

## **Advantage of empty-chair dialogue over emotion-focused couples therapy for a Japanese couple with marital infidelity: A case study**

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**ABSTRACT.** Couples with marital infidelity have received many therapies, but the effective therapies for them were still unclear. The present case study utilized Emotion-Focused Couples Therapy (EFCT) and Empty-Chair Dialogue Intervention (ECDI) for a couple with marital infidelity and aimed to show advantages of ECDI over EFCT. Our case was a Japanese heterosexual couple with husband's infidelity. The husband also had alcohol abuse and bipolar disorder, whereas the wife assaulted him physically. During the first 6 monthly sessions, they were peaceful but wife's physical assault suddenly occurred and interrupted the therapy. During the next 5 monthly sessions, EFCT was applied for them, but his hypomanic episode and her physical assault disturbed their emotionally responsive communication during the sessions. During the last 5 biweekly sessions, ECDI was applied for the wife. She imaginarily dialogued with the husband's extramarital lovers, rather than the husband. During the ECDI sessions, she had been able to fall asleep during night and her physical assault on him had been disappeared. Even after the three-year follow up since the ECDI session, her physical assault and his marital infidelity had not occurred. Comparative advantages of ECDI over EFCT were discussed.

**KEY WORDS:** *Marital infidelity, Empty-Chair Dialogue Intervention, Wife's Physical Assault against husband, Bipolar disorder, Emotion-focused Couples Therapy*

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### ***Advantage of empty-chair dialogue over emotion-focused couples therapy for a Japanese couple with infidelity: A case study***

Marital infidelity is a social problem. One partner's infidelity injured the other partner's feeling (Halchuk, Makinen, & Johnson, 2010), increased the injured partner's risk of major depression (Cano & O'leary, 2002), and finally ended their marital relationships (Previti & Amato, 2004). Couples with infidelity received many therapies, but effective therapies for them

were still unclear (Blow & Hartnett, 2005). Most of them received the Empty-Chair Dialogue Intervention (ECDI) (Paivio, 1999; Paivio & Greenberg, 1995) or Emotion-Focused Couples Therapy (EFCT) (Greenberg & Foerster, 1996; McKinnon & Greenberg, 2017). However, direct comparison of them was still rare. The present study compared the effects of them for a Japanese couple with infidelity.

### ***Empty-Chair Dialogue Intervention (ECDI) and Emotion-Focused Couples Therapy (EFCT) for a couple with infidelity***

The ECDI, in which a client engages in an

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imaginary dialogue with the person sitting in the empty chair (Paivio, 1999), was originally from Gestalt therapy (Perls, Hefferline, & Goodman, 1951) and has been utilized and validated in many therapies (Pugh, 2016). ECDI encourages clients to access their previously avoidant memories/thoughts and to reconstruct them in the therapy-provided safety environment (Timulak & Pascual-Leone, 2015). The ECDI exposes clients to their intense emotion, which has been avoided for long term (Greenberg & Foerster, 1996), so that ECDI is useful for clients who avoid specific emotions for long term, such as those with posttraumatic stress disorders (Steenkamp et al., 2011).

ECDI is especially effective for people who had unresolved issues with significant other, because they had continued to avoid their primary emotions about the issues (Steinmann, Gat, Nir-gottlieb, Shahar, & Diamond, 2017). One randomly controlled trial reported comparative efficacy of ECDI for community sample who had lingering unresolved negative feeling with the significant other, such as ex-partner, from the past (Paivio & Greenberg, 1995). Those who received 12-week ECDI sessions significantly reduced their interpersonal distress and resolved their unresolved issues than those who received 12-week psychoeducation sessions about the unresolved issues. Another randomized controlled trial also found that single ECDI session was more effective in reducing the anger for university students who had persistent anger toward their significant other than single emphatic listening session regarding their anger

(Narkiss-Guez, Zichor, Guez, & Diamond, 2015). Another quasi-controlled study also found that 7-week group ECDI sessions were effective in reducing traumatic experience and avoidant behaviors for wives whose husbands were either killed or missing during the war (Hagl, Powell, Rosner, & Butollo, 2015). Another longitudinal study indicated the effects of ECDI in reduction of depressive symptoms for individuals who experienced the death of their spouse (Field & Horowitz, 1998). These findings indicated that ECDI could be useful for the unresolved issues with significant other.

