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Mark Karris , M.A., M.Div.

*Point Loma Nazarene University*, [markgkarris@gmail.com](mailto:markgkarris@gmail.com)

Katarena Arger , M.A

*Alliant International University*, [Katarena.Arger@gmail.com](mailto:Katarena.Arger@gmail.com)

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## **Religious Couples Re-Storying After Infidelity: Using Narrative Therapy Interventions with a Focus on Attachment**

MARK KARRIS, M.A., M.Div.

*Clinical Counseling Program, Point Loma Nazarene University, San Diego, CA*

KATARENA ARGER, M.A.

*California School of Professional Psychology, Alliant International University, San Diego, CA*

Attachment-focused narrative interventions used with religious couples of the Abrahamic faiths (Judaism, Christianity and Islam) dealing with the effects of infidelity is discussed in this article. With religious couples, the couple attachment bond is commonly harmed after infidelity. The attachment bond with God can also be affected with one or both partners. Partners who once felt close and connected with God can feel angry and distant because of infidelity. Since the Abrahamic faiths are narrative-based religions, and an attachment bond with God is essential, attachment-focused narrative interventions can help couples re-story their relationship with each other and with God. Attachment-based narrative interventions are also illustrated using case-examples to help practitioners collaborate with religious couples to co-author new narratives and journey toward empowered futures.

**KEYWORDS** infidelity, religion, divine struggle, attachment theory, narrative therapy

Infidelity affects 20-25% of marriages across a lifetime (Fincham & May, 2017). Approximately 1-4% of spouses will be involved in sexual infidelity during the course of a year (Fincham & May, 2017; Josephs, 2018). Partners who are victims of infidelity by their partner may experience an *attachment injury*, which is a betrayal that creates relational distress and insecurity within the attachment bond (Johnson, 2004). Working with couples in the aftermath of infidelity can be one of the most difficult types of issues to treat (Baucom, Gordon, Snyder, Atkins, & Christensen, 2006). Through the therapeutic process, there is the potential for new empowering stories to emerge (Laaser, Putney, Bundick, Delmonico, & Griffin, 2017).

According to Atkins and Kessel (2008), religion appears to reduce the likelihood of infidelity, especially when considering religious community involvement and adherence to religious teachings (Tuttle & Davis, 2015). Despite the reduced likelihood, religious couples present to therapy due to struggles with infidelity (Anderson & Natrajan-Tyagi, 2016; Gibson, 2008). Once in treatment, couples may disclose relational distress in addition to spiritual struggles with God.

Degree programs rarely introduce mental health professionals to the topic of religious and spiritual issues (Carlson, McGeorge, & Toomey, 2014). Thus, clinicians often feel incompetent, anxious, and timid about addressing religious and spiritual matters (Helmeke & Bischof, 2002). In addition, counselors struggle with feeling secure about bringing up issues of religion and spirituality, fearing they could impose their own beliefs on their clients (Cornish, Wade, & Post, 2012). Therapists treating infidelity with religious couples using narrative therapy, with a focus on attachment themes, with both God and adult intimate relationships, are outlined in this paper.

There are couples whose attachment with God is ruptured after significant traumatic events, such as infidelity (Exline, Grubbs, & Homolka, 2015; Exline, Park, Smyth, & Carey, 2011). Because most of the research on attachment to God and infidelity with religious couples focus on

Christian samples, Abrahamic faiths, which include Judaism, Christianity, and Islam, are discussed in this article (Bonab, Miner, & Proctor, 2013; Harris, Marshall, & Schvaneveldt, 2008). It is proposed that narrative therapy, with an emphasis on attachment themes with God and intimate relationships, will offer a robust therapeutic strategy to help couples heal and move forward after the effects of infidelity. Narrative therapy can assist couples deconstruct dominant discourses, re-author new narratives, and move toward co-constructed, empowered futures with and between selves and with God (Parker, Berger, & Campbell, 2010; Reibstein, 2013; White, 1993; White & Epston, 1990). Because the Abrahamic faiths center around narrative-driven sacred texts, and narrative therapy prioritizes the deconstruction and reconstruction of narratives, therapists may find narrative interventions useful in working with religious couples struggling with the effects of infidelity (Carlson & Erickson, 2000; Weatherhead & Daiches, 2015).

