

How do therapists experience themselves  
when working with infidelity in  
relationship and couple therapy?

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## **Declaration**

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Psychotherapy (DPsych), is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed:

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Date: June 2019

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## **Abstract**

Vincent O'Rourke

How do therapists experience themselves when working with infidelity in relationship and couple therapy?

Research exploring therapists' experiences of working with infidelity is limited, yet infidelity is a frequent presentation, and one of the most challenging for therapists to work with in practice. The aim of this study was to construct a theoretical understanding of how therapists experienced themselves when working with infidelity. Eight experienced couple and relationship therapists were interviewed about how they experienced themselves inter-subjectively while working with presentations of infidelity. The data were analysed using a Constructivist Grounded Theory methodology. A core process was constructed from the data 'Absorbing ambivalence'. Three sub-processes, 'embracing ambivalence', 'tuning into ambivalence', and 'assimilating ambivalence' were conceptualised as constituting this core process. These processes were theorised as emergent, one leading from the other, circular and interdependent, comprising a process model of how therapists experienced working therapeutically with infidelity. The conceptualisation of a process model has potential in helping therapists to make sense of and understand their inter-subjective experience when working with infidelity. It also offers a tool for use in reflexive supervision and in the training of therapists working with infidelity. As a result of this investigation, future research is encouraged to further explore, with the aim of understanding, the processes involved in how therapists become aware of and manage the influences of the wider sociocultural context when working with infidelity.

## **Chapter 1 Introduction**

This chapter will briefly set out the background to the study, the reasons for undertaking the project and the value of the study to the discipline of psychotherapy. The aim and objectives of the study will be identified, and the outcome of the research summarised. This introductory chapter will also provide a synopsis of the subsequent chapters.

### **Background to the Study**

Infidelity is a frequent presentation in psychotherapy practice and one of the most challenging for couples and relationship therapists (Whisman, Dixon, & Johnson, 1997). Yet, despite its prevalence and difficulty for therapists, there has been little research undertaken in respect of the phenomenon (Reibstein, 2013). Because infidelity is such a complex and emotionally distressing presentation for therapists to engage with it is important that therapists cultivate an awareness of their implicit and explicit positions regarding the phenomenon (Snyder & Doss, 2005). The research that has been conducted has been mostly in relation to the formulation of treatment intervention models, processes focused on forgiveness, the client's experience, and the identification of desirable therapists' attributes (Snyder, 2005). Few studies have taken the experience of the therapist as their core concern (Whisman et. al., 1997; Softas-Nall, Beadle, Newell, & Helm, 2008; Butler, Rodriguez, Roper, & Feinauer, 2010; Moller & Vossler, 2014; Vossler & Moller, 2014). Thus, little is known about the implicit or explicit positions that therapists take while undertaking this work. Understanding the therapist's experience during therapy enhances comprehension of the entire therapy process (Rober, 1999). Those studies that have

focused on the experiences of therapists have mostly concentrated on the therapist's thoughts, ideas and feelings regarding clients presenting with infidelity, their understanding of the issue, and their interventions. This study, however, sought to understand how therapists experienced working with infidelity from their own personal perspectives, focusing on the inter-subjective experiences of the therapists. In other words, the study required therapists to talk about and express their own thoughts, feelings and ideas as they experienced them in the context of engaging with the phenomenon of infidelity therapeutically.

### **Focus of the Study**

This study took as its central concern the development of a theoretical understanding of the processes constructed by therapists as they interacted with clients, who presented for therapy because of infidelity. The research question that directed the process of the study was articulated as: "How do therapists experience themselves when working with infidelity in couple and relationship therapy?" Social constructionism was the theoretical orientation that underpinned understanding of human social behaviour for the purpose of this study.

### **Rationale for the Study**

Infidelity is one of the most frequent and most challenging presentations that couple and relationship therapists encounter (Whiseman, Dixon & Johnston, 1997). Many therapists feel ill prepared to engage with the challenge of working with infidelity therapeutically (Softas-Nall, Beadle, Newell, & Helm, 2008). Although, the literature in the field of psychotherapy with respect to infidelity has produced models, interventions and practice guidelines, there has been little research devoted to the

experiences of therapists as they engage with clients seeking help as result of experiencing infidelity in their intimate relationship (Blow, Sprenkle & Davis, 2007). Some researchers (Blow & Hartnett, 2005), have advocated for more qualitative research regarding infidelity to promote understanding of the processes involved in infidelity. Other researchers encourage research endeavours to look at the experiences of therapists working with infidelity to provide much needed theory based practices for use in professional settings (Wilkson, Littlebear & Reed, 2012). Therapists can experience reactions when working with infidelity that range from disapproving, anxiety and uncertainty to endorsement (Daines, 2006). Additionally, other researchers and authors contend that the therapeutic process is informed and influenced by therapists' personal and professional values, premises, and biases, and the macro influences of culture, gender and power (Knudson-Martin & Huenergradt, 2010). Those studies that have taken the experiences of relationship and couple therapists as their focus tend to privilege the therapists' professional evaluation of their work (Vossler & Moller, 2014). This study intended to make a contribution to the gap in knowledge in the discipline of psychotherapy regarding how therapists experience working with infidelity, with the primary focus being on the subjective experiences of the participating therapists from their perspectives.

### **Aim and Objectives of the Study**

The aim of this research study was to develop a theoretical understanding of how therapists experienced themselves when working with infidelity in couple therapy.

The specific objectives include:

- To identify, examine and explicate the processes constituting the therapists' experience of themselves;

- To explore the influences of these processes on how the therapists engaged in this work;
- To make explicit the taken-for-granted beliefs that may be implicated in therapists' own processes;
- To situate therapists' experiences in their sociocultural contexts, and to examine how these may shape therapists' experiences, actions and processes.

### **Outline of Thesis**

Chapter 2 situates the study in literature concerning infidelity as a general relationship phenomenon. It highlights the challenge of defining infidelity in the various contexts of research, clinical practice and within couple relationships. The prevalence of infidelity will be noted as well as those variables that protect or render intimate relationship vulnerable to infidelity. The effects of infidelity on couple relationships will also be mentioned along with possible reasons for people engaging in infidelity. The focus narrows to consider the literature on infidelity and psychotherapy outlining some of the intervention models and approaches that have been developed. Attention is given to the relevant literature on the person of the therapist affected by their experiences of working with crisis. The literature review also contains a section on the issues of power and gender, as these features are often associated with infidelity and have relevance in the context of psychotherapy (Dickerson, 2013; Williams & Knudson-Martin, 2013). The chapter concludes with an examination of literature on the experience of therapists working with infidelity, highlighting the paucity of research on this subject matter.

Chapter 3 focuses on the methodology selected for undertaking the research, and the researcher's rationale for choosing Constructivist Grounded Theory. The

theoretical framework, within which the study was conducted, is also discussed. This chapter in addition provides information on ethical approval for the study, how participants were recruited and data collected and analysed. The ethicality of the research is discussed as well as criteria for evaluating the outcome of the study.

Chapter 4 presents the findings of the study, allowing the voices of the participants to be heard (Mill, Bonner, & Francis, 2006). The chapter elaborates the formulation of the processes, how they were constructed and relate to each other in an emergent, circular fashion of mutual interdependency.

Chapter 5 discusses the findings of the study in relation to their connections with the relevant literature. The chapter highlights the similarities and differences of these findings with those that have emerged from prevailing empirical research. The similarities and differences are specified, and the contribution of this study to understanding the inter-subjective experiences of therapists when working with infidelity from their perspective is highlighted as a distinctive contribution.

Chapter 6 describes a process model depicting therapists' experiences as they engaged therapeutically with infidelity as a presentation. A number of recommendations are offered regarding how the process model developed in this study may be potentially helpful to therapists in their everyday practice, training and when engaging in the supervisory process. The chapter comments on the study's contribution to the literature pertaining to relationship and couple therapy. The chapter also contains a reflexive comment of the researcher's experiences of the research process and the learning he accomplished. Directions for future research in this area are identified and the chapter ends with a discussion regarding the limitations of the study.

## **Chapter 2 Literature Review**

### **Introduction**

This chapter presents a review and a critical appraisal of the literature in respect of infidelity as it pertains to this study on how therapists experience working with this presentation in their professional practice. The purpose of this review is to provide a relevant context in which to situate the current study. The review begins with a wide scope identifying what the literature conveys about infidelity in respect of prevalence, frequency of occurrence, factors that protect relationships from infidelity and those that render them vulnerable to infidelity. This will include an overview of the effects of infidelity on partners and their intimate relationships. The chapter will then focus on the literature that addresses therapeutic responses to working with infidelity, identifying various conceptual models offered for working with infidelity as well as clinical techniques and guidelines, and their underpinning theoretical assumptions. Finally, the chapter will focus on the experiences, perceptions and attitudes of couple therapists and relationship therapists when working with infidelity in their professional practice. This will also include a discussion of literature that relates to the person or self of the therapist and the impact on the therapist of engaging in this work. The issues of power and gender as they correlate with infidelity in the literature will be discussed. The design of the literature review, commencing with a wide angled view of infidelity and converging on the experience of the therapist who engages with this presentation is to demonstrate the disjunction between a concern to formulate knowledge about the phenomenon as an entity itself and knowledge of infidelity from the experiential perspective of those who work with infidelity

therapeutically. The dearth of attention directed towards understanding the experiences of relationship and couple therapists and counsellors as they engage with infidelity issues is highlighted.

The place of the literature review in conducting a grounded theory study is disputed (Mills, Bonner & Francis, 2006). The originators of classic grounded theory, Barney Glaser and Anselm Strauss advocated holding back on reviewing the literature until the researcher had completed analysing the data. They feared that searching the literature prior to carrying out the research study would result in the researcher importing ideas and concepts from the literature reviewed into the analysis of data (McLeod, 2011). This concern with contaminating the analytical processes has been challenged by other grounded theory scholars. These scholars argue from a position that assumes that researchers approach their projects with prior knowledge, understandings, beliefs and experiences, both personal and professional, and that these need to be acknowledged and managed throughout the process of conducting the research (Nagel, Burns, Tilley & Aubin, 2015). Constructivist grounded theory accepts that researchers will be influenced by the knowledge and experiences they bring to the subject matter they are studying and encourages researchers to become aware of their premises and biases, and to manage and account for these through a process of reflexivity (Charmaz, 2014). Therefore, in undertaking the current constructivist grounded theory study, the literature review is offered as a process of situating the study in the context of previous and current work in relation to this specific study as well as a context for discussing the outcomes of the study. In conducting this study, the researcher aligned with Charmaz's position and undertook an initial review of the literature which was revised in the light of the outcomes of the study. A search strategy was implemented, which centred mostly on the database

PsycINFO. The search terms, 'infidelity', 'therapist experience', 'therapist', 'self of therapist', and 'experiencing infidelity' were used in various combinations using the Boolean term 'AND' to collate relevant literature. This strategy was augmented with searches of the relevant clinical literature known to the researcher and expert colleagues in the field in addition to following up references in the articles yielded by the search of the database and other relevant bibliographical references.

## **Infidelity as a Relationship Phenomenon**

### **Defining Infidelity**

Infidelity is described as a relationship phenomenon that occurs within the context of a committed intimate relationship in which the partners expect sexual and emotional exclusivity. Atkins and Baucom (2001) observed that infidelity though frequently occurring with potentially serious damaging consequences, was poorly understood and under-researched. They attempted to redress this imbalance by analysing data on social behaviour, collected as part of a 1991-1996 General Social Survey carried out in the USA. Their objective was to identify the nomological network of infidelity and led to the identification of a number of factors that significantly increased the likelihood of experiencing infidelity. The results of their research provided a socio-demographic context for understanding the characteristics of infidelity and a perspective on understanding and defining the phenomenon. These factors included a couple's history of divorce, level of education, age when first married, income, employment status and opportunity. They also identified an interaction between age and gender, and between religious beliefs and marital satisfaction. In relation to age and gender, in Atkins and Baucom's sample, males

were more often involved in infidelity and females significantly less often, and the women engaging in infidelity tended to be older than the men in the sample. In respect of religious beliefs and practices, these acted as protective factors against infidelity in that those who held strong religious beliefs and engaged in regular religious practices were less likely to engage in infidelity. However, this relationship only held if the marital relationship was “very happy” but had no effect if the relationship was characterised as “pretty happy” or “not too happy.” Thus, this study concluded that infidelity is likely to be a practice engaged in by males, that the person who is unfaithful is likely to have divorced or separated parents, attained a reasonable level of education and is not overly influenced by religious beliefs. While this description culled from Atkins and Baucom’s research is useful in terms of the socio-demographic features it identifies, it does not encompass the interpersonal experience of those who have experienced infidelity.

One feature of the literature in this field is definitional ambiguity. Blow and Hartnett (2005) were particularly critical of the inconsistency in how researchers defined infidelity. In their review, they found that some studies defined infidelity in quite narrow terms, while in others the concept was poorly specified. For example, a number of researchers focused on infidelity as ‘sexual intercourse’ exclusively, while others included ‘foundling’, ‘kissing’ or ‘emotional connections that went beyond friendship’. Blow and Hartnett further suggested that the rules defining what constitutes infidelity in a married relationship may be different to those in a cohabiting one based on the different types of relationship and the implicit and explicit expectations within these relationships. Failure to take account of these distinctions or favouring a narrow definition that identifies extra-relationship sexual intercourse as constituting infidelity, makes it difficult to draw comparisons across

studies in terms of reliability or validity. Thus, without consensus on what constitutes infidelity, it is impossible for the research community to understand infidelity in a consistent and comprehensive manner. In an attempt to address this concern, Blow and Hartnett, they formulated the following definition:

Infidelity is 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. (2005, p. 191-192)

While these researchers have provided what could be described as a comprehensive and precise definition of infidelity needed by those interested in empirical research, it has its limitations for practitioners who work with infidelity as a relational issue. It does not reflect the ambiguity and at times the contested nature of infidelity, such as a one-night stand or an emotional attachment in the form of a friendship, or where one partner makes themselves feel better by engaging in an affair while not abandoning the primary relationship, that many therapists experience when working with individuals and couples (Reibstein, 2013; Scheninkman, 2005). It also assumes that couples have systematically achieved a consensus on what might constitutes unfaithfulness in their relationship and that this agreement has been revised periodically. In light of the current access to on-line and social media the resultant opportunities for engaging with others both in terms of frequency and intensity, this may be an unwarranted assumption.

Perel (2017) draws attention to the complexity of conceptualising infidelity in the digital age. In an era when the internet is ubiquitous, she argues, immediate access to an ever-expanding range of opportunities for encounter is available to all.

This leads to the requirement of a more fluid definition of infidelity. She contends that in the modern era, as distinct from the past when religious authorities determined the boundaries of monogamy, infidelity is characterised as involving a breach of contract between two individuals where the terms of the contract are not determined by a third party (e.g. religious institutions) but are negotiated by the partners. Such a contract is based on shared expectations and assumptions of each other's behaviour. Thus, in many instances, a betrayal may not necessarily involve a particular sexual or emotional behaviour, but it concerns the contravention of their mutual agreement. Perel (2017) considers this to be a significant feature of many consensual non-monogamous relationships. Her analysis of the contemporary landscape of intimate relationships leads her to conclude that the emphasis on individualism, self-fulfilment and egalitarianism blended with the desire for authenticity and transparency in relationships places exorbitant expectations on partners. When these fail to be met, a sense of entitlement to becoming involved in an affair is fuelled.

Within the clinical psychotherapy literature, infidelity is defined in numerous ways. For instance, Daines (2006) views infidelity from a perspective that includes the meaning that couples attach to infidelity and the contemporary social and cultural contexts. Thus, an affair is considered as occurring when one member of a couple repeatedly interacts with the same person outside of the couple relationship in ways that undermine the primary relationship, but may not involve physical intimacy. Oppenheimer (2007) defines infidelity in moral terms such as cheating, secrecy and betrayal. Within the empirical literature, Moller and Vossler (2014) investigated how seven couple counsellors defined infidelity based on their experience of working with people who came to therapy with this concern. In their analysis of the data, using a grounded theory approach, four dimensions emerged: infidelity as penetrative sex;

infidelity as sexual behaviour; emotional infidelity; and infidelity as secrets and betrayal. Moller and Vossler indicate that this last dimension was regarded by some research participants in the study as any attachment or activity, such as a hobby, that has the effect of diluting commitment to the primary couple relationship, and therefore potentially could be described as infidelity.

As the literature demonstrates, defining infidelity as a concept is quite challenging for both relationship researchers and therapists. Scholars and professional practitioners have tended to diverge in terms of how they define what constitutes infidelity (Hertlein & Weeks, 2008). Scholars, as exemplified by Blow and Hartnett's operational definition, seek to specify with precision what comprises infidelity while professional practitioners prefer flexibility to include the views of couples in their conceptualisations (Whiseman & Wagners, 2005). While practitioners may wish to explore with clients their understandings and meanings concerning what might be regarded a behaviour constituting infidelity, Moller and Vossler (2014) observe that how individual couples define infidelity has not been the focus of research. Yet, many couples contest the allegation of infidelity made by their partner within the context of therapy and this disparity becomes a dynamic in the therapy process (Oppenheimer, 2007).

Infidelity can be contrasted with fidelity, the latter providing a benchmark for understanding the former (Daines, 2005). Continuing loyalty, devotion, obligation, support and faithfulness are often cited as defining characteristics of fidelity (Reibstein, 2013). Infidelity, on the other hand, in the context of a committed relationship, is a departure from these mutually expected standards of behaviour. In the early scholarly literature, sexual intercourse with another outside of the primary relationship was regarded as infidelity (Glass & Wright, 1992). More recently,

professional practitioners in their writings have identified and extended the range of behaviours and types of infidelity to include intimate emotional relationships, internet sex, secretive use of pornography and financial betrayal (Zola, 2007). This widening of therapists' understanding of what constitutes infidelity, and the many gradations between fidelity and infidelity encountered in the clinical context (Blechner, 2007), reflects the complexity and multi-layered presentation of the phenomenon of infidelity and tensions between the world of research and clinical practice.

### **Prevalence of Infidelity**

Data on prevalence are based on self-reporting and it is conjectured that underreporting of infidelity occurs, perhaps due to embarrassment (Atwood & Seifer, 1997). Blow and Hartnett (2005) caution that estimates of the prevalence of infidelity are constrained by many factors. These include the lack of consensus among researchers regarding an operational definition of infidelity, basic flaws in sampling and the paucity of qualitative research that could illuminate the processes of infidelity as experienced by people. Taking these qualifications into account, Atkins, Baucom and Jacobson (2001) conservatively estimated that between 20% and 25% of all Americans in heterosexual relationships will have sex with someone other than their spouse while still married. There have been few studies on prevalence undertaken in recent years according to Labrecque and Whisman (2017), who believe that these estimates continue to be fairly accurate although, probably representing an underestimate of the true prevalence because of social desirability demands causing people to be reticent about extramarital affairs.

Based on data derived from the General Social Survey (GSS) over the period of 2010-2016, the Institute of Family Studies (<https://ifstudies.org>) concluded that

men are more likely than women to be involved in infidelity; a higher percentage of men than women disclosed that they had sex with someone other than their partner while married. The gap between men and women narrows considerably between the ages of 18-29 and widens significantly between the ages of 30-34. This pattern continues across other age groups with 24% of men and 17% of women becoming involved in extramarital sexual affairs. Overall, though, the trend since such data was first collated in 1990 indicates that men are more likely than women to be involved in infidelity. An analysis of data downloaded from the GSS website for data collection in 2018 is consistent with this trend.

In the United Kingdom the prevalence rate is approximated to be 15% of men and 9% of women in heterosexual relationships (Vossler & Moller, 2014).

Approximately 50% of all divorces cite infidelity as the reason for relationship breakdown (Baucom, Gordan, Snyder, Atkins & Christensen, 2006) and half of all couples attending therapy present with the issue of an affair (Atkins, Baucom & Jacobson, 2001; Vossler & Moller, 2014).

### **Variables that Protect or Render Relationships Vulnerable to Infidelity**

Research has identified a number of variables that contribute to the likelihood of infidelity. Atkins, Baucom and Jacobson (2001) identified age when first married, level of education, gender, relationship conflict, opportunity and a history of divorce as potential risk factors. The younger the partners the greater likelihood of infidelity; higher levels of education correlate with greater propensity to infidelity. Gender was identified as the most researched variable, rendering a profile of men more likely to initiate affairs, have more affair partners, and be more interested in infidelity than women. These researchers noted however, that the gap between men and women

participating in affairs was narrowing. They also commented upon the quality of the primary relationship in terms of relationship satisfaction. Relational conflict that has become endemic in the relationship and persistent feelings of dissatisfaction can, but not inevitably, render a relationship vulnerable to infidelity. Opportunity, in the sense of greater prospects of travel, occupational status and the modern emphasis of valuing personal independence are regarded as variables that may be inimical to the maintenance of monogamous relationships. These authors also indicated a relationship between a history of divorce and infidelity. The likelihood of infidelity was elevated if the previous marital relationship had been dissolved because of infidelity.

On the protective side, Atkins, Baucome and Jacobson (2001) identified the promotion of equality within the power and control dynamic of the couple relationship, and mutual support as factors that reduce the likelihood of infidelity. Based on the analysis of this research, it appears that when partners work together to form intimate relationships based on values of reciprocal respect and joint responsibility for the maintenance and well-being of the relationship, they construct characteristics in the relationship that reduce the likelihood of infidelity. However, these authors concluded that most studies give insufficient attention to the interactional effect between factors. For instance, there seems to be a correlation between marital satisfaction and religious practice in reducing the likelihood of infidelity. However, relationship dissatisfaction may supersede religious values. How these variables interact, mediate or elevate the risk of infidelity remains the focus of continuing research (Blow & Hartnett, 2005).

## **The Effects of Infidelity on Couple and Intimate Relationships**

While Blow and Hartnett (2005b) advocate for more qualitative studies to provide in-depth understanding of the processes and variables associated with infidelity, some interesting findings have emerged from studies to date. For example, Atkins, Eldridge, Baucom and Christensen (2005) observed that infidelity produces the highest level of distress in couples over every other type of relationship issue. One qualitative inquiry (Olson, Russell, Higgins-Kessler & Miller, 2002) analysed data from 13 participants who were asked to describe their response to the disclosure of an extramarital affair. The researchers formulated a theory of the effects of infidelity comprising three phases in the journey towards trust building and repair of the relationship. The first phase was typified by emotionally charged interactions of anger and conflict, described by the researchers as the ‘roller-coaster’ phase. Out of this turbulence emerged the second phase, which they labelled ‘moratorium’. This period was characterised by sharing information about the affair, acknowledging the hurt endured and the emergence of the possibility of commitment. In the final phase, trust is built based upon openness and communication that creates the conditions for commitment and trust to be consolidated. In this study, participants revealed the horror, depth of distress and the extreme challenge of finding ways of repairing and re-launching their relationship. This study focused on married participants, all but two of the participants were women and most of the participants were partners of the person who been involved in infidelity. Thus, the study captured mostly a female and an individual perspective, did not gain any insights into a couples’ perspective, and excluded other forms of committed intimate relationships.

The devastation suffered by all affected by an affair is well documented (Allen & Atkins, 2005). Oppenheimer (2007) employs a metaphor of ‘Pandora’s Box’ to

illustrate the effect of the disclosure or discovery of infidelity. Trust in the partner who has been implicated in an affair is significantly diluted for the other partner (Pittman & Pittman Wagners, 2005). Some authors regard the complicity and deception involved in an affair to be damaging to the couple dyad because it negates the assumption of exclusivity in a committed relationship (Atkins et al., 2005; Oppenheimer, 2007). Others interpret the constellation of symptoms as meeting the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD; Baucom, Gordon, Synder, Aktins & Chritensen, 2006), which has been described as implying a blaming ethos that may lead to therapeutic impasse, as one partner is viewed as a victim and the other pathologized (Zola, 2007). Many couples facing infidelity cannot go on in the relationship and subsequently divorce (Oppenheimer, 2007). Other couples seek assistance in therapy and counselling to develop a level of clarity about what has happened in their relationship and to explore the possibilities for a future, including separation or relational transformation where the couple construct a new basis for their relationship (Warren, Morgan, Williams & Mansfield, 2008; Weil, 2003).

### **Reasons for Infidelity**

The literature has attempted to identify the reasons or justifications for engaging in infidelity. Glass and Wright (1992) randomly invited married people to complete a questionnaire, which examined the extent to which they would feel justified in being unfaithful to their partner. The findings suggested that sexual enjoyment, curiosity, excitement and novelty seeking were strongly correlated with motivation to engage in an affair. Additional reasons reported were enhancement of self-esteem, revenge, to get love and affection, to feel understood, and companionship. Other authors echo these findings (Allen, Atkins, Baucom, Synder,

Gordon & Glass, 2005). In a case study focused on a woman who was involved in an extramarital affair, Weil (2003) concluded that the affair was functional in helping the woman to understand her intimacy needs and to seek to have these met in the context of her marital relationship after the ending of the affair. What is notable about these studies is that they focus exclusively on couples in marital situations. Researchers tend to select married couples in their research designs and examine their reasons and justifications for becoming involved in extramarital affairs. Few studies identify this restricted sampling as a limitation in the insights, understandings and clinical applications of their findings. As Blow and Hartnett (2005) assert, a combination of narrow definitions and a restricted focus on one type of relationship means that researchers are leaving out important information concerning a broader and deeper understanding of infidelity and its diverse manifestations.

