Psychotherapy NETWORKER

MAY
JUNE
2026

The New World of Affair Recovery

AI Infidelity, Betrayal Trauma, & Post-Affair Grief

Dr. Alexandra Solomon's Couple Therapy Certification

Start-to-Finish Intensive Training Program

CERTIFIED PROFESSIONAL
EG
CCTIP
CERTIFIED COUPLE THERAPY INFORMED PROVIDER
EVERGREEN CERTIFICATIONS

REGISTER NOW

Join Dr. Alexandra Solomon as she walks you step-by-step through everything you need to become a confident, certified couple therapist — fully equipped to help modern couples build the authentic, resilient relationships they were meant to have.

Frank Anderson's

INTERNAL FAMILY SYSTEMS

TRAUMA TREATMENT PROGRAM

A 4-Month Online Intensive

Revolutionize your practice by gaining specific skills and insights for safely and effectively applying IFS therapy right away with your clients.

SAVE 88% OFF

THE VALUE PRICE

Click Here to Get Started!

Editor's Note

Throughout my time at Psychotherapy Networker, an article we published 23 years ago—"After an Affair, How Much Should Be Shared?"—has had a knack for turning up wherever I look. Honestly, its constant presence in my work life has been a little annoying, like an uninvited guest who keeps pulling up a chair. The piece is thoughtful and clinically sound, but with all due respect to the author, it should have slipped into obscurity by now, content to rest quietly on a dusty digital shelf in our archives.

And yet, every single day, it ranks among the top 20 most-read pieces on our site, which means that over the years, I've had to stop brushing it off as just a stubborn article that refuses to retire and start seeing it as representative of an enduring truth: that as long as we humans dare to love one another, we'll betray one another, sometimes in small ways, and sometimes in ways that can blow a relationship apart.

At any given moment, countless people are trying to orient themselves in the aftermath of an affair. Whether they *had* the affair or *discovered* the affair, they're asking urgent questions: What do I say? What do I do? How do I survive this? And they're likely hoping that some therapist, somewhere, has an answer that might steady them.

So how do we offer clients the clarity, guidance, and stabilization they need in these moments of extreme rupture? Rather than presenting a single answer—there isn't one—this issue explores how we can make sense of infidelity, betrayal, and the possibility of repair in a world where ambiguity looms large and the boundaries of intimacy are more fluid than ever.

Where once our field approached affairs with a relatively simple mandate—contain the damage and restore order, usually to a heterosexual marriage—today's innovators are rewriting the playbook. They're questioning long-held assumptions about therapist neutrality, assumed morality, and what it takes to heal betrayal trauma. They're grappling not just with physical or even emotional affairs, but with micro-cheating, digital entanglements, AI intimacy, and what might be called ambiguous betrayal, which, a little like ambiguous loss, defies neat definitions but leaves deep wounds anyway.

In this issue, well-known couples therapist Elizabeth Earnshaw flags a concerning overcorrection she's noticed in affair recovery treatment: many clinicians are extending such expansive empathy to the betrayer that the injured partner often leaves therapy feeling doubly betrayed. At the same time, psychosexual therapist Sara Nasserzadeh reminds us that the tidal wave of grief unleashed by an affair doesn't just belong to the betrayed partner; it reverberates through the entire relational system, and working with that complexity can be a powerful pathway to repair. And relational trauma expert Wayne Baker outlines five concrete, regulating behaviors that rebuild trust after infidelity, because healing isn't about insight or apology alone; it requires consistent action over time.

Widening the lens further, renowned relationship expert Alexandra Solomon asks us to consider how we treat the often-ignored affair partner in therapy. Internationally acclaimed sex therapist Tammy Nelson challenges assumptions about who has affairs and why, while also exploring the emerging terrain of digital intimacy and AI partners. And bestselling author Esther Perel revisits former clients to discover what separates the couples who ended up thriving after an affair, whether independently or apart, from those still living in the wreckage of infidelity.

There are more articles, too. On betrayal-informed therapy (yes, that's a thing). On how to discuss prenups in therapy (yes, that's a clinical conversation). On how systemic trauma can disrupt intimacy with marginalized couples (a different level of betrayal altogether). And on how our minds and bodies can betray us and reshape our relationships, particularly in old age (a reality many of us will face sooner than we'd like).

Will any of these articles achieve the level of notoriety that old, tenacious piece on what to share after an affair still commands? Only time will tell. But for now, these pieces signal a shift in how we're approaching infidelity these days—one that leaves black-and-white notions of "cuckolds" and "infidels" behind, embraces systemic complexity, and meets clients with regulating tools in the messy reality of healing from relational trauma.

Livia Kent · EDITOR IN CHIEF

Psychotherapy NETWORKER

MAY/JUNE
2026
Vol. 50 ■ No. 3

The New World of Affair Recovery

AI Infidelity, Betrayal Trauma & Post-Affair Grief

Extra Feature

Departments

Psychotherapy NETWORKER

FOUNDING EDITOR
RICHARD SIMON (1949 - 2020)

EDITOR IN CHIEF
LIVIA KENT

SENIOR EDITOR
CHRIS LYFORD

SENIOR WRITER
ALICIA MUÑOZ

DIRECTOR OF CLINICAL CONTENT
ANNA LOCK

CONTRIBUTING EDITOR
RYAN HOWES

SYMPOSIUM DIRECTOR
HOLLY BEADLE

EVENTS MANAGER
MONICA LENIUS

ART DIRECTOR
MICKEY GILL

Psychotherapy Networker (ISSN 1535-573X) Copyright © 2026 is published January, March, May, July, September, and November by Psychotherapy Networker, Inc. 3839 White Avenue, Eau Claire, WI 54703-0542.

Advertising deadline for display advertising is approximately 8 weeks before the month of publication. Please call for exact deadline dates. All advertising must be prepaid.

For other advertising information, contact Bethany Hopper at bhopper@pesi.com.

For our editorial offices, email info@psychnetworker.org.

Subscriptions: (888) 851-9498; email: https://www.psychotherapynetworker.org/customer-care/

psychotherapynetworker.org

Earn 2 CE credits just for reading this issue!

Take the CE Quiz Online

and access your CE Certificate immediately at

psychnet.co/PN-Quiz

Get your quiz

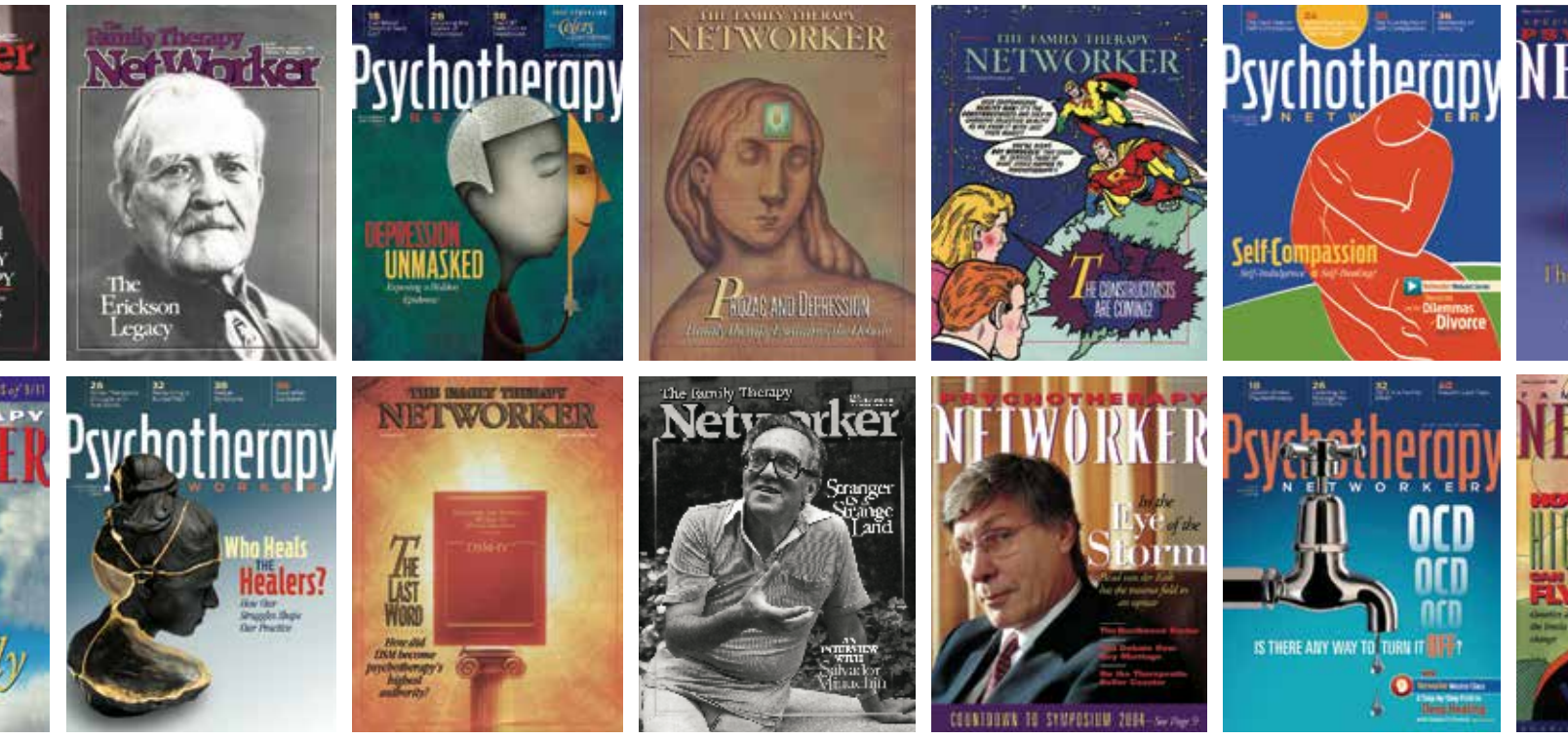
You can also view, print, and mail in your quiz for an additional fee at **psychnet.co/PN-Quiz**

Have questions? Call (888) 851-9498 or email magquiz@psych-networker.org.

Psychotherapy Networker has been approved to provide CE hours to social workers, MFTs, psychologists, and counselors by many major national and state organizations.

For more information on approvals and disclosures, see our website.

Psychotherapy ARCHIVE NETWORKER



Relive the Greatest Moments of Psychotherapy

The *Psychotherapy Networker* archives are open—
subscribers get **FREE access to 48 years of psychotherapy history!**

Since the 1970s, the *Networker* has been the place where clinical leaders share their most compelling ideas.

Explore the trends and shifts over the decades, from the early days of EMDR . . . to the development of today's understanding of PTSD . . . to how cognitive and somatic therapists changed with landmark events like 9/11.

Our archives include intimate interviews with **Sal Minuchin**, **Carl Whitaker**, **Irv Yalom**, **Peter Levine**, **David Burns**, **Judith Beck**, **Esther Perel**, **Gabor Maté**, and many more.

Be inspired in the present by knowing the past. Dive in today by simply logging into your subscriber account.

Start your journey here

psychnet.co/archive

BY CHRIS LYFORD

Is Moral Injury the Defining Problem of Our Time?

Naming and Treating Trauma's Most Elusive Dimension

In January 1994, a young, relatively unknown instructor at Harvard Medical School published a paper in the *Harvard Review of Psychiatry*, in which he outlined a radical concept: trauma didn't just leave a psychological scar, but a physical one too. The body, he argued, "keeps the score." You probably know how this story ends. Bessel van der Kolk's insight would go on to reshape trauma treatment, helping move the field beyond the mind and into the body.

Until then, trauma treatment had been a predominantly cerebral venture, focused on cognition, memory, and narrative. But steadily, body-based approaches once dismissed as fringe began to enter the mainstream, and in this new era, many clinicians felt the landscape of treatment had not only become diverse and robust, but complete.

Surely no stone had been left unturned, right? Not quite.

Just three miles from Harvard Medical School, at the very same time van der Kolk was rethinking trauma treatment, another clinician was doing the same, shining a light on a dimension of trauma that most psychotherapists had never really bothered to consider.

This clinician was Jonathan Shay, a psychiatrist who'd been working with Vietnam War veterans at a

Boston Veterans Affairs clinic. And after listening to story after traumatic story, he noticed an interesting pattern. Trauma didn't just disrupt the mind, or the body, for that matter; it wounded the human spirit—a *moral injury*, he coined it.

It was a concept as old as humanity itself, the stuff of countless ballads, epics, and tragedies. But Shay gave this phenomenon clinical language. What he saw in his patients wasn't just fear-based trauma—codified as PTSD—but something different: a sense of betrayal by leaders; violations of one's own moral beliefs; and a corrosive mix of guilt, shame, and loss of trust. Whether these veterans had committed a moral transgression on their own accord, at the order of superiors, or simply witnessed harm they felt powerless to stop, the result was the same: a wound not just to the psyche, but to the conscience itself. And in Shay's view, the whole system was to blame. "I believe that numerous military, cultural, institutional, and historic factors conspired to thwart the grief-work of Vietnam combat veterans," he wrote in his 1994 book *Achilles in Vietnam*—published the same year as van der Kolk's landmark paper—in which he likened the veterans who'd suffered moral injury to the titular Greek warrior.

"Homer's dramatic method conveys Achilles' grief by showing his actions," he wrote. "Blunt self-mutilation, weeping, and loss of appetite…and by poetic stratagems that make us understand that Achilles is 'already dead.'"

Then, Shay drew a sobering parallel. "'I died in Vietnam' is a common utterance of our patients," he continued. "Most viewed themselves as already dead at some point in their combat service, which may also be the prototype of the loss of all emotion, the prolonged states of numbness, the inability to feel love or happiness, or to believe that anything matters."

A Quiet Revolution

While van der Kolk's pronouncements about trauma and the body spread like wildfire amongst the clinical community, Shay's flickered at the margins, mainly contained to psychiatric and military circles. After all, while van der Kolk's idea felt concrete, the concept of moral injury felt abstract—ethical, even philosophical—and far harder to operationalize in treatment.

But today, interest in moral injury is alive and well. Over the last decade, research has expanded significantly, especially in the VA system, where clinicians have developed tools to identify it, like the Moral Injury Events Scale (MIES) and the Moral Injury Questionnaire-Military Version (MIQ-M). The demand for treatment has grown as well. In 2021, psychiatrist and Duke University professor Harold Koenig, considered one of the leading experts on moral injury, found that over 90 percent of veterans reported high levels of at least one moral injury symptom, while 59 percent reported five or more.

But recently, something incredible has happened: more than three decades after Shay introduced the concept, moral injury has expanded beyond military contexts, driven by a combination of research, clinical adoption, institutional recognition, and media attention. Increasingly, it's being applied to anyone routinely exposed to high-stakes situations that strain or violate their moral beliefs. To doctors forced to choose which patients get a hospital bed during a pandemic. To prison guards enforcing controversial policies like solitary confinement. To humanitarian aid workers deciding who receives food or medicine when resources are limited. And to abuse survivors who complied with perpetrators in order to survive, who now think, *I should've fought harder* or *I went along with it.*

Meanwhile, moral injury has entered the broader cultural conversation. Major outlets like *The Washington Post* have published advice columns about non-military moral injury. Psychology graduate programs are incorporating it into training. And on social media, the term is increasingly being used to describe a growing feeling of ethical distress.

Perhaps the clearest indication that moral injury is having a breakout moment in clinical circles came last September, when it was added to the *DSM-5-TR*, the version that includes revised text and new codes. Listed as a Z-code—not a formal diagnosis, but a designation used to describe factors that affect mental health—and in a category called "Moral, Religious, or Spiritual Problem," advocates saw this inclusion as groundbreaking.

"We're thrilled to share a milestone for whole-person care," read a press release from Harvard's Human Flourishing Program, a collection of university staff, researchers, and postdocs who spearheaded the effort. "For years," it continued, "veterans, healthcare workers, and survivors of institutional betrayal have described anguish rooted not in psychiatric dysfunction but in moral conflict, experiences of shame, betrayal, or violations of conscience. Now that suffering has an official home in the DSM's taxonomy, creating common language for documentation, research, and care planning."

For some, the recognition was more than procedural. It was personal.

Forgiving, Not Forgetting

Jennifer Wortham still remembers the first time she heard about the concept of moral injury—and recognized her own family in it.

"It really resonated with me," she says. "My family founded the church we worshipped in. My grandparents served on its board. My mother welcomed priests into

our home. And then both of my brothers were abused by the clergy. It was a betrayal by an institution we'd trusted deeply."

Wortham, who holds a doctorate in public health, has spent over two decades in public health practice and consulting. In 2016, she published *A Letter to the Pope*, a book on forgiveness that led to an invitation to meet Pope Francis at the United Nations General Assembly. But it wasn't until 2020, during postdoctoral work at Harvard, where she joined the university's Human Flourishing Program, that she first learned about moral injury.

"The language and definition felt incomplete," she says. "Jonathan Shay's work is foundational, but moral injury extends far beyond combat veterans. It shows up across society—among social workers making impossible decisions where children are at risk, lawyers defending clients they know are guilty, and doctors choosing between patients. It affects people like my mother and grandmother, who feel intense shame for what happened to my brothers."

Soon after arriving at Harvard, Wortham received a grant to help develop a consensus definition of moral injury. She assembled a team of 20 researchers from around the world, including expert Harold Koenig, and spent a year crafting this definition, highlighting symptoms like shame, humiliation, and a persistent feeling of unworthiness. Then, they sent a proposal to the APA for DSM inclusion. They knew there wasn't enough research to support a full diagnosis, but a Z-code was a start.

"It conveys that this deserves clinical attention," Wortham says. "From there, we could build the research base needed for a formal diagnosis." In the end, the APA incorporated moral concerns into an existing category, noting the overlap between moral, spiritual, and religious distress.

Wortham was happy to hear the team's proposal had been accepted. "Even though just a few words were added, that's a big deal," she says. "The APA doesn't do this every day." But even so, the victory felt bittersweet.

"I still struggle," she admits. "I have my own moral injury." After her brother was abused, he joined a gang, so Wortham convinced her mother to send him to a rehabilitation program—and unbeknownst to them, the same priest who'd abused him was there too. "He begged my mom not to send him," Wortham says. "*Begged* her. But we didn't know. We just thought he was trying to get out of trouble. After I found out, I felt deep remorse and shame because I knew I'd put him back in harm's way. I struggled for a long time. I eventually forgave myself, but I still have moments where I think, *I should've, I could've*. That's hard."

A Double-Edged Sword?

For Omar Reda, a psychiatrist and trauma counselor who's treated medical staff caring for trauma survivors, moral injury isn't some niche concern—it's pervasive.

"Our world is getting more violent and traumatized by the minute," he says. "We all hold two core beliefs: that the world is safe, and humans shouldn't hurt other humans—especially children. So when these injustices are unfolding right in front of us, those beliefs are shattered, and we feel that moral injury deep in our core."

Since the pandemic, Reda has focused increasingly on how caregivers are impacted by moral injury. He says he's had colleagues—doctors, nurses, and therapists—who've not only left the field because of moral injuries, but continued to suffer in silence, with consequences rippling into their personal lives: conflict at home, divorce, substance misuse, and even self-harm. And, Reda adds, the culture of silence is rampant in the field.

"Our professional schools have taught us that expressing our emotions is a sign of weakness, that we *shouldn't* disclose to our supervisors or human resources, because we might lose our license. We hide the pain, and it breaks my heart."

In 2022, Reda published *The Wounded Healer*, a collection of first-person accounts and clinical case studies that document this hidden toll. "I had to speak up," he says. "Too often we think of ourselves as our clients' only resource, that we should be available 24/7. That's unsustainable. It's why burnout is everywhere."

So is the recent DSM recognition of moral injury progress? Reda isn't so sure.

"I'm cautiously optimistic," he says, "but when the DSM gets involved, I worry that we're going to overpathologize, overdiagnose, and overmedicate folks who don't actually have a mental illness." Moral injury isn't a mental disorder, Reda clarifies—it's moral distress, and once something enters the diagnostic ecosystem, it risks being medicalized, monetized, and even misused.

"Look at what happened with PTSD," he says. "Unfortunately, many people are receiving interventions they don't qualify for, or using their diagnosis for personal gain. So while the recognition is wonderful, it also comes with some baggage."

Wortham sees it differently. "Were not pathologizing morality at all," she says. "We're identifying pathology related to it. If someone's actions caused another person pain and suffering, over time that can create all sorts of psychiatric conditions, like anxiety, depression, and suicidal ideation. Shouldn't we classify that as a disorder?"

Listening to Wortham and Reda, it becomes clear that the meaning of moral injury remains unsettled, shaped as much by individual interpretation as by the surround-

ing cultural climate and unfolding world events. "There remains considerable disagreement and lack of consensus regarding what falls under the category of 'moral injury,'" Harold Koenig writes.

Wortham and Reda do agree on one thing: moral injury is a growing problem, and there's an urgent need for help, whether you're treating wartime trauma, spiritual trauma, or the trauma of witnessing someone else's trauma day after day. But what exactly should therapists do when their client comes in with a moral injury? Especially when the problem feels so hard to pin down?

Reda says the most profound thing they can do is actually quite simple: "just bear witness."

The Power of Being Seen

Five years ago, on a sunny afternoon at a small art gallery in upstate New York, psychotherapist Jack Saul took a seat in a circle of a dozen attendees who'd gathered for the latest installation of his touring art project, "Moral Injuries of War"—"an immersive landscape of sound and light." Speakers lined the room. Sunlight dappled the ceiling. And a large tree outside a nearby window swayed in the breeze. Then, the lights began to dim, and a deep, soft voice came through the speakers.

"There are three rules you need to follow in order to survive in the military," the voice said. "The first is do what you're told. The second is do what you're told. And the third—the most important—is do what you're told."

Then came another voice, strained and halting: "We were handing out toys and balls and candy to the kids. I heard somebody yell, 'Grenade!' and then it blew up. Body parts were raining onto our Humvee. And I saw this kid. I was like, *Why would a five-year-old throw a grenade at a convoy?* And out of reaction, out of rage, out of fear, I had to take the kid out."

Another voice, tight and resolute: "The cynical part of me wants the public to understand that it's *your fault*. We are all complicit in this horror. I don't need other people to experience my pain; I need them to understand that they're *complicit* in my pain."

The room was silent. A few attendees closed their eyes. Another leaned back, gripping the seat of her chair. Another brought a hand to her mouth, taking in what had just been said.

Over the last 15 years, Saul has worked as a therapist and consultant with reporters, photographers, humanitarian workers, and veterans involved in the wars in Afghanistan and Iraq, and he's collected these stories along the way. This project, he says, gives voice to experiences that are often carried alone.

"But moral distress not only affects witnesses of wars," Saul adds. "It implicates us all as well. We, as a public, must contend with our collective responsibility for these recent wars. We must share the moral burdens of shame, guilt, and outrage. Out of this sharing, we may find connection, hope, and the possibility of building a cornerstone for collective healing and moral repair." In other words, it's the witnessing that heals.

After each installation, these witnesses are offered an opportunity to respond.

"Just by sitting here, you have to feel this pain and grief," said one.

"I walked into this room as a mother of two boys," said another, who went on to share that one son is thinking about enlisting. "I've completely shifted," she added.

There was someone else in attendance that day: Bessel van der Kolk himself. "It was a wonderful occasion," he wrote on Saul's Instagram page after the event. "Still mulling over all the things we heard and talked about."

Sometimes, even the architects of one revolution find themselves simply bearing witness, watching the unfolding of the next.

■■■■■

Will moral injury work eventually become a clinical fixture, the way body-based approaches did nearly three decades ago? Will it reach broader public awareness, stemming the rapidly expanding tide of societal unease? And if it becomes a formal diagnosis, what might this mean for treatment? For now, the answers remain uncertain. Some researchers, like Harold Koenig, say we've only begun to understand the scope of moral injury, that the biggest breakthroughs will come from studying how it manifests in different countries and cultures, where norms around guilt and shame are very different from our own.

Still, one thing is certain: simply naming the experience has helped countless people make sense of something that once felt isolating and inexpressible. For Wortham, that naming has been part of an ongoing process of reckoning and forgiveness. For Reda, it's exposed blind spots in our field, helping him wade into even the bleakest situations with a little bit of hope. And for Saul, it reinforces a conviction: we're all connected in each other's healing. *Collective resilience*, he calls it.

"So much of my work is about helping people open up the conversation," Saul says—"about letting these stories breathe. These storytellers aren't just survivors; they're messengers. They bring us the truth. They inspire us to grapple with it. When they bring us back into community, we can finally hear what they have to say."

Chris Lyford is the senior editor at Psychotherapy Networker.

Let us know what you think at letters@psychnetworker.org. Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.

BY MARIAN TING

Treating Clients Who Share Your Own Diagnosis

HOW TO NAVIGATE EMPATHY AND ETHICAL PITFALLS

Q: As a therapist living with a mood disorder, how do I navigate the ethics of treating clients with the same diagnosis as me?

A: I'm a therapist diagnosed with a chronic mood disorder, and I've navigated this challenge firsthand. My symptoms began in childhood and worsened during my graduate school years while training to be an LMFT. At times, the undiagnosed depression, anxiety, and irritability distracted me from developing clinical intuition. Thankfully, I finally received a diagnosis during my associateship, which meant learning to manage symptoms while learning to be an effective therapist.

Whether maintaining emotional boundaries with clients, learning from transference dynamics in real time, or navigating self-care practices with prevention in mind, I was constantly aware of the delicate balance between my identities as Marian the Vulnerable Woman and Marian the Competent Clinician. Now, after years of practice, I believe the best way to support clients with whom you share a diagnosis is to keep in mind four primary areas of tension as we engage in ethical work.

Same Diagnosis, Different Experience and Presentation

There can be complex tension between the freedom and optimism we gain through finding our own treatment, and the realistic hope we hold for clients with similar struggles. From the beginning of their therapy journey to the end, I've learned to acknowledge clients' wholly unique experiences while steadfastly holding space for mutually desired outcomes.

DSM-V diagnoses are stripped of variability for a reason, as they point people toward the most appropriate care. But biopsychosocial and holistic factors create vast differences in how established criteria manifest. As therapists, we must lead with curiosity for each client's individual suffering while also offering evidence-based strategies for relief. This requires us to clarify, clarify, clarify—especially when we have

our own ingrained sense of how symptoms have shown up for us.

However, the gift of having the same diagnosis as a client is that we can bring remarkable empathy to the therapeutic relationship. For example, we can connect with their stories of experiencing mental health stigma, often from a place of shared grief. We're also primed to support clients in realizing how these might have been internalized, and in learning essential self-compassion. Through our presence and perspective, we can thoughtfully support their gradual integration of deep pain.

We can also support clients' growth through insight and understanding about the aspects of an illness that are often hard to articulate. This isn't done prescriptively, but instead through gentle prompting of exploratory dialogue, which might include questions like, "How does your inner struggle affect how you feel about your potential and life dreams, if at all?" At times, we can even speak with authority when normalizing their experience, and lean into our realistic hope for them that isn't born of therapeutic goodwill but true empathy for their struggle and respect for their strength.

Blind Spots, Transference, and Projection Challenges

I learned the hard way that blind spots can show up when my emotional boundaries are porous as a result of my own unresolved pain and an unconscious desire to rescue clients from theirs.

During the pandemic, for example, when a client started describing increasing signs of depression, isolation, and existential sadness, I jumped to high alert and rushed her toward strategies and solutions. By putting a band-aid on her suffering, I was also denying my own. She resonated with what I shared, but I now know there were depths of feeling that she didn't uncover in therapy because of my bypassing. This is why having our own personal therapy is particularly powerful, as it can help address major blind spots.

Sometimes, when I saw clients with my same diagnosis, I was inordinately excited to work with them. I came to sessions armed with workbooks and coping tools that had helped me in the years post-diagnosis, ready to infuse treatment with what I believed was essential education. They'd nod politely, but I could see that they were overwhelmed. What they needed was to focus on their own processing from the inside out, not to do systematic research on a diagnosis that had intruded on their lives. Over time, I learned to seek supervision or consultation with colleagues to catch and unpack these dangerous reactions.

Projection was another challenge I had to address. When I was an associate experiencing depressive episodes, I might come to sessions masking feelings of bleakness about my own life. This made it easy to see hopelessness in clients where there was none. I once had a client who was a person of color like myself and who was navigating moderate MDD. While they weren't reporting signs of crisis, their situation appeared to be worsening. My empathy went into overdrive, and I prolonged moments of emotional validation by saying things like, "That must feel so heavy. I think I can see it in your body." Sometimes I overemphasized sounds of concern and pauses, almost in an effort to better see myself. This client responded to my excessive empathy with gracious acknowledgement, then rightly redirected the conversation back to their own reflections. In retrospect, it was clear that this client, with a strong support network and determination to pull through, was *not* as hopeless as I'd projected.

In psychodynamic therapy, transference is viewed as an inevitable and essential element of the work which must be ethically applied. It can serve almost like a diagnostic tool that spontaneously arises from the unconscious interplay between two minds. But the key for those of us whose countertransference is heightened, is to use our analytical skill to prevent reenactments, and perhaps transmute what we're sensing into stronger case conceptualization, treatment planning, and conversations.

These client conversations should lead with disclaimers and an invitation to be corrected. For example, if you notice strong irritation at a client's learned helplessness, your reaction might contain valuable information about their dependency on others and how symptoms have impacted their attachments. It's wise to hedge a discussion by saying, "I'm having a sense come up in our work together. If it's alright, I'll share it, but please let me know if it resonates or not; who knows, it might be similar to how you experience others in your life." After contextualizing in this way, a statement like, "You seem to be looking to others for answers," will land very differently than if it's simply blurted out.

Other times, even if you have clear insight into a client's unconscious enactments, it might be prudent to hold onto it and default to asking curious, clarifying questions to gather further information. This can lead to you tentatively floating your theory, or discarding it entirely.

Weighing Any Benefits of Self-Disclosure

As a general rule, I don't self-disclose my diagnosis or mental health experiences. Most of us can easily sense when it would be unhelpful and distract from our client's process. However, occasionally we might find ourselves weighing potential advantages, such as increasing rapport or inspiring hope.

If we feel a pull to use self-disclosure as an intervention tool, ethical principles should be applied. Client autonomy and respect for their self-determination dictates that we refrain from implying that they should emotionally take care of us, their therapist. Commitment

to beneficence requires that we stay attuned to our clients' unique needs and not impose our personal stories or advice on how to best cope with their life situation.

I can count on one hand the number of times I've self-disclosed. Most instances were with young adults who were heavily weighed down by symptoms, new to therapy, struggling with vulnerability, and initially distrustful of the power dynamic in the room. In moments of deflection, they'd ask, "How about you? What made you become a therapist? Why do you like to do this?"

In these cases, I often chose to honestly and briefly describe the facts of my story: "I became a therapist because I've had my own mental health challenges, including having a mood disorder. It's made me see the importance of coming alongside others, and I use what I've been through to be there for them."

My primary motivations were to create an open, honest environment where mental health difficulties were normalized, to help them feel comfortable asking genuine questions that had therapeutic benefit, and to decrease the one-down position. Their reactions, while sometimes subdued, conveyed relief and a deeper relaxation in their bodies. They could feel where real met real.

Still, we must each weigh the many reasons for caution against potential upsides of self-disclosure. If you sense even a little that it would be a distraction for a particular client, be sure to follow your intuition.

We're Fellow Sojourners Who Don't Have All the Answers

Many new therapists, in particular, experience pressure to meet a client's desperate questions with wise, reassuring answers. Of course, therapy is not about giving answers. But if we relate deeply to clients' mood symptoms, we can easily feel pulled to offer vicarious comfort. In reality, we're living through our own ups and downs, recovering from the more intense bouts of depression or anxiety, and prioritizing our own routines to prevent or delay future episodes. It's important to remember that what we provide to our clients through unconditional presence and clinical expertise is already enough.

And it's important to stay open to the inspiration we can receive from my clients. I once worked with an older woman with bipolar disorder with schizoaffective features. Throughout treatment, I regularly marveled at her resolve and resilience in the face of enormous obstacles. She had steadily overcome addiction, found resources for independent housing, and started a loving relationship, all while maintaining her lifelong trust in a higher power.

Other clients also inspired me as I witnessed them eagerly apply psychoeducation learned in therapy and commit to practicing it with more vigor and determination than I was able to myself. Some had managed my same diagnosis for decades, and I absorbed the hard-won perspective that they unknowingly were sharing about how to cultivate a meaningful existence alongside mental illness. I recall one client who had steadily integrated wellness and prevention routines into her daily life, and as a result accessed expansive relational and creative experiences that didn't have to be destabilizing.

■■■■■

The ethical complexities of treating clients who share our diagnosis don't disappear with experience, but we can develop practices that honor both our expertise and our limitations. Here's the ethical cheat sheet I rely on:

Stay curious, not certain. Even when symptoms sound familiar, lead with clarifying questions rather than assumptions. Your understanding of depression or mania may differ dramatically from theirs.

Maintain your own therapy. This isn't optional; it's how we identify our blind spots, process transference, and ensure our unresolved pain doesn't seep into the relationship.

Use supervision strategically. When you notice yourself becoming overly invested, rushing to solutions, or bringing resources unbidden, flag it in consultation. These patterns reveal where our need for self-work is bleeding into the room.

Default to restraint with self-disclosure. The occasional, brief disclosure may normalize and build rapport, but the evidence-based interventions you're trained in should always be your primary tools.

Hold realistic hope, not rescue fantasies. Our great empathy for our clients' suffering is a gift, but our job isn't to save them from what we've experienced. Our role is to support their own empowering path through.

Receive their wisdom. Some clients will navigate this diagnosis with more skill, perspective, or resilience than we have. Let yourself learn from them.

Ultimately, having the same diagnosis as our clients doesn't disqualify us from providing effective treatment. Instead, it requires us to bring heightened self-awareness and clinical reflection to the work. When we do, our lived experience becomes not a liability but a source of profound, grounded empathy that can deepen the therapeutic relationship and honor each client's unique journey.

