European Journal of Mental Health
https://doi.org/10.5708/EJMH.20.2025.0035

PERSPECTIVE ARTICLE

This publication is part of the 2025 SPECIAL COMPILATION on "Family Therapy and Family Studies in Supporting Mental Health"

Using the Woolley Motivation Typology to Heal Infidelity With Emotionally Focused Therapy

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History
Received: 17 August 2024
Accepted: 2 January 2025
Published: 30 January 2025

Citation
Woolley, S. R. & Koren, R. (2025). Using the Woolley motivation typology to heal infidelity with emotionally focused therapy. *European Journal of Mental Health, 20*, e0035, 1–10. https://doi.org/10.5708/EJMH.20.2025.0035

Introduction: Infidelity is a common challenge in couple therapy and requires nuanced understandings and interventions tailored to the underlying motivations of the affair.
Areas covered: This paper offers a practical framework for addressing infidelity by integrating Woolley's (2011) motivation-based typology of affairs into the practice of Emotionally Focused Therapy (EFT) and the Attachment Injury Repair Model (AIRM). The typology categorizes infidelity into three broad categories, and seven specific types based on motivations, offering a lens through which couple therapists can focus their approach.
Expert opinion: This article provides both general and specific treatment recommendations for each of the motivational types, which can help clinicians more effectively assist in ending affairs, reducing blaming, healing emotional wounds, creating safe emotional connection, and preventing future infidelity.
Conclusion: This article helps fill these gaps by laying out how the Woolley (2011) motivational typology can be used to guide treatment.

Keywords: affair, infidelity, EFT, motivations, typology, treatment

Introduction

A wealth of research has shown that the quality of romantic relationships and marriage itself offers various health benefits for the partners and can serve as a protective factor against health issues (Robles, 2014; Smith et al., 2011; Troxel et al., 2007; Wang et al., 2020) and the risk of mortality (Robles et al., 2014). Couple satisfaction is associated with lower stress levels, less depression, and is also linked to higher life satisfaction (Randall & Bodenmann, 2017). Infidelity presents a major threat to couple satisfaction and stability and is often confusing and difficult to treat for therapists. Consequently, this article lays out basic guidance for therapists who work with infidelity with a focus on how to use the Woolley (2011) typology on affairs.

ISSN 1788-7119 (online)

Literature

Couples typically agree, either implicitly or explicitly, to limit sexual and romantic activities to within the relationship or additionally agreed upon relationships or people such as in the case of polyamory or open relationships (Davala & Mims, 2024). Infidelity involves engaging in romantic or sexual activities outside of the agreed upon boundaries (Fife et al., 2007; Rokach & Chan, 2023). The associated secrecy fosters mistrust, and undermines emotional safety, transparency, and mutual respect. This usually leads to profound emotional pain and long-lasting relationship problems or dissolution (Amato & Previti, 2003; Stavrova et al., 2023).

The prevalence of affairs is increasing (Fincham & May, 2017), likely due to several factors including a higher number of premarital sexual partners (Mark et al., 2015), increased access to pornography (Braithwaite et al., 2015), and greater opportunities for extradyadic involvement facilitated by the internet and fewer barriers to such behaviors (Fitzgerald et al., 2022; Glass & Staeheli, 2004; Hertlein & Piercy, 2006). Technology can reduce inhibitions and lower anxiety through perceived anonymity, physical distance, and control over communication and timing, thus encouraging behaviors that might be avoided face-to-face (Gonzales & Hancock, 2011; McKenna & Bargh, 2000). Regardless of the reasons, the incidence of affairs has become increasingly common, leading to a higher likelihood that therapists will encounter couples dealing with the challenges of infidelity in practice (Warach & Josephs, 2019).

Clinicians report that dealing with infidelity is among the most challenging issues in therapy (Girard et al., 2018; Timm & Hertlein, 2020), requiring significant skills in navigating the complex emotions and trust issues that arise. Emotionally Focused Therapy (EFT) for couples has been found to be highly effective in multiple outcome studies and meta-analyses (e.g. Beasley & Ager, 2019; Johnson et al., 1999; Spengler et al., 2024). It has also been found to be effective in enhancing forgiveness and intimacy and reducing burnout in women after their partner's infidelity (Najibzadegan et al., 2024). Additionally, it has been found to be more effective than Cognitive Behavior Therapy in fostering forgiveness and intimacy in women whose spouses engaged in infidelity (Asvadi et al., 2022).

