

Reconnecting After Infidelity

Rebuilding Emotional, Sexual and Erotic Trust After Betrayal

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Introduction

In my clinical practice in sexual disorders, reproductive health and infertility, I sometimes meet couples whose sexual difficulty did not begin with a disease of the reproductive organs.

Before a particular event, they may have shared affection, sexual intimacy and trust. Then one partner discovers an affair, secret sexual relationship, emotional involvement, hidden online communication or another form of betrayal that violates the couple's agreed boundaries.

After that discovery, everything can change.

The betrayed partner may tell me:

“I still love my spouse, but when they touch me I remember what happened.”

Another may say:

“I want our marriage to survive, but I cannot trust anything anymore.”

The partner who had the affair may say:

“I have apologized, but nothing I say seems believable.”

And some couples tell me:

“We have decided to stay together, but our sexual relationship feels completely different.”

This is where the subject of **reconnecting after infidelity** becomes important.



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Infidelity is not itself a medical disease. However, the discovery of betrayal can produce considerable emotional, psychological, relationship and sexual distress. Some people develop anxiety, sleep problems, intrusive thoughts, depressed mood, hypervigilance, loss of sexual desire or trauma-like symptoms. Research has found clinically significant post-traumatic stress symptoms in some people following infidelity, although betrayal does not automatically mean that a person has PTSD and formal PTSD diagnosis requires appropriate clinical criteria.

A recent 2026 review also highlights that repeated infidelity accompanied by deception, coercive control or gaslighting may create substantial trauma-related harm, particularly when betrayal is chronic rather than a single event.

For this reason, rebuilding intimacy after infidelity cannot simply mean:

“Forget what happened and start having sex again.”

True recovery usually requires restoring **safety, honesty, emotional connection, bodily comfort, choice and trust** before sexual intimacy can feel secure again.

What Is Infidelity?

There is no single definition that every couple uses.

For some couples, infidelity means sexual intercourse outside the relationship.

For others, the boundary may include:

- kissing or sexual touching;
- a secret emotional relationship;
- sexting;
- exchanging intimate photographs;
- secret dating-app activity;
- repeated pornography use when this violates an explicit agreement;
- online sexual relationships;
- maintaining romantic communication with a former partner;
- hiding important emotional involvement with another person.

The important clinical question is often not simply:

“Did intercourse occur?”

It is:



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“What agreement did this couple believe they had, and what boundary was violated?”

Modern psychologists increasingly recognize that technology has made the definition of infidelity more complicated because relationships can now involve emotional, sexual and secretive interactions through social media, messaging platforms and other digital environments.

Why Infidelity Can Feel Traumatic

When a trusted partner is discovered to have been unfaithful, the injured person's understanding of the relationship may suddenly collapse.

They may begin questioning:

“Was our relationship real?”

“What else do I not know?”

“When they said they loved me, were they lying?”

“Did this happen in our home?”

“Did our friends know?”

“Can I trust my own judgment?”

The pain is therefore not only about the sexual act itself.

It may involve the loss of:

- predictability;
- emotional safety;
- trust;
- sexual exclusivity;
- confidence;
- self-esteem;
- one's understanding of the past.

This is why betrayal can create intrusive thoughts and strong emotional reactions.

A qualitative study of people affected by romantic betrayal found that participants often described the experience as shocking and destabilizing and reported difficulty understanding why their reactions were so intense.

I explain to patients that intense distress immediately after discovery does not mean they are “overreacting.” At the same time, it is important not to automatically diagnose everyone with PTSD simply because betrayal has occurred.

The severity, duration and functional impact of symptoms should be individually assessed.

Infidelity Can Affect Sexual Health

The World Health Organization defines sexual health as involving physical, emotional, mental and social well-being—not merely the absence of sexual dysfunction. WHO also emphasizes that healthy sexual experiences should occur in a context of respect, safety and freedom from coercion.

Infidelity can affect all of these dimensions.

After betrayal, a person may experience:

- loss of sexual desire;
- anxiety during intimacy;
- difficulty becoming aroused;
- erection problems;
- vaginal dryness;
- difficulty reaching orgasm;
- premature or delayed ejaculation;
- avoidance of physical touch;
- intrusive mental images during sex;
- compulsive comparison with the affair partner;
- fear of sexually transmitted infection;
- disgust or anger during intimacy;
- increased sexual activity driven by fear of losing the partner;
- difficulty separating affection from betrayal.

Some couples stop sexual activity completely.

Others suddenly have more sex than before.

Neither pattern automatically tells us whether the relationship is healing.



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What matters is **why the sexual behaviour is occurring and whether both partners genuinely feel safe and willing.**

What Is “Erotic Trust”?

I use the phrase **erotic trust** to describe the feeling that sexual closeness with one's partner is emotionally and physically safe.

Before betrayal, erotic trust may have existed almost automatically.

A person believed:

“My partner chooses me.”

“My body is safe with this person.”

“When we are intimate, this experience belongs to our relationship.”

After infidelity, these assumptions may disappear.

The betrayed partner may begin wondering:

“Are they comparing me?”

“Did they do this with the other person?”

“Are they imagining somebody else?”

“Can I trust them when they say they desire me?”

This is why restoring sexual intercourse and restoring **sexual trust** are not the same thing.