Marian Ting, LMFT, is a Taiwanese American therapist and writer specializing in trauma, mood disorders, and depth-oriented approaches to mental health. Drawing from her practice across community mental health, university counseling, and group practice settings, she translates clinical insights into content that is accessible, compassionate, and grounded.

BY ELIZABETH EARNSHAW

The Betrayal After the Betrayal

How Affair Recovery is Hurting Those It's Meant to Help

Of all the issues that come through a therapist's door, affairs expose where our work has become overly conceptual and disconnected from the craft of therapy. Our field has become saturated with explanatory language but thinner in applied skill. People know the terms but not the process. Social media has democratized psychological vocabulary, but it's no substitute for the actual lived experience, skills, and craft of psychotherapy.

Our work demands structure, humility, steadiness, and an ability to guide people through relational trauma without resorting to intellectual shortcuts. Too often, though, we fall short—and the gap between what our work demands and what we provide has real consequences. The clearest evidence of this is something I've seen with increasing regularity in affair recovery treatment.

Betrayed clients are feeling betrayed by their own clinicians.

"I don't know what to do anymore. I feel crazy," Faye sobs, her body shaking as she talks about her overwhelming sense of hopelessness. Faye and Soren are with me for an intensive couples therapy session. They signed up after four months of couples therapy after Faye discovered Soren's long-term affair. At intake, they described an affair-recovery process with a different therapist that hadn't been working. The needle hadn't moved—in fact, things had been getting worse.

"I'm the one who ended our treatment," Soren admitted. "The therapist kept asking my wife to stuff all her feelings. She told her, 'If you want this marriage to survive, you can't push him away with increased drama.' I found it shocking to say something like that to someone who's hurting." Soren had been unfaithful with another woman he'd worked with in his business.

I hear a lot of client tales about previous therapy gone awry, and I always take it with a grain

of salt. Sure, therapists can make mistakes, but clients can also get defensive, misunderstand treatment directions, and experience good therapy as "wrong" when it gets slightly uncomfortable. So instead of immediately joining Faye and Soren in blaming the previous clinician, I asked for more information.

"During our first session," Faye shared, "the therapist asked me, 'Do you want your marriage, or do you want to allow your anxious attachment style to ruin it?'"

I took a deep breath to ground myself, stunned by the cruelty of such a comment. Surely no therapist would say something like that in a first session with someone experiencing fresh relational trauma! But it got worse. Faye went on to explain that the therapist suggested Soren may have strayed for so many years because he was unhappy with her, and that his affair must have been quite a burden on him. She asked Faye if she could empathize with *his* pain.

If I hadn't been trying to maintain a neutral expression, my mouth would've fallen open. How could any therapist introduce such a concept to someone in the earliest phase of betrayal trauma? I waited for Soren to jump in and contextualize this in a way that might help make what Faye was sharing seem less outlandish. He did jump in, but only to affirm her perspective.

"Honestly, I was wondering if the therapist had a crush on me or something," he murmured sadly. "It was horrendous how she talked to Faye. One time Faye was sobbing in session, and she told her, 'This is exactly the behavior that's pushing him away.' I looked the therapist in the eye and told her Faye was allowed to cry and her crying wasn't what had pushed me away."

Faye stared at the floor, her shoulders trembling and her hands unsteady, but she listened as Soren spoke. The betrayal had been life-altering—but the therapy had been devastating.

The therapist never introduced a container for the recovery process. There was no trust-building, no safety or stabilization. Instead, she discussed their attachment styles, encouraged Faye to consider that she might be sexually repressed, and questioned whether monogamy had merit. Even when they insisted they valued monogamy, the therapist continued inviting Faye to "rise above" her emotional experience and stretch into being a more understanding partner.

As a licensed marriage and family therapist who specializes in working with challenging couples and intensive couples therapy, my first session with Faye and Soren, though shocking, didn't surprise me. For years, along with colleagues I consult with, I've seen a similar pattern: couples come to therapy *after* infidelity treatment in which the therapist invalidated the betrayed partner.

Sometimes, bad affair treatment results in the *involved partner* (a term for the partner who committed the breach) feeling just as shocked by the treatment as the *betrayed partner* (a term for the partner deceived by the affair). They'll tell me things like, "It felt wrong, like every session was about asking my hurt wife to take a beating." Other times, the involved partner arrives emboldened, saying things like, "The last therapist said she caused the problems that led to this whole thing." In either case, the affair treatment has caused more harm than healing.

Although this pattern is not limited to any one gender or orientation, it does emerge more frequently in heterosexual dynamics—often involving male partners who had affairs and female partners who were betrayed—in part because cultural narratives about women's emotional responsibility and men's relational disengagement can quietly shape how blame and repair are handled in therapy. Nonetheless, across all relationship configurations, I've consistently witnessed the result of other therapists flattening responsibility for the affair and failing to provide structured, ethical containment for both partners.

Where We've Gone Wrong

After years of hearing reports from clients of bad affair recovery, and hearing my colleagues recount similar experiences, I realized these are *not* isolated incidents that can be explained away as the result of poor training. What's happening reflects something larger, a combination of cultural, educational, and psychological forces that have started to converge in the therapy room.

The Pendulum Swing from Shame to Overcorrection. For decades, infidelity was approached from a deeply moralistic stance. Therapists shamed the partner who strayed and rarely addressed other factors that contribute to affairs. That approach was harmful and simplistic. Over the last 15 years, though, we've seen a dramatic pendulum swing toward understanding why affairs happen. We now explore unmet needs, emotional disconnection, identity shifts—the why of affairs. And that's valuable.

But to avoid moralism, many therapists now avoid validating betrayal trauma, fearful of seeming judgmental. Empathy for the betrayer has begun eclipsing empathy for the betrayed. The desire to be progressive has overshadowed the responsibility to be grounded. A therapist's job is to hold deep compassion toward *both* partners while supporting the involved partner in staying connected to the impact of their choices. This isn't about shaming the betrayer nor about minimizing the pain of the betrayed. It's about establishing a relational system where responsibility is taken seriously, not philosophized away or prematurely reframed. When this balance is missing and the therapist avoids helping the involved partner take accountability for fear of appearing moralistic, the process collapses and becomes unsafe.

The Misapplied Perel Effect.

I greatly value the work of couples therapist Esther Perel. Her conceptual frameworks have helped the field understand the meaning-making layer of infidelity—how affairs can be tied to longing, identity, and vitality. These ideas broaden understanding and reduce shame. But Perel's work is conceptual, not procedural. It's designed to spark thinking, not structure treatment.

And what I keep seeing is a misapplication of Perel's ideas. Therapists are discussing eroticism, self-expansion, and unmet desires *before* the couple has stabilized. They're inviting meaning-making *before* safety has been restored, and introducing insight *before* atonement has taken place.

While it's important for therapists to understand and apply Perel's work to overall affair recovery, effective treatment draws on a blend of artistry and structure. Using advanced theory to bypass foundational clinical work can do more harm than good. And therapists need to be aware of the reality that some clients use concepts drawn from popular books and articles about infidelity to avoid facing the harm that they've caused.

The Instagrammification of Therapy. These days, attachment jargon, "inner child" language, "anxious/avoidant dances," and trauma buzzwords are oversimplified and packaged on social media as if therapy were an aesthetic, something that not only signals emotional depth but also looks appealing and easily digestible when flattened into a square post or even a reel or carousel. It offers the appearance of insight without requiring the slow, messy, nuanced, and often uncomfortable process that real therapeutic work demands.

The result is that couples now arrive to sessions saying things like, "I had the affair because I'm an avoidant," or "She reacted this way because she's anxiously attached." But labels don't tend to foster accountability or motivate change. They can become shields that help people avoid the real issues.

AI chatbots are only reinforcing the negative impacts of technology on the flattening of therapy, delivering fast, polished explanations that feel like insight but ultimately bypass the accountability, discomfort, and relational work that therapy depends on. Because they are designed to "talk like a friend" to the person entering the prompts, people often experience this advice as trustworthy and grounded in reality—as if the chatbot is the "final boss level" of the therapy profession. In reality, these systems are trained on what already exists across the internet which includes a substantial amount of oversimplified and relationship-unfriendly advice on venues like Reddit, Instagram, and blogs.

Training and Supervision Gaps. Graduate programs give limited formal training in affair recovery, so most clinicians have never seen real betrayal treatment modeled. Rather, they've seen a tapestry of podcasts, *Couples Therapy* episodes on Showtime, and Instagram content. In the absence of mentorship, clinicians grasp for the concepts they understand cognitively, but concepts alone can't heal trauma, repair trust, or reorganize relational patterns.

Training and supervision support clinicians to do emotionally challenging work by helping them ask themselves: *What's happening for me internally? Are my biases coloring my judgment? Am I responding to cultural narratives that paint upset people, particularly women, as overreactive?*

Affair recovery evokes powerful countertransference. Without awareness, countertransference can pull clinicians toward intellectualization and sharing insights in ways that don't serve couples. Affair recovery is taxing. The grief, rage, guilt, shame, and emotional intensity are heavy. Some therapists leap toward encouraging forgiveness or meaning making not because the couple is ready, but because *they* can't tolerate the discomfort of staying in a hard place. This avoidance derails treatment.

The Foundations of Affair Recovery

Affair recovery isn't a mystery. Across trauma theory, attachment-based models, and approaches like the Gottman Method, there is a shared understanding that recovery must follow a structured sequence. In my work, I organize this into four core phases: stabilization, containment, trust-building, and grieving. While these phases don't always unfold in a perfectly linear order (and in practice often look more like weaving than unfolding), the therapist must still hold a clear sense of direction. Without a shared understanding of where the work is headed, sessions can quickly become reactive.

These phases are guideposts that organize the work, not rigid steps, but they help therapists pace the process, prevent premature forgiveness or forced closure, and ensure (as much as possible) that neither partner is asked to move forward before sufficient safety and understanding have been established. When used thoughtfully, they provide couples with structure, direction, and more opportunity for vulnerability.

Stabilization. Before a therapist pushes for insight, before empathy-building toward the partner who had the affair, before discussing "why it happened" and how the betrayed partner might have played a role, the couple needs safety. The first task is always stabilization, especially for the betrayed partner.

Betrayal in intimate partnerships is trauma. The betrayed partner's nervous system is flooded. Their world has been cracked open by the one person they thought they could trust most, and they feel profoundly unsafe. No one can be reflective or generous from inside this psychological freefall. Stabilization means slowing partners down and orient-

ing them to what recovery looks like through psychoeducation.

For Soren and Faye, psychoeducation helped Soren finally understand why Faye kept "spiraling." She wasn't being vindictive or punishing—she was experiencing a predictable trauma reaction. This gave both of them an immediate sense of relief.

Containment. To prevent affair recovery from feeling chaotic, it requires a framework: what will be discussed, when, and how. Without a clear container, the injured partner ping-pongs between intrusive images and spiraling questions, and the involved partner gets defensive and shuts down. Without careful containment by the therapist, the recovery process can devolve into retraumatization, increasing the likelihood that partners will lose motivation to continue.

Curiosity does have a place in affair recovery, but it must be rooted in containment. Early on, the betrayed partner is often flooded with urgent and repetitive questions: *How many times did this happen? Where did you meet? Did this happen in our home? What did you say about me? Were you planning to leave? Was it hotter with them than it was with me?* These questions aren't simply attempts to gather information; they're attempts to restore stability and a coherent sense of reality after a profound rupture. This type of curiosity is the nervous system seeking safety. When betrayal shatters a partner's understanding of their relationship and home, the mind moves quickly to fill in gaps and regain orientation.

A therapist must have the clinical judgment to help distinguish between questions that support healing and trust-building and those that, while understandable, may further traumatize or destabilize. For example, knowing whether the affair took place in one's home may be an important disclosure connected to safety and trust. Understanding in explicit detail how much a partner enjoyed the sexual encounter, however, may offer little healing value and instead intensify injury. It makes sense that a betrayed partner might ask such a question, but the therapist's role is to guide the process so that truth-seeking serves repair rather than deepening harm.

I've heard many instances of therapists bypassing these questions altogether, perhaps telling the betrayed partner that revisiting the past is unhelpful. I've also heard many instances of therapists failing to offer structure or guidance, allowing sessions to become dominated by uncontained questioning that has no clear healing trajectory and is fueled by understandable but destabilizing insecurity. In both cases, the absence of thoughtful containment leaves the couple without direction.

There's also a third misstep: introducing a more abstract or philosophical curiosity too early. I've worked with clients who, in the earliest stages of recovery, were asked by their former therapist to explore where they developed the belief that affairs are harmful, to examine potential biases against nonmonogamy, or to reflect on the meaning of erotic freedom and identity expansion. These conversations aren't inherently inappropriate, but they are poorly timed when a betrayed partner is still in an acute phase of trauma, hypervigilance, and safety-seeking.

Early curiosity should be grounded in stabilization: *What hurts most right now? What do you need to feel even slightly steadier? Which questions must be answered to begin to rebuild trust, and which might be paced or set aside for now?* When therapists help structure curiosity in this way, they create the containment necessary for genuine trust-building to begin.

Trust-building. This is where I'm seeing so many cases go wildly off track. Soren had told Faye that he would stop traveling for work since the affair was related to his career. Faye shared that this would help her to feel safer. But after about a month, he said, "What else do you want from me? I've already been coming home from work early for a month. How long is this supposed to last?"

The therapist had turned to Faye and said, "I wonder if you recognize how much you're pushing away connection by trying to control Soren." Faye's chest had tightened. She looked at the floor and cried, because it was all she could do to contain her desire to punch a wall.

Soren felt helpless. "I wasn't sure what to say to that," he told me. "Part of me appreciated the therapist taking my side. I do feel controlled by Faye right now. And I want this awful time of being under a microscope to end. But when I saw Faye look down in shame like that, I felt really bad. Because, upon reflection, it *had* only been a month, and I didn't believe Faye was pushing away connection. I'm the one who decimated the trust between us, not her."

Luckily, Soren was a fairly insightful person. Not every partner would pause to consider whether a therapist's comment, particularly one that gave them the upper hand, was appropriate. In our sessions, he was on board to commit to trust-building, which, at times, requires the involved partner to adjust their life to create security for their partner, show remorse, and develop personal insight about how they can prevent future betrayal.

It's important to remember that atonement isn't a single apology, or even *many* apologies. It's a series of repair behaviors practiced over time, offered predictably and, as much as possible, without defensiveness. The therapist helps the involved partner learn how to become grounded enough to tolerate how hard this can be. And often, this person will need to visit with an individual therapist to express their frustrations, understand themselves, and perhaps even grieve the loss of the affair and of their affair partner.

The betrayed partner learns that their emotional reality is not "too

much" to handle or "crazy," but rather an understandable trauma response. It's not something to rise above, but something to honor, tend to, and contain.

Rebuilding trust is a messy, painstaking process. It requires consistent accountability, transparency, emotional presence, validation, and repeated demonstrations of safety from the partner who caused harm. Ignoring this reality damages the relationship.

This phase is not a time to explore how the betrayed partner's attachment style, lack of interest in sex, hyperfocus on the kids, or negative attitude might have contributed to the betrayal. It certainly isn't a time to criticize their reactivity (though helping them manage it is critical).

Grieving. In this phase, the betrayed partner begins to make sense of what happened without being completely flooded. Grief is now a primary focus of the couples' treatment: for the relationship they thought they had, for the life-story that's been altered, for the relationship that could have been but now feels dead or dying. The involved partner practices staying present to the pain they've caused without collapsing into shame or self-protection.

As for the grief the betraying partner might be experiencing, that needs to stay in their own therapy. It's not the time to bring it into the recovery process.

Only after partners have moved through all these phases can the dynamic start moving toward what we might expect to see in non-crisis couples therapy, where there's a more reciprocal give and take of communication, insight, and responsibility. You can't ask someone to be vulnerable, generous, and open with a person they experience as untrustworthy and unsafe.

Faye and Soren's Recovery

In my work with Faye and Soren, we spent the first few weeks stabilizing. I helped Soren understand what to expect and how to respond without shutting down or growing defensive. I helped Faye understand her trauma symptoms and feel more regulated. Over time, Soren was better able to hear Faye without defensiveness. Faye practiced grounding exercises and set boundaries, like temporarily sleeping in a different room, that helped her feel more stable.

When we moved toward trust-building, Faye shared what she needed from Soren to feel safe—both high-cost and low-cost behaviors. High-cost behaviors are those that require meaningful sacrifice or effort from the betraying partner. These can include increased transparency, entering individual therapy, changing work environments, or making other tangible shifts that demonstrate a commitment to repair. Low-cost behaviors are smaller, more everyday actions that help restore a sense of steadiness and connection, things like proactive communication, sharing schedules, offering reassurance, or making consistent time for emotional and physical closeness. Together, these requests help rebuild a sense of safety not only through words, but through observable change.

Soren explored his willingness to change with an individual therapist. With my guidance, Faye also asked questions about the affair to regain trust in her own sense of reality. Soren answered openly and honestly. And he helped Faye understand what he was doing now to prevent an affair from happening again. He regretted his choices, and ultimately took responsibility for making them. Now, their memories felt different, intimacy felt different, and trust was taking a much more tenuous form. But as they grieved together, Soren grew softer and gentler, and Faye more direct and appropriately guarded.

Over time, something interesting happened. As Faye felt safer, she grew curious about Soren. *Why,* she wondered, *would a man that I believe to be wonderful in so many ways do such a hurtful, horrible thing?* This wasn't a question asked to put him down; she was genuinely curious.

Because stability had been reestablished in their dynamic, it was appropriate for me to support them in being more open and flexible in their dialogues. They were able to talk constructively about assumptions, values, and belief systems—and whether or not they wanted to revisit some of their pre-existing philosophies about love, sex, marriage, and commitment. But we only got to this point because we hadn't bypassed earlier phases in their recovery process.

Ultimately, Soren and Faye became more attuned to themselves and each other and re-envisioned their relationship in a way that helped them both feel more aligned and honest. But successful affair recovery does not always culminate in staying together; sometimes it allows partners to understand themselves and one another more clearly, heal the injuries that have occurred, and then make a thoughtful, less reactive decision about whether the relationship should continue.

■■■■■

To improve affair treatment, we must return to depth. That means investing in real training, real supervision, and a real understanding of the phases and procedures that allow couples to heal. It means resisting the pull to make therapy conceptual when it must be relational. It means remembering that insight is often the final stage of the process, not the starting point.

Affairs show us what happens when we lose the fundamentals of clinical work. And they also show us what's possible when we reclaim them.

Elizabeth Earnshaw, LMFT, CGT, is a licensed therapist, supervisor, and author of I Want This to Work, Til Stress Do Us Part, *and* The Couples Therapy Flip Chart. *She's also the founder and clinical director of a Better Life Therapy.*

Grief in Affair Recovery

BY SARA NASSERZADEH

Understanding Loss Through a Systems Lens

"It's hard to…." The first time Raymond tried to name his grief in session, he couldn't finish his sentence. His wife Layla sat next to him on the couch and waited.

They'd been coming to couples therapy for several weeks. His affair with his workout partner Angel had ended, but by every external measure, the work of repair was just getting started. Still, something about the work felt stuck. Raymond was showing up physically and clearly making an effort to be emotionally present. His tone communicated remorse, yet he still felt distant and unreachable.

Layla felt it. I felt it.

And then, in a moment that surprised all three of us, Raymond finally found the right words. "I just don't know how to do this while I'm also losing Angel."

Layla grew very still.

I'd been trained for her response, for the wave of pain that crossed her face, for the way betrayal can compound in an instant. What I hadn't been trained for was the questions now sitting in the room with us: *What do we do with Raymond's grief? Where does it belong? Does it belong in infidelity treatment recovery at all?*

More than 20 years ago, my training on couples therapy and the aftermath of infidelity focused almost entirely on the grief of the betrayed partner. That grief is real, serious, and deserves every clinical resource we can bring to it. I'm not questioning that.

What I question is the assumption that it's the only grief in the room.

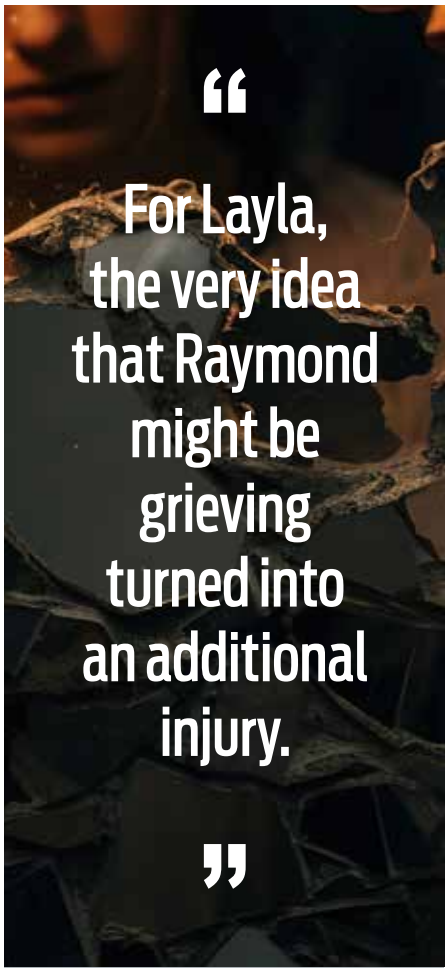
Infidelity, as I encounter it in practice, is a rupture in shared meaning within a relational system. What breaks isn't only trust but orientation, the sense of knowing where you stand, what you can rely on, and what relationships are fundamentally for. And when an existential rupture like that moves through a system, grief doesn't just confine itself to one person. It spreads and multiplies, taking different forms depending on where in the system it lands.

Affairs are also more varied than our clinical frameworks often acknowledge. We tend to reduce infidelity to its sexual dimension, yet affairs can be emotional, financial, digital, or some layered combination of all of these. An affair can look like secrecy, chronic disengagement, or a pattern of decisions made unilaterally and in private. The experience of betrayal can occur even when the underlying relational agreement was understood rather than fully articulated.

I work with individuals, couples, and families across many cultural and religious contexts, including those navigating the intersecting pressures of immigration concerns, financial constraints, and social expectations. These contexts shape what's permitted, rewarded, punished, and endured. They shape what grief looks like, who is allowed to have it, and who is expected to hold it quietly.

What I've come to believe, across many years of working with a wide range of couples recovering from infidelity, is this: before we move into structured models of repair, we need to make room for the grief in the room, including the grief that's morally inconvenient, unsanctioned, or held by someone we didn't expect to hold it. When that grief is minimized or pathologized, it doesn't disappear. It resurfaces as defensiveness, withdrawal, rigid certainty, or unprocessed resentment, quietly undermining couples' chances of repair.

Raymond and Layla's story shows what this can look like in practice.



The Inconvenient Mourner

Raymond and Angel met at the gym. Raymond had been partnered with Layla for 18 years. With Angel, a connection that began as casual conversation between sets slowly grew into more. Brief exchanges became post-workout coffees, which became daily check-ins. Check-ins became reassurance, emotional support, and eventually physical intimacy.

Over time, the relationship had rooted itself in almost every relational domain of Raymond's life: emotional support, shared ritual, future-oriented talk, a sense of belonging. The only spaces it didn't inhabit were finances and public social life. By the time Layla discovered the affair, through a photograph sent by a friend, a second relationship had existed alongside the primary one for years. This wasn't a passing incident. It was a parallel life.

My task in the room wasn't simply to support Raymond in ending contact with Angel and guiding the couple toward repair. It was to acknowledge that something real had grown. And when something real ends, there's grief, regardless of the circumstances that necessitated its ending.

Raymond's relationship to that grief was tangled. Sometimes he told himself it was punishment, something he deserved and therefore wasn't entitled to have compassionately witnessed. At other moments, the unacknowledged grief surfaced as anger: "Why can't Layla understand how much I'm giving up for her?" That sentence, and the look on Layla's face when she heard it, captures something essential about how unprocessed grief moves in a system. A wave of shock and devastation crossed Layla's face, which ultimately froze into a look of profound disgust. Grief doesn't stay still. It spreads through relational systems and takes on new forms.

For Layla, the very idea that Raymond might be grieving turned into an additional injury. She understood herself as the only legitimate mourner in the room. That the relationship responsible for her own pain might be a loss to Raymond was deeply offensive.

Subjective realities colliding like this constitute one of the most common and painful dynamics I

encounter in my work. A significant portion of the suffering in the aftermath of infidelity comes not only from the original breach, but from the moment two people realize they've been living inside entirely different relational maps while assuming they shared one. The cultural ideal of romantic partnership, in which a true partner simply knows the other's needs and two people become, through commitment, a single unified entity, makes this discovery particularly disorienting. Relinquishing that ideal is its own form of loss, and it often arrives on top of everything else.

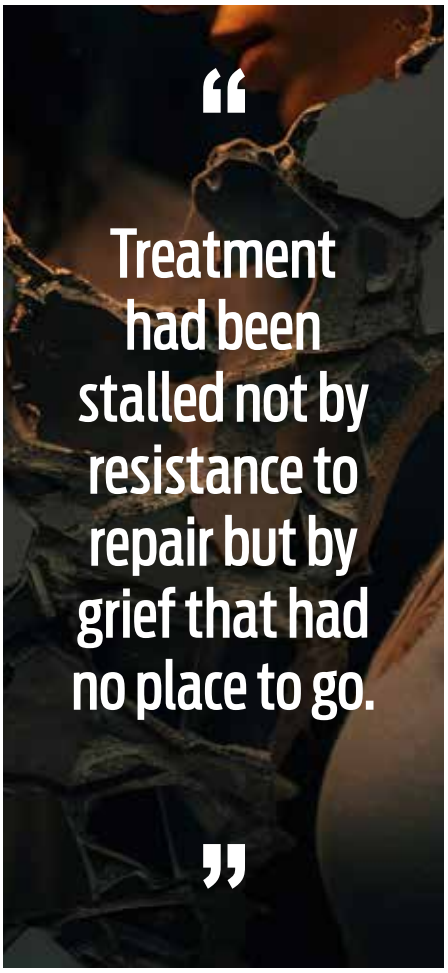
When Raymond's grief was left unaddressed, it didn't remain static. It morphed into contempt, a quiet re-idealization of Angel, a withdrawal so cold Layla read it as indifference. When Raymond was able to name his grief in session, and Layla allowed me to support her in tolerating its presence without endorsing it, his defensiveness began to soften. Treatment had been stalled not by resistance to repair but by grief that had no place to go.

When we move too quickly into accountability frameworks and repair protocols, we risk confirming a fear many betraying partners carry in silence: that after what they've done, there's no longer any room in the relationship for the complexities of their inner life. A partner who believes this can't show up fully for repair. They're too busy managing shame and buried resentment. Holding space for grief isn't an act of absolution. It's a clinical necessity—one that can, paradoxically, open the door to deeper connection.

A relationship is defined by ritual, frequency of contact, emotional regulation, anticipation, the prioritization of time and energy, and the particular ache of loss when closeness and connection are withdrawn. All these elements were threaded through Raymond's grief for Angel and contributed to his grief when the relationship ended.

A Fragmented Mourner

Dendy came to me as an individual client seeking help to end a digital relationship that had lasted longer than his actual marriage. He'd built a parallel life through an immersive online platform called Second Life, one that included daily rituals, emotional exclusivity, and an ongoing shared narrative that included virtual children with a virtual partner.



Every morning, after his wife left for work, Dendy would slip into his digital world as seamlessly as pulling on a favorite coat. He'd log in and inhabit his avatar, a taller, thicker-haired version of himself, a man who entered a sun-drenched villa where his virtual partner, Sienna, was always waiting to embrace him. Their two virtual children, Marco and Lena, might be roasting marshmallows by a firepit, laughing in an elaborate playroom, or frolicking in an expansive field below. Some mornings he and Sienna stayed close to home; other days they moved through digital landscapes together, hiking mountain trails or attending rooftop gatherings in glittering, radiant cities. By any relational measure, he was living his best life.

His real marriage was familiar, stable, and largely taken for granted. His wife was an elementary school teacher. He worked in tech most of the day, and in the evenings ate dinner with his wife and teenage daughter. His digital relationship was the one that felt truly extraordinary and alive. What finally became unsustainable wasn't a loss of desire for the digital world but the fragmentation he'd begun experiencing. He could no longer connect with a coherent sense of who he was. At dinner with his wife, his mind drifted to Sienna. When his daughter needed connection or comfort, he had no idea how to offer it to her. He was living as two people simultaneously, and neither version felt whole.

Our therapeutic work wasn't about questioning the reality of his digital relationships. It was about ending them with intention and dignity. Dendy needed to grieve the version of himself that had existed in that other world to become more fully present in the life he was actually living. The work was about integration: not erasing who he'd been in that space but stepping out of it carefully enough that the exit didn't feel like an amputation.

His grief had no socially sanctioned form. There was no one he could call who knew both versions of him. No one had witnessed the relationships he was mourning. The loss was invisible—held in code and pixels, in years of private imaginings—and yet it was entirely real. Helping him name his grief

for what it was, rather than experience it as evidence of moral failure or weakness, allowed him to move forward into the messiness and unpredictability of his actual relationships.

This is the grief that has no ready-made, social container. But it asks to be held with the same care as any other.

The Illegitimate Mourner

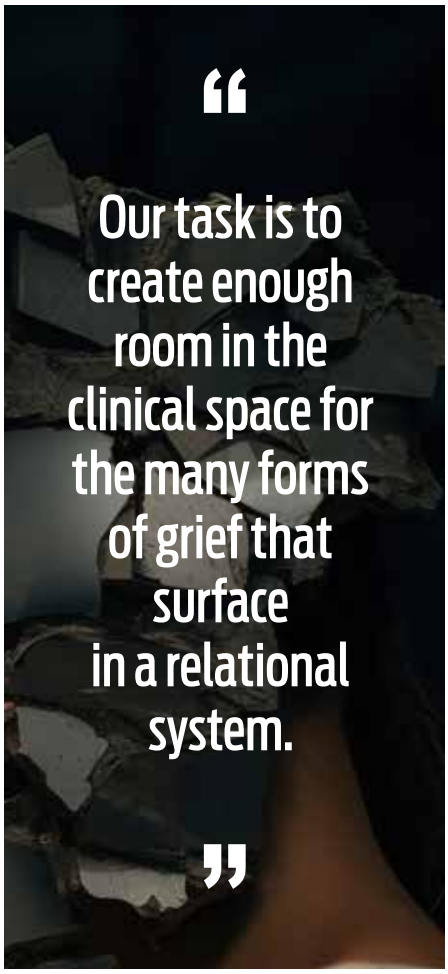
The affair partner, too, may also be mourning, but they're rarely afforded legitimacy in mourning. This is one of the quieter injuries of infidelity that a systems lens makes visible, regardless of whether the affair partner ever enters the therapy room. And yet, there are occasions, though rare, when my work with couples extends to this member of the relational system, too.

I'm aware that this isn't a common approach and requires careful clinical judgment. I consider it only when specific conditions are in place: the couple has made a thoughtful decision to remain together, early-stage stabilization work has been done, and the affair partner's continued presence in the relational field, whether financial, practical, or emotional, is impeding repair.

In these circumstances, the affair partner isn't an outsider. They're already in the room in the form of an unresolved obligation or an ever-present object of resentment. Because they're still part of the relational system, they also represent a lack of closure. The question becomes whether to make their presence explicit and work with it directly, or to leave it where it is, outside the room, circulating beneath the relationship's surface.

Most Western affair-treatment frameworks position the affair partner as external to the healing process once the couple has committed to repair. This is mainly based on individualistic social systems, many of which my own training was based on: find the person with the issue, put them in the center and everyone else becomes a peripheral figure in their orbit.

My systemic orientation, informed by collective cultural systems, taught me otherwise. I believe everyone in a system is influenced and influences the presenting problem (including the therapist). This allows me to remain open to different views and potential courses of action in the therapy room that more individualistic orientations might never consider. When



a third party remains materially or emotionally entangled in the couple's life, I believe that leaving that entanglement unaddressed is itself a clinical choice—one that can quietly sustain the affair's presence long after it has formally ended.

This was the case with Callun, a married man with three young children, who had maintained a long-term arrangement with a younger woman, Joy. The relationship was financial in structure but sexual and emotional in texture. When Bella, his wife, discovered it, she issued an ultimatum: end the relationship with Joy entirely, or lose their marriage.

Over the years, Joy had become financially dependent on Callun. She'd structured her decisions, career, and sense of future around a stability he'd explicitly promised her. With the end of their affair, that promise was broken in a way that put her in dire straits. Callun feared Joy would end up destitute, and Bella—whose adult daughter from an earlier marriage was Joy's age—felt compassion even as she resented Joy.

To understand why Callun and Bella chose to address Joy's situation together, rather than simply disengage, it helps to know something of their shared values. Both had grown up in cultures where upholding promises and obligations—even informal ones—was a matter of personal integrity. In their view, how one treats a person in dire straits was considered more revealing of your character than almost anything else.

Bella was deeply wounded by Callun's betrayal, but she was also a morally serious and grounded woman. Walking away from Joy without any acknowledgment of what she'd lost would have felt, to Bella, like a further violation of the values she'd aspired to live by. After considerable discussion, they chose to establish a time-limited financial arrangement to allow Joy to stabilize her situation, with no continued relational contact with Callun.

In time, I invited Joy into a session with Callun and Bella. Bella arrived first. She sat at one end of the sofa, posture composed, arms folded, eyes fixed on a point across the room. Callun sat beside her, close but careful, as though measuring the distance he was permitted. When Joy appeared in the

doorway, she paused before taking the chair across from them. She seemed smaller than I'd imagined from our earlier conversations, as though she'd diminished herself in preparation for this encounter.

For a minute or two, no one spoke directly to anyone else. I waited, breathed, and tracked their facial expressions and the different energies in the room.