Infidelity usually results in what Johnson et al. (2001) called attachment injuries. Attachment injuries involve a profound betrayal of trust or abandonment by an attachment figure, often at times of high need, which fundamentally undermines foundational trust and security in a relationship. Johnson and her colleagues developed the Attachment Injury Repair Model (AIRM), which is an effective, empirically validated approach used within EFT to heal attachment injuries (Halchuk et al., 2010; Johnson et al., 2001; Makinen & Johnson, 2006). Johnson (2005) proposed using this model with infidelity and laid out the general process of using EFT and the AIRM model with affairs. However, she did not address how to help ensure the infidelity has stopped, preventing it from starting again, and helping people understand why it happened and how it will not happen again. This is a gap in the model as applied to infidelity since understanding the motivations behind infidelity can be critical to ensure it has stopped, prevent it from starting again, and help people understand why it happened and why it will not happen again.

Purpose

In 2011, Woolley proposed seven types of affairs based on motivations. Girard et al. (2018), in a survey of 210 people who had affairs, found that all types were endorsed, and each type was related to insecure attachment styles. However, nothing has been published regarding how the typology can be used in therapy. Consequently, the purpose of this paper is to help fill this gap by discussing how this motivational typology can help treat infidelity using EFT. We begin by reviewing some of the basics of treating affairs and then discuss the seven motivational types of affairs and how they can help guide treatment.

General Treatment Recommendations

In this section, we outline some general recommendations not found in the existing EFT literature. In the following section, we discuss specific treatment suggestions based on the Woolley (2011) motivational categories and typology.

Initial Responses

When an affair is disclosed or discovered, it often results in significant emotional distress for the couple and those in their close circle that learn of the infidelity. It's important to reassure them that understanding and healing are possible (Zhao et al., 2024), and that they need to carefully manage disclosure to friends and family. It is valuable to strongly advise against sharing the affair on social media. If needed, the betrayed partner should seek support from a balanced, confidential source (Spring, 2020).

Avoiding Blame and Shame

People who have been unfaithful often attempt to mitigate their guilt and shame by blaming their primary partner, which exacerbates the emotional impact of their actions (May, 2023). While certain behaviors in a relationship may facilitate or hinder the likelihood of an affair, the responsibility for the affair lies with the individual who made the choice to engage in it (Fife et al., 2013; Shrout & Weigel, 2019). However, it is important to recognize that infidelity is often contrary to the betraying partners own values which can lead to shame. Shame frequently occurs when people make bad choices (Tangney et al., 2007). Shame is a disconnecting emotion that shifts the focus away from the injured partner's pain and toward the individual's sense of being fundamentally flawed. Addressing shame with betraying partners involves framing the actions as destructive while affirming that the individual is not inherently bad. The distress they feel indicates that their actions conflict with their deeper values, suggesting that their core self is aligned with positive moral standards, even though their behavior was bad or destructive.

Has the affair ended?

It is crucial for the therapist to determine if the affair has ended. This can be done by interviewing the betraying partner alone to understand the context of the affair, confirming if it has truly ended. If the affair has ended, the therapist should inquire about how it concluded, how the third party was informed, and whether there is still any communication with the third party. Any ongoing contact should be addressed and terminated, if at all possible, to support the healing process. If it is not immediately possible to end contact, efforts should be made to ensure that contact is limited, fully disclosed, and safe (Spring, 2020).

Disclosure

The full extent of the affair is frequently not disclosed before therapy, since betraying partners often fear their partner's reaction and feel shame about their actions (Drake & Caudill, 2019). However, complete and honest disclosure is generally essential for healing (Fife et al., 2013). Initial disclosure could occur with the therapist alone to help the betraying partner to prepare for a full disclosure in a couple session. The focus of disclosure should be on the healing of the betrayed partner rather than alleviating the betrayer's guilt or shame. To facilitate complete disclosure, it may help the betraying partner to write out the details of the affair(s) and review it in an individual session before verbal disclosure in the couple session. The written record should not be given to the betrayed partner and can usually be destroyed after full disclosure.

During disclosure, it is critical to manage emotional responses by allowing breaks and ensuring the betrayed partner's questions are directed toward healing rather than shaming (Fife et al., 2013). The pace should be set by the needs of the betrayed, not the betrayer. Full disclosure may require extended or multiple sessions to process effectively.

Obsession with Details

Healing for the betrayed partner often involves rewriting the history of their relationship. Focusing solely on details without addressing the attachment meanings and emotions can result in people becoming obsessed with the details (Fife et al., 2007) and can hinder the healing process (Fife et al., 2013). Shifting the focus to the emotional and attachment aspects of the details is essential. This involves connecting them to attachment-related meanings, validating and processing those emotions (Johnson, 2005).

Betrayed partners need to grieve the losses associated with the affair, such as the sense of stability, trust, safety, and feeling loved. Just as during all grieving processes, they need to feel, express, and organize their emotions,

be comforted, and develop new meanings around their losses. They also require breaks from grieving to focus on other activities and emotions. Exercise, socializing, and engaging in hobbies can help provide these necessary breaks (Glass & Staeheli, 2004; Snyder et al., 2008). Strategies to overcome obsessional thinking include turning to a safe person for comfort, shifting focus from thoughts to attachment emotions, writing about their thoughts and related emotions, setting times to focus on the pains of the betrayal and times for healthy distractions, and limiting questions about the infidelity to therapy sessions (Fife et al., 2013, Johnson, 2020).