Marital infidelity can cause an unresolved issue with significant other in marital relationship. One partner's marital infidelity injured partner's feeling (Halchuk et al., 2010) and increased the injured partner's risk of major depression (Cano & O'leary, 2002). These findings indicated that the injured partner could have lingering unresolved negative feeling, such as anger, with their partner (Johnson, Makinen, & Millikin, 2001). Actually, several individuals reported unresolved issues with their romantic partner who did infidelity (Narkiss-Guez et al., 2015; Paivio & Greenberg, 1995). One case study also utilized the ECDI for a husband whose wife had extramarital affairs (Paivio, 1999). These findings indicate the applicability of ECDI for marital infidelity.

Based on the ECDI findings, EFCT was developed for couples with infidelity, where the offending partner repetitively apologizes about one's misconduct and the injured partner finally forgives his misconduct (Greenberg, Warwar, & Malcolm, 2010). The EFCT is effective if

couples meet following two conditions: (1) offending partner expresses their vulnerable emotion to their partner (McKinnon & Greenberg, 2017; Meneses & Greenberg, 2011, 2014); (2) the injured partner also forgives the partner's misconduct (Halchuk et al., 2010). Yet, satisfaction of these two conditions is not easy for many couples (Greenberg & Foerster, 1996). Forgiving extramarital affair was still the most difficult task for couples (Kluwer & Karremans, 2009). Hence, therapy effects of EFCT on marital infidelity are still limited (Blow & Hartnett, 2005; Wiebe & Johnson, 2016).

#### ***Aims of the present study***

Previous study showed the effectiveness of ECDI and EFCT for couples with marital infidelity (Greenberg et al., 2010; Paivio & Greenberg, 1995). However, direct comparison of ECDI and EFCT was rare, so (dis)advantages of ECDI over EFCT are still unclear. Further, the effectiveness of ECDI and EFCT were mainly confirmed in Caucasian couples (Greenberg & Foerster, 1996; Hagl et al., 2015). Marital infidelity patterns were reportedly different from European to East Asian couples (Moore, 2010; Schmitt David P., 2004). Hence, the applicability of ECDI and EFCT for East Asian couples is also unclear. Moreover, couples with alcohol abuse, marital violence and bipolar disorders were excluded from the sample in EFCT (Greenberg & Foerster, 1996; McKinnon & Greenberg, 2017; Meneses & Greenberg, 2011) and ECDI (Field & Horowitz, 1998; Narkiss-Guez et al., 2015; Paivio & Greenberg, 1995; Steinmann et al.,

2017) studies: The applicability of EFCT and ECDI for couples with these severe problems is unclear. Clarification of these three points could extend the clinical scope of EFCT and ECDI to an East Asian couple with multiple severe problems. Hence, our research question is that Are ECDI and EFCT effective for a Japanese couple with marital infidelity, alcohol abuse, marital violence, and bipolar disorders? To answer this research question, we utilized case study for a detailed description of ECDI and EFCT on the Japanese couple with these problems. ECDI findings were more robust regarding experimental designs than EFCT (Paivio & Greenberg, 1995), so we hypothesized that ECDI would be more effective for a Japanese couple with these problems than EFCT. Our case study involves four stages. The first stage aims to build couple alliance and therapeutic alliance as foundation of couple therapy (Timulak & Pascual-Leone, 2015). The second stage applied EFCT. The third stage applied ECDI. Although previous study of ECDI focused on actual injured partner (Paivio, 1999), we focused the partner's extramarital lovers, rather than the partner. This is because physical violence from her to him was severe so that we need to divert the target of her anger from him to other individuals. The final fourth stage is follow-up sessions for 3 years.

#### ***Case Description***

##### ***Basic information***

*Identified patient and client (January X year):* Identified Patient was a husband who

was 31 years old and worked for a sake brewer. Client was his wife who was 43 years old and housewife. They had a son aged 5 years old with Autism spectrum disorder. They lived in the P city of Hokuriku district in Japan since their marriage (X-9 year). The wife's parents had a large house and land so that their house was in the garden of the parents' house.

*Main agenda:* The wife wanted to talk about her husband's extramarital affair, whereas the husband wanted to talk about his alcohol-related problem. During initial session, main agenda was inconsistent between the wife and husband.

#### **Case history**

*Family history:* The husband's mother was the last stage of stomach cancer (died in July X year). His father also had extramarital affairs when the father was young. Both of their parents and sibling lived in the P city so they frequently met with each other. For example, the wife's sister visited a hospital to see the husband's mother.

*Life history:* The husband lived in the P city until his high school days and lived alone in Kanto area during his college days. After he had graduated from his university, he returned to the P city, worked at the sake brewing company, and got married. He had never been pointed out any particular problem so far. The wife also lived in the P city and had never left the P city. After graduating from her university, she was doing a few jobs. After marriage, she quit her job and became a housewife. During her first pregnancy (X-6 years), she became

uterine fibroids but gave birth to her son. During her second pregnancy (August X-1 year), she became anemia and decided to abort. She had never been pointed out any special problem so far.