Then Callun quietly said, "What I did was dishonest to each of you in different ways. I made promises I had no right to make, and I withheld truths that would have changed the choices available to you. I'm sorry for that."

Bella did not look at Joy. Her jaw tightened.

It was Joy who moved first. "I'm sorry," she said. Her voice was barely above a whisper. "I told myself for a long time I wasn't hurting anyone I could see. I think I knew that wasn't true. I'm sorry."

Bella turned then, slowly. What moved across her face wasn't forgiveness, but something that may be a precondition to it: recognition. She was seeing a person rather than a role, a young woman who had also, in her own way, been misled and left without recourse.

In bringing Joy into the work, what had been framed by everyone—including Joy herself—as a financial problem revealed deeper layers. Her situation was one of genuine bereavement: the loss of a relationship that had functioned as mentorship, companionship, and a felt sense of security, all of which had ended abruptly. When that was named directly, something in Joy shifted. She became less defended, less hostile, more able to engage with the reality of her situation, and she begin imagining a future that didn't depend on what she'd been promised.

For Bella, the unexpected outcome of this session was the opportunity to locate herself in her own values at a moment when her life had been profoundly disrupted. Extending acknowledgment to Joy that she was also a person who'd experienced loss allowed Bella to act in a way that was consistent with who she understood herself to be. That consistency became its own kind of anchor.

Callun and Bella left that period of work with something neither had expected: a renewed respect for each other's moral seriousness, the very quality they'd each admired in the other before any of this had happened.

When we stop treating infidelity as a singular moral failure and begin seeing it as a rupture in shared meaning within a relational system, something shifts in the clinical space. There's room for accountability without self-annihilation. For grief without shame. For repair without denial. Although these three cases illuminate different forms of grief and the challenge of making space for it in heterosexual partnerships, these dynamics can arise across any relationship configuration, including same-sex and queer partnerships, nonmonogamous arrangements, and relationships that resist easy categorization.

What I've seen across many years, and many different relational configurations, is this: the same behavior can register as catastrophic betrayal in one context, as confusing ambiguity in another, and as a failed renegotiation of an evolving relationship in a third. Cultural frameworks, relational histories, financial entanglements, and the nature of the commitments all shape what a given infidelity means and what grief it produces.

Our task is to remain genuinely curious about those meanings, to resist the pull toward a single moral narrative, and to create enough room in the clinical space for the many forms of grief that surface in a relational system—including the ones our clients haven't yet given themselves permission to name.

Sara Nasserzadeh, PhD, is a social psychologist, relational psychotherapist, and psychosexual therapist. She is the author of three books, including Love by Design: 6 Ingredients for a Lifetime of Love, *winner of the 2025 Vincent Clark Award from the California Association for Marriage and Family Therapists and the Psychotherapy Networker Vanguard Award in 2026. She is a Certified Sexuality Counselor, an AASECT-approved provider, a Senior Accredited Member and Supervisor with COSRT (UK), a Full Clinical Member of UKCP, and an Associate Marriage and Family Therapist in California.*

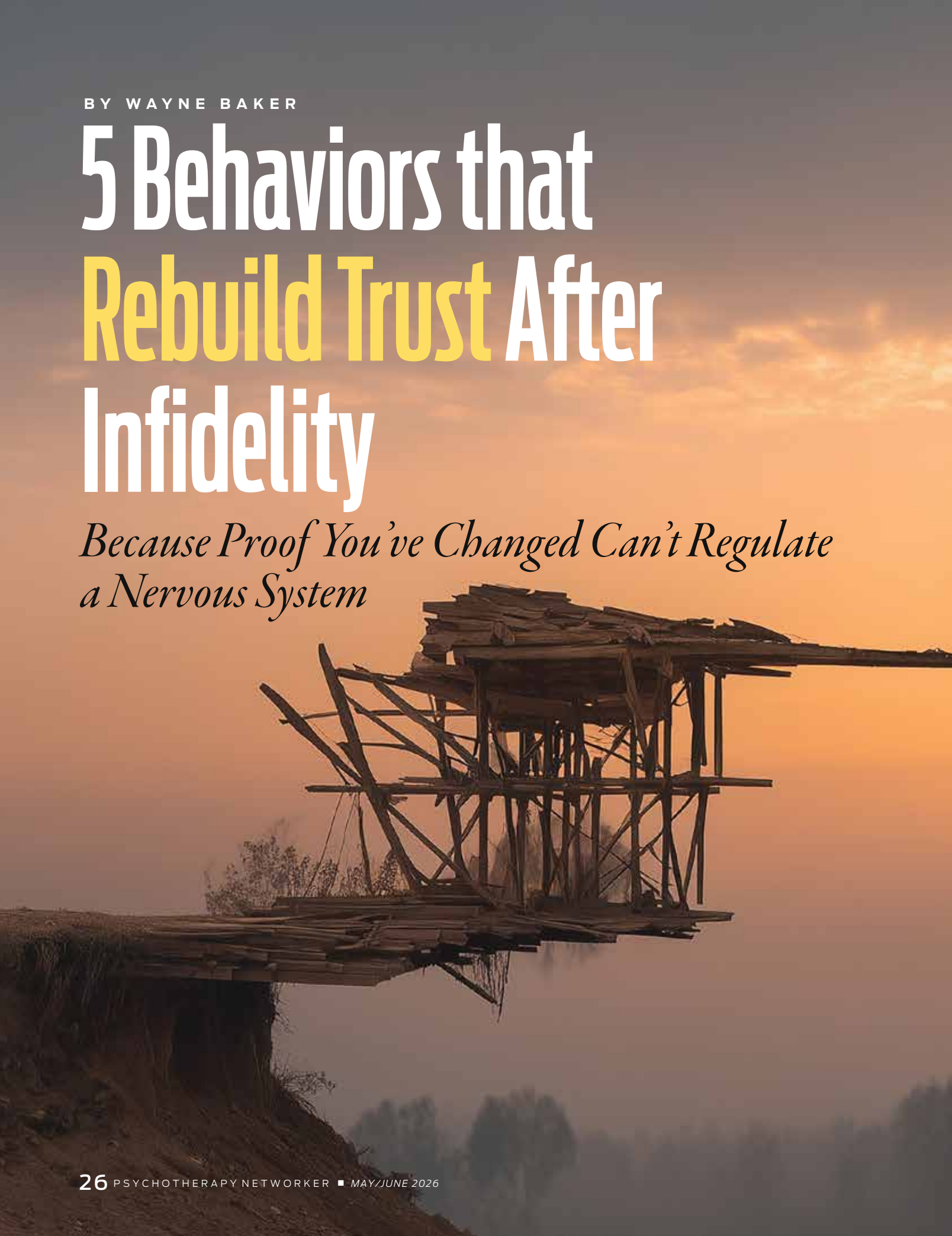
Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.

Let us know what you think at letters@psychnetworker.org.

BY WAYNE BAKER

5 Behaviors that Rebuild Trust After Infidelity

Because Proof You've Changed Can't Regulate a Nervous System



I can usually tell within the first session whether the couple sitting before me is headed toward repair or toward a long, grinding stalemate. Not because I have some mystical therapist radar. It's more basic than that: I watch how they make contact.

In this first session, the betrayed partner—I'll call her Maya—sits upright like she's bracing for impact. Her voice vacillates between controlled rage, shock, and anguish. She doesn't look at her wife when she speaks. She looks past her, like eye contact would be too intimate for something this raw.

The unfaithful partner—I'll call her Erin—alternates between remorse, defensiveness, and shame so quickly it's almost dizzying. At moments, she looks genuinely devastated by what she's done. Then her jaw tightens and she starts arguing with her partner's pain. Not with *her* exactly, more like with the fact that she still hurts.

They've both arrived with content questions. *How much do I have to tell? How do we rebuild trust? Can we get past the images and intrusive thoughts? Why can't you just let it go? Is this trauma or is this just heartbreak?*

These are all fair questions. But betrayal trauma is rarely solved at the level couples try to solve it. They want answers, clarity, the right script. They want to "handle it" correctly and move on. But betrayal trauma doesn't cooperate with that plan.

It's not only a story problem. It's a nervous system problem. It's an attachment problem. Betrayal doesn't just injure the relationship. It injures reality. It damages the betrayed partner's ability to relax inside the bond. It breaks that quiet assumption that *I know what's true, I know who you are, and I'm safe with you.*

So even when the affair stops, the injury keeps pulsing. That's why the couples who heal aren't necessarily the couples who do everything perfectly. They're the couples who learn how to stay connected while walking through hard truths. Process becomes more important than content, even though that can feel backward at first.

The facts matter, of course. But the way a couple navigates the facts is the delivery system for healing. The quality of their connection, especially in the hardest moments, becomes the core ingredient.

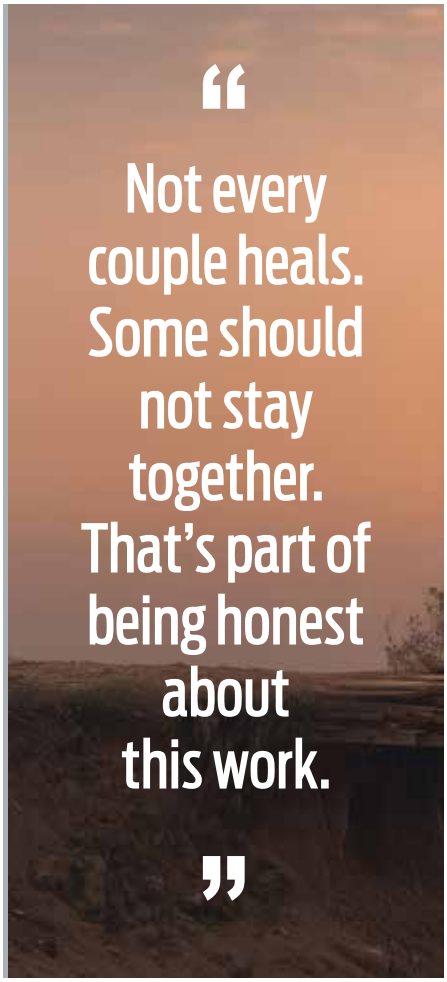
I organize betrayal trauma recovery around what I call the Five Behaviors: truth and disclosure, transparency, empathy, consistency, commitment. The operative word here is *behaviors*. These are not pillars, or virtues. Not ideals. They're actions you can see on a Tuesday night when you're exhausted, triggered, and tempted to either explode or disappear. Rather than a checklist, they function more like a system. Each behavior supports the others, and when one is missing, everything gets shaky.

There's also a truth I want to emphasize early because it saves time later. None of these behaviors work unless the couple builds a new way of connecting while practicing them. That's the difference between "doing the steps" and actually healing.

Betrayal Trauma Isn't Just about the Affair

Most couples arrive believing the affair itself is the trauma. Sometimes therapists assume that too, at least initially. But betrayal trauma is often the shockwave after discovery, the moment the betrayed partner realizes their felt sense of security was wrong, that they were living inside a story that wasn't true.

I sometimes call it *assumed safety*. The assumption isn't naïve or foolish. It's just human. In committed relationships, we live inside unspoken contracts. We don't renegotiate honesty and monogamy every morning over coffee. We assume them. We build a life on them. So when betrayal is uncovered, the betrayed partner's psyche doesn't only ask, "Why did you do this?" It asks, "How did I not know? What else isn't real? Who have I been sleeping next to?"



Maya elucidates what turns heartbreak into trauma quite plainly: "I feel like my whole marriage was a lie."

Erin flinches. "That's not true."

Here's where I intervene, not because Maya's wrong on the facts, but because she's responding at the wrong level. She's speaking from an injured attachment system while Erin's responding to content. If she argues with Maya's felt reality, Erin teaches Maya's nervous system something brutal: your experience is unsafe here.

So I slow it down. "We can debate whether or not the sentence is true later," I tell them. "Right now, Maya's describing what it feels like when your reality collapses."

Betrayal trauma shows up in ways that look like classic trauma responses. Hypervigilance, intrusive thoughts and images, sleep disruption, panic attacks, rumination, a compulsive need to gather information, and shame at having trusted again or too soon.

On the other side, the unfaithful partner is often flooded too. Remorse, fear, shame. Shame is particularly tricky because it can look like accountability for a moment, then flip into defensiveness because it becomes intolerable to stay in the pain. Many unfaithful partners push for closure not because they're heartless, but because they're desperate to stop feeling like the worst version of themselves.

This is where couples stall. They try to solve a nervous system injury with content arguments. They fight about details, timelines, definitions, whether it "counts," whether the betrayed partner is "obsessed," whether the unfaithful partner is "cold," whether it's fair that she's still angry six months later.

Details matter, but they're not the heart of the work. The heart of the work is whether the relationship can become a place where truth is told, pain is met, and repair happens in real time.

That's why I focus on behaviors, and why I pay close attention to process.

Betrayal trauma follows the same attachment and neurobiological pathways for many couples. The

range of emotions is still there. However, for same-sex couples, the overall situation may increase the rupture or make healing more complicated. This could include issues such as being "out," privacy concerns, a lack of support from families, and a close-knit community so intertwined that "no contact" is almost impossible, keeping triggers alive in public spaces.

It could also include less defined or different relationship contracts that were assumed rather than clearly defined, as well as the app culture and the expectation of being available all the time, which keeps the betrayal ongoing. For gay male couples, issues of sexual health and consent regarding risks could increase the trauma level considerably. For lesbian couples, being close and taking care of each other could increase the pressure of healing each other's trauma too quickly. The model remains the same, but the situation may require the therapist to expand the container they hold regarding contracts, boundaries, and support systems, so they can develop a Safe Enough place before rebuilding trust and intimacy.

The Safe Enough Pyramid

I come back to one simple model because it keeps couples from chasing the wrong goal: The Safe Enough Pyramid. At the base are four daily behaviors: empathy, transparency, consistency, and commitment. When those behaviors are practiced over time, the relationship becomes safe enough. From Safe Enough, trust can regrow. From trust, relational intimacy can return. The order matters.

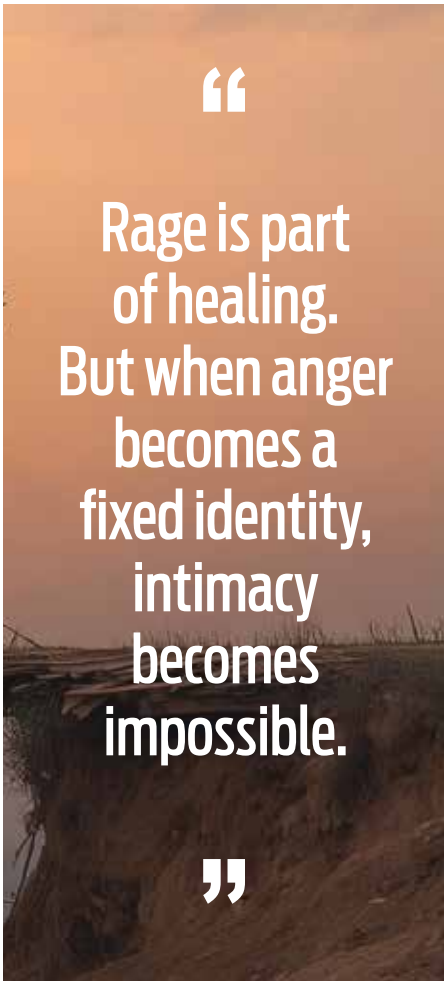
Couples often try to leapfrog. They push for trust, or intimacy, or sex as proof that they're okay. They want a sign. I get it. But without Safe Enough, those are performances. They might look like progress, yet the nervous system doesn't buy it.

Truth and disclosure is the threshold condition. It's the ground you stand on. Without it, the pyramid collapses because transparency and empathy cannot be built on guesswork.

So the sequence is not: feel safe, then tell the truth.

The sequence is: tell the truth, then build Safe Enough through daily behavior.

That's a hard sell. Yet it's often



the turning point in infidelity recovery treatment.

Behavior 1: Truth and Disclosure. There's no repair without truth. And I don't mean "truthy." I mean the kind of truth that ends the double life.

This is where many couples try to bargain.

Erin wants to move forward. She wants disclosure to be minimal and controlled, focused on what she calls "the essentials." She believes she's protecting Maya that way, but she's also protecting herself.

Maya wants to know everything. Not because she wants to punish Erin, but because she needs reality stabilized. When truth is partial, the betrayed partner remains trapped in uncertainty. Uncertainty fuels trauma and creates a mind that can't stop scanning for danger.

This is one place in my work with couples where I'm very direct. Partial truth is not kindness. It's prolonged injury. A full, structured disclosure is not about humiliation. It's about stabilizing reality. It's the difference between living in a haunted house and living in a house where the lights are on.

But disclosure done poorly can become a second trauma. I've seen couples do what I call "kitchen-table disclosure" in the middle of a fight, late at night, with no containment, no plan, no aftercare. Then they wonder why symptoms intensify. Of course they intensify! That was a high impact event delivered into a dysregulated system.

So I treat disclosure like a medical procedure. We prepare. We clarify scope. We agree on pacing. We build support. We plan aftercare. We decide what details are necessary to restore reality and what details are simply gore. We talk about triggers, not as an excuse to withhold truth, but as a reason to handle truth with skill.

Truth and disclosure is not only content, it's a behavior. It's the shift from hiding to living in reality.

Maya can't heal from what she doesn't know.

Behavior 2: Transparency. Trust is rebuilt with proof, not promises. After disclosure, transparency becomes the daily lived proof that secrecy is over. This is where resentment can build quickly if the process is sloppy.

Maya wants access to Erin's phone, her location, her schedule. She wants proactive updates. She wants to see, with her own eyes,

that Erin understands the depth of the injury.

Erin experiences it as surveillance. "I'm not a child," she says. "I feel like I'm on parole."

Both responses make sense.

Transparency becomes toxic when it's framed as control. It becomes healing when it's framed as repair.

I tell couples this: this level of transparency may not be a forever lifestyle. It's scaffolding. It's temporary structure while the relationship regains stability.

Practically, transparency can include open access to devices, clear schedules, accountability around work travel, boundaries with people connected to the affair, and a willingness to be predictable. Predictability is not boring at this stage—it's medicine.

But the deeper transparency is emotional. It's the unfaithful partner volunteering their inner world without being forced. It's the shift from "you have to catch me" to "I want you to feel safe with me."

Here's the uncomfortable truth: if transparency only happens when the betrayed partner asks, transparency becomes extraction. The betrayed partner becomes the police. The unfaithful partner becomes resentful. The relationship becomes a courtroom.

When transparency is offered proactively, it becomes repair.

That distinction is one of the fastest ways to move the couple toward Safe Enough, the base of the pyramid.

Behavior 3: Empathy. Empathy is the skill that turns pain into bonding. It's the behavior couples romanticize and then struggle to deliver.

The betrayed partner does not want vague remorse. They want felt empathy. Specific, embodied, present. Not "I'm sorry you feel that way." Not "I already said sorry." Not "How long are we going to do this?" They want something closer to: "I see what this did to you. I understand why you don't feel safe. I get why you're questioning your whole reality. I'm here."

The unfaithful partner often wants empathy too, though it comes out sideways. Many are drowning in shame and want relief. Shame does a strange thing. It can look like remorse at first, then flip into defensiveness because staying in the pain feels unbearable.

So empathy becomes the hinge. Empathy isn't agreeing with every sentence the betrayed partner says. It isn't self-hatred. It isn't endless groveling.

Empathy is the ability to be impacted by your partner's pain without making it about you. It's hard. It's a skill. It can be learned.

In session, I train empathy in micro-moments. I watch whether the unfaithful partner can stay present without correcting, explaining, or collapsing. I watch whether the betrayed partner can communicate pain in a way that invites connection rather than demands submission.

Sometimes we build empathy like physical therapy. Small reps. Short rounds. Clear structure. Then rest.

One move changes everything: I teach unfaithful partners to lead with the impact of their actions rather than the explanation. Explanation often sounds like justification of the behavior when someone is injured, even when it's not intended that way.

Impact first. Accountability next. Context later, if it truly helps.

When Erin finally says, "I can see how this shattered you, and I hate that I made you doubt your own intuition," Maya starts sobbing. Not because she provided new information, but because she contacted Maya's pain without defending herself from it.

That's empathy as behavior.

Behavior 4: Consistency. The nervous system believes patterns, not speeches. Consistency is the behavior people underestimate, maybe because it's not dramatic. There's no single moment you can point to and say, "That's when we healed."

Consistency is the slow, repetitive work of showing up the same way over time. The betrayed partner is not watching for perfection but predictability.

Predictability is what tells the nervous system, the danger has passed, that Safe Enough is on the horizon. Consistency includes follow-through on agreements, being where you said you'd be, and doing what you said you'd do.

It also includes emotional consistency. If Erin is tender in session and irritated at home because Maya is "still talking about it," Maya teaches her nervous system that her pain is unsafe to bring to the present moment. She will either escalate to be heard or shut down to avoid being a burden. Neither leads to intimacy.

Triggers are unavoidable in betrayal trauma recovery. A song. A restaurant. A work trip. A text notification. A phrase. A shift in sexual energy. Triggers don't mean the betrayed partner is failing. They're the nervous system saying, "This feels like danger."

If the unfaithful partner responds consistently to triggers with groundedness and care, triggers soften over time. If they respond inconsistently, triggers intensify.

Consistency is not doing the right things once. It's doing them long enough for the betrayed partner to internalize them.

This is the slow work that builds Safe Enough at the base of the pyramid, even when nobody feels like celebrating it.

Behavior 5: Commitment. *I'm all in. I want this marriage. We're committed.* Nice words. But in betrayal trauma recovery, commitment only becomes real when it shows up under pressure, and it's often the last behavior to become real.

Commitment looks like staying in the conversation when it would be easier to leave. It looks like accept-

ing limits. It looks like choosing the relationship over the short-term soothing of secrecy, defensiveness, or blame.

For the betrayed partner, commitment sometimes looks like staying engaged in the process without using the betrayal as a permanent weapon. I say that gently. Betrayal is not small. Rage is part of healing. But when anger becomes a fixed identity, intimacy becomes impossible.

For the unfaithful partner, commitment looks like tolerating discomfort and not demanding forgiveness on a timeline. It looks like accepting that the betrayed partner's pain is not an attack. It's an injury showing itself.

Commitment also means becoming a different person, not just someone who stopped. Stopping the affair is the baseline. Transformation is the work.

Maya eventually says something revealing: "I don't need you to promise you'll never hurt me again. I need to know you're the kind of person who can face what you do and repair it."

That's commitment as behavior, not as a vow.

Process Over Content

I wish every couple understood early on that you can practice every behavior "correctly" and still fail if the way you practice it destroys connection.

Couples get obsessed with the behaviors as rules and turn them into content debates. What counts as transparency? Was that full disclosure? Was that empathic enough? Are you being consistent? Are you really committed?

Those questions matter. But when they become weapons, they destroy the very thing the behaviors are meant to build.

So I teach couples to track different questions. Can we stay connected while we talk about hard things? Can we repair when we rupture? Can we slow down when we're flooded? Can we tell the truth without being cruel? Can we listen without collapsing?

This is the therapy inside the therapy—relational regulation.

An IFS-informed lens is helpful here even if the therapist never names it. Both partners have protective states: angry states, avoidant states, guilty states, numbing states, interrogator states, deflector states. When those states take over, the couple loses access to curiosity, care, and steadiness.

But when the couple can notice *I'm flooded*, *I'm defensive*, *I'm spiraling*, and then return to a more grounded place, everything changes. The behaviors become doable. Safe Enough becomes reachable. Therapists aren't just teaching communication skills here. We're co-regulating. We're modeling repair. We're helping couples tolerate reality without collapsing into attack or withdrawal.

Practical Steps that Change Everything

Slow the pace. Flooding makes people stupid. Not as a character flaw, as biology. When the nervous system is on fire, insight disappears and the couple repeats scripts.

Name the cycle, not the villain. Couples heal faster when they stop trying to prove who is worse and start identifying the loop they get trapped in. Interrogation and defensiveness. Pursuit and withdrawal. Rage and collapse.

Create repair language that's repeatable. I like phrases that are short and not theatrical. *I'm here. I got defensive. Let me try again. That landed wrong. I want to understand. I missed you.*

Make grief explicit. Betrayal trauma includes grief. Grief for the marriage you thought you had. Grief for innocence. Grief for time. Grief for the part of you that trusted easily. Couples who do not make room for grief tend to get stuck in anger.

Teach unfaithful partners to treat triggers as an opportunity to build safety, not courtroom arguments. A trigger is not a debate. It's a nervous system moment. Responding with steadiness is one of the fastest ways to keep building Safe Enough.

Teach betrayed partners to ask for what they need clearly. Not because they should be polite. Because clean asks increase the odds of receiving care. Clean does not mean small. It means direct. *I need reassurance without irritation. I need you to stay present while I'm upset. I need to ask this again, and I hate that I need it.*

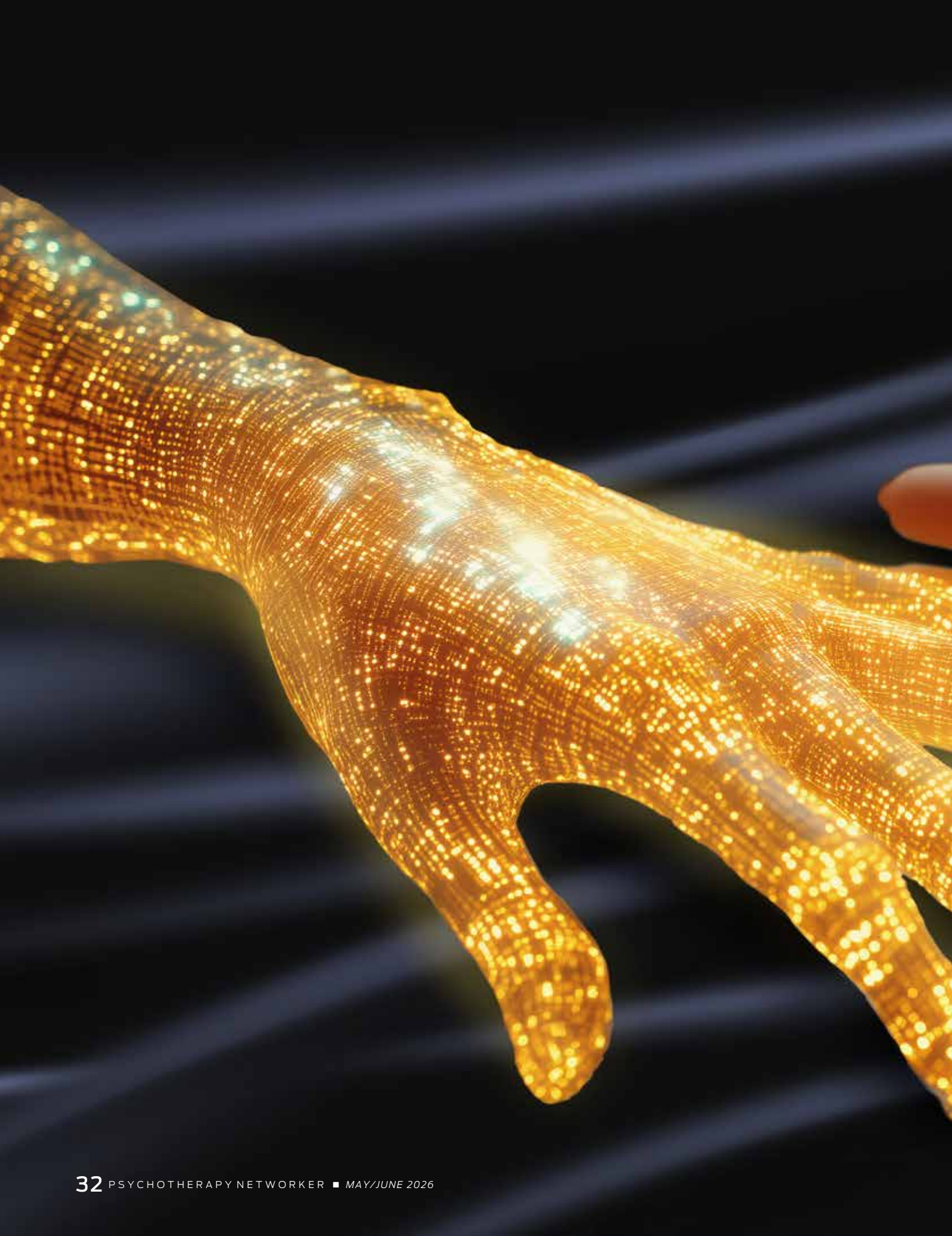
Not every couple heals. Some should not stay together. That's part of being honest about this work. But I've seen something quietly profound when couples do it well. Betrayal forces them to build a relationship capable of truth. Not the old relationship. A new one. Sometimes stronger. Sometimes just more real.

That doesn't redeem the betrayal. Betrayal is not a gift. It's an injury.

Still, with the Five Behaviors practiced through a process of real connection, couples can create Safe Enough. And from there, trust can regrow. And from trust, relational intimacy can return.

The Five Behaviors are the actions. The quality of connection is the way couples practice them. And the way they practice them is the healing.

Wayne Baker, LPC, is a psychotherapist, speaker, yoga teacher, and group leader with over two decades of experience working with individuals and couples in the aftermath of betrayal and relational trauma. He teaches and consults with clinicians across the country and is currently developing a comprehensive model for infidelity recovery that integrates clinical rigor with real-world application. He maintains a private practice in Colorado, where he offers therapy and multiday intensives.



BY TAMMY NELSON

The Future of Affairs

Thirds, Therapists, and AI Infidelity

Infidelity—once a fairly black-and-white concept—is now becoming increasingly nuanced, slippery, and hard to define. Artificial intelligence has entered the relational field, raising questions and concerns we don't understand yet or have clinical frameworks for treating. When a person spends hours each day confiding in a chatbot—sharing desires, sorrows, and fantasies their partner never hears—is that infidelity? When an AI companion is discontinued and someone grieves with the same visceral ache they'd feel in a human breakup, how do we think about and approach their pain? How do we treat it? Technology isn't just facilitating affairs anymore. In some cases, it *is* the affair.

But it's not only AI that's contributing to this sea change in how we think about and experience infidelity. The story that the data tells us about who cheats and why challenges our gendered assumptions about desire and infidelity. A large study in *Archives of Sexual Behavior* surveyed nearly 2,000 users of Ashley Madison—a platform with over 95 million members, 57 percent of whom are women. The findings don't fit our old assumptions.

Contrary to popular assumptions, many women who cheat are *not* driven by anger or resentment; they, like many men, are driven by desire for variety, independence, and sexual aliveness. Also, not everyone who cheats feels guilt in the ways we like to assume they should. For the betrayed partner, who's often waiting for remorse that never fully arrives, this can be its own kind of wound. When the affair itself wasn't experienced as a moral failure by the cheater, the existential reckoning the hurt partner needs may never come. This can shake the moral scaffolding of therapists trying to facilitate repair.

In addition, current social constructs shape and perpetuate infidelity in ways we often overlook. For one, the expectation of lifelong fidelity—that a partner's sexual, emotional, and romantic needs should remain fixed for decades—ignores the reality of human development, desire, and curiosity. Some people

are temperamentally drawn to sexual multiplicity—the capacity to love or desire more than one person—yet this is often pathologized as selfishness or immorality. Conversely, those who are sexually monogamous—naturally drawn to one partner over a lifetime—are held up as the standard, which reinforces rigid norms that can make any kind of divergence look like a failure.

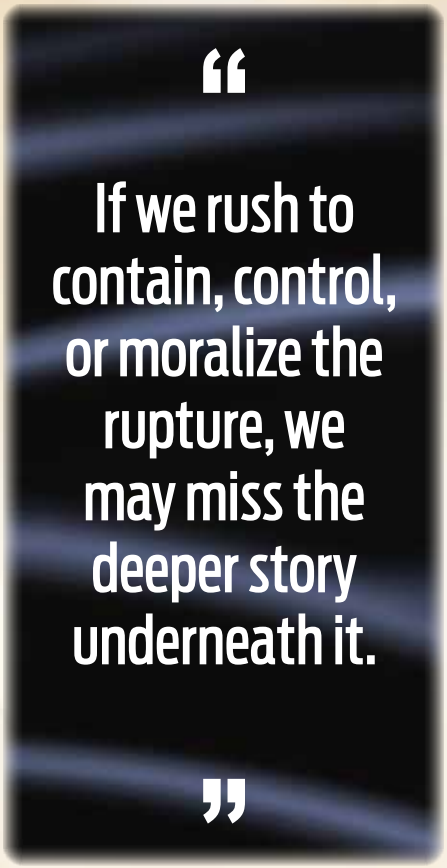
Therapists haven't fully kept up with the shifts in affairs and the people who have them. We still tend to treat affairs as problems to solve rather than signals to understand. In doing so, we risk becoming a hidden "third" in the room, quietly predetermining outcomes that serve our own comfort with monogamy and order, rather than our clients' needs. Meeting couples where they are requires us to face our clinical blind spots and the ways we may be reinforcing unhelpful roles in therapy—for example, by casting the hurt partner as "the victim" and the cheating partner as "the perpetrator." When we trade complexity and ambivalence for moral certainty, it's easy to miss the deeper story under betrayal.

Does any of this make you uneasy? If so, you're not alone. But every shift in how our field has understood sexuality and relationships has come with discomfort. To grow as clinicians, we need to examine our own assumptions, including the ones we've mistaken for clinical wisdom.

The "Third" We Don't Talk About

As therapists, we seem to be looking at the past rules of positive treatment outcomes: that only partners who stay sexually faithful and emotionally and romantically committed are acting the way we want them to. Therapists often see affairs as problems to solve, rather than as forces, choices, or behaviors to explore. There are some fundamental albeit uncomfortable questions at the heart of this: What is loyalty? What is integrity? What is the truth? Who do we make promises to and why? Can we acknowledge the hunger we all have to feel alive and to be seen? Who are we as therapists to deny that for the couples we treat?

