

*Full Length Research Paper*

## Effect of infidelity therapy on improving mental health of betrayed women

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The aim of this work is to assess the effectiveness of infidelity therapy on improving mental health of betrayed women. Procedure of sampling was purposeful in which 15 wives (20-35 years old) who had experienced betrayal were participating in group psychotherapy sessions after preliminary interview. Fifteen betrayed women were included. Infidelity therapy sessions at three stages were held for them. They were assessed by “the spouse betrayal examination questionnaire” and “28-question form of Goldberg Public Health Questionnaire (GHQ)” at two pre-test and post-test stages. The most important reason of spousal betrayal was “seeking variety and having inclination to different sex partners”. Mean (standard deviation) total score of mental health improved significantly after infidelity therapy sessions at post-test stage (25.53 (17) vs. 17.86 (12.75);  $P = 0.001$ ). There was significant effect of group psychotherapy sessions on improving mental health of the betrayed women. We recommend this behavioral technique in similar situations for betrayed women.

**Key words:** Infidelity therapy, mental health, women.

### INTRODUCTION

Although monogamy and sexual exclusivity are the expressed cultural norms for the great majority of married couples, the occurrence of adultery and infidelity is widespread (Treas and Giesen, 2000). In a major U.S. survey of married individuals, as many as 25% of married men and 15% of married women reported having had an affair at some time in their lives (Langer et al., 2008). One of the most common findings in infidelity research is that males commit more acts of infidelity (Blow and Hartnett, 2005). Schmitt (2003) conducted a large-scale cross-cultural survey of 16,288 people throughout the world and found that men desire more sexual partners than women

do. Infidelity or “cheating” in romantic relationships has devastating consequences (Cano and O’Leary, 2000). Also, the marital crisis following the discovery of an affair has been associated with subjective experiences of poorer health and well-being as well as with functional impairment in occupational, professional, and parenting roles (Kaveh, 2008). The association between infidelity and divorce is incontrovertible and the marital stress following discovery of infidelity is a strong predictor of marital dissolution (Sweeney and Horowitz, 2008).

Extramarital affairs have also been linked to other social problems including battering and spousal homicide

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or to suicide attempts, all of which are used to humiliate and punish the cheating spouse (Brown, 2001; Shakelford et al., 2003).

The discovery of infidelity represents a significant life stressor for both partners and is a potential risk factor for a host of health and psychosocial problems (Snyder, 2005). Brown (Brown, 2001) estimates that 70% of couples who request marriage counseling do so, due to occurrence of an affair which precipitated a crisis in their relationship.

Fung et al. (2009) conducted a cross-sectional survey of 193 male cross-border truck drivers from Hong Kong in 2004. No statistical significance was found between family relationship and many work parameters. However, extramarital relationships were related to poor marital relationships.

According to Linley and Joseph (2004), there is an association between forgiveness and satisfaction with life and the uppermost effect of forgiveness on psychic health is to help the quality of interpersonal relationships improve and enhance marital life enhance.

According to some systemic thinkers, extramarital affairs are a joint venture between spouses. In an attempt to revitalize an emotionally depleted marriage, partners choose to triangulate a third party, and thus generate a crisis in the marriage; from a systemic point of view, cheating spouses represent the fear of engulfment while cheated partners represent the fear of abandonment, both fears being associated with the process of individuation. From the systems theory point of view, both partners are responsible for creating this scenario, in which there are no victims (Oppenheimer, 2007).

Snyder et al. (2008) describe a three-stage model for helping couples move past an affair, including (a) dealing with the initial impact, (b) exploring contributing factors and finding meaning, and (c) reaching an informed decision about how to move on—whether together or apart. Preliminary empirical findings support the efficacy of this affair-specific intervention.

According to Spring (1996), reconstruction of marital relationship entails ending relation with the third party, dealing with the relationship problems, reviving sexual relationship and finally forgiving the guilty spouse.

Gordon (2004) also investigated the impact of forgiveness as intervention on improvement of marital relationships of six spouses who have gone through betrayal. Results revealed that spouses significantly showed less emotions and distress and also high levels of forgiveness with regard to their husbands' disloyalty.

Kaveh (2008), in a study in Tehran, found out that 48% of wives had observed evidences indicating their husbands' extramarital affair and that 27% of husbands had experienced intercourse with a person of opposite gender, other than their wife.

