typically feel very unprepared for, and anxious about, the prospect of a divorce. Yet the choice of continuing to stay in an unfulfilling relationship may seem equally unsatisfactory.

### *Self-esteem*

A second major area for therapeutic focus with the noninvolved spouses

concerns feelings of lowered self-esteem. The perceived inability to work out marital problems after one invested so much time and resources leads to a sense of personal failure. The noninvolved spouse must struggle against perceived narcissistic injury and doubts about being able to achieve and maintain a satisfying marriage. The working through of self-doubt or self-blame needs to be accomplished in the treatment process. Restoration of self-esteem and resolution of personal identity can thus go hand in hand.

## **Treatment of the noninvolved Spouse**

### *Therapeutic Assessment*

Assessing the client's point in the grief reaction, level of crisis, interpretation, disasterization, and past coping skills provides the therapist with guidelines for handling the response. This information, together with the therapist's own theoretical perspectives regarding etiology or context, can provide a firm foundation for treatment. Several kinds of questions are helpful for the therapist to consider to clients:

How did the "victim" learn of the affair? Was he or she told, has it been long-standing or denied; did the spouse leave evidence in order to get caught?

How open is this couple with confrontation?

What does this mean to the client? Is he or she surprised or had it been suspected? Why? What bothers him or her most about it? What does the idea of an affair connote to the client about marriage, men and women, self-worth?

What is the client's emotional response? How is he or she coping with grief? Is there anger and blame, self-

punishment, guilt and depression? How well is the client functioning? How realistic is his or her perception of the crisis?

How does the affair fit into the larger context of the relationship or the client's past? What other marital problems or changes have occurred?

Why did the client seek help at this time? What are his or her expectations? Can the client formulate goals? Can the other spouse be involved? What other supports does the client have?

### **Therapeutic Intervention**

#### ***Dealing with Grief***

Although the therapist may have various means to conceptualize the etiology or function of extramarital affairs for the noninvolved spouse, his or her initial decision and focus are most often on the client's response, conceptualization, and the management of the crisis brought by disclosure. Because the literature speaks less of this area, several concepts are helpful. The noninvolved spouse who contact the therapist is in a grief reaction. The client is dealing on a basic level with loss, particularly in situations in which discovery of a spouse's affair precipitated seeking therapeutic help. The client suffers not only the fear of emotional loss of the spouse, but also loss of the image, dream, pretence of self, and the marriage. Even in cases where the individual feels relief that the "air is cleared," the realization – the shifted reality of the relationship – initiates a grief reaction. Clients may enter at various stages of this process: denial, depression, or anger. Often, the anger or depression seen initially is a culmination of many weeks,

months or even years of denial.

Client reaction is also determined further by previous losses and coping, unresolved losses and coping, unresolved mourning from the past, and the level of adaptive mechanisms. Such factors will affect the actual level of crisis. The client, over-stressed from many environmental problems may become overloaded psychologically upon learning of the spouse's affair. This is even more likely if the client's dependency needs are great, self-esteem is low, or major losses of the past still linger. The therapist has to take an active role in stabilizing the client, normalizing client reaction, helping the client go through stages of grief. It is valuable to clarify therapeutic goals and the client's sense of direction and distortion. Asking about fantasies – suicidal, homicidal, flight – can provide valuable information and help diffuse the energy of such obsessions. The therapist will often need to move back and forth between the encouragement of initiative and the monitoring and supporting of grief reactions. If the client is incapacitated by grief, reframing and the exploration, resolving, and separating of past losses needs to be undertaken. The client who uses anger to cover the hurt will need the opportunity for ventilation to move beyond this defense.

#### ***Resolution of Self-Identity and Restoration of Self-Esteem***

Once action is taken to stabilize the crisis reaction, the therapist's goal is to attend to issues of identity and self-esteem in the treatment process. It is important for the therapist to help the client move out of the victim role by restoring the client's personal identity and self-esteem

rather than waiting for or reacting to the other spouse. The perception that the marriage is under stress can precipitate an identity crisis. The client in this situation typically feel very unprepared and anxious about the possibility of a divorce. For many people, marriage is perceived as a sign of personal maturity, as a significant part of becoming an adult. In many cases, however, the decision to get married was made before the individual had truly been on his or her own. Premarital development, first on one's parents, then on school, or another institution, and subsequently on one's spouse. In this process, personal identity becomes closely tied to, and shaped by, the actions, needs, and demands of others. Hence, the focus of the therapy is to help the noninvolved client to resolve and consolidate his or her own identity.