A couple can resume intercourse before trust has recovered.

Sometimes that helps connection.

Sometimes it creates additional pain.

There is no universal timetable.

Staying Together Is Not the Only Definition of Recovery

This is one of the most important points I explain.

The goal of treatment is not automatically to keep every relationship together.

Some couples ultimately decide to rebuild.

Others separate.



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Others remain uncertain for months.

A recent 2026 qualitative study of injured partners who remained in relationships after infidelity identified multiple influences on recovery decisions, including apology, social support, sexual-intimacy expectations, rebuilding trust, therapy and renegotiating relationship boundaries.

A healthcare professional or therapist should therefore not decide on behalf of the patient whether they “must forgive” or “must divorce.”

The role of treatment is to help people understand what happened, regain psychological stability, make informed decisions and establish healthier boundaries.

The First Stage: Stabilize the Crisis

Immediately after an affair is discovered, couples often want to solve everything at once.

The betrayed partner wants answers.

The involved partner may want immediate forgiveness.

Both may be sleeping poorly.

Arguments can continue throughout the night.

Phones are inspected repeatedly.

Sex may become either compulsive or impossible.

This is usually not the best stage for making every major decision.

The early goals are often more basic:

- stop ongoing deception;
- establish emotional and physical safety;
- reduce chaotic conflict;
- determine whether the affair is actually over;
- assess severe depression, self-harm or suicidal thoughts;
- address violence or coercion if present;
- evaluate STI or pregnancy concerns;
- create enough stability for meaningful communication.



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Contemporary infidelity-treatment frameworks commonly begin with containing the immediate damage before moving into deeper relationship analysis. APA's 2026 overview of infidelity treatment describes several established approaches that begin with stabilization, accountability and understanding before focusing on the couple's future.

Has the Affair Actually Ended?

Trust cannot realistically rebuild while an undisclosed affair is continuing.

If a couple has chosen to attempt reconciliation, continued secret romantic or sexual contact with the affair partner usually undermines the entire process.

This does not mean that every situation is simple.

Sometimes the affair partner is a coworker.

Sometimes they are a family acquaintance.

Sometimes there are unavoidable professional interactions.

In such circumstances, boundaries need to be clearly discussed.

The central question is whether behaviour is consistent with the couple's newly negotiated agreement.

Accountability Is Different From Endless Punishment

Healing requires accountability.

But accountability is not the same as permanent humiliation.

The involved partner may need to acknowledge:

“I made this choice.”

“I understand that I damaged your sense of safety.”

“I will answer appropriate questions honestly.”

“I understand that trust will not return simply because I apologized.”

This is very different from saying:

“You were not affectionate enough, so I had no choice.”

Relationship problems may have existed before the affair.



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But relationship dissatisfaction and responsibility for an affair are not identical questions.

A couple can examine pre-existing problems later without using those problems to erase responsibility for deception.

The 2025 systematic review of trust repair after relationship betrayal identified **remorse and accountability** as one of several recurring themes associated with rebuilding trust.

What Helps Rebuild Trust?

A 2025 systematic review examined empirical studies of trust repair in intimate relationships and identified five recurring themes:

proactive transparency, active monitoring, remorse and accountability, shared activities, and clear communication about reasons for the betrayal.

These findings do not mean every couple must follow exactly the same formula.

But they offer a useful framework.

Trust is usually rebuilt more through consistent behaviour than through repeated promises.

A betrayed partner may hear:

“Trust me.”

But the internal response is:

“I trusted you before.”

Therefore, the more meaningful question is:

What actions will make trust gradually reasonable again?

Proactive Transparency

Immediately after betrayal, secrecy becomes highly sensitive.

Some couples agree temporarily on greater openness regarding schedules, communication or contact with other people.

Transparency can be helpful when it is mutually negotiated and used to restore predictability.

However, long-term recovery should not ideally become permanent surveillance.



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There is a difference between:

temporary transparency while trust is rebuilding

and

a permanent relationship in which one partner becomes a detective and the other becomes a prisoner.

The goal is eventually to restore trustworthy behaviour and internal security, not create lifelong policing.

How Much Should Be Disclosed?

This is one of the most difficult areas of affair recovery.

The injured partner may want to know everything.

The involved partner may want the subject closed immediately.

Neither extreme necessarily produces healing.

People generally need enough accurate information to understand the reality of what happened and make informed choices about their relationship and health.

At the same time, unnecessary graphic sexual details can sometimes become images that repeatedly intrude later.

This is one reason structured couple therapy can be helpful.

The therapist can help distinguish useful truth-seeking from compulsive interrogation.

Honesty is important.

But healing is not measured by the number of painful details collected.

Do Not “Trickle Truth”

One particularly damaging pattern is partial disclosure followed by repeated discoveries.

For example:

“Only messaging occurred.”

Later:

“There was kissing.”



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Later:

“There was intercourse.”

Each new discovery can feel like a new betrayal.

The injured partner begins thinking:

“Even the confession was dishonest.”

When reconciliation is genuinely being attempted, deliberately withholding major relevant facts often makes trust repair substantially harder.

Why Repeated Questioning Happens

The betrayed partner may ask the same questions many times.

To the involved partner, this can feel pointless:

“I already answered that.”