### **Infidelity**

The most simplistic definition of infidelity is unfaithfulness between two individuals in a committed relationship (Penn, Hernández, & Bermúdez, 1997). However, the literature on infidelity offers no clearly agreed upon definition of infidelity, nor what behaviors might be included in its description (Blow & Harnett, 2005a). Infidelity may include several activities such as, but not limited to, “pornography use,” “fondling,” “kissing,” “sexual intercourse,” and “oral sex” (Blow & Harnett, 2005a, p. 186). Various phrases describe infidelity including “cheating,” “extramarital relationship,” “having an affair,” “committing adultery,” and “friends with benefits” (Blow & Harnett, 2005a, p. 186). Fife, Weeks, and Gambescia (2008) conceptualized infidelity as a relational issue and suggested infidelity is a betrayal of an individual’s commitment to intimate exclusivity.

Additional forms of infidelity that present in long-term relationships include one-night stands, philandering, connecting strictly on an emotional level, and Internet relationships, among others (Blow & Harnett, 2005b). Infidelity may also be classified across a spectrum of sexual and emotional types: sexual-only, emotional-only, and combined emotional and sexual (Blow & Harnett, 2005b). Considering the definitional difficulties, Blow and Harnett (2005a) suggested infidelity be defined as:

A sexual and/or emotional act engaged in by one person within a committed relationship, where such an act occurs outside of the primary relationship and constitutes a breach of trust and/or violation of agreed-upon norms (overt and covert) by one or both individuals in that relationship in relation to romantic/emotional or sexual exclusivity. (pp. 191–192)

Given the difficulty in defining the term *infidelity*, authors propose that infidelity in its simplest form is a betrayal of relational trust (Penn et al., 1997). It is suggested, in true narrative fashion, that practitioners pay close attention to the terms their clients use to explore the reasons they are coming into therapy. Once the client’s terms are understood, practitioners can then use those terms in subsequent sessions.

### **Religious Couples and Infidelity**

Though the three Abrahamic faiths of Judaism, Christianity, and Islam are different religions and should not be considered the same, they do converge around the sanctity of marriage and the perception of God as a divine attachment figure (Harris et al., 2008; Prothero, 2011). The Abrahamic religion’s emphasis on God as an attachment figure and the perception that God instituted marriage as a sacred covenant, promotes marital happiness and stability, reduces the

likelihood of infidelity, and protects the relational bond (Atkins & Kessel, 2008; Lambert & Dollahite, 2006; Lambert & Dollahite, 2008).

As beneficial as religion can be for couples, there will be religious couples who seek out therapy because of relational distress due to infidelity (Anderson & Natrajan-Tyagi, 2016; Gibson, 2008). In the aftermath of infidelity, the attachment bond can be ruptured between partners, and there is the possibility of an attachment injury with God. Speaking to those feeling betrayed by both their partner and God, Spring and Spring (2012) wrote, “Gone is your fundamental sense of order and justice in the world.... You may feel abandoned by everyone — family, friends, God” (pp. 9-10). Clinicians who become aware of the nuances of divine struggle when working with couples affected by infidelity can help those couples repair their relationship with God if they feel so inclined. Religious coping strategies during suffering is the topic to which we now turn.

**Positive and negative religious coping.** Pargament, Smith, Koenig, and Perez (1998) differentiate between positive and negative religious coping. Many partners exhibit positive religious coping after an affair, which is to turn to a secure relationship with God and find solace in the midst of pain and suffering (Lambert & Dollahite, 2006; Pargament et al., 1998). Couples who engage in negative religious coping, experience conflicted feelings and beliefs about God as a trusted attachment figure in the midst of suffering (Pargament et al., 1998). In attachment terms, negative religious coping does not enable individuals to see God as a “haven of safety” and a “secure base” to turn to in distress and instead sees and experiences God as untrustworthy (Eckert & Kimball, 2003).

**Negative religious coping and mental health.** McConnell, Pargament, Ellison, and Flannelly (2006) link negative religious coping with many forms of psychopathology including anxiety, depression, and obsessive-compulsiveness. Negative religious coping or “divine struggle” may also impact physical health (Gall & Guirguis-Younger, 2013; Grubbs & Exline, 2014). Divine struggle is also related to lower levels of self-esteem, meaning, problem-solving skills, and life satisfaction (Wilt, Exline, Grubbs, Park, & Pargament, 2016). It is hypothesized that the ill-effects of negative religious coping after infidelity can hinder a couple’s healing potential after infidelity. A partner who is distressed in their relationship with God can possibly have less positive emotional and mental resources available to work through and re-story their distressed relationship with their partner.