*Problem history:* In X-4 year, the husband had an affair with the married woman (referred to as C) in his neighborhood. He repetitively came back to home at early morning so his neighborhood rumored about him. Finally, his wife detected his extramarital affair with the woman. She smashed the husband several times. In June X -1 year, the husband failed the exam in the brewery company. In September X-1 year, he suddenly yelled at his child, which had never been occurred. He also drank daily until 3 o'clock in the morning. In November X-1 year, the husband and wife received one therapy session in a local Q hospital. He was diagnosed as bipolar disorder type II with hypomanic episodes. During the therapy, he said to her wife that "I do not like you!" and "I do not need you!" After the therapy, they decided not to visit the hospital again because his friend worked in the same hospital despite of their positive attitudes to the therapy. After a while, the wife found that the husband bought a ring to give to his extramarital lover and pointed out it to him. He stopped giving the ring to the lover but presented the same ring to the wife. When she had not used the ring, he got angry. In December X-1 year, recommended by a local health nurse who mainly care about their son, they visited an R hospital. A psychiatrist said that the husband had no problem and would recover in short. Yet,

in December X-1 year (before New Year's Day), the husband's brother, the wife's brother, and the husband's friend witnessed a scene where the husband goes to a hotel with another woman (referred to as B) by chance. With this incident trigger, his friend also reported the wife about his extramarital affair with another woman (referred to as A). The wife could not control her anger and had continued to smash the husband for several hours. He had been receiving her punch without any counterattack for the hours. Since then, he frequently reported lots of things to her. In January X year, the wife alone visited author's therapy center and another therapist met her. Although her friends and family members recommend her to divorce, she did not want to divorce because of her child and money. She knew the days when her husband was good, so she wanted to continue her marital relationship with him as far as she could. Her husband was also positive about couple therapy. Then they started to receive monthly couple joint therapy in charge of the author. The husband has received medication (lithium carbonate and Olanzapine) for his hypomanic episode from the S hospital since March X, but the wife did not receive any medication.

*Initial session [#1] (February X year):* During couple joint session, they had no eye contact with each other so that they had a long silence to change their turn. The wife liked to talk about his extramarital affair in the therapy. However, the husband said "I did an affair, but I do not feel any guilty. The extramarital affair is like a game." "I like to talk about my alcohol

use". Wife said that "If he returns to the previous status, I like to continue my relationship with him". The husband said that "I do not know how to return to the previous status. I am nearly forgiving up relationship with her". Although they fought every day, they confirmed that they cooperated to come here without fight. The therapists asked them to come here again, because their communication to come here was cooperative without fight.

### ***Therapy Process***

#### ***Stage 1: Building Couple Alliance***

*The first case formulation:* Any topic could produce their fight except for the topic about couple therapy. Hence, first stage tried to decrease their fight, to increase cooperative communication, and to build couple alliance between them (Bodenmann, Hilpert, Nussbeck, & Bradbury, 2014). After the couple built alliance, the therapy can set their main agenda consistent between the husband and wife. In addition, the therapists aimed to build therapeutic alliance with them, which was foundation of many psychotherapies (Paivio & Greenberg, 1995; Timulak & Pascual-Leone, 2015).

#2(February X year): Compared to previous session, the wife and husband had eye contact with each other. Actually, they went out in this weekend with their son. Still, the husband sometime said at home that "I am working hard for the child, but not for you." She also said that she could not trust him because he was nice to her in the therapy room but arrogant to her in their house. The couple communication

seems to be better than the initial session.

# 3(March X year): The husband said that marital relationship became peaceful. The wife acknowledged her peaceful marital relationship with him, but she was anxious about how long this peaceful relationship continued. Both of them liked to talk about “peaceful life in their family (including the husband, wife and son)” in following session. Their main agenda consistent between them was decided as “the peaceful family life”.

#4(April X year): Couple was mostly peaceful, but they had a fight one time and she smashed him during driving. The therapists normalized their fight.

#5(April X year): The husband drank alcohol even though he pledged to quit alcohol in front of her. During his drunk, he made a pass at a woman. Even after he became sober, he did not stop making pass at the woman, because he did not want to miss the opportunity to have a sex with her. The wife said “I cannot understand the meaning of your opportunity!” His alcohol-related relapse triggered his fainting, rough attitudes, and their fight.