But the injured person's nervous system may be attempting to reconstruct a reality that suddenly feels unreliable.

They may be asking:

“When did this happen?”

“Where was I?”

“What did you tell me that day?”

“Was our anniversary genuine?”

This does not mean unlimited interrogation is healthy.

But understanding the function of the questioning can reduce conflict.

A therapist can help create appropriate times and boundaries for discussing the affair so that the couple is not talking about it every minute of every day.

Triggers Are Common

Even months later, something may unexpectedly activate pain:

- a particular restaurant;
- a city;
- a song;



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- a mobile-phone notification;
- an anniversary;
- a hotel;
- seeing the affair partner;
- sexual positions;
- a particular perfume;
- unexplained lateness.

The involved partner may think:

“Why are we back here again?”

The betrayed partner may think:

“I thought I was getting better.”

Triggers do not automatically mean that recovery has failed.

They indicate that certain memories remain emotionally connected to the betrayal.

The healthier goal is learning how the couple responds when a trigger occurs.

Responding to Triggers

An unhelpful response may be:

“We already discussed this. You need to get over it.”

A more constructive response may be:

“I can see that something brought the pain back. Do you want to tell me what triggered it?”

The betrayed partner also needs to learn ways of regulating distress rather than making every trigger the beginning of a six-hour interrogation.

Recovery therefore requires work from both people.

Forgiveness Is Not the Same as Reconciliation

These words are often confused.

A person may forgive but decide not to remain in the relationship.



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A couple may attempt reconciliation before the betrayed partner feels ready to describe themselves as forgiving.

Some people never use the language of forgiveness at all but still reach emotional peace.

Therefore, I do not recommend pressuring patients:

“You must forgive immediately if you want to save the marriage.”

Forgiveness, when it occurs, is a personal psychological process.

It cannot be demanded as payment for staying together.

Rebuilding Emotional Intimacy Before Sexual Intimacy

Many couples make one of two mistakes.

They either avoid sex indefinitely because it has become frightening, or they rush immediately into intense sexual activity in an attempt to prove the relationship is still alive.

A slower approach may sometimes be healthier.

Emotional reconnection may begin with:

- sitting together;
- listening;
- appropriate affection;
- honest conversation;
- shared activities;
- non-sexual touch;
- repairing everyday reliability.

Research on couples who recovered after affairs has highlighted communication, mechanisms for rebuilding safety and trust, and commitment to the relationship as important themes, while also showing that partners may differ significantly in their experience of sexual recovery.

Do Not Use Sex as Proof of Forgiveness

A betrayed partner may feel pressure:



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“If I do not have sex, my spouse will think I have not forgiven them.”

This is unhealthy.

Consent still matters after betrayal.

Sex should not function as a test:

“If you really forgive me, prove it.”

Likewise, an involved partner should not be required to participate in sexual acts they do not want as punishment or compensation.

WHO's sexual-health framework emphasizes relationships and sexual experiences that are safe, respectful and free from coercion.

The Opposite Pattern: Increased Sexual Activity

Some couples experience a sudden increase in sexual intensity after discovering an affair.

This can happen for many reasons:

- fear of losing the relationship;
- desire for reassurance;
- competition with the affair partner;
- emotional intensity;
- relief after disclosure;
- a strong desire to reconnect.

There is nothing automatically pathological about consensual increased sexual activity.

However, it should not be confused with complete emotional recovery.

Couples sometimes have very intense sex while trust remains deeply damaged.

Sexual reconnection and trust repair can move at different speeds.

The Betrayed Partner May Compare Their Body

One of the most painful effects of infidelity is comparison.

A person may ask:

“Was the other person more attractive?”



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“Was their body better?”

“Did you enjoy sex more?”

“Were they younger?”

“Was I not enough?”

These questions can damage body image and sexual confidence.

It is important to understand that an affair cannot be reduced to a ranking of two bodies.

Infidelity occurs for many psychological, situational, relationship and personal reasons.

Attributing the affair entirely to the betrayed partner's body often intensifies shame without producing useful understanding.

Erectile Dysfunction After Infidelity

Some men develop erection difficulties after discovering a partner's affair.

Others who were unfaithful develop erectile problems with their spouse because guilt, conflict or performance pressure interferes with arousal.

This does not automatically mean permanent erectile dysfunction.

However, persistent erection problems deserve proper evaluation because physical causes such as diabetes, cardiovascular disease, hormonal disorders and medication effects can coexist with emotional distress.

A sexual-health physician should therefore not automatically label the problem “psychological” simply because infidelity occurred.

Premature Ejaculation After Betrayal

Anxiety can also alter ejaculatory control.

A man may become highly aroused and tense during attempted reconnection.

He may monitor himself continuously.

This performance pressure can contribute to rapid ejaculation in some patients.

Again, premature ejaculation has multiple possible causes and should be assessed individually.

Relationship therapy may help when anxiety is contributing, but medical sexual-health assessment remains appropriate when symptoms are persistent.



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Low Sexual Desire After Infidelity

Loss of desire is particularly common after emotional betrayal.

The injured partner may think:

“I do not want this person touching me.”

In other cases, the involved partner experiences guilt and reduced sexual interest.

Low desire can also be affected by:

- depression;
- anxiety;
- sleep deprivation;
- medication;
- hormonal changes;
- menopause;
- chronic disease;
- relationship conflict.