Abu-Raiya and Pargament (2015) suggested, “Practitioners, therefore, should be sensitive to the potentially diverse ways people from different religious worlds may experience and express religion in coping with the stressors of their lives” (p. 31). While there is a deficit in explicit research that addresses divine struggle and infidelity, clinicians’ anecdotal reports support the need to increase competencies with couples who experienced both positive and negative religious coping after infidelity.

## Narrative Therapy

Narrative therapy, developed by Michael White in collaboration with David Epston, is based on the social constructionist perspective that individuals organize their lives and create meaning via stories or narratives embedded within the dominant discourse, social context, and their lived experience (White & Epston, 1990). It is within this oft oppressive context that problems are perpetuated; thus, the goal of narrative therapy is to separate or deconstruct *problem-saturated* stories and facilitate the *restorying* of an individual’s experience (White & Epston,

1990). Individuals become stuck in a story that does not align with their preferred narrative or view of themselves, resulting in the problem being maintained or even exacerbated (Carr, 1998).

Narrative therapy has been used extensively with couples, and more specifically with couples and infidelity (Bermúdez, & Parker, 2010; Blanton & Vandergriff-Avery, 2001; Duba, Kindsvatter, & Lara, 2008; Freedman & Combs, 2016; Gallant & Strauss, 2011; Parker, Berger, & Campbell, 2010; Polanco, Shelton, & Perdomo, 2017; Rosen & Lang, 2005; Williamson & Brimhall, 2017). Bermúdez and Parker (2010) asserted when working with couples who have experienced infidelity, a narrative therapy approach is especially useful. The narrative approach to therapy is collaborative, with the practitioner adopting a consultative position to help clients re-author their story using various techniques such as externalizing the problem, deconstructive listening and questions, mapping the problem, and identifying unique outcomes (Carr, 1998).

Central to narrative therapy is the process of externalization whereby practitioners help individuals develop an identity detached from their problems and the dominant discourse in which problems are often situated (Carr, 1998). According to White and Epston (1990), “as persons become separated from their stories, they are able to experience a sense of personal agency. . . they experience a capacity to intervene in their own lives and relationships” (p. 16). Externalizing shifts the focus from viewing the problem as residing within the individual to seeing it as a separate entity to be explored and redefined. This is accomplished by listening attentively to the individual and asking questions to *deconstruct* problem-saturated stories and facilitate a new understanding of the problem (Freedman & Combs, 1996).

The process of deconstruction creates space for new meanings and constructions to emerge. As described by Freedman and Combs (1996), “deconstructive questioning invites people to see their stories from different perspectives, to notice how they are constructed (or *that* they are constructed), to note their limits, and to discover that there are other possible narratives” (p. 57). Once the problem-saturated story is externalized, individuals can begin to examine or *map* the influence of the problem in their lives and relationships as well as how they have influenced the problem (White & Epston, 1990). Separating the problem from the person (*externalizing*) and gaining insight and understanding into the life of the problem (*mapping*), affords individuals and couples the opportunity to search for alternative stories or unique outcomes (Freedman & Combs, 1996). Identifying unique outcomes assists in the construction of a new, preferred narrative that is detached from the problem-saturated story and its effects, ideally resulting in a new experience of the problem (White & Epston, 1990). Unique outcomes are described by White and Epston (1990) as “aspects of lived experience that fall outside of the dominant story [that] provide a rich and fertile source for the generation, or re-generation, of alternative stories” (p. 15). Unique outcomes inevitably lead to a fresh experience and the construction of a preferred narrative distinct from the problem.

## **Attachment and Narrative Therapy**

At the heart of attachment theory is the capacity to seek, receive, and give comfort and reassurance; thus, attachment theory helps describe the meaning and importance of emotional safety in relationships and what happens when emotional responses are poorly understood and managed (Dallos & Vetere, 2014). As stated by Bowlby (1980), “many of the most intense emotions arise during the formation, the maintenance, the disruption and the renewal of attachment relationships” (p. 39). Narrative therapy attends to how individuals story their experience and how certain narratives become dominant while other constructions are marginalized (White & Epston,

1990). The complementarity of attachment theory and narrative therapy becomes evident when examining particular constructs of each approach.