Treatment Recommendations Based on Motivations

The motivations behind engaging in affairs are usually complex and multifaceted, and are influenced by a variety of psychological, contextual, and relational factors. However, understanding the basic motivations behind an affair is important both for ending ongoing affairs, preventing new affairs, and healing the injuries of affairs (Baucom et al., 2009).

Woolley (2011) proposed a typology that eventually included three broad motivational categories for engaging in affairs: relational, escape, and intrapsychic, which he further divided into seven types. Relationally motivated affairs were divided into *protest affairs*, *come and get me affairs*, and *burned-out affairs*. *Escape affairs* were not subdivided. Intrapsychically motivated affairs were divided into *hedge fund affairs, power player affairs*, and *compulsive affairs*.

Girard et al. (2018) found that all seven types were endorsed by people who had engaged in affairs, helping to validate the typology. They also found that the types were related to attachment styles, which is discussed under each type of affair. However, Girard et al. (2018) did not explore the details of how the typology can guide therapists, which is the purpose of this article.

Guidance for Healing Each Category and Type of Affair

Each of the recommendations below should be used within the framework of Emotionally Focused Couple Therapy (Johnson, 2020) and the attachment injury repair model (Johnson et al., 2001; Makinen & Johnson, 2006). The essence of the AIRM model involves several processes including validating the intense emotions of the injury, organizing and assembling them, and tying them to the attachment bond. This also means helping the unfaithful partner see their partner's pain and experience it as a reflection of how important they are, not as a reflection of their badness. It includes ensuring the injured partner experiences the unfaithful partner as understanding the pain and suffering of the injured partner at an emotional level, and as having deep remorse for their suffering. Lastly, it helps the couple reach to each other for comfort and connection to create healing bonding events. Throughout the process, the couple must develop a coherent narrative about what led to the injury and what will prevent it from happening again.

Using the Woolley (2011) typology to identify motivating factors early in the AIRM process can help stop affairs, make sense of affairs, and prevent future affairs. However, they typically are not given the labels to avoid stigmatization. Focusing on motivations is important either before or in the early part of the AIRM process. Additionally, most of the following recommendations focus on the person who had the affair, because understanding their motivations is key to stopping affairs, preventing future affairs, and making sense of the affairs. Given that the affair must be stopped before attachment injury repair can be done, seeking to understand the motivations for the affair early is important. Ultimately, both partners need to understand the motivations to help them develop a coherent narrative in the attachment injury repair model.

Healing Relationally Driven Affairs

One of the challenges of healing relationally driven affairs is that in addition to the damage from the affair, serious problems existed in the relationship before the affair. Both partners may have major pre-affair wounds, and both often also have wounds because of the affair (Timm & Hertlein, 2020). Consequently, it is easy for one or both members of the couple to become hopeless that things will change. It is important to watch for hopelessness and address it as it comes up (Johnson, 2008). When the therapist truly believes that a couple can get better, it often instills hope in the couple. It can also be helpful to be clear about healing the pre-affair distress in addition to the distress and problems stemming from the affair betrayal. Additionally, when a therapist explains the process of

healing, it can provide hope for couples. It is also important to recognize that there may be multiple "cycles" – a cycle before the affair and a cycle after the affair (Johnson, 2005, 2020). For example, sometimes partners who typically pursue may withdraw upon learning they have been betrayed. The therapist must work with the cycle that is alive at the time. However, it can be valuable to acknowledge the cycle that existed before the affair since this may have helped lead to the affair, and it may be easy to go back to the old cycle when the initial drama of the affair disclosure settles down.

Although the danger of unfaithful partners blaming faithful partners always exists (Fife et al., 2013), this can be particularly common when affairs are motivated by relationship problems. People who are primarily motivated by factors within the relationship are usually very hurt or upset by relational wounds before the infidelity and consequently may blame their partners or justify the affair based on the relationship, which can result in further damage.

1) Healing Protest Affairs. This type of affair is a reactive response to feeling hurt, rejected, or abandoned in the primary relationship. Participants may engage in such affairs as a form of protest or retaliation for the disconnection and hurt they feel in the primary relationship. People who have protest affairs are more likely to be anxiously attached (Girard et al., 2018); consequently, they may be more aware of their needs to connect and may still be motivated to repair and learn to connect in more constructive ways. However, their pain before the affair must be acknowledged and dealt with. Therapists working with these types of affairs need to balance treatment of the infidelity injuries with an acknowledgement and treatment of the injuries before the affair. Initially, the focus should be on managing the intense emotions in the present reactive cycle, to help calm the couple. Once the emotional distress is addressed, it is important to explore and deal with the previous cycle – the relational patterns and unmet attachment needs that contributed to the affair. It is critical that the relationship issues be acknowledged without blaming the betrayed partner (Vossler & Moller, 2014).

