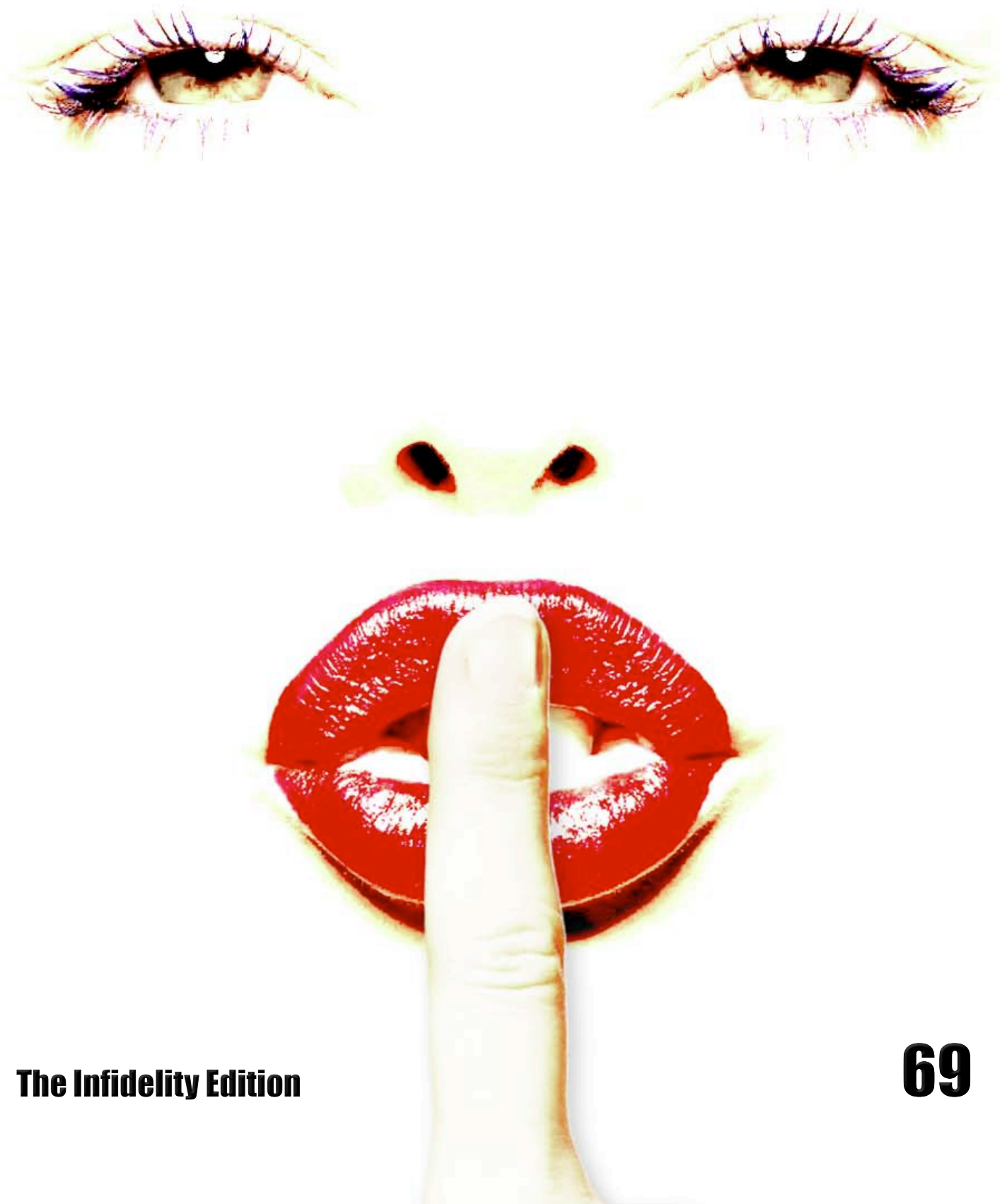


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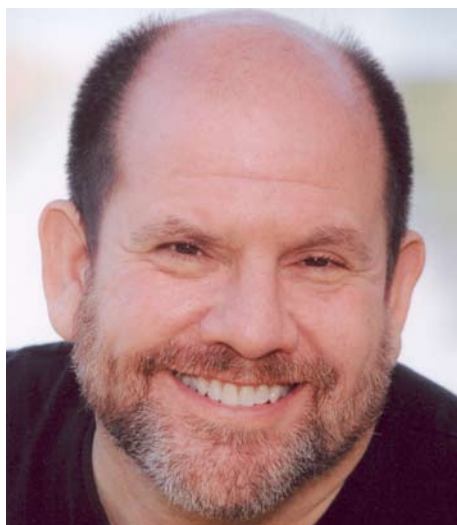
The Infidelity Edition