Bowlby's concept of internal working models, or mental representations, may have much in common with personal narratives in that they both influence how individuals perceive, experience, and behave towards others and the world (Bowlby, 1973; White & Epston, 1990). Internal working models of the self and the world are constructed based on experiences with attachment figures (Bowlby, 1973). These experiences assist the individual with forecasting how accessible, responsive, and engaged their attachment figure will be when seeking support (Bowlby, 1973). Regarding personal narratives, White and Epston (1990) wrote, "in striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them" (p. 10). Internal working models and personal narratives both provide a framework for the individual to evaluate themselves, others, and the world based on lived experience. As stated by Vetere and Dallos (2008), "our capacity to reflect on experience and our narrative ability to tell coherent stories about our lives is shaped by our attachment experiences" (p. 375).

A parallel can also be drawn between the importance of having a corrective emotional experience to repair ruptured attachment bonds and the goal of restorying experiences in narrative therapy (Dallos & Vetere, 2014). Recreating a secure bond after it has been broken allows for trust, safety, and a sense of connectedness to return and redefine the relationship as a secure base and a safe haven (Johnson, 2004). Central to this recreation is experience. Johnson (2004) asserted that change arises from "the formulation and expression of new emotional experience that has the power to transform how the individual structures key experiences, views him- or her-self, and communicates with others" (p. 44). In narrative therapy, by restorying or re-authoring an individual's life, a new future, replete with a new self-image, and new relationship possibilities can emerge (Freedman & Combs, 1996). White and Epston (1990) wrote, "the narrative mode of thought privileges the particulars of lived experience. Lived experience is the 'vital' consideration, and the links between aspects of lived experience are the generators of meaning" (p. 80). Thus, both attachment theory and narrative therapy emphasize the significant role experience plays in change.

Attachment theory postulates that secure attachment fosters autonomy and narrative therapy seeks to help individuals develop personal agency (Bowlby, 1980; White & Epston, 1990). The concept of attachment is differentiated from that of dependence, with secure attachment framed as preferred and an indication of health (Bowlby, 1977). The correlation between secure attachment and autonomy is addressed by Bowlby (1973), who asserted, "a well-founded self-reliance [*sic*], it is clear, not only is compatible with a capacity to rely on others but grows out of it and is complementary to it" (p. 360). In narrative therapy, the act of restorying not only demonstrates, but is an expression of personal agency (Freedman & Combs, 1996). According to White and Epston (1990), "as persons become separated from their stories, they are able to experience a sense of personal agency" (p. 16). While it may not be the primary goal, both attachment theory and narrative therapy value and advocate for the cultivation of self-directed freedom.

Attachment theory and narrative therapy diverge with respect to how each conceptualize the nature of human beings and its universality. For example, Bowlby viewed attachment and related behaviors as being inherent to all individuals; that is, every human being is born with the innate need to form affectional bonds (Bowlby, 1973; Bowlby, 1980). Furthermore, these behaviors are viewed as persisting throughout the life course and tend to remain fixed (Bowlby,

1977). Contrastingly, narrative therapy is based on a postmodern worldview that does not support a universal understanding of human beings (Freedman & Combs, 1996). White and Epston (1990) asserted, “rather than proposing that some underlying structure or dysfunction in the family determines the behavior and interactions...it is the meaning that members attribute to events that determine their behavior” (p. 3). Individuals develop personal and relational narratives that can evolve and expand with time and each recounting (White & Epston, 1996). Despite these contrasting perspectives, attachment theory and narrative therapy seem to be more complementary than competitive.

### **Narrative Therapy with Religious Couples**

Michael White, the founder of narrative therapy, did not write specifically about religion. Blanton (2007) noted that in an interview with Hoyt and Combs (1996), White stated he remains interested in exploring nonmaterial forms of spirituality, though he was not generally interested in religious metaphysics. White stated he was more interested in the “material versions of spirituality” (Hoyt, 2001, p. 74). White was interested in how the materiality of existence, which included people’s ethics and identities, could be transformed through dialogical and deconstructive questioning and re-storying (Hoyt, 2001).