Therefore, the emotional context matters, but it is not always the entire explanation.

Painful Intercourse and Pelvic Tension

Some women who become anxious about intimacy after betrayal experience vaginal dryness, pelvic-floor tension or pain during intercourse.

Pain should not be ignored.

Psychological stress can contribute, but medical causes such as hormonal changes, infections, pelvic-floor disorders, vulvodynia, endometriosis and dermatological conditions must also be considered.

A woman should never be encouraged to “push through” significant pain simply to restore marital intimacy.

Sexual Health Screening After Infidelity

Infidelity can also create practical health concerns.



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If sexual contact occurred outside the relationship, STI risk should be assessed according to the type of exposure, whether barrier protection was used and other relevant risk factors.

Depending on the circumstances, testing for infections such as HIV, syphilis, gonorrhoea, chlamydia or hepatitis may be appropriate.

This discussion should be conducted clinically rather than as moral punishment.

Testing protects both partners.

WHO recognizes STI prevention and treatment as a fundamental part of sexual and reproductive healthcare.

Until appropriate assessment has occurred, couples may choose additional safer-sex precautions based on professional advice and their individual risk.

Pregnancy Concerns

Where pregnancy is biologically possible, an affair may also create questions regarding:

- unintended pregnancy;
- pregnancy timing;
- reproductive plans;
- contraception;
- paternity concerns.

These subjects can be emotionally difficult, but avoiding them does not remove the medical reality.

A calm, confidential medical consultation is preferable to assumptions.

Infidelity and Infertility

Infertility itself can place enormous strain on relationships.

Couples may experience:

- repeated disappointment;
- scheduled intercourse;
- pressure surrounding ovulation;
- semen testing;



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- hormonal treatment;
- intrusive family questions;
- financial stress.

For some couples, this strain contributes to emotional distance.

An affair occurring during infertility treatment can therefore be especially painful because reproductive trust has also been violated.

The betrayed partner may ask:

“We were trying to have a child while this was happening?”

Rebuilding requires attention not only to the affair but also to the couple's fertility goals.

At Saira Health Care, I believe these two issues should not be treated separately when they clearly interact.

Should Couples Have a Child to Save the Relationship?

I strongly advise against assuming that pregnancy will automatically repair trust.

A child cannot serve as a relationship treatment.

Pregnancy and parenting introduce new emotional, financial and physical demands.

If trust is already severely damaged, these pressures may intensify the problem.

Couples should make reproductive decisions because they genuinely want a child and have considered their circumstances—not because pregnancy is being used to stop a partner from leaving.

What Does Effective Couple Therapy Look Like?

There is no single therapy that works for every couple.

Evidence-supported approaches used in relationship work include:

- Integrative Behavioral Couple Therapy;
- Emotionally Focused Couple Therapy;
- cognitive-behavioural couple approaches;
- Gottman-based interventions;
- trauma-informed affair-recovery approaches.



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Research specific to infidelity remains smaller than the broader couple-therapy literature, but there are encouraging findings.

An early study found that couples affected by infidelity entered therapy with particularly high distress yet could show meaningful improvement during behavioural couple therapy.

A 2021 clinical paper described how Integrative Behavioral Couple Therapy can be specifically adapted for infidelity and emphasized both affair-specific work and wider relationship patterns.

A 2026 dyadic study of **35 couples** receiving Gottman Method Couples Therapy after infidelity found significant pre-to-post improvements for both partners across several relationship and psychological outcomes. Because the study did not use a large randomized comparison design, it should be viewed as encouraging treatment-associated evidence rather than proof that one method is universally superior.

What Do People Affected by Infidelity Say They Need From Therapy?

A large international mixed-methods study published in 2026 included **5,233 people** who identified as either the involved or uninvolved partner in a relationship affected by infidelity.

The research examined people's experiences of affair discovery, therapy and recovery and emphasized the importance of incorporating the perspectives of those actually affected rather than relying only on therapist assumptions.

This is important clinically.

No therapist should assume that every betrayed partner needs the same thing.

Some need extensive understanding.

Others want practical decisions.

Some want to stay.

Some want help leaving.

Some want individual therapy before couple therapy.

Good treatment listens before prescribing a relationship outcome.

A Practical Three-Phase Model of Recovery



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Although individual approaches differ, I find it helpful to explain recovery in three broad phases.

Phase 1: Safety and Stabilization

The couple addresses the immediate crisis.

Questions include:

Is the affair over?

Is there ongoing deception?

Is either partner at risk of self-harm?

Is there violence or coercion?

Are STI tests required?

Can arguments be contained?

Can the betrayed partner obtain enough truthful information to understand what happened?

The objective is stability.

Phase 2: Understanding Without Excusing

Once the crisis has settled somewhat, the couple can ask:

What vulnerabilities existed?

How were boundaries crossed?

Why was the affair hidden?

Were there relationship problems?

Were there personal issues such as impulsivity, avoidance, poor boundaries, substance misuse, need for validation or unresolved conflict?

Understanding the causes does not mean excusing the behaviour.

A doctor tries to understand why disease developed without approving of disease.

Similarly, a therapist can understand the pathway to an affair without declaring the affair acceptable.