The knowledge that one's marital partner has been sexually involved with someone else frequently challenges one's own feelings of sexual adequacy and self-respect. The client may express feelings of low self-esteem, worry, depression. The intensity and the duration of these feeling will vary with each client's ego strength, his or her supportive resources. Hence, it is essential for the therapist to restore the client's self-esteem. Reframing, exploration and resolving needs to be undertaken by the therapist to re-build the client's self-esteem.

### *Clarification of Client's Marital Goals*

If the other spouse fails to take part in therapy, the therapist's tasks are those of clarifying the client's marital goals, assessing marital dynamics, encouraging the client to initiate confrontation, and helping him or her recognise distorted

reactions and interactional patterns. Hence, clarification of the client's expectations and the therapist's role is important. Common client hidden agendas that need to be explored are: seeking permission to give up one relationship; obtaining affirmation that the self is not bad; getting relief from stress while maintaining relationships.

### **Case Example**

Betty, aged 38, came for therapy as she discovered her husband had extramarital affairs about a year ago. She returned with her daughter from Canada after obtaining their citizenship. Later on, her husband revealed that he had extramarital relationships with various women since she moved to Canada four years ago and wanted to divorce her. She was very depressed and angry, she could not accept such proposal and still wanted to save the marriage. She had a 14-year-old daughter who was enrolling in an international high school in Hong Kong. In the initial stage, client's level of grief was being assessed, she was depressed and angry as she felt that her husband had betrayed her totally. She felt that ever since they got married, she had made a lot of efforts in the marriage, she had encouraged her husband to further his studies, and she quitted her stable job in Hong Kong and immigrated to Canada with her daughter to secure a passport for the family. She was very angry when her husband told her that he had sexual relationships with more than 30 women in the past four years. She was mostly disturbed when she had received calls from a woman whom she had also suspected that he had a stable relationship with, actually she had found out some

pictures of her husband with that woman in different occasions. She was even more annoyed when her husband also told her that his "girl friend" was in the process of working out her divorce. In the course of the therapy, client had expressed her wish to "kill" her husband when they got into heated arguments.

In dealing with her grief, the therapist had provided her with supportive counselling so that she would feel free to ventilate her feelings and anger in the initial stage of treatment. However, as the client had also expressed her wish to "kill" her husband with a knife, she was advised to have a temporary separation with him so that they would have a time to calm down their emotions and evaluate their relationship again. Betty had a very low self-image and felt very lost for her self and future when she came to see the therapist. She felt that ever since she got married, her personal identity was closely tied to and shaped by being a wife and mother. She was very distressed and hopeless when she found out that her husband had extramarital affairs and wanted to divorce her. Her self-esteem was also being challenged as her husband told her that she was not attractive and he did not want to stay in the marriage because her personality was too dominant. By reviewing some of her strengths and weaknesses, the therapist was able to help Betty to look at herself honestly. As Betty was a Christian, the therapist was able to build up her self-image and confidence through an extra dimension, through the assurance of the love of God, and the emotional supports she got from friends in her church, she was able to move out of the victim role and restoring her own identity and self-esteem rather than waiting for and reacting to her husband,

and gradually, her perception on herself changed, resulting in appreciating herself more. Her perception on her marriage and her husband had also changed. She came to see the pains of keeping the marriage when it was not working, especially when her husband did not have any sincerity to save the marriage. Consequently, she came to realize that it was unrealistic for her to expect her husband to be willing to reconcile the marriage. Eventually, she settled with a divorce with her husband a year after the therapy. The client was ready to lead a new life as a single-parent with self-affirmation and respect.

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近年來，發生婚外情的案件日趨嚴重。本文討論影響婚外情發生的各種因素，作者嘗試從發展的理念模式，討論治療員在輔導非涉及婚外情的配偶時所採用之介入方法。在此過程中幫助案主處理個人的哀傷，重建自我的價值及身分，使案主能用較積極的態度去正視及處理自己的婚姻問題。

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