Zandipour et al. (2008) find out that there is a significant relationship between the levels of forgiveness and women's mental health. Yet, only 3 women could reach the final stage of forgiveness.

Momeni and Kazemi (2010) investigated the impact of psychotherapy on quality of life improvement of couples harmed by marital betrayals and surveyed 10 betrayed couples through administering them both questionnaires of spouse betrayal examination and life quality. Results obtained suggest that psychotherapy sessions play an effective role in improving life quality of couples hurt by marital disloyalty.

"Mental health" is a state of social welfare and also an inner feeling of the individual based on that s/he is able to tolerate the society and that his/her personal status and the social features are satisfactory to him/her (Dehghan, 2006). Also some of the psychologists believe that mental health means to have a humane aim in life, attempt to wisely solve the problems, compromise with the social environment according to the scientific and ethic standards, have faith in working, responsibility and finally follow the benevolence and benefaction principles (Shafiabadi and Naseri, 2007).

Although it is reasonable to think of affairs as simply another crisis of living, the betrayal of trust that was invested in the partner destroys many of the couple's shared assumptions, beliefs, and expectations about the relationship making the task of recovery, even with professional help, an uncertain one. Counselors who undertake to work with this clientele can expect certain inevitable occurrences or incidents which are commonly associated with the process of helping individuals and couples recover from the negative impact of an affair. So, in this study we aimed to assess the effect of infidelity therapy on improving mental health of betrayed women in Tehran, Iran.

## MATERIALS AND METHODS

### *Study population*

Procedure of the research was pre-experimental (pre-test, post-test) including one group. Research society was total women harmed by marital betrayals who applied to the counseling centers of Tehran City.

Procedure of sampling was purposeful in which 15 wives (20-35 years old) who had experienced betrayal were participating in group psychotherapy sessions after preliminary interview.

### *Measures*

1- The spouse betrayal examination questionnaire (with 35 questions) was designed based on the Vaughan's questionnaire (Vaughanp, 2003) which has been translated by the researcher and then evaluated by reputable family counseling instructors with respect to its content and face validity. Its reliability was 0.85.

2- 28-question forms of Goldberg Public Health Questionnaire (GHQ) (Goldberg, 1993). This questionnaire is an instrument of self-reporting method including 4 subscales (physical symptoms, anxiety, social function disorder, and depression symptoms). Its reliability was 0.89. The range of scores was from 0-84 in which higher scores reflect worse health state. In Iran, Aghajani (2002) obtained the reliability of this questionnaire as 0.84 by means of Cronbach's alpha.

**Table 1.** Frequency and percentage of educational level of the studied sample.

<b>Educational status</b>	<b>Frequency</b>	<b>Percentage</b>
High school dropout	2	13.3
High school graduated	9	60
Bachelor of Science degree	4	26.7
Total	15	100

**Table 2.** Descriptive data of age-related variables of the studied sample.

<b>Variables</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Mean</b>	<b>Standard deviation</b>
Age	20	35	29.25	4.15
Age at marriage	15	23	20.80	2.48
Marriage duration	5	12	10.25	4.34
Spouse age	28	45	38.06	6.08
The spouses' age at marriage	20	31	26.33	4.41

### **Treatment sessions plan**

Treatment sessions plan consisted of three stages. Stages 1 and 2 of treatment sessions refer to Stefano and Oala (Stefano and Oala, 2008) and the stage 3 refers to Harley and Harley (Hosseini and Aramnia, 2006) treatment:

#### **Stage 1: Anticipating traumatic reactions**

The therapist should give particular attention to the more distressing symptoms and to reactions of rage, guilt and humiliation, obsessive ruminations and hyper vigilance. In the course of helping the betrayed spouse, resolving the trauma associated with the betrayal of the marriage is a necessary ingredient in moving the women beyond crisis to a place of acceptance, understanding, and forgiveness.

#### **Stage 2: Rebuilding the relationship with forgiveness**

Forgiveness has more recently emerged as an important topic in counseling and psychotherapy. Forgiveness is instrumental in reducing levels of anger, anxiety, and depression while simultaneously promoting esteem and other positive responses.

#### **Constructions of new meanings**

There is initially considerable resistance to granting forgiveness because this implies that the offender has been "let off the hook." Clarifying the potential misconception and faulty notion that forgiveness is equivalent to reconciliation may help women's readiness to forgive.