#6(May X year): The first half in the April was peaceful, but the second half got worse for both husband and wife. During the second half, the husband started to counterattack to his wife’s smash. When their son fell asleep around 11 o'clock, the wife every day started to ask the reason why he made marital infidelity. He responded to her for an hour and tried to go to bed because of the next day's work. Then, she became angry and said "Why you cannot take time for our communication even though you

can take time for extramarital sex!" Then, she asked about how he cheated up until 3 and 4 o'clock in the morning. The husband tried to answer at the beginning of discussion, but he cannot see the end of the discussion, his sleepiness won, and finally he said "I do not know" "I forgot" and ignored her questions suddenly. Then, the wife’s frustration had more accumulated. The husband also did little work due to lack of sleep. Destructive communication was too much in the couple so the therapists intervened in the communication and proposed to restrict their time for discussion within an hour per day. Further, their intervention is necessary to prevent escalating their fight to severe physical violence. The husband accepted their proposal, but the wife got angry. The wife’s anger exploded suddenly and damaged their marital communication.

### *Interruption period*

After the sixth session, they had made appointment monthly, but they cancelled the appointment the day before the therapy. Their cancels continued from July to August X year. During these months, husband’s mother and uncle passed away one after another so they were actually busy preparing for funerals and could not come to the therapy. Still, their cancellation was also repeated in middle of the September. Hence, the therapists supposed that the wife had hostility toward the therapists who did not understand her anger. Therapists made appointment with her via telephone and reported that they felt sorry that they did not help her nicely. Then, they revisited the therapy

center.

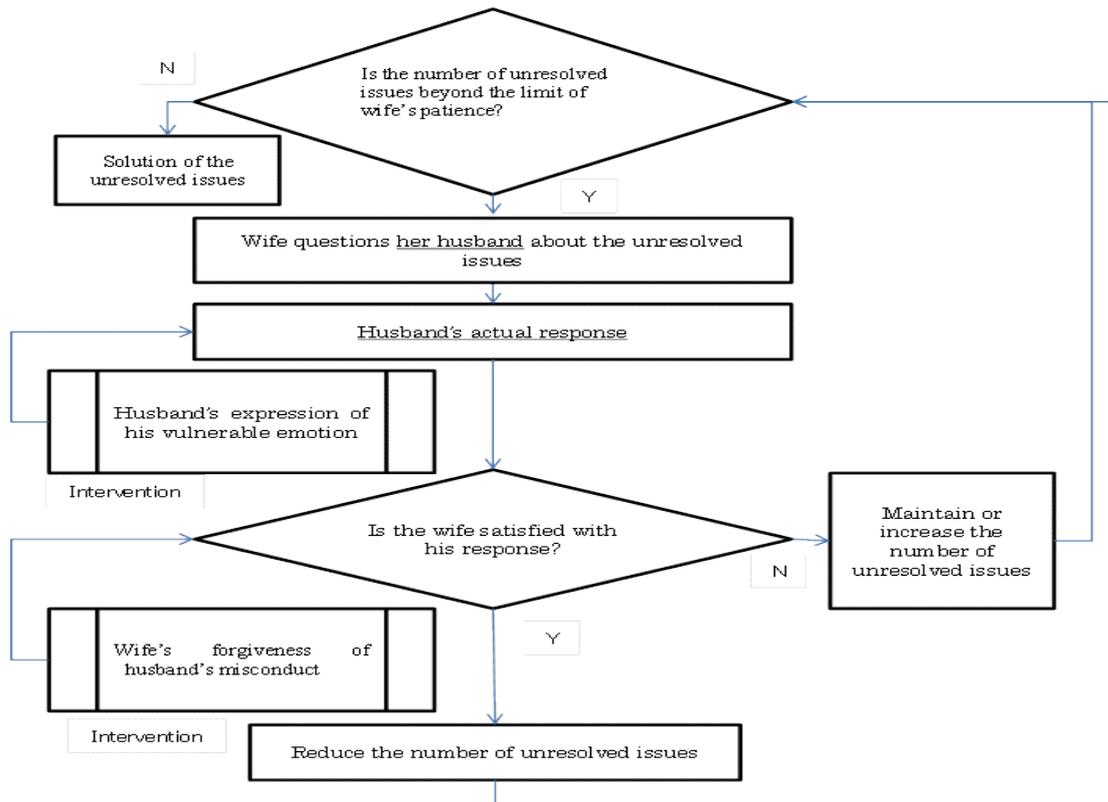
**Stage 2: Emotion-focused couples therapy (EFCT)**

*The second case formulation:* The first stage focused cooperative couple communication, but not wife’s unresolved issues caused by her husband’s infidelity. To treat her unresolved issue, we utilized EFCT (Figure 1). The second stage aimed to increase husband’s expression of vulnerable emotion and to produce her

forgiveness on his infidelity in the context of emotionally responsive couple communication (Greenberg et al., 2010; McKinnon &