Because a protest affair is a destructive reaction to feeling hurt, rejected, or abandoned, it is essential that these individuals learn how to deal with relational problems within the relationship in functional ways. Like with all affairs, they need to learn to send clear signals regarding attachment longings, especially when they are afraid, feel hurt or abandoned. This is the heart and soul of the change process in EFT; consequently, standard EFT interventions and processes are typically very useful (Johnson, 2020).

2) Healing Come and Get Me Affairs. The motivation behind this type of an affair is typically to get the primary partner to pay attention to them by creating jealousy through involvement with another person. These types of affairs may not result in full sexual engagement and often occur in a way that the primary partner can learn about the affair. The hope of the unfaithful partner is that by engaging with a third person, their primary partner will get jealous and become more engaged in the relationship.

The person who has this type of affair is usually anxiously attached (Girard et al., 2018) and uses manipulative tactics to try to get their partner to connect. Because the motivation behind such affairs is to secure a stronger, more stable bond with the original partner, the person who engages in these types of affairs typically still wants to repair the relationship. However, they can fall into hopelessness because "even me having an affair didn't bring my partner back." A central part of treatment is to work on being able to directly ask for and receive comfort and connection from the primary partner rather than resorting to manipulation (Johnson, 2020). Understanding the betraying partner's strategy and related emotions can help the couple understand that the infidelity was a destructive attempt to restore connection, which can help the betrayed partner not feel as rejected. Focusing on the desired outcome (safe connection) and understanding healthy and unhealthy ways of gaining that outcome is key.

3) Healing Burned-out Affairs. People who have burned-out affairs typically have lost hope that the relationship will work. They are often either ambivalent about ending the relationship or they would like to end it but have a hard time doing so directly. Consequently, they engage in an affair not only to seek comfort and validation but also to experiment with a new relationship to help them leave the old relationship. In treating this type of affair, one of the biggest challenges is getting the person who had the affair to commit to staying in the relationship and fully engaging in therapy. The therapist needs to address the pain of the burned-out partner that contributed to the unfaithful behavior, as well as the pain of the betrayed partner. Validating the betraying partner's pain that led them to infidelity and acknowledging their effort in engaging in therapy to improve the relationship can be essential. The therapist should help the couple understand the negative cycle that led to the burn-out and how it can change to help foster hope for the relationship's future (Johnson, 2020). It is important to identify hopelessness as a disconnecting emotion, work to understand what led to the hopelessness, lay out how EFT can bring about fundamental changes, and help them realistically come to believe that real change is possible through hard work and effort.

Healing Romantic Escape Affairs

When life pressures build up and a person does not turn to their partner for comfort and support, it can lead to escaping into a romantic affair (Pittman, 1990; Weiser et al., 2022). Although most affairs involve some type of escape, for this type of affair, escape is a primary motivation for the affair. Pittman (1990) noted that the excitement of secrecy and romance provides a powerful distraction from the stresses of life. Consequently, these affairs are often ongoing and involve the power of romance (Weiser et al., 2022).

Romantic Escape affairs typically involve both distress and relational distance. The distress is not necessarily related to the relationship, but rather to problems at work, financial problems, depression etc. Rather than turning to their primary partner for comfort, they go outside the relationship and escape to a world of romance, danger, and excitement. These types of affairs can sometimes go on for many years and can involve setting up a life with each partner. When things get stressful in one relationship, they escape to the other relationship and may go back and forth for years.

One of the biggest challenges with escape affairs can be getting them ended. The power and excitement of secrecy and lies must be stopped. Pittman (1990) advocated getting all three together in a session to end the power of secrecy. This should only be done by experienced therapists. Even without getting the three people together in a session, ending the secrecy and lies helps end the affair and should be a focus of therapy.

It is critical to help unfaithful partners learn to be aware of their emotional needs and deal with distress honestly and openly in healthy ways (Johnson, 2020). As they gain awareness of their emotions and learn to talk about them, they will be in a better position to take healthy steps to gain comfort. It is essential that they eventually learn to turn to their primary partner for comfort and connection rather than trying to escape distress. This will usually not work at first since the betrayed partner is wounded and usually very upset. However, when the betrayed partner's wounds have been processed, it can help them to understand that the partner's infidelity was a destructive way of dealing with stress. This can help the affair feel less personal and can also help betrayed partners see how important it is for the unfaithful partner to turn to them for comfort, as well as engaging in other healthy ways to deal with distress.

Healing Intrapsychically Driven Affairs

Most intrapsychic issues are rooted in past disconnections and traumas. Consequently, doing a careful history of and working to heal past traumas is essential. Individual and group therapy are often an important addition to couple work. However, it is important to remember that because the wounds arose in previous attachment relationships, having corrective emotional experiences with a current attachment figure is important to bring about deep and lasting healing. Creating enough safety with betrayed partners takes time and typically occurs later in the AIRM process.