Phase 3: Rebuilding or Separating Deliberately

Eventually, the couple decides what kind of relationship comes next.

If they remain together, new agreements may need to be created regarding:

- fidelity;
- digital privacy;
- opposite-sex or potential romantic friendships;
- social-media behaviour;
- contact with former partners;
- travel;
- communication;
- sexual expectations;
- conflict management.

This does not mean returning exactly to the old relationship.

Sometimes recovery involves building a **new version of the relationship** with clearer expectations.

Rebuilding Erotic Trust Gradually

Once emotional stability improves, sexual reconnection can proceed gradually.

The first goal does not necessarily need to be intercourse.

A couple may begin with:

- sitting close;
- holding hands;
- hugging;
- affectionate touch;
- kissing;
- sleeping close without sexual expectation;
- discussing what feels safe;
- exploring consensual touch gradually.

This is sometimes psychologically useful because it allows the body to relearn:



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“Closeness does not automatically mean danger.”

When both partners are ready, sexual intimacy can gradually return.

There should be no fixed timetable.

Ask Before Assuming

After betrayal, familiar sexual acts may suddenly feel different.

A position, phrase or form of touch may trigger intrusive thoughts.

Therefore, communication matters.

Questions such as:

“Is this comfortable?”

“Would you like me to continue?”

“Do you want to stop?”

may initially feel formal, but they help restore bodily autonomy.

The WHO sexual-health framework recognizes intimacy, pleasure, relationships and respect as integral to sexual well-being.

Do Not Recreate the Affair in the Bedroom

Some betrayed partners become preoccupied with performing sexually “better” than the affair partner.

They may push themselves into activities they do not genuinely want.

This is unlikely to create secure intimacy.

Recovery should not become:

“How can I compete?”

The more useful question is:

“What kind of sexual relationship do we want to create together now?”

Erotic trust is restored through authenticity rather than competition.

Transparency About Sexual Needs

An affair sometimes exposes a long-standing inability to communicate about sexuality.



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After the immediate betrayal has been addressed, couples may eventually benefit from discussing:

- desire differences;
- initiation of sex;
- frequency expectations;
- sexual preferences;
- pain;
- performance anxiety;
- emotional needs;
- what makes each person feel desired.

These conversations should never be used to justify infidelity.

But they may help build a more honest relationship going forward.

Repair Requires Consistency Over Time

One sincere apology is valuable.

But trust is built through patterns.

For example:

Keeping promises.

Being where you said you would be.

Communicating changes in plans.

Answering reasonable questions honestly.

Not deleting suspicious communication.

Maintaining agreed boundaries.

Showing empathy during triggers.

These small behaviours gradually create evidence that the relationship has become more predictable.

This is consistent with the 2025 trust-repair review, which highlighted transparency, accountability, communication and shared activities as recurring components of trust restoration.



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Remorse Is Different From Shame

The involved partner may feel intense shame.

Shame says:

“I am a terrible human being.”

Remorse says:

“I did something that seriously hurt another person, and I need to take responsibility.”

Excessive shame can sometimes become another avoidance strategy.

The betrayed partner ends up comforting the person who had the affair.

Constructive remorse is more useful because it supports accountability and behavioural change.

The Betrayed Partner Also Needs an Identity Beyond the Betrayal

After infidelity, a person's entire identity can become:

“The person who was cheated on.”

Healing involves gradually reconnecting with other parts of life:

- work;
- friendships;
- parenting;
- exercise;
- faith;
- hobbies;
- education;
- personal goals.

This does not minimize the betrayal.

It prevents the betrayal from becoming the only story in the person's life.

Individual Therapy May Be Necessary



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Couple therapy is not always enough.

The betrayed partner may require individual treatment for:

- severe anxiety;
- depression;
- intrusive thoughts;
- trauma symptoms;
- loss of self-worth.

The involved partner may also benefit from individual therapy when there are recurring patterns involving:

- impulsivity;
- compulsive sexual behaviour;
- substance use;
- emotional avoidance;
- poor boundaries;
- repeated infidelity;
- unresolved psychological issues.

A 2024 feasibility study of a structured group intervention for individuals affected by infidelity found reductions in psychological symptoms and increased relationship self-efficacy, suggesting that individual or group-based support may be useful when couple therapy is unavailable or not appropriate.

Couple Therapy Is Not Appropriate in Every Situation

If there is ongoing intimate-partner violence, serious coercive control or fear for physical safety, ordinary couple therapy may not be the immediate priority.

Safety comes first.

Similarly, if one person is continuing an affair and attending therapy only to silence the other partner, meaningful reconciliation work may be impossible.

Treatment needs enough honesty and safety to begin.

What If the Betrayal Happens Repeatedly?



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One affair and repeated serial deception are clinically different situations.

When betrayal repeatedly occurs alongside gaslighting, manipulation or coercive control, the psychological impact may become increasingly severe.

A 2026 review highlighted how serial infidelity can overlap with psychological abuse and trauma-related effects in some relationships.

In such cases, clinicians should not focus exclusively on teaching the betrayed partner how to “trust more.”

The actual pattern of behaviour needs to be addressed.

Infidelity and Digital Surveillance

Technology creates a difficult dilemma after betrayal.

The injured partner may feel safer knowing passwords or locations.