### **Infidelity and Psychotherapy: Models of Intervention**

Psychotherapy research has provided positive results in demonstrating that certain types of interventions may be effective in sufficiently ameliorating the damaging consequences of infidelity to enable couples to reconstruct their relationship when infidelity is acknowledged (Atkins, Eldridge, Baucom & Christensen, 2005). With a focus on clinical practice, Dupree, White, Olsen and Lafleur (2007) distilled a spectrum of recurring clinical themes and patterns from their systematic review of the clinical literature, which led to the development of practice guidelines for working with infidelity. Included in these themes were the role and attitude of the therapist, assessment skills, life cycle work, individual needs of clients, cultural and religious considerations, and relapse prevention planning. The guidance offered to therapists is one of adopting an active stance that is direct, collaborative

and flexible. It encourages therapists to be willing to proffer advice within a practice ethos of the therapist adopting a non-judgemental, understanding and flexible engagement with the couple that also provides hope for the present and the future. The therapist also needs to be able and willing to focus on the affair, assess the thoughts and feelings of each partners as they were prior to and after the affair, in conjunction with any presenting mental health concerns. The therapist needs to be sensitive to and respect the cultural and religious beliefs and practices of the couple.

Focusing on the life cycle stage of the partners' evolution as a couple was identified as an intervention that enable both therapist and couple to attempt to make sense of the affair and provide a context for relapse prevention. Relapse prevention involves the therapist in a process of encouraging the couple to restructure the patterns of their relationship to promote more positive interactions and the rebuilding of emotional bonds within the couple dyad. While these generic guidelines may offer tangible direction to therapists working with infidelity, they may not be compatible with modalities of therapy that emphasise a more person-centred and dialogical approach to therapy. Conducting therapy within these paradigms, the therapist allows themselves to be guided by the clients by adopting a respectful listening, non-expert approach (Goolishan & Anderson, 1992) on the one hand, and a more interventionist approach on the other (Knudson-Martin, 2013). A therapist assuming an interventionist position in therapy might have a concern for equity and justice in respect of the experiences of clients and therefore adopts an ethical rather than a neutral stance that addressed these issues (Knudson-Martin, 2013). Nevertheless, these themes and clinical practice guidelines provide a framework for both therapists and couples as they venture into the turbulent and uncertain terrain of infidelity.

A number of models of intervention have been developed by researchers and practitioners in the field of infidelity. In this literature review the researcher selected six therapy models that illustrate the diversity of approaches and theoretical orientations in working therapeutically with infidelity. A conceptual model of infidelity treatment based on the assumption that infidelity represents a trauma and that this dimension of the consequences of infidelity needs to be processed before a couple can make sense of their experience and look to the future, was devised by Baucom, Gordon, Synder, Atkins and Christensen (2006). This model comprised three stages, underpinned by cognitive-behavioural interventions, forgiveness approaches and trauma-based method respectively. The first stage of the approach involves responding to the emotional arousal generated by the disclosure or discovery of infidelity. The second stage centres on the couple developing insight and understanding in relation to factors contributing to infidelity. The final stage focuses on the couple consolidating learning from earlier stages, the possibility of forgiveness and deciding whether to end or recommit to remaining in the relationship. The underlying assumption in this conceptual model is that infidelity represents a trauma to the non-involved partner with symptoms akin to those of PTSD. One of the main merits of this model is that it affords a clear pathway for therapist and couple to follow a set of prescribed tasks to accomplish, thus giving focus and direction to the therapy. It is a linear model that is optimistic and suggests progress for couples who commit to working through the stages. However, it is a model that is premised upon the assumption that trauma is inherent in infidelity. Other scholars in the field take a different view and regard infidelity as a phenomenon that is best understood in terms of social processes (Reibstein, 2013; Scheninkman, 2005; Williams & Kundson-Martin, 2013). It is argued that an emphasis on the psychological disturbance

triggered by infidelity risks eclipsing the social and systemic processes that may be implicated and are thus left unaddressed (Williams, 2011).

In a similar vein, but with a different set of assumptions Fife, Weeks and Gramblescia (2008) formulated what they described as an integrative approach to intervening with infidelity. Their model is also a stages approach and assumes that infidelity is a systemic, intimacy-based problem. Five domains are prescribed for attention by the therapist and the couple that encompass; crisis management and assessment; the systemic dynamics of the couple relationship; the introduction of a forgiveness process; identifying and exploring factors contributing to the infidelity; and the promotion of intimacy via mutual openness in communication. In this model, the authors propose a moral stance that infidelity is always wrong and that the therapist should convey this in a non-judgemental way. This integrative approach to intervening therapeutically with infidelity furnishes therapists and couples with a progressive route out of relationship disruption to the prospect of relational repair and intimacy. The model allows for an iterative process whereby therapist and couple can return to previous phases or focus on a number of phases concurrently. The integrative character of the model affords opportunity to expand the focus of the therapy beyond the couple dyad to consider more systemic issues such as family of origin. However, the model seems to be premised on the belief that infidelity is always morally wrong and that the therapist should also hold this conception. The underlying values of the model seem to privilege a culturally normative conception of the couple relationship as the appropriate means for meeting human yearnings for closeness, intimacy and personal fulfilment (Sheninkman, 2005; Wiles, 2013). Focusing on infidelity as a moral issue runs the risk that blaming become a block to the couple moving beyond the infidelity and results in therapeutic impasse (Zola,

2007). Adopting a moral view of infidelity may distract the therapy process from considering other variables such as gender, justice and the potential value that acknowledged infidelity may contribute to enhancing the couple relationship (Linguist & Neg, 2005; Wiles, 2013).

Other authors have based their approach to working with infidelity on the meaning that intimate partners hold in relation to their relationship, and specifically with regard to infidelity. For instance, Atwood and Seifer (1997) hypothesised that the meaning systems of the couple may influence the outcome for the couple's future. They postulated that meaning systems were formed within families of origin such that people assimilated expectations about how they experienced the world in a manner that was influenced by family scripts. In their social constructionist understanding and approach to working with infidelity, Atwood and Seifer advocated that therapists should focus on the marital scripts of each partner to explore the embedded meanings. Marital scripts, according to these authors, are the collection of beliefs, values and expectations that each partner holds, often at a subconscious level of awareness, and derived from their family of origin, that shape and influence how they interact within the intimate relationship. The aim of this method of therapy is to assist the couple to identify and deconstruct the meaning system that holds the problem and to replace this with a new meaning system that enables the couple to think about the future where the infidelity is no longer an issue for them. This involves the couple exploring the content of their respective scripts and developing an understanding of what aspect of their scripts are compatible or those that potentially induce conflict, and what new meanings they wish to co-create. Similar to the other stage models of therapy described above, Atwood and Seifer specify a number of stages that the therapist and couple move through involving the therapist joining the couple's meaning system,

expanding their meaning systems, and finally amplifying and stabilizing the new meaning system. In this approach to working with infidelity the therapy process is focused on exploring the meaning that the couple ascribed to the infidelity in relation to their past relationship, the present and the future. The underpinning assumptions of the approach are that infidelity results from social and interpersonal processes and can be explored and understood by widening out the context to take account of the partners' psychosocial developmental experiences. The model gives prominence to the interpersonal systemic dynamics of the couple relationship without reference to the emotional bond and affectional connectedness that is characteristic of intimate relationships.

A method of intervention that includes semblances of the stages approach of the models discussed above but amplifies the affective dynamics of couples is the emotionally focused model developed by Johnson (2005). This framework for engaging with infidelity is informed by attachment theory assumptions and suggests that infidelity potentially disrupts attachment security. What is characteristic of this method and differentiates it from similar stages based-approaches described above is the particular attention that the therapist is expected to give to the influence of emotion in the couple relationship. Specifically, therapy involves assisting the couple in the giving and receiving of emotional recognition and support as they transition between the stages of therapy. Amplifying the emotional content of the couple's relationship is privileged in this method of working with infidelity as the key avenue towards establishing a mutually secure emotional basis to their intimate relationship. This is accomplished in stages whereby the therapist assists the couple: to identify latent conflicts; their negative cycle of interactions; the identification of unacknowledged emotions, to reframe the couple's problems in terms of unmet

emotional needs; to promote the partners' awareness of their own individual emotional needs and how to integrate these within the couple dynamic; and to facilitate the mutual expression of emotions between the partners. Working with infidelity from this emotionally focused approach, therapists take a collaborative stance and although working within a framework, seek to consult with and guide the couple in formulating a new way of being a couple in an intimate relationship that provides both partners with emotional security. This method of intervening with infidelity therapeutically seeks to forge crucial links between the attachment needs of partners and the patterns of connections and interactions that seem to have been unhelpful to the couple in achieving emotional satisfaction in the relationship. However, it may be that focusing on attachment and emotional wishes primarily, while important at one level of assessing the couple's needs, risks overlooking the possibility that both partners are not equal in the relationship. Equity in couple relationships is the context that creates the space for the development of mutual support that can heal fractured intimate relationships and the promotion of relational well-being (Williams & Knudson-Martin, 2013). Where equity is not a defining characteristic of the couple dynamic, focusing exclusively on attachment needs and emotional expression may neglect this important dimension of the work.

Power dynamics and the influence of gender have been addressed in psychotherapy's repertoire of methods and interventions with infidelity. From a feminist perspective, Williams and Knudson-Martin (2013) drew attention to the way that therapists in their day to day practice tended to relate to couples as though both partners in the relationship held equal power. They contend that social norms implicitly portray women as being traditionally responsible for nurturing the couple relationship, a belief they assert, that can be replicated in the therapist's approach to

working with infidelity by focusing exclusively on couple interpersonal interactions to the exclusion of the sociocultural context that frame and influence their daily lives. Williams and Knudson-Martin view infidelity as a gendered issue, a view that is supported by Atkins, Baucom & Jacobson (2001), who concluded from their study that more men than women engage in the practice. These researchers determined that structural, cultural and historical processes implicated in gender, power and equality do not feature in the awareness of most therapists and need to be taken account of by practitioners when working with infidelity to assist clients in forming a more equitably and mutually responsible relationship. Utilising a grounded theory analysis of scholarly articles on the treatment of infidelity combined with a feminist perspective, Williams and Knudson-Martin identified five conditions that restricted attention to gender and power: therapist assuming that both partners are equal in the relationship; reframing infidelity as a relationship problem; not taking account of societal context; failing to consider how societal gender and power patterns shape relationship dynamics; and the therapist positioning as neutral rather than adopting an ethical stance in relation to infidelity. In integrating these findings Williams and Knudson-Martin proposed a sociocultural approach to working with infidelity. This approach sensitises therapists to the wider context and socio-cultural processes impacting couple relationships, specifically gender and power processes being performed in the couple dynamic. The challenge in bringing a sociocultural perspective to working with infidelity resides in the therapist being able to consider the wider context as the primary site for intervention whereas traditional ways of working prioritise focusing on the couple relational dynamic.

A socio-cultural approach to working with couples with infidelity based on incorporating assumptions about the wider societal and cultural processes has been

constructed by Williams (2011). Working within this framework of assumptions the therapist seeks to promote the couple's mutual responsibility for the nurturing of the relationship. A distinguishing feature of this approach, as elaborated above, is that the therapist does not assume equality in the couple relationship and avoids aligning with the more powerful partner, but instead promotes the voice of the less powerful member of the couple. The goal of therapy implicated in this practice principle is to explicate the influence of the wider socio-cultural processes reflected in the couple's pattern of relating. The framework defines three phases, the first centres on creating an equitable foundation for healing, the second places infidelity in a social context and the final phase involves the couple practicing mutuality, that is that both partners take equal responsibility for the well-being and nurturing of their intimate relationship. This approach to working with infidelity places a focus on the wider socio-cultural processes in which people live their lives and aims to make these explicit in the context of therapy. A key focus of this approach to therapy with infidelity is the encouragement to therapists to engage their own and the couple's attention to the organisation of power in the couple relationship.

Within the literature on infidelity, power and gender processes have been identified as important patterns of interactions within the couple relationship that need to be understood and a focus for intervention (Williams, 2011; William & Knudson-Martin, 2013; Williams, Knudson-Martin & Huenergardt, 2013). Some writers identify power disparities within the couple relationship as the kernel of most intimate relational issues, although remaining invisible to the partners, and often to therapists (Parker, 2009). Power is conceptualised as deriving from social and cultural norms that have their origins in forms of patriarchy that impact upon men and women in differential distribution of roles, responsibilities and privileges, and is concealed, but

omnipresent as the contextual frame for everyday living (Dickerson, 2013). Power and privilege scrutinised through the lens of patriarchy affords couple and relationship therapists understandings about the patterns of interactions that characterise an intimate relationship. Parker (2009) suggests that therapists are challenged by whether or not to focus on power and privilege. To avoid looking at the patterns of power operating within a couple relationship, therapists allow the invisible to remain invisible and this raises ethical issues concerning social justice. On the other hand, she argues that, when a therapist addresses the underlying issue of power and privilege influencing a couple relationship, the therapist introduces into the therapy the possibility that these patterns can become the site for negotiating a more equitable relational style. In promoting a social justice approach to working with couple issues, Parker wants to persuade therapists to pay attention to social justice issues associated with gender, power and privilege that structure couple relationships, and not to focus exclusively on their interpersonal relational distresses, which, in part may, have their origins in the wider societal and cultural patterns of inequity.

These ideas and considerations in the literature on couple therapy and infidelity are supported by the scholarship of Knudson-Martin (2013), who has worked to demonstrate that power inequalities in couple relationships contribute to couple distress, and that relational distress can be ameliorated by the partners in a couple relationship being helped to work toward equality and mutuality. Knudson-Martin conceptualises power as relational in the sense that its operation can be viewed in terms of raising questions about whose interests, needs and priorities are prominent in the couple relationship. These features of power and gender relationships within a couple dyad have also been identified by Parker (2009) and Dickerson (2013), who have urged therapists to focus on these when intervening to assist distressed couples.

The latter author suggests that it is not necessary to blame men in relation to these features of the couple relationship, but that it is necessary to bring these taken-for-granted ways of interaction to the attention of the couple. By not paying attention to these features in the context of couple therapy, the therapist risks replicating in the process of therapy the dominant social and cultural norms and discourses, that according to a feminist, patriarchal and socio-cultural lens, contribute to many of the problems underlying couples' relational issues. Dickerson argues that therapy is not a neutral activity, as there is always the possibility that the therapist will leave unchallenged the processes of oppression that may be operating in an intimate relationship. These approaches that adopt a more macro focus on the relationship issues that clients bring to therapy are driven by social justice concerns, and as mentioned previously, the need for therapists to see couples' problems as being influenced by their social context. Specific interventions with the aim of making visible and highlighting social context, are offered by those advocating these approaches.

Working from a social context or social justice reference base, therapists bring to the attention of clients how these socio-cultural influences shape and determine their patterns of acting and responding in their relationship. Couples are helped to make sense of their patterns of interaction and the influence of the wider social discourses. During the course of therapy, therapists listen, particularly if they are influenced by narrative therapy practices, for discourses within the couple dialogue that connect with wider dominant social discourses. Other practices seek to disrupt the pattern of power distribution within the couple dyad by the use of genograms that map role models across generations, while educating and inviting clients to evaluate their private beliefs against the wider social and cultural processes that influence their lives

(Parker, 2009). Therapists working from social context and social justice frames of reference while addressing how gendered power processes impact clients' relationship, will also pay attention to the emotional dimension of the couple relationship. When working with this aspect of the couple dyad, the therapist pays attention to relational processes (Knudson-Martin, 2013). When power is unequal in an intimate relationship and it is gendered insofar as the male partner's needs, desires and interests are privileged, this is often manifest in how conflict is managed, in patterns of communication, and emotional experience within the relationship. To reduce power imbalances and the resultant adverse consequences identified by Knudson-Martin as anxiety, depression, invalidation of identity and erosion of trust, the therapist encourages couples to attend to relational process. These are enumerated as the couple noticing each other in an appreciative way, responding to one another respectfully, tuning into each other's emotions and being open to the influence of the other. These relational processes shape the character of the couple's relationship towards being one where mutuality is the aim and the basis for equity in the relationship.

Working with couple relationship issues, and specifically infidelity, using these macro perspectives and approaches that elevate socio-cultural and social justice concerns, bring to the attention of therapists that psychotherapy and counselling is not a private event (Dickerson, 2013) that is hermetically sealed from social and cultural processes. These approaches serve to alert therapists that patterns of human relating have a social basis, shaped by cultural expectations and norms that can be made visible within the context and processes of therapy. Particularly in working with infidelity, therapists need to be cognisant of the gender, culture and power issues that are associated with infidelity (Williams, Galick, Knudson-Martin & Huenergardt,

2013). However, other authors and clinicians are cautious about too much emphasis being placed upon social and cultural influences on couple relationship and especially concerning infidelity (Oppenheimer, 2007). By focusing on socio-cultural processes and patterns of inequality within the couple dyad, these clinicians fear that the person most affected by infidelity will be expected to shoulder blame and in doing so dilute the responsibility of the person who involved themselves in an affair. While these concerns are central for the more conventional approaches to couple therapy, they are also shared by practitioners who adopt a theoretical perspective that engage the processes of socialisation as having on-going influential effects in their understanding of couple issues. The relational justice approach to working with infidelity evolved by Williams (2011) from the socio-emotional approach to couple therapy (Knudson-Martin, 2010) positions the therapist as seeking to engage the couple in exploring their experiences of the dominant societal and cultural discourses in society shaping their patterns of relating in parallel with emotional attunement. The process of emotional attunement invites the partners of the couple relationship to express their thoughts and feelings about their experiences of the different positions they hold in their everyday life with the aim of shifting the balance of vulnerability within the couple to a more balanced mutuality. Currently, these approaches to working with couple issues, including infidelity, that integrate social context, relational processes and emotional attunement with the aim of promoting equality and mutuality in intimate relationships, are being evaluated (Knudson-Martin, Huenergardt, Lafontant, Bishop, Schaepper & Wells, 2015).

As illustrated above, there is available a range of interventions including treatment models, guidelines and perspectives to assist therapists and couples faced with infidelity, however in general they do not enjoy empirical or clinical validation

(Hertlein & Weeks, 2007). Nevertheless, there exists options for interventions with infidelity that practitioners can choose from, that fit with their theoretical and practice orientation. Stage-based models of intervention afford couples and practitioners a progressive approach to working with infidelity that can be useful in ascertaining levels of recovery but may de-emphasise the ‘roller-coaster’ effects reported by couples themselves (Olson, Russell, Higgins-Kessler & Miller, 2002). Interventions that focus on the trauma effects on the non-involved partner may validate their suffering (Oppenheimer, 2007) but fail to address the couple’s systemic dynamic that contributed to the infidelity (Zola, 2007). Concentrating on the promotion of emotional connectedness as proposed by emotional focused therapy, steers the therapist and the couple towards strengthening intimacy and emotional bonds but may not address the flow of power and equality, and gender issues in the relationship (Lyness & Lyness, 2007). Similarly, cognitive behavioural interventions may target the beliefs, communication and behavioural patterns of couple’s needing to change, but not take account of the socio-cultural discourses underpinning these systems (Williams, 2011).

The methods, models and interventions reviewed above make an important contribution to working with infidelity therapeutically. However, each have their merits and limitations. Some approaches privilege the experience of the non-involved partner (Atkins, Eldridge, Baucom & Christensen, 2005), others focus on behavioural and communication patterns (Fife, Weeks & Gramblescia, 2008), while others take the meaning that the couple attribute to the infidelity as the focus for intervention (Atwood & Seifer, 1997). In the literature on infidelity reviewed, the concentration is on the experiences of the couple in terms of the effects of infidelity and the process of therapy as a means of rebuilding and repairing broken relationships. There is little

focus however on the experience of the psychotherapist or relationship counsellor as they engage with presentations of infidelity.

### **Psychotherapist/Counsellor Experiences Working with Infidelity**

Therapists have identified working with infidelity as one of the most challenging aspects of their practice and the most damaging to relationships after domestic abuse (Whiseman, Dixon & Johnson, 1997). Softas, Beadle, Newell and Helm (2008) in a survey study of one thousand clinical members of the American Association of Marriage and Family Therapy, found that over 70% of the respondents felt their training had not prepared them adequately for working with infidelity and that infidelity was inadequately addressed in the professional literature. Yet research suggests that the therapist's contribution to the therapeutic process generally has greater effect than the treatment intervention in terms of the therapist's competence and enthusiasm for effecting change (Blow, Sprenkle & Davis, 2007). This places responsibility on the therapist to be aware of her or his implicit and explicit positions in relation to infidelity. Snyder and Doss (2005) suggest that therapists are susceptible to conceptualising infidelity according to their own relationship history and the sociocultural norms of their personal and professional lives. They urge therapists to cultivate an awareness of their own values and biases and how these can potentially influence their practice. They add that therapists are more likely to align themselves with clients whose values are consistent with their own personal beliefs, when encountering different values expressed by couples or families in therapy. This emphasis on therapist self-awareness and reflexivity regarding how they think and relate to infidelity presentations in therapy is underscored by other writers such as Pittman and Pittman Wagers (2005) who caution that unchallenged assumptions can

lead the therapist into unhelpful interventions with different outcomes for couples. For example, a therapist who holds beliefs that both partners must take responsibility for the emergence of an affair will intervene in a different way from a therapist who takes the position that infidelity comes about by the betrayal of one partner by the other. In the former situation, the therapist may seek to persuade both partners to share responsibility for the infidelity, while in the latter situation, the therapist may work towards the one who betrayed their partner shouldering all the responsibility for their actions (Oppenheimer, 2007).

Other authors draw attention to the manner in which therapists may be affected by working with infidelity. Levine (2005) regards the challenge for the therapist as being one of maintaining her/his emotional balance amidst a heightened state of emotional arousal in the presenting couple. He suggests that engaging in therapy with couples grappling with infidelity may evoke memories or insecurities in the therapist about their own personal histories. Therapists' reactions to infidelity may include disapproval, rejection, confusion, anxiety, approval, erotic excitement, vicarious pleasure, commendation, displeasure, endorsement and envy (Danes, 2005).

As suggested above, a general theme in the literature relates to how the therapist's experience of working with and responding to infidelity influences the therapeutic process. Atkins (2011) interviewed twelve couple therapists concurrently experiencing infidelity while working with a client presenting with the same relationship issue. She adopted a phenomenological methodology in conjunction with a person-centred, psychodynamic and humanistic perspective in collecting and analysing the data. These perspectives and methodological processes afforded Atkins the opportunity to gather data that reflected the lived experience of her participants. Seven themes emerged from the analysis: awareness of personal infidelity issues; the

inauthentic self; professional responsibility and boundaries; countertransference phenomena; therapist reactions; the connection and disconnection spectrum; and using the countertransference in the service of the client. She concluded that the experience of infidelity at a personal level by the therapist had a direct influence on their contribution to the therapeutic process as illustrated by the seven themes, making it at times difficult for therapists to manage processes of transference and countertransference.

The manner in which psychotherapists and counsellors respond to presentations of infidelity, construct and make sense of their experience is influenced by a myriad of variables. Reibstein (2013) suggests that therapists may be informed by a moralist stance regarding infidelity. She argues that coupledness is a modern construct and represents the discourse of mutuality, equality and transparency that renders intimate relationships vulnerable to infidelity when partners feel that these ideals are not satisfied. This view chimes with Schenckman's (2005) ideas which highlight the irrational side of romantic love alongside people's tendency to eschew the complexities of monogamy and humankind's capacity for tolerating contradiction and ambiguity. Weil (2003) describes a case study in which she as the therapist conceptualised the infidelity of her client as a liberating experience, tending towards personal growth assisted by the therapeutic triangle of client, therapist and the affair partner. Liquist and Negy (2005) adopt a similar position, regarding infidelity as a pattern of behaviour, unique to each couple that has the potential for personal and relational growth. They recommend that therapists should adopt a non-judgemental position, while attempting to minimise harm and maximise the benefits.

The current study is about how therapists experience working with the specific relational phenomenon of infidelity, therefore, review of the relevant literature needs

to include literature that takes the person or self of the therapist as its focus. Baker's (1999) work on therapists' self-awareness and cultural sensitivity emphasised the importance of therapists being aware that therapy does not take place in a vacuum but is performed within a social and cultural context. In order to be attuned to cultural sensitivities, Baker notes that therapists should adopt a stance of openness to the people they encounter in therapy and relate to them as human beings, rather than as how social and personal prejudices may depict them. Other authors and researchers also suggest that effective therapists are capable of affording clients a sense of containment and empathetic understanding by interacting with them in an attuned way that is reminiscent of the parent-infant interaction (Dallos & Vetere, 2009). This portrayal of the therapist as someone who can feel the pain and distress of those who come to therapy but is not overwhelmed, is accomplished by therapists, according to Dallos and Vetere, through the processes of intersubjectivity. This refers to, the experience of self in relationship with others, and therefore occurs in the relational contexts of interactions between two or more people (Flasksa, 2001). Intersubjectivity is regarded by some researchers and clinicians as the precondition of any system of psychotherapy, and the relational basis for all human interaction (Pocock, 2012; Macaskie, Lees & Freshwater, 2015).