In 40 years of working with couples, I've learned to sit with this discomfort rather than resolve it prematurely. If we rush to contain, control, or moralize the rupture, we may miss the deeper story underneath it. Sometimes the affair is not just a betrayal, it's a protest to the stuckness of a person's identity or their place in the relationship. It can be a developmental signal. A second adolescence. A cry for aliveness. And here's a harder question we might ask ourselves: Are we aware of how we, as therapists, insert ourselves into a couples' process in ways that may not support their unique journey?



A third is anyone, or anything, outside the primary relationship that redirects attention, energy, or desire. In the case of a couple coming in for treatment after an affair, the affair partner is the obvious third in the dynamic. But in infidelity treatment, the therapist can become a third as well, aligning with the betrayed partner, colluding with the one who strayed, or unconsciously stabilizing the marriage in ways that serve our own comfort with monogamy, morality, or order—not the couple in front of us.

When we insert ourselves as the moral authority, the rescuer, or the quiet judge, we're no longer neutral facilitators of truth. We're part of what psychiatrist Stephen Karpman called the Drama Triangle: victim, persecutor/perpetrator, and rescuer. I call it the Trauma Triangle, because it's a definitive sign of a relational trauma reenacted in the room. The betrayed partner is often cast as the victim, the straying partner as the perpetrator—and the therapist is pulled into the rescuer role.

When we step into that role in our work with couples, we align with one partner's pain, rush to stabilize the rupture, and often end up quietly predetermining one particular outcome: repair, monogamy, longevity. What gets lost in the process is space for ambivalence, erotic confusion, and the real possibility that the affair was an important signal that the relationship needs to change—not just patchworked back into a previous form. The fact is that our job is not to rescue clients. We're not meant to be the heroes of their marriages. Our clients don't need saving—they need permission, encouragement, and support to do their work.

As therapists, our job isn't just to help couples metabolize betrayal. It's to help them explore desire, identity, truth, and their own evolution without becoming the secret third who decides what kind of relationship they're allowed to have. This requires courage. And humility. And when you work with couples whose histories contribute to their pain in the wake of infidelity, the work can get complicated.

Affairs Can Offer Generational Healing

When an affair is in the room, it arrives carrying ghosts—the unspoken rules, loyalties, secrets, and survival strategies of generations before. Of course, affairs are traumatizing and can bring up old pain—sometimes pain we don't even know we carry. An affair can crack open the rigid, heteronormative scripts couples have inherited without consent, scripts like: *men don't need emotional intimacy, women shouldn't want sex too much, marriage must look a certain way to be legitimate, stay no matter what, never talk about what hurts.* In the aftermath of betrayal, these inherited roles come to the surface, where learned behavior can be unlearned.

I once worked with a heterosexual couple with young children in their late 40s, Jay and Sasha. They came to me in a crisis of infidelity. Their initial narrative was simple: Jay was the perpetrator and Sasha was the victim. But as we slowed the process down and peeled off different layers of their story, something more complex emerged. Jay realized that secrecy felt familiar to him. It was intimate. In his family, men had bonded through shared silence around extramarital dalliances. Women like his mother had coped by becoming emotionally numb and self-sacrificing. Vulnerability was seen as weakness. His affair had been less about sexual conquest and more about the rush of keeping a secret.

The affair forced both Jay and Sasha to question their inherited roles. Instead of reenacting their parents' dynamics—male secrecy, female endurance—they began trying something radically new, speaking their true feelings. In therapy, Sasha was able to recognize how quickly her rage collapsed into self-blame: "If I were more desirable, more attentive…" We were able to reflect on how similar these statements sounded to her mother's lifelong internalized shame. Sasha began to recognize how much of her shame was inherited.

Erotic recovery after infidelity has three phases: crisis, insight, and vision. In crisis, the focus is on stabilizing the couple. In the insight phase, there's grief: for the relationship that couldn't be, for the narrative of what they thought they would have. Jay grieved the emotional withholding passed down to him. Sasha grieved for generations of women who'd swallowed their desire and held in their disappointment. When we moved into the third phase of therapy—the vision phase—they experimented with trying on different agreements around sexuality, transparency, honesty, and power. What would true honesty about what each of them felt and desired actually sound like? Rather than directing them toward a predetermined outcome, we explored what each wanted, what they were learning about themselves, and how their connection could shift if they chose to stay. Over time, they discovered that their marriage could contain new forms of honesty and intimacy, and if they chose not to return to the old patterns, they could expand their relationship agreement. My role as therapist was not to decide for them, but to help them see the possibilities, name their needs, and choose their path, intentionally. The relationship was not "repaired," but transformed.

> "We can witness what the affair has revealed, rather than immediately trying to repair the damage it's caused."

The affair, as it turned out, did not "cause" their trauma. It exposed it. Shame can cause an affair and be the result of an affair. Affairs bring heartbreak and, sometimes, liberation. They bring grief and, sometimes, awakening. None of that is new—affairs have always contained these paradoxes.

What's new is that therapists are now in a position to hold these apparent contradictions with less judgment. We no longer have to quietly steer a couple toward the "right" answer. We can stay in uncertainty with them—to witness what the affair has revealed, rather than immediately trying to repair the damage it's caused. This shift in clinical posture empowers clients to make their own choices. After all, sometimes what drives a person into an affair has less to do with generational patterns and more to do with who they're in the process of becoming—or who they've never been allowed to be.

Affairs as Self-Exploration

Often, the partner who's having the affair isn't simply looking *for* another person, they're looking to *be* another person. I had a client whose marriage was, on the surface, stable. He wasn't unhappy, but he'd spent decades playing the role of the dutiful son, the responsible husband, the reliable provider. When he began an affair, it wasn't about abandoning his spouse; it was about stepping into a part of himself he'd neglected. In therapy, he described feeling for the first time that he could take risks, feel desire, and set boundaries without shame. "I realized I wasn't

leaving my partner," he said. "I was leaving the version of myself that I thought I had to be."

An affair, in this sense, is not necessarily a signal that the relationship is broken. It may mean that a partner feels brave enough to taste parts of life, desire, or selfhood they've denied. The painful paradox is that this exploration of self is selfish because it's a journey that often requires secrecy within our existing social systems. But as therapists we can be compassionate witnesses and help our clients reflect with curiosity as they move from crisis to integration.

Once the immediate shock of betrayal has been metabolized, and couples have worked through the crisis stage, this shift in treatment can open new doors—if the therapist can effectively manage their own biases and countertransference around how they interpret the couple's story.

Healing after an affair isn't just about repairing trust, it's about promoting connection on multiple levels. Partners can learn to witness each other's inner lives while experimenting with new ways of relating and moving beyond old scripts and inherited roles. When one form of relationship constrained by shame or secrecy ends, it can create space for another to begin: a more conscious, expansive, and co-created partnership that may involve a new form of monogamy the couple explores.

Truth in affairs is often more nebulous than we'd like as therapists. It isn't a single, objective fact waiting to be uncovered. It's layered, filtered through fears and shame. Most of us hide the truth from our partner not only as self-preservation but to protect their feelings. We don't want to hurt them. For example, a client might admit to emotional intimacy with another person but withhold sexual details because sharing them feels unsafe or unnecessary. Our job isn't to excavate every hidden detail of what happened. How much of the truth is necessary? It's not our place to decide. We can support exploration, help couples clarify what they want to know, and support agreements that preserve their boundaries. Relationship agreements are made between our clients, not with us, the therapist.

Sometimes this means allowing a policy of "don't ask, don't tell," but as a negotiated agreement rather than an implicit assumption. In therapy, this can be revolutionary. Graphic disclosure can become weaponized honesty. Does the partner need to hear every thought? Every experience? By creating a container where certain details can remain private, there may be more space to be vulnerable and talk about what each partner really wants for their future.

> "The nervous system does not distinguish between AI and real people when the attachment circuits are activated."

Much of the archaeological work we do with clients is around desire, identity, and inherited shame, and it happens in a room, between two people and a therapist. So what happens when the object of desire isn't a human, but something with no body, brain, interpersonal hangups, and needs of its own?

The Future of Affairs

The challenge for therapists in this new reality is often our own bias. Will we moralize AI affairs, or will we understand them? Affairs have always evolved alongside culture. From handwritten letters to hotel rooms to dating apps to encrypted messaging. AI is simply the next iteration of the erotic third, the new fantasy object. If we approach this future from a trauma-informed lens, we can ask, Did the risk of being with an AI partner feel safer than being with a human one? What needs were being met? What pain was being soothed?

Artificial intelligence isn't science fiction anymore. AI relationships, once a fringe curiosity, have—in just a few years—become mainstream. Roughly 19 percent of adults in the U.S. report having chatted with an AI app simulating a romantic partner. Among young adults it's even higher: 31 percent of men and 23 percent of women aged 18–30 report being romantic with AI or interacting in a sexually affectionate way. Platforms like Replika and Character.AI have tens of millions of users or downloads, with daily engagement sometimes outpacing time people spend with their human friends.

AI companions, chatbots, and avatars remember preferences, mirror language, and offer instant validation. They never tire, never criticize, and never need anything back. For some, the emotional experience can feel as real as any human bond. The nervous system does not distinguish between AI and real people when the attachment circuits are activated. Dopamine is dopamine. Oxytocin is oxytocin. Longing is longing. When someone invests time, attention, affection, and their desires into a relationship, they experience bonding hormones, dependency loops, heartbreak, even

if the "other" is made up of lines of code.

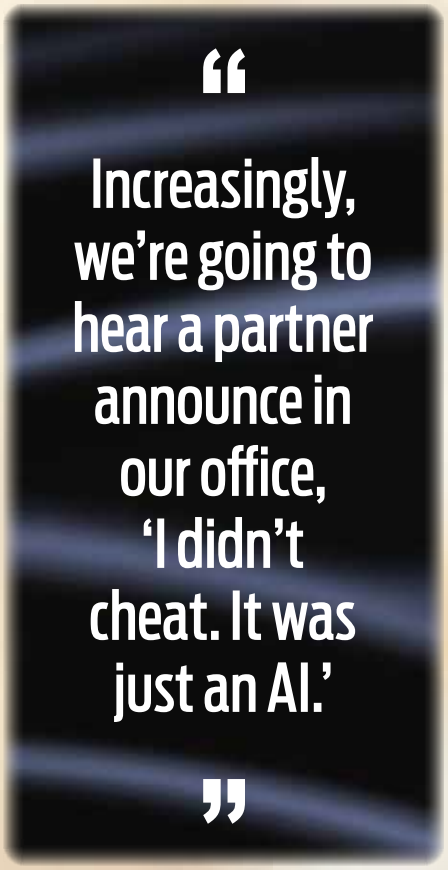
Clinicians are trained to work with attachment wounds and betrayal trauma. We understand longing. What we tend not to understand is that these digital relationships engender real emotions, and our physiological reactions feel real. So we need language to talk about cheating and betrayal in the age of AI. If a partner is spending hours a day in an emotionally erotic interaction with an AI, that's a lot of energy spent away from their "in person" relationship. It's impacting the primary relationship. It may be a sign of avoidance, or an exit from conflict. That can look and feel a lot like infidelity.

Our reactions and feelings matter, too. As therapists, we react when clients form attachments to AI. (You may be having a reaction now, just reading this.) Your client could have an AI therapist on the side, and it could feel like they are cheating on *you*. More clients are supplementing their therapy with online conversations with an AI "therapist" because it's convenient, accessible, inexpensive, and responsive. What would you do if your client told you, "I've been talking to my AI therapist more than you. My AI therapist just gets me"? Would you worry about losing your job? Would you come face to face with your own attachment to being needed and feeling important?

The AI therapist is tireless and doesn't cancel or interrupt. It remembers everything. It never gets distracted or has a bad day. Yet that is exactly the problem. Therapy is a relational field. The work is about coregulating—not merely about giving the right advice or delivering insights. Ruptures in therapy are opportunities because it's the repair that matters. Therapy is often a slow, winding path because healing is about learning to tolerate disappointment and form a real attachment.

Growth happens in conflict, in mistakes, in how we as humans fix those mistakes. Growth happens when we take risks, knowing things might not work out. It's in knowing that the relationship we're in could end. We could leave, or a person we love could leave us. If our clients outsource their emotional life into something that never risks conflict, there's also the risk of avoiding human intimacy.

We may even soon see a new kind of shame enter the therapy room, the shame of feeling bereft over a type of relationship others don't take seriously. I believe clients do suffer AI heartbreak. Digital connections can glitch and reset. Apps get discontinued. People feel ghosted by their avatars and gutted when a software update changes an avatar's "personality." Will we see a new level or type of hurt and grief when clients lose connections that felt safe, constant, and ideal, especially for clients with betrayal trauma or developmental neglect?



Therapists will have to adapt not just to the technological changes, but to the emotional realities they create.

Increasingly, we're going to hear a partner announce in our office, "I didn't cheat. It was just an AI." So we'll have to decide, how do we define infidelity? In my work, I define it by three things: the outside relationship (even if it's not human), the sexuality (even if it has no skin) and the dishonesty. Secrecy and hiding feel similar regardless of the betrayal and can be the most difficult relational rupture to overcome. If a partner is staying up at 2 a.m. confiding in a chatbot, sharing sexual fantasies, or receiving constant affirmation from an online digital "other," the injury to the relationship may feel the same to the hurt partner as if the cheating partner were having a human affair.

Our clients will always seek freedom *and* connection. Maybe monogamy—as practiced for 200+ years—no longer fits the many. Therapists can help them redefine relationships, and explore the definition of truth, loyalty, justice, and freedom. The future of affair therapy will need to explore all of it. pn

---

Tammy Nelson, PhD, is an internationally acclaimed psychotherapist, Board Certified Sexologist, Certified Sex Therapist and Certified Imago Relationship Therapist. She's been a therapist for 40 years and is the executive director of the Integrative Sex Therapy Institute. On her podcast, "The Trouble with Sex," she talks with experts about hot topics and answers her listeners' most forbidden questions about relationships. She's a TEDx speaker and the author of several bestselling books, including Open Monogamy, Getting the Sex You Want, The New Monogamy, When You're the One Who Cheats, *and* Integrative Sex and Couples Therapy.

BY ALEXANDRA SOLOMON

Treating the Affair Partner

How to Help the Overlooked Third in the Infidelity Triangle

Over the years, through my teaching, clinical work, and podcast conversations about relationships, I've worked with countless people grappling with infidelity. Along with helping couples navigate the aftermath of affairs, I've also been a therapist for (or friend to) people involved in affairs as the affair partner. And I've seen how the experience of affair partners gets sidelined or misrepresented in the shuffle of crisis, judgment, and attempts to end or repair a primary relationship. When it comes to infidelity, our culture—and our field—focuses mostly on the betraying and betrayed partner (I use the terms "affair partner," "betraying partner," and "betrayed partner" for clarity, though these labels oversimplify a complex reality.) In the process, we lose sight of the fact that there are three people involved in affairs: the one being cheated on, the one cheating, and the affair partner.

Affairs, like families, are dynamic systems. To understand them, we need to understand all the players, their needs and vulnerabilities, and their interconnectedness. Psychiatrist Ivan Boszormenyi-Nagy, one of the founders of family therapy, speaks of "multidirected partiality"—a practice of empathically considering the perspectives of each member of a relational system (including absent members).

Even if we, as therapists, have only a single person in our consulting room, we still need to hold space for the full relational system. And we need to consider how each person's actions, wounds, and needs ripple through it—including the affair partner's—to center both accountability and compassion in our work with the complexities of infidelity.

Making Sense of Cognitive Dissonance

We can begin thinking about the affair partner's often neglected experience through the lens of cognitive dissonance. Cognitive dissonance is the friction and mental discomfort that result from holding two conflicting beliefs, values, or attitudes. We all have internal mechanisms that we use to resolve the discomfort of cognitive dissonance. We tell ourselves little lies to make something okay that's not okay.

Sometimes, the affair partner tells themselves the story, "I'm single, so it's okay." Another story is, "I'm not responsible for their unhappy marriage." And they're not! The unhappy marriage of the betraying and betrayed partner likely started long before they entered the picture. It's important to validate this and still help the affair partner get curious about how they're resolving their cognitive dissonance and making it okay for themselves to engage in the affair.

If the affair is in the past, it likely ended quickly, either because one of the participants ended it or they

got caught. Then, the experience goes underground. There's a risk in burying one's experience of an affair charged with shame, sadness, and confusion. The energy of the affair remains present, but the affair partner doesn't get to learn from it. They don't get to look at how they made it okay, or at how their past set them up to be drawn into this role, or at persistent internal messages they may need to confront.

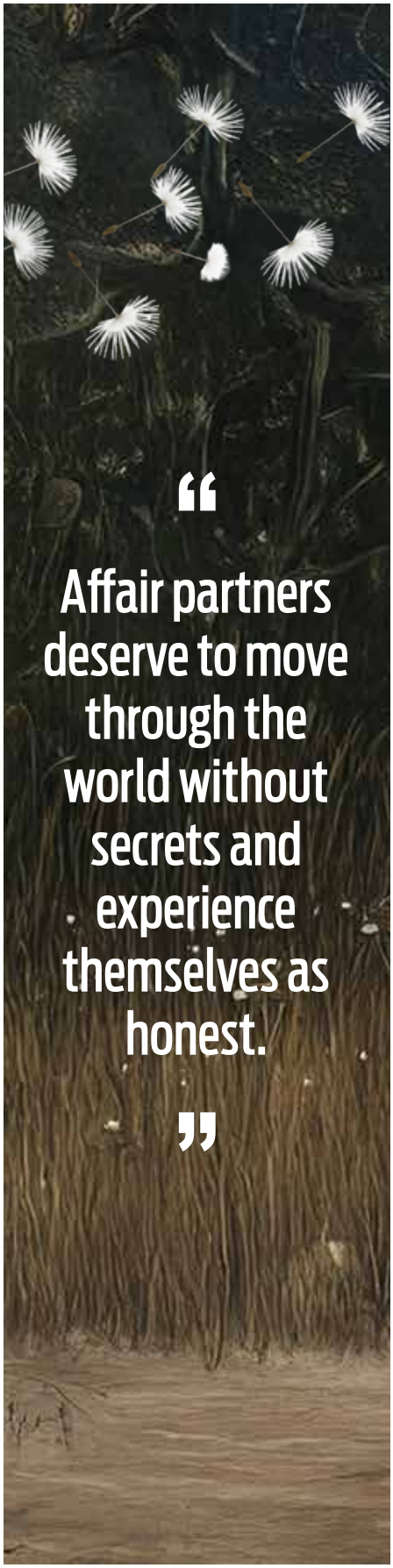
As therapists, it's not our job to make an ethical or moral declaration about the affair partner or their choices. But we can take a page from the Sufi poet Rumi, who wrote: "Out beyond ideas of wrongdoing and rightdoing, there is a field. I'll meet you there." That's the field we want to enter with the affair partner. It's a place where exploration serves healing.

Amplifying the Four Whispers

Affair partners give themselves one or more of four messages simply by virtue of choosing to be in the affair dynamic. I call them the "four whispers" because even though many people try to ignore or override them, they're still present, and they're important to challenge.

I can stay focused on the narrow. One of the first things that affair partners have to do is keep their lens tightly focused on just the two of them. If they widen the lens and look at all of what the other person is putting in jeopardy by being with them, that would create the conditions for guilt, shame, and overwhelm. When they tighten their lens—when they just focus on right here, right now—it's a coping mechanism protecting them from those feelings.

But it's a risk because they're cutting their own awareness short. Any relationship is complicated, with a lot going on at any given moment. Having a big, wide expanse of awareness and making space for all the truths—that's a skill we need to have healthy, vibrant relationships. When affair partners narrow their awareness in an attempt to quiet cognitive dissonance, that cuts them off from access to their own inner knowing. And that inner knowing, that wisdom, is what can guide them to the next right thing.



I can reduce my own empathy. To participate in an affair, affair partners protect themselves emotionally by cutting themselves off from any empathic narrative about the partner who's being betrayed. If they were to put themselves in the betrayed partner's shoes, they'd feel compassion. The goal isn't to push them to feel guilty or ashamed but to invite their awareness to the parts of themselves they shrink or cut off from to take on this role.

I can participate in duplicity. It's our birthright to stand in our own integrity, which has been defined as "the state of being whole and undivided." Participation in infidelity compromises wholeness. Affair partners are divided. They're participating in something that's cut off, disintegrated. Lies and deceit take us out of internal alignment. Affair partners deserve to move through the world without secrets. They deserve to experience themselves as honest.

Being near someone who lies is another way affair partners compromise themselves—they put themselves in a space where they collaborate with and witness deceit. In doing so, they're giving themselves the message that their own integrity doesn't matter.

I'd challenge affair partners to look at how that pattern creeps into other parts of their life, or has been there all along in other ways. When the affair partner was growing up, did they watch the adults in their home keep secrets? Did they watch them live a double life or live out of integrity? If so, it makes sense that they're drawn to someone who's doing the same. That absence of

wholeness feels familiar, feels like love. Paradoxically, it feels safe.

I deserve only crumbs. Being an affair partner means telling oneself, "I'm not worthy of a relationship that's out in the open, in the light." This isn't a moral judgment. It's not even about the marriage that the affair is endangering. It's about what the affair partner is telling themselves about their own worthiness.

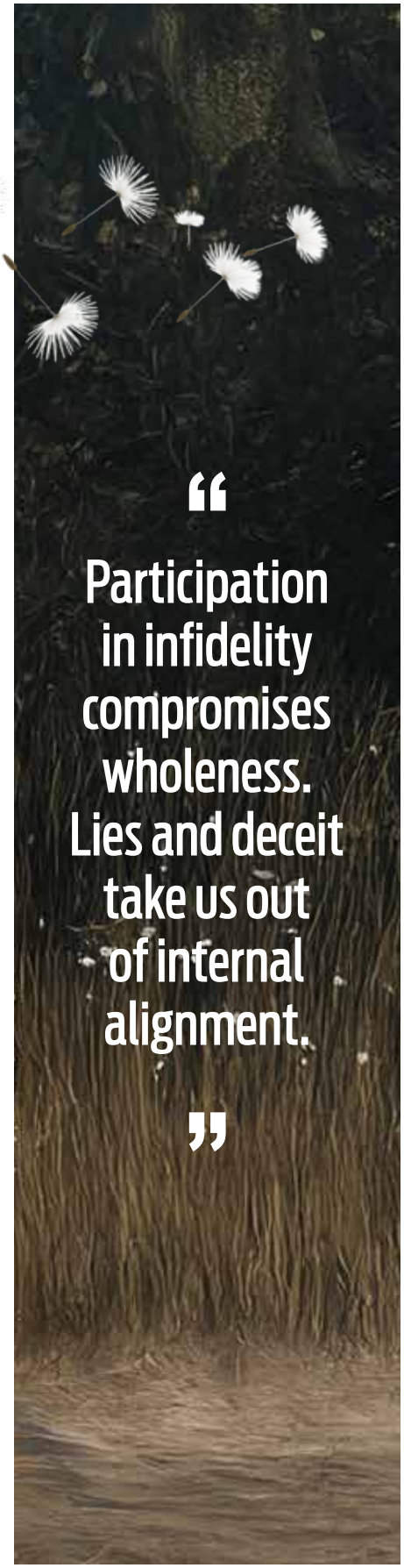
Affair partners often "agree" to be affair partners because they've had experiences in their life that have left them believing they're unworthy of something whole. What began as vulnerability contributed to an experience that then reinforces the original vulnerability. How can they bring compassionate awareness to that reality—that there may be something from the past they're at risk of perpetuating, something they're reinforcing by participating in an affair?

Unpacking the Draw of Being an Affair Partner

It's crucial to understand these whispers. But it's also important to understand what draws someone into this role in the first place. I've noticed three ways this role can be compelling: goodness-of-fit, object of desire self-consciousness, and redo of a childhood wound.

Goodness-of-fit. With any relationship, there's always an element of timing—what are we available for at this moment? What was going on when a person stepped into being an affair partner? Infidelity isn't just one choice—it's a series of boundary crossings. Affair partners can think about the timing of these boundary crossings that led them to get to where they are now.

It may be that they were coming out of a relationship where they themselves were cheated on, and a piece of them was drawn to playing out the "other" role. Or they might be interested in romantic and erotic connection. Sex therapist Jack Morin came up with the "erotic equation": attraction plus obstacles equals excitement. There's no bigger obstacle than risk and secrecy. By participating in an affair, they get this little slice of a person without feeling a sense of responsibility toward them.



Object of desire self-consciousness. This idea was developed by psychologists Anthony Bogaert and Lori Brotto and is somewhat gendered. Nonetheless, research has shown that many people, especially cisgendered heterosexual women, are turned on by being wanted or desired. Their turn on isn't so much about the other person as it is about them seeing the other person want them. There's some ego engagement here with a situation where this person is risking it all—family, marriage, livelihood, reputation—just to be with them. For someone with object of desire self-consciousness, the role of an affair partner is an enormous libido spiker.

But object of desire self-consciousness can play out no matter one's gender and gender expression. Here, affair partners can get curious about what it's like to be wanted so badly that somebody would take such a huge risk for them. What does that do to their sexual desire? What might be a more aligned way for them to play with this energy that involves less risk and harm?

Redo of a childhood wound. As Esther Perel says, "When we seek another in an affair, it isn't always our partner that we're turning away from but the person we've become. We're not looking for another person as much as another version of ourselves." The betraying partner seeks something in the affair partner's gaze. Even if they don't understand what the betraying partner seeks through their connection, they feel their power. And power can be intoxicating. It can feel like an antidote to early experiences

of feeling powerless, ignored, and unimportant.

I think of our families of origin as our original love classrooms. It's where we learned who we are and what relationships should be like. Can the affair partner get curious about what they might be trying to master or understand by repeating an old, family story? Sometimes the family of origin wound that draws someone into being the affair partner is about craving specialness. If a person always felt like they came second fiddle to an older sibling or a parent's career or a parent's addiction, being the affair partner feels familiar. And when a wound isn't healed, familiarity is equated with safety. So even though being second choice is painful, this dynamic might feel familiar, and paradoxically comfortable.

Alternately, maybe they were the special one, the chosen one, the golden child. Being the Golden Child isn't all it's cracked up to be. It comes with a lot of pressure, and often, it also means they were put smack dab in the middle of their parents' secrets, carrying the emotional load of things they shouldn't have had to carry. Here, being the affair partner feels familiar. They're drawn into this strange and special place of someone else's drama.

Alongside the thrill of infidelity is the chaos and danger of it all. Instability is built into an affair. For those who grew up in homes where there was a lot of unpredictability, this feels familiar (and therefore, once again, paradoxically safe) to their nervous system.

Moving into Alignment

The growth edge for affair partners is learning how to work with their nervous system so they can build a capacity for true emotional safety and consistency. And then, eventually, it's consistency and wholeness that become their new normal. For affair partners who can get clear on how they've resolved their cognitive dissonance and unpack what the draw has been for them in being an affair partner, moving into wholeness and alignment with oneself becomes a far more accessible option. Here are concrete action steps affair partners can take:

Do the hard, right thing. The hard thing for the affair partner to do is say, "I'm stepping away from this for my own sake. I'm stepping away so you get the space you may need to figure out what you want to do about your marriage." And that's the right thing to do because in stepping away, the affair partner is saying something powerful and healing to themselves: *I deserve alignment. I deserve peace. I deserve wholeness. I deserve to be in the sunlight.*

This isn't about giving anyone an ultimatum. The affair partner can even say to the betraying partner, "Listen, if at some point you've ended the relationship, grieved it, gained understanding of what's going on, and figured out your integrity, then perhaps we can talk! I can't promise I'll wait for you, but I'm wishing you well from a distance."

When the affair partner does step away, a big shift will likely happen in the primary relationship. The affair partner has been what couples therapist Terry Real calls a "misery stabilizer." Their presence has likely siphoned off some of the betraying partner's unhappiness and contributed to homeostasis. In stepping away, the affair partner has disrupted the system.

Hold firm boundaries. The betraying partner is going to need time and space to wrap up that relationship, grieve, and feel their way into themselves again. The transition from an affair to an above-board relationship is very difficult. Holding a clear boundary—"I don't want to hear from you until you're fully out of the other relationship, you've done your own healing work and I've done mine"—is the only vehicle that holds the possibility of a future relationship.

It's hard to do this. When I work with infidelity, I often pull from an addiction lens. The energy and excitement of secrecy is a neurologically compelling brew. The affair partner's work is to do the next right thing and then the next right thing after that. They can accumulate minutes, hours, and days where they've practiced sobriety from the affair dynamics with firm, clear boundaries.

Write yourself a letter. As the affair partner steps away from the relationship, I might encourage them to write themselves a letter. They can write about their understanding of what in their history may have set them up to become an affair partner, and why they decided to step away. They can offer themselves compassion, reminding themselves that they forgot how whole they already were, not that they're inherently bad.

They can write about what it's like in their body to abstain from lies and from being next to somebody who participates in lies. If the betraying partner reaches out to them, or they feel the urge to reach out, the affair partner can reread this letter, reconnecting with the reasons they've made the choice to step away.

Grieve. Self-compassion opens us to grief because we can't grieve from a place of shame or defiance. We grieve from a place of reckoning with our humanity and vulnerability. There's plenty of grief to go around: for how the affair partner lost themself, for how they participated in something that likely did a lot of harm, even for the fact that maybe they didn't know better. From grief, they can figure out next steps. Grief has a way of being incredibly clarifying.

Get support. Infidelity is common, but we don't have a lot of publicly shared stories about infidelity or recovering from it. Affair partners

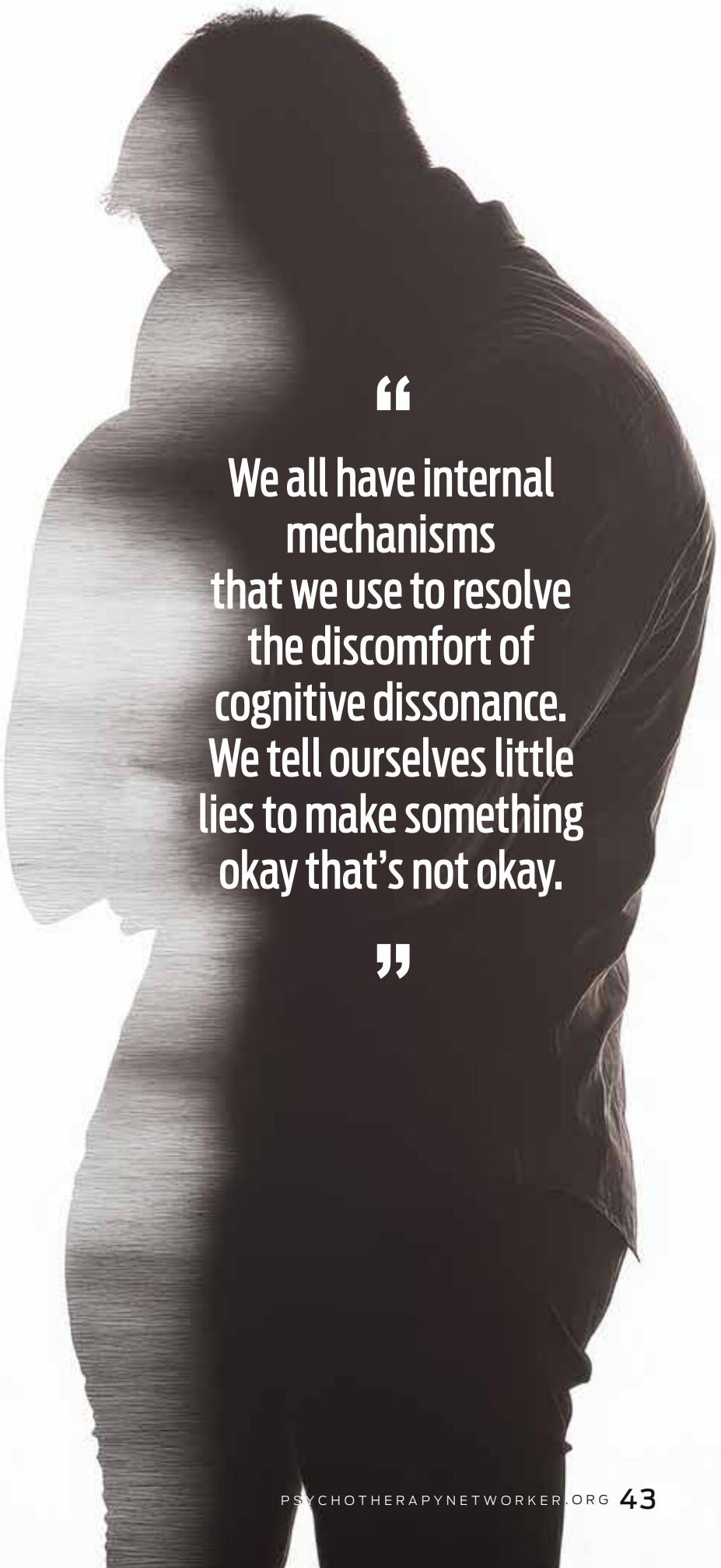
need to have one or two people who can hear their story and see their humanity, whether a therapist or a trusted friend. They shouldn't carry this alone; that's how shame grows.