Greenberg, 2017). When the wife satisfied with emotionally responsive couple communication about the husband’s infidelity, the number of her unresolved issue about the infidelity would decrease and finally resolve (Figure 1)

#7-#8(November X year): The wife's anger exploded again because she recalled the November X-1 year where his marital infidelity was repeated. When her heart felt rough, she kept hitting her husband for 1-2 hours. Her hitting and rough feeling lasted 3 days and one week, respectively. She said “My husband does not understand anything though I feel such a suffering.” He said that he liked to be patient for her smash because the smash was caused by



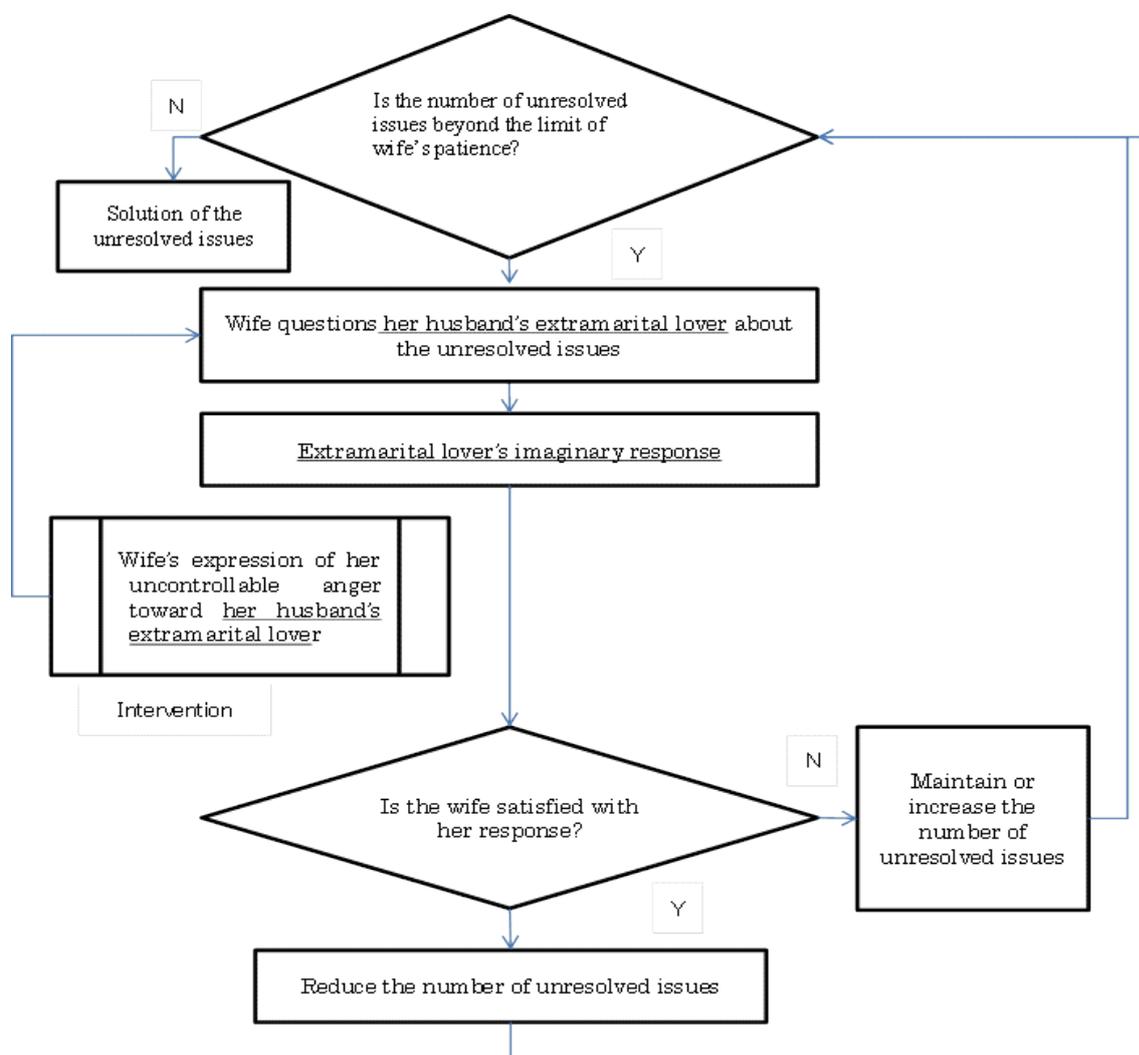
Note: Y and N represent Yes and No, respectively

Figure 1 Wife’s unresolved issues with her husband’s marital infidelity and emotion-focused couple therapy approach

his infidelity. He also appreciated her every day's work in house. The husband tried to keep calm, but the wife did not. Her anger on his marital infidelity was under-regulated again. Although therapists noticed her aggression against him was severe physical violence, therapist intervention on her aggression failed in the last session (#6), so therapists did not

intervene in her aggression directly. Therapists empathetically listened to her emotion to calm down her aggression and to stop her physical violence indirectly.