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Infidelity, affairs and reparation

A psychobiological approach to couple therapy

By Stan Tatkin



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For many couple therapists, sexual affairs are the bread and butter of practice. Though couples famously argue about money, mess, time, sex, and kids, affairs tend to be right at the top of the list in terms of presenting problems. First let's define our terms. When I say couple, I am referring to the adult primary attachment relationship, which we should think of as a dependency relationship; one that is symmetrical, yet strikingly similar to the asymmetrical relationship of the infant-caregiver relationship. We also should differentiate the terms infidelity and affairs. They are, in fact, quite different, as defined in this paper, and the former is more ubiquitous than the latter.

I am going to suggest that infidelity and affairs, though different, are both a function of an insecure model of attachment.

Infidelity

Before we go further, we should clarify fidelity and what it means from a secure attachment orientation. Infidelity encompasses a wide range of breaches to the relationship, from revealing a secret to a third party, to engaging in extramarital sex.

The secure attachment system, dyadic at least on the fundamental level, involves features that have been well studied in this and several other cultures (Crowell, Treboux, & Waters, 2002; Gillath, Selcuk, & Shaver, 2008; McMahan True, Pisani, & Oumar, 2001; Pasco Fearon & Belsky, 2004; Roisman, Padron, Sroufe, & Egeland, 2002; Schore, 2001). These features include attentiveness, sensitivity, responsiveness, and interest in and protection of the attachment system itself. For the infant, these features exist as part of the care-giving physical, emotional, and general psychological environment. These features are provided by caregivers through their interactions with the baby, and influence experience-dependent neurobiological systems in the baby's developing brain and nervous system. The infant's sense of safety and security comes from the caregivers' value of the attachment relationship and their ability to repeatedly locate the baby's mind and accommodate to it and to effectively respond to the baby's signals of distress and bids for connection. The secure attachment system is guided by attraction, marked by frequent play states and quick, effective soothing. The safety and security

system is protected by the caregivers' emphasis on and devotion to the attachment relationship above other goods that focus on the caregivers' own self.

In a psychobiological approach to couple therapy (PACT), we view fidelity as protection of the primary dyad and of the safety and security of the couple system (Tatkin, 2009b). The very same features and qualities that define the secure infant-caregiver relationship define the adult primary attachment relationship. The main difference between the two lies in the symmetry of the latter, resulting from the formation of a social contract of true mutuality. The securely functioning adult primary attachment relationship demonstrates continuous fidelity to a mutual, reciprocal, two-person psychological system that is plastic and dynamically responsive to the specific needs of each partner. The central glue that holds two partners in each other's orbit is attraction, and not threat or fear. Each allows the other to be himself or herself, and each allows the other to fully know his or her mind. This does not mean that secure relationships must contain secure-autonomous individuals. That is not so. Insecurities can form securely functioning relationships with primary partners as long as each understands what fidelity means and whom it serves. In other words, the social contract in a securely functioning attachment relationship protects and benefits both partners equally, with each understanding his or her role as stewards of their safety and security system.



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Affairs

What we call affairs of the heart, mind, and/or body (including adultery, in the case of married couples) are different from infidelity, which I believe is a broad issue found in couple therapy today. Affairs can be viewed as a sub-form of infidelity.

An affair usually refers to a sexual, emotional, and/or romantic fling with a person other than one's primary partner that can last anywhere from one night to many years. The statistics for prevalence are complex, but they suggest that men and women are equally capable of having affairs of various kinds. Much has been written about human male and female sexual arousal, mating habits, and other matters of pair bonding. I won't get into the science of pair bonding or sexuality here; that is for another paper. I will say human males appear to possess a greater biological inclination to seek multiple sexual partners, depending upon age and other developmental and neurobiological factors, than do females. Men also receive greater social permission for affairs than do women, within both Eastern and Western cultures and religions (Akhtar & Kramer, 1996; Fisher, 1992; Burnham et al., 2003; Gillath, Selcuk, & Shaver, 2008; Milner, Detto, Jennions, & Backwell, 2010; Neumann, 2008; Neumann, 2008; Pasco Fearon & Belsky, 2004; Roisman et al., 2002; Schachner, Shaver, & Mikulincer, 2005; Schore, 2001; Simpson, 1990). But this is not a sociological or anthropological paper; rather, I would like to look at the phenomenon of sexual/romantic affairs in the context of the presenting clinical issue within couple therapy.