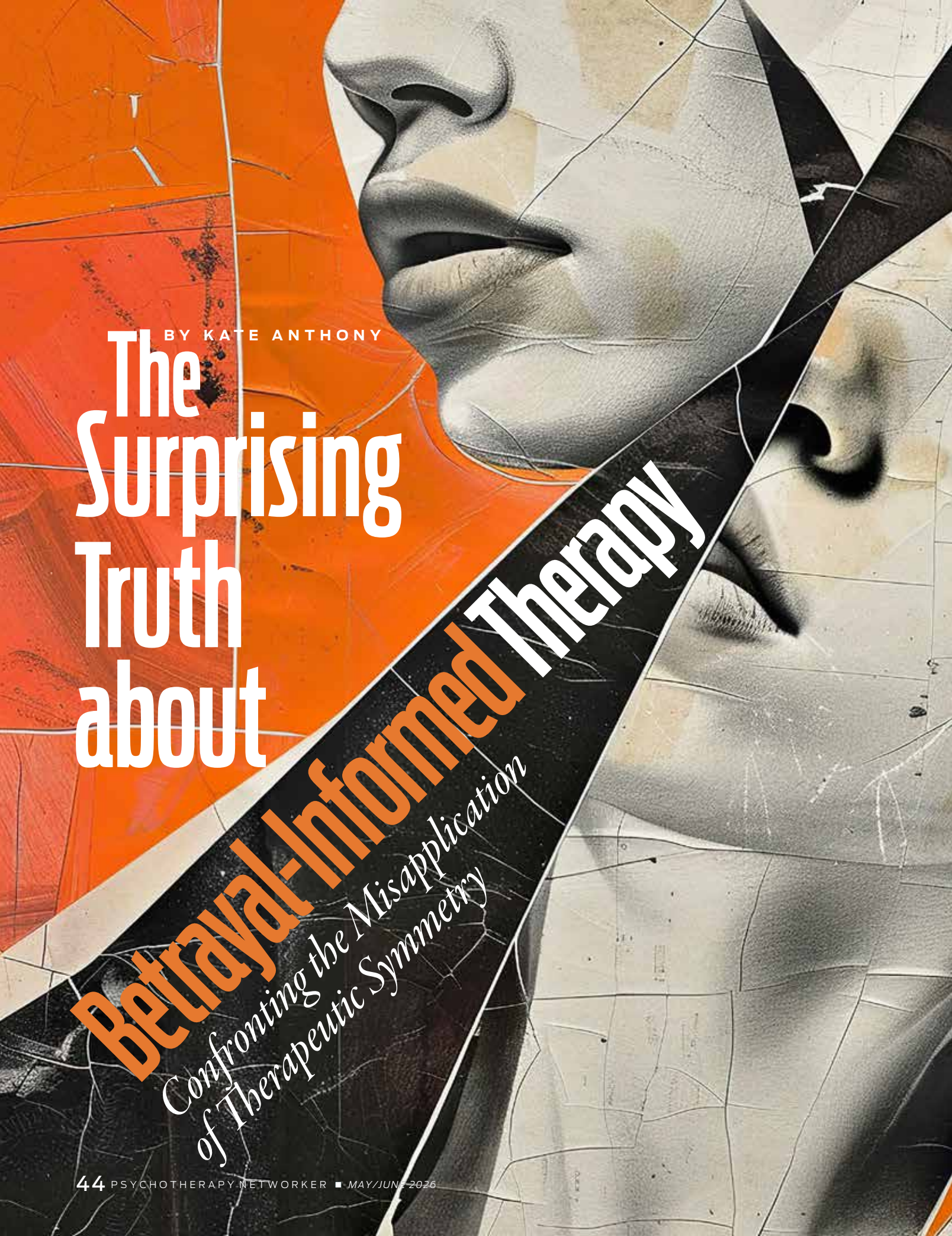
Fill the void. Ending and stepping away from an affair leaves a vacuum. There's space inside of the affair partner, not only in the form of time—of the hours and days they used to spend with the betraying partner—but also an emotional void from all the ways the relationship served them. Because affairs are built on thrills and secrecy, it's important to explore how to fill this void with things that are adaptive and nourishing but still carry the energy of novelty and palpable thrills. This might be playing a sport, dancing, or being adventurous and creative in some other way that's inspiring and exciting.

Affair partners deserve wholeness, love, and embodiment. And they deserve support in widening their lens of understanding so they can move forward with clarity and self-compassion.

This article was adapted from an episode of Alexandra Solomon's podcast, Reimagining Love, *originally aired in 2024.*

Alexandra H. Solomon, PhD, is internationally recognized as one of today's most trusted voices in the world of relationships, and her framework of Relational Self-Awareness has reached millions of people around the globe. A couples therapist, speaker, author, professor, podcast host, retreat leader, and media personality, she's on faculty in the School of Education and Social Policy at Northwestern University and is a licensed clinical psychologist at The Family Institute at Northwestern University. Her hit podcast, Reimagining Love, *has reached listeners across the globe and features high-profile guests from the worlds of therapy, academia, and pop culture. Her latest bestselling book is* Love Every Day. *Contact: DrAlexandraSolomon.com and on Instagram at @dr.alexandra.solomon.*





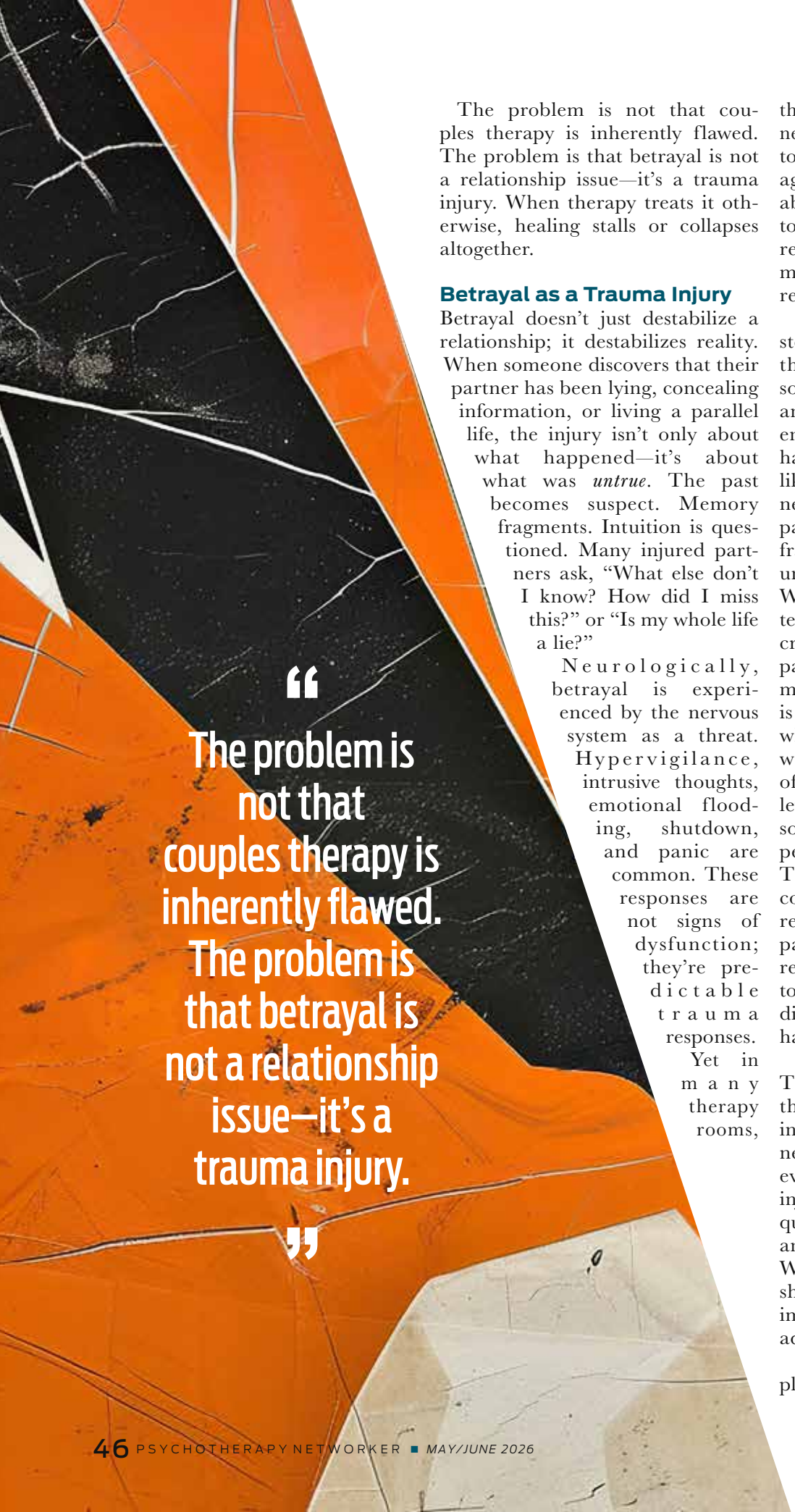
BY KATE ANTHONY

The Surprising Truth about Betrayal-Informed Therapy

Confronting the Misapplication of Therapeutic Symmetry

In my practice, I work primarily with women navigating the aftermath of infidelity, deception, and other forms of relational betrayal. Again and again, I meet clients who arrive not only wounded by what happened in their relationships, but deeply destabilized by what happened next—often in therapy. Many sought couples counseling immediately after discovery, hoping for clarity or repair, only to leave feeling more confused, more shut down, and more alone. It's not that their therapists were careless or unskilled. It's that betrayal was treated as a relationship problem to be solved, rather than as a trauma injury requiring containment, pacing, and nervous system safety before repair could ever begin.

When betrayal comes to light—an affair is disclosed, financial deception is revealed, a double life is uncovered—therapy often moves quickly into familiar territory. Sessions focus on communication skills, relational patterns, unmet needs, and shared responsibility. On paper, this approach makes sense. In practice, it can retraumatize the injured partner and quietly protect the betraying one.



> “The problem is not that couples therapy is inherently flawed. The problem is that betrayal is not a relationship issue—it’s a trauma injury.”

The problem is not that couples therapy is inherently flawed. The problem is that betrayal is not a relationship issue—it’s a trauma injury. When therapy treats it otherwise, healing stalls or collapses altogether.

Betrayal as a Trauma Injury

Betrayal doesn’t just destabilize a relationship; it destabilizes reality. When someone discovers that their partner has been lying, concealing information, or living a parallel life, the injury isn’t only about what happened—it’s about what was *untrue*. The past becomes suspect. Memory fragments. Intuition is questioned. Many injured partners ask, “What else don’t I know? How did I miss this?” or “Is my whole life a lie?”

Neurologically, betrayal is experienced by the nervous system as a threat. Hypervigilance, intrusive thoughts, emotional flooding, shutdown, and panic are common. These responses are not signs of dysfunction; they’re predictable trauma responses. Yet in many therapy rooms, they’re misread. The injured partner is labeled “reactive” or unwilling to move forward. They’re encouraged to empathize before accountability has been demonstrated and to collaborate before trust is even remotely possible. When therapy moves straight to repair, it often recreates the original injury.

One of the most common missteps in post-betrayal therapy is the push toward mutuality too soon. Language about “both sides” and “shared responsibility” often enters the room before the injury has been stabilized. This can look like encouraging the injured partner to explore why they and their partner may have drifted apart or framing betrayal as a symptom of unmet needs rather than a choice. While relational context may matter later, introducing it too early creates imbalance. The betraying partner—who already holds informational and emotional leverage—is shielded from full accountability, while the injured partner is tasked with managing the emotional tone of the relationship. Informational leverage refers to when one person knew the truth of what happened while the other did not. Their knowledge allowed them to control what was hidden, what was revealed, and when. The injured partner made decisions inside a reality that was incomplete or distorted. That asymmetry does not disappear simply because therapy has begun.

Emotional leverage often follows. The betraying partner may enter the room more composed, having already taken the time they need to metabolize the secret or even prepared for its exposure. The injured partner, by contrast, is frequently in shock—seeking clarity and safety while still destabilized. When therapy moves quickly to shared responsibility, that existing imbalance is reinforced rather than addressed.

This is not neutrality. It’s a misapplication of therapeutic symmetry.

Betrayal-Informed Therapy

Systemic therapy offers a powerful lens for empowering clients to shift away from futile cycles of blame, passivity, and controlling behaviors. But problems arise when betrayal is treated through a systemic or family therapy lens. Systemic therapies are designed for situations in which harm is reciprocal and rooted in misunderstanding. They assume shared responsibility and mutual willingness to change.

Betrayal does not meet those assumptions.

Betrayal isn't a breakdown of a system. It's a violation committed by one person against another. It involves deception and unilateral withholding of truth. When it's reframed as something "the relationship created," responsibility becomes blurred and the asymmetry of harm disappears.

For the injured partner, this reframing can be destabilizing. They may be asked to reflect on their contribution to the betrayal or encouraged to compromise before the basic facts of what happened have been fully established. What's framed as balance can, in practice, function as minimization.

Betrayal-informed therapy begins from a different premise: healing can't begin until safety, truth, and stabilization are established. Repair isn't the starting point—it's a later phase that must be earned. First, several elements are essential.

Nervous system stabilization. Before embarking on relational work or seeking insight, the injured partner's nervous system must begin to settle. Therapy must prioritize safety over efficiency and resist rushing emotional processing.

Truth must be complete—and handled with clinical precision. Ongoing revelation retraumatizes. Healing requires a structured, time-bound process for truth-telling that prevents repeated destabilization. At the same time, "full disclosure" itself can be profoundly traumatic if mishandled. Graphic detail, poor pacing, or disclosure delivered before adequate stabilization can deepen harm. Clinicians must assess readiness carefully, titrate information appropriately, and ensure that disclosure serves clarity—not re-injury.

Responsibility must be sustained and nondefensive. The betraying partner must tolerate the injured partner's pain without minimizing or redirecting it. Accountability is demonstrated through consistency over time, not insight alone.

Just as important, the betraying partner's individual therapeutic work should not be carried inside the couples container. Understanding where their behavior came from—attachment wounds, trauma history, compulsive patterns—belongs in their own therapy. When couples therapy becomes the space for unpacking the betraying partner's pain, sympathy can inadvertently eclipse accountability. The trauma that led to the betrayal must never be centered over the trauma the betrayal caused.

Pacing must be dictated by the injured partner. Pressure to "move on" replicates the original loss of agency. Readiness—not urgency—sets the pace.

Self-trust must be restored alongside relational trust. Therapy must help injured partners reconnect with their perceptions and intuition. Without this, repair rests on unstable ground.

Over the years, I've noticed that for many betrayed partners, the most stabilizing support doesn't come—at least not initially—from relational therapy at all. It comes from spaces designed specifically for those who've been betrayed. For example, betrayal support groups don't ask injured partners to contextualize or soften their pain. Their reactions are normalized. Shame decreases. Isolation lifts. Responsibility is placed where it belongs. Though these groups are not a replacement for therapy, they're often a necessary first container, providing validation, orientation, and community at a moment when the nervous system is still seeking solid ground.

I'm not suggesting that couples therapy is contraindicated after betrayal, but timing does matter—a lot. Once stabilization has occurred, truth has been established, and accountability is consistent, couples therapy can support meaning-making and reconnection. Before that point, individual betrayal-informed work is often necessary—not as a detour from repair, but as its foundation.

■■■■■

Betrayal isn't rare, and its psychological impact is profound. Yet many clinicians receive little training in how to sequence care after betrayal or distinguish relational strain from relational injury. The result is often well-intentioned therapy that unintentionally deepens harm.

Betrayal-informed therapy asks the field to slow down, prioritize safety over symmetry, and recognize that repair can't be rushed without cost. Healing doesn't begin with rebuilding the relationship. It begins with rebuilding reality, safety, and self-trust. Only then is true repair—whether together or apart—possible.

Kate Anthony is the author of The D Word: Making the Ultimate Decision About Your Marriage *and host of* The Divorce Survival Guide Podcast*, one of the most downloaded divorce podcasts in the world and a* New York Times *"must-listen." A certified domestic violence advocate, co-parenting specialist, and high-conflict divorce coach, she's recognized for her trauma-informed work in betrayal recovery and women's empowerment.*

Let us know what you think at letters@psychnetworker.org.

BY ESTHER PEREL

When Affairs Spark Transformation

Exploring Possibility After the Crisis of Infidelity

The desire to find happy endings for sad human stories is probably lodged in most couples therapists' DNA. When the "sad story" is about infidelity that threatens a marriage, therapists generally aim for their favored resolution: saving the marriage. As a field, we've tended to think about this story in terms of a straightforward, three-part narrative: A couple is shattered by the discovery of an affair and comes to see us; we help them get through the immediate crisis, and finally, as our preferred denouement, the couple leaves therapy stronger, even transformed. We consider treatment a success; the couple has weathered the storm. Hopefully, they still live happily ever after.

However, we typically have no idea what really happens "ever after." Helping couples recover from the immediate crisis is critical, but what happens to them after they leave therapy? Was there a brief, second honeymoon before the marriage reverted back to its pre-therapy condition? Did they file for divorce once out of the therapist's benevolent gaze? Did either spouse com-

mit more transgressions? Unless we're among the few therapists who seek periodic feedback from our clients, we simply don't know, and, have little idea of what worked and why. When couples leave us, we're looking forward to what their future holds; however, I'm intrigued by what we might learn from looking back.

For several years, I've been contacting couples I've treated to find out more about the long-term impact of the infidelity that brought them to therapy. With those couples who've remained together in the intervening years, I offered a free, follow-up interview to discuss how they regard the infidelity retrospectively, and how they integrated the experience into the ongoing narrative of their relationship. What were the useful shock absorbers that sustained the couple? Did they think that therapy had helped?

Specificities notwithstanding, I identified three basic patterns in the way couples reorganize themselves after an infidelity—they never really get past the affair, they pull themselves up by the bootstraps and let it go, or they leave it far behind.

In some marriages, the affair isn't a transitional crisis, but a black hole trapping both parties in an endless round of bitterness, revenge, and self-pity. These couples endlessly gnaw at the same bone, circle and recircle the same grievances, reiterate the same mutual recriminations, and blame each other for their agony. Why they stay in the marriage is often as puzzling as why they can't get beyond their mutual antagonism.

A second pattern is found in couples who remain together because they honor values of lifelong commitment and continuity, family loyalty, and stability. They want to stay connected to their community of mutual friends and associates or have a strong religious affiliation. These couples can move past the infidelity, but they don't necessarily transcend it. Their marriages revert to a more or less peaceful version of the way things were before the crisis, without undergoing any significant change in their relationship.

For some couples, however, the affair becomes a transformational experience and catalyst for renewal and change. This outcome illustrates that therapy has the potential to help couples reinvent their marriage by mining the resilience and resourcefulness each partner brings to the table.

Stuck in the Past

"Every time I can't get Marc on the phone, I'm reminded of how he wouldn't answer when he was with the other women," says Debbie, still bitter three years after she discovered his affair—the latest in a string of extramarital dalliances. Married to Marc for 14 years, she decided to remain with him ostensibly to preserve the family. She constantly makes him feel that he's lucky she didn't kick him out, as if he's the only one who stands to lose everything they've built if they divorce.

Since the transgression, Debbie has assumed a sense of moral superiority, believing that Marc has never fully owned up to the wrongness of his behavior. In her eyes, forgiving him wouldn't repair the marriage, but would instead effectually give him a clean slate, allowing him to feel that he no longer has any reason to feel guilty. "I want to make love," Debbie said, "but it would be as if I'm telling him everything is OK now." They haven't had sex since the affair three years ago, except during the few days right after the discovery, when sex is often used to ward off loss.

There's no way that he can be reassuring about his renewed commitment to her, Marc says, when she only responds to him with biting sarcasm and condescension. Often, he adds, she ruins what might be perfect moments between them—their daughter's piano recital or a dinner with friends. "There *are* no perfect moments," she sneers. With a tired voice, he tells her, "I'm here and I'm ready to rebuild." She replies, "I haven't made up my mind." She felt so rejected by Marc that she still doesn't feel that he really wants to be with her, she explains. When Debbie brings up the affairs, Marc alternates between justifying and blaming himself. He says that she was no innocent bystander, citing her continual criticism of him and hair-trigger temper that predated his adulteries. While the dismal state of their marriage before his affairs was a joint production, Marc says, Debbie refuses to take any responsibility for her part in the decline of the relationship in the past *or* the present. He thinks he's expressed shame, guilt, and remorse, but it just won't ever be enough. Infidelity remains at the epicenter of their relationship, and they tag it onto every disagreement between them.

In fact, it's likely that the pair would have had the same miserable interactions had there been no infidelity. Couples like these live in a permanent state of contraction, sharing a cell in marital prison. To the betrayed spouse, the betrayer becomes the sum total of the transgressions. To the betrayer, the betrayed spouse becomes the sum total of a vengeful fury. I'm reminded of this phrase: "Resentment is like swallowing poison and waiting for the other person to die."

When couples like Marc and Debbie come to therapy, it's often at the insistence of the partner who endured the affair, who seeks somebody who can honor his or her grief, dismay, and turmoil. Just as often, betrayed partners need moral confirmation, viewing themselves as the victims and their partners as perpetrators, if not unredeemable villains. A first step is explaining to them that wholesale condemnation distracts them from tackling the real relationship issues. I introduce a neutral perspective that allows us to explore the motives and meaning of the affair. But in these highly reactive couples, there's little room for neutrality, because the partners take the call for self-reflection as a personal attack: "Are you saying that because I fall asleep at 9 o'clock every night it's my fault he had an affair?" a betrayed spouse will practically shriek.

I also have to address the obsession with the affair that seems to stay at the center of these relationships, sometimes for years. The betrayed person relentlessly replays the stories in his head and hunts for lies, even if it's humiliating to do so. He turns himself into an amateur detective. One betrayed partner told me, "I check her computer, I go into her phone. When I left for a weekend, I kept calling home and got no answer. When I found out that she'd left the kids with her sister, I instantly thought she was seeing *him* again." To which his wife answered with bitter resignation, "He never actually asks me, he just assumes." Accurate information—the spouse was engaged in some perfectly innocent activity—diffuses the distrust, but the calm lasts only until the next bout of insecurity.

I believe genuine trust rests on our ability to tolerate what we don't know about the other, and as long as we're driven to uncover every detail, we can't trust. In these couples, past experiences of abandonment and rejection loom large and keep trust from being reestablished. Reclaiming a sense of reality after the revelation of the affair is essential for the betrayed spouse, but some remain tethered to their investigative quest.

In an effort to allay their anxieties, these spouses establish a regime of control in which intimacy is confused with surveillance. Their myriad questions are less about honoring closeness than about intrusiveness. The interrogations, the injunctions, and even the forensic evidence fail to assuage their fundamental fears. I help them move their stance from detective to researcher or explor-

er. Rather than scavenge for the sordid details, it would be more enlightening to ask questions that probe the meaning of the affair, like: How did your lover illuminate other parts of you? Did you think of me when this was going on? Were you afraid to lose me, our family, the kids? If an affair is a solo enterprise, making meaning of it becomes a joint venture. Couples like Marc and Debbie, unfortunately, don't get to these questions. They want their partner fixed. For them, therapy seems more a part of the penance rather than a mending experience—there's no absolution in sight.

One feature fueling an inability to move on can be the unyielding hurt. I asked another of my clients what he longs for in his relationship, now that he's five years past his wife's multiple affairs. He replies, "To go back to six years ago." He tells her, "I used to think, no matter what, I was your man. And you just abandoned me." For him, it's the inconsolable grief that keeps him feeling unsafe and in a permanent state of unhappiness. For her, a tortured sense of guilt and failure is unending. Witnessing his unbearable pain reinforces the magnitude of her shame and guilt. In the meantime, life with children and work goes on, but the emotional abscess doesn't drain.

For these couples, it's hard to look back because they never went forward. The affair has become the narrative of their union. The marriage may technically survive, but their couplehood is dying on the vine. When infidelity becomes the hallmark of a couple's life, something has been broken that can't be made whole again.

The Survivors

On Friday, Joanna was all set to go. On Saturday, she couldn't sign the lease. She'd fantasized about the moment for almost two years: she'd leave her husband, Michael, move in with her lover, Eric, and be bathed in a state of bliss and sensuality that had been sorely missing from her life. Eric had showered her with affection and a sense of importance—attention she'd only ever received from her children, since Michael had excused himself from these gestures, saying he wasn't that kind of guy. Lassitude had gradually crept into her marriage, leaving her feeling more attached to the habit of being married than to the man she'd once loved.

Joanna's transgression was an attempt to recapture what she'd shared previously with Michael and didn't want to live without: a sense of importance and belonging, relief from loneliness, and a feeling that life was basically good. Joanna carefully plotted her departure, but when push came to shove, she couldn't do it. She thought about the 24 years she and Michael had been together, their unwavering friendship, his dependability, the comforts of their life, and, most important, her kids—realizing that once she turned her affair into her primary relationship, there'd be no turning back. Often people begin to see what they want to preserve at the moment that their affair is about to come out of hiding. Joanna didn't want to leave Michael partly out of fear and partly because she still loved him. It wasn't clear which was stronger, fear or love. "Part of me was very disappointed in myself for not being able to leave Michael, and I wondered if I was letting go of the love of my life," Joanna recalled. "But part of me felt relief that I was going to stay and not destroy my family." Michael alternated between panic and rage, between begging her to stay and chasing her away. "I couldn't believe she was ready to jeopardize everything for this guy, Eric, and I felt trapped because I suspected that her reasons to stay didn't have much to do with me. It was more about what we *had* than about who *I* was."

At the core of Joanna's predicament is a conflict of values, inherent in the affair itself, not just in its resolution. When people talk about their fears, often they're really pondering their values. When they say, "I don't want to break up my family," they're also saying that they hold dear family continuity. When they refer to the shared history with their spouse, they express their respect for loyalty and commitment. Following Cupid's arrows is akin to losing one's moral compass, and, in this sense, the affair brings about an identity crisis: how to reconcile the enchantment of an experience with the feeling that it's fundamentally wrong. For Joanna and others in her place, lying and deceiving are more agonizing than thrilling. They don't set out to betray their partners. Sometimes, as in the case of Joanna, they're motivated by a yearning for what they're no longer willing to live without: passion—not in the narrow, sexual sense, but as a quest for aliveness and erotic vitality. Although a glimmer of passion can be intoxicating, the volatility and unpredictability of desire is scary.

For these partners, sexual excitement and what they regard as self-centered desires for more romantic "fulfillment" aren't powerful enough incentives to turn them away from the more meaningful, long-term rewards and vital obligations of family. They hold themselves to the premise "when you marry, you make a commitment and you must honor it." These couples value family integrity, security, continuity, and familiarity over the rollercoaster of risky romantic love. There can be deep, enduring love and loyalty in these couples, but passion doesn't feature prominently on the menu. Doing what's right creates a wholeness that helps the unfaithful person come to terms with the sacrifices they make. However, while people's values can remain intact, the decision to stay in the marriage can be heartwrenching.

When I work with these couples, I always include joint and individual sessions, keeping all information from the individual sessions confidential. The purpose of solo meetings is to provide a private space in which each partner can resolve his or her individual predicament, no matter how long it takes. With these couples, the therapeutic process is one of reasoning and rational thinking, as a way to temper the turbulence of their emotions. Our sessions are meant to shepherd them through the crisis and to anchor their relationship. Couples like Joanna and Michael had carefully crafted a path for themselves in their marriage, and much of what they seek in post-affair therapy is to reclaim a sense of control. They aren't looking for massive renovations in their relationship; they simply want to come back to the home they know and rest on a familiar

pillow. On the road back, they make amends, they renew their vows, and they make sure to plug any leaks.

In therapy, I explore the riches of the love affair, what they found in their relationship with the "other," and what they can take from it into their primary relationship. We draft the new amendments for their life, in the singular and plural. We weigh the pain of ending the affair—that fact that "it's the right thing to do, but it hurts"—and I always ask how they imagine themselves 10 years down the road.

With the betrayed person, we examine the ebbs and flows of trust, the sense of impermanence that snuck into the relationship, and their wish to return to familiarity. Therapy offers couples like Joanna and Michael a place to evaluate the fundamentals of their lives. We also address the hurt that persists even though the couple remains together. One of my patients told me, "A few years ago, when I had a car accident, I remember thinking how much support I got from friends and family. With a broken leg, the pain is visible, everybody knows you're suffering, and everybody sympathizes. But when a couple decides to stay together after an affair, it's easy to think everything is fine. People no longer bring it up, and you're left living with an invisible pain."

Joanna and Michael ultimately were able to resume a life similar to the one they'd had before the crisis. "We weren't ready to divorce over this, but we don't see the affair as being good in any way. It was a kind of temporary insanity," Michael sums up. Listening to them, it's clear that they're both relieved that they were able to pull through. Once in a while, Michael can feel a surge of insecurity, since Joanna and Eric occasionally meet professionally, but his suspicion is intermittent and easily absorbed. He'll inquire, "When's the last time you met him? Does he have a new girlfriend? Do you talk about personal things?" On occasion, humor is the perfect antidote. Once, when Michael asked Joanna if she thought Eric was still interested in her, she told him, "I don't think so, but here's his telephone number. You can call him and ask."

The Explorers

"The affair was a shock that forced us to get unstuck," was Julian's unequivocal response in an interview five years after I'd seen him and his wife, Claire, in couples therapy. "I agree that our relationship is now much better than it ever was," said Claire as she turned to Julian and added, "but I still think that you acted like a jerk. You didn't need to cheat on me to make the point that our marriage was in trouble." While they still disagree on the way Julian delivered his "message," they agree his affair transformed their marriage.

Julian had first set eyes on Claire standing in front of him at the Student Coop 15 years earlier, and he made sure to get her phone number before she reached the cashier. With her beguiling smile and the mysterious way she hesitated before giving her name and number, she hooked him. In those first moments, they began to take on the roles that would continue into their marriage. Julian would be the initiator—of social life, of sex, of decisions about vacations—and Claire's protector from the world. Claire would be the graceful, albeit somewhat tremulous, helpmate, always following his lead. What came as a surprise for Julian through the years, however, was the volume of worries he was expected to assuage: almost anything could be fodder for Claire's anxiety. She could never arrive early enough at the airport; her trepidation about hosting a dinner began days in advance; and for her to feel comfortable about having sex, conditions needed to be perfect. Over the years, he grew tired of the veto power she was imposing on their lives: "You want to go out?" he'd ask. "NO," she'd respond. "Let's get together with some friends." "NO." "I want to make love to you." "NO."

With so many noes ringing in his ears, Julian welcomed the resounding yes from Emma, whom he met on a business trip and continued to sleep with for a year and a half. It wasn't just that he wanted more sex: he wanted to recapture the feeling of playfulness and freedom that sex used to allow him. The affair with Emma brought with it a sense of vitality that he'd been missing. With her, he threw off the growing lethargy that had smothered his life. Claire found out about Julian's affair through accidentally discovering e-mail messages. Deeply jolted, she sought individual therapy and reached out to her friends. But along with giving her support, they asked her to see that, while Julian had betrayed her trust, she herself had—as she later put it—"betrayed my vows." Knowing that Claire didn't want to lose the man she loved, her friends encouraged her to fight for him. So she reached out to him, and they talked with each other as they hadn't done in years, sharing feelings and thoughts that had long been tucked away. As the conversations evolved and they began to narrow the distance between them, they felt awakened into a new experience of connection, in which they felt both great pain and excitement, as they never had before.

When couples like Julian and Claire begin to find their way back to each other, there's often a combustive rekindling of desire, a mix of anxiety and lust, which many couples are shy to admit. In this emotional maelstrom, couples swing between starkly opposing feelings: one minute it's "Fuck you"; the next minute it's "Fuck me." Then it's "Get out of here!" Followed by "Don't ever leave me!" Throughout this drama, Claire and Julian managed to sustain these swings without either one marching off to a divorce lawyer. Tolerance for ambiguity and uncertainty is vital to discovering a space from which a more creative and robust relationship can emerge.

In my joint work with Julian and Claire, I did something that some therapists might consider risky: I suggested she invite Julian to talk about his experience with Emma. Paradoxically, I've found that this type of openness about one's affair, rather than being destructive and painful, can be a deeply affecting demonstration of loyalty

to the spouse. Telling one's partner, "Okay, I'll show you who I am. This is what happened, and this is how I felt about it" can be a way of saying "I love you and never really wanted to leave you; I want to tell you this because you're so important to me." Indeed, Claire found that having Julian talk about his intimacy with another woman was itself an expression of intimacy with her—increasing their bond with each other.

Sometimes the crisis of infidelity helps couples make a crucial distinction, one between a relationship based on exclusiveness and one grounded in the uniqueness of their connection. Exclusivity depends on establishing rigid boundaries: the emphasis is on "not permitting," "restricting," "not sharing with others." Before the affair, Claire and Julian had increasingly based their relationship on this kind of external framework to set them apart as a couple. In contrast, through our work together, they learned to value what was distinctive about the meaning they held for each other, with the emphasis on why they "chose to be with each other" rather than what was "forbidden with someone else." Ultimately, this enhanced sense of "us" is the most powerful analgesic for relationships at the edge, soothing the pain and promising a prospect of renewal.

Couples like Julian and Claire manage to turn the turmoil of an affair into an enlarging emotional journey. Each one takes appropriate responsibility for the deterioration of the relationship, focusing not only on mending the breach produced by the affair, but on rebuilding the emotional foundation of the marriage. Such couples tend to identify the affair as one event—but not the definitive event—in their history together. All kinds of unexpected discoveries can come out of the crisis of infidelity. Claire, having had to reconnect with her own resources to weather the storm with Julian, experienced a new sense of self-reliance and a new willingness to take the initiative. As she learned how to express her sexual yearnings, Julian was surprised to find a partner with a strength and enthusiasm he'd never encountered before. At the same time, no longer the lone decision-maker in the marriage, he found himself missing the ability to make decisions for the two of them. While richer and more interesting, the relationship felt less secure to both of them. "I'm not sure at all where this is going to take us, but dull it certainly isn't," Julian said.

Reinventing the Self

Couples who can successfully recover from an infidelity often display a significant shift in language: From "you" and "me" to "our," from "when you did this to me" to "this was an event in our life." They talk about "When we had our crisis," recounting a shared experience. Now they're joint scriptwriters, sharing credit for the grand production of their life together.