Despite White’s focus on materiality, and that which exists in the here and now, there have been various attempts to integrate narrative therapy and spiritual and religious approaches. Carlson and Erickson (2000) encouraged the utilization of narrative interventions to help clients re-author their relational and spiritual narratives. Blanton (2007) explored the use of contemplative practice with narrative therapy. He proposed that through contemplation, the constructed stories that people build their identities on are able to be shown for what they are—just stories (Blanton, 2007). In the silence, where language ceases, people can step back, view their stories from a distance, deconstruct them, and reconstruct new stories (Blanton, 2007). Coyle (2014) explored narrative therapy in the field of pastoral care and ministry. Olson et al. (2016) designed a narrative-based, manualized 10-week group-based spiritual intervention designed to shape participants’ view of God and increase secure attachment.

Judaism, Christianity, and Islam revolve around a God who is revered as “a divine attachment figure who is both available and responsive” (Harris et al., 2008, p. 261). The Abrahamic religions also center themselves around narrative-rich sacred texts, such as the Hebrew Scriptures, New Testament, and Qur’aan. Kwok (2016) suggests that, “With God’s narrative, Christian narratives contain stories of liberation, restoration, reconciliation, and recreation” (p. 210). The Jewish Hebrew Bible and the Qur’aan, also contain such stories. Weatherhead and Daiches (2015) suggest that narrative and stories are critical issues to consider in working with Muslim families. Religious people can connect their own lives to those sacred stories, which “offers possibilities for people beyond their everyday vision” (Coyle, 2014). Therefore, narrative therapy, which focuses on narratives, particularly deconstruction, thickening, and expanding narratives, aligns with religious couples seeking to reconstruct new narratives for themselves and their relationships with God (Bermúdez & Parker, 2010).

## Narrative Therapy Interventions and Case Study

Interventions used by narrative therapists are examined through a case study with a couple. David and Sarah have come to therapy to work through what Sarah called “the horror of infidelity.” When relevant, the narrative interventions explored below highlight attachment themes.

**Externalizing the problem through deconstructive questioning.** The process of externalization is founded on the belief that problems are separate and distinct from the person (Freedman & Combs, 1996). White and Epston (1990) described the process of externalizing as “an approach to therapy that encourages persons to objectify and, at times, to personify the problems that they experience as oppressive” (p. 38). Inviting people to view themselves in relation to the problem, rather than being or embodying the problem, creates the possibility for perceiving the self and the problem in a new light. It also provides the opportunity for a new narrative to emerge (Freedman & Combs, 1996; White & Epston, 1990).

In the case of infidelity, the process of externalization is delicate. Externalizing the problem with the offending partner must be done with consideration of the injured partner so as not to cause further hurt or damage to the non-offending partner or the relationship. While the goal is to form new possibilities for the couple to view their experience of infidelity and its impact on their relationship, it is imperative that it not be construed as a relationship problem or an intrinsic quality of the relationship (Williams & Knudson-Martin, 2013). Simply reframing infidelity as a problem inherent to the relationship can obfuscate the offending partner’s responsibility, imply equal contribution by both partners to the affair, and perpetuate, or create, a power differential (Williams & Knudson-Martin, 2013). White (2011) discussed the connection between responsibility and externalization stating, “through externalizing conversations, people bring their actions into relationship with consequences” that they may then reflect on, come to new conclusions, or articulate life lessons pertaining to the problem (p. 121). Thus, it may be particularly useful to engage the offending partner in an externalizing conversation that explicitly focuses on the infidelity.

Take for example David and Sarah, a couple who sought therapy to address the problems created by David’s infidelity. From the first session, Sarah’s hurt, bewilderment, and anger at David for his betrayal was evident. Sarah repeatedly said that she felt “traumatized” by David’s “cheating” and “infidelity” and could not fathom how he could do this to her and their family. Sarah described learning of the affair as “being hit by a truck” and that she “never saw it coming.” From the start of therapy, David expressed remorse for the affair and tried to offer solace to Sarah by saying “it didn’t last long” and “it meant nothing.” David said he was “sorry” frequently and that he did not want Sarah to “punish” him forever. The therapist engaged the couple in externalizing conversations by asking deconstructive questions about the affair. The therapist was mindful of socio-contextual issues to refrain from absolving David of all responsibility for his infidelity or erroneously insinuating that Sarah played a role in his actions. The initial step in this process is simply taking the language David and Sarah used to describe the infidelity, modifying it so that the infidelity is objectified, and then asking more deconstructive questions about the infidelity (Freedman & Combs, 1996).