The person of the therapist can be affected by the pain and distress that clients bring with them to therapy in parallel with the behaviours that clients may manifest in the therapy process, at times rendering the therapist feeling powerless. Powerlessness as experienced by therapists and defined by Hildebrand and Markovic (2007) as an inability to predict the progress of therapy, how clients might respond or to influence the actions of clients and the course of therapy. In their study Hildebrand and Markovic discovered that although therapists were able to articulate and mark the

times in therapy when they felt powerless, therapists did not evaluate these experiences in an entirely negative way. In many instances, therapists used their feelings of being powerless as an impetus to stimulate their energy and creativity. The researchers concluded that therapist feelings of temporary powerlessness should not be connoted as professional inadequacy but as a spur to deeper reflexivity on the part of the practitioner.

Allied to the idea of powerlessness and effects on the person of the therapist, the psychotherapy and counselling literature more recently has focused on post-traumatic growth in therapists who work with clients in crisis. Research into this subject is embryonic as most research effort has been geared towards researching the negative effects of vicarious trauma on therapists. Nevertheless, Bartoskova (2017), noted in her review of the literature on post-traumatic growth that Arnold, Calhoun, Tedeschi and Cann (2005) found that approximately two-thirds of trauma therapists experienced some level of post-traumatic growth. They reported living more fully, an enhanced appreciation of others, an increased capacity to show kindness and being more emotionally expressive towards significant others. In her study she set out to explore how trauma therapists experienced working with clients who had experienced trauma employing an Interpretative Phenomenological Analysis methodology. Bartoskova (2017), identified four categories that described therapists' experiences: responding to a client, which can change the therapist's view of the world and engender self-doubt and helplessness; noticing self-growth manifested in greater appreciation and deeper self-understanding; making a difference involved therapists facilitating change and managing self-expectations; and the final category depicted therapists finding their own way to process their experiences, including self-care along with re-negotiating boundaries and life balance. She concluded from her study

that although therapists displayed a consciousness of the potential adverse impact of working with trauma experienced by others they refrained from focusing on this solely and reflected more often on the fusion of their emotional reactions.

The work of Bartoskova, and that of Hildebrand and Markovic are particularly useful in the context of the thinking about the person of the therapist working with infidelity. There has been little focus on the person of the therapist in the field of infidelity as an experiencing human being. As mentioned previously in this review, the therapist is referred to mainly in relation to attitudes, beliefs, therapeutic stances, and the implementation of models of interventions. Yet therapists identified themselves that working with infidelity was one of the most challenging relationship issues to encounter (Whiseman, Dixon & Johnson, 1997), as well as acknowledging that they felt ill equipped to engage with these types of presentations (Softas- Nall, Beadle, Newell & Helm, 2008). The work of these researchers potentially affords frames of reference that provide some level of understanding of the experiences of therapists, the impact on them and their responses as they experience themselves engaging with the crisis of infidelity.

### **Conclusion**

This review of the literature in the field of infidelity as it pertains to the aim of the study, which is to develop an understanding of how therapists experience working with infidelity therapeutically, commenced with a wide lens. This lens scoped the methodological and clinical issues of defining infidelity, illustrating that circumscribing infidelity was an elusive task, contingent upon whether the purpose was conducting research, clinical application or a couple struggling to clarify their sense of betrayal and breach of trust. It was concluded that while a degree of precision was required by researchers in understanding the phenomenon of infidelity,

that a more flexible and nuanced approach was required by practitioners. The prevalence of infidelity was commented upon in terms of showing that it was a pervasive and probably an under reported relationship problem. In parallel with prevalence, variables that afford couple relationships a level of protection from infidelity and those that may render relationship vulnerable were identified, with the proviso that research continues to understand better the interactional effect of these variables. Within this wide lens, the devastating effects of infidelity on couples and their families were illustrated by the voices of couples themselves and the clinical experience of therapists. This was complemented by references to findings on reasons for people engaging in infidelity. This wide lens approach provided a context to support the position that infidelity is a human relationship issue that warrants continuous examination from a plurality of perspectives, because of the misery and profound disruption it causes in people's lives.

Contracting the lens, the literature was reviewed in relation to the therapeutic models and approaches that have evolved to support couples with infidelity as a concern. A number of models were selected from the literature and critically reviewed in terms of their underlying assumptions, scope and limitations. These intervention models were informed by trauma theory, attachment theory, systemic understanding of human relationship, gender and power processes, feminist perspectives, emotionally focused principles and socio-cultural processes. Most of the models for working with infidelity reviewed conceptualised infidelity as a relationship issue and offered guidance to the therapist regarding strategies and techniques for interventions. Feminist and socio-cultural informed models conceptualised infidelity as a social construction that has its genesis in the patterns of

gender and power relations derived from the structures of the wider society, and therefore focus on these as representing the couple's pattern of relating.

Narrowing the lens of the literature review further placed a focus on the experiences of therapists in working with infidelity. The literature in this respect indicated that therapists themselves experience working with infidelity as one of the most frequent and challenging presentations to encounter in therapy. In the clinical literature, therapists were exhorted to be self-aware in terms of their beliefs and attitudes in respect of infidelity, and how these may predispose therapists in terms of their interactions with clients. Therapists were also advised of how they might experience themselves reacting at the personal level to presentations of infidelity, as well as the influence of societal processes that therapists may not be immediately aware of in their responding to clients. It was noted in the literature review that few studies or clinical commentary by authors focused on the experience of therapists as they interacted with couples presenting with infidelity. A few studies that focused on the experiences of therapists were selected to illustrate that feelings of powerlessness and working with people presenting with crises although challenging for practitioners can also bring in their wake generative experiences and personal growth for therapists.

This review of the literature has, illustrated that while much is known about infidelity empirically and clinically there is little information or knowledge in the literature about how therapists experience working with the phenomenon therapeutically. This gap in the literature is a significant omission because of the crucial role ascribed by the empirical and clinical literature to the therapist in responding to presentations of infidelity (Pleuso & Spina, 2008). There is also an acknowledgement in the literature that there is a disparity between the generation of

models, guidelines and frameworks for intervening with infidelity, and the dearth of empirical research, particularly qualitative research, in relation to how therapists experience engaging with infidelity (Reibstein, 2013). The aim of this study was to specifically conceptualise how therapists experience working with infidelity because of the relative absence of this type of research and knowledge in the literature. Producing a conceptualised understanding of how therapists experience working with infidelity therapeutically introduces new information into the literature and could contribute to our understanding of the processes involved in therapists' experiences, enhancing illumination of how these processes are formed, and possibly shedding new light on this under-research dimension of psychotherapy's response to intervening with infidelity.

## **Chapter 3 Methodology**

### **Introduction**

This study focuses upon how therapists experience working with infidelity in the context of couple and relationship therapy. In this chapter the researcher will briefly identify the aim and objectives of the study. This will be followed by a discussion on the process of selecting an appropriate method for conducting the study, its philosophical roots and theoretical orientation. A detailed description of the design of the study will be provided in relation to research participants' inclusion criteria, strategies employed for gaining access to potential participants and the methods used for generating and analysing data. The implications for the study of researcher positioning will be highlighted alongside the process of researcher reflexivity. Ethical practice in the conduct of the study will be demonstrated, identifying those issues that were anticipated and those that emerged in the process of carrying out the research. Finally, criteria for evaluating the quality of the study will be identified and elaborated.

### **Aim, Objectives and Rationale of the Study**

The aim of the study was to construct a theoretical understanding of how therapists experienced working with infidelity. The objectives were to gain an understanding of the processes constituting the therapists' experiences, how these influenced therapists' interactions, how the taken-for-granted beliefs of therapists might be implicated in their experiences, and the influences of the wider sociocultural context on therapists' experiences. This is an under-researched area, yet the presentation of infidelity in couple and relationship therapy is frequent and regarded

as one of the most challenging that therapists engage with in their practice (Whisman, Dixon, & Johnson, 1997).

### **Choosing a Methodology**

The research question underpinning this study sought to understand human experiences within a particular context and to give priority to the views, ideas and explanations of research participants and the meanings they ascribe to their experience. In order to render an account of human experience, many researchers advocate a qualitative approach as being appropriate, particularly if the area of study is under theorised (Dallos & Vetere, 2005). Furthermore, the aim of the study was to produce a theoretical depiction of the processes constituting therapist experiences indicating that a qualitative methodology that privileges process over content would be apt (Charmaz, 2014). There are a number of research methodologies to choose from that could be appropriate for this investigation. Grounded theory (Charmaz, 2014) was selected because of its optimal fit with the concerns of the research question, and the aim and objectives of the study. A grounded theory approach requires the researcher to stay close to the data, to perform detailed analysis of data, and generate knowledge in respect of an under-theorised aspect of clinical practice and therapeutic process (Dallos & Vetere, 2005; Willig, 2008).

In deciding to conduct a grounded theory account of therapists' experiences, two other qualitative methodologies were explored. Interpretative phenomenological analysis (IPA) was considered because this method is concerned with human lived experiences, how people talk about their experiences, and the sense they make of their experiences (Smith, Flower & Larkin, 2012). Adopting an IPA approach involves exploring with research participants their lived experience of the phenomenon that is

the focus of the inquiry and providing an interpretative portrayal of the meaning of the experience (Smith, Flowers & Larkin, 2012). Narrative inquiry was also considered. This method works with human experiences as expressed in stories (Squire, Davis, Esin, Andrews, Harrison, Hyden & Hyden, 2015). Whilst the emphasis in both IPA and narrative inquiry is on how people experience a specific phenomenon, neither approach conceptualises the lived experience as theory that attempts to understand or explain what processes might constitute the experience. Aiming to produce a theoretical depiction of human experience can be accomplished by the application of a grounded theory methodology to an identified area of research (Charmaz, 2014).

### **Grounded Theory Methodology**

Grounded theory is described by Charmaz (2008) as a method of interacting with data that brings forth a product, a theory. Adopting a grounded theory approach to explore a research question orients the researcher toward a theoretical curiosity about the experience of those who have encountered the phenomenon of the inquiry. The direction of the grounded theory methodology is towards a theoretical understanding of the phenomenon of interest that can be directly related to the research data.

Grounded theory has evolved a number of variants as a qualitative methodology since it was first described by Glaser and Strauss (1967). Glaser and Strauss were sociologists who challenged the traditional deductive approach to scientific inquiry that emphasised the verification of theory by the testing of hypotheses derived from theories. They developed a systematic approach to producing theory through inductive inquiry that commenced with the researcher interacting with data (Rennie, Phillips & Quartaro, 1988). Glaser and Strauss (1967) advocated that researchers

eschew all theory and hypothesising and instead concentrate on simultaneously collecting and analysing data from which hypotheses and theories could be assembled (Hussein, Hirst, Slayers & Osuji, 2014). Over time both Glaser and Strauss took different directions in their thinking and understanding regarding the grounded theory approach, possibly due to their different theoretical starting points. Glaser was influenced by a positivist paradigm that assumes the existence of an external reality that can be discovered and understood as it appears in the data (Hussien, Hirst, Slayers & Osuji, 2014). Strauss embraced a more interpretative understanding stressing the active agency of individuals in creating their own realities, structures and meanings. Strauss and Corbin (1990) developed a variant of grounded theory that introduced axial coding into the methods of grounded theory. This was criticised by Glaser as forcing the data to yield categories that were super-imposed on the data. He argued that the data themselves contain the relevant theoretical codes (Willig, 2008).

Charmaz (2008) asserts that from its original conception, grounded theory assumed a social constructionist understanding of the world. She argues that this was a limited form of social constructionism that did not account for how data were collected, analysed, the engagement with research participants and the position of the researcher. According to Charmaz, viewing these processes as unproblematic from an objectivist stance ignores accounting for the subjective dimensions of human experience, process and relational interactions. Charmaz, in contrast, promotes a social constructionist version of grounded theory that makes assumptions about the nature of the social world or 'empirical' world, and about what and how people can have knowledge of this empirical world.

## **Constructivist Grounded Theory**

Constructivist Grounded Theory has its roots in social constructionism, which holds that the social world is a construction within which there are multiple realities (Andrews, 2012; Pearce, 2007). The social world is experienced and interpreted and made sense of through the concepts, categories and descriptions available to us in the language we use. Social constructionists also observe that we are born into a social world shaped by historical and cultural processes that influence how we experience the world, understand it, explain and make sense of it (Burr, 2015). From a social constructionist perspective, the social world makes no demands on us regarding how we describe, explain or relate to it (Gergen, 2015). Multiple realities are assumed, negating the pursuit of a single universal truth about anything. Truth is regarded as plural and belonging to the situations that people give meaning to in their social interactions (Burr, 2015).

In elucidating her version of grounded theory, Charmaz (2008) attempts to account for subjectivity in the research process. She seeks to highlight the research process itself as a social construction. From this methodological lens, decisions and actions associated with the research process are subject to reflexive consideration by the researcher. The positioning of the researcher vis-à-vis the research participants, the collecting and analysing of data, and the construction of theory are all activities and processes that implicate the researcher as co-constructing the research process and outcome (Mills, Bonner & Francis, 2006). A distinctive element of Charmaz's version of grounded theory accounts for researcher involvement, the ideas, prejudices, aims and desires they bring to making the research process.

Constructivist Grounded Theory facilitates the examination of processes and actions undertaken by the research participants and brings an analytic lens to

understanding what meanings underlie these processes and actions. This analytic and inter-subjective emphasis of Constructivist Grounded Theory serves to illuminate what is happening in the research situation, to make explicit what is implicit, visible what is not readily observable and to render a theoretical account of the studied phenomenon.

All versions of grounded theory exhort researchers to keep close to the data in the processes of collecting and analysing data. Research inquiries concentrate on eliciting the actions and processes, both implicit and explicit, of research participants in respect of the experience being investigated. Research participants' thoughts, views, ideas, feelings, plans and meanings are all sources of data to be analysed and conceptualised. In Constructivist Grounded Theory the position of the researcher must be accounted for from the outset of the research process to the final constructed theory.

Reflexivity is the process that the researcher engages in for the duration of the research endeavour (McLeod, 2011). Adhering to a process of reflexivity requires the researcher to scrutinise their assumptions, values and beliefs, and the impact these have on the research process (Burck, 2005). Engaging in reflexive practices attunes the researcher to their own position within the research process, the decisions and interpretations they make, how they relate to participants and how they will represent them in writing up the research (Charmaz, 2008). Reflexivity demonstrates the researcher's capacity to think about the effects of decision-making, aims, objectives, preconceptions, personal and professional knowledge on the research processes, participants and outcome, acknowledging the influence of these as integral to the research (Charmaz, 2014).

## **Rationale for Selecting Constructivist Grounded Theory**

Psychotherapy is a psychological, social and interpersonal process that explores issues regarding human experience (McLeod, 1998). As human experiences can be distressing, the affected person or persons may seek help in therapy or counselling. The process of therapy is one that is constituted by the therapist and participants in interaction with one another jointly creating an inter-subjective dynamic, often referred to as the therapeutic relationship (Flaskas, 2002). It is this inter-subjective dimension of the therapeutic process that has been established as core to the effectiveness of therapeutic intervention (McLeod, 1998). This study concerns the inter-subjective experience of therapists as they engage with presentations of infidelity in their therapy work. Constructivist Grounded Theory as elucidated by Charmaz (2014) embodies the theoretical principles of social constructionism. A social constructionist ontology rejects the objectivist claims of an external, objective world that is knowable by adopting a stance of investigative neutrality. Instead, social constructionists view social realities as constructions shaped by contexts of societal, historical and cultural processes. From a social constructionist perspective, we come to know the world through our participation in social practices of communicating, using language that influences our talk and thinking, producing social discourses that provide contextual guidance for our experiences (Knudson-Martin & Huenergardt, 2010).

For the purpose of this study, the researcher has adopted a constructivist version of grounded theory as developed by Charmaz (2014) and elaborated above. This adaptation of grounded theory applies the strategies of traditional grounded theory within a constructivist paradigm, and is ontologically relativist and epistemologically subjectivist (Mills, Bonner & Francis, 2006). Constructivist

Grounded Theory fits well with the aim and objectives of this study, which is to construct a theory of how therapists experience working with infidelity in a manner that acknowledges their subjectivity and the subjectivity of the researcher in jointly constructing the research process and outcome.

Having set out the above as the context for selecting a constructive version of grounded theory in respect of this particular research study the following sections will identify and describe the design and methods employed.

## **Procedure**

### **Study Design**

This research project is a qualitative study with the aim of eliciting data towards the exploration and understanding of therapists' experiences when working with infidelity (Dallos & Vetere, 2005). The recruitment process was purposeful in that only couple and relationship therapists who had previous experience of working with infidelity were eligible to participate in the study. Participants were invited to a semi-structured, digitally recorded interview, to talk about how they experienced themselves when working with infidelity as a presentation.

Giving a voice to research participants is an important tenet of grounded theory methodology (Mills, Bonner & Francis, 2006; Charmaz, 2008). Some qualitative researchers designate the interview as a specific conversation (Kvale, 2006) that has a purpose, with a beginning and an ending. This form of interviewing implies a type of dialogue where the role of the researcher is balanced with the participation of the interviewee. However, conducting semi-structured interviewing within a Constructivist Grounded Theory methodology directs the attention of the researcher to adopt the position of listening sensitively, observing and responding

encouragingly, but in a minimal way. Within a Constructivist Grounded Theory frame, the resulting data from the interview is regarded a co-construction shaped by the interactions of the researcher and the participant (Charmaz, 2014).

## **Recruitment**

In this study, the target population was therapists who had at least two years' experience of dealing with relationship and couple infidelity in their practice and were willing to talk about this experience. The researcher sought access to therapists by contacting senior managers of organisations providing relationship therapy, by email. Permission was granted from them to display a participant recruitment advertisement (Appendix 2) on their premises that described the study and invited therapist participation. It was identified as part of the recruitment strategy that if necessary members of the Family Therapy Association of Ireland could be invited to participate in the study by circulating an email to those members whose email addresses were available on the organisation's website.

## **Participant Profile**

Eight therapists volunteered to participate in the study, six females and two males. Each participant was given a written explanation regarding the purpose of the study (Appendix 3). Their ages ranged from 35 to 65, and professional experience extended from 2 years to 20 years working in couple therapy and counselling. Four therapists described their theoretical orientation to therapy as integrative. One other therapist practiced from a systemic orientation, and another approached therapy using integrative and systemic ideas. A seventh therapist declared her practice modality as psychodynamic. Only one therapist used person centred methods of therapy. All

therapists, with the exception of two were employed by an agency providing relationship and couple therapy. In addition to this source of employment as practitioners, all therapists had their own independent practice as relationship and couple therapists.

### **Data Collection**

The primary method of collecting data for this study was an individual semi-structured interview with participants (Appendix 4). Interviews were held in a place convenient for participants. Most of the interviews were conducted in the participant's place of work. One interview took place on the premises of the University. Interviews were recorded using a digital recording device and lasted between 45 and 50 minutes. Each recorded interview was anonymised with a reference number to identify the interviewee. The interviews were transcribed by the researcher as suggested by Charmaz (2014), to allow the researcher to immerse himself in the data. The recordings, transcriptions, emerging codes and all other relevant data were anonymised and stored in a securely locked cabinet which only the researcher could access. Issues of confidentiality and safeguarding the well-being of the research participants will be discussed later in the section relating to ethical considerations.

The interview schedule comprised questions that focused on the experience of the therapist as she/he engaged with the presentation of infidelity. The aim was to employ an open-ended approach that afforded the researcher and participant the opportunity to explore themes, features, or ideas that emerged in the interview situation and, were germane to the research question (Smith, Flowers & Larkin, 2012). The interview schedule contained questions that asked about participants'

reaction to realising that they may be working with infidelity. A follow up question invited participants to describe their thoughts and feelings, an additional question inquired about the therapist's views and understandings of infidelity and how these understandings influenced their interactions with clients. Therapists were also asked about their thoughts regarding the effect of working with infidelity had on them. These questions were influenced by the general literature in the field of relationship and couple therapy, the researcher's theoretical interests and professional experience, and the experience of colleagues who mentioned how they felt about working with infidelity in the course of their everyday practice.

### **Analysing the Data**

A distinctive feature of grounded theory that sets it apart from other qualitative methodologies is that data collection and analysis proceed simultaneously. This concurrent process facilitates the researcher in pursuing theoretically plausible categories emerging from on-going data analysis, in subsequent data collection (Charmaz, 2014). The researcher in a grounded theory study engages analytically with the data with the aim of constructing a theoretical understanding of the phenomenon under study (Charmaz, 2014). In this study, the researcher attempted to stay close to and immerse himself in the data by interviewing a participant, transcribing their interview and analysing the data prior to proceeding to engaging with the next participant. This sequential approach allowed the researcher to form tentative theoretical ideas based on the data collected and to follow these up in subsequent interviews. The assistance of NVivo software package (Version 11.4, QSR International Pty Ltd. ABN 47 006 357 231, 2017) was utilised in the management and analysis of data.

In grounded theory, the process of analysing data begins with initial coding. This is an iterative technique involving the researcher in deconstructing the data. The process of deconstruction requires the researcher to read the transcript line by line with the aim of summarising segments of the data, allocating them a code that in some sense represents the actions and processes the researcher discerns in the data. In this study, the researcher followed the advice of Charmaz (2014) in attempting to construct codes using gerunds, which capture actions and processes in a dynamic fashion. Constructivist Grounded Theory takes account of the involvement of the researcher in the generation and analysis of data (Charmaz, 2014), therefore the status of what the data represent and the codes generated are interpretative understandings of the data.

Ideas, themes and processes represented by the codes in the open coding phase of analysis informed subsequent data collection and analysis. Open coding was followed by focused coding, involving scanning the initial codes for themes, recurring patterns, similarities and differences, the aim being to develop categories that represent the data at a more abstract level of analysis.

### **Memo Writing**

From the outset, the Constructivist Grounded Theory researcher keeps memos. Memos record, monitor and track the researcher's process of inductive inquiry regarding the conduct of the research (Charmaz, 2014). Thoughts, ideas, reflections, theoretical leads and all matters considered germane to the research process are recorded in memo format. These recordings are given a title, dated and kept in chronological order. Ultimately, these theoretical memos become the resource for building the conceptual foundation to support the emergent theory (Charmaz,

2014). Memos are dynamic and provisional as they can be edited, up-dated, shortened or elaborated. The practice of memo writing is an integral component of the entire research process and contributes to the robustness and quality of the research study by furnishing a transparent journal of the processes of data analysis and development of theoretical ideas.

In the course of conducting this study, the researchers used the procedure and process of memo writing to clarify his thoughts and to consider what constituted the evolving themes, in terms of the actions and interactions described by therapists as they responded to clients. The process of memo writing facilitated the evolution of theoretical plausible themes that give momentum to the direction of the study. For instance, memo writing following the analysis of one set of data from a therapist clarified what other questions the researcher could ask of the next interviewee and issues that needed to be discussed in supervision. For example, this was indicated when themes relating to power and gender were mentioned by therapists as experiences that impacted upon them professionally and personally.

### **Categorising**

Coding data draws the attention of the researcher to potential themes, dynamics, processes, patterns and theoretical possibilities. These themes are raised to a conceptual level by the researcher through the processes of constant comparative analysis, theoretical sampling and theoretical saturation, developing abstract ideas about themes and processes that can be related to the data. The researcher is seeking to understand, in a theoretical manner, what is going on in the data. Codes are not descriptive comments but an attempt by the researcher to discern the concerns, the underlying influences, the taken-for-granted repertoires of the research participant as

expressed in the transcript. Deconstructing the data and refining it in a conceptualised rendering of what is going on in the studied situation allows the construction of categories. Categorising data is the process of identifying themes, features or instances that are recurring in the data and makes sense in terms of the data (Willig, 2008). Developing categories continues throughout analysis of the data and form the building blocks of the emergent theory. Eventually one category will become salient by its frequency and connection to other categories. This category can be regarded as the core category. In Constructivist Grounded Theory the researcher may identify more than one core category (Charmaz, 2014). The process of identifying similarities and differences within and between categories affords a constant comparative analytic dynamic.

In this study, the researcher began the process of analysing the data by listening to the digital recording and transcribing the data into text. Reading and re-reading the scripts allowed the researcher to enter the world of the therapist's experience (Charmaz, 2014) using the lens of social constructionism to begin the process of understanding what constituted therapists' experiences as they engaged with infidelity. Being familiar with the content of the script was the basis that this researcher used to begin the process of coding the data. As noted above, following the advice of Charmaz, this researcher sought to code each line of the script by using action descriptions, gerunds, that injected a dynamic to the data and allowed for the construction of interpretative processes that seem to fit with the data. For example, a comment from a participant such as, "... I would offer it back, I wouldn't be holding on to it...", was coded as 'giving it back to couple – recovering own position'. The coding of the initial script provided the researcher with information that was then scanned for potential themes to consider and check for in subsequent interviews. The

themes of couple dynamic associated with patterns of power and gender emerged early in the interview analysis and were followed up in subsequent interviews. The researcher regarded these themes in terms of what grounded theory describes as theoretical sampling. In subsequent interviews power and the couple dynamic, and gender surfaced as consistent themes and eventually entered the on-going analysis as properties of the emerging processes.