Couples who think in absolutes are less able to integrate the infidelity into the new substance of their marriage and likelier to get stuck in the past. For them, the affair is entirely bad and destructive, a transgression against commitment and morality. Complete remorse, followed by dramatic confession, unqualified promises of "never again," unconditional forgiveness, and categorical absolution are the only acceptable outcomes. But things are more fluid for those who see an affair as an event that, no matter how painful, may contain the seeds of something positive. To be sure, after betrayal, trust isn't likely to be total. When declarations like "How can I ever trust you again?" are made by such couples, I often interject, "Well it depends. Trust for what?"

Above all, what sets apart couples who use therapy to turn an infidelity into a transformative experience is that they come to recognize that it doesn't provide clear-cut answers, but a nonjudgmental forum in which to discuss their ideas of betrayal, both sexual and emotional. They discover that such discussions can become the basis for their new relationship. While by no means giving up on the idea of commitment, they learn to redefine it in a way that will prevent the recurrence of secret affairs and betrayals. For them, monogamy means mutual emotional loyalty, fidelity, and commitment in a primary relationship, even if, for some, it doesn't necessarily mean sexual exclusiveness.

They find out that infidelity doesn't necessarily point to flaws in the relationship. Such partners see the affair as less a statement about the marriage than a statement about themselves. When we seek the gaze of another, it isn't always our partner we're turning away from, but the person we ourselves have become. We're seeking not another partner, but another self. Couples who reinvent themselves can bring this other self into their existing relationship.

People stray for many reasons—tainted love, revenge, unfulfilled longings, and plain old lust. At times, an affair is a quest for intensity, a rebellion against the confines of matrimony. An illicit liaison can be catastrophic, but it can also be liberating, a source of strength, a healing. And frequently it's all these things at once. Some affairs are acts of resistance; others happen when we offer no resistance at all. Straying can sound an alarm for the marriage, signaling an urgent need to pay attention to what ails it. Or it can be the death knell that follows a relationship's last gasping breath. I tell my patients that most of us in the West today will have two or three marriages or committed relationships in our lifetime. For those daring enough to try, they may find themselves having all of them with the same person. An affair may spell the end of a first marriage, as well as the beginning of a new one.

Esther Perel, LMFT, is a psychotherapist and New York Times *bestselling author who is recognized as one of today's most insightful and original voices on modern relationships. Fluent in nine languages, she's helmed a therapy practice in New York City for 35 years. Her celebrated TED Talks have garnered more than 40 million views and her books have been translated into than 31 languages. She's the executive producer and host of the award-winning podcast* "Where Should We Begin?"

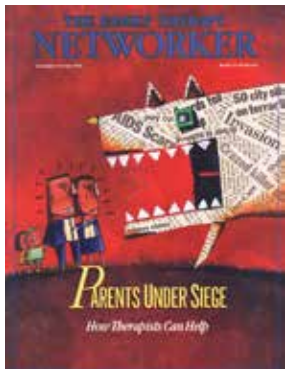
Facing Our Field's HISTORY of Infidelity Treatment

What's Cringey? What's Compelling?

Whenever we prepare an issue on a clinical theme, we search our archives for pieces that offer enduring insights. And given that we've been around since 1978, we have a rich trove of clinical wisdom to draw from. For this issue, as we explored articles on affairs and infidelity, we noticed something unusual. The evolution of affair recovery treatment hasn't followed a linear progression from disproven practices to accepted ones. Instead, it's a tapestry of perspectives, clinical dilemmas, and paradigm shifts. And it's also an area where time-specific clinical assumptions—about roles in society, heteronormativity, the implicit value of commitment, who's responsible for what in a relationship—become more starkly (and sometimes embarrassingly) visible, once blind spots have cleared and mores have softened.

Although many of the following excerpts still speak to contemporary practice, they'll likely give you pause and invite reflection on the evolution of our field. The language itself shifts across decades—from "victim," "cuckold," and "infidel" in the late '80s and early '90s to "betrayed partner" and "unfaithful partner" by the 2000s. Debates about responsibility, power, and gender gradually broaden the lens to include larger systems, while trauma-informed approaches take root and deepen our understanding of betrayal's physiological and emotional impact. Fundamental questions also remain unsettled: When, how, and under what conditions should betrayed partners get information? Is betrayal always traumatic? Must affairs end for couples work to begin?

Organized chronologically, these excerpts offer a slice of infidelity treatment history. A chance to catch glimpses of what lasted, what didn't, and perhaps even to hold some of our prized contemporary clinical-certainties-du-jour with a little more humility. There's something clarifying—even when we experience a jolt of surprise—about looking back at where we've been, the way an old photo can reveal not just how we looked in neon leg warmers or sporting a mullet, but how we saw the world. So, if some of this makes you cringe a bit, you're not alone. Here and there, we cringed a bit, too.



May/June 1989

"After the Affair"

BY DON-DAVID LUSTERMAN

"Contrary to common belief, the victim's rage doesn't focus on the extramarital sex. Even if he has convinced her that there was no sex, she is still furious—shocked and angered by both his secrecy and her own gullibility. She is deeply grieved by her husband's intimacy with someone else—intimacy that she believed was hers alone. The infidel is by turns silent, apologetic, defensive, protective of the other woman, and ambivalent about the marriage. He finds his wife's anger threatening and repellent. Her rage can indeed take on majestic proportions, but until she feels it rightfully acknowledged by both husband and therapist, no other marital issues can be productively explored."

May/June 1993

"The Liberating Power of Honesty"

BY FRANK PITTMAN

"What people don't know can hurt them—and what they don't reveal can hurt them even more. Secrets can destroy lives and relationships. When something is kept secret, it can grow in power and significance until it becomes the center of one's identity. Fed by fear and shame, secrets thrive in the dark. People hiding with their secrets may shrink from intimacy, believing they would never be loved if their secrets were known."

"The devastating destructiveness of infidelity is not primarily because the private act of sex has been shared with an outsider, but because the intimacy of the previously bonded relationship has been betrayed by the secret and the lie of the infidelity."

"When therapists assume their clients are fragile and all family relationships are treacherous, they urge caution about honesty and intimacy. When they do so, they send the terrifying message that the client's secrets really are that horrifying, that the client really would be rejected if the secrets were known, and that intimacy is not possible for one with such a secret. Such therapists, as they increase their clients' shame and alienation, tell us they are guarding their clients' privacy."

"Some therapists don't take strong stands against affairs, dishonesty or the continuation of any relationship with the affairee who intruded the marriage. Many believe affairs are caused by imperfect marriages, and that the cuckold, who wasn't even there, must share the responsibility for it."

Sept/Oct 1994

"Turning Down the Temperature"

BY LEO FAY

"I made it clear that I saw Ed's decision to have an affair as his responsibility and his alone, that if he was unhappy in his marriage, there were other options, like asking Linda to go for professional help. At the same time, I emphasized that the problems in the marriage were Ed and Linda's joint responsibility, and that they both had to look at their own parts in creating them. Both of these statements were pivotal in my approach. It is crucial to avoid misunderstandings about the concept of responsibility, and about where I stand on it."

Sept/Oct 1994

"Turning Down the Temperature"

BY THELMA JEAN GOODRICH

"First, I would assess the distribution of power between wife and husband. As they come together to renegotiate the terms of their marriage, do Ed and Linda come as equals with equal money, equal ability to know and state their desires, an equal stake in the marriage? Usually, compared with her husband, the wife has less money she regards as her own and feels less entitled to set forth terms for the relationship. Typically, she has a greater stake in the survival of the marriage because divorce imposes a greater financial, social and parental burden on her than on him."

"'Linda, if I ask you how sex is for you with Ed, how would I know if you were answering me with a good wife voice, a scared voice or your own voice?'

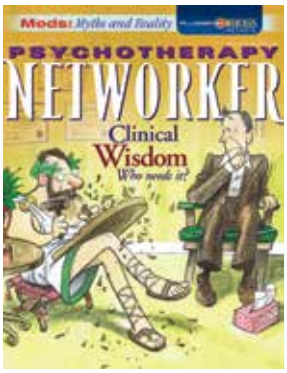
'Ed, how do you tell whether Linda is having sex with you as a kindness to you, out of fear of losing you or out of her own desire? Do you care which it is?'"

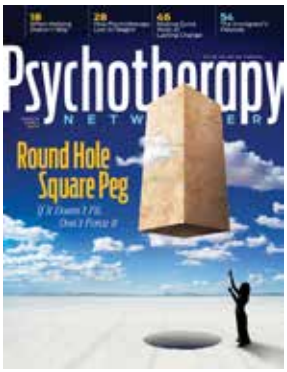
July/August 2003

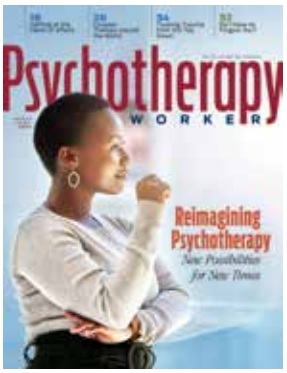
"An Affair to Remember"

BY SHIRLEY GLASS

"Discovering that a partner's been unfaithful is a traumatic event that shatters all the basic assumptions of commitment, love, and honesty. Understanding the story of what happened is an essential part of the recovery from that trauma. In most cases, the betrayed partner's demand for information isn't meant to divert discussion away from marital problems (as some clinicians have suggested) but to put the pieces together into a meaningful whole. In fact, research has consistently shown that individual recovery, survival of the marriage, and restored trust are contingent on honest communication







about the infidelity."

"The best resolution of infidelity is achieved when both partners assume responsibility for improving the relationship and are able to co-construct a story of the affair that integrates their different perspectives."

March/April 2013

"Sex, Lies, and the Long Road Back"

BY BARRY MCCARTHY

"My approach to affairs is heavily influenced by the work of clinician–researchers Douglas Snyder, Donald Baucom, and Kristina Coop Gordon, who advocate that partners go through a three-phase process: (1) focus on self-care, slow down the process, and do no harm to each other; (2) make personal and relational meaning of the affair; and (3) decide to either recommit to the marriage or achieve a 'good divorce.' In my work, I emphasize an additional phase: sexual recovery from the extramarital affair. Few theoretical and clinical models include this vital aspect of treatment."

"This larger focus on the couple's marriage and sexual connection enabled them to begin addressing the fuller meaning of the affair. Until then, it was as though Justin and Cheryl had been speaking completely different languages about the affair's significance, and now finally were able to communicate in English."

March/April 2017

"Affair Repair"

BY MICHELE WEINER-DAVIS

"I tell them that if a betrayed spouse needs to talk about intense feelings or the facts surrounding the infidelity, then that has to happen; this step simply can't be bypassed. Even if it's uncomfortable for the unfaithful spouse, it doesn't matter; he or she needs to be coached to answer questions openly and honestly. Unfaithful partners often benefit from some individual work if shame is preventing them from being compassionate, empathetic, and emotionally available to their spouses. They also need to be reminded of the importance of sharing the whole truth, rather than allowing the information to leak out in piecemeal fashion. Facts about the affair that surface long after the initial discovery are, without question, retraumatizing for the betrayed spouse, and they can trigger major (and sometimes irreparable) setbacks."

"When betrayed spouses ask, 'Will this knot in my stomach ever go away?' or 'Will there ever be a day when I won't wake up thinking about the affair?' I've seen how helpful it is to reply with conviction, 'You'll never forget what happened (nor should you), but eventually, you'll think about the affair less and less, and when you do think about it, the memory won't carry the same emotional charge as it does right now. I promise that will be the case.'"

March/April 2022

"Getting at the Heart of Affairs"

BY WILLIAM DOHERTY

"The myth of therapist neutrality was first exposed back in the 1970s, when feminist therapists noted how many clinicians looked the other way when women got the short end of the relationship stick. But the therapy field has been slow to deal with a broader implication: that many issues clients bring to therapists have ethical dimensions, and that clients often struggle with ethical dilemmas, or situations in which their actions have consequences for the well-being of others. I use the term ethical consultation for the intentional and skillful exploration of these ethical dilemmas in a session—as opposed to simplistic exhortations by therapists to either 'do what feels right to you' or 'do the right thing.'"

"And then there's the issue of emotional affairs. During my training, we didn't have a clear concept of marriage-threatening relationships that were not sexual. Nowadays, there's lay and professional awareness that married people can get into close relationships that undermine their primary relationship without being explicitly sexual. In many cases, the people involved tell themselves that it's not cheating on their spouse. But the effect on the spouse and the marriage can be similar when the other relationship becomes emotionally more salient and rewarding than the primary relationship—or when the other person becomes a competitor with the spouse in other ways without the spouse knowing it. In addition to entering a relationship that can threaten marital commitment, the main ethical dimension of emotional affairs comes in the form of lies and secrecy about the existence or importance of the other relationship."

"I never suggest that the factors that led to the affair are a full justification for the affair. I frame them as influences and risk factors (such as a midlife crisis related to job loss and plummeting self-esteem), but not as determinants. The same goes for a sexless marriage: it's certainly a predisposing factor, but there are other ways to deal with the problem. It's important that the therapist not accept that the client has no agency about the affair: it's a choice among several possible choices."

"Psychotherapy is sapped of healing power if it ignores this ethical dimension of our clients' lives. There's no separating psychological well-being from the client's experience of ethical integrity."

BY EMILY JAMEA

PRENUP, MEET THERAPY

Legal Clarity Doesn't Prevent Emotional Fallout

Prenuptial agreements are having a cultural moment. Once whispered about in the context of celebrity scandal, second marriages, and the ultra-wealthy, prenups have entered the conversation alongside wedding cake preferences for many couples. Podcasts like *Today, Explained* have examined their growing popularity among millennials and Gen Z. Entrepreneurs and public figures like reality star Bethenny Frankel, who after a grueling, traumatic divorce in which her ex fought to take a massively disproportionate part of her wealth, have spoken openly about the financial wisdom of protecting oneself before marriage.

Theoretically, they make sense. Economics is no longer the primary driver for marriage–love is. Ideologically (and given the reality of divorce rates) prenups ensure finances stay in order so that we can focus on love. It sounds romantic in a sense. And yet, in my clinical experience, that framing is incomplete.

For many, marriage isn't solely a commitment to love each other forever, it is also about building a life together, which widens the scope. Lives can become intertwined in ways that go far beyond the love bubble, especially for couples who choose to have kids.

Premarital agreements sit at the intersection of romance and risk management. They can be thoughtful, fair, and even protective. But they also risk carrying unanticipated emotional consequences that are rarely discussed with the same enthusiasm as their financial benefits. Most couples are told they can sign it, tuck it in a drawer, and forget about it. In my experience, that's not always the case.

The Case of Mark and Danielle

Mark and Danielle came to see me nearly a decade into their marriage. At the time they married, he was transitioning into private equity, and she was ascending the ladder at her marketing company. The potential financial upside of his career was significant, but so was the liability. Before they married, his attorneys strongly advised a prenuptial agreement. Danielle was initially taken aback. She hadn't seen it coming since at the time, he was still in the very early stages of his career and didn't have family wealth that she was aware of. She assumed they would grow their wealth together, but, after collecting herself and talking to some trusted friends about how a prenup could offer protection for her as well, she agreed.

She didn't see herself as financially dependent and didn't feel particularly threatened by the document. And she wasn't naïve. Her own parents had divorced, and she knew that despite how promising their future looked, anything could happen.

The prenup stipulated that his private equity holdings would remain his separate property. This would protect her from major liability and give him the freedom he wanted to manage them as he wished. They agreed on percentages relative to the difference in their income that would be saved separately versus put into joint spending. She negotiated some protections for herself, which he agreed to—greater alimony if they had children and a life insurance policy that named her as the beneficiary. It was, on paper, clean and rational, and at the time, gave her a sense of security and confidence.

They had a beautiful wedding and moved on with their lives. For years, the prenup barely surfaced in conversation. Until it did.

The Illusion of Clean Lines

Prenups are built on the premise that we can draw clean lines around money, but life is unpredictable. Danielle decided to leave her job after the birth of their second child. Mark had done very well in his career, and they agreed it made most sense for her to stay home while the kids were young. Meanwhile, Mark's professional obligations intensified. The demands of private equity meant long hours and frequent travel. Danielle absorbed the invisible labor—childcare logistics, emotional support, and household management—that enabled him to focus on his career.

He became a partner in a new fund. They bought a new house in a better neighborhood. She got a part-time nanny so that she could have some time to herself. She was grateful for everything his success afforded her, and she still loved him. From the outside looking in, you'd never know that resentment was slowly brewing below the surface.

Over time, Danielle felt herself pull back. She wanted to cheer on Mark's success, but she also became aware that, at the end of the day, it was his – not theirs. It occurred to her that despite making it easy for him to excel at his career – she looked after the kids, kept the house in order, got dressed up and engaged his colleagues and their spouses at dinners out—*he* was reaping significantly more benefits than *they* were. As her resentment grew, her enthusiasm began to fade. She no longer wanted to participate in business dinners or familiarize herself with the details of his projects. Her withdrawal left him feeling neglected and unloved.

> "Resentment often arises not from the original agreement, but from failure to revisit it in light of change."

Things came to a head when, after pushing him to meet with a financial advisor to discuss their shared investments, she learned—as she suspected—that what they shared paled significantly in comparison to what was legally his. His actions weren't nefarious. The return on his funds was so much greater than what they shared, it simply didn't make sense to focus on those assets. In his mind, since he had no intention of leaving her, it didn't make a difference. But even though she trusted this on an intellectual level, it triggered a deep sense of anxiety within her. She knew, being a child of divorce, that anything was possible. The whole thing left her feeling like she was standing on the edge of a (beautifully manicured) cliff.

When they came to see me, they had devolved into a couple living like ships passing in the night.

In one session, Danielle quietly said, "The agreement felt fair at the time that I signed it. But sometimes it feels like I'm cheering for a team I'm not a part of. If he divorced me tomorrow, our lifestyles would look very different. After everything we've built together in the last 10 years and all that I've done to support him, that doesn't feel right to me anymore. I should have been smarter. I hold myself responsible for not taking a closer look until now, but it didn't feel romantic to talk about this stuff while we were trying to conceive. Plus, I trust Mark. He always says that we are fine."

Mark hung his head. "I didn't intend to make her feel this way. The thought of leaving her has never entered my mind. This was pure neglect, not intentional selfishness. As distant as we've become, I still have hope we can work things out. I love Danielle, and I understand why she feels this way."

The Emotional Effects No One Anticipates

As a therapist–and a feminist–I am not at all against premarital agreements. They can offer important protections. In states where spousal support is limited or nonexistent, couples can include alimony provisions. They can clarify inheritance, protect family businesses, and shield a partner from business liabilities. I've seen them used after major breaches, such as infidelity, to restore a sense of security for the injured partner. For blended families, they may prevent devastating legal battles. These are real and meaningful benefits. But what often goes unexamined are the psychological implications. A prenup is not just a financial document. It is a symbolic one. It commu-

nicates something about trust, risk tolerance, and how much of one's future is truly shared.

For some couples, it subtly establishes a hierarchy: one partner as primary wealth generator, the other as peripheral participant. It's also important to acknowledge that Mark's desire for financial insulation wasn't inherently selfish. In a high-risk industry like private equity, a prenup can serve two purposes at once: protecting a spouse from external liability while also preserving the assets he worked hard to build.

Even when both partners intellectually agree to the terms, the emotional meaning can evolve with time. Danielle began to experience what I call *structural exclusion*. She wasn't excluded from the marriage or from the lifestyle Mark's success afforded them. They vacationed well, dined out often, and had childcare support. But she felt excluded from the wealth-building engine of the family itself, which she resented because she knew she contributed to its growth from backstage. Neither of them had anticipated how dramatically Mark's separate property would outpace their shared assets. After years of supporting his career and stepping back from her own, the disparity felt less like prudent planning and more like inequity. When a prenup is signed in one's twenties or early thirties, it reflects who the couple is at that moment and cannot fully account for who they will become or how the marriage will reshape them.

Couples who successfully integrate a prenup into their marriage treat it as a living agreement rather than a document that collects dust in a drawer. They revisit it periodically and revise it as life evolves. They acknowledge that contributions evolve in ways that are impossible to forecast early on.

As prenups become more common, therapists will increasingly encounter their downstream effects, often years after signing. Several clinical realities are worth keeping in mind.

A prenup is an attachment event. Even when negotiated rationally, the request can activate attachment systems. For one partner, it may symbolize security. For the other, it may register as conditional commitment, triggering anxiety. Exploring attachment histories and negotiation dynamics can uncover lingering injury. Humans seek security through mutual reliance. We bond not only through affection, but through shared safety nets. When the structure of a marriage is inequitable, emotional safety can erode over time.

Structural asymmetry affects emotional safety and power. Financial structure influences psychological leverage. If one partner's wealth remains largely insulated from marital division while the other's future is more economically tied to the relationship, the risk calculus of leaving becomes uneven. Most couples don't consciously weaponize this imbalance (although I've seen it happen), but unconsciously, it can influence vulnerability, negotiation, and conflict. Therapists should assess whether either partner feels economically vulnerable or silenced.

Identity and wealth are intertwined. For some partners, financial growth represents competence and legacy. Mark's private equity deals represented ambition and worth. He wanted Danielle to share in his excitement, but it was hard for her to feel enthusiastic when she felt sidelined. Danielle's emotionally withdrawal was not stubbornness. It was grief—grief that the part of their life generating the most growth did not include her structurally. Long-term partnership is not only about emotional connection. It is about co-creation—building something shared, financially and symbolically.

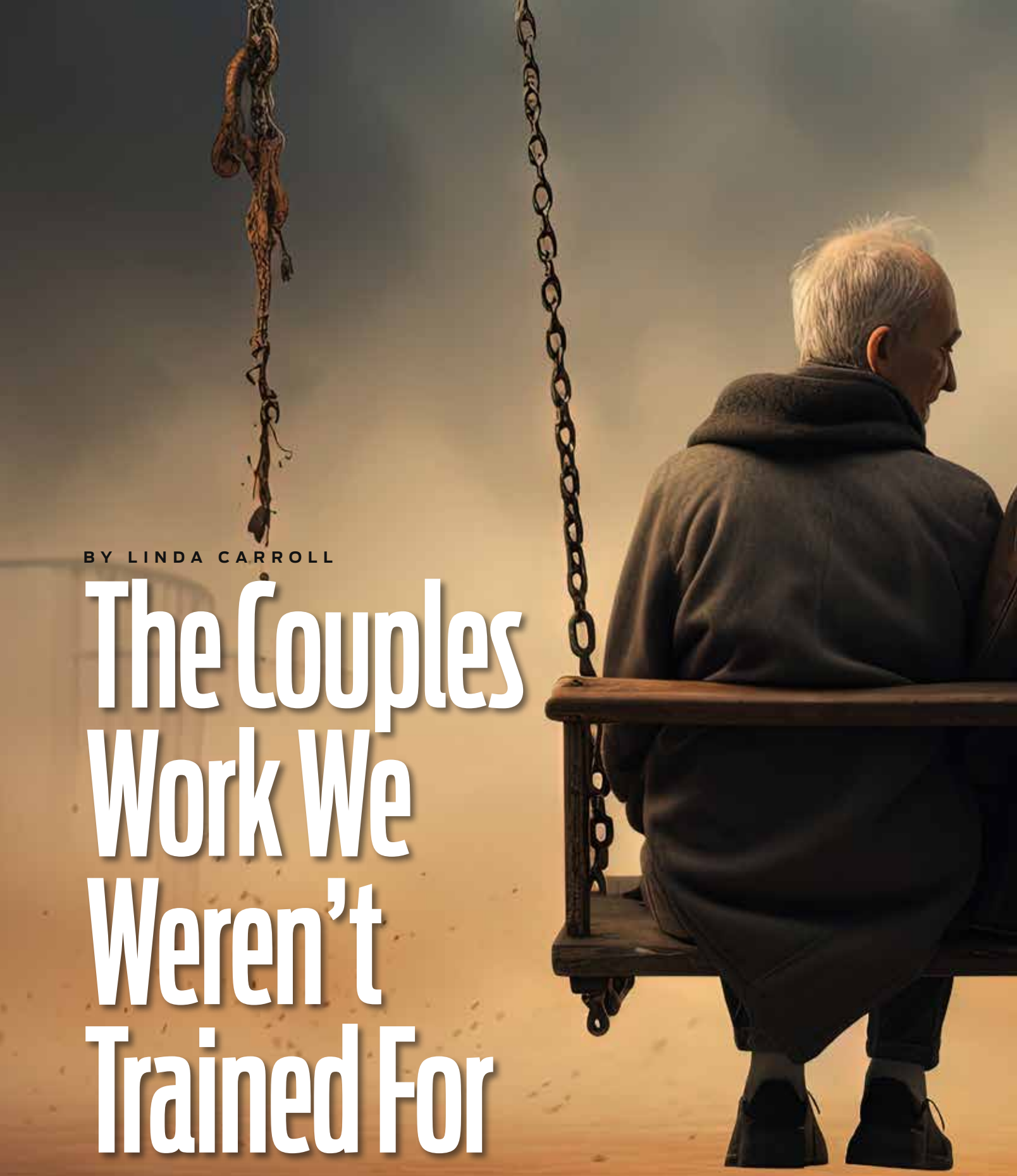
The document should evolve along with the couple. Career pauses, caregiving demands, illness, and unexpected financial growth alter contribution in nonlinear ways. Wealth grows, roles shift, and children reconfigure ambition. One partner's trajectory may accelerate while the other's stabilizes. Resentment often arises not from the original agreement, but from failure to revisit it in light of change. The advice to sign a prenup and forget about it assumes that both money and relationships remain static. They don't.

Encourage proactive renegotiation. Therapists can encourage periodic financial reviews that include retirement projections, asset comparisons, and updated definitions of fairness frame not as suspicion, but stewardship. These conversations go better during peaceful times rather than in a crisis.

As therapists, our role is not to advocate for or against prenups. It is to help couples examine the emotional fine print and ask questions like: *What does the agreement symbolize? How does it shape power? Does it still reflect who our clients have become? In which ways are our clients' lives parallel and how are they shared? How will the agreement shift if one client pauses their career, wealth grows asymmetrically, or caregiving and emotional labor falls on one person?*

In Mark and Danielle's case, therapy became the space where the agreement could be reexamined without accusation. Danielle didn't demand fifty-fifty, but she did push for a shift that felt more commensurate with her role in sustaining the life that enabled Mark's wealth to grow. They explored several options with their attorneys, but the specific solution mattered less than the shift in mindset. Defensiveness softened once the conversation shifted from division to shared security. They amended their agreement in a way that reflected not only their finances, but the life they'd built together. In the end, the prenup wasn't the threat to their marriage—their avoidance of it was. For therapists, that may be the deeper lesson. Legal structures can create clarity, but they cannot substitute for ongoing conversations about power, vulnerability, emotional security, and shared destiny. Our work is to help couples bring those conversations into the open and ensure that the structures supporting their marriage evolve alongside the relationship itself.

Emily Jamea, PhD, is an award-winning sex and relationship therapist, sought after keynote speaker, and bestselling author of Anatomy of Desire: Five Secrets to Create Connection and Cultivate Passion.



BY LINDA CARROLL

The Couples Work We Weren't Trained For

Grief, Resilience, and Intimacy in Long-Term Love

I used to think I had the map of long-term relationships figured out. I'm a couples therapist, and not only have I spent four decades working with couples, my book *Love Cycles* dives deep into love's developmental stages: the merge, the power struggle, disillusionment, differentiation, and finally, for those who are able to differentiate from each other and accept their partner as they are, wholehearted love—a deep connection that can emerge between two whole people. But I see now that I was overlooking something crucial. Life has reminded me that there's another stage—one that's easy to miss.

Like most models, mine was built on the shoulders of those who came before me, shaping my five-stage model, which culminated in wholehearted love. As a therapist, the framework I developed helped guide clients through disconnection, hardships, and crisis. And after years of painful power struggles and closed-heartedness in my own marriage, the practices my partner and I drew from this model allowed us to live—most of the time—in a wholehearted state. I thought the work was done.

What I didn't see—what few of us do—is what comes next.

When the Narrative Changes

Over the past few years, I've come to see that there's a next stage in long-term love—one most of us had no model for. I once called it "Boomer Love", thinking it belonged to older couples. But the more I've observed, the more I realize that in fact, it isn't defined by age. Although it's often most visible in older couples, it can happen at any stage of life. It's universal: it applies to heterosexual and same-sex couples, to partners in blended families and to those in chosen families alike. It's the moment when the shared narrative that once sustained a couple begins to shift or disappear, when the conversation changes or ends, and when the future feels shorter than the past.

This stage shares some features with what many call the midlife transition—the moment when the mission that once defined a couple is complete, whether it was raising children, saving turtles, building a home and garden, or pursuing some shared life project. Suddenly, the rhythms that shaped daily conversation and purpose have shifted. The familiar story that held the couple together begins to loosen, and the pages that come next appear to be completely and utterly blank. In reality, a new chapter must be discovered.

Before my husband and I became a couple, we were friends. I was living in New Zealand, and he was a large-animal veterinarian. I went with him on long drives into the country where he delivered calves, roped horses for medical care, and spayed farm cats on farmhouse tables. During those long days together, we talked—and talked. I remember thinking he was the first person I'd ever known with whom the conversation didn't end. We explored our lives in ways that were new to both of us: politics, the Perennial Philosophy, the New Age, the meaning of life. We revealed childhood secrets. We wondered out loud.

My mother once said that a good relationship is built on a hundred-year conversation. Ours began that way. And ten years later, when we became a couple, that was what I celebrated most about us.

For decades, our conversation was sustained by shared memory, mutual influence, and the ordinary back-and-forth of intimacy—stories told and retold, arguments revisited, meanings excavated and transformed. And then things began to change.

The End of Words

When my deeply feeling, truth-seeking, funny, and radically honest husband's cognitive decline began, I noticed it first in our conversations. They started to narrow. When he shared a thought about something on the news and I offered a different point of view, he became irritated. If I told him about my day, instead of responding with a comment or question, he would look at me blankly and say, "I don't get what you're saying."

Gradually the conversations became one-sided. Then they grew tense when I tried to talk about anything that required reflection or back-and-forth. Eventually, the conversations stopped altogether.

When he finally went to the doctor for an evaluation, the diagnosis—mild cognitive impairment that progressed to Alzheimer's—explained what my heart already knew.

One of the first things to be affected in this stage is the conversation itself. Couples who have spent decades—or even just a few years—talking, negotiating, teasing, debating, remembering, find that the shared discourse they relied on is no longer available in the way it once was. Memory falters. Words disappear. Energy wanes. The resource of their shared attention narrows to matters of health, safety, and survival.

What's often missed is that when this happens, people are not only grieving their partner's losses—their diminishing memory, capacity to think logically, sense of autonomy and dignity. They're grieving the loss of the relationship itself. They're grieving the end of the rich, nuanced, vibrant, unpredictable conversation that's been their relational biome.

I see this everywhere now: in my clinical practice, among friends, and in the continuing care retirement community where my husband and I live. I see couples who are still vital, opinionated, funny, sexual—or struggling deeply. I see couples facing illness, cognitive changes, and the slow—and at times rapid—narrowing of their future. Some discover forms of intimacy they never imagined themselves capable of; others reckon with resentment toward partners, family members, life, God that was never metabolized when there was still time and cognitive resilience.

When Love Either Hardens or Opens

Old love isn't simply about caretaking. Caretaking is only one piece of it—and often not the most psychologically essential one. At its core, old love confronts couples with a destabilizing truth: we're far closer to the end of this relationship than to the beginning. When that realization lands, quietly or with devastating force, it reorganizes everything.

Grief becomes ambiguous and hard to legitimize. The partner who remains cognitively intact may experience profound loneliness while still living alongside the person they love. There's no funeral for the shared narrative, no cultural ritual for the loss of mutual remembering. The partner whose memory fades often experiences an isolation so deep and frightening it's nearly impossible to describe—and without the cognitive acumen or language to share it, they may end up feeling trapped inside it.

Old love asks questions we were never taught to ask—not even in couples therapy. What happens to intimacy when reciprocity fades? What happens to desire when libidos diverge dramatically and unsalvageably? What happens when sex ends and touch disappears—not from resentment or neglect but because cognitive survival is the pressing concern and neither partner knows how to negotiate closeness without expectation or embarrassment?

For some couples, illness and decline open the door to a quieter, stripped-down form of connection. A friend once told me that after her partner developed Alzheimer's and then ALS—a progression devastating beyond words—they felt increasingly isolated from one another. And yet, in the darkest part of that journey, they discovered, as she put it, "a love I didn't know was possible." Presence replaced conversation. Tenderness emerged without agenda.

One evening she sat beside his bed, holding a straw so he could take a sip of water. He could no longer speak, and his body had grown terribly still. After he swallowed, he looked at her for a long moment. Slowly, with great effort, he lifted his fingers and placed them over her hand. They stayed that way for several minutes, saying nothing. Later she told me, "We had almost no language left. But in that moment, I felt a love I didn't know was possible."

For others, the opposite occurs. A woman once told me about caring for her husband after his stroke. For decades she'd carried most of the burdens of their life together alone—raising the children, managing the finances, remembering birthdays, doctor's appointments, everything. When his stroke left him dependent on her for nearly every daily task, something in her hardened rather than softened.

One afternoon he called from the living room asking for help finding the remote. She stood in the kitchen for a moment before answering. When she finally walked in, she handed it to him and said quietly and bitterly, almost to herself, "I've been doing this for forty years."

When there's unfinished business—longstanding resentment, silence, anger, emotional withdrawal—a diagnosis or sudden life change can feel like a death trap. One partner becomes a caretaker out of duty while privately seething: *Now I have to take care of someone I don't even like most days?* Love hasn't deepened; it has hardened. Shame often keeps these realities unspoken. Someone might find themselves performing the daily tasks—managing medications, arranging appointments, preparing meals—while inwardly counting the years of imbalance that came before. They show up, but without tenderness. The care is real, but love feels inaccessible under layers of exhaustion and unresolved hurt. Illness didn't create the distance. It simply stripped away the distractions that once kept it hidden.