Affairs are incongruous with a securely functioning attachment relationship, but consistent with insecure models of attachment. The mere existence of an intruding third person supplanting the primary partner's place in a primary dyad implies a series of antecedent behaviors already at odds with principles of a securely functioning relationship. In other words, affairs imply preexistent infidelity to a secure relational model. The affair is symptomatic of infidelity already taking place, perhaps even from the beginning of the relationship.

From an attachment point of view, affairs can have differing etiologies. Because individuals with insecure attachment are more likely than those with secure attachment to engage in affairs, we will focus on the former. For purposes of illustration, the following characterizations broadly highlight recognizable aspects of relatively more extreme insecure avoidant individuals and relatively more extreme insecure angry-resistant (ambivalent) individuals.

Insecure avoidant

Affairs, for the avoidantly attached individual, quite often are less about irresistible attractions to other individuals than about preexisting fears and aversions concerning the primary attachment relationship. We might predict affairs as a developmental outcome of the avoidant's implicit threat reaction to the mere existence of a primary partner after a perception of permanence has taken hold. This is often at the point of marriage, but sometimes earlier. The avoidant's early experience with dismissive, insensitive parenting orients him or her to a one-person psychological system that is fundamentally non-mutual, unattuned, and sometimes exploitative. The avoidant assumes on a procedural, body level that his or her primary attachment figure wants or needs something, and that it's not reciprocal. Because the avoidant's caregiver style is focused away from relationship and onto performance, appearance, and other non-relational matters, the avoidant tends to experience a greater-than-usual degree of interpersonal stress, the relief of which comes only through distancing.

To make matters worse, the avoidant, having been left alone a great deal during early childhood, is oriented toward autoregulation, an infant form of self-stimulation and self-soothing that becomes a central mode of self-care that is dissociative and non-relational. The avoidant not only is accustomed to alone time and self-care, but experiences great difficulty shifting between autoregulation and interaction with others (Tatkin, 2009a, 2009b). This makes approach by others an issue of heightened intensity. Approach, particularly by a primary partner, often is met with a threat response. The partner's approach, triggered by vocalization of his or her name, visual perception of physical approach, or an otherwise conveyed request or demand (email or text message), is experienced as an abrupt requirement to act or perform without recompense. In other words, the avoidant anticipates that all approaches represent demands that must immediately be fulfilled lest the attachment relationship become breached. This threat reaction is on an implicit, procedural level and is therefore not conscious.

The avoidant partner, while comfortable with autoregulation of distress, is relatively less comfortable with and skillful at interactive (mutual) regulation of self and partner distress. This can lead to increased incidences of mutual dysregulation and increased mutual perception of threat.

The avoidant wholeheartedly believes, based on real experience, that he or she must comply or risk destruction of the relationship. The tragic irony is that this fear leads to reflexive behavior

that is avoiding, compliant (but hostile), dismissive, or aggressive, and presents a real threat to the current relationship.

For the untreated avoidant in an insecure primary attachment relationship, the continuous threat posed by his or her primary partner overtakes sexual desire, leaving the avoidant inexplicably disinterested, turned off, and even disgusted in response to bids for intimacy. Relationship commitment often reactivates early attachment fears of engulfment and performance pressure, which often result in sexual dysfunction of some kind, including loss of libido; dyspareunia; anorgasmia; erectile dysfunction; or aversive reactions to physical proximity, as experienced by the near senses (smell, taste, touch, and near vision). These reactions seem limited to the primary partner.

The avoidant's preexisting fear of being used, exploited, or misunderstood results in a threat response, which in turn becomes threatening to his or her primary partner. The partner's defensive response to this threat is mistaken by the avoidant as evidence of his or her own truth and experience. The avoidant's loss of libido, which is interpreted as indifference, often is touted in terms of "I'm not attracted to him anymore" or "She's boring to me" or "We're not sexually compatible" or many other variations. Unaware that the threat response was set during early childhood, the avoidant partner's aversion leads to a search for unencumbered novelty in the form of strangers.