As each interview was listened to, transcribed and initially coded with the assistance of NVivo, the researcher began the process of focused coding. This entailed comparing and contrasting codes with the aim of distilling the initial codes into a more abstract representation of the experience of therapists recorded in the data. For instance, the following initial codes and others not mentioned here, ‘carrying emotional residue’, ‘splitting apart’, ‘sighing with relief’ and ‘absorbing the impact of the work’, were subsumed under the focused code ‘Embodying narrative of infidelity’. Similarly, initial codes, ‘inhabiting the role of therapist’, ‘taking control of the power dynamic’, and ‘creating an ambience of nurturing’ plus others were gathered under the focused code ‘Claiming position of therapist’.

The process of focused coding organised the data under a number of themes that facilitated the on-going process of comparative analysis and created the condition for analysing the focused codes into categories. The aim of this procedure was to arrange the codes into categories that firstly managed the growing amount of data, and secondly commenced the process of making sense of the codes in terms of themes, categories and potential processes that plausibly depicted the experiences of the therapists who took part in the study.

Memo writing, interviewing and coding data as parallel processes from the perspective of the theoretical frame of social constructionism provided the context for

on-going categorising of the data. Grouping codes phrased or described as gerunds involved the researcher in searching for differences and similarities among and between codes. The process of probing the data for differences and similarities contributed to the researcher's task of assembling the codes under categories or themes. A number of themes were abstracted from data that in some sense summarised features of therapists' experiences coded from the data. The researcher clustered codes with similar connections under a named category. For example, an early category in the process was – 'Shunning taking sides'. An examination of the range of actions and interactions of therapists, such as 'acknowledging one person's pain, risking the other thinking you're taking sides', 'being equal to both', and 'being curious about both sides', were seen to incorporate the idea of 'shunning taking sides' leading to this theme being raised to a higher conceptual category.

### **Constant Comparative Analysis**

Constant comparative analysis sustains the momentum of the analytic process directed towards conceptualising recurring features and instances between and across the data sets. This technique requires researchers to stay close to the data (Rennie, Phillips & Quartaro, 1988). Identifying similarities and differences within and between the categories enables the researcher to begin to consider the properties of the categories. The properties of a category are the recurring features or instances of the phenomenon that constitute the category. Constant comparative analysis is an on-going, dynamic, iterative process of comparing and contrasting each data set with the previous one and the emergent codes and categories, with the aim of linking and integrating categories toward the construction of theory (Willig, 2008). The researcher engaged in constant comparative analysis throughout the analytic process.

This facilitated the process of developing themes and categories from the data and refining these to make possible the construction of potential processes that plausibly depicted the experiences of therapists. Numerous themes were constructed and described as processes constituting therapists' experiences. An overarching process of 'Orienting in the maze of infidelity', constituted by two sub-processes described as 'taking up the position of therapist' and 'tuning into the tangible and the elusive' was proposed as an early rendering of the data, but was ultimately supplanted by ambivalence as a recurring theme that emerged across the data sets as an experience common to all participants.

### **Theoretical Sampling**

The purpose of theoretical sampling is to arrive at what grounded theory theorists refer to as theoretical saturation. This is arrived at when the collection and analysing of further data yield no new categories, properties or relationships between them (Rennie, Phillipps & Quartaro, 1988). Theoretical sampling directs the researcher to seek variation in the emergent themes. This involves searching for data in the light of previous data analyses that confirm or contradict emergent categories and their properties. The aim of theoretical sampling is to strengthen the conceptual basis of the emergent theory by refining and increasing the analytic character of the categories (Willig, 2008). As mentioned above, the researcher employed the procedure of theoretical sampling by identifying themes emerging from the process of constant comparative analysis and followed these up in subsequent interviews with other participants. Gender, the couple dynamic and power relations within the couple and between the couple and the therapist, among others, were themes that seemed to be intrinsic to the participants' experience in working with infidelity. These emerging

themes shaped and influenced the semi-structured interviews with subsequent participating therapists.

Data saturation is generally regarded by researchers as the juncture when further collection and analysis of data produces no additional relevant information about the matter being studied. There are different expectations and guidance in relation to the concept of data saturation and when it has been achieved (McLeod, 2011). In respect to this study, the researcher noticed that little new or significant information was emerging from the interviews and analysis of data following the sixth interview. This was noticed in light of the outcome of analysis and coding of the seventh and eight interviews. At this point in the analytic process a number of themes and their properties, that is the actions and interactions of therapists in response to clients that brought about a process such as ‘navigating a way through infidelity’, which eventually become a component in one of the processes constructed from the data, had been constructed and no new properties or themes were emergent.

In a Constructivist Grounded Theory study, while sample size is a consideration in terms of having sufficient data to support the outcome of the study, what is critical is that the categories are replete and that further analysis of the data yields no new dimensions or properties (Charmaz, 2014). In this study, recurring themes were identified across the data sets and further analysis of subsequent data gathered from interviews produced no new emerging themes that suggested additional categories. Recurring themes arising from therapists’ interactions and responses to clients, such as ‘interacting with couple dynamic’, navigating a way through infidelity’, ‘catching dissonance and resonances’, ‘attending to prejudices and judgements’, ‘carrying emotional residue’ and ‘grappling with emotional discharge’

were identified as processes that constituted therapists' experiences when working with infidelity, and are discussed and expanded upon in the next two chapters.

### **Criteria for Evaluating the Study**

Charmaz (2014), consistent with other versions of Grounded Theory developers, cites a number of criteria for evaluating qualitative research studies, including credibility, originality, resonance and usefulness. These criteria will be explained below in respect of this study.

Credibility means that the emergent theory should fit with the data and the data should be sufficient to support the theoretical categories and theoretical claims. The study should offer originality, meaning, and should provide fresh theoretical insights, or extend or deepen understanding of the area explored in the research. The research might challenge current thinking about the subject area and contribute to the development of practice and policy. The study should afford a resonance, meaning that it should make sense to the research participants helping them to clarify and bring new understanding to their experience. Finally, the research outcome should be useful. This implies that people can apply aspects of the study to their lives, for instance, the core category and its properties might inform training and clinical practice and add knowledge to the professional discipline of relationship and couple therapy. Implied in these criteria is the principle of trustworthiness, which is the standard of quality that qualitative researchers seek to incorporate into their research activities (Morrow, 2005). These criteria as they apply to this study are elaborated in Chapter 5. It is suffice at this point to indicate that the outcome of this study in relation to the production of a process model of therapist' experience can be compared favourably with these criteria.

## **Ethical Considerations**

The first stage in the process of conducting this research study was to prepare an application for ethical approval. This application was reviewed by the School of Nursing and Human Sciences Ethics Advisory Committee. This Committee required a number of revisions to be made prior to forwarding the application to the Research Ethics Committee. Approval was subsequently received from the Research Ethics Committee of Dublin City University to proceed with the study.

Although approval is granted to proceed with the study, it remains the responsibility of the researcher to ensure that research participants are treated with respect and protected from harm in the research process (Wiles, 2013). Ethical practice was regarded by the researcher as a dynamic process that was foundational to this research project from its inception and imbued all phases of the study (Smith, Flowers & Larkin, 2012). In this respect, ethical research practice was seen not so much about adhering to a set of rules or prescriptions, but a process that engaged the researcher in thinking about, anticipating and responding to ethical issues that might arise at any point in the study process (Ramcharan & Cutcliffe, 2001). As it transpired, in the course of this study, no major ethical dilemmas emerged.

For the purposes of conducting this study the researcher adopted the paradigm of ethics as a process that places the welfare of participants as paramount and sees ethics as a fluid rather than a static matter (Ramcaran & Cutcliffe, 2001). The principles underpinning a process ethical approach were implemented at every phase of the research. In light of this approach, the researcher considered that the benefits of the outcome of this research was likely to outweigh any potential harm to participants. These principles include beneficence, non-maleficence, respect and

autonomy. Beneficence requires the researcher to work towards benefits being derived from the research, while non-maleficence reminds the researcher to avoid doing harm (Cerinus, 2001). Feedback from those therapists who participated in the study indicated that they appreciated the opportunity to reflect on and process their professional practice with infidelity, and that the interview afforded them insights and new understanding in relation to this aspect of their work. The principle of respect draws the attention of the researcher to the dignity of the individual and to engage with research participants in a fair and open demeanour respecting their autonomy to withdraw at any point from the research process, or not going beyond the limits of the research in interviewing participants (Sullivan, 1999). Researcher reflexivity was also regarded as a component of ethics as a process. This entailed the researcher taking into account the effects of actions and decisions during the study and recording these in a research journal that provided a transparent narrative of the research process.

This ethical approach was evident in the research process in the following ways. The recruitment advertisement set out in plain language the purpose of the research and what was being asked of prospective participants, advising them of their right to withdraw at any time from the process. This accorded with the avoidance of harm and respect for prospective participants' autonomy. Prospective participants were also advised in the recruitment advertisement that because of the small numbers in the study that complete anonymity in the reporting of the findings could not be guaranteed. Couple and relationship therapy is a specialist area in psychotherapy; a particular phrase that may be characteristic of a participant could be recognised by someone who knows them. Each of the participants was fully informed of the aims of the study and the purpose of the interviews in order to provide a basis for them to give informed consent to participate. Participants were informed about the process for

anonymising their data and that although the principle of confidentiality would apply generally, that this would not supersede the requirements of the law, or the researcher's supervisors or examiners having access to research data.

Participants were also informed that should they wish not to answer a question or explore a particular aspect of their experience, the researcher would respect their request, thus affording participants' autonomy and avoiding risk of harm (Wiles, 2013). In line with this respectful approach to participants, and the researcher duty to anticipate potential ethical issues, it was anticipated that some participants might become distressed during the interview. The researcher had in mind that should distress occur, participants would be advised that they could terminate the interview or take a break from the interview. Participants were asked prior to the interviews to confirm that they had access to a supervisor with whom they could discuss emergent issues if required. No participants availed of this option.

The researcher recognised that his professional background as a psychotherapist/couple therapist, may have both advantages and disadvantages to the interview process. Possible advantages included participants attributing credibility to the researcher, which may have encouraged them to engage fully in the process and render them willing to disclose and explore sensitive issues of relevance to the concerns of the study. Possible disadvantages included participants feeling that their professional knowledge and practice were being evaluated and scrutinised, or that the interview was being used solely as an educational opportunity (Coar & Sim, 2006). The researcher remained alert to the potential issues of participants being interviewed by a professional from their field during the interviewing process.

The final issue to consider was potential risk to the researcher (Wiles, 2013). Potential risk to the researcher was deemed to be slight and managed by the

researcher adhering to a protocol of informing supervisors of proposed venue, time of meeting and by checking-in with supervisors either by text or phone call following each interview with a research participant. Participants were interviewed either in their place of work or a semi-public setting that was conducive to the task and reduced potential risk to both interviewees and the researcher.

### **Researcher Reflexivity**

Researchers' reflexivity is a crucial process in conducting research that centres on attempting to understand and make sense of human experience (McLeod, 2011). Reflexivity is the capacity to think about one's actions, thoughts and feelings, to make sense of, and utilise these in on-going interactions with others, suggesting that our capacity to be reflexive emerges inter-subjectively (Donovan, 2009). The choice of Constructivist Grounded Theory methodology as the framework for conducting the research signifies the researcher's theoretical orientation toward understanding his role and influence in the gathering and analysis of data as a co-created and constructionist process (Charmaz, 2014). Engaging with the research process from the perspective of social constructionism meant that the researcher needed to become sensitive to his premises and biases in relation to infidelity as a phenomenon, and the research process as a social construction. Maintaining a research journal was an effective tool for externalising personal confusing and ambiguous issues that can arise in relation to infidelity (Pittman & Pittman Wagners, 2005). Fortunately, none of the therapists in the study evaluated infidelity in moral terms, but rather saw infidelity as part of the human condition (Scheninkman, 2005), a view compatible with the belief of the researcher.

Writing memos on a regular basis served the researcher in clarifying his ideas, wonderings and puzzlement about the meaning of the data, and the codes and patterns he was constructing from the data. This process of writing memos engaged the reflexive capacity of the researcher as he considered what his own prejudice allowed him to think and what aspects were denied to his thought processes (Hedges, 2010). The researcher's reflexivity was crucially stimulated during meetings with his supervisors when ideas, interpretations and stances were helpfully challenged and clarified. The reflexive benefits of the process of research supervision was augmented by preparing presentations for the Research Advisory Panel, feedback from this Panel, and on-going comment from the researcher's supervisors.

The researcher was also conscious of being sensitised to patterns in the data from his engagement with reviewing the relevant literature (Charmaz, 2014). This had the effect of opening up his thought processes to alternative ways of viewing and making sense of the data. It was also helpful in reflecting on what themes and patterns emerging in the data had theoretical possibilities in constructing the processes of therapists' experiences.

Reflexivity is a process that makes use of previous experience to inform present or future conduct (Hedges, 2010). The researcher used reflexive processes in particular with respect to interviewing research participants. Following each interview, the researcher considered his own performance in the interview context, wondering to what extent he had allowed for the participant's free expression of their narrative or at times shepherding the participant to answer the questions on the schedule. Through reflexive practice, the researcher was able to quieten his anxiety about garnering rich and relevant data, by focusing on the person of the therapist and their unique experiences. When the researcher paid more attention to the therapist

interviewee than the interview schedule, he noticed that therapists' stories were more detailed and that they provided positive feedback at the end of interview about the positive experience the interview process was for them. Reflexive practice enabled the researcher to assume the role of a relaxed conversational partner in relation to participants while holding in his mind that the conversation was an interview with the intent of eliciting relevant data to address the research question. Reflexive practices also facilitated the researcher in attempting to understand his contribution to the construction of the data in the interviews and the interpretative construction of their meanings. The researcher was mindful that each time he engaged with the data that he was entering a co-constructed world of meanings arising from the participants' recalling their experiences with clients in response to the researcher's questions and theoretical interests (Smith, Flowers & Larkin, 2012).

### **Conclusion**

Constructivist Grounded Theory was selected as the most appropriate methodology for conducting this research study because it assisted the researcher in collecting and analysing data that ultimately rendered an interpretative theoretical understanding of the experiences of therapists working with infidelity. The methodology was also compatible with and complemented the social constructionist theoretical paradigm that informed the researcher's approach to this research project. Eight participants, six women and two men with significant experience of working with couples and relationships, were interviewed using a semi-structured interview schedule that focused on the experience of therapists when working with infidelity. The questions included in the interview schedule were derived from the relevant literature, the researcher's clinical experience and the experience of peer colleagues.

This interview schedule was revised in light of themes emerging from the analysis of data, thus facilitating the procedure of theoretical sampling to be integrated with the continuous analytic process. The data derived from the interviews were regarded by the researcher in accord with the tenets of Constructivist Grounded Theory as co-created, a product of the interaction between the researcher and the interviewee.

Data were analysed with the assistance of NVivo computer software package (Version 11.4, QSR International Pty Ltd. ABN 47006 357 213, 2017). A coding procedure endorsed by Charmaz (2014) was utilised in the analysis of data. Digital recordings of interviews were transcribed into word documents and imported in the NVivo programme. Line by line initial coding of the transcripts using gerunds to depict the narrated experiences of therapists and a social constructionist lens to understand their actions and responses in the data produced a collage of codes. Memo writing helped in exploring what might constitute these themes and their properties. A procedure of focused coding was conducted based on constant comparative analysis that assisted the merging of codes that eventually began to morph into categories. The strategies and techniques of constant comparative analysis and theoretical analysis identified recurring themes across the data sets. These repeating themes were identified as processes that therapists constructed as they encountered and engaged with people who presented to therapy with infidelity as an issue in their relationship.

Ethics as a process in conducting the study was adopted and implemented at all stages of the research process. Adopting an ethical approach to the recruitment of participants, arranging for interviews, the conducting of interviews, and a strategy for managing distress arising from the interviews were regarded by the researcher as of high importance in order to ensure participants were safeguarded from any potential harm. The process of ethics was further extended in relation to researcher reflexivity.

The researcher's thoughts, ideas, experiences in relation to the phenomenon of infidelity, along with his experience encountered in conducting the interviews, analysis and immersion in the data were recorded in a journal as reflections that informed him regarding the positions he was adopting in relation to aspects of the research process.

## Chapter 4 Findings

**Figure 1: Therapist Engagement with Couple**

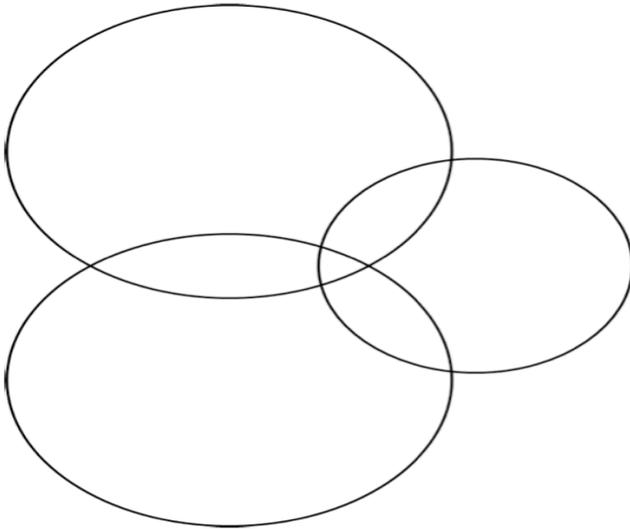


Figure 1 represents the engagement between therapist and couple, illustrating the inter-subjective dimension of this engagement whereby the therapist connects with each partner and their couple relationship.

### Introduction

This chapter presents the research findings from the analysis of data gathered from interviews with eight couple and relationship therapists about how they experienced working with infidelity. Three processes by which therapists experienced working with infidelity were constructed from the analysis: *Embracing ambivalence*, *Tuning into ambivalence*, and *Assimilating ambivalence*. It is suggested that these processes formed an overarching process *Absorbing ambivalence*, which captured the core experience and meaning for therapists who took part in the study, of simultaneously feeling excited, repelled and enthralled, while mustering their motivation to engage with infidelity therapeutically. The

processes evolved from the actions and interactions of therapists, such as containing distress by offering people a cup of tea or inviting each partner to tell their story about the infidelity, and responding to their worries and fears while managing their own upset and distress evoked by listening to accounts of shattered trust, blame and at times denial. The relationship between the processes is characterised as one of mutual interdependency, in that one process emerged from the other as the therapists responded to clients. In responding to clients who presented in the crisis of infidelity, therapists were involved in embracing ambivalence felt in themselves, and in the people coming for help, as for example when one partner in the couple relationship desperately wanted relational repair while the other had implicitly commenced a process of separation. Therapists responded to the presenting crisis by engaging with the dynamic of the couple, with the aim of navigating a way through infidelity. Emerging from this process, therapists responded further by tuning into their own process of ambivalence and those of the clients by attending to their own prejudices and judgements aroused by the presentation and being sensitive to catching dissonance and resonances in the therapy dynamic and process. Through the processes of embracing ambivalence, and tuning into ambivalence, therapists formed a third process of assimilating ambivalence, which emerged from therapists grappling with emotional discharge in sessions and carrying emotional residue in their person within and beyond the sessions. Together these processes culminated in ‘absorbing ambivalence’, which conceptualised the overarching experience of therapists in the study when working with infidelity therapeutically.

Absorbing ambivalence is understood as an active, dynamic and interactive process that illuminates how therapists experienced engaging with the complexity of infidelity. This was the salient process that captured the experience of being excited

and anxious, overwhelmed, consumed and riveted while simultaneously managing their thoughts and feelings arising out of responsively engaging with infidelity in relationship therapy. These processes, along with the actions and interactions of therapists as they constructed these processes will be elaborated in this chapter. Participants are identified using a number system for each participant, 1 to 8.

### **First Key Process: Embracing Ambivalence**

Embracing ambivalence was a process initiated by therapists when encountering people in the crisis of infidelity and was composed of two sub-processes, '*interacting with the couple dynamic*' and '*navigating a way through infidelity*'. In responding to the pain, hurt, anger and rawness of clients' suffering, therapists experienced feelings of helplessness, and uncertainty. As one participant summarised their experience of being uncertain about how to respond to a client: "It wasn't really psychotherapy, it was just kindness, a cup of tea" (2). Knowing how to proceed when clients presented in such extreme states of shock and confusion, had an immediate impact on therapists and their capacity to respond in ways that would be helpful and not exacerbate client suffering. Worrying about not making the situation worse while feeling the expectations of clients to respond was part of the ambivalence that therapist experienced, "I suppose, especially with infidelity, the responsibility not to make it any worse" (3).

Although therapists actively positioned themselves to be helpful to clients, at the same time some wanted to circumvent becoming entangled in emotional complexity: "I find that I want to push it away, jump over it, ignore it" (4). Others responded positively to the excitement of working with people in significant crisis: "To be honest, what I tend to say is that I like it. The dynamic opens up my energy

and I enjoy it” (1). The experience of ambivalence, of wanting to adopt the position of helping people in the crisis of infidelity, and simultaneously being anxious about the uncertainty and ‘not knowing’ inherent in working therapeutically with infidelity is summarised in this pragmatic comment by one of the study participants: “You know you have those two people, one who just wants to run away, and the other who just wants to spill everything out. And, I suppose I feel at times a little split. I feel split” (3). Despite feeling torn and hesitant about how to proceed, therapists found themselves embracing this ambivalence as intrinsic to working with infidelity and proceeded to engage with clients, as manifested in this participant’s summary of her experience: “I’ve got to make an effort. I remind myself that this is a job that I enjoy, ‘let’s get on with it’” (3).

Participants recognised that clients come seeking help to deal with their suffering, pain and hesitations regarding the survival of their relationship fractured by infidelity. They espoused their own feelings of ambivalence and those of clients as illustrated in this description:

Most frequently it is, I don’t want to work with this. The feelings would be ones of, I don’t know if you can really describe it as rejection of the issue. I want to brush it away and look at something else instead. I think sometimes of, it is me, because I think it is going to be difficult to deal with. Some other part of it is to do with the couple, they also don’t want to look at it because for them it is very painful. I think it’s the understanding and the acknowledgement, the open acknowledgement that this is a hugely traumatic event. It is just their very, very deep sense of betrayal. (4).

While struggling with their own feelings of ambivalence, therapists strove to be helpful to clients by taking up the position of the ‘helpful therapist’, one who is

available to support and contain the suffering of clients. Enacting the role of professional helper was seen as something more profound than a mere performance, it was regarded as the significant contribution that participants in the study could make that represented a demarcation between professional support and assistance from the kind of help offered by family and friends:

When you use the word ‘performance’ it sounds like an act and lacks depth.

But it is not. It is much more than that, but there is that in it. It’s like a role and you bring yourself into the role, sort of like there are layers and there’s a role and you get fully into the role. (1)

The process of embracing ambivalence was formed through the activity of therapists as they responsively ‘interacted with the couple dynamic’ and ‘navigating a way through infidelity’ in the context of couples seeking help with their distress and kaleidoscope of feelings. These sub-processes are elaborated below.

### **Interacting with the Couple Dynamic**

Therapists talked about interacting with the couple dynamic. In the context of couple therapy, this concept seems to reflect what therapists experience when they are engaging with more than one person in the therapeutic process. The couple present with their habitual pattern of interaction that has been disrupted by the disclosure, discovery or suspicion of infidelity to therapy. They come to therapy with a new dimension to their usual way of relating that constitutes their couple dynamic. The therapist ‘joins’ the couple and this joining introduces a new dynamic that is constituted by the interactions between each partner in the couple relationship, the interactions between each partner and the therapist and the therapist’s interactions with the individual partners and their couple relationship. The couple dynamic as

experienced by therapists in this study was multi-dimensional and had its origins in the diverse ways that partners in the couple relationship interacted, responded and understood each other, and could change over time under the influence of the presence and interventions of the therapists.

Therapists described interacting with the couple dynamic as enjoyable although on occasions frustrating: “What I tend to say is that I like it. What I mean is, there is a dynamic in couple counselling no matter what the issue is, and I like the role of facilitating the dynamic.” (1). In interacting with the couple dynamic, therapists described their task as endeavouring to clarify and seek understanding of the patterns of connection between partners in a couple relationship affected by infidelity as captured in the following contribution: “Often there is a couple dynamic going here which is important to tease out. I see it as work; that I have to work to try to understand what’s going on for these two people” (2). They portrayed working within this dynamic variously as important, challenging, tremendously interesting and ultimately enjoyable, but always edged with feelings of uncertainty, potential frustration and a sense of vulnerability that undermined their sense of being competent. However, engaging with the couple dynamic was also a source of deriving satisfaction for therapists as summarised in this description: “I’m good at balancing two different positions. So I really enjoy the challenge of being able to contain it. So I just find that really, really interesting.” (5).