Relational Fault Lines

Old love also exposes a less discussed loss: competence. Confidence, mastery, skill—physical, cognitive, emotional—can erode. Even in ordinary aging, the small abilities that once felt effortless begin to falter. What was once erotic or reassuring can begin to feel frightening or frustrating. Patience thins. Generosity contracts. Fear sharpens anger.

A partner who always handled directions on road trips may suddenly lose the thread of where they are going, fumbling with the map or GPS while the other waits. Someone who prided themselves on strength might struggle to lift a suitcase into the overhead bin or open a jar that once yielded easily.

Couples who once shared physical adventures—biking, hiking, sailing, skiing—may discover that balance is less steady, stamina shorter. The stronger partner slows down; the other feels the quiet humiliation of being ballast.

Add to this the practical decisions couples coping with cognitive decline or illness must face, which can carry enormous emotional weight: Where do we live now? How do we decide before someone else decides for us? How do we manage boundaries around our children—yours, mine, ours, or none—entering the picture when agency is compromised? These are not simply logistical questions. They're relational fault lines.

And inevitably, whether it's spoken about or not, spirituality also enters the room. People reach for spiritual language when the familiar structures of love collapse. Sometimes it helps. Often it harms. When someone who can't remember what they ate for lunch twenty minutes ago hears, "Everything happens for a reason," it can be crushing. When couples trying to figure out how long they have before they need to move into assisted living hear "You just have to stay positive," it's shaming. It can be emotionally devastating to be on the receiving end of statements like "God never gives you more than you can handle," or "This is part of a bigger plan," when what you're facing feels random, chaotic, and meaningless. Offered too early, spiritual platitudes bypass grief and invalidate rage. Wisdom traditions, at their best, don't rescue us from suffering. They become useful only after reality has been accepted.

What Remains

But across traditions—Buddhist, Jewish, Christian, Stoic—you'll also notice a similar message: attachment must change, not disappear. Someone who once relied on conversation may learn to value simple presence instead. Presence can replace reciprocity. Identity can survive, even without the mirror of mutual recognition. When the person who once reflected our shared history can no longer remember it, we must carry it ourselves. Love can outlast meaning.

With my partner, attachment shifted from shared understanding to something quieter—sitting together, measuring connection in moments of calm rather than conversation.

This is not romantic. It's rigorous. It asks couples to loosen their grip on the forms love once took while continuing to care for one another anyway. For therapists, it requires a shift in awareness. Much of the work we do with couples—helping them metabolize anger, move through power struggles, and differentiate while still being interdependent—isn't only about improving the present. Now, I see clearly that this work is also about preparing and laying groundwork for the later stages of love, when bodies weaken, memory falters, and the reciprocity that once sustained the relationship can no longer be taken for granted.

Looking back on my early training as a couples therapist, I realize how little we spoke about aging. We focused on attachment, conflict, communication—but rarely on the long arc of love. Now I find myself listening for something different: whether the couple in front of me is building flexibility, generosity, and resilience they'll one day need when the mind and body inevitably change.

In the end, long love asks us to do something simple and very hard: allow attachment to change without burying it under unresolved hurt, without letting it disappear.

Old love isn't about transcendence. It's about staying human when fairness, reciprocity, and a shared relationship story can no longer be relied on to sustain a relationship. It doesn't ask couples to fix what's ending, but to grieve what's gone and choose who they want to be in the uncharted space of what remains.

■■■■■

When I finished this article and printed it out, my husband reached for it—as he has done with my articles and writing for nearly four decades. He's always been the best editor I know, and I happily let him gather the pages into his hands. He read it slowly and then sat quietly.

When I asked what he thought, he said simply, "I don't like it."

"Why?" I asked.

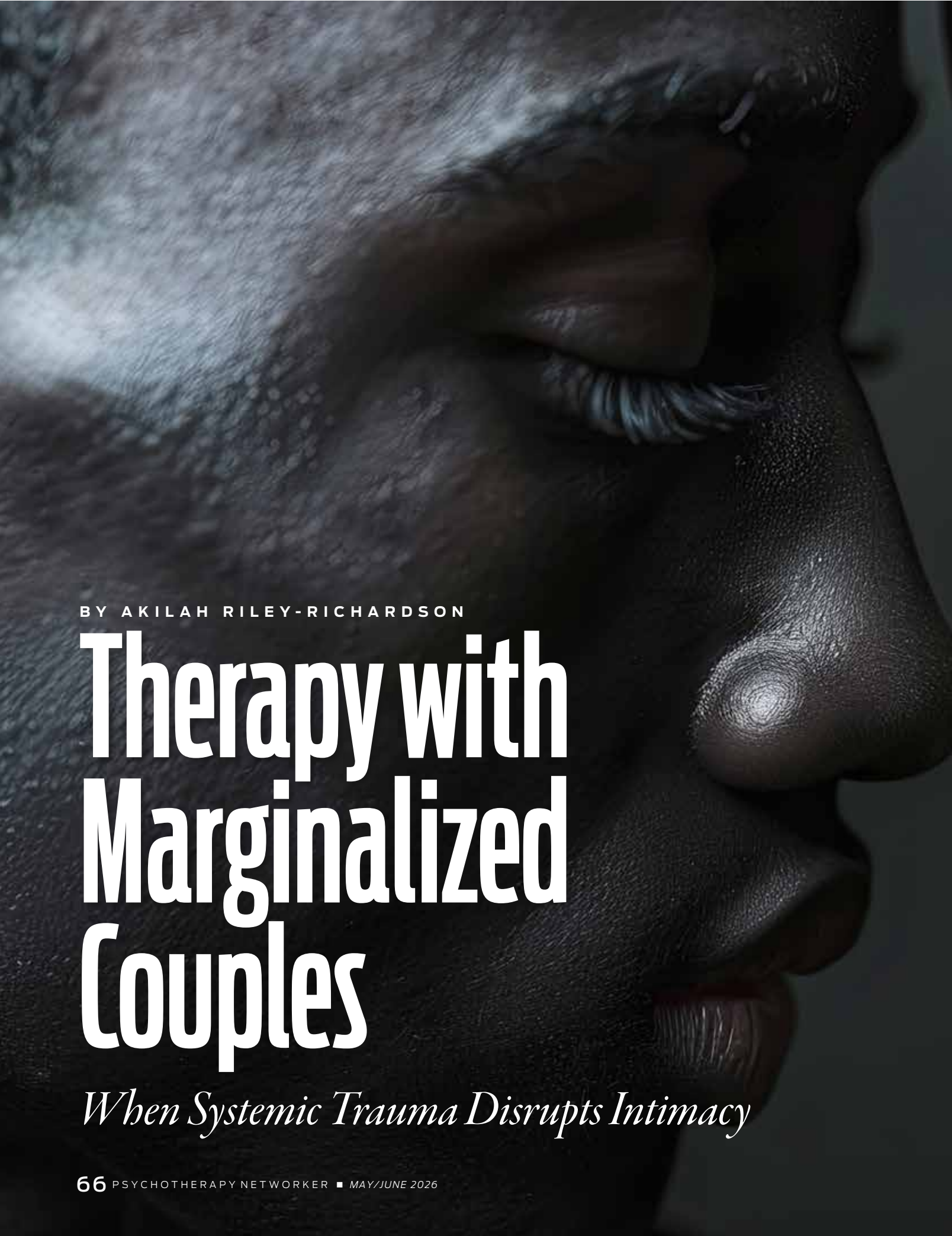
He began trying to explain what it was like to be him inside our "hundred-year conversation." For decades he's always had something to say—responses, questions, reflections. Now the thoughts were still there, but the words that once carried them no longer came. He tried to describe the frustration of being relegated to that silence.

As I listened with curiosity and care, I realized something important: the conversation hadn't stopped because he wasn't participating. It had changed because he no longer had the language to participate in the way he once had. For years our conversations were lively and expansive, both of us eagerly sharing our stories and ideas. This one was different.

Quieter. Slower. Yet it felt as deep as any we'd ever had.

If a good relationship is a hundred-year conversation, then old love may be the chapter where listening becomes more important than speaking—and where love must learn an entirely new language.

Linda Carroll, LMFT, has practiced psychotherapy since 1981. She is an IMAGO therapist, trained in Level 2 Gottman Method Couples Therapy, and completed coach training through the Institute for Life Coach Training, certified by the National Board for Certified Counselors. She is the author of Love Cycles: The Five Essential Stages of Lasting Love *and* Love Skills, *both published by New World Library.*



BY AKILAH RILEY-RICHARDSON

Therapy with Marginalized Couples

When Systemic Trauma Disrupts Intimacy

The problems many marginalized couples face in their relationships are often not about the relationship itself. They're about surviving in a world that constantly threatens their dignity, safety, and right to exist as who they are. As therapists, our role is to help couples see that the "Tide of Torment" (as one client named it) from outside forces doesn't stop at their front door. Systemic trauma seeps into the most intimate spaces of their lives, fueling habits of survival that, while protective, create distance and pain in relationships.

Once couples understand these dynamics, they can recognize that they're not fighting each other. They're fighting together against harmful systems. They can create islands of safety in their relationships, places where they can rest, be authentic, and experience intimacy. In my work with Solomon and Ayanna, I hoped to help them deepen their alliance and find respite.

Survival Habits

Solomon and Ayanna are a Black couple living in Seattle. They're both of Nigerian descent—their parents migrated from Nigeria to the United States. The couple came to therapy because their relationship had become increasingly strained and distant.

Solomon described Ayanna as an "angry Black woman." He found her to be temperamental, though he noted that she expressed her anger silently rather than openly. He complained: "She always

looks like she wants to kill me, but when I ask her what the hell is wrong, she never wants to say. What am I supposed to do with that?" He no longer wished to speak with her on many matters, as he deemed conversations to be risky and unpredictable.

Ayanna, for her part, admitted that she often felt incredible rage that she struggled to manage. She recognized that something was wrong but couldn't identify the source of her overwhelming anger. Both partners were confused and hurting, with Solomon feeling shut out and Ayanna feeling trapped by emotions she couldn't control or explain.

Initially, I worked primarily with Ayanna to understand what was happening for her. I employed specific therapeutic interventions designed to create safety and facilitate healing. Questions therapists can keep in mind to guide explorations with marginalized clients include: *During direct experiences of racism and/or homophobia, how do you keep yourself safe? When you expect to experience discrimination, marginalization, or prejudice, what are your typical responses? On a daily basis, how do you feel in your nervous system? How do you typically respond to these feelings? Which of these feelings and behaviors are connected to expectations or experiences of racism, homophobia, or transphobia? Have you seen any of these feelings or behaviors surface in your relationship with your partner(s)? Where do you think you typically exist on the window of possibilities (or the range allowing creativity and human potential)? Can you recount one or two actual incidents? Where do you think you typically exist on the window of possibilities? Has this impacted your relationship with your partner? If so, how? Has speaking about this now felt liberatory or oppressive?*

These questions support clients in a deep process of pivoting (turning their attention inward and outward) and rumbling (excavating the roots of their experiences). Through this exploration, couples can begin to see how external systemic forces have infiltrated their most intimate spaces.

"Ayanna," I began at the start of one of our sessions. "I want us to start looking at how you often feel in the world and how you survive. Is that okay with you? I know you mentioned the rage that feels hard to control, and I want to explore this with you. We want to see if it's coming from something outside of you. Please let me know if this feels right." This was an invitation for Ayanna to pivot and rumble, or turn her attention both inward to her inner experience and outward to the external systems affecting her.

"Sure," Ayanna said. "All good."

"On a daily basis, how do you feel in your body?" I asked. "And how do you typically respond to these feelings? Which of these feelings and responses are connected to expectations or experiences of racism?"

"Ha! Those are good questions. People are always saying or doing something stupid where I work."

"At work? Can you say more?" I encouraged.

Ayanna grimaced.

"I work at an IT company and honestly, there are a bunch of White folks there who don't always know how to act right. Like they would slip into some crap about immigrants, blaming immigrants for problems in this country. They think I can't hear, but oh, I can hear them. I can hear them real good. I don't say anything though. I shut my mouth, you know. It's a bunch of White boys with God complexes. I shut my mouth and say nothing. I don't know what they will do to me there."

As she shared this, I recognized that two out of the four elements of relational privilege, or the social power that enables intimate connection, were being compromised here: protection and living your truth (the other two being social welcoming and belonging and self-worth). Ayanna cannot be her authentic self, and she does not feel safe in her work environment.

"That's awful that they do this to you. I can see right now what this is doing to you!" I said, taking the relational risk to express how I feel with and for this client. This is the practice of intimacy—being present with clients' pain—which helps to validate the trauma and let them know their disenfranchised pain is being seen. "This is not okay!"

"Tell *them* that!" Ayanna exclaimed.

"Indeed," I said. "Ayanna, you mentioned that you say nothing a lot. When people say those xenophobic things, do you often keep quiet?"

"What else do you want me to do? Do you want me to say something?" she exclaimed. "Come on! Be real, Akilah!" Ayanna's habit of survival is becoming apparent even during this session. I realize that it's important for me to practice openness and not become defensive. There's a power differential in the room, which is probably awakening this survival habit in Ayanna. I recognize that even my question could have been phrased differently in order to communicate better and validate it.

Family therapist and racial trauma expert Ken Hardy defines habits of survival as "rigidified, automatic, habitual responses that are driven by survival anxiety and the orientation toward survival." Marginalized people often navigate day-to-day life by using these responses as protective mechanisms against ongoing systemic harm. When working with couples from marginalized communities, it's essential to understand that these habits are not character flaws or relationship problems, they're functions of the nervous system trying to enhance safety in largely unsafe environments.

In fact, these instrumental habits become necessary when our clients exist outside of their window of possibilities. For marginalized individuals facing ongoing discrimination, this window is often narrowed by the constant threat of harm from systems of oppression. The hab-

its they develop to cope with these threats can inadvertently create barriers to intimacy in their relationships.

"I'm sorry, Ayanna, I could have shown up differently here," I said. Even though it's unclear if there's been a rupture, a rupture makes sense when there's a need to survive in a power dynamic. By acknowledging my misstep, I model accountability and show Ayanna that not all power differentials need to result in harm. This is the continued practice of openness and a willingness to repair. "Please know that I understand how that question might land for you. A bit more grace on my end should have been communicated. Is there anything you need from me here so that I can show up in a way that feels supportive?"

"I'm good. Do your thing!" It's possible that she feels more comfortable, or the habit of survival (self-censorship) is manifesting again. I need to give her room and not dictate how she should respond to my power here.

"Saying nothing makes sense, to be honest. Some may call it a habit of survival. It may be your body's way of keeping you safe in an unsafe environment." Here, I'm encouraging the client to pivot, turn outward, and rumble. This is also a practice of epistemic embracing, or honoring her way of knowing and understanding the world. "Who knows what may happen to a young Black woman when she stands up to White men. That would scare the hell outta me!"

As practitioners, we ourselves must avoid pathologizing or vilifying our clients' habits of survival and enact critical consciousness. Instead, we support them in understanding these patterns while facilitating insight into the ways these protective mechanisms, though adaptive in hostile environments, may create disconnection in their intimate relationships. In this moment, I'm being brave enough to practice critical consciousness myself so that I too can understand the value of this habit.

"Does that feel right to you?" I asked.

Ayanna begins to cry. "You can't say anything. You can't say anything."

"Of course, you can't say anything. It doesn't feel safe and it isn't safe. That is living in your body. Does it also feel that way with Solomon?

I'm inviting Ayanna to turn outward and inward simultaneously. This allows her the room to rumble and look at the relationship. I'm not sure if the two are connected. It's not certain that the system is impacting the relationship. There can be many issues playing a role here, including Solomon's own personality or even Ayanna's family history. As such, there is a need to go slowly and check in with her. We are trying to generate an understanding together. There's no rush.

"A lot of times," she responds finally.

"Does Solomon remind you of these men at work?

"He isn't like them," she sobs. "He's kind. He doesn't say that crap. We both know what it feels like to be second-generation immigrants in this place, but . . . but . . . but everything just feels so hard since I started working at that godforsaken company. I wasn't around that many White men before, to be honest."

The link to the system is now apparent, so it is safer to explore this as a habit of survival that's impacting the relationship. The rage Ayanna feels is not about Solomon. It's about having to silence herself constantly at work. That suppressed rage has nowhere to go, and it spills over into her home life, the one place she should feel safe.

"How do you feel now as you've said that?"

"Confused, but that's okay."

"What thoughts, feelings, or sensations come up for you in your body?" I'm inviting body awareness: paying attention to visceral sensations, images, body-based impulses, meanings, affect, and sensation. "Are there any images you see? Is there anything you want to do?"

"I want to stand and stretch. I know that may sound weird.

"Let's do it together then. Is that okay?"

Ayanna nods.

"How has this conversation felt? Does it feel more like a burden or is it freeing?"

"I feel lighter and sad, to be honest. It's not like I can make all those White men disappear."

The contradiction here is important to note. There's a shift—she feels lighter—and she's also seeing the reality of her situation. The systemic harm will not disappear simply because she understands it. But the understanding itself creates space for something new to emerge.

"That makes sense to me," I affirm. "When you think about this moment, does it support or stifle your liberation?

"Well, I am stretching, so that's your answer there, but I know we have more work to do."

Systemic trauma creates barriers to intimacy. The rage Ayanna couldn't express at work manifested as silent fury toward Solomon. He wasn't the cause of her pain, but he became the recipient of the overflow of emotions she suppressed at her job. By helping Ayanna see this connection, we externalized the problem, validated her survival strategies, and opened new pathways for both healing and intimacy.

Akilah Riley-Richardson, MSW, CCTP, is a couples and trauma therapist based in Trinidad and Tobago. Dedicated to relational healing, she supports diverse communities and presents internationally, founded the Relational Healing Institute, and created the PRIDE model.

"Quiet" Brainspotting

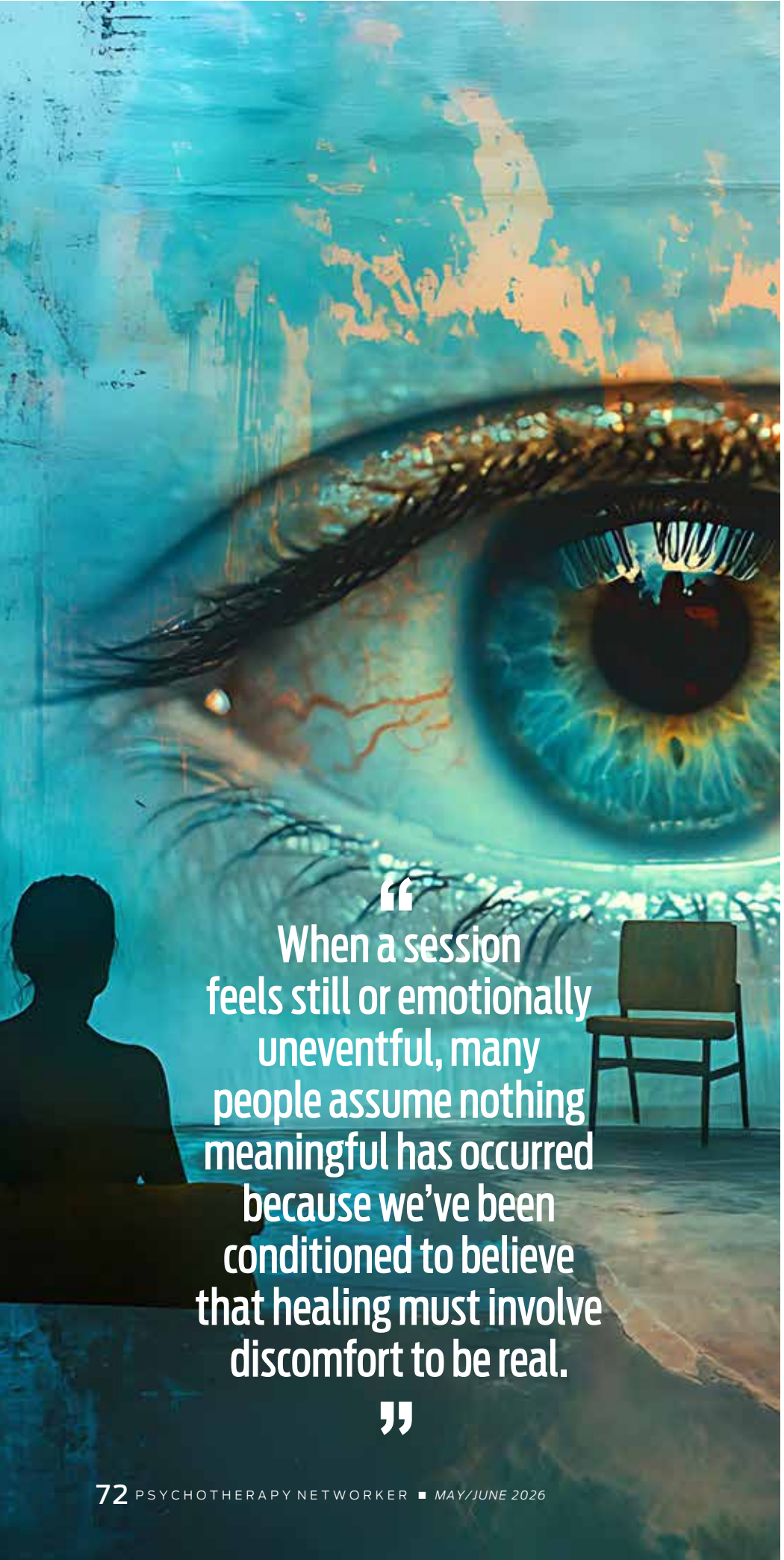
BY ALLISON BRIGGS

Trusting the Body's Timing in Therapy

When I sat in my last Brainspotting session as a client, I expected something to happen—tears, tremors, or a noticeable shift that would signal movement. Instead, nothing surfaced. As my therapist sat quietly a few feet away from me, I stared at the spot, which refers to a specific eye position believed to correlate with where trauma or emotion is stored in the brain. I breathed, spoke a little, but felt mostly blank. When the session was over, I wondered whether anything at all had happened.

At the time, I'd been practicing EMDR for several years as a trained and certified trauma therapist, with meaningful success. Still, I was beginning to notice a ceiling to how far the work could go—particularly with clients who had developmental trauma. While EMDR was effective, its structured nature often limited the depth and flexibility these cases required. I'd heard that Brainspotting was a trauma therapy that helps the brain process unresolved experiences by using specific eye positions to access where those experiences are stored in the nervous system, but I hadn't tried it. When I came across an online forum where a therapist asked clinicians trained in both EMDR and Brainspotting which they preferred, I was surprised by how many named Brainspotting, despite its limited empirical support at the time. Curious but skeptical, I decided to experience it myself before investing in training.

I was surprised to discover that Brainspotting sessions don't follow a predictable script. Some are cathartic, others are quiet and spacious, and still others unfold hours or days later outside the therapy room. No one session predicts the next, because the nervous system—not the therapist and not the client's expectations—sets the pace. I came to understand that when I felt mostly blank in my own Brainspotting session, it was actually my nervous system signaling that stillness and safety were what it needed before anything else could emerge.



What’s Happening When “Nothing is Happening”

This variability of experiences during Brainspotting sessions often confuses clients. They expect healing to be dramatic or emotionally obvious, and when a session feels still or emotionally uneventful, they assume nothing meaningful has occurred because many of us have been conditioned to believe that healing must involve discomfort to be real. We’re taught to expect progress to look like effort—crying in session, revisiting painful memories, or feeling emotionally raw afterward. Yet I’ve watched clients leave quiet sessions and later report dreams that bring unexpected clarity, waves of emotion rising without warning, tremors releasing long-held tension, or insights appearing days later. Their systems were working all along—just not on a timeline the conscious mind could easily recognize.

Part of this comes from how Brainspotting interfaces with the nervous system. Both the client’s and clinician’s steady focus engage our orienting response—the brain’s natural “pay attention” reflex. As David Grand has often said, where you look becomes a clinical access point to subcortical processing. Even when a client feels blank or neutral, deeper survival systems—operating outside conscious awareness—are already responding in the background. Brainspotting asks both therapist and client to tolerate uncertainty and allow the nervous system to lead the process.

Neuroscientist Paul Gamlin, whose research focuses on the neural control of eye movements, has also shown that eye position is closely linked to activity in midbrain structures involved in attention, orientation, and autonomic regulation—systems that shape how the body senses safety and threat. Stephen Porges’ Polyvagal Theory further helps explain why integration often occurs after the session, once the nervous system feels safe

enough to soften.

Together, these frameworks offer a coherent theory around why Brainspotting often works by collapsing the frame, i.e., quieting the mind's urge to analyze, explain, or perform, so the nervous system can process beneath any conscious effort being made. When the pressure to "do" therapy falls away, the body is free to do what it already knows how to do.

Early on, when I began practicing Brainspotting, it used to unnerve me when a client said, "Nothing is happening." An old anxiety would stir—a subtle but familiar fear of not being believed. It echoed childhood moments of being blamed for things I didn't do, and I worried that clients might think I was overselling the modality or failing them. Through my own Brainspotting work, I learned to recognize that reaction as countertransference—my own material rather than a reflection of the client's experience. Now I can stay present for it as it moves through me without collapsing the frame. I trust the process more. I trust myself more. And I trust that every client's nervous system knows what it can tolerate and when.

Ironically, this trust didn't develop in the high-intensity sessions I had with clients. It came from sitting through stillness in my own Brainspotting sessions with my therapist, when change moved at a snail's pace. Because of my own experiences, I can now hold the frame without forcing movement or interpreting the silence as a clinical mistake.

Freeze as Pacing, Not Resistance

Many quiet Brainspotting sessions reflect the body's freeze response—a protector part stepping in to maintain safety. Freeze is not resistance or disengagement. It's the nervous system regulating its own pacing. When I notice signs that a client may be in a "blank" state, I may offer brief psychoeducation about the involuntary nature of freeze. Sometimes I simply name what's happening. "Let's notice the freeze and thank it for doing its job." Other times I ask, "How old does this part feel?" The intent isn't to override or bypass freeze but to respect it as a form of protection that influences the speed of integration.

One client I've seen on and off for a couple of years demonstrates this "freeze" pattern clearly. Many of her sessions appear blank from the outside. She often reports feeling nothing. Yet her body consistently gives small cues: a lump in her throat, heaviness across her chest, tightness in her back. These sensations are familiar for someone who learned early that her needs were burdensome and her voice unwelcome. Sometimes we explore them; sometimes we simply sit with them. She rarely attributes her progress to Brainspotting, yet she returns whenever she feels stuck, which tells me she senses something shifting even if she can't name it. Over time, I've watched her stop automatically assuming she's the problem in her relationship and begin acknowledging painful dynamics she once minimized. There's never been a dramatic breakthrough—just the slow, steady surfacing of a somatic truth she can no longer ignore. Those "blank" sessions were loosening something foundational long before she had language for it.

My own Brainspotting sessions mirror this variability. Some are intense and physically activating; others feel like staring into nothing. Much of my first year in Brainspotting was characterized by an unrelenting tightness in my jaw and chest. Eventually, I began to understand that the tightness would stay as long as I stayed small—quiet, agreeable, invisible, and out of the way. I'd stopped living in any meaningful way. Brainspotting revealed that the only way through was to reclaim expression: speaking, screaming into a pillow when needed, and eventually writing. That's how I realized I needed to begin writing essays and naming truths I'd long avoided.

Now, after a Brainspotting session, sometimes hours later or the next day, a preverbal layer of experience emerges—an old loneliness, a pocket of grief, or a bodily signal that something has shifted. No narrative accompanies it, but the movement is unmistakable. Each time this happens, I feel more able to sit with my own internal experience. Pain now feels less like something to avoid and more like something I have the capacity to witness.

Ultimately, Brainspotting offers a therapeutic process in which the nervous system leads, whether the work is loud, quiet, or seemingly non-existent until it unfolds later. There are sessions where something cracks open immediately. Others create the internal conditions for change that emerge gradually in the days or weeks that follow. The variability in Brainspotting sessions isn't an obstacle but the essence of the method. When we allow clients' systems to move at their natural pace, Brainspotting becomes less about what we observe in the room and more about what clients' bodies are finally able to do. My trust in this process deepens each year. Even when a session seems quiet or uneventful, I've learned that something is almost always shifting underneath.

Allison Jeanette Briggs, LPC, is a trauma therapist and writer specializing in developmental trauma, codependency, and relational healing. She integrates EMDR, Brainspotting, and other trauma-informed modalities to help clients break free from survival patterns and reconnect with their authentic self.

Let us know what you think at letters@psychnetworker.org. Want to earn CE hours for reading it? Visit our website and take the Networker CE Quiz.

A Special Case Study

BY JOHN SOMMERS-FLANAGAN & STACEY FREEDENTHAL

Passive Suicidality & the JOVIAL CLIENT

TWO CLINICIANS RESPOND TO SUBTLE SUICIDAL IDEATION IN A FIRST SESSION

Shane, a 32-year-old freelance graphic designer, enters your office on crutches with one foot in a boot. As he lowers himself down onto your couch, he says, "I'm here because I got into a fight with my girlfriend." Your face must betray some emotion, because he laughs and follows your gaze to his boot. "The injury's unrelated–I'm just a klutz. I tripped." When you ask a follow up question about the fight, Shane sighs. "Liza was criticizing me for breaking her favorite mug. It's like the second mug I've broken in a month since I moved out of my stepdad's basement–he's such an asshole–and in with her. Anyway, I said to her, 'Well, maybe I should just kill myself so you won't have to deal with me,' and she totally freaked out! She wouldn't stop crying till I promised her I didn't mean it."

Shane stares into the half-distance, then murmurs. "We made up, but the thing is, a part of me did mean it. I think about dying a lot, like not exactly killing myself, just not being here anymore." Without missing a beat, he leans forward, his face growing animated, and he points at a framed picture on your wall. "That's such a cool print! Is that woodcut?"

Assessing Collaboratively

BY JOHN SOMMERS-FLANAGAN

Shane's multiple disclosures to open our session are intellectually fascinating, and emotionally disquieting. Initial therapeutic challenges include where to focus and how to manage my emotions. Part of me wants to explore what's under Shane's sudden interest in my office art. Another part of me wants to launch into formal suicide assessment. But my opening response is purposely much more boring.

"Yes! It is a very cool print, and it is woodcut."

"Woodcut art has that cool texture," Shane says. "Is that a hawk?"

"It could well be," I say.

Job one is to connect with Shane. He asked about the art. He didn't ask for my insightful clinical interpretations. Although his "thoughts of dying" and "not being here anymore" sound like less threatening passive suicidality (wishing to not exist), instead of active suicidality (thinking, planning, and perhaps intending to end his life), he also didn't ask for my professional suicide assessment. We begin psychotherapy *with* clients, not *on* clients.

Shane and I chat for a few more moments about art. We have time. It may not seem like it to newer clinicians but talking about suicidality can wait. After our art chat loses energy, I go back to the charcuterie board of issues that preceded his woodcut comment.

"Shane, I appreciate that you noticed my art. Thanks for that. You also shared lots of stuff about yourself, including a fight with Liza, breaking two mugs, you being a klutz, you moving out of your asshole stepdad's basement, your thoughts about suicide, Liza's reactions to your thoughts about suicide, and that you think about dying a lot."

I use an early summary for three reasons. I want Shane to know I'm a competent listener. I want him to hear my summary of his words. And I want Shane to choose where we go next. As Carl Rogers wrote in 1961, "It is the client who knows what hurts, what directions to go, what problems are crucial. . . ."

My first summary is all about content—the actual subject matter he's raised. Exploring Shane's emotions before we have an interpersonal connection is an excellent recipe for getting Shane to run away and never return to psychotherapy.

I don't know where Shane will take this session. Most likely, we'll explore painful or disturbing situations. He might say, "Like I said, I don't want to kill myself, but I think about death a lot. Is that weird?" or "I feel terrible about breaking Liza's mug. It's like a metaphor of me always breaking good things in my life." As Shane talks about these issues, I'll begin with mostly surface reflections.

In many ways, our first 50 minutes is a dance with two partners who don't

know each other well. I know the suicide assessment dance well, but if I impose it on Shane, I might step on his toes, and we could lose the beat. I still want Shane to lead—at first. I'll take my turns at leading along the way. Collaboration is central to all psychotherapy, but especially when suicidality emerges.

When Shane says, "God, let me tell you about my asshole stepfather." I say, "Yes, I'd like to hear about that." Then I listen, using both reflection ("You felt invisible around him") and affirmation ("It's hard to imagine how hard it would be to live with a stepfather like that.") Eventually, I offer a small bite of psychoeducation, along with a potential interpretive connection. "Having an asshole stepdad and all the hard things that go with that can naturally trigger thoughts about death."

Shane pauses and seems to take that in.

"Yeah, partly. But I think it's more the idea that I'm going to fuck up any chance I'll ever have at a healthy long-term relationship."

"So, let's talk about that idea—of fucking up your relationship hopes." Although I don't typically use profanity much, my intentionally using Shane's language to describe his experience may help him feel more heard, and consequently, he might be more likely to elaborate.

Intermittently, I channel renowned therapists whose contributions guide contemporary suicide assessment and intervention. As the great suicidologist Edwin Shneidman (and great singer-songwriter Joni Mitchell) recommended, my first assessment focus lingers on the mantra, "Where does it hurt?"

To get clearer on where it hurts, I ask a David Jobes question. Jobes is a psychologist who developed the collaborative assessment and management of suicide (CAMS) model. His "one thing" question is beautiful, because it so elegantly illuminates underlying factors that push clients to have suicidal thoughts: "If we could somehow magically change just one thing in your life that would eliminate your suicidal risk all together, what would that be?"

Shane looks down at his hands, then back at me. "That's easy. Trusting I won't break the good things in my life. Knowing I won't mess up with Liza like I've messed up with everyone else."