1) Healing Hedge Fund Affairs. People who are hedging their bets by engaging in an affair typically believe others will not stay long term. They tend to have an anxious attachment style (Girard et al., 2018) and engage in affairs as a preventative safeguard against what they believe will be inevitable abandonment, maintaining a stance that relationships are destined to fail. It is common for them to have had multiple relationships that ended when they became involved with a new partner.

Helping them see their own pattern, recognize and process their attachment fears, and recognize and experientially correct their underlying working models around people not being there and their own unworthiness is important. This should be done not only through identifying their internal working models of attachment, but also through creating corrective emotional experiences with an engaged partner (Johnson, 2020). They need to experience repairing the couple relationship and turning to their partner for comfort with their attachment related fears. This can be powerful since once they see the damage of the affair, it can further activate the attachment fears that the other will not stay and activate the strategy to seek a new partner. When the attachment fears are activated and they turn to their present partner for comfort rather than to a third person, it can result in corrective emotional experiences that change the underlying working models of attachment (Johnson, 2020).

2) Healing Power Player Affairs. People who engage in these types of affairs typically view romantic relationships as fundamentally unsafe, and they seek to gain a sense of security through seeking power, which they feel through having affairs. Love is often disconnected from sex for these people. They may have characteristics associated with the "Dark Triad" – narcissism, psychopathy, and Machiavellianism (Algelt et al., 2022) which can lead to seeking power professionally and in other areas. Power player affairs often involve short, intense sexual encounters,

and may stem from deep gender-related fears and wounds (Pittman, 1990). Heterosexual men may see bedding women as a way of gaining reassurance that they are men. They often turn to affairs when they are stressed or feeling insecure. Heterosexual women may see these types of affairs as a way of gaining power over men while avoiding vulnerability (Pittman, 1990).

It can be hard to get these types of affairs stopped. It is important that the underlying desire for power and control as a strategy to deal with fears and insecurity be recognized and replaced with more functional strategies. Additionally, gender-related wounds must be processed, and the person needs to learn to find safety in being honest, open, and vulnerable. Treatment needs to involve exploring the attachment related emotions that come up just before they seek out an affair, how they feel during the affair, and then exploring how this may be related to gender associated beliefs, wounds and fears. Pittman (1990) recommends group therapy where the focus is on gender issues. The focus of therapy, regardless of modality, needs to be on reworking underlying working models of attachment through creating corrective emotional experiences with the primary partner. As with other types of affairs, it may take some time before the betrayed partner is ready to provide comfort.

3) Healing Compulsive Affairs. Affairs driven by compulsivity are characterized by disconnected sexual encounters such as one-night stands, seeing prostitutes, and compulsive pornography use. The emotional function of the affairs is typically to numb or distract from emotional pain. Often regarded as hypersexual behavior or sexual addiction (Grubbs et al., 2020), these affairs require addressing underlying compulsive/addiction issues along with developing secure attachment with the primary partner. Referring people to sexual addiction specialists and 12 step groups may be helpful (Carnes, 2015). Partners can also benefit from bibliotherapy focused specifically on partners of people with sexual addiction (e.g. Carnes, 2020).

People who engage in compulsive affairs tend to have limited emotional awareness (Reid et al., 2008). Consequently, an important focus of treatment involves helping the unfaithful partner expand their emotional awareness and develop ways of dealing with emotional distress that are not destructive. Asking the question "what percentage of time this week were you aware of your emotions" can be helpful. Keeping an emotional journal to check in and write down emotions, the context, and what they did with their emotions several times a day can also be useful (Johnson, 2022). The goal is to help betraying partners become aware of their process of emotion (Johnson, 2020), what triggers emotions, their bodily response, how they make sense of them, and what they do with them. The more awareness the person has, the more the therapist can help them develop new strategies to handle them such as openly processing them, writing them down, altering their circumstances, and most importantly, turning to their partner for comfort.

Conslusion

This article is the first to address how to use the Woolley's (2011) affairs typology as part of the attachment injury repair process in Emotionally Focused Couples Therapy (Johnson, 2020). In Girard and colleagues' (2018) study of 210 people who had affairs, each motivational type was endorsed and tied to attachment insecurity. However, there was no mention of how to use them in treatment. Additionally, motivations for affairs were not addressed in Johnson's (2005) article on affairs. The present article helps fill these gaps by laying out how the Woolley (2011) motivational typology can be used to guide treatment.

Specifically, this paper laid out the importance of gaining an understanding of motivations for the infidelity and addressing them as a way of stopping infidelity, ensuring it does not happen again, and creating a coherent narrative as part of the AIRM process (Johnson et al., 2001). Motivations rooted in relational problems, romantic escape, and intrapsychic factors are reviewed along with specific recommendations for each subtype, which can guide clinicians in organizing the direction of treatment.