Temporary transparency may be mutually agreed during rebuilding.

But constant checking can become psychologically consuming.

A phone can never provide absolute certainty.

The long-term objective should be creating a relationship in which trust is supported by consistent behaviour—not one in which the betrayed partner must remain a full-time investigator.

Should Passwords Be Shared?

There is no universal medical rule.

Some recovering couples choose temporary or ongoing openness.

Others prefer individual digital privacy with clear behavioural boundaries.

What matters is whether the agreement is mutual and whether it actually supports recovery.

A therapist may help the couple distinguish healthy transparency from controlling surveillance.

Social Media and Affair Recovery

Social media may repeatedly trigger suspicion:



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Why did they like that photograph?

Why did they follow that person?

Why was a message deleted?

For couples recovering from digital or emotional infidelity, specific agreements may be needed about:

- private messaging;
- contact with former partners;
- dating apps;
- disappearing messages;
- sexual content;
- secret accounts.

Ambiguous expectations create future conflict.

Clear agreements are generally more useful than assumptions.

Rebuilding Trust Does Not Mean Losing All Privacy

Trust and privacy are different.

A healthy relationship can contain reasonable personal space.

The aim of affair recovery should not necessarily be permanent access to every private thought.

The aim is eliminating **deceptive secrecy** while rebuilding enough security that ordinary privacy no longer feels threatening.

The Role of the Unani System of Medicine

The Unani system traditionally considers health through an integrated relationship between physical condition, lifestyle and psychological well-being.

The Government of India's Ministry of AYUSH describes Unani medicine as emphasizing the psychosomatic relationship between mind and body. It also describes **Asbab-e-Sitta Zarooriya**, the six essential factors related to health, including food and drink, physical activity and rest, sleep and wakefulness, elimination and mental well-being. Traditional Unani care also includes psychological approaches such as **Nafsiyati Tadbeer**.

These principles can be relevant during affair recovery because patients frequently experience:

- disturbed sleep;
- loss of appetite;
- stress;
- fatigue;
- reduced sexual interest;
- anxiety;
- poor routine;
- loss of physical well-being.

A holistic health strategy can therefore support recovery.

However, an essential distinction must be made.

Unani medicine cannot make an untrustworthy partner trustworthy, and no herbal formulation has been established as a stand-alone treatment for repairing infidelity.

Relationship betrayal primarily requires honesty, accountability, communication and, when necessary, psychological or couple therapy.

Unani care is most appropriately used as **supportive and integrative treatment** for relevant physical, lifestyle and sexual-health concerns.

Asbab-e-Sitta Zarooriya During Emotional Recovery

The six essential factors provide a useful traditional framework for supporting general health.

Sleep and Wakefulness

People affected by betrayal frequently stay awake thinking, checking phones or replaying conversations.

Chronic sleep deprivation can increase irritability and emotional reactivity.

Improving sleep cannot repair an affair, but it can make emotional regulation easier.

Food and Nutrition

Strong distress can reduce appetite or lead to emotional overeating.



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Balanced nutrition helps maintain physical strength during periods of psychological stress.

Physical Activity and Rest

Moderate activity can support cardiovascular and general health while structured rest may help reduce exhaustion.

Mental Activity and Peace

The Unani concept of balance in psychological activity is particularly relevant.

Repeated rumination may consume the patient's day.

Supportive counselling, relaxation, healthy routines and structured psychological therapy can help restore emotional balance.

These traditional principles are consistent with the holistic orientation described by Ministry of AYUSH sources.

Nafsiyati Tadbeer – Psychological Measures in Unani Care

Traditional Unani sources recognize psychological approaches within healthcare.

Modern clinical practice can responsibly build on this holistic principle while also using contemporary evidence-based psychological treatment.

This is important because affair recovery often requires psychological skills that medication alone cannot provide:

- tolerating difficult emotions;
- communicating;
- challenging catastrophic beliefs;
- reducing compulsive checking;
- rebuilding self-esteem;
- managing triggers;
- making relationship decisions.

Unani philosophy can therefore complement professional counselling, but significant trauma symptoms, depression or anxiety should receive appropriate psychological or psychiatric assessment.

Can Unani Medicines Help?

If a patient has an associated sexual or physical problem, individualized Unani treatment may sometimes be considered within the practitioner's scope.

For example, a patient may simultaneously have:

- erectile dysfunction;
- premature ejaculation;
- disturbed sleep;
- fatigue;
- reduced general well-being;
- infertility concerns.

These problems can be assessed separately.

But I do not believe it is scientifically responsible to tell patients:

“Take this medicine and your trust problem will disappear.”

Trust is relational.

A medicine cannot replace truth.

The Special Approach of Dr. Nizamuddin Qasmi at Saira Health Care

At **Saira Health Care**, my approach to sexual problems following infidelity begins with the entire person rather than only the sexual symptom.

When a patient tells me:

“My erection disappeared after discovering the affair,”

I consider both physical and emotional causes.

When a woman says:

“I cannot tolerate intimacy anymore,”

I want to know whether the problem involves psychological distress, pain, vaginal dryness, pelvic-floor tension or another medical factor.

When infertility and betrayal coexist, both require attention.