Although therapists experienced engaging with the couple dynamic as challenging and interesting, and derived a level of satisfaction from this engagement, the experience often aroused frustration and anxiety: “It can be really difficult to contain your frustrations, because there are times whenever you think to yourself, ‘There is a purpose as to why they are doing this’” (5). Part of the anxiety and

excitement that therapists experienced was in the process of exploring how infidelity had become a reality in the couple's experience. Working with the couple in terms of how they were related to each other concerning the infidelity generated the experience of ambivalence for therapists as they attempted to make sense of the couple's plight. This experience of ambivalence was felt by therapists in relation to feeling anxious, frustrated, satisfied, enjoyment and vulnerability as a result of these interactions. This spectrum of emotions recounted by therapists as they engaged with the couple dynamic appeared to mirror the feelings experienced by the couple as they worked to understand the relational processes that rendered their intimate relationship susceptible to infidelity:

Usually they come in to you because they have just heard, therefore it is very raw. And you sometimes think, 'Where do I start even?' If the partner who has had the infidelity, he's feeling guilty or she's, whoever it happens to be, and so you are dealing with so many emotions. I don't know how this is going to pan out. They don't know how this is going to pan out; is this going to lead to something, separation or are they going to be able to mend this? (3).

Although, therapists described a sense of both frustration and satisfaction arising from their interactions with the couple and how each partner positioned themselves in relation to infidelity, on occasion, they experienced a diminished sense of their competence as a therapist when engaging with a dimension of the couple dynamic they designated as the power dynamic: "Well it is exhilarating and fascinating whenever it's working. And it's frustrating and deskilling whenever it isn't." (5). This experience was most acute when therapists described themselves as taking control of the power dynamic operating within the therapy context. Therapists variously depicted the power dynamic as residing either with the partner who has

been unfaithful, or the partner who has not engaged in infidelity. They interpreted the power dynamic as generated by the emotions and feelings suppressed or expressed in the therapy sessions. At times they perceived the partner who did not engage in infidelity as expressing a desire to shame and blame their partner. Alternatively, the partner who had engaged in infidelity would attempt to influence the flow of power by abdicating responsibility or expressing ambivalence about repairing the relationship:

The most obvious power dynamic is very frequently where the person who has had the affair, is positioned by the committed partner as the one who had done wrong, so they will be feeling very guilty, very distressed and the other party, the committed one, may be extremely angry and so you can get a power dynamic going there all the time. So I am being invited to join that, so that's a challenge as to how to manage it without falling into, without forming a coalition unwittingly (6).

Therapists believed that the power dynamic they were participating in with the couple was open to manipulation by either partner. The consequences of the flow and pattern of power within the therapy process was experienced by therapists as at times enveloping them, and at other times as presenting an opportunity to make a therapeutically valuable intervention:

Power, there is a power dynamic between the couple and it varies. Sometimes the power, the person who has had the affair is in a much more powerful position than the one who is on the receiving end, and sometimes the one on the receiving end is in a much more powerful position than even they perceive, than the person who's had the affair (4).

Initially, some therapists discovered they had become entangled in the power dynamic as ‘rescuer’. Realising they had positioned themselves as ‘rescuer’, the immediate reaction was one of experiencing it as: “Horrible, horrible to get out of that” (4). For the most part therapists realigned their position by taking actions that assisted couples to move from punishment and guilt to more collaborative interactions. Some therapists believed the transition to more positive interactions between partners afforded therapists the opportunity to utilise the new, more positive power dynamic to progress the process of mending the relationship:

I suppose the therapist is also in quite a unique position with the power dynamic, because I can observe it and I can expand it, and I can use it to help the therapy process. Whereas, when it is just with the couple it’s more open to manipulation (4).

Perceiving an imbalance in power between the couple had the effect of focusing the attention of some therapists on the partner regarded to be in the low power position: “I’ll feel the need to attend to the partner who has less power. I find myself drawn to that. That is a kind of instinctive response, it is to try and balance that myself” (8). In taking control of the power dimension of the couple dynamic by sensitively responding to the position of each partner, therapists described competing feelings of being animated and enthralled or disappointed and frustrated. Despite this experience of ambivalence when interacting with the power dynamics associated with the couple, therapists also experienced themselves as embracing the challenge of working with the couple dynamic as the mechanism for steering the therapy process and focusing the couple on finding a way forward: “I would be aware of that feeling of a rock and a hard place, but I would be offering it back. I would not be holding on to it. I would offer it back and say, “How are you going to get past this?” (1).

By interacting with the couple dynamic, therapists experienced themselves variously and at times simultaneously exhilarated, uncertain, frustrated, challenged, and deriving satisfaction as they embraced their own ambivalence and the couple's in terms of wanting to engage with them while hesitating to engage.

### **Navigating a Way Through Infidelity**

Therapists embraced ambivalence in their thoughts, feelings and actions as they sensitively offered couples support in finding a way through the maze of infidelity. Contending with their own uncertainties about how to proceed and the uncertainties of clients in relation to whether they want to go on together, often therapists experienced themselves struggling to formulate appropriate questions as therapeutic interventions with the aim of easing clients into narrating their experience of infidelity:

The story unfolds, and it is up to me to help it unfold. So the onus is on me to find the right question to help clients to tell their story. Sometimes that is quite a thing. I don't want to make it worse. 'What is the right question?' 'How am I to know what the right questions is?' (3).

Therapists reported that they frequently drew on their professional experience to aid them in supporting clients and create possibilities for resolution: "I suppose I would have an awareness of what's likely to get them through, if they are going on together" (2). Therapists also described the frustration and even irritation they experienced when clients showed they were not willing or able to take the next step that the therapist has in mind: "It can be very frustrating whenever you think 'I can see how they both got to this point; I can see where we need to go,' but we can't get there" (5). In seeking to steer a course through the maze of infidelity, therapists connected

themselves to people's stories of loss, grieving, pain and hurt, and in doing so experienced in themselves the competing feelings of being torn apart and simultaneously angry: "It's terrible, it's terrible, because there is some part of me wants to say, 'Swine, do you know the damage you have caused here?'" (4).

Notwithstanding experiencing significant levels of ambivalence at times, therapists described their actions and interactions as generating a nurturing environment as a vehicle for helping clients through the unfamiliar and bewildering territory of infidelity. This included allowing themselves to become a channel for communicating and clarifying issues and meanings for the couple: "I enjoy working with couples. I probably somehow or other communicate that to clients and they in turn kind of embrace that, feel comfortable and feel safe" (1). In crafting an ambience conducive to nurturing clients in a raw and distraught state, therapists presented themselves as unfazed regardless of what people might share about their situation: "I think it's being very calm. Often people think you've never heard any of this before. I don't think it helps at all if they think this is the worst thing you ever come across" (2).

Some therapists developed rituals of welcome such as offering beverages with the intent of soothing clients: "I want to communicate to the two of them I care for them. This is a way of creating a bit of comfort for them" (1). These acts of kindness, offering attention, and listening to understand clients' distress created an ambience of nurturing that enabled therapists to embrace their own and clients' ambivalence, and open up conversation regarding the ordinariness and the extraordinariness of the clients' situation. In constructing an ambience of nurturing, therapists experienced themselves caught up in the extraordinariness of clients dealing with infidelity, while concurrently remaining calm and presenting themselves as un-

shockable. At other times some therapists experienced themselves mirroring the pendulum pattern of couples' vacillation as they struggled to engage in therapy: "I'm swinging with them sometimes because it is just, 'where are these people going?'" (3).

While experiencing themselves as caught up at times in clients' vacillations, therapists anchored themselves by focusing on developing a relationship with clients that injected a sense of stability and feelings of safety: "I manage to be a type of presence for them that allows them to be in conflict and to see things totally differently" (1). Some therapists enjoyed their experience in this phase of navigating a way through infidelity where they interacted to stabilise the therapy process, contained the intensive expression of feelings, and participated in creating an ambience of nurturing that enabled them and clients to manage their ambivalence sufficiently, and contemplated possible resolution to the dilemma of infidelity.

In navigating a way through infidelity, therapists experienced themselves as embracing ambivalence by allowing themselves to be enveloped in the clients' frequently contradictory stories while holding in parallel an unshockable presence, thus creating a nurturing quality to the therapeutic process. Embracing ambivalence as a process created by therapists interacting with the dynamic that couples brought to therapy with the aim of navigating a way through infidelity created the context that allowed a second process to evolve that was experienced by therapists as tuning into ambivalence.

### **Second Key Process: Tuning into Ambivalence**

The second process constituting the primary experience of 'absorbing ambivalence' was conceptualised as 'tuning into ambivalence'. This comprised

actions and interactions that therapists performed in attending to their own and their clients' processes. In shaping this process, therapists became sensitised to their own thoughts, beliefs and feelings regarding their personal and professional attitudes towards infidelity. This experience of being sensitised was also extended to forming beliefs about partners in the couple relationship and to picking up in the therapy sessions what was implicit, unsaid or not acknowledged concerning infidelity and how the partners found themselves in relation to each other. Tuning into ambivalence can be elaborated under three sub-themes: awareness of gender differences, personal prejudice and judgements, and dissonance and resonances.

### **Awareness of Gender Differences**

A number of therapists mentioned in initial interviews their awareness of gender differences when working with couples, and especially in relation to engaging with infidelity. This was followed up as a theme in subsequent interviews with therapists. Some therapists reflected upon gender awareness as an important characteristic in how they experienced working with infidelity:

One of the first things that occurs to me is probably gender. The reason for me is that I am a male therapist and with a couple there is immediately a gender imbalance. There are issues, no matter who has been unfaithful, it becomes an issue, maybe a perception, from the point view of the clients. It could be either that he is drawn to the male client and I understand that client's position, or you could have a judgemental attitude to your fellow male or sympathise with the female client (1).

A female therapist recounted similar experiences to this male therapist:

Gender is central to this. It will come in in different ways and different times. Maybe as a couple are telling their stories you may find yourself more drawn to one than to the other, or maybe more drawn to feel sympathetic to one than the other. You are constantly asking yourself to just be aware. The gender element is that I'm more drawn to the women's experience, or I'm more drawn to the man's experience, 'what's that about?' So, you try to just stay questioning as to where you feel yourself tugged and pulled (6).

Other therapists expressed curiosity about their lack of gender consciousness:

"Generally I don't pay a lot of attention to it; maybe I should be paying more attention to it" (5). These two contrasting experiences, some therapists consciously aware of gender dynamics, patterns and influences, and others with limited awareness of gender as an issue in the context of therapy, provide an insight into the continuum of ambivalence regarding this dimension of therapists' experience of engaging with infidelity.

In the study, therapists experienced gender differences in multiple ways. They used their sense of the influence of gender with couples to initiate conversations about family of origin and couples' attitudes toward gender differences:

Often in the relationship you see the women either as the caretaker for the relationship and maybe for the man his experiences are more distant and more likely to be withdrawn. So those then become the opportunities for conversations with each of them about how were things done in their families (6).

Other therapists recalled experiencing explicitly gender bias in themselves and sought to contain it from overtly influencing the therapy process:

The honesty is that I'm often surprised when the female partner has been unfaithful within the relationship. I have some kind of gender bias that is there. When the offended, the hurt, the injured party is a man I may feel less compassion than when the injured is a woman. I hope that is contained within me and is not communicated to the clients. But I think that is inherent. I think there is a gender bias (8).

Therapists noticed gender expectations that partners directed towards them. Some of the female therapists experienced female partners expecting them to be more sympathetic to them based on a shared gender identity: "I don't think I have had any cases where a couple attends where she hasn't tried to get me on board, whether she has been the person who has had the affair or the victim of the affair" (4). Other therapists reflected on the theme of gender differences in terms of whether a therapist with a different gender to themselves might have made a different kind of contribution to the work they had completed with couples: "And it is interesting if it was a male, female; perhaps a male therapist might have a different approach" (2). Perceiving and feeling expectations from clients that therapists might respond in gendered ways toward them, whether in a positive or negative sense, contributed to therapists' experience of ambivalence, as they felt and responded to these expectations.

On other occasions therapists became acutely aware that clients have expectations of them based on their gender, particularly when the male partner has been involved in an affair and the therapist is female: "I have seen people assuming that I would think in particular ways" (2). In one particular therapy context, the female therapist felt that the male partner who had been involved in an affair would perceive her as viewing him more harshly because of her gender. She shared with

him some personal experience: “Because I had a sense that he wouldn’t have expected of me. He said that it meant an awful lot to him” (2). Another therapist felt that clients were more aware of gender than she was: “I think actually that the clients probably pay more attention to that” (5). This was experienced in therapy when a male partner might accuse a female partner of trying to get the female therapist to align with her. When this type of gender sparring dynamic occurred, the therapist sought to emphasise her neutral position:

He might say something – ‘oh, you know you are just trying to get the counsellor on your side’ – so whenever that is brought in you can discuss that. Even when you tell them that you are neutral, that you are not there to take a side, they might think you are going to take a side (5).

Therapists in the study experienced the awareness, dynamic and influence of gender in diverse ways. A number of therapists felt the strong influence of gender and while attempting to use these impulses therapeutically were also aware of how they evoked feelings of gender generated compassion or judgement in them as therapists. On the other end of the gender awareness continuum, some therapists were hardly aware of gender as a dynamic to work with for therapeutic gain but tended to experience its influence in terms of competition between partners for the sympathetic attention of the therapist. Awareness of gender dynamics within the context of therapy dealing with infidelity was experienced by therapists in the study with greater or lesser intensity, stimulating thoughts and feelings of ambivalence about their own position in relation to the gendered aspects of infidelity while managing their professional responses to the gender dynamic being performed by the partners in the couple relationship.

Therapists, in tuning into ambivalence became aware of how their own gender could become a salient experience for them as they interacted with couples. Experiencing the pull and tug of the gendered expectations of clients towards therapists and therapists' own uncertainties and doubts about how to respond constituted the experience of ambivalence.

### **Attending to Personal Prejudice and Judgements**

Inevitably, therapists carried ideas, beliefs and attitudes about infidelity to their encounters with clients. These were shaped by professional and personal knowledge and at times provoked certain complexities for the therapists in relation to both being attracted to working with infidelity and repelled by the betrayal inherent in engaging in an affair. Often, these complexities were amplified by referral information about clients that stirred thoughts and feelings of prejudice and judgement in some therapists:

What initially comes to mind is judgements. You may have a bit of information that a client is having an affair for the past ten years. And, so you are automatically thrown into thinking, 'how could someone be in a relationship for that length of time without the other person knowing – this is going to be really challenging and difficult work'. I think initially your own prejudices and judgements get in the way. I think it is important for that to happen because then you know, in so far as you can know, what your prejudices are and what you are thinking about this couple before you've met them (5).

When this occurred, therapists encouraged these biases to surface to consciousness, and becoming aware of this mix of their own ideas and premises, and their responses

to the referral information, set in train a process of evaluating how these thoughts and feelings could be helpful or unhelpful in therapy:

Well I suppose that I have given myself permission to think, ‘Right, you do have these judgements and prejudices’, and presumably when you meet the clients that will change, but you need to be aware of how that might influence how you behave in the room. Invariably, it does change, for whenever you meet two people it’s not necessarily the way you imagine it’s going to be (5).

In allowing these thoughts and feelings to surface, and to actively entertain them, therapists balanced their preconceptions with the reality of encountering the couple.

Other therapists articulated the tension they experienced between the principle of holding a neutral position in respect of clients and the impulse toward judging: “I suppose it’s interesting, what is the non-judgemental piece and yet that’s coming in on top of, we can’t help being judgemental, you know” (2). This struggle experienced by therapists around feeling judgemental about what the couple’s narrative is in relation to infidelity or towards one of the partners, and trying to hold to a non-judgemental and neutral position permeated much of the therapy process and presented therapists with significant challenges as they sought to bring their biases under control:

You know, we are supposed to be neutral, we are supposed to thinking like that. But you’re thinking this person has gone and cheated on this other person. So, you are trying to ground yourself in, ‘hold on a minute, they have come here, they want to explore this’, so there is keeping yourself, the judgement out of it (3).

However, while some therapists were able to manage their experience of ambivalence derived from how they experienced the dynamic of infidelity as presented by the couple through the technique of ‘grounding’, this represented a significant challenge

for other therapists. These therapists felt that they could not take a neutral stance in the face of betrayal and unfairness perpetrated by one partner on the other:

I have a thing, I have to remain neutral, but at the same time you can't really remain neutral, not in a moralistic sense. I'm not saying that it is a moral judgement, but you have to acknowledge the pain of the person who is on the receiving end of the infidelity, because it is so raw for them, even if it means the other person, the other partner feels like you're taking sides (4).

The incongruity that some therapists experienced, wavering between the pull of professional neutrality, considerations regarding fairness and the need to acknowledge human pain, or capitulating to judgemental thoughts, was alleviated when therapists permitted these to surface and become part of their reflections. "It's trying to ensure that I don't say the wrong thing. Because I think it is so easy, because whatever I say, I'm very conscious is going to become a part of what has happened. It has the potential to be another trauma" (2). By taking action to attend to their prejudices and judgements, therapists experienced themselves as being less constrained by these, thus enabling them to more effectively fulfil their perceived professional goal of being helpfully available to both partners: "I would actively encourage whatever thoughts are coming in there, just to see what way it is that I would be thinking about it" (5). Being aware of and open to explore their prejudices and judgements helped therapist to engage with both partners: "I have found that it helps to be equal to both" (2). Engaging with their own personal and professional biases regarding infidelity also rendered therapists less susceptible to succumbing to these impulses, "I just think for me it's actually something about I'm less, less ready to judge people, really" (6). However, the other side of this experience of being less judgemental was the therapist's pragmatic experience of being aware of siding with

one partner as illustrated in this quote, “Because I think it is really, really hard not to take a side no matter how neutral you try to be” (5).

In the process of tuning into ambivalence, when therapists attended to their prejudices and judgements, these actions seemed to have sensitised them to be open and receptive to what was implicit in the couple relationship. Therapists experienced themselves picking up impulses and feelings that they attributed to the unspoken or not yet said between the partners of the couple relationship.

In attending to personal prejudices and judgements, therapists struggled with their efforts to hold a neutral position, which they valued as a professional principle, against feelings of sympathy and compassion for the hurt partner, and animosity towards the involved partner. Competing feelings of loyalty to the principle of neutrality, the desire to acknowledge hurt and the temptation to judge, at times rendered therapists feeling torn apart and split. Catching dissonance and resonances depicted the experiences of therapists as they continued to engage with couples in the crisis of infidelity.

### **Catching Dissonance and Resonances**

Therapists talked about tuning into the less tangible or, more elusive aspects of their interactions with clients. This experience has been conceptualised as ‘catching dissonance and resonances’. Catching dissonance and resonances relates to therapists becoming alert to a feeling that something of significance was intangibly exerting an influence in the therapy process, that also made the work interesting, challenging and at times enjoyable:

Although, I would be aware at the beginning there would be some anxiety around, because you would be thinking, ‘This isn’t how it looks, or this is

more than it looks'. So I do enjoy the challenge of affair work. I think it is really, really interesting (5).

Another example provided was that of therapists suspecting full disclosure of infidelity had not occurred: "I am thinking 'they are having an affair, but they haven't admitted to it'. I find that very, very difficult. I find that the work often ends in stuckness" (8). Another therapist described sensing that although the couple was present and working on their relationship, the infidelity was continuing: "You're picking up, it's body language, something that doesn't sound right – 'is there a lie?'" (3). In other similar contexts, the therapist intuitively picks up that an on-going affair has not been acknowledged:

It's frustrating. Sometimes the work ends like that. Also, sometimes there is, I am going to use this word, but it is probably overregging it but, sometimes I experience fear. Everything is locked down at the moment because this partner hasn't admitted to the infidelity – 'what if they do in this session, what will that be like?' So, there is this – we will call it, yes, the emotion is fear (8).

In these kinds of situations, therapists felt that they intuitively picked up what had not yet been articulated. Therapists did not ignore their instinctive feelings of fear, frustration or bodily uncomfortableness, and felt compelled by them to intervene, usually with a question, which was akin to 'firing the gun'.

"It is a gut feeling and it just grows and then you ask the question. The other person may know perfectly well that something has been going on, but it's out there, and I have fired the gun, as it were" (3).

Some therapists were keenly attuned to picking up dissonance in the therapy by attending to their somatic reactions:

Oh well, I would always feel stuff in my stomach. I just might feel, my stomach might be clenching. Obviously, it doesn't feel comfortable with having your stomach feeling like that. But I would see it as a bit of a check, you know, for you to be thinking about what's going on in the room (5).

This feeling of discomfort impelled some therapists to interact with the couple with the intent of engaging them in making explicit what was implicit and by taking this intervention to mitigate their feelings of discomfort:

If I'm feeling uncomfortable it is time for questions, not statements. My discomfort at the minute, to reduce it, I could bring it into the room and name it. 'So here we are, we seem to be at an impasse here. I'm feeling stuff around, I am sure your feeling stuff, how do we move on?' (1).

By a similar process of attending to somatic feelings, some therapists experienced personal resonance with clients. This happened when the couple's dynamic or issues connected in some way with the therapist's personal world. Therapists were reminded of people in their own life and became entangled in what one therapist described as a triangle, whereby they came to a recognition that the position they had assumed in the triangle related to their own experience:

It is like a little inner shock. There are people who remind you of people in your own life. Something happens, you've got a triangle going, and you take a position. Sometimes the position you take is not the one you expect, because it can happen without you realising, 'How did I get here?' (3).

Therapists also found themselves reacting to the personal resonances that the couple's narrative ignited as in some respect paralleling their own relationship:

It's different from working with parent or adolescent. When you are working with a couple and they describe a dynamic that inside your head you're just going 'Flip, if they knew what it was like at home' (6).

Therapists also experienced personal resonances with a client where the client shared with the therapist that they reminded them of their partner's affair partner: "I was really floored. But when that client said that to me I was really taken back. I was really shocked" (7). In this instance, the therapist was perturbed initially by the client's observation. When the therapist established equilibrium, the resonances became part of the therapy as the therapist expressed appreciation for the sharing of observation and focused on exploring the differences between the person the therapist reminded the client of and the therapist. Reacting to personal resonances in couples was also activated in situations where therapists had personal knowledge of infidelity and could feel the sway of this experience in their interactions with the couple. The therapist with such personal experience was able to tune into their own thoughts and feelings evoked by the client's narrative of infidelity, while connecting with the client at a deep emotional and empathic level that delivered to the client a sense that she was understood: "I suppose I can convey to her an unspoken understanding, an appreciation, empathy, because I would have understood what it felt like for her" (7).

Therapists, in attending to their prejudices and judgements stimulated by the anticipation or the process of conducting therapy with infidelity as a relational concern, also experienced themselves catching dissonance and resonances. These experiences, although at times frustrating, and anxiety provoking for therapists, were also resources that they could draw upon and use in the context of on-going therapy. In performing these actions and interactions in responding to clients, therapists experienced the contradictions, inconsistency and incongruity within themselves and

the clients they were working with, and took note, and on occasions, acted upon these thoughts and feelings.

Therapists experienced themselves tuning into ambivalence when they felt in their bodies that something elusive was present but not acknowledged in the therapeutic work with couples. A sense of things being frozen and fear engulfed the therapist, but also a feeling of excitement and challenge stimulated therapists to persevere in bringing forth what was implicit. When therapists experienced such dissonance and personal resonances that evoked anxiety and alarm, they were able to transform these experiences to positive therapeutic effect. In engaging in these actions and interactions, therapists constructed the process of tuning into ambivalence. This process created the context for the third process, that illustrates therapist experiences, that of assimilating ambivalence.

### **Third Key Process: Assimilating Ambivalence**

The final theme in the analysis of the data was ‘assimilating ambivalence’. This process was instigated by the actions and interactions of therapists in responding to clients in extreme states of emotional arousal and resistance, and involved therapists grappling with emotional discharge, and resistance, carrying emotional residue while sighing with relief as impasses in therapy dissolved into opening up possibilities for the future that can be explored. Assimilating ambivalence refers to therapists’ experiences of working with infidelity as: “As a mixture of exhilarating and exhausting” (7), while allowing the experiences to impact them in ways that therapists could utilise in the on-going process of therapy as illustrated in the following description: “No, actually I have to be impacted by what I hear. And that then becomes stuff that I can work with then” (6). Thus, therapists allowed the

assimilation of both couples' ambivalence and their own ambivalence in the service of their work with couples. Therapists talked about being sensitive to their own personal processes in relation to the narratives of infidelity they listened to in therapy and their responses to these accounts, accompanied by their heightened awareness of the extent to which their work had penetrated their lives:

I mean, when I first started to work with this, the effects it had on my relationship – trust. Trust is the basis of all. It does make you think because you hear of so many ways of people being unfaithful, and stuff sticks and you start to look at your own partner and think, 'hum, what's happening'. That was difficult to deal with and manage. And there is the little bit of, you know, the faith you have in humanity, and the hope you have for your clients. So, there are times, you don't want cynicism to influence too much. But it can wear away around the edges (3).

The tensions between assimilating the impact of working with infidelity with the intent to utilise this as a therapeutic gain for clients, and the potentially disruptive impact on the private life of therapists contributed to therapists' experiences of assimilating ambivalence.