This article does not go into details about the change processes and techniques of EFT or the AIRM, which can be found in existing literature (Johnson, 2020; Makinen & Johnson, 2006). The article does focus on identifying the motivations behind the infidelity as being important early in the AIRM process of healing.

The recommendations in this article come from both clinical experience and research literature. However, there has been no outcome research on the use of this typology and the recommendations in this article. Consequently, using these recommendations must be done with caution. Empirically testing these recommendations is an important recommendation for future research. Additionally, although each of the motivations were endorsed in the Girard et al. (2018) study, there could be other motivating factors. Exploring this possibility could also be a focus for future research.

Acknowledgement
We would like to thank Dr. Sue Johnson for her role in developing EFT, and for her early encouragement to develop the typology.

Funding
The authors received no financial support for the research (including data acquisition) and/or authorship and/or publication of this article.

Author contribution
Scott R. WOOLLEY: conceptualization, cowriting original draft, writing review and editing.
Réka KOREN: cowriting original draft, writing review and editing.

Declaration of interest statement
The authors have no conflicts of interest to disclose.

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References

Algelt, E. E., McNulty, J. K., & Meltzel, A. L. (2022). Are certain people more prone toward infidelity? Own and partner personality and individual difference predictors of infidelity. In T. DeLecce & T. K. Shackelford (Eds.), *The Oxford handbook of infidelity* (pp. 3–27). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197502891.013.1

Amato, P. R., & Previti, D. (2003). People's reasons for divorcing: Gender, social class, the life course, and adjustment. *Journal of Family Issues*, *24*(5), 602–626. https://doi.org/10.1177/0192513X03024005002

Asvadi, M., Bakhshipoor, A., & Tabadkan, B. Z. R. (2022). Comparing the effectiveness of emotionally focused couple therapy and cognitive-behavioral couple therapy on forgiveness and marital intimacy of women affected by infidelity in Mashhad. *Journal of Community Health Research, 11*(4). https://doi.org/10.18502/jchr.v11i4.11644

Baucom, D. H., Snyder, D. K., & Gordon, K. C. (2009). Helping couples get past the affair: A clinician's guide. Guilford Press.

Beasley, C. C., & Ager, R. (2019). Emotionally focused couples therapy: A systematic review of its effectiveness over the past 19 years. *Journal of Evidence-Based Social Work*, *16*(2), 144–159. https://doi.org/10.1080/23761407.2018.1563013

Braithwaite, S. R., Coulson, G., Keddington, K., & Fincham, F. D. (2015). The influence of pornography on sexual scripts and hooking up among emerging adults in college. *Archives of Sexual Behavior, 44*(1), 111–123. https://doi.org/10.1007/s10508-014-0351-x

Carnes, P. (2015). *Facing the shadow: Starting sexual and relationship recovery* (3rd ed.). Gentle Path Press.

Carnes, P. J., & Adams, K. M. (Eds.). (2020). *Clinical management of sex addiction* (2nd ed.). Routledge.

Davala, M. A. & Mims, G. A. (2024). Monogamy and consensual non-monogamy fidelity preventing relationship crisis. In P. R. Peluso & T. J. Irvine (Eds.), *Infidelity: A practitioner's guide to working with couples in crisis (Family Systems Counseling: Innovations Then and Now)* (2nd ed., pp. 21–37). Taylor & Francis. https://doi.org/10.4324/9781003314776-4

Drake, D. & Caudill, J. (2019). *Full disclosure: How to share the truth after sexual betrayal.* Independently Published.

Fife, S. T., Weeks, G. R., & Gambescia, N. (2007). The intersystems approach to treating infidelity. In P. R. Peluso (Ed.), *Infidelity: A practitioner's guide to working with couples in crisis* (pp. 71–97). Routledge/Taylor & Francis Group.

Fife, S. T., Weeks, G. R., & Stellberg-Filbert, M. (2013). Facilitating forgiveness in the treatment of infidelity: An interpersonal model. *Journal of Family Therapy*, *35*(4), 343–367. https://doi.org/10.1111/j.1467-6427.2011.00561.x

Fincham, F. D., & May, R. W. (2017). Infidelity in romantic relationships. *Current Opinion in Psychology, 13,* 70–74. https://doi.org/10.1016/j.copsyc.2016.03.008

Fitzgerald, C. J., Moreno, C. & Thompson, J. (2022). Predicting online infidelity. In T. DeLecce & T. K. Shackelford (Eds.), *The Oxford handbook of infidelity* (pp. 153–171). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197502891.013.8

Girard, A., Connor, J. J., & Woolley, S. R. (2018). An exploratory study of the role of infidelity typologies in predicting attachment anxiety and avoidance. *Journal of Marital and Family Therapy, 46*(1),124–134. https://doi.org/10.1111/jmft.12371

Glass, S. P. & Staeheli, J. C. (2004). *Not "just friends": Rebuilding trust and recovering your sanity after infidelity*. Free Press.