#9(December X year): Their fight occurred in front of their son so that the son had started to suffer nightmare since the fight. The husband tried to select his word before he spoke



Note: Y and N represent Yes and No, respectively

Figure 2 Wife's unresolved issues with her husband's marital infidelity and empty-chair dialogue intervention

especially when he was angry. He said “The past is the past. We like to live peacefully in future.” Still, the wife did not forgive his past and could not imagine peaceful future. The husband and wife had a big gap in their recognition about his infidelity. Although therapists noticed their fight in front of their son is psychological violence, therapist intervention on her aggression failed in the previous session (#6), so therapists did not intervene in their fight directly. Therapists empathetically listened to their emotion to calm down their aggressions and to stop their fight indirectly.

#10(February X+1 year): The wife reminded that the husband concentrated on TV and comics too much to care his son, so she started to attack him in the therapy room. When she heated up, he turned to pale. Her repetitive violence to him might shrink his feelings. His honest expression of his feelings in front of her might be difficult.

#11(May X+1 year): The wife became anxious about her son’s school life, because his classmates might tease him because of his father’s marital infidelity. When she thought about the son’s future, she thought “Everything had no value”. On the other hand, the husband said that he could enjoy weekends so he did not feel any problem. After the last session, he became hypomanic and said “I tell a lie in the couple therapy. All what I said in the therapy is a lie”. The wife’s and husband’s expectation about their family was different from each other, so that the therapy needed to reset another main agenda, which would be consistent between

them.

### ***Stage 3: Empty-chair dialogue intervention (ECDI)***

*The third case formulation:* We thought that EFCT did not fit well with this couple because of two reasons. First, the husband had been received physical and psychological violence from his wife, so he had difficulty to express his weakness in front of her, since his weakness might be a target of her attack. Second, when he became hypomanic, he said “All what I said in the therapy is a lie” so that the wife cannot trust his words in the therapy and could be difficult to forgive him in the therapy.

To overcome these limitations, we utilized ECDI for the wife and encouraged her imaginary dialogue with her husband’s extramarital lovers, rather than the husband (Figure 2). During her imaginary talk with the lovers, her anger could focus on the lovers, which could reduce the risk of her violence on him. Furthermore, she could express her uncontrollable anger as she liked (Paivio, 1999) regardless of his hypomanic mood. When the wife is satisfied with aggressive communication with her husband’s extramarital lovers, the number of her unresolved issue about the husband’s infidelity would decrease and finally resolve (Figure 2). For ECDI session, therapy structure was changed. The first 40 minutes was for wife’s individual ECDI. The last 10 minutes was for couple joint session to confirm the effects of ECDI and to keep the husband to be cooperative with her. The therapy also held biweekly.