The avoidant's libido is unaffected outside the interactive orbit with his or her primary mate. The ability to masturbate, for instance, is undisturbed,



Heartened by the healing power of abreaction with his individual patients, Dr Horowitz suggested to Gerald that he be more forthcoming with Anne about the details of the affair that had brought them to therapy.

as are sexual encounters with non-primary persons. It is poignant to note that avoidants commonly have affairs with other avoidants, with both parties failing to recognize their collusion in one another's flight from primary partners. Because of the avoidant's facility for autoregulation, he or she may develop various polysexual fantasies and attractions. The penchant for alone time and fear of dependency, plus guilt and shame associated with the bewildering threat reaction toward the primary attachment partner, compel the avoidant to lead a secretive lifestyle. The belief that his or her partner is misattuned, does not "get me," and is roundly inadequate to serve as a caregiver, provides the justification and entitlement for having affairs.

The insecure angry-resistant (ambivalent)

The insecure angry-resistant individual, who for simplicity we'll term ambivalent, on the other end of the insecure attachment spectrum, engages in affairs for different reasons. Someone who is ambivalently attached may have affairs not because he or she is always attracted to other individuals, but because of the preexisting anticipation that experiences of rejection, withdrawal, or abandonment will occur within the ambivalent's primary attachment relationships.

We might predict, given the ambivalent's developmental trajectory, that he or she will seek others because of a pervasive feeling of being unappreciated, unloved, and abandoned by his or her primary partner. Thus, the attraction to others may be an ambivalent reaction to the primary attachment figure, rather than a desire for other persons. In fact, some individuals at the far end of this insecure attachment spectrum experience undue distress when feeling unwanted, unattractive, abandoned, or punished. This dates back to the preoccupied care-giving style to which the ambivalent adult has been exposed, which was characterized by anxiety, hostility, insensitivity, and role reversal. The ambivalent child experienced a mix of feeling needed and wanted and of feeling burdensome, needy, and rejected. His or her preoccupied caregiver(s) tended to feel overwhelmed and easily frustrated with their responsibilities, and angry with past and current attachment figures who would not or could not help. This problem with self-regulation of distress resulted in poor regulation of the child's distress.

Caregivers of the ambivalently attached child may have employed behaviors intended to draw that child into an emotional regulating role. If role reversal was severe enough, the child learned to focus on others' emotional reality at the cost of his or her own. The child's insecurity with the attachment relationship led to clinging and to worrying about the existence of a secure base with the caregiver. Such children often present as fussy when in the presence of their caregivers, and as highly distressed and preoccupied with the loss of their caregivers when separated. The ambivalently attached adult similarly worries about and over-focuses on his or her primary partner and has difficulty shifting from interaction to being left alone. Not as facile with autoregulation as their avoidant brethren, ambivalent individuals seek external regulation for distress relief. Talking and interacting are settling for them; the opposite is the case for avoidants, who require alone time for distress relief.

The ambivalent partner, while comfortable with one-way regulation of distress in dyadic situations, is relatively less comfortable and skillful at interactive (mutual) regulation of self and partner distress. This can lead to increased incidences of mutual dysregulation and increased mutual perception of threat.

The ambivalent partner believes, through early experience, that he or she is "too much," "burdensome," "or a pain in the ass," and anticipates withdrawal, rejection, abandonment, or punishment by the primary attachment figure. This leads to negativistic behavior, particularly upon reunions, which can involve hostile exchanges. The ambivalent partner, in his or her expectation of being let down, ripped off, or abandoned, experiences his or her partner as threatening especially if the partner is unresponsive or is unavailable for external regulation. The longing for reunion after separation is intermingled with anger and resentment, which often appear during reunion proper. This anticipation of being left or let down can arise just prior to, or at, the time of a planned positive or intimate activity with the primary partner, such as a vacation, romantic day or evening, and lovemaking. The event itself represents a reunion of sorts, which represents a fulfillment of a wish for consistency, safety, and security. The reflexive threat response to this perceived promise of fulfillment is anger and resistance. It is as if the "baby" is still expecting the bait and switch and saying, "I'm not going to fall for that again." The ambivalent's fear of

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anticipated rejection, withdrawal, and abandonment is actualized by his or her threatening behavior, which presents as angry or hostile, and rejecting.