The evaluation may therefore include:

- detailed sexual history;



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- medical history;
- medication review;
- erection and ejaculation assessment;
- menstrual or gynecological history where relevant;
- fertility history;
- sleep and lifestyle;
- relationship circumstances;
- emotional distress;
- STI-risk assessment;
- appropriate laboratory or specialist investigations when indicated.

The treatment plan is individualized.

Why Sexual Medicine Has an Important Role

Infidelity is often discussed only as a psychological or marital problem.

But sexual-health clinicians may become involved because patients develop:

- erectile dysfunction;
- premature ejaculation;
- low desire;
- painful intercourse;
- vaginal dryness;
- orgasm difficulties;
- infertility-related anxiety;
- STI concerns.

A good sexual-health physician should therefore understand the emotional context without assuming that every symptom is psychological.

This is where an integrated approach becomes particularly valuable.

Contribution of Saira Health Care



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At **Saira Health Care**, our broader work in sexual disorders and infertility aims to provide patients with a confidential setting in which difficult subjects can be discussed without unnecessary humiliation.

Patients may need:

- sexual-health assessment;
- fertility evaluation;
- Unani supportive care;
- lifestyle guidance;
- relationship and sexual-health education;
- psychological referral;
- gynecological or urological referral;
- STI evaluation;
- couple or psychosexual therapy.

No single discipline can solve every problem arising after betrayal.

The strength of an integrative model is knowing which problem belongs to which type of care.

Dr. Nizamuddin Qasmi's Clinical Background

My professional work focuses on sexual disorders, reproductive health and infertility.

My professional profile for this clinical practice includes:

BUMS – Hamdard University, Delhi

MD

CGO

Certificate in Infertility – MGBIMS, Delhi

Certificate in Urology – London, UK

Masters in Male Infertility – MasterHealthPro (HealthPro)

Integrated Sexual and Reproductive Health – ISRH, UNFPA

This multidisciplinary background informs my approach to patients in whom sexual symptoms, reproductive concerns, psychological distress and relationship difficulties overlap.



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A Step-by-Step Recovery Framework

For patients and couples trying to understand what recovery might involve, I often describe the process like this:

1. Establish Safety

Stop ongoing deception and address violence, self-harm risk, STI concerns and severe psychological distress.

2. Establish Truth

Create enough honest understanding of the affair for informed decisions without repeatedly creating unnecessary graphic trauma.

3. Take Responsibility

The involved partner acknowledges choices and their impact.

4. Regulate the Crisis

Improve sleep, reduce destructive arguments and establish support.

5. Understand the Relationship

Explore the relationship's vulnerabilities without converting them into excuses for betrayal.

6. Create New Boundaries

Clarify what fidelity and transparency will mean going forward.

7. Rebuild Daily Trust

Use consistent behaviour rather than promises alone.

8. Rebuild Emotional Connection

Develop empathy, communication, affection and shared experiences.

9. Rebuild Sexual Safety

Allow physical closeness to return gradually and consensually.

10. Decide on the Future

Remain together, separate, or continue exploring the decision with appropriate support.

Recovery is rarely perfectly linear.

Signs That Trust Is Beginning to Return



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Recovery may be occurring when:

- questions become less compulsive;
- phone checking decreases;
- triggers become less intense;
- promises are consistently kept;
- arguments become shorter and more productive;
- the injured partner feels heard;
- the involved partner shows accountability without constant defensiveness;
- affection becomes safer;
- sexual intimacy becomes more voluntary and less pressured;
- both partners can discuss the future again.

This may take considerable time.

There is no medically correct deadline.

Signs That Recovery Is Stalled

Professional help is particularly useful when:

- significant deception continues;
- the affair remains ongoing;
- new information repeatedly emerges;
- one partner refuses all accountability;
- every conversation becomes abusive;
- sexual activity is being coerced;
- one partner is severely depressed;
- suicidal thinking occurs;
- obsessive checking dominates daily life;
- significant trauma symptoms persist;
- alcohol or substance use is escalating;
- children are being pulled into the conflict;



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- repeated affairs continue.

The treatment plan may need to change when these patterns are present.

Frequently Asked Questions

Can a relationship genuinely recover after infidelity?

Yes, some couples do rebuild their relationships, while others ultimately separate. Research shows that couples affected by infidelity can improve during appropriate couple therapy, and recent 2026 treatment data also show improvements in relationship and psychological outcomes among couples undergoing structured therapy.

Recovery does not guarantee a return to the exact relationship that existed before.

How long does recovery take?

There is no fixed timetable. Severity of betrayal, duration of the affair, deception, repeated discoveries, pre-existing relationship problems, mental health and both partners' commitment all influence recovery.

Should I know every sexual detail?

Usually you need enough truth to understand the reality of what happened and protect your health. Extremely graphic information may sometimes create additional intrusive imagery. A skilled couple therapist can help determine what information is useful.

Should the person who cheated give access to their phone?

Some couples temporarily use increased transparency while rebuilding trust. There is no universal rule that passwords must be shared permanently. Transparency should support recovery rather than become lifelong surveillance.

Is it normal to keep thinking about the affair?

Intrusive thoughts and triggers are common after major betrayal. If they are severe, persistent or interfering significantly with daily functioning, psychological assessment may help.

Does infidelity cause PTSD?