Gonzales, A. L., & Hancock, J. T. (2011). Mirror, mirror on my Facebook wall: Effects of exposure to Facebook on self-esteem. *Cyberpsychology, Behavior, and Social Networking*, *14*(1–2), 79–83. https://doi.org/10.1089/cyber.2009.0411

Grubbs, J. B., Hoagland, K. C., Lee, B. N., Grant, J., Davison, P., Reid, R. C., & Kraus, S. W. (2020). Sexual addiction 25 years on: A systematic and methodological review of empirical literature and an agenda for future research. *Clinical Psychology Review, 82*, Article 101925. https://doi.org/10.1016/j.cpr.2020.101925

Halchuk, R. E., Makinen, J. A., & Johnson, S. M. (2010). Resolving attachment injuries in couples using emotionally focused therapy: A three-year follow-up. *Journal of Couple & Relationship Therapy*, *9*(1), 31–47. https://doi.org/10.1080/15332690903473069

Hertlein, K. M., & Piercy, F. P. (2006). Internet infidelity: A critical review of the literature. *The Family Journal*, *14*(4), 366–371. https://doi.org/10.1177/1066480706290508

Johnson, S. M. (2005). Broken bonds: An emotionally focused approach to infidelity. *Journal of Couple & Relationship Therapy*, *4*(2–3), 17–29. https://doi.org/10.1300/J398v04n02_03

Johnson, S. M. (2008). *Hold me tight: Seven conversations for a lifetime of love*. Little, Brown & Co.

Johnson, S. M. (2020). *The practice of emotionally focused couple therapy: Creating connections* (3rd Ed.). Routledge. https://doi.org/10.4324/9781351168366

Johnson, S. M. (2022). *The hold me tight workbook (A couple's guide for a lifetime of love).* Routledge. Little, Brown & Co.

Johnson, S. M., Hunsley, J., Greenberg, L., & Schindler, D. (1999). Emotionally focused couples therapy: Status and challenges. *Clinical Psychology: Science and Practice*, *6*(1), 67–79. https://doi.org/10.1093/clipsy.6.1.67

Johnson, S. M., Makinen, J. A., & Millikin, J. W. (2001). Attachment injuries in couple relationships: A new perspective on impasses in couples therapy. *Journal of Marital and Family Therapy, 27*(2), 145–155. https://doi.org/10.1111/j.1752-0606.2001.tb01152.x

Lebow, J. L., Chambers, A. L., Christensen, A., & Johnson, S. M. (2012). Research on the treatment of couple distress. *Journal of Marital and Family Therapy*, *38*(1), 145–168. https://doi.org/10.1111/j.1752-0606.2011.00249.x

Makinen, J. A., & Johnson, S. M. (2006). Resolving attachment injuries in couples using emotionally focused therapy: Steps toward forgiveness and reconciliation. *Journal of Consulting and Clinical Psychology, 74*(6), 1055–1064. https://doi.org/10.1037/0022-006x.74.6.1055

Mark, K. P., Garcia, J. R., & Fisher, H. E. (2015). Perceived emotional and sexual satisfaction across relationship contexts: Gender and sexual orientation differences and similarities. *The Canadian Journal of Human Sexuality*. *24*(2). 120–130. https://doi.org/10.3138/cjhs.242-A8

May, M. (2023). *The betrayal bind: How to heal when the person you love the most hurts you the worst.* Central Recovery Press.

McKenna, K. Y., & Bargh, J. A. (2000). Plan 9 from cyberspace: The implications of the Internet for personality and social psychology. *Personality and Social Psychology Review*, *4*(1), 57–75. https://doi.org/10.1207/S15327957PSPR0401_6

Najibzadegan, A., Bahrainian, S. A., & Shahabizadeh, F. (2024). Effectiveness of emotionally focused couple therapy on intimacy, marital forgiveness, and marital burnout in women affected by extramarital affairs. *Journal of Adolescent and Youth Psychological Studies, 5*(7), 23–32. https://doi.org/10.61838/kman.jayps.5.7.3

Pittman, F. (1990). *Private lies: Infidelity and the betrayal of intimacy*. W.W. Norton & Company.