Stage 3 is teaching how to improve married life on the basis of protection, attention, and time and honesty principles. Protection principle indicates avoidance of fierce behavior, disrespectful judgment and selfish demands; attention principle means identification and classification of five important needs of you and your spouse; learning how to meet affective and emotional needs of each other in such a way which is pleasurable for both of you, etc.); time principle implies allocating enough time to pay ample attention to your spouse with the absence of your children, friends and

relatives; honesty principle indicates disclosing feelings whether positive or negative; informing your spouse of your daily activities and happenings; being honest about future and how to rebuild your spouse's confidence); and preventing from recurrence through teaching clientele how to establish and enhance empathy, humility, mutual understanding and sound relationship.

The procedures followed were in accordance with the standards of the ethics committee of the institution. Descriptive indices as well as the T dependent test were used for data analysis. The level of significance chosen for all analyses was 0.001.

## **RESULTS**

Educational level of the study sample is presented in Table 1 educational levels. Table 2 presents age-related variables of the studied sample. Table 3 presents results of women's attitude to the most important reason of spousal betrayal. According to Table 3, the most important reason of spousal betrayal is "seeking variety and having inclination to different sex partners".

Table 4 presents descriptive data of variables of mental health and its related subscales at two stages of pre-test and post-test examination. Mean total score of mental health at pre-test stage was 25.48 which decreased to 17.32 at post-test stage. All components of mental health were found to have been improved at post-test stage. Table 5 indicates T dependent for difference of means of group (pre-test vs. post-test). According to Table 5, there was significant difference in total score of mental health of betrayed women at pre-test stage vs. post-test stage. Findings implied the significant effect of group psychotherapy sessions on improving mental health of the betrayed women.

## **DISCUSSION**

The results obtained showed that there was a significant

**Table 3.** Test results of women's attitude to the most important reason of spousal betrayal.

	Ranking	Precedence
Non-fulfillment of sentimental needs	6.00	Second
Non-fulfillment of sexual desires	6.00	Second
Spousal conflicts	5.38	Third
Seeking variety and having inclination to different sex partners	7.25	First
Lack of experience in relationships prior to marriage	5.38	Third
Early marriage	5.38	Third
Charming appearance of another person	4.75	Fourth
The belief that betraying is the natural right of any human being	5.38	Third
Establishment of grounds for divorce	4.75	Fourth
Others	4.75	Fourth

**Table 4.** Mean (SD) total score of mental health as well as its subscales at pre-test and post-test states.

Indexes Variables	Pre-test		Post-test	
	Mean	Standard deviation	Mean	Standard deviation
Physical health	5.92	4.27	4.13	3.71
Anxiety	7.25	3.97	5.22	3.25
Social function	6.97	3.97	4.56	2.96
Depression	5.39	4.79	3.95	2.83
Mental health (total score)	25.53	17	17.86	12.75

**Table 5.** T dependent test results for difference of means of total mental health score at pre-test stage vs. post-test stage.

Indexes Variables	N	Mean of differences	Standard deviation of Differences	T	df	Sig.
Pre-Test	15					
Post -test	15	4.25	2.69	6.11	14	0.001

difference in mental health of the betrayed women at post-test stage. The findings implied the significant effect of group psychotherapy sessions on improving mental health of the betrayed women. All components of the mental health were found to have been recovered at the post-test stage.

These findings are in accordance with some previous research studies (Snyder, 2005; Fung et al., 2009; Linley and Joseph, 2004; Oppenheimer, 2007; Snyder et al., 2008; Spring, 1996; Gordon, 2004). Women can use the safety of therapy as a place where they can begin to make sense of what happened to their relationship. A retelling of the events of the affair helps the women understand their respective roles in the affair and promotes the constructions of new meanings. Therapist use the process of forgiveness as a conduit out of the hurt, disappointment, and pain to a reconstruction of

marital life in which the quality of interpersonal relationships improves (Linley and Joseph, 2004; Oppenheimer, 2007; Snyder et al., 2008; Spring, 1996; Gordon, 2004; Zandipour et al., 2008).

In brief with the help of psychotherapy sessions, women acquire skills necessary to constructively face the harm inflicted, leave the passive role and eventually learn how to deal with the future situations more effectively.

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