When talking about the consequences of working with infidelity on their private world, therapists reported they experienced these most vividly when returning to their everyday life preoccupied by the content of sessions:

You leave work and you are overwhelmed with all this stuff that has been in your head. And very often you would go home, my partner might say something to me and I would say, 'My head is just so full, I'm sorry there is no room for anything else.' So you're behaving unreasonably, people are just getting on with their normal lives before you came in (5).

Other therapists felt the pervasive effect of the work when they became aware of musing about the vulnerability of their own intimate relationship:

I think what comes to mind mostly is, or the effect it has on me is that, that awareness that every relationship has the potential, so that means that every relationship would include my own. You can't spend your time in a relationship watching everything, you have to trust, and sometimes that trust can be broken (4).

Participants reflected on the state of their own intimate relationships in the light of what happens in other relationships disrupted by infidelity: "Well you do, you go home thinking about closeness, intimacy, touch, sex, you know, anger, rejection and distance" (6). Assimilating ambivalence was a process that depicted the impact that working with infidelity had on therapists, both within therapy sessions and outside, describing the professional and personal costs, but also illustrating how therapists utilised these experiences for the benefit of clients

### **Grappling with Emotional Discharge and Resistance**

Therapists described experiencing states of intense emotional arousal in the presence of clients as clients expressed their pain, hurt and fury. When this arose, therapists said they felt as though they were juggling the emotional discharge as they acted to mediate the expressed feelings of the couple in parallel with handling their own reactions: "He's feeling guilt or she's, whoever it happens to be, so you are dealing with so many different emotions. It can be quite anxiety provoking for a start" (3). At other times therapists said they felt assailed with the overwhelming, or seismic effect of infidelity on the couple and themselves:

You are sitting there and there are all these emotions plummeting around the place. It can be quite difficult whenever you sort of, you're walking in all these emotions. You're trying to keep yourself out of it; you have a whole lot of stuff going through your mind (3).

Therapists mobilised their resilience in responding to scenarios where one partner might be feeling shame and regret, and the other furious and betrayed. In these therapy contexts, therapists said they struggled to manage their own and the couple's emotional arousal:

Sometimes I think I can become reactive to what's going on and carry this very intense emotional presentation. I'm noticing that and attending to that and I'm carrying that and then I remember that there is another agenda here, there is another person in the room who needs something else from this space, and have to realign myself in some way. Sometimes I am quite moved by the hurt that the injured party is conveying and communicating (8).

Therapists experienced the intensity of feelings as couples vented their disappointment, rage and fear. They utilised these feelings impacting them to enhance their sensitivity to the shifts in the couple dynamic and which partner might be needing attention at that particular moment in the therapy. However, these intense feelings assimilated and utilised by therapists in therapy continued to linger outside of sessions, at times leaving therapists feeling exhausted and drained: "But it is often still there, and I often find myself pulling the car over before I go home, just to – maybe I need to take a bit more time before I go home because I am still carrying it with me" (8). Engaging in grappling with emotional discharge and resistance contributed to therapists' experience of assimilating ambivalence, as therapists allowed themselves to be impacted by the intense emotions and feelings being expressed in session and

utilising these experiences for the therapeutic benefit of clients at the cost of feeling personally depleted, and uncertain concerning the effectiveness of their interventions: “So I will go away afterwards when I’m outside of the room and often doubt myself and often doubt my interventions” (1).

The need for deftness in juggling emotional discharge was accentuated for therapists treading between their professional value of neutrality and feeling drawn to acknowledge the hurt of one partner while not alienating the other. This complexity was captured in the following quote:

It’s difficult, I think you need a lot of self-awareness not to get too drawn in.

But I think you do allow yourself sometimes. I allow myself to get drawn in a little bit because I think it is actually part of building the relationship with each person, that you allow yourself (5).

Being drawn in to the hot exchange of emotions between partners meant for therapists rendering themselves vulnerable to being impacted by the emotional discharge and to offer this back to the couple:

I wouldn’t be holding on to it, I would offer it back and say, ‘how are you going to get past this, if you think that your partner has done this and they say that they absolutely haven’t? What do you want? What do you think your future holds? Do you want a future together or do you want to negotiate a separation?’ (1).

Grappling with emotional discharge and resistance was experienced by therapists as taking into themselves the emotional intensity of the therapy and offering it back but with feelings of uncertainty, not knowing and nagging doubt. This process involved therapists in assimilating ambivalence.

Therapists spoke about grappling with resistance as an experience that tested their capacity to maintain their sense of professional competence. Therapists detected resistance in a number of ways, such as couples refusing to talk about infidelity, only wanting to focus on that issue in a negative way, or both partners being unwilling to adjust their positions or assume any level of responsibility for their conduct.

Therapists reported that these behaviours and interactions drew them into the dynamic of resistance which potentially diminished their effectiveness:

And there is sometimes such resistance, especially from the person who has had the affair that even just trying to be a presence, a meaningful presence in the room is quite difficult, because the other person is so emotional. You have those two people, one who just wants to run away, and the other who just wants to spill everything out, and I suppose I feel at times a little split (3).

Feeling torn personally and professionally by the emotional dynamics enacted in sessions was experienced by therapists as assimilating ambivalence through the mechanism of the therapist being impacted by the enactments, allowing this impact, being aware of it and utilising the impact therapeutically.

Although therapists reported the experiences of juggling with emotional discharge and grappling with resistance as frustrating and thwarting, these dynamics were also described as sustaining their interest and engagement with clients. They described themselves being mobilised by these dynamics to make additional efforts in utilising their skills of bringing hesitant clients more deeply into the therapy process. Ensnared in these dynamics, therapists experienced both the despair of frustration and the exhilaration of challenge: “I mean, on the one hand it is frustrating, and yet on the other there is a little challenge” (3), while recognising the therapeutic value of

allowing themselves to be affected by these complex emotional dynamics in a manner they could use in the therapeutic encounter with clients.

Grappling with emotional discharge and resistance, therapists experienced themselves as split between managing their own emotional arousal and that of the couples, often feeling drenched with emotional outpouring. Therapists, while often feeling depleted by these encounters, also experienced themselves motivated by the dynamic of the interactions, allowing themselves to be drawn in to the swirl of emotion to assimilate these experiences and utilise them in the therapeutic space.

### **Carrying Emotional Residue While Sighing with Relief**

Therapists commented on the experience of assimilating the emotional intensity and atmosphere generated in the therapy process as allowing themselves to be penetrated by this experience for the benefit of on-going therapy, while carrying the emotional effects beyond the therapy sessions. This experience was conceptualised as carrying emotional residue while sighing with relief when breakthrough was achieved. They characterised carrying emotional residue as an acute physical experience: “I remember at the time it was very physical in the room. I mean it was the heart pounding, feeling shaky” (7). Other therapists explained carrying emotional residue as akin to bearing a weighty load: “Yeah, it’s heavy, that’s heavy work. I sometimes feel those emotions heavy. So there is the weightiness of that, the heaviness” (8). Therapists also remarked on the pervasiveness of carrying emotional residue: “I feel sad a lot of the time, but I know it’s not, part of it is my sadness because I’m looking at people just falling apart” (4). Even when therapists were aware of the origins of the feelings that imbued them this did not assuage the intensity of the emotions: “You’re aware of the sadness in it, but I know

it's not mine, it affects me, but it's not mine" (1). At other times therapists recounted a sense of themselves as mirroring or reflecting the emotional intensity of a couple's exchange: "They came in and they threw everything out, and I didn't have a sense that they held anything back. And it was painful and very emotionally searing" (7).

These experiences of feeling the consequences of engaging in highly charged emotional dynamics penetrated the person of the therapist both in positive terms that benefit the therapy process, and in more negative effects that extended beyond the session and sometimes into their personal lives. One therapist illustrated the consequential side of carrying emotional residue:

It is emotionally exhausting. You leave work and you are overwhelmed with all this stuff that has been put in your head. And very often you would go home, my partner might say something to me and I would say, 'my head is just so full, I'm sorry there is just no room for anything else'. You have that awareness that you are containing, and you are carrying a lot of stuff (5).

Another therapist having completed therapy with a couple subsequently became troubled by wondering whether the male partner, who never acknowledged infidelity in therapy, had been involved in an affair:

He insisted he hadn't, she insisted that something went on, but in the end we went on to work on intimacy, the rebuilding of trust. But there is a question in my mind thinking, 'I have supported this couple to go on building intimacy, what if somewhere down the line he's told a whooping great lie about all this?' (6).

Carrying emotional residue beyond sessions was uncomfortable for therapists in that it tended to disrupt on occasions the personal dimension of therapists' lives, "I think you have to be quite careful, yet I don't think you can avoid the impact of the work

outside. It changes you, this work makes you sometimes more tolerant, sometimes less tolerant, sometimes shocked” (2).

Carrying emotional residue was how therapists experienced and interacted with the kaleidoscope of expressed and suppressed emotional interactions. Sighing with relief occurred when therapists accomplished a shift in the therapy process from being entrenched in solid positions to a fluidity that afforded possibilities to explore. The sense of being mired in intransigence was captured by this therapist’s depiction: “So there is that bit, sometimes there is a heaviness. Everything is locked down” (8). The transition from deeply felt tension to relief is illustrated in the following quote:

A sigh of relief, because the tension, you know how the tension builds. It felt that when you were going into that room I couldn’t breathe with whatever it was, it was heavy and it just left, it was brilliant (3).

Therapists recounted that they endeavoured to preserve, relish and derive satisfaction from these moments in the therapy process when their efforts accomplished a significant change in the understanding and positions of clients that opened up possibilities for exploration:

I suppose it is one of those sparkling moments. It was like an internal Yo! It was like, ‘Oh my goodness’. It felt like a real slog and it’s happened, something has broken. There is a realisation. It was like the sun coming out – ‘Yes, they’ve they got it!’ (3).

Carrying emotional residue and sighing with relief relates to therapists’ experiences of encountering and responding to clients in infidelity therapy. Therapists experienced in themselves and clients the ambivalence that characterises infidelity and the therapy processes. In responding to clients, therapists assimilated this ambivalence generated by their own positions in relation to infidelity and those of

clients expressed in the therapy process. Therapists were able to make therapeutic use of carrying emotional residue while working with clients, but they were also burdened by it when feelings and doubts originating in the therapy sessions overflowed into therapists' personal domain: "Sometimes I'm only aware of it when I leave and kind of process it in between. I think sometimes I am mirroring or reflecting the frustration that is there in the couple, either to move on or stay with the issue" (4).

Carrying emotional residue while sighing with relief captures therapists' experiences of themselves as they allowed themselves to be impacted by their engagement with couples. This was a pervasive experience that influenced the therapist both in session and outside, in their personal worlds. Therapists recognised the therapeutic value of allowing themselves to assimilate and subsequently utilise therapeutically the emotional intensity of interactions, while acknowledging the personal costs to themselves, and sometimes their personal relationships. Feeling liberated from the heaviness of therapeutic impasse when clients shifted from intransigence to understanding was often hedged for the therapist by doubts and anxiety that something significant has been overlooked.

### **Summary: Absorbing Ambivalence**

In reviewing the findings, the concept 'Absorbing ambivalence' was constructed as an interpretative understanding of the salient experience of therapists when working with infidelity who participated in this study. It portrays the therapists' immersion in the complex and ambiguous process of working with infidelity. Excitement and anticipation, fear and trepidation co-existed in therapists as they encountered and worked with clients who came to therapy because of infidelity. Ambivalence characterised therapists' thoughts and feelings. They attributed the

sensation of ambivalence to internal feelings of uncertainty, or, at times, not knowing how to proceed. This experience of ambivalence was accentuated in the presence of clients who were uncertain or tentative about the state of their intimate relationship now affected by infidelity. Although at times therapists experienced deep anxiety and frustration, they were fascinated and energised by the contradictions, inconsistencies and incongruity associated with experiencing ambivalence. While at times soaking up exhaustion and irritation, therapists experienced the work as absorbing in terms of enthralling, gripping and riveting. Therapists experienced working with infidelity as an amalgam of anxiety, uncertainty and challenge, which they found interesting and from which they derived satisfaction, even though at times they felt overwhelmed, exhausted and intruded upon in their own personal lives.

The salient process of absorbing ambivalence was composed of three sub-processes described as ‘embracing ambivalence’, ‘tuning into ambivalence and ‘assimilating ambivalence’. Embracing ambivalence involved therapists in recognising their own ambivalence regarding working with infidelity and despite this, and an awareness of client ambivalence, they proceeded to interact with the couple dynamic with the therapeutic aim of engaging clients in navigating a way through their experience of infidelity. Evolving out of this process, therapists’ actions and interactions formed the second sub-process designated ‘tuning into ambivalence’. Tuning into ambivalence implicated therapists in focusing on their own process of attending to their prejudices and judgements arising out of their own positions in respect of infidelity and their perceptions of partners and their stories of betrayal and broken trust. This process of ‘tuning into’ seemed to have sensitised therapists to catching dissonances and resonances that were often helpful to clients and therapists in the work of therapy, but at times presented therapists with dilemmas and a range of

emotional experiences. The final process, 'assimilating ambivalence' emerged from the first two, and illustrated the impact of working with infidelity had on the person of the therapist. Assimilating ambivalence painted a conceptualised account of therapists grappling with emotional discharge intrinsic in working with infidelity, and the impact on them as they experienced themselves carrying emotional residue, which often travelled with them outside the boundary of sessions into their private lives. Assimilating ambivalence also denotes the dual process of therapists being impacted by the magnitude of emotional expression in sessions but utilising this experience in the work with clients.

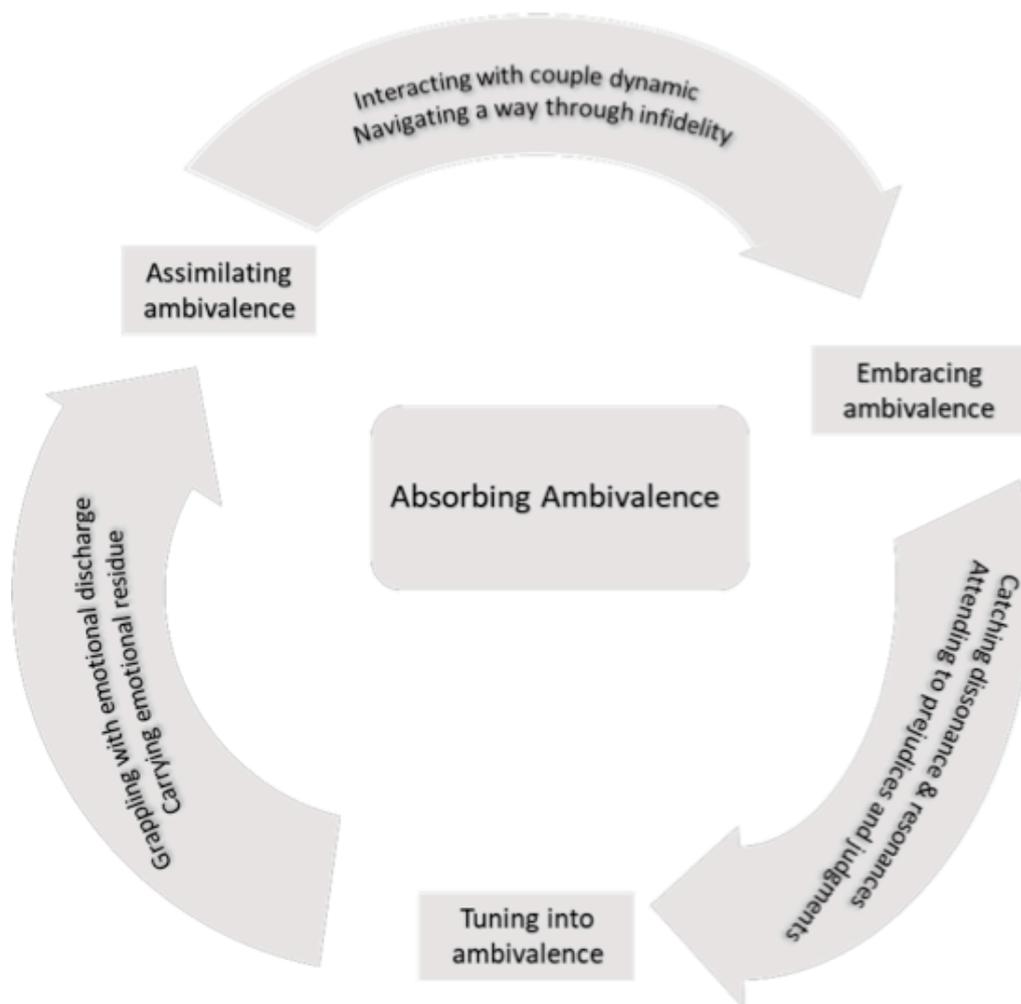
Absorbing ambivalence encapsulated the three sub-processes mentioned above and rendered an insight regarding how therapists experienced working with infidelity. In this study, therapists engaged with the pervading contradictions, uncertainties and inconsistencies they encountered, finding them fascinating, gripping and deeply interesting. Therapists experienced themselves working with infidelity as a process of understanding and utilising their own and clients' ambivalence, a process that seemed to absorb them entirely. They actively embraced ambivalence, tuned into ambivalence, allowed themselves to be impacted by ambivalence, and ultimately experienced working with infidelity absorbing.

### **Factors that may have Influenced the Findings**

The therapists who took part in this study tended to equate infidelity with betrayal. They responded to this understanding of infidelity by attempting to treat both partners equitably while acknowledging the suffering of the partner affected by infidelity. Their conceptualisation of infidelity as betrayal may have been influenced by the dominant cultural discourse in Western societies of marital and intimate

relationships as being based on sexual and emotional monogamy (Perel, 2017). The evolution of marital relationships, particularly since the mid twentieth-century, has become romanticised in contrast to the traditional model based on economic stability and clearly defined gendered roles, spawning expectations that partners will be a source of intimate companionship, reciprocal affirmation, and be unfailingly interested in each other, based on the principle of mutual transparency (Scheninkman, 2005). This model of committed relationship is increasingly being contested by those who feel that the constraints and benefits of monogamy are no longer compatible with their desire to be independent and autonomous and maintain a consensual non-monogamous relationship (Bairstow, 2017).

Couples who want to negotiate a non-monogamous relationship create new boundaries for their primary relationship, but when these boundaries are breached by one or other partner the pain and distress is no different from any other type of betrayal associated with infidelity (Perel, 2017). In the current study, most of the participants were female. While their approach to working with infidelity was inevitably shaped and influenced by their professional training, personal values and biases, the possible impact of cultural discourses regarding the position of women as the one most likely to take responsibility for maintaining intimate relationships cannot be ignored (Knudson-Martin & Huenergardt, 2010). The nexus of these influences associated with cultural discourses regarding monogamy and infidelity, and the positioning of women in intimate relationships by these discourses, may have influenced the experiences of and perceptions of this predominately female cohort of research participants and how they made sense of these experiences.



**Figure 2: Interdependent Circular Processes**

## **Chapter 5: Discussion**

### **Introduction**

The purpose of this study was to construct a theoretical understanding of how therapists experienced working with infidelity therapeutically. The human experience that was the central concern of this study was derived from the therapists interacting and responding to clients who presented with infidelity as a relational concern within the context of a therapy process. The theoretical lens of social constructionism employed to understand human experience in the context of this study assumes that all human experience is intersubjective (Lock & Strong, 2010). Intersubjectivity refers to the shared, overlapping and relational experience that ensued as therapists responsively interacted with clients (Weil, 2003; Smith, Flower & Larkin, 2009). This understanding of human experience as constructed in the on-going interactions between people can be differentiated from the human experience that is the focus of concern of phenomenology, where the emphasis is upon exploring the essences of the experience before it is conceptualised (McLeod, 2011). In relation to this study, the experiences presented here were regarded by the researcher as intersubjective. That is, they were viewed by the researcher as having their origins in the context of clients presenting themselves for help, how therapists were affected by this presentation, and their responses to people in the crisis of infidelity.

This chapter discusses how therapists experienced working with infidelity as constructed from the data in the context of the extant literature on dealing with infidelity in psychotherapy and specifically the domain of couple and relationship therapy. The discussion will also consider the underlying processes that constituted the therapists' experiences, how the processes emerged, and the relationships between the processes. The chapter will demonstrate how this study contributes to the

development of new information and understanding about therapists' intersubjective processes when working with infidelity. This will include a consideration of the study's outcome for practice, training and clinical supervision with respect to working therapeutically with infidelity. The study's limitations will be identified along with suggestions for further research. Recommendations arising from the study and criteria for evaluating qualitative research will be dealt with in the following chapter.

### **Absorbing Ambivalence**

The therapists in this study experienced working with infidelity in therapy as a process of 'Absorbing Ambivalence'. Absorbing ambivalence describes the fusion of thoughts, images and feelings that therapists experienced when engaging in working with infidelity. They experienced their engagement with clients presenting with infidelity as enthralling, interesting, overwhelming, exhausting and exciting. Although therapists experienced the work as compelling, these feelings were blended with a sense of ambivalence stemming from therapists relishing the challenge of the work on a continuum to apprehension about the potential impact the work had upon them professionally and personally. This salient experience of 'Absorbing Ambivalence' was emergent of three other processes constructed by the actions and interactions of therapists as they responded to clients. These three processes were conceptualised as: 'Embracing Ambivalence', 'Tuning into Ambivalence', and 'Assimilating Ambivalence', and were theorised as emergent one from the other, in a relationship of interdependency and circularity. Circularity, in relation to describing the relationship between the three processes, one to the other, means that they each contribute to and sustain each other in a recursive pattern (Street, 1997). A brief

summary by way of sign posting the processes follows. Each process will be elaborated in the body of the discussion.

The process of ‘Embracing Ambivalence’ evolved from the actions and interactions of therapists as they encountered and responded to clients presenting in the crisis of infidelity. Therapists responded by interacting with the couple and their dynamic with the intent of navigating a way through the infidelity. Ambivalence refers to therapists’ desire to be of help, but often feeling uncertain and not knowing how to proceed. Clients frequently present to therapy with a feeling of ambivalence about their intimate relationship and whether it can survive the experience of infidelity (Baucom, Gordon, Snyder, Atkins & Christensen, 2006). This process depicted therapists immersing themselves in the work of therapy inclusive of their own and clients’ ambivalence regarding the phenomenon of infidelity.

In ‘Tuning into Ambivalence’ therapists paid attention to their own process of how they were experiencing the clients’ presentation and the prejudices and judgements that these experiences evoked within them. These internal experiences appeared to have sensitised therapists to catching dissonance and resonances implicit in the therapeutic space; that space that comes into being when therapists and clients engage in therapeutic conversations (Flaskas, 2002). In attending to their own process of experiencing and allowing their prejudices and judgements surface to consciousness, therapists enhanced their receptivity to their own competing thoughts, ideas, premises and feelings. Attuning to these internal experiences enabled therapists to pick up similar experiences and ambivalence in the couple presentation.

‘Assimilating Ambivalence’ involved therapists in grappling with emotional discharge and carrying emotional residue while sighing with relief. This process was emergent from the two previously mentioned processes. Grappling with emotional

discharge portrayed how therapists were influenced by and responded to highly charged emotional arousal in the context of working with couples. This also included how therapists experienced these feelings, especially when the arousal was the harbinger of emotional relief and possibilities for the future. Carrying emotional residue conveyed how engaging therapeutically with infidelity had impacted the personal realm of therapists and their professional practice. Therapists allowed themselves to be impacted by their engagement with couples in the therapeutic alliances and assimilated these experiences. In assimilating these experiences, therapists were able to draw upon and utilise them within session and bring them back into the process of on-going therapy following out of session reflections.

### **Ambivalence**

The three processes introduced above will be considered further below. At this point it may be helpful to orientate the discussion by examining the concept of ambivalence as it is understood in psychology and sociology and its application to psychotherapeutic practice. It may also be useful to mention briefly the differences between the therapy process in relation to working with an individual client, and multiple participants, such as couple therapy, and the particular presentation of infidelity in the context of people seeking therapeutic support and assistance.

The experiences of therapists in this study were co-created within the context of clients requesting help concerning infidelity and therapists responding by offering professional support and containment. Infidelity can be thought of as a relational phenomenon (Reibstein, 2013), and although individuals may seek out therapy on an individual basis, often it is the couple affected by infidelity that present for therapeutic help. In individual therapy, as in most modalities of therapy, the establishing of a

therapeutic alliance by the interaction of the therapist with the client becomes the crucial process in supporting and helping the individual person to attain their personal goals or objectives (Laska & Wampold, 2014). In this context the therapeutic relationship is formed in a dyad, composing therapist and client. By contrast, in couple therapy, the therapist must navigate a very different set of dynamics, assuming a multi – relational approach to the formation of the therapeutic alliance (Clulow, 2001). The couple therapist is challenged with the complexity of multiple participants in the therapy process and must endeavour to establish a therapeutic relationship with both partners. While individual therapy has its intrinsic complexity, this complexity is magnified in couple therapy. When overlaid with encountering infidelity, such therapeutic environments become encounters of great challenge for therapists (Whisman, Dixon & Johnson, 1997).