"So it's about self-trust," I say. "Knowing you can take care of what matters to you."

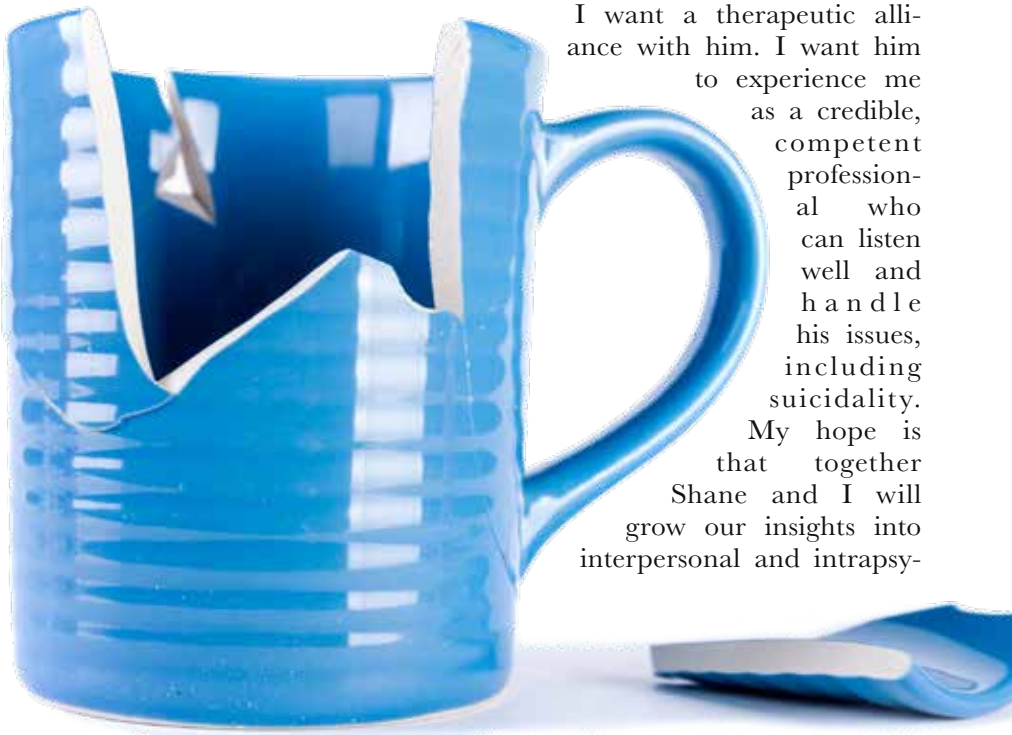
Shane's response has helped he and I identify what's pushing him toward suicide. Now that we know the suicide driver, we can work on it together.

Working with suicidality is always challenging. Shane's immediate disclosure of passive suicidal thoughts would trigger me, along with most mental health professionals. My emotional reactions and behavioral impulses are idiosyncratic to me, my professional training, and my personal lived experiences. For me, the biggest challenge involves restraining an unhelpful impulse to tell Shane everything I know about suicide. Another therapist's biggest challenges may be different, equally worth recognizing, and probably equally worth inhibiting—at least initially.

Most psychotherapists may feel a common urge, one that's been ingrained by our professional suicide assessment training. We want to grab a suicide assessment instrument like the Columbia Suicide Severity Rating Scale (C-SSRS), which is often used to identify and categorize suicide risk.

Initially, with Shane, I resist that impulse, for two main reasons: I don't want anything to interfere with the alliance I'm in the process of developing with him, and research evidence supporting the utility and validity of suicide screeners is minimal. I'm not against suicide screeners. I'm just saying, don't immediately leap into it. First, make sure your client knows you're deeply interested in hearing the stories of their life.

In psychotherapy, it's often useful to begin with the end in mind. So, even during our initial sessions, I keep the end (my goal) in mind with Shane.



I want a therapeutic alliance with him. I want him to experience me as a credible, competent professional who can listen well and handle his issues, including suicidality. My hope is that together Shane and I will grow our insights into interpersonal and intrapsy-

chic factors contributing to his suicidal thoughts and discuss his helpful and less helpful coping strategies.

So, after our initial chat about my office art, our discussion of his stepfather, and our deeper exploration into his desire to trust himself and take care of the things that matter to him, I ask him if I could "do an assessment of his mood" (n.b., I've never had a client decline this request). Then, while using a scaling technique, I normalize suicidal thoughts, "It's not unusual when people are feeling down or distressed, to also have thoughts of suicide." I ask directly, "What brings on the thoughts about death and suicide?" and "What's happening when you're free from thoughts about death and suicide?"

Regardless of my assessment approach, I realize that suicide assessment procedures have minimal scientific support. Often, clients won't elaborate on their suicidal ideation because of fears of hospitalization. Consequently, I will tell Shane that I view suicidal thoughts as a sign of distress, and not a need for hospitalization. In the process, I will be therapeutic, collaborative, and use strategies that make it easier for Shane to openly talk with me about his suicidal thoughts. Asking permission, focusing on mood, normalizing suicidal thoughts, and asking easy questions about situations that trigger suicidal ideation as well as positive, life-affirming situations set the stage for deeper questions. By the time I get to questions about previous suicide attempts, substance use, and firearms, those questions will feel like a natural part of our conversation. Eventually, I'll ask permission to create a safety plan.

"Shane, I want you to be safe and I want you to feel safe. So, if it's okay with you, I'd like to walk through with you what some very smart and famous psychologists call a safety plan. Would that be okay?"

Because I've approached this issue gently, collaboratively, and with respect, Shane is highly likely to consent to collaboratively create either a Stanley and Brown safety plan https://suicidesafetyplan.com/forms/, or a Craig Bryan crisis response plan www./msrc.fsu.edu/blog/msrc-common-data-elements-cde/.

I may even channel my inner Marsha Linehan voice to say something like, "Therapy never works on dead people. Will you commit to staying alive and working with me, even if it means we go through hell together?"

All assessments, including suicide assessments, should be therapeutic. My first session with Shane will shape our collaborative work together into the future—it will just happen to include a suicide assessment. Together, Shane and I will focus on how he can build a life that feels more meaningful, more worthwhile, and more socially connected.

John Sommers-Flanagan is a clinical psychologist and director of the Center for the Advancement of Positive Education at the University of Montana. He has co-written 10 books, including Clinical Interviewing *and* Suicide Assessment and Treatment: A Strengths-Based Approach *Learn more: https://johnsommersflanagan.com*

Taking a Direct Approach

BY STACEY FREEDENTHAL

My antennae perk up whenever a client alludes to wanting to die. And if they quickly add "like not exactly killing myself," it's highly possible that's exactly what they're thinking of. In Shane's case, we already know that he appeased his girlfriend by telling her a fib: "I promised her I didn't mean it." He might be hiding something from me, too.

Research shows that roughly half of people with suicidal thoughts deny them when asked directly if they're thinking of suicide. Even if Shane's telling the truth, the passive suicidal ideation he reports is as big of a risk factor for suicidal behavior as explicit suicidal thoughts. Thoughts of dying and "not being here anymore" indicate deep distress that needs attention.

My immediate agenda with Shane is to try to create safety and trust. So, I simply answer his question and ask one of my own.

"Yes, it's a woodcut. Thank you," I say. "Could you tell me more about your thoughts of not wanting to be here anymore, or would you rather talk about other things first?"

He looks at me, then back at the woodcut. "Where'd you get it? It's hard to find real woodcuts these days."

"From an estate sale. But when I suggested talking about other things"—I smile—"I meant about *you*."

He smiles, too, looks down into his lap, and wrings his hands together. "Yeah, sure, I guess that's why I'm here, isn't it?"

I nod but say nothing, hoping he'll fill the empty space with information that can help me understand him. Which he proceeds to do. "You know how I said I tripped?" he says, his boot-less leg bouncing as he talks.

I nod.

"I just can't get anything right. I'm a real loser." His eyes dart around the office as he talks, but they never land on mine. "Not just the klutziness. I'd still be living in the basement if not for my girlfriend."

It's tempting to refute someone when they say they can't get anything right and they're a loser. To tell them, "No, you're not a loser," or to urge them to reframe the thought or to ask them about the times they *have* gotten things right. To try to help them feel better about themselves, starting now. But I don't want to try to pull Shane out of the darkness in which he finds himself, or to turn on an artificial light. Not yet. Instead, I want to try to join him where he is.

"Those kinds of feelings are so painful," I say.

"I just think," he says, looking away, "people would be better off

without me."

My antennae spike again. Many people with suicidal thoughts feel like they're a burden on others. He said earlier he doesn't exactly think of killing himself, and he evaded the topic, but I need to ask the question. To avoid it would convey suicidal thoughts are unspeakable, which is the last thing I want to do as a therapist.

"A lot of people who say others would be better off without them have suicidal thoughts," I say. "It makes me wonder, do you think of killing yourself?"

For the first time all session, he looks into my eyes and his gaze locks on mine. He nods.

Here, it's important to say what I do *not* do next. I don't immediately launch into 15 yes/no questions about suicide risk, such as "Do you have a plan? Do you have the means? Do you have the intent to carry out your plan? Have you ever attempted suicide?"

The answers to those questions are important, but for now, I want to hear his story in his own words. Drawing on the narrative-based assessment used in psychiatrist Konrad Michel's Assisted Suicide Short Intervention Program (ASSIP), I ask Shane, "Can you tell me the story of what's led you to think of suicide?" It might seem like that question would take a long time to answer, but Shane tells me in just a few minutes about how, since adolescence, he's felt inadequate, a feeling that only worsened when he had to move back into his mother and stepfather's house at the age of 25. He discloses he has ADHD and constantly feels like he's "five days behind." Ah, I think, that likely explains his distractibility.

I want to explore his experiences with ADHD as we work together, because disorganization, unmet goals, and other common consequences of ADHD can contribute to feelings of inadequacy. Research has found that people with ADHD are at least two times more likely than others to make a suicide attempt, fatal or nonfatal.

In the course of telling his story, Shane happens to mention that he first had suicidal thoughts when he was 25 years old, but he's never acted on them. "I don't really intend to off myself," he says. "It's just something I think about when I'm really down on myself. I don't even know how I'd do it if I wanted to."

He's already ticked off some of the *yes/no* risk assessment questions without my asking. It probably feels much more therapeutic for him to tell me in his own words, rather than to be interrogated.

With that said, I do ask some risk assessment questions, to fill in the gaps. I ask if he has a firearm ("no, never"), how often he has suicidal thoughts ("like, maybe once a week") and for how long ("maybe a minute, probably less.")

"You've had suicidal thoughts off and on for a while," I say. "What's stopped you from acting on them?"

He tells me he likes mountain climbing. He loves his girlfriend. He wants to become a father. And he knows his bad moods pass like the weather.

We talk about his goals for therapy, particularly his wish to not beat himself up so much. I don't ask him to promise not to act on his suicidal thoughts. Those kinds of promises, called safety contracts, are no longer recommended for practice, because they're not effective, they center the clinician's fears of liability, and they encourage secrecy after suicidal behavior. Instead, it's advised to collaboratively create a safety plan with the client, which helps the client identify coping skills, social supports, and professional resources they can turn to.

I tell Shane about safety planning and show him the Stanley-Brown safety plan form I use. https://suicidesafetyplan.com/wp-content/uploads/2024/12/Stanley-Brown-Safety-Plan-05-02-2024.pdf He says, "But I don't really feel suicidal right now." I share a quote attributed to Theodore Roosevelt: "The best time to fix a leaky roof is when it's not raining." He chuckles and reaches for the clipboard with the blank safety plan that I'd set on the table between us.

As the clock nears the hour mark, I check in with Shane. "What's it been like to talk about these suicidal thoughts?"

He takes a deep breath and sighs. "Actually, not bad. You didn't freak out, and it feels kinda good to not be alone with it."

In the sessions to come with Shane, I'll check in again about his suicidal thoughts, update the safety plan as needed, and use evidence-based techniques specifically for treating people at risk for suicide. I'll deepen my assessment using the Collaborative Assessment and Management of Suicidality, https://cams-care.com/the-cams-framework/ which homes in on feelings of psychological pain, hopelessness, agitation, stress, and self-hate, as well as the client's reasons for living and dying. I'll draw from cognitive behavior therapy to help Shane challenge or reframe his negative self-talk, and I'll teach emotion regulation strategies from dialectical behavior therapy.

My goals are to help Shane not only survive suicidal thoughts but also feel better about himself and life. For now, we've taken important first steps together, walking side by side in the darkness into a small ray of light.

Stacey Freedenthal, PhD, LCSW, is a psychotherapist and educator who authored the books Helping the Suicidal Person: Tips and Techniques for Professionals, *and* Loving Someone with Suicidal Thoughts: What Family, Friends, and Partners Can Say and Do. *She is also an associate professor at the University of Denver Graduate School of Social Work.*

BY RYAN HOWES & JONICE WEBB

Childhood Emotional Neglect

TREATING THE WOUND THAT LEAVES NO SCAR

JONICE WEBB

We tend to think of trauma as obvious, with visible symptoms that our clients can readily trace back to specific, painful occurrences. But what about the clients who can't make that connection? The ones who say, "I feel empty, but I can't put my finger on why"? The ones who clearly carry some deep wound, but insist they were never traumatized?

Not all clients wear their trauma on their sleeve. Under the surface of a seemingly full and fulfilling life, they may be quietly dogged by a persistent sense of detachment, emptiness, or lack of feeling at all—and when you begin to explore that void, asking careful questions and using your most trusted-evidence based tools, you may come up short again and again.

"*What* do you feel?" you might ask. "*Where* do you feel it?" But the answer is always the same: "I don't know." It's not coming from a place of resistance or evasion, but genuine bewilderment. Now, you're stuck. How do you work with something your client can't even name? How do you treat a problem with no discernable origin?

According to psychologist Jonice Webb, author of the bestselling books *Running on Empty* and *Running on Empty No More,* this is a sign of an especially stealthy, insidious form of trauma known as childhood emotional neglect (CEN). With more than 30 years of clinical experience, Webb is nothing short of an expert when it comes to CEN. Her work has been featured in *The Washington Post,* Buzzfeed, NPR, and CBS News, to name a few, and she's been interviewed on more than 30 different podcasts and radio shows. She also created the first and only online CEN Recovery Program, as well as the CEN Questionnaire, which clinicians can use to identify it.

Identifying and treating CEN requires we think differently about trauma, Webb argues. To find out how, I recently reached out to Webb for an interview.

Ryan Howes: How did you come to focus on childhood emotional neglect in your work?

Jonice Webb: In 2008, I started to notice a pattern of struggles in some of my clients that I couldn't find a description or explanation for. I suspected it might have to do with some kind of trauma from childhood, but looking closely, I realized it wasn't anything that happened to these people, it was something that failed to happen to them. Their parents ignored their feelings, and no matter what their diagnosis, they shared a common lack of connection with their own emotions that held them back. Eventually, I understood that the reason I could see this so clearly was because it's the way I'd grown up myself.

At the time, the term *childhood emotional neglect* wasn't common. Emotional neglect was mentioned in research, but it was always paired with abuse that felt real because you could see and remember it. Neglect just feels like nothing. When it happens to kids, they don't remember it, they're not aware of it.

RH: It's hard to point to an absence, right?

Webb: Yeah, our brains aren't set up to register things that don't happen; we notice and register things that do. It leaves a lot of people wondering, *Why am I different than other people? What is wrong with me?*

RH: You mentioned that some of this was personal.

Webb: It was, and that's probably what made me so curious about it. Although I thought I was researching my clients, I was really researching myself. In processing it for myself, I've been able to outline what people need to get past this.

RH: Let's talk about how this presents first. What do you actually see when a CEN client is sitting across from you?

Webb: The clients who stand out seem disconnected from themselves, aren't advocating for themselves, don't protect themselves. If you ask them, "How do you feel about this?" or "What did you feel when you did that?" they'll answer with a thought, not a feeling. That's a sign of emotional neglect. Often, people who are disconnected from their emotions aren't even aware that a "feeling world" exists. Even though they're living in a world of feelings, they're not present in it within themselves. It leaves them feeling different, like something's missing inside them.

They don't usually have a vocabulary to say, "I feel empty." Instead, they'll

say, "I feel like I'm living in a black-and-white world, and everyone else is living in color," or "I feel like I'm watching myself in a movie of my life, but I'm not really living it." One guy said, "I went through my wedding, and I knew I was happy, but I couldn't feel happy, and it was horrible."

In fact, a lot of CEN clients with marriage problems report a lack of intimacy because they're not able to connect to their partner.

RH: Are they blaming themselves for the deficits?

Webb: That happens a lot. It goes back to not having any explanation for what's wrong with them. A lot of people with emotional neglect feel like their childhoods were pretty good, or they simply can't see what their parents were *not* doing for them.

RH: They say, "I wasn't abused, and we always had food on the table." They can point to the big hallmarks of a decent childhood, but they can't point out what was missing.

Webb: When there's no explanation, you feel like you're inherently damaged. That's a recipe for self-blame and guilt. You think, "Other people are healthier than me. I'm not as likable as they are." It's a setup for a lot of self-doubt. CEN clients often question whether they're even allowed to have feelings and needs. They have the least amount of self-compassion of anyone I've worked with.

RH: I would imagine that many CEN clients resist throwing their parents under the bus.

Webb: Yes, so many CEN people defend their parents because they feel like their parents did a good enough job, and they're in the habit of blaming themselves. Then, when they eventually come to see the bigger picture of their childhood, I go back to their childhood and walk them through what defines emotional neglect, and they feel immense relief.

I had one client who had lost two friends to suicide when he was an adolescent, and he had to go to the funerals by himself. His parents didn't go with him, and when I pointed out, "That's not okay, that's not what a parent should do," he was surprised.

RH: How is working with CEN different from working with someone who reports abuse?

Webb: With abuse, we usually know what happened. But if losses occurred and the client wasn't receiving compassion or support in experiencing their emotions, that's harder to tease out. People who don't believe they deserve more find it hard to accept that emotional validation and education in childhood matters.

RH: You talk about filling the emotional tank. How does one go about doing that?

Webb: Therapists get caught up in treating clients' emotions as something to learn to tolerate and manage, but in this case, you can shift to a different paradigm where you teach clients to view their feelings as a resource. Every feeling you have is a message from your body telling you something important, and you can pay attention to it and understand what those messages are. This gives your cerebral cortex a chance to process the valuable information your limbic system sends you. It's a gateway to your true inner self. If a client's awareness of what they're feeling grows, and they start to understand and use those feelings, their lives begin unfolding differently.

A lot of CEN people say, "I don't have feelings," because they really believe they don't, I usually start by having my clients keep a running log through the day of their feelings as they come. I'll ask some people to write down a feeling that they've had that day, and then bring it in, and talk about it. Some may need to sit down, close their eyes, and ask themselves what they're feeling for something to surface.

RH: Therapy is a place that welcomes emotions, which may be markedly different from the childhood environments CEN clients grew up in. Does therapy itself become a "corrective emotional experience?"

Webb: Yes. Instead of ignoring their feelings, you're asking for and honoring them. "Are you having a feeling now? Let's talk about it. I see you having a feeling. Let's deal with it. Let's make room for it."

You help them understand what the feeling means, which is the corrective part. And you preempt any tendency for them to become too dependent on you by teaching them how to process feelings themselves. You also teach them feeling management, which involves expressing feelings to other people.

Sometimes they have to learn the principles of assertiveness, and how to speak up for and express themselves, and then how to put all that together in being with people.

RH: Do you find that CEN clients get excited about this process and the growth that comes with it, or is it scary for them?

Webb: That's a great question. My book has been out for nearly 15 years, so a lot of people come to me saying, "I read your book already, and I know I want help with this." But if you're seeing this pattern in your clients, and you try to bring it up, it's often much more difficult.

Some people are relieved when you give them an explanation of CEN and will immediately start talking with you about it. Others might resist it, leave treatment, come back after it percolates, do a little bit of work, then reach a point where they can't do it anymore and leave treatment again. But because this work helps people come alive, and is so transfomative, they often come back even after all that.

RH: When you see someone who has successfully navigated much of their CEN and they're coming alive, what do you notice that's different in them?

CONTINUED ON PAGE 82

BY DUEY FREEMAN

Scott Galloway's Message for Men—Through a Therapist's Lens

WHAT "NOTES ON BEING A MAN" CAN OFFER YOUR CLIENTS

When I first picked up Scott Galloway's new book, *Notes on Being a Man,* I came to it from three places that have shaped my life's work. First, from nearly five decades as a psychotherapist, sitting in the room with men's longing and their "becoming." Second, from decades spent working with horses and people, where there's no hiding and no performance, just the truth of who you are in the moment. And third, from the territory of eldership. Galloway's book found me in all three of these worlds simultaneously, something that doesn't happen often.

My work with men has been about helping them come back into relationship—with themselves, with others, and with something deeper that often gets lost in the daily grind. I've spent years watching men wrestle with strength and vulnerability, with protection and tenderness, and with the tension between who they were taught to be and who they really are. Men crave guidance that's clear, concise, direct, and kind—and with this book, Galloway delivers.

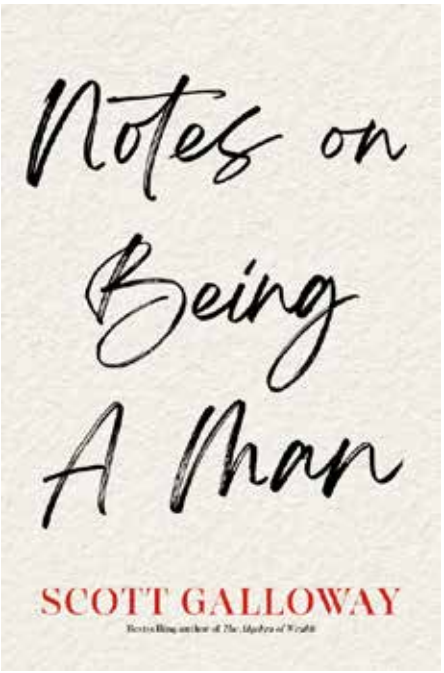
Galloway isn't a therapist, nor is he in the mental health space. He's a marketing professor at New York University's Stern School of Business, an entrepreneur, and a podcast host, known for his provocative takes on business, tech, and society. But he does, I believe, have a message that therapists would do well to hear.

Notes on Being a Man isn't a self-help book, as the title might suggest, nor is it a therapeutic guide. Rather, it begins with a story—purposeful, direct, and at times parental. It's the autobiography of a man who's loved deeply and succeeded significantly, but who's also lived a hard life, sometimes making costly mistakes. Now, he's trying to distill what he wishes someone had taught him when he was a young man.

Galloway's "notes" format is his vehicle for delivering these teachings. They're short, direct, and actionable. Each note feels like he's looking you in the eye and speaking to you directly. He's refreshingly honest about his privilege, acknowledging outright that he was "born on third base"—that his advantages as a white, heterosexual male gave him opportunities that weren't earned. This kind of transparency matters in a book for men, especially for those who weren't born with the same advantage. Had Galloway not addressed this so directly, I wonder whether he would've inadvertently sabotaged his message. After acknowledging his privilege, he encourages the reader to use what fits for them and discard what does not.

There are four places where *Notes* earns its keep. The first is in pointing out that young men are struggling. This is not an opinion. The American Psychological Association, Pew Research, and countless scholars have documented the measurable declines in male educational attainment, workforce participation, relationships, social connection, and mental health. A single mother I recently spoke with described her 20-year-old son: bright but directionless, and retreating from the world. She told me she's terrified he might harm himself before he finds his footing. This conversation, and hundreds like it I've had over the last five decades, is just one reason why this book matters.

Galloway's second significant contribution is the principle that nobody is coming to save you, and it may be the most important statement in the book.



At some point, a man has to stop waiting for circumstances, institutions, or other people to create and guide the life he wants. This shift from victim to agent isn't comfortable, but it's the threshold many struggling men need to cross. Young men require a degree of initiation that doesn't exist in our society. Although Galloway doesn't use this terminology, he doesn't soften this truth either, delivering it with what I call *useful severity*.

Third, Galloway's argument that "action absorbs anxiety" is practically sound—with one clinical caveat I'll return to later. Many of today's young men are caught in loops of thinking, scrolling, comparing, and retreating. The world doesn't open to this level of passivity or analysis; it opens to action and participation. Galloway's insistence on stepping into the arena, learning courage through risk, learning confi-

dence through difficulty, learning to handle rejection, and learning to fail isn't new information; it's ancient wisdom that must be brought to the forefront. He speaks to this well, with intensity and empathy.

Fourth is Galloway's point that men need other men—not as competitors, or as drinking companions, but as fellow witnesses to life. Galloway admits he avoided male friendship throughout much of his own early adulthood, viewing other men primarily as rivals. He got this wrong, and says so. He speaks eloquently about the terrible loneliness men experience. But he does not speak directly to the need for every man to have another man he can call at 2:30 in the morning, knowing that person will pick up. Many men have no such person. This loneliness is clinical, and often experienced as depression. And the stakes are high: in some situations, not having this person may be the difference between life and death.

Galloway primarily ties masculinity to striving, discipline, risk, and competitive achievement. There's no question that these things shape men. But five decades providing psychotherapy have taught me that over time, masculinity also grows through something quieter: the capacity to simply be with another person in the thick of life without trying to alter, fix, or overcome them. The ability to not only lead, but to follow. The willingness and ability to, in the right moment, touch another with softness and kindness.

One of my specialties in working with men is Gestalt Equine Psychotherapy, a specific modality of equine-assisted therapy that I've provided for over 20 years. I've learned that horses respond to presence, not performance. They don't care what you've built or what you've achieved, they respond to whether you show up fully and engage from a place of presence. The men who struggle most with horses are the ones who approach every relationship as a transaction or a competition. Those who manage to connect with them are the ones who've learned to simply be with another living being without an agenda, by choice, and without judgement.

Another point I found interesting is that Galloway challenges the phrase *toxic masculinity*, calling it "the emperor of all oxymorons" and arguing that cruelty, predation, and abuse of power aren't masculine at all—they're *anti*-masculine. This rebuttal will resonate with a lot of men who've felt utterly dismissed upon hearing this description of their inner struggles.

So, should you read this book? Yes, I believe you should, especially if you're a young man who's feeling adrift, avoidant, and hasn't heard an older man speak honestly about what it costs to waste your 20s. After all, Galloway writes the way a mentor talks: directly and bluntly, converting stories of regret into valuable lessons.

Men navigating identity across race, class, sexuality, or gender in ways the book doesn't address will need supplemental writing. Galloway writes from a specific vantage point, and although he names it honestly, the book's blind spots are real. The experiences of men of color, queer men, and trans men—men navigating masculinity in systems built against them—are largely absent here, and it's a limitation worth mentioning to clients before you hand them this book.

And a clinical flag on "action absorbs anxiety": for men who use busyness and productivity as avoidance, action isn't always the answer. Sometimes the work is sitting still long enough to feel what's actually there.

Whether he intended it or not, Galloway is doing elder work with his book. He's asking what his younger self needed to hear, and writing it down for men who don't have an elder close enough to ask. This work is ancient and necessary. Young men suffer when older men keep what they've learned to themselves.

Duey Freeman, LPC, is a licensed therapist, attachment specialist, and trainer who developed his own attachment and development model. He's the co-founder of the Gestalt Equine Institute and the Gestalt Institute of the Rockies in Colorado.

Open Book FROM 81

Webb: They might sit differently in my office. Instead of taking up a little bit of room, and hiding themselves, they'll be more sprawled out, talk more loudly, make better eye contact, be more assertive. There's a feeling of authenticity about them that was missing before. You see more of who they are, and you feel more who they are.

RH: They're present, maybe for the first time.

Webb: Exactly, because their emotional self that was buried all that time has started emerging. I don't want to make it seem like it's a seamless process, or an easy process. It's not. It's work, and people can do it at different speeds. Often, you see the change happen gradually over time.

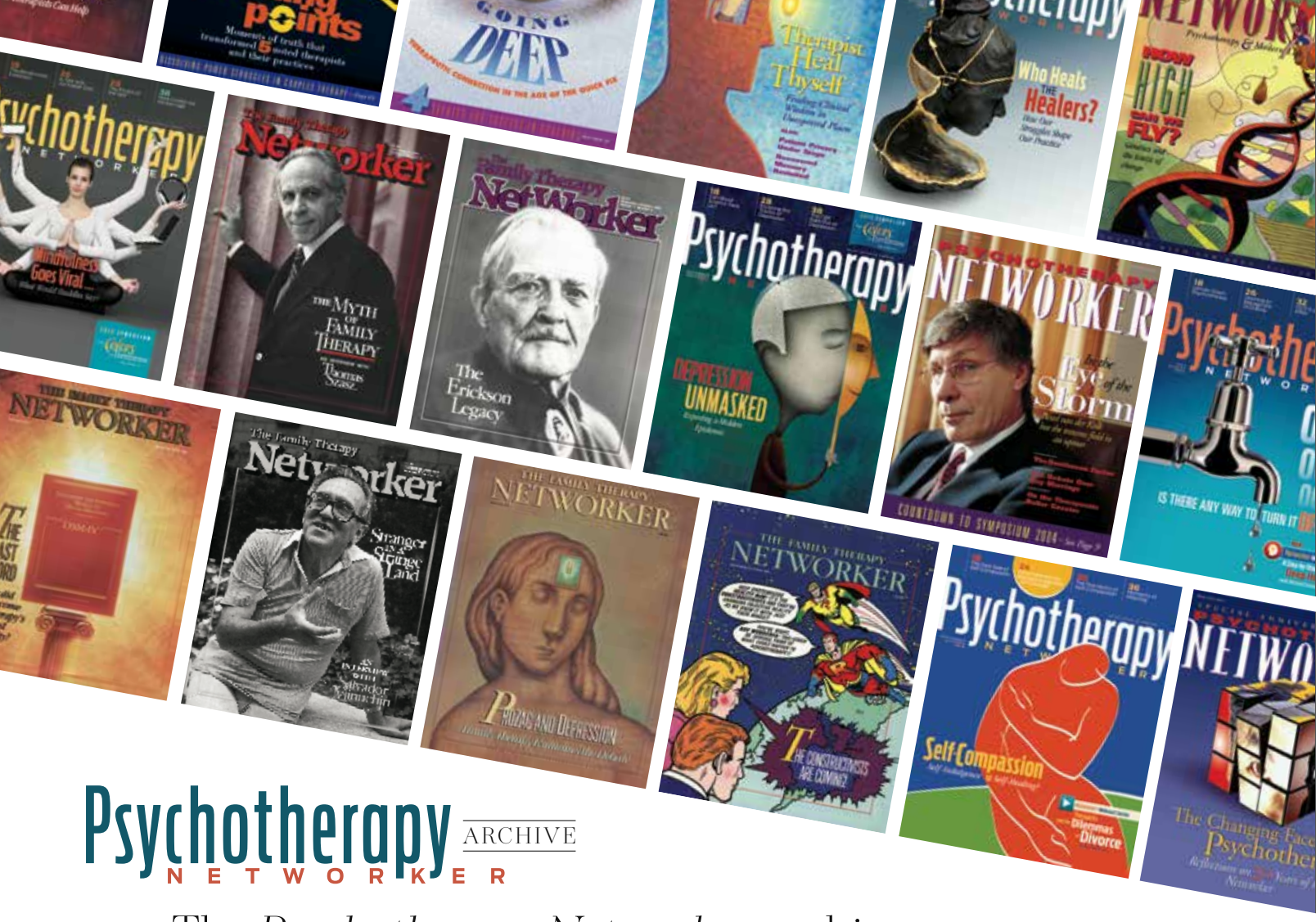
RH: What message would you like to share with clinicians about CEN?

Webb: Think of your clients' feelings as beneficial, valuable, and important, and teach your clients to pay attention to what they're feeling. Watch for people who seem unaware of their feelings, and when you see that, consider calling it out, and helping them name it.

CEN clients may have gone through their lives feeling defective or damaged. When they can name what's been happening, they realize, "Wait, I'm not damaged. There's something I didn't get in childhood, and I can get it now."

Jonice Webb, PhD, is a licensed psychologist, author, and pioneer recognized for identifying and popularizing the concept of Childhood Emotional Neglect (CEN). She specializes in how invisible, unmet emotional needs in childhood affect adult relationships and well-being, authoring bestsellers Running on Empty *and* Running on Empty No More.

Ryan Howes, Ph.D., ABPP is a Pasadena, California-based psychologist, musician, and author of the Mental Health Journal for Men.



Psychotherapy ARCHIVE
NETWORKER

The *Psychotherapy Networker* archives are open—

Subscribers get Free access to 50 years of Psychotherapy history!

Since the 1970s, the *Networker* has been the place where clinical leaders share their most compelling ideas.

Explore the trends and shifts over the decades, from the early days of EMDR . . . to the development of today's understanding of PTSD . . . to how cognitive and somatic therapists changed with landmark events like 9/11.

Our archives include intimate interviews with **Sal Minuchin**, **Carl Whitaker**, **Irv Yalom**, **Peter Levine**, **David Burns**, **Judith Beck**, **Esther Perel**, **Gabor Maté**, and many more.

Be inspired in the present by knowing the past. Dive in today by simply logging into your subscriber account.

Start your journey here

psychnet.co/archive

Psychotherapy NETWORKER

SUBSCRIBE TODAY AND GAIN DIGITAL ACCESS TO THE LATEST CLINICAL NEWS, TRENDS, AND EXPERT PERSPECTIVES!

Plus get...

- Free CE Hours (a $30 value)
- Access over 45 years of digital archives (a $12 value)
- Free 90-day trial to therapist.com (a $38.97 value)

$134.97 VALUE

FREE

FOR ONE YEAR
THEN $9.99/YEAR

+

$25 OFF

YOUR CHOICE OF CE TRAININGS

WITH PROMO CODE **25MAG**

Subscribe to the Digital Magazine at: psychnet.co/pnfree