The process of externalization is facilitated by asking questions about the problem and how it has affected the couple’s relationship and lives (White & Epston, 1990). When individuals begin to understand the etiology of their narratives, it becomes possible to see that they are simply constructs that can be altered; they are not inevitable, nor do they represent essential truth (Freedman & Combs, 1996). When infidelity is subjectively deconstructed, other possible



meanings can be ascribed to the experience (Parker, Berger et al., 2010). In the case of David and Sarah, asking the following deconstructive questions, in an organic manner and when/if the occasion arises, may help the couple externalize David's infidelity and reflect on the events differently:

- “If you were to put another name to David's infidelity—you know, the event that has caused so much pain and disconnection for you both—what would you call it?”
- “Sarah, since you never saw it coming, can you describe your relationship before learning about David's cheating?”
- “David, what is your understanding of how the affair happened?”
- “Sarah, what has been your experience of David's cheating?”
- “When you think about the infidelity, what thoughts and emotions come up for both of you?”
- “Can you tell me what life would be like right now for the two of you if David's infidelity didn't overtake your relationship at this point in time?”

In addition to asking deconstructive questions, the therapist can also ask David and Sarah about how the infidelity has influenced their lives.

**Relative influencing questioning (mapping).** Relative influence questioning assists in structuring externalizing conversations and consists of two sets of questions (Freedman & Combs, 1996). The first set invites individuals to *map* the influence of the problem and the second set is designed to support individuals with mapping how they have influenced the *life* of the problem (White & Epston, 1990). Mapping how the problem has influenced the lives and relationships of individuals allows for the exploration of the problem in terms of its physical, emotional, behavioral, attitudinal, and interactional impact (White & Epston, 1990). Mapping the influence individuals have had on the problem can bring to light new information that may serve to contradict the problem-saturated story clients initially bring into therapy. The new information can assist the individuals in identifying potential resources and competencies (White & Epston, 1990). Relative influencing questions help contextualize as well as externalize the problem. The therapist working with David and Sarah may ask the following questions to help the couple map the influence of David's infidelity:

- “David, how have your interactions with Sarah changed since the affair?”
- “If your interactions with Sarah were different before the affair, what do you think contributed to the affair occurring?”
- “Sarah, what have you concluded about your relationship as a result of the affair?”
- “Can you make any observations about your relationship that the infidelity may be reinforcing?”
- “Can you identify any outside influences that may have contributed to the affair or may be affecting how you see it now?”
- “What sort of impact has the affair had on you and your family?”

As the therapist continues to work with David and Sarah to mine and excavate the various narratives surrounding David's infidelity, attachment themes that arise within the couples' story can be explored.

**Absent but implicit.** The *absent but implicit*, is meant to convey the *duality* and *double descriptions* that exist in all descriptions of life events (White, 2000). Since words are relational, what is spoken always reveals an absence of another world of meaning. The diverse meanings come from implicit comparisons and contrasts that are embedded in the language used to describe

events (Freedman & Combs, 2016). Descriptions point to multi-vocal possibilities to be collaboratively explored in the therapeutic conversation. White (2000) writes,

That which is absent but implicit that these inquiries bring forth can include 'hopes' that things would be different in one's life, 'promises' of better things to come, 'dreams' of a life lived more fully, 'anticipations' of arriving at a particular destination in life, 'visions' of new possibilities, 'wishes' to be elsewhere, to be other territories of life, and so on. (p. 38)

White (2000) provides an example of a client discussing despair. While asking questions about despair's influence and the context in which it manifests, White may ask, "What is it that you are getting separated from, or losing touch with, that had been important to you?" (p. 38). Through similar questions, White may uncover the absent but implicit, which can include hopes, dreams, longings, wishes, and visions of new potentialities (White, 2000). Every discourse leads to another implicit and empowering discourse. The key is to ask the right questions.