People coming to therapy for help because of the discovery or disclosure of infidelity, often present with a level of ambivalence, in terms of shock, disbelief and uncertainty (Baucom, Gordon, Snyder, Atkins & Christensen, 2006). Infidelity as a relational phenomenon can be viewed as a form of ambivalence toward the primary intimate relationship (Mason, 2008). The concept of ambivalence can be extended further to help explain the couple dilemma when in the aftermath of infidelity having been acknowledged, contested or denied, the couple faces devastating uncertainty. One partner may be unsure as to whether they want to continue in the couple relationship, the other may be desperate to find a way forward together. The process of coming to therapy for the couple can be hedged with ambivalence, when one partner anxiously wants a future in the relationship, but the other partner is cautious and uncertain not only about the future of the relationship but the efficacy of therapy as a process that has potential to help them.

Thus, in considering the findings of this study, the core process of absorbing ambivalence as a salient experience for therapists with its constituent processes of embracing, tuning into, and assimilating ambivalence, it is important to bear in mind this context of the differences between individual and couple therapy; the former with its emphasis on dyadic processes and the multi-participant dynamic of the latter. It is also important to be cognisant of how ambivalence can be a dominant feature of couples experiencing infidelity that they bring to the therapy space. Recognising the distinctive differences between individual and couple therapy and the existence of ambivalence in the couple relationship affected by infidelity, a context can be created for exploring ambivalence as a psychological and sociological concept.

Ambivalence in the psychotherapy literature generally refers to levels of cooperation and or resistance attributed by therapists to clients (Anderson, 1997). In a general sense, ambivalence is used in professional writing as a description of the internal tension and conflict a person can feel when they experience contradictory feelings and thoughts at the same time, such as being attracted and repelled simultaneously to a person or object (Stevens, 1983). Weingardt (2000) initially defined ambivalence in terms of an intrapsychic experience, the sense of being in two minds, having mixed feelings, vacillations and bipolarity. These intrapersonal experiences, Weingardt argues, are inadequate if therapists are to have a deeper appreciation and understanding of ambivalence and their own contribution to the phenomenon. In his review of the historical development of understanding of ambivalence in psychotherapy, he concluded that its evolution from the discipline of psychology precludes a wider focus. Weingardt contends, that this wider focus is provided by considering ambivalence from the perspective of Sociology.

Sociology approaches human experience and behaviour from the level of social structure and attempts to understand how living within these structures influence people in their everyday life (Worsley, 1977). According to Weingardt (2000), sociology regards ambivalence as occurring in the context of an individual experiencing, “contradictory norms that cannot be simultaneously expressed in behaviour” (p. 300). Weingardt combines the intrapersonal approach of psychology and the interpersonal awareness of sociology to understand ambivalence and exhorts psychotherapists to pay attention to both of these insights if they want to be sensitive to their own contribution and ways of sustaining ambivalence with clients.

Weingardt (2000) furnishes a useful way of thinking about ambivalence in the context of psychotherapy, highlighting the integration of influential processes at the level of the person and wider socio-cultural dimension that therapists would need to reflect upon to heighten their awareness of the presence of these processes in their practice. While this formulation resonates with features of therapists’ experience of ambivalence in this study such as gender, power, and family influences, there were other qualities in their experience of ambivalence that motivated them to dynamically embrace, tune into, and assimilate ambivalence.

Having introduced information about the place of ambivalence in psychotherapy and its derivation from the disciplines of psychology and sociology, there has also been a suggestion that in the context of this study, ambivalence permeated the experience of therapists and was a resource that drove and energised therapists as they engaged with infidelity. There was something about infidelity as a phenomenon embedded in the couple relationship and dynamic that evoked feelings, ideas and responses in therapists that impelled them to engage in the co-created processes described below. These processes are theorised as co-created in the sense

that from a social constructionist perspective human experience is intersubjective (Lock & Strong, 2010), and this quality of intersubjectivity is intensified in psychotherapy (Weil, 2003). How therapists experienced working with infidelity was a function of their own predisposition to working with this type of relationship issue in the context of therapy and how the couple presented with infidelity as a concern. The dynamic intersecting of the therapist's and couple's processes as they interacted around the issue of infidelity brought forth the therapist's experience, the subject of this study.

### **Embracing Ambivalence**

In this study, therapists constructed their experiences of working with infidelity through actively responding to clients who presented in the crisis of shattered trust. Some participants were initially conscious of a human response to clients' expressions of devastation cause by infidelity. This immediate response by therapists was followed by a conscious act of taking up the position of therapist, as one who would listen and respond therapeutically to the clients' distress (Anderson & Gehart, 2007). Therapists regarded taking up the position of therapist as no mere performance. They saw the role as having depth, and described it as layered and in need of the full commitment of the therapist. This experience accords with Rober's (1999) distinction between the self and role of the therapist. The former refers to the ideas, emotions and images evoked in the therapist as they listen to clients' stories. Therapists participating in this study were aware at times of the contradictions they felt in relation to their internal personal reactions to what they were hearing and experiencing, and the imperative to respond in a professional manner to both partners in the couple relationship. Responding in the professional role of the therapist

required therapists to garner their professional knowledge and skills of communication and embrace their ambivalence with the intent of stimulating therapeutic conversations between all the therapy participants. Rober makes clear that this distinction is heuristic rather than ontological, and that the self and role of the therapist are unitary, and refer to how the therapist experiences interacting with clients in the therapy process. He states, “ “Role” doesn’t refer to a superficial façade, but to a genuine aspect of the personhood of the therapist” (p. 211). This description aligns with the experiences of therapists in this study who consistently felt that they were interacting and responding to clients using both their personal and professional resources, and the experiences derived from the therapeutic encounter, to engage with the couple and their pattern of presentation in order to help them steer their way through infidelity.

Some therapists, on initially meeting with clients were struck by the magnitude of clients’ suffering and could only respond by offering a ‘human’ response in the form of a cup of tea and sympathetic listening. However, therapists felt the responsibility to be professionally helpful, and they did this by consciously taking up the role of the therapist, which inevitably meant interacting with the couple dynamic. The aspect of the couple dynamic that held the most challenge, and from which therapists appeared to derive both satisfaction and frustration, was interacting with the flow of power in the therapy process. Therapists strove to equalise the power balance between partners and to progress the therapy in a constructive direction. This approach to working with the issue of power disparities in couple therapy is consistent with the feminist critique of conventional ways of working with couples (Vatcher & Bogo, 2001). Williams and Knudson-Martin (2013) conclude that therapists tend to interact with partners as though they held equal power. They advocate that therapists

should pay attention to the wider socio-cultural discourse that shape and influence patterns of interaction between couples.

Although some of the therapists in this study did not explicitly address issues of power and gender with clients they were aware of these issues at what Williams and Knudson-Martin (2013) refer to as the micro-level as opposed to the macro-level. Placing a therapeutic focus on the macro context would have involved therapists explicitly focusing on power and gender disparities expressed in the pattern of the couple relationship derived from social and cultural norms. Those therapists in the study who regarded gender and power dynamics as important, although not appearing to adopt explicitly a feminist informed approach to their practice, were nevertheless conscious of the socio-cultural dimensions to these patterns in the couple pattern of relating. This feminist informed orientation to working with couples is at variance with the conventional approach as articulated by Butler, Rodriguez, Roper and Feinauer (2010) who define the role of the relationship therapist as being an equal advocate for both partners. All the therapists in this study spoke of holding a professional practice principle of treating both partners equally, but frequently experienced themselves split and divided by stories of betrayal and deception. The tension between adopting an 'equal to both partners' position or taking a stance influenced by the unfairness suffered by the partner affected by infidelity and wanting to acknowledge them, was a constant internal oscillation experienced by therapists that impelled them at times to embrace this ambivalence, sometimes being equal to both and at other times veering towards the affected partner to validate their suffering.

This study portrays therapists as actively engaging with the couple dynamic with the intent of deescalating clients' emotional states so that they could begin to focus on navigating a way through the crisis of infidelity. Helping people to find a

way through the maze of infidelity was a prominent expectation of clients; therapists reported that clients expected therapists to provide them with a ‘map’ to guide them through unknown territory. In a study conducted by Olson, Russell, Higgins-Kessler and Miller (2001), the participants they interviewed, who had been affected by infidelity, clearly indicated that they wanted therapists to be active, offering advice and guidance. Therapists participating in this study vacillated at times between assuming a position of facilitating the couple in finding a way forward and at other times of taking a stance of knowing how the couple should proceed, and at other times were perplexed and not knowing how to respond. Reconciling these competing impulses often resulted in therapists experiencing frustration, especially when therapist facilitation of couples did not seem in the view of the therapist to provide sufficient forward momentum. Nevertheless, in attempting to explore possibilities for couples, therapists sought to assist clients to narrate their experience by formulating questions with the therapeutic intent of seeking clarity and coherence in relation to the couple’s experience of infidelity. This practice corresponds with the advice offered to therapists by Baucom, Gordon, Snyder, Atkins and Christensen (2006), that therapists when working with couples should seek to promote the couple’s understanding about the pattern of infidelity in their relationship as information that will help them in resolving their relational issues and provide a fresh basis for their relationship into the future.

Therapists attended to creating a nurturing ambience that invited clients to feel cared about, and allowed them to express their anguish, yet at the same time helped them feel contained. Zola (2007) points out the importance of therapists creating a safe and secure therapeutic context as a basis for working with infidelity, something that frequently does not happen, he observes. However, in this study, in trying to

construct an ambience of nurturing, therapists often experienced themselves caught up in the emotional turmoil of couples trying to come to terms with the consequences of infidelity, and at times struggled to keep grounded and present a calm ‘unshockable’ presence. Other authors have noted these experiences, for example, Levine (2005) offering a clinical perspective on infidelity, writes about the magnitude of the challenge facing therapists in maintaining their emotional balance when encountering the rawness of infidelity. He suggests that therapists can experience themselves being emotionally stimulated by being immersed in the pain of people distressed by infidelity and the triggering of personal associations. Participants who took part this study reported experiencing similar processes as mentioned by Levine as they embraced ambivalence as an experience that created the condition for continuing with the couple in therapy.

### **Tuning into Ambivalence**

In constructing the process of tuning into ambivalence, therapists allowed themselves to become aware of, and attuned to the prejudices and judgements they held internally based on direct contact or prior referral information in respect of clients. They recognised that these prejudices and judgements contained important information about how they were thinking and feeling about the issue of infidelity and clients, and crucially how these beliefs might affect how they positioned themselves with respect to the couple. This experience chimes with Synder and Doss (2005) and Parker, Berger and Campbell (2010) who encouraged therapists, especially those who work with infidelity, to examine their own values and beliefs about infidelity in terms of how these might influence the process of therapy. Softas-Nall, Beadle, Newell and Helm (2008) offer similar advice regarding the need for therapists to be cognisant of

their ways of thinking about infidelity. Counsellor participants in the Hogan, Hegarty, Ward and Dodd (2012) study talked about the importance of being aware of their own internalised values in their work with male clients who have been domestically abused by female partners. While these authors provide guidance for therapists, no studies have captured the therapists' experiences, helping us to gain insight into what it is like for therapists to engage with infidelity; the intense and conflicting feelings and thoughts that are experienced by therapists as portrayed by those therapists who took part in this study.

Therapists' attention to and interaction with their internal thoughts and feelings, in this study, is consistent with Rober's (2005) characterisation of therapists' inner dialogue, in which therapists explicitly engage with the thoughts and feelings evoked when interacting with clients and use these to stay in dialogue with clients. In this study, therapists regarded infidelity as something that happens in people's lives. They did not appear to evaluate it in moral terms, although some therapists struggled in specific situations not to be judgemental towards the partner involved in infidelity, when feeling strongly about the magnitude of the betrayal inherent in infidelity. This finding is in line with Linqvist and Negy (2005) who advocate, "... that extrarelational affairs are inherently neither good or evil, but a fact of life" (p. 1427). Other studies attempting to capture therapists' experiences as they worked with problems of addiction (Shinebourne & Adams, 2007), males who have been abused by their female partners (Hogan, et. al., 2012), intimate partner abuse (Karakurt, Dial, Korknow, Mansfield & Banford, 2013) and refugee clients (Schweitzer, van Wyk & Murray, 2015), commented on therapists being conscious of how their views, personal values and biases influenced them in how they related to clients.

Adopting a reflexive approach to managing biases caused considerable tension for therapists in this study and formed part of the process of tuning into ambivalence. Many therapists suggested that sustaining a position of neutrality was difficult because of their sense that one partner felt betrayed by the other, and that the therapist needed to acknowledge this without unbalancing the therapeutic alliance, as they attempted to be equal to both. This experience accords with Parker, Berger & Campbell's (2010) observation that, "Therapist neutrality may not only be impossible, but detrimental to the therapy process" (p. 79). Cecchin (1987) reflected upon the tension inherent in adopting a neutral stance that suggests that therapists should interact as though they do not have thoughts or feelings concerning clients' issues. He expressed the view that neutrality has come to be seen as taking a position of non-involvement, precluding the therapist from holding strong views and crucially not taking responsibility when necessary. He promoted the practice of therapists cultivating a stance of curiosity that leads to exploring alternative perspectives. He suggested that therapists use their thoughts and feelings generated within the therapy process to be curious about clients' problems, a practice that some of the therapists in this study valued as a therapeutic intervention. However, such clinical guidance needs to take account of the involvement of the therapist, he or she is not a neutral bystander. The findings of this study clearly depict how therapists are drawn into the ambivalent dynamic and power struggle of the couple. The therapist is not depicted here as a 'curious observer' but rather as a third member of the couple dynamic, struggling to maintain a professional position, wanting to do what is right for both partners yet feeling drawn intermittently to siding with one partner, promoting equality and pulling back in fear of alienating one of the partners.

Tuning into ambivalence involved therapists becoming aware of gender as a potential theme when working with infidelity. Therapists' awareness of and interaction with gender processes occurred at different levels. For some, gender was immediately a focus, and for other therapists, gender was experienced in a more implicit way. Williams (2011) regards infidelity as a matter of gender, based on the research evidence that women and men tend to provide different justifications for engaging in infidelity. She advocates that therapists are more effective in helping couples with infidelity when they address directly the issue of gender and equality in the therapy process. Hogan, Hegarty, Ward and Dodd (2012) also record that their therapist research participants commented on how their gender influenced their interactions with male clients who had been domestically abused by female partners. Male therapists believed that it was in some instances more difficult for male clients to admit their experience of abuse to them because of the issue of shame and the dominant societal prohibition on macho image to be rendered vulnerable. Women therapists noticed that some male clients were wary of being in their presence, and that they as female therapists could provide a positive experience of women to those men who had been abused by their female partners. However, therapist experience of gender in this study as already indicated was felt at different levels of awareness. Some therapists had an acute sense of the influence of their gender when engaging with couples. They felt that their gender could be perceived as being either an ally to the partner of the same gender or being overly sympathetic to the partner of the opposite gender. Other therapists noticed that their reactions and responses were being evaluated by clients on the basis of their gender. The experience of gender expectations and levels of awareness of the influence of these in the therapy process formed elements of the process of tuning into ambivalence. In the context of this

study gender was experienced by most of the therapists as a process of tuning into ambivalence in the sense that they felt the pull and tug of gender influences across the therapeutic space and this stimulated their biases and at time shaped their responses.

Therapists' experiences of the influence of gender both implicitly and explicitly in respect of themselves and clients as narrated by them in this study, serves to highlight the importance of understanding gendered processes when working with infidelity in the context of therapy. Although some authors attribute a strong link between gender and infidelity (Williams, 2011), this study provides insights into how complex and multi-layered the processes of gendered influences are when working therapeutically with infidelity from the perspectives of therapists. Therapists in this study felt the influence of gender within themselves inter-subjectively when interacting with partners in a couple relationship. This experience of the influence of gender was mixed with and overlaid with the gendered expectations of each partner, such as one partner seeking the therapist to align with them based on shared gender identity. Often, therapists' experience of gendered dynamics in the therapy situation stimulated their prejudices, which they then had to struggle and manage, especially concerning issues of gender and fairness, in order to sustain their relationship with each partner of the couple.

Tuning into ambivalence was also constituted in catching dissonance and resonances. These were gut reactions of therapists, experienced primarily bodily, which accord with Rober's (2017) description of what he refers to as relational responses. Rober says, "...that the therapist's actions are relational responses that are intuitive and bodily in the first place" (p. 4). Participants demonstrated that they were attuned to their reactions as they interacted with clients and used them to assess how to further engage with couples. Fredman (2004) discusses the body as the

primary site by which human beings communicate their feelings to each other and understand each other's feelings. Therapists were attentive to their bodies as communicators of feelings that provided them with information that enabled them to make sense of what was going on in the dynamic of the therapy. Therapists in this study described how they used information about their own visceral and emotional responses to guide them in their work; they found it helpful to reflect on their reactions and believed that this reflection was necessary for the work. Peluso & Spina (2008) suggested in their clinical guidance to therapists that, in paying attention to their personal reactions to expressed emotional pain and rawness of clients, therapists could help couples navigate the difficult terrain of infidelity and avoid becoming entangled in countertransference reactions. Thus, both the visceral reactions of therapists and the value of these reactions to the work are acknowledged in the clinical guidance literature. The present study provides support for such guidance.

Catching dissonances and resonances exposed therapists to experiencing the ambivalence of the couple as they struggled to make sense of their positions of blaming and denial, and their own churning feelings and ideas about what the couple's struggle represented. This experience of ambivalence was also present as therapists felt resonances of their own internal world being touched by the process of engaging with clients, an experience that Levine (2005), mentioned as a consequence of working with infidelity. Levine consistently advises therapists to be mindful of their own vulnerability when engaging with the presentation of infidelity, because being immersed in the pain and the emotional struggles of others can pluck at personal experiences in the private lives of therapists.

### **Assimilating Ambivalence**

The third process encapsulated in therapists' salient experience of absorbing ambivalence, that of assimilating ambivalence, was constructed as a process involving therapists grappling with emotional discharge and carrying emotional residue. In evolving this process, therapists actively rendered themselves vulnerable to bearing the professional and personal consequences of working with infidelity. In assimilating ambivalence, therapists having internalised, they also utilised these experiences of grappling with emotional discharge and carrying emotional residue as resources that they could draw upon in the on-going therapy process. This finding represents an addition to the prevailing literature. The literature does not speak directly to this aspect of therapists' experience when working with infidelity. While, Levine (2005) asserts that clients' issues in respect of infidelity can evoke personal issues for therapists, the literature does not make reference explicitly to the effects that working with infidelity has on therapists or explicitly name the nature and range of personal issues that may be triggered for therapists. Dupree, White, Olsen & Lafleur (2007) in their review of literature in relation to models of intervention with infidelity, discovered that nearly all models specified actions and attributes that therapists should manifest if they want to be an effective therapist. However, none of the models they identified mentioned the effect on the self of the therapist as a consequence of working with infidelity. There appears to be a consensus that such work has an impact without any attempt to delineate what this impact is. This is likely due to the limited empirical focus on therapists' experiences of this work. The present addresses this gap in the literature by focusing on therapists' experiences.

Therapists in this study spoke of the impact of grappling with emotional discharge and resistance at a visceral level. Dianas (2006) enumerated a range of

twenty-six feelings that therapists might experience in the context of therapy with infidelity as its focus. The findings from this study provide support for some of the feelings identified by Dienes. Therapists described emotional states such as feeling anxious, sad, interested, uncertain, concerned and despondent. In systemic therapy the concept of isomorphism helps in understanding the processes that may be operating when therapists experience these feelings, particularly when working with infidelity. Isomorphism in systemic practice refers to experiences such as feelings or patterns of interaction, in one system being experienced or replicated in a sub-system (Jones, 1996). This is akin to the idea of parallel processing from a psychodynamic perspective, except the concept of isomorphism precludes any reference to unconscious processes (Moloney & Moloney, 1996). In this study, curiosity motivated therapists to transcend negative feelings they may have been experiencing toward the couple or one partner, and to open up conversations that went beyond a focus on infidelity. Taking a therapeutic stance of being curious with clients about the character of their couple relationship seemed to be the way that therapists in the study, in part, constructed the process of assimilating ambivalence. They actively used contradictory feelings and ideas they were experiencing to hand them back to clients in a potentially therapeutically helpful way, such as asking questions prompted by these feelings and ideas. This is in line with Schweitzer, von Wyk and Murray(2005)'s findings that therapist curiosity was a helpful framework for intervention.

A number of studies have focused on the experience of therapists when working with clients in other domains of psychotherapy, and the insights from these therapeutic domains are relevant here. Schweitzer, von Wyk and Murray (2015), attempted to understand the experience of therapists when working with refugee

clients. These therapists commented on how their work enhanced their appreciation of their own personal circumstances. In this study, therapists described the impact of working with infidelity, carrying emotional residue, as raising questions about the capacity of human beings to be faithful or unfaithful in intimate relationship, including their own. This experience equates with some of the participants in Shinebourne and Adams' (2007) study who found that working with addiction caused practitioners to look closely at their own personal lives, which provoked some discomfort.

Carrying emotional residue from encountering clients where infidelity was the primary concern, at times had a pervading influence on therapists' private lives. They were both conscious of the satisfaction and excitement they derived from this engagement and the personal turmoil they could experience concerning aspects of their own intimate relationship, and relationships in general. Therapists articulated being variously blasé, more tolerant at times and less tolerant at other times and feeling changed in their personal lives as a result of working with infidelity in the context of therapy. These findings are consistent with the reported experiences of therapists in a study conducted by Rabu, Moltu, Binder and McLeod (2016).

Rabu et al. (2016) set out to explore how practicing psychotherapy affected the personal lives of therapists. From their analysis of the data, the researchers formulated four themes that have connections and echoes with the experiences of therapists in this study. The themes identified by the researchers from the participating therapists' accounts encapsulated their experiences of feeling privileged to have made a contribution; being burdened by engaging with the suffering and destructiveness; feeling the impact for better or worse in their personal relationships; and needing to shape a way of living that enabled them to keep working in therapy.

The experience of carrying emotional residue by therapists in this current study was reflected in the experience of therapists in the study carried out by Rabu and colleagues' study. A typical refrain from therapists in that study was the sense that they had accumulated their clients' suffering. A number of therapists in the study described feeling so filled up by the work of therapy that they withdrew from their intimate partners and avoided conflict when they should have taken a stance because they needed rest and recuperation. These scenarios reflect, in many respects, the experiences of therapists in this study who found it a struggle to reconnect with their families or felt impelled to take extra time out following therapy sessions before returning home. The Rabu et al., findings demonstrate the impact that working in the field of psychotherapy has on therapists, especially accumulatively, when encountering complex therapy situations, such as clients presenting with what appears to be intractable problems or suicidal tendencies.

This study of how therapists experienced working with infidelity has captured the personal toll that therapists carry as a consequence of their therapeutic engagement in a specific area of relationship therapy. The study also reflects the positive benefits therapists said they derived from their work with infidelity, such as seeing and managing complexity, being more tolerant and having their world view influenced by their experiences in therapeutic encounters with others struggling to make sense of their relational dilemma. Such findings have also been reported in studies of therapists who work with children who have been sexually abused (Wheeler & McElvaney, 2018).

Vossler and Moller (2014), used a thematic analysis approach to shed light on what therapists said about their experiences when working with infidelity that has relevance to the process of assimilating ambivalence, an experience of therapists in

this study. Three phases were identified by Vossler and Moller that conceptualised therapist experiences. The first phase referred to therapists' experience of having to respond to the different needs of each partner, ensuring that they did this balancing in a sufficiently sensitive manner that did not alienate either of the partners. Therapists in this study described similar experiences of responding to an ambivalent dynamic set in train by the differing and at times competing requirements of each partner. Vossler and Moller's second phase illustrates the experience of therapists assisting couples in making sense of infidelity. This process involved therapists making use of their own beliefs and views about infidelity. Therapists in this study in a similar way to Vossler and Moller's research allowed their own prejudices, judgements and premises regarding infidelity to surface so that they could be aware of the influence of these in the therapy process. Therapists assimilated ambivalence co-created by the uncertainty of the partners in the couple relationship and the therapists' sensitivity to couple emotional states, while grappling with emotional discharge, was a major feature of therapists' experiences in this study.

Relevant comparisons between Vossler and Moller's study and the findings of this study begin to fade with the identification of the third phase in their study. This third phase identified by Vossler and Moller described therapists' experiences of working with couples to build trust and moving forward. There was no direct correspondence with this phase in this study, instead therapists described their experience of carrying emotional residue and grappling with emotional discharge while sighing with relief. This is conceptualised here as assimilating ambivalence, a process of therapists taking in to themselves the impact of the work and in turn making use of these experiences by bringing them back into the therapeutic conversation. This divergence may be explained by the different research premises:

Vossler and Moller's study concentrated on ascertaining the experience of therapists in terms of their perceptions and understandings of their work with couples presenting with infidelity, while the central concern of this study was to furnish an understanding of how therapists experienced their own inter-subjective processes when working with infidelity. In the former study therapists focused mainly on their clients, in this study therapists were invited to focus on their self-process primarily.