Some people experience significant trauma-like or post-traumatic stress symptoms after infidelity, but infidelity does not automatically meet the diagnostic criteria for PTSD. Proper mental-health assessment is important.

Can sex help repair the relationship?



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Consensual sexual reconnection may be meaningful for some couples, but sexual activity by itself does not restore honesty or trust. Sex should not be demanded as proof of forgiveness.

Should we stop having sex after an affair?

Not necessarily. The decision depends on emotional comfort and health concerns. If STI exposure is possible, medical testing and appropriate safer-sex advice are important.

Can infidelity cause erectile dysfunction?

Emotional shock, anxiety, anger and performance pressure may contribute to erection difficulties in some men, but physical causes should also be considered.

Can infidelity cause low sexual desire?

Yes, relationship distress can reduce desire. However, low desire may also have hormonal, psychological, medication-related or medical causes.

Should we immediately start couple therapy?

Couple therapy can be valuable, especially when both partners are willing to engage honestly. Individual therapy may be needed first or alongside it when trauma symptoms, depression, coercion or other significant problems are present.

Can Unani medicine repair trust after infidelity?

No herbal medicine can directly restore honesty or trust. Unani medicine can provide supportive care for general health, sleep, lifestyle and separately diagnosed sexual-health concerns within an integrative treatment plan. Ministry of AYUSH sources recognize psychological well-being and lifestyle balance within traditional Unani healthcare.

Is forgiveness essential?

No clinician should force forgiveness. Some patients eventually forgive, some redefine forgiveness in their own way, and some recover emotionally without reconciling with the partner.

A Message From Dr. Nizamuddin Qasmi

When a patient tells me:

“Doctor, my sexual life changed completely after I discovered the affair,”

I do not immediately reach for a medicine.

First, I need to understand what changed.



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Did desire disappear because trust disappeared?

Did erections become unstable because anxiety entered the bedroom?

Did intercourse become painful because the body now becomes tense?

Is the patient afraid of an infection?

Is infertility adding additional pressure?

Is the relationship still emotionally safe?

These questions matter because sexual function does not exist separately from emotional experience.

At the same time, I do not assume every symptom is psychological.

A man may develop erectile dysfunction after infidelity and still have diabetes.

A woman may lose desire after betrayal and also be entering menopause.

A couple may experience relationship distress while simultaneously facing male infertility.

Good medicine separates these factors and then brings them back together into one treatment plan.

Rebuilding Is About More Than Returning to Sex

Many couples define recovery too narrowly:

“We are having intercourse again, therefore everything is normal.”

I do not think that is enough.

A stronger definition of recovery is:

Can they speak honestly?

Can the injured partner ask a question without an explosion?

Can the involved partner tolerate accountability?

Can both partners disagree safely?

Can they touch without fear?

Can intimacy occur without coercion?

Can they make future plans?

Can they trust what they are being told?



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Sexual intercourse may be part of this recovery.

But it is not the whole recovery.

Rebuilding Erotic Trust

Erotic trust returns when the body no longer feels that intimacy is dangerous.

This may require time.

The betrayed partner gradually learns:

“I can be vulnerable without immediately feeling foolish.”

The involved partner demonstrates:

“I understand that your trust is earned through my behaviour.”

Gradually, physical closeness may stop being dominated by the affair.

The couple begins creating new sexual memories.

Not to erase the past.

But to make the past less powerful than the present.

Final Perspective

Infidelity can deeply disrupt emotional security, sexual confidence and relationship trust.

Research increasingly supports viewing serious betrayal as more than simply a marital disagreement. Some individuals experience substantial trauma-related distress, and relationship recovery involves far more than telling someone to “forget the past.”

At the same time, research provides reasons for cautious hope.

Couples affected by infidelity can show meaningful improvement during structured therapy. Contemporary trust-repair research emphasizes transparency, accountability, communication and rebuilding shared connection, while 2026 treatment findings continue to show positive changes among couples engaged in specialized affair-recovery therapy.

The Unani system contributes an important holistic perspective by recognizing the relationship between mind, body, lifestyle, sleep, nutrition, activity and mental well-being. These principles can support general health during a period of intense emotional stress. However, responsible Unani practice must also recognize its limits: herbal



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medicines cannot substitute for honesty, accountability, couple therapy or trauma treatment when those are required.

At **Saira Health Care**, my approach is therefore integrative.

We consider the sexual problem.

We consider physical health.

We consider fertility.

We consider psychological distress.

We consider the relationship.

And when another specialist is required, appropriate referral should become part of the treatment rather than an alternative to it.

My message to couples is this:

You do not need to pretend that betrayal did not happen in order to heal.

Healing means understanding what happened, protecting your health, restoring your ability to make choices, and deciding—without pressure—what kind of relationship you want to build next.

When reconciliation is genuinely chosen by both partners, trust is not rebuilt through one promise or one sexual encounter.

It is rebuilt through **truth, consistency, empathy, accountability, communication and time.**

About the Author

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Medical Disclaimer



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This article is intended for health education and general information and does not replace individualized medical, psychological or relationship assessment. Infidelity can coexist with depression, anxiety, trauma-related symptoms, sexual dysfunction, sexually transmitted infections, infertility and relationship violence. People experiencing severe psychological distress, suicidal thoughts, physical danger, coercive control or violence should seek appropriate professional or emergency support.



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