***Attachment and the absent but implicit.*** Attachment-oriented therapists working with religious couples co-storying new narratives surrounding infidelity can use the *absent but implicit* intervention. This intervention is especially useful when focusing on attachment themes with God or the couple. While couples are generating negative secondary affect, such as anger, and are focused on problem-saturated narratives, the therapist can ask creative questions that steer the conversation toward the implicit attachment longings, fears, needs, or primary affect that are often hidden and unspoken (Brubacher, 2017; Duba, Kindsvatter, & Lara, 2008; Johnson, 2004). Zimmerman (2017), incorporating the field of interpersonal neurobiology, also suggested narrative therapists focus on *embodied* conversations, which involved the often-neglected implicit memories and bodily sensations people experience as they tell stories. Zimmerman (2017) writes, "Conversations that are "embodied," (i.e., affectively connected) provide a more direct line to the problem" (p. 16). The focus on the absent but implicit can uncover subjugated narrative pathways that lead to new narratives of hope and transformation (Carey, Walther, & Russell, 2009; Freedman, 2014; Freedman & Combs, 1996; Freedman & Combs, 2016).

For example, David and Sarah, a Christian couple, have been re-storying after infidelity. In the early sessions, Sarah was heavily focused on David's "cheating" and repeatedly called him a "calloused monster." She could not understand how David could "betray" her and their family. Sarah also expressed her anger at God for "allowing" this to happen to her. She believed since God is Sovereign, and in control of all things, God must have caused her "trauma." After several sessions of building an alliance, normalizing, and validating her experience, the therapist utilized White's absent but implicit intervention (White, 2000). The following exploratory questions may be used to bypass the content-laden, problem-saturated narrative, and mine the absent but implicit layers of Sarah's anger-filled narrative:

- "Sarah, what are you feeling in your body as you call David a "calloused monster"?"
- "If you are comfortable closing your eyes, and you focus on David "cheating," are you aware of any previous memories where you have felt similar feelings?"
- "I can see how angry you are at David "betraying" you. I assume it hurts so much because you hold dearly to the value of trust. Is that correct?"
- "Can you share your thoughts on what trustworthiness means to you and when and where you learned to value it in relationships?"
- "Sarah, what does David's "monstrous" behavior do to the hopes and dreams you have held for your family?"

- “What was it like between the two of you before the cheating caused so much pain and disconnection?”

The following questions address the absent and implicit within Sarah’s relationship with God:

- “Sarah, you are obviously in so much pain, what do you think God’s feelings are towards you right now?”
- “Where did you learn that God was in control of every action or event that occurs?”
- “Sarah, you say that God *allowed* this to happen to you? What do you mean by *allow*?”
- “Do you think God could have disallowed what happened? In other words, do you think God could have come down from heaven and forced David to not choose to cheat on you?”
- “What if God could not control your husband’s action, but instead grieves with you because of what has occurred. How would you view God differently?”
- “The Bible says, “God is love,” how do you think a loving God wants to express his love to you right now?”

**Outsider witness and therapeutic documents.** Outsider witnessing is a narrative concept introduced by White (1990). Witnessing can add new meanings and dimensions to the newly formed alternative narratives of the person or persons sharing (White, 1990). There are diverse ways to enact outsider witnessing, such as using visuals, online witnessing and digital storytelling, or bringing in other family members (Freedman, 2014; Mageary, et al., 2015; Wood, Fredericks, Neate, & Unghango, 2015). Having groups witness, hear, and share some of their own thoughts and feelings about the newly empowered stories from those in therapy may *thicken*, add *richness*, and expand the newly integrated narratives (Freedman, 2014). Lastly, inviting community members to witness the embodied alternative story is used to *spread the news* of an alternative story, which *enhances the survival* of the newly co-constructed narrative (Freedman & Combs, 1996, p. 250; White, 1990, p. 17).

Therapists who are working with religious couples re-storying after infidelity can use the narrative intervention of outsider witnessing. Religious community is central to all the Abrahamic religions (Landau, 2015). The social support found within communities of faith can help support those who have experienced difficult stressors (García, Páez, Reyes-Reyes, & Álvarez, 2017; Harris, Erbes, Winskowski, Engdahl, & Nguyen, 2014; Krause, Ellison, Shaw, Marcum, & Boardman, 2001). Religious attendance, because of its communal nature, can help strengthen the bonds of couples and act as a deterrent to future infidelity (Atkins & Kessel, 2008). The therapist and couple can collaborate to invite *trusted* members of the religious community to bear witness to their newly empowered couple and God narratives for religious couples who have re-storied after infidelity.