Rober's (2011) study on elaborating the person of the therapist in the therapeutic process is arguably conceptually closer to the present study. Rober concentrated on capturing and analysing therapists' thoughts and feeling evoked by their encounters with clients, and how they make use, or otherwise of these in sustaining dialogue with clients. Rober elaborated three components of the therapist's experiencing while engaging in the therapy process. He describes the therapist processing clients' stories about the issues they bring to therapy, followed by the therapist attending to the clients' process within the therapy context, and finally, the therapist focusing on their own experiencing evoked by listening to clients' stories. Roper's depiction of the components of therapist experiencing in therapy approximates to the circular processes constructed out of the data of this study. While the processes constructed in this study, embracing ambivalence, tuning into ambivalence, and assimilating ambivalence culminating in the core experience of absorbing ambivalence, share similarities with Rober's descriptions of aspects of therapist engagement with clients, the difference between the two studies is crucial. Rober's data were collected from therapists shortly after a role-played session with a videotaped assisted recall procedure (Rober, Elliott, Buysse, Loots & De Corte, 2008) with the intent of analysing therapists' reflections in respect of what they were experiencing in the session. This present study, however, was designed to elicit data

regarding how therapists experienced themselves as they engaged with the issue of infidelity therapeutically. In this study the processes were defined by the actions and interactions co-constructed in dynamic engagement between therapist and clients. The naming of the processes was abstracted from the analysis of data and reflected the experiences of therapists.

Underpinning the processes of embracing ambivalence, tuning into ambivalence and assimilating ambivalence that formed the central experience of absorbing ambivalence, was, sometimes implicit and at other times explicit, an awareness by therapists of the wider context of therapy influenced by socio-cultural processes. This consciousness was manifest in therapists' experience of the power dynamic, patterns of gendered relating in the couple dynamic and the exploration of clients' family of origin influences. Weingrad's synthesis of psychosocial influences on the therapeutic process referred to earlier in the chapter, links with the later work of Knudson-Martin and Huenegardt (2010) who explicitly emphasised the wider social context of couples' lives, and how the therapists may also be influenced to replicate in therapy dominant sociocultural patterns. Although none of the therapists in this study spoke explicitly about a sociocultural approach to practicing therapy with infidelity, nor did it emerge in the analysis in the processes described, they did express in their narrating of their experiences a felt sense that wider societal processes were exerting influences on their experience of the transactions taking place in the context of therapy. A more targeted focus on socio-cultural processes may elicit more explicit considerations of socio-cultural influences in terms of their impact on working with infidelity.

The findings of this study do however provide some support for the model of therapy evolved by Knudson-Martin and Huenegardt, which they labelled 'Socio-

Emotional Relationship Therapy'. This model assumes both intrapersonal and interpersonal effects in relation to couples' troubles emanating from the way that society is structured with regard to gender and power disparities (Williams, Galick, Knudson-Martin, & Huenegardt, 2013). The model theorises that these societal patterns of disparities are co-created and sustained within couple relationships that present for therapeutic help. The therapist wishing to practice therapy from a socio-emotional frame of reference may find her/himself experiencing ambivalence faced with either adopting the principle of neutrality proposed by mainstream psychotherapy or espousing the ethical stance of justice as required by a socio-emotional approach to therapeutic practice. This ethical stance is operationalised when the therapist intervenes to support the partner with less power to assert their personal agency in the relationship and to prevent the more powerful partner framing the couple's issues. Elements of the sociocultural model of practicing therapy accords with aspects of how therapists in this study experienced themselves in the therapeutic confluence of contradictory client stories, competing feelings and ideas swirling in therapists' consciousness as they responded to clients by embracing, tuning into and assimilating ambivalence.

Similarly, findings of this study resonate with William's (2011) model of working with infidelity, based on Socio-Emotional Relationship Therapy. Therapists in this present study were aware of the lack of fairness and the betrayal of trust involved in infidelity and experienced the pain and devastation of partners affected. They were also aware of patterns of power and gender influences, but at times nevertheless experienced themselves conflicted between adopting a neutral stance and the imperatives of justice and fairness they felt. Some therapists acted upon their feelings of unfairness or the perception that one partner was in a less powerful

position than the other. But inevitably, therapists experienced ambivalence when trying to respond to their instinctual sense of unfairness, the tug of their own sociocultural processes and the presentation of the couple in the crisis of infidelity. Ambivalence prevailed in therapist experiences as they acted to contain the immediate situations of crisis or grappling with emotional discharge simultaneously with the tug and pull of mostly implicit sociocultural processes. Williams' devised a clinical model for working with infidelity based on the tenets embedded in the Socio-Emotional Relationship Therapy. This model was explicitly developed to take account of gender, power and cultural processes embedded in social processes. The principles underpinning this model can be used as a mirror to reflect on therapists' experiences in this study. The model addressed patterns of gender and power inequalities in the context of working therapeutically with infidelity and emphasises a relational justice approach.

The prevailing literature has little to say in respect of the subjective experience of therapists and ambivalence. While there is much written about the development of ambivalence in the therapy process with recommendations for therapists in relation to optimum interventions and methods of dissolving the dynamic, these recommendations are generally directed to the therapist in relation to clients. Therapists in the literature are portrayed as people who can recognise ambivalence in clients, usually portrayed as resistance, and make it disappear. There is virtually no comment about ambivalence as something that the therapist experiences subjectively, contribute to or sustain in their interactions with clients. In this study, therapists experienced ambivalence as a co-created phenomenon that pervaded the entire process of working with infidelity. Therapists brought their own personal and professional ambivalence to the therapy context, looking forward to working with

infidelity while anticipating apprehension and uncertainty. These feelings and thoughts of therapists melded with the ambivalence carried by clients concerning infidelity to produce processes of embracing, tuning into and assimilating ambivalence, which constituted the overarching experience of therapists working with infidelity as one of absorbing ambivalence. This was illustrated by the narratives of therapists who spoke about the excitement of working with infidelity, woven with anxiety about their own personal and professional contribution to the therapy process and the struggles of keeping both partners in mind, particularly when feelings of injustice and unfairness roused tensions with the person of the therapist between professional neutrality and needing to acknowledge grievances. Therapists derived satisfaction from phases or sequences in the therapy process, but overall ambivalence characterised their experience in terms of doubt, contradiction, and uncertainty. Despite these feelings, therapists experienced working with infidelity as absorbing in the sense that they experienced the work as riveting, gripping, exciting and enthralling.

### **Contributions and Implications for Practice**

In the literature on psychotherapy and infidelity, empirical research has largely focused upon the development of treatment models and strategies for recovery of clients (Gordon, Baucom, & Snyder, 2004; Baucom, Gordon, Snyder, Atkins & Christensen, 2006; Dupree, White, Olsen & Lafleur, 2007). The position of the therapist in these models has been specified in terms of the actions they perform associated with implementing stages or phases of the model (Snyder, 2005). The therapist's beliefs and values are sometimes mentioned as variables that the therapist should be aware of as well as their potential to influence the therapy process and

outcome (Pittman & Pittman Wagers, 2005). As such, the clinical literature mostly provides advice and guidance to practitioners. This clinical wisdom is usually delivered from a position of the authors' experiences as practitioners (Blow & Hartnett, 2005) and few attempts have been made to develop empirical support for these guidelines. There has been little attention in the empirical or clinical literature as to how therapists experience working with infidelity. As this study portrays how participating therapists co-constructed their experiences when working with infidelity, it makes a valuable contribution to this literature. Illuminating the processes constructed by therapists as they engage with infidelity therapeutically aids understanding of the contribution of therapists to the overall therapy process and the experience of clients. Such understanding both supports some of the guidance offered by established practitioners and elucidates therapists' experiences, thus providing a rationale for such guidance. Therapists may find it easier to follow guidance that provides rich descriptions of therapists' experiences, based on evidence garnered directly from therapists, which resonates with their own experiences. It also extends understanding of what supports and assists therapists required to intervene with clients with this particular relational issue, and the need for therapists to cultivate practices of self-care to mitigate the negative impact of their professional involvement in working with infidelity. Understanding in particular, the ambivalence processes that characterised this work for the therapists in this study may help other therapists understand their own ambivalent processes, where these emanate from, helping them to accept them and work with them for the benefit of their clients.

A further outcome of this study is its contribution to the literature regarding the process of the therapist in working with infidelity. Most of the literature that refers to the experience of therapists working with infidelity focuses upon the

professional and personal experience of the therapist in terms of their views, values and beliefs, and the types of interventions influenced by these. However, this study concentrated on examining the inter-subjective experiences of therapists when working with infidelity from the perspective of the therapist. By inviting therapists to talk about their experiences from a personal perspective, they were able by and large to express how they experienced the process of therapy when working with infidelity by reference to themselves, thus providing information about how they were affected in terms of their thoughts, feelings, changes in world view, and in their private interpersonal space outside of therapy. This examination has yielded information about the therapists' own processes that affords greater understanding of infidelity as a phenomenon that presents to psychotherapy from the inter-subjective experiences of therapists.

In terms of clinical practice, the outcome of this study suggests that therapists need not fear or be apprehensive unduly about the 'roller coaster' effect they may experience as endemic in working with infidelity (Olson, Russell, Higgins-Kessler & Miller, 2002). In light of this study, therapists can acknowledge the complexity of working with infidelity while confidently embracing, tuning into, and assimilating ambivalence and use these experiences in their internal dialogue (Rober, 2011) to engage with clients in a therapeutically constructive way. Practitioners may benefit from a process model constructed from this study of therapists' experiences when working with infidelity that mirrors their own experiences, and enables them to structure and make sense of these experiences in the light of the experiences of therapists in this study.

In the domain of training for relationship and couple therapists, the insights of this study suggest that relationship therapy with infidelity is an inter-subjective, co-

created process, which may evoke feelings of curiosity, powerlessness, irritation, uncertainty, and relief. Therapists can be taught not to fear these powerful reactions but to allow these experiences to surface within the context of the immediate therapy process or in periods of reflection, or supervision. In admitting these feelings and experiences to consciousness, the therapists can utilise them for the benefit of the clients, thus enhancing the quality and potential effectiveness of the therapeutic process in respect to working with infidelity.

The contribution of this study to clinical supervision regarding therapy with infidelity is the offer of a process model that describes the processual experiences of therapists as they engage with infidelity therapeutically. The model has the potential to guide therapist and supervisor conversations and reflections about the therapist's experience of the therapy, assisting them to make sense of this experience and the therapist's contribution to the experience. These understandings gained from reflexive conversations in a supervisory context can be brought back by the therapist into the ongoing therapy adding therapeutic value to the process.

The findings of this study suggest that although there were levels of awareness among the therapists who participated concerning the influences of cultural and social processes in shaping their beliefs, values and positions, and those of clients, this cognizance was more implicit than explicit when recounting their experiences. Future research on the inter-subjective experiences of therapists working with infidelity could consider what therapists bring to and contribute to the therapy process from their socio-cultural context (Knudson-Martin & Huenergardt, 2010). This kind of knowledge may enhance therapists' awareness of how societal and cultural norms influence the positions they take in the therapeutic process, and how these can be replicated or challenged by the actions of the therapist.

## **Evaluation of the Study**

Charmaz (2014) specified four criteria for evaluating a Constructivist Ground Theory study, credibility, originality, resonance and usefulness. Credibility refers to how well the model fits with the data. In this respect, the process model generated by this study reflects the experience of therapists constructed interpretatively from the data. In conducting the analysis of data and constructing the themes that produced the processes discussed in this chapter, the researcher adhered to the content of participants' experiences in the data, thus ensuring that the emerging processes reflected these experiences. Originality refers to what extent the study has produced fresh insights and deeper understanding of how therapists' experience working with infidelity. This study has shed light on the processes constructed by therapists as they engaged with presentations of infidelity and produced deeper understanding of the complexity of the therapists' own inter-subjective processes. Within the literature, no study seems to have focused solely on the perspective and experience of the therapist concerning the extension of knowledge and understanding of the therapeutic processes implicated in working with infidelity.

Resonance refers to the extent that the outcome of the study echoes the experiences of the participants and affords them clarification and new meaning of their experiences. This study has produced a process model that has potential to assist therapists in clarifying and making sense of their experiences when working with infidelity. The processes make explicit and make available to therapists a framework for making sense of complex feelings and experiences that are aroused within therapists as they engage with working with infidelity. The model also potentially draws to therapists' attention the implicit influences of wider societal processes felt

within the context of therapy. The final criterion relates to the usefulness of the study in terms of practical application that potentially could make a difference. This study has produced a process model that has potential practical applications in the domain of clinical practice, where therapists can refer to it in conducting on-going therapy as a reference or guide in relation to understanding their on process in the progress of therapy. It also has relevance in the domains of relationship therapy training, and clinical supervision regarding therapists working with infidelity. Overall, the study conforms to the criteria of credibility, originality, resonance and usefulness as the test for evaluating the trustworthiness of a qualitative study (McLeod, 2011).

### **Limitations of the Study**

The limitations of this study include those that apply to qualitative research in general. The aim of qualitative research is to render a rich, deep and contextualised understanding of the phenomenon being studied (Willig, 2008). While this study has sought to provide such an understanding in relation to how therapists experience working with infidelity, the insights and understandings rendered by the study, it is argued by some, are confined to the cohort of therapists who took part in the research. However, Charmaz (2014) has suggested that if the outcome of a Constructivist Grounded Theory has resonances beyond the context of the study, then it has utility that has generalisability to other similar situations. In relation to this study, the outcome cannot be generalised as prescriptive processes of how therapists experience working with infidelity, but the outcome can be extrapolated to groups of therapists' who find resonances with their own experience when working with this presentation.

A further limitation of the study may be in relation to some of the assumptions associated with the social constructionist theoretical frame of reference adopted by the

research. The research question, the chosen methodology and analysis of data were approached from a social constructionist theoretical perspective on how social reality comes into being. Social constructionism assumes that the social world is a construction arising out of the myriad interactions that people exchange in everyday life (Gergen, 2015). Communication, especially the use of language, facilitates people in creating their mundane lives, shaped by historical, cultural and social processes (Burr, 2015). Conducting research based on social constructionist understandings about the nature of social life directs attention to the inter-subjective experience of people in different social contexts. Constructivist Grounded Theory's compatibility with social constructionist principles (Charmaz, 2014), served to advance the aim of the study. However, by approaching the research project from a social constructionist perspective with its insistence that all human experience is intersubjective and interpersonal, the research privileged the intersubjective experiences of therapists. Critics of social constructionism argue that this privileging of the interpersonal over the intrapersonal denies the personal agency of the individual and their capacity to be autonomous and form ideas and feelings independently (Burr, 2015). Had a different theoretical orientation been adopted that assumes the primacy and integrity of the individual and human experience as intrapersonal, then the interpretative rendering of therapists' experience who took part in the study may have been differently understood, described and represented.

The third limitation of the study arises from the gap in information and understanding it leaves regarding the influence of macro processes at the cultural and societal level on the experience of therapists when working with infidelity. Understanding how these influences operate on therapists' experiences and shape their responses to clients is regarded as valuable information that has potential to

enhance therapeutic practice (Knudson-Martin, Huenergardt, Lafontant, Bishop, Schaepper & Wells, 2015). In respect of this study, although one of the objectives of the research project was to identify the social and cultural processes implicated in therapist experiences, these processes were limited to implicit reference in therapists' descriptions of their experiences. This may be because, although a number of questions were framed around asking therapists about what influenced their understanding and work with infidelity, and their thoughts regarding power and gender in relation to working with infidelity, the questions may have been too vague to elicit explicit data regarding the influences of these macro socio-cultural processes.

A limitation of the study has been in relation to eliciting the influence of the wider or macro sociocultural processes on the experiences of therapists. This objective of the study emerged in a mild and implicit way, but not sufficiently tangible to be acknowledged in the processes constituting therapists' experiences as they described them. This is an important aspect of the therapy experience for both therapists and clients as evident from the work of Williams, Galick, Knudson-Martin and Huenergradt (2013). The study process was informed by social constructionist assumptions in relation to how social life is experienced. Employing a different set of theoretical assumptions may have rendered a different portrayal of therapists' experience. For those who do not share the perspective of social constructionism, the study will have limitations, with its assumption that human experience is inter-subjective and co-constructed. However, the limitations of the study serve to indicate some directions of future research.

In selecting a Constructivist Grounded Theory approach to understanding the experiences of therapists, the researcher signalled his interest in describing the social and inter-subjective processes that constituted these experiences (McLeod, 2011).

Constructivist grounded theory acknowledges the co-constructive role of the researcher in the construction of relevant data and their interpretation. This understanding regarding the position of the researcher in the research process opens up possibilities for the researcher to employ theoretical sensitivity at various stages in the research enterprise thus enhancing both the data collection and data analysis processes (Charmaz, 2014). Theoretical sensitivity refers to the researcher's level of familiarity with the area of study, the degree to which they can attune to the experiences of the participants and their capacity to construct meaning from the data (Mills, Bonner & Francis, 2006). The use of self in permitting the researcher to use their own resources needs to be tempered by researcher reflexivity, which means that the researcher must acknowledge their contribution to the research process in terms of their decisions, biases and assumptions (Charmaz, 2014).

In this study, the researcher was conversant with the territory of infidelity in committed relationships from his practice as a couple therapist and familiar with aspects of participants' experiences that facilitated him in attending to how they made sense of their experiences. The researcher's own biases and assumptions were made explicit, challenged and clarified in the process of regular supervision. The researcher's interest in the social constructionist theorising of social life placed an emphasis on constructing patterns of interaction from the data. The researcher also adopted a position of assuming that human experience is relational and therefore has its origins within the context of human relating, which contributed to the researcher interacting with the data in terms of identifying processes of interpersonal interactions.

The iterative procedures of grounded theory of collecting data, analysing and using the outcome of the analysis as the guide to gathering further data, presents

possibilities and limitations for study findings. Theoretical sampling is a strategic feature of grounded theory that directs the researcher toward pursuing data that assists in constructing an evolving theme or category (Charmaz, 2014). The possibilities of theoretical sampling rests upon having access to a varied range of participants who have the relevant experiences that are being studied. In the context of this study, it was not possible to recruit such a varied sample. Therefore, in line with Charmaz's recommendations and many grounded theory studies, the principle of theoretical sampling was followed in relation to emerging themes. These themes were explored with each participant to seek out data that would either confirm or disconfirm the emerging parameters of what these themes represented. Theoretical sampling is thus closely associated with a second grounded theory procedural strategy, that of theoretical saturation.

The concept of saturation has been much debated by qualitative researchers (McLeod, 2011). There are many definitions offered and types of saturation described in the qualitative research literature (Low, 2019). The challenge and limitations of declaring theoretical saturation as having been accomplished in respect of this study are similar to the ones that apply to theoretical sampling. Theoretical saturation under some definitions would require data and analyses to continue until no new themes emerged. However, Low (2019) argues for a more pragmatic approach, suggesting that there is no complete end-point in analysing data; there will always be some new ideas or understandings to be gleaned. In this respect, Low agrees with Charmaz (2014), that theoretical saturation becomes a judgement contingent upon research situation, time and objectives. In the context of this present study, that judgement was made when the analysis of data from new interviews did not extend the themes, where it seemed that additional interviews would not add new ideas to the

existing analysis at that point in time. However, such theoretical saturation was seen as limited by the makeup of the sample (see below comment on a key limitation of the study).

Other qualitative research methods, such as Interpretative Phenomenological Analysis (IPA: Smith, Flowers & Larkin, 2009) focus on the experience of the individual in relation to a particular phenomenon to deliver a rich description and deeper understanding of the experience. In IPA, the researcher seeks out a homogenous sample, which brings its own challenges but may be easier to recruit in a time limited study such as the present one. The distinctive affordance of a grounded theory methodology is that the focus of interest is on the social and interactional processes that constitute the experience (Suddaby, 2006). Thus, while use of IPA would arguably capture the depth phenomenon of how therapists experienced themselves while working with the issue of infidelity, a grounded theory approach helps to contextualise therapists' experiences in the wider social context.

A key limitation of this study relates to the gender composition of the study sample. Most of the participants in this study were female and to that extent the findings are imbued with the character of female therapists responding therapeutically to the presentation of infidelity. In the literature on infidelity, differences between the attitudes of women and men regarding affairs have been described. For instance, males tend to approve of sexual reasons to justify their infidelity, whereas women are more likely to approve of emotional reasons to justify their involvement in extramarital affairs (Glass & Wright, 1992). In feminist writings, scholars critique the socially attributed roles ascribed to women as the one who is responsible for the maintenance of family and intimate relationships (Williams & Knudson-Martin, 2013). Such writings also identify inequity in the distribution of power between

women and men (Parker, 2009). In pursuing theoretically plausible themes of gender and power in the data, theoretical saturation was only partially achieved because of the dearth of male therapists available to participate in the study. Had it been possible to access more male therapists, these themes could have been explored further to delineate any nuanced differences between male and female perspectives that might have impacted the analysis.

### **Summary**

This chapter discussed the outcomes of this study in relation to the contribution the findings make to understanding the processes involved in how therapists experience working with infidelity. The salient experience of Absorbing Ambivalence was described in terms of its constituent processes; 'Embracing Ambivalence', 'Tuning into Ambivalence' and 'Assimilating Ambivalence'. These processes were summarised in relation to the actions and interactions of therapists that formed them as they responded to clients. Social constructionism was identified as the theoretical lens used to understand the nature of the therapists' experiences as relational, inter-subjective, and co-created within the dynamic of the therapeutic process. The differences between individual and couple therapy were highlighted. Ambivalence as a concept in the psychology and sociology literature was explored and the integration of insights from these disciplines that could be applied to the practice of psychotherapy was noted. However, therapists in this study experienced ambivalence not so much as a negative experience, but as one that permeated their entire experience of working with infidelity, that both energised and at times frustrated them.

The findings of this study were examined in the light of research reported in the literature. Rober's work (1999; 2005; 2008; 2011) on the person of the therapist in some respect aligned with the findings of this study. He proposed a model of the therapist's internal dialogue as they experienced themselves interacting with clients. This current study also proposes a process model, but one that amplifies, and specifies the processes underlying therapists' experiences, in this case working with infidelity, as they responded to clients. The work of Vossler and Moller (2014) was also considered as corresponding in some respects with the findings of this study. While the focus of Vossler and Moller was on the experience of therapists working with infidelity, it was noted that their study and this study proceeded on different research premises. The latter study explored the professional attitudes, beliefs and approaches to clients presenting with infidelity, while this study focused attention on how therapists were experiencing working with clients and the underpinning processes that were constructed.

It was also noted in the discussion that the literature provides much advice and guidance to therapists working with infidelity therapeutically. This clinical guidance is largely based on theorising and professional experiences, without empirical support (Hertlein, & Weeks, 2007). The experiences of therapists in this study may provide support for some of the guidance offered and may resonate more readily with the experiences of other therapists working with infidelity.

In this study the experience that was of interest to the researcher was the personal accounts of therapists as to how they experienced engaging with infidelity therapeutically. The contribution of this study is that it has produced insights and understandings of the processes constructed by therapists in their experiencing of

working with infidelity, which have the potential of practical clinical application to training, everyday practice and supervision of therapists working with infidelity.

## **Chapter 6: Conclusion**

### **Introduction**

The aim of this research study was to develop a theoretical understanding of how therapists experience working with infidelity in couple and relationship therapy. A core experience of ‘absorbing ambivalence’ was constructed from the data. Three processes constituted this salient experience. The processes were co-created by the actions and interactions of therapists as they responsively engaged with clients. This concluding chapter will comment upon the research aims and objectives and to what extent they have been accomplished in this study. A number of recommendations will be suggested arising from the findings of the study. The research’s contribution to the knowledge base of psychotherapy will be specified and the future directions of research will be suggested. Finally, the researcher will offer reflections of his experience of conducting the research in relation to personal learning and practice as a psychotherapist.

### **Research Outcome**

The study produced a process model depicting therapists’ experiences when working therapeutically with infidelity. The processes were conceptualised as culminating in the core experience of ‘absorbing ambivalence’. The development of a theoretical model was one of the objectives of the study. This model constructs the processes that constitute the experiences of therapists’, which was also an objective of the study. Another objective of the study was to explore the influence of the processes on the actions and interventions of therapists. The study illustrated that the

therapy process was co-created by the dynamic, reciprocal interactions of therapists as they responded to clients, and that therapists' experiences were constructed in the interactions between themselves and clients. The study was primarily focused on the personal processes of therapists when working with infidelity, and another objective of the study was to allow the assumptions, premises and biases of therapists to surface. This objective was elucidated and conceptualised in the process of 'tuning into ambivalence', a process that describes therapists being aware of their premises and biases, and using these constructively in the therapy process. The final objective was in relation to the sociocultural contexts of therapists and how these contexts might shape therapists' experiences and actions. The process model does not explicitly show how wider sociocultural processes influenced therapists' actions and experiences in this study. This was a disappointing outcome and there may a number of reasons for this not emerging more strongly in the data. The two questions on the interview schedule that might have tapped into therapists' experiences concerning socio-cultural influences were, with the benefit of this evaluation, probably too vaguely worded. They referred to power and gender as considerations and what influenced therapists' thinking regarding infidelity. Another factor that may have some bearing on this particular outcome, is that therapists in the study were recruited from two different jurisdictions with different sensitivities to the influences of socio-cultural processes. There is also the question regarding the training of couple and relationship therapists and whether there