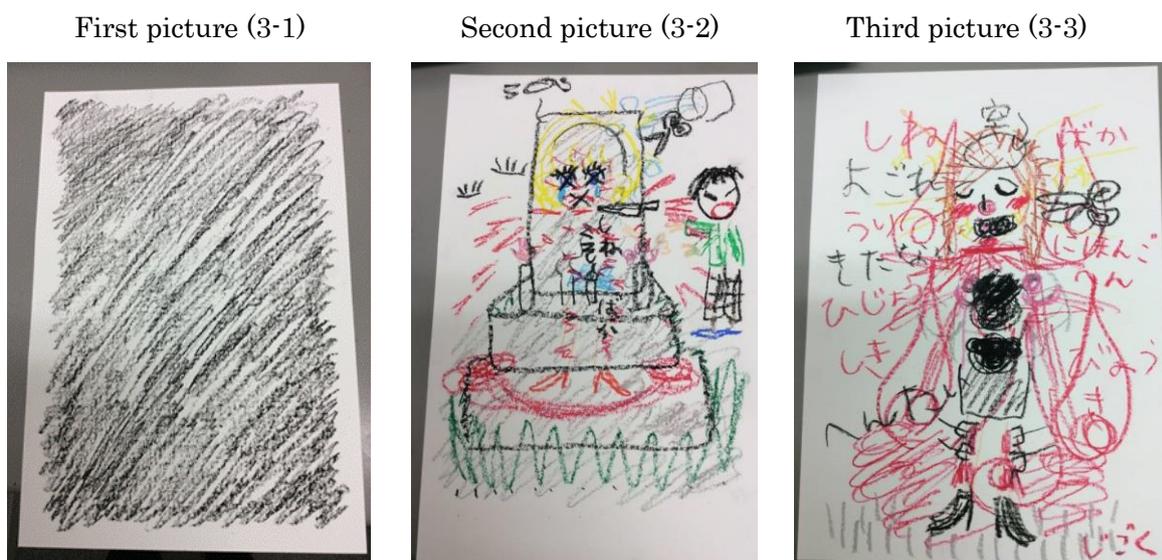


Figure 3 Wife's drawing pictures regarding her husband's extramarital lover

#12(July X+1 year): During ECDI, she started to attack the woman A verbally. When she stopped her verbal attack on A, the therapists said "Your anger is not such a small degree. Please show your anger more." and encouraged her to continue to attack her in order to treat her unresolved issues with A. She said "Yankee who lives in the town" "I feel like I've been caught for a long time by you" "I want you to avoid us" "I do not want you to see us even for one second" "You cannot understand us because you are stupid." "Idiot is poor thing. Can you understand the meaning of idiot? This idiot (lol)" She expressed her strong anger toward A. She also started to attack the woman B who aged 20's. She had 5 or 6 extramarital affairs even though she had a child. The B would say "Marital infidelity is not always from me. Your husband is also bad". Then, the wife said "You are always flipping" "You are absolutely wrong regardless of other men's behavior." "You seem to be hiding

marital affairs to your ex-partner. I will show him your affairs." Then, she would ask the wife to forgive her for paying, but the wife would not forgive her. "I will never forgive your misconducts. I will inform your husband about your affairs. You will be receiving domestic violence from him. Then you have been kicked out from his house and you will die on the street. Die!" She also expressed her anger toward B.

#13(August X+1 year): The wife had a good sleep after a long time. The husbands also regarded that she calmed down. Her expression of anger in ECDI could work in this couple. She was satisfied with her expression toward A and B so she started to imagine the woman C. She was the wife's sister's colleague. She had done bad things always and been familiar with extramarital affair since her school days. The wife asked her to stop approaching her husband, but she did not quit. Even though therapists asked the wife to have imaginary dialogue with

her, she did not.

#14(August X+1 year): The wife could sleep well. The frequency of couple fight was also decreasing. During ECDI targeting the woman C, the wife talked to the therapists rather than C. "She has children, so I cannot get angry with her." "I am not good at her. So I cannot get angry." Then, finally, she said "Perhaps, I was bad (rather than her)." The therapists intervened in the imaginary dialogue and said "It is impossible that you are bad. This case is 100% bad for C, so please be angry with C". Still, she did not express her anger toward her, and finally told "It is difficult." ECDI targeting C might not work for her.

#15(September X+1 year): The frequency of their couple fight on marital infidelity became only one time per month. The fight also lasted only 10 minutes. She continued to have good sleep during night. During the wife's individual session, we asked her to draw picture about the Woman C, instead of ECDI. The first picture was simply painted with black crayon (Figure 3-1). We asked again to draw C. Then, she drew a colorful figure. Then, we asked her to attack C. When she stopped the attack, we asked her to continue to attack the woman until there is no space in the paper. Figure 3-2 shows the final version of the second picture. The C's neck was cut by her favorite son. She also entered in a tomb. The tomb had graffiti and bird droppings. The tomb smelled around. After she finished drawing, she made a smile and said "It's funny." The therapists told "This is a very tasty picture" and laughed together.

#16(October X+1 year): She drew the third

picture on C (Figure 3-3). The attack on C was going well. The attack was also translated into language, such as "die", "dirty", "stupid", "your Japanese language is strange", "sick", "crazy", and "hell" (Figure 3-3). After she finished drawing, she said "my angers on A, B, and C were completed." After this session, the therapy structure was restructured as to be a monthly joint couple therapy.

#### ***Stage 4: Three-year follow up***

#17-21(from October X+1 year to March X+2 year): The husband tried not to meet A (Yankee). The B's house was his commuting road, so he decided not to use the road. When the wife got to meet C by chance, she recalled the bad memory and asked the husband about his past extramarital affair. Then he answered it calmly. Therefore, they discuss recently, but the discussion never developed into a fight. The therapists proposed the end of couple therapy, but they liked to continue the therapy. Hence follow-up sessions were conducted around bimonthly.