The ambivalent partner's libido may be affected by his or her anger toward the primary partner. He or she may feel convinced the partner is not interested or attracted to him or her. Because of the preexisting threat that is part of the early childhood attachment experience, the ambivalent partner may become threatening to his or her partner, whose own defensive reactions become increasingly mistaken by the ambivalent as evidence of what he or she already believes to be true. All of this, of course, remains on the implicit, procedural level and out of conscious awareness.

The ambivalent's need for interaction and intimacy may result, in some extreme cases, as a pansexual expression with others outside the primary relational orbit. The anger and injustice the ambivalent experiences with the primary figure provides the justification and entitlement to have affairs.

Reparation

The problem of infidelity, as described here, is as catastrophic to adult primary relationships as are affairs and adultery; however, the latter create urgency and likely will bring couples in for therapy, whereas the former may lead to a gradual decay of safety and security and eventual disbanding. The clinical presentation of a sexual affair focuses therapy onto the injury caused by the offending partner, with hopes of reparation, forgiveness, and continuation of the relationship. The obvious act of betrayal leads both the couple and the therapist to become preoccupied with the phenomenon of the affair, including compulsory and reasonable questions concerning what happened, when it happened, with whom it happened, and why it happened. The wounded partner is often disoriented by the betrayal, perplexed, hurt, and enraged, while at the same time mired in a complicated emotional process of deciding whether to leave the relationship. Meanwhile, the offending partner is likely to feel ashamed, guilty, and fearful of losing the relationship, while also wishing he or she could fend off the unrelenting questions and anger of his or her partner. Regardless of gender configurations of victim and perpetrator, the couple therapist is saddled with the problem of reparation and salvation of the relationship, while refereeing each partner's need to know, understand, and be reassured, as well as need to avoid, forget, and be released of guilt or blame.

However, neither therapist nor couple can find

reparation or salvation on this level alone. The larger, more systemic problem of infidelity must be explored and addressed, and that expands the focus to a more immediate and long-term concern. If we are to accept the notion that affairs mostly occur within one-person oriented psychological systems, or insecure models of attachment, we can agree that over-focus on victim-perpetrator problem solving can and often will lead treatment down an unresolvable path. It may be very difficult for the couple therapist to resist becoming caught in the content of the affair, and it may be especially difficult for the therapist to view this content as ultimately misleading to the couple.

The therapist does not excuse bad behavior on the part of either partner, nor does he or she dismiss abject violations of decency or kindness when presented. However, if the therapist becomes trapped in the circular threat reactions of each partner, while attempting to repair and forgive infractions, the hope for true reparation and true forgiveness will be set adrift. The real opportunity that arises out of the trauma created by an affair is the possibility of a sea change in the couple's relational model. The couple therapist can use the blunt force of adultery to help convince both partners of their pre-existing infidelity to the relationship. In this way, the affair can be viewed not so much as a loss, but rather as evidence of something that was missing all along. That "something" is a real model of mutuality, dependency, and security. If we take insecure models of attachment as developmental trajectories that predict future pair bondings and attachments, the discovery of affairs by partners and the urgency that brings them to therapy become the harbinger of new beginnings and the hope of attaining, at long last, a secure relationship with another human being.

Conclusion

The clinical presenting problem of infidelity exposes a much larger challenge to the couple therapist than does a sexual affair.

Fidelity must not be viewed as loyalty to another person, but rather to a governing set of principles mutually agreed upon by the partners. The most sustaining principles are those consistent with a secure attachment model. In adult attachment relationships, the model is based on symmetry between partners and a social contract that places primary emphasis on the relationship itself and on the safety and security it provides both partners.

In a very real sense, infidelity and affairs cannot be forgiven or repaired unless the couple undergoes a sea change in their relational stance. Their model of



Partners in a primary attachment relationship are inextricably connected to and dependent upon one another, despite defenses that often deny or dismiss this fact.



relationship must become consistent with principles of securely functioning attachment. The likelihood that the adulterous partner is coupled with a secure-autonomous partner is slim. The couple therapist can expect that both partners lack fidelity to secure principles of attachment. The affair is therefore viewed as a symptom of a systemic and mutual misunderstanding of secure coupling, and is not the case of one partner betraying the other. The latter is a case of prima facie deception. The psychobiologically oriented couple therapist understands that a partner who violates protection of his or her own primary attachment relationship also destroys his or her own sense of safety and security. That is because partners in a primary attachment relationship are inextricably connected to and dependent upon one another, despite defenses that often deny or dismiss this fact.

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