Randall, A. K., & Bodenmann, G. (2017). Stress and its associations with relationship satisfaction. *Current Opinion in Psychology*, *13*, 96–106. https://doi.org/10.1016/j.copsyc.2016.05.010

Reid, R. C., Carpenter, B. N., Spackman, M., & Willes, D. L. (2008). Alexithymia, emotional instability, and vulnerability to stress proneness in patients seeking help for hypersexual behavior. *Journal of Sex & Marital Therapy*, *34*(2), 133–149. https://doi.org/10.1080/00926230701636197

Robles, T. F. (2014). Marital quality and health: Implications for marriage in the 21st century. *Current Directions in Psychological Science*, *23*(6), 427–432. https://doi.org/10.1177/0963721414549043

Robles, T. F., Slatcher, R. B., Trombello, J. M., & McGinn, M. M. (2014). Marital quality and health: A meta-analytic review. *Psychological Bulletin, 140*(1), 140–187. https://doi.org/10.1037/a0031859

Rokach, A. & Chan, S. H. (2023). Love and infidelity: Causes and consequences. *International Journal of Environment Research in Public Health*, *20*(5) Article 3904. https://doi.org/10.3390/ijerph20053904

Shrout, M. R., & Weigel, D. J. (2019). "Should I stay or should I go?" Understanding the noninvolved partner's decision-making process following infidelity. *Journal of Social and Personal Relationships*, *36*(2), 400–420. https://doi.org/10.1177/0265407517733335

Spring, J. A. (2020). *After the affair: Healing the pain and rebuilding trust when a partner has been unfaithful* (3rd ed.). HarperCollins.

Smith, T. W., Cribbet, M. R., Nealey-Moore, J. B., Uchino, B. N., Williams, P. G., Mackenzie, J., & Thayer, J. F. (2011). Matters of the variable heart: Respiratory sinus arrhythmia response to marital interaction and associations with marital quality. *Journal of Personality and Social Psychology, 100*(1), 103–119. https://doi.org/10.1037/a0021136

Snyder, D. K., Baucom, D. H., & Gordon, K. C. (2008). An integrative approach to treating infidelity. *The Family Journal*, *16*(4), 300–307. https://doi.org/10.1177/1066480708323200

Spengler, P. M., Lee, N. A., Wiebe, S. A., & Wittenborn, A. K. (2024). A comprehensive meta-analysis on the efficacy of emotionally focused couple therapy. *Couple and Family Psychology: Research and Practice*, *13*(2), 81–99. https://doi.org/10.1037/cfp0000233

Stavrova, O., Pronk, T., & Denissen, J. (2023). Estranged and unhappy? Examining the dynamics of personal and relationship well-being surrounding infidelity. *Psychological Science*, *34*(2), 143–169. https://doi.org/10.1177/09567976221116892

Tangney, J. P., Stuewig, J., & Mashek, D. J. (2007). Moral emotions and moral behavior. *Annual Review of Psychology*, *58*, 345–372. https://doi.org/10.1146/annurev.psych.56.091103.070145

Timm, T. & Hertlein, K. (2020). Affair recovery in couple therapy. In K. S. Wampler & A. J. Blow (Eds.), *The handbook of systemic family therapy: Systemic family therapy with couples* (pp. 343–361). Wiley Blackwell.

Troxel, W. M., Robles, T. F., Hall, M., & Buysse, D. J. (2007). Marital quality and the marital bed: Examining the covariation between relationship quality and sleep. *Sleep Medicine Reviews, 11*(5), 389–404. https://doi.org/10.1016/j.smrv.2007.05.002

Vossler, A., & Moller, N. P. (2014). "The relationship past can't be the future": Couple counsellors' experiences of working with infidelity. *Sexual and Relationship Therapy*, *29*(4), 424–435. https://doi.org/10.1080/14681994.2014.924619

Wang, Y., Jiao, Y., Nie, J., O'Neil, A., Huang, W., Zhang, L., Han, J., Li, H., Zhu, Y., & Woodward, M. (2020). Sex differences in the association between marital status and the risk of cardiovascular, cancer, and all-cause mortality: A systematic review and meta-analysis of 7,881,040 individuals. *Global Health Research and Policy, 5*, Article 4. https://doi.org/10.1186/s41256-020-00133-8

Warach, B., & Josephs, L. (2019). The aftershocks of infidelity: A review of infidelity-based attachment trauma. *Sexual and Relationship Therapy 36*(1), 68–90. https://doi.org/10.1080/14681994.2019.1577961

Weiser, A., Pickens, J. C. & Thomas A. V. (2022). Long-term infidelities. In T. DeLecce & T. K. Shackelford (Eds.), *The Oxford handbook of infidelity* (pp. 315–348). Oxford University Press. https://doi.org/10.1093/oxfordhb/9780197502891.013.17

Woolley, S. R. (2011, June 3). *Healing Affairs Using Emotional Focused Therapy* [Workshop Presentation]. Training and Research Institute for EFT, San Diego, CA.

Zhao, J., Sohn, A., & Tadros, E. (2024). Disability and infidelity with a cross-cultural couple: An emotionally focused therapy case study. *Person-Centered & Experiential Psychotherapies*, 1–23. https://doi.org/10.1080/14779757.2024.2402694