#Follow-up sessions (from September X+2 year to September X+4 year): The therapists have been following up the couple for three years and have not confirmed any special problems since the ECDI sessions. The agenda of their couple therapy is mainly about school support for their son with Autism spectrum disorders. During follow-up, couple requested compensation for damages against the husband's extramarital sex partner. Even though the sex partner and her lawyer took a high-pressure attitude to them, the couple

successfully responded and succeeded in receiving the consolation fee.

### **Discussion**

The present study compared the effect of ECDI and EFCT for a Japanese couple with marital infidelity, alcohol abuse, marital violence, and bipolar disorders through a case study. As hypothesized, ECDI were more effective for the Japanese couple with marital infidelity and multiple severe problems than EFCT. This might be from different requirements during therapy sessions between EFCT and ECDI. EFCT in this case requires the husband to express his vulnerable emotion toward her and the wife to be patient to forgive his marital infidelity during session (Halchuk et al., 2010; McKinnon & Greenberg, 2017; Meneses & Greenberg, 2011, 2014). In contrast, ECDI only requires the wife to imagine her husband's extramarital lover (Paivio & Greenberg, 1995). Comparison of these requirements between EFCT and ECDI suggest that couple feel easy to receive ECDI rather than EFCT (Greenberg et al., 2010; McKinnon & Greenberg, 2017; Meneses & Greenberg, 2014). Hence, ECDI's applicability for couples might be greater than EFCT. In other words, couples who are not applicable to EFCT could be applicable to ECDI, but not the other way around.

Further, Japanese cultures might have negative effects on implementation of EFCT. This is because Japanese couples reportedly showed less emotion than Caucasian couples (Safdar et al., 2009). Japanese husbands

especially expressed less vulnerable emotions (such as fear and sadness) to their wives than their wives expressed to them (Safdar et al., 2009). When therapist implements EFCT for this couple, husband's expression of his vulnerable emotion is essential (Field & Horowitz, 1998; Hagl et al., 2015; Narkiss-Guez et al., 2015; Paivio & Greenberg, 1995): His emotional expression is a key in many couple therapy (Snyder, Mangrum, & Wills, 1993). However, Japanese husband's expression of his vulnerable emotion is culturally restricted (Safdar et al., 2009). Hence, Japanese couple with husband's extramarital sex might be difficult to apply EFCT, even though the couples with husband's extramarital sex were dominant in Japan (Moore, 2010).

The ECDI also could be useful for distressed couples with bipolar disorders. Bipolar disorders were significantly correlated with marital distress (Whisman, 2007). Spousal hypomanic episodes sometime ruins what couple has built up until then. In our case, the husband said to his wife "All what I said in the therapy is a lie". After listening to these words, she could not trust his words in the couple-joint therapy and the impact of the therapy on their couple relationship could be minimized. Effective therapies for family with bipolar disorders frequently separated the family members from the patients with bipolar disorder, although the patient receive medication individually (Geddes & Miklowitz, 2013). In line with these therapies, ECDI separate the wife from the husband with bipolar disorder. ECDI might be effective for spouses

who suffered from both their partners' bipolar episodes and marital infidelity.

However, our study has limitations regarding academic and clinical methodology. First, our study was single case design so the generalizability of our findings was limited. Further, we did not control the effects of order. The order of session (ECDI first or EFCT first) might have different treatment effects on our couple. Future study needs more couples and randomized research design. Second, our case also missed risk management of family violence during EFCT sessions. Actually, wife's physical violence against her husband and couple's psychological violence against their sons frequently occurred during the sessions 7, 8 and 9. To stop these kinds of violence, therapists needed an earlier decision to change their case formulation and interventions. Incidence of family violence should be considered more severely in future case studies.

Despite these limitations, this study is the first approach, at least our knowledge, to compare the effect of ECDI and EFCT for a Japanese couple with marital infidelity and multiple problems including bipolar disorder, alcohol abuse and marital violence. The ECDI treated the wife's under-regulated anger through therapists' emphatic attitudes. During the ECDI session, the wife could repetitively experience her anger toward him as she liked, which never happen in her actual life because her angrily discussion was too long to finish. Expression of her under-regulated angry might help her to reorganize her emotion (Paivio & Greenberg, 1995). Moreover, ECDI focused on

their partner's lover also could treat their uncontrollable anger and reduce the risk of their physical assault on their partner. Actually, after the ECDI in our case, wife's violence against her husband was disappeared. Previous study reported effectiveness of ECDI with a few evidence (Paivio, 1999; Paivio & Greenberg, 1995; Pugh, 2016). Accumulation of ECDI evidence for couples with marital infidelity could propose an effective therapy plan for couples with marital infidelity and contribute to reduce their suffering.

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