Therapeutic documents are narrative-based interventions, which help lead to personal responsibility and thicken alternative stories, especially success stories (Freeman & Comb, 1996; White, 1990). These co-created documents can be shared with witnesses to spread the news of successes and achievements, which can “contribute not just to the survival and consolidation of new meanings, but also to a revision of the preexisting meanings” (White, 1990, p. 190). Carr (1998) summarizes the documents used in narrative practice, which can include “letters of invitation, redundancy letters, letters of prediction, counter-referral letters, letters of reference, letters of special occasions, self-stories, certificates, declarations, and self-declarations” (p. 496). Therapeutic documents have been used in couple therapy to formalize their new successes in therapy and can be used to help other couples who have faced similar problems (Freedman & Combs, 2016).

***Outsider witnesses and therapeutic documents with David and Sarah.*** David and Sarah have significantly progressed in therapy. Through externalizing, deconstructing problem-saturated stories, entering into the absent and implicit, and exploring unique outcomes while prioritizing attachment themes, David and Sarah are embodying a new story. Where there were once ruptured attachment bonds between the couple and God, there is now an integrated story that empowers them to move forward together. Sarah is no longer stuck in the dominant discourses of blaming and attacking. Additionally, she no longer believes God orchestrated the traumatic event of infidelity to cause her pain because she was not “a good enough Christian.” David was no longer stuck in the dominant discourse of shame; believing he was worthless because of what he did and that repairing the relationship was hopeless. He also no longer held to the story that God hated him and wanted nothing to do with him because of his “sin.” David and Sarah agreed to bring members of their religious community into a future session to bear witness to the healing and hope-filled alternative story that is now fueling their futures forward.

Outsider witness groups can be flexible and facilitated in creative ways (Freedman & Combs, 1996; Rosen & Lang, 2005). David and Sarah decided to document their story to remind themselves of where they have been, but most importantly how they, including God, have restoried their relationship to one of resilience, empowerment, healing, and hope. They chose seven members of their religious community to come to a session where they could read aloud and share their story. After Sarah and David read the document, the therapist invited the community of faith to share any thoughts and feelings they had after hearing it. After the community shared, they were dismissed, and the therapist processed the experience with the couple. In the next session, the therapist and couple collaborated on another therapeutic document; a declaration, which the couple could hang on the wall in their living room. The co-constructed declaration read, “Resiliency, Healing, & Hope” at the top, with the verse “A threefold cord is not quickly broken (Ecclesiastes 4:12)” underneath. In the Abrahamic traditions, the threefold cord is a metaphor for God being an integral part of the marriage covenant (Lambert & Dollahite, 2008).

## **Conclusion**

Attachment-focused narrative interventions used with religious couples seeking to recover from the effects of infidelity was presented. Issues specifically pertaining to the treatment of religious couples in the aftermath of infidelity such as religious protective factors, divine struggle, and clinical competence were explored. Attachment themes within the context of intimate relationships, as well as with God, provided a useful framework for conceptualizing the deleterious effects of infidelity and possible paths to recovery. The appropriate application of narrative interventions such as externalization, deconstructive questioning, and mapping were considered. The absent but implicit, outsider witness, and therapeutic document interventions were specifically tailored for use with religious couples, creating a rich resource for individuals struggling with their attachment to God as well as their partner.

Since religious partners struggling with the effects of infidelity may experience God as a source of comfort or as “cruel or distant,” therapists are encouraged to gain the necessary competence and confidence to assess and address spiritual issues in therapy (Wilt et al., 2016). This competency includes helping religious persons work through potential fear and guilt in discussing their negative thoughts and feelings about God in therapy. Competency also includes exploring the positive and negative religious coping strategies that religious couples use when dealing with the complexities of infidelity. Narrative therapy, with a focus on attachment related

themes, adapted for use with religious couples, may be particularly useful in helping these couples re-author their stories to find joy and security in their relationship with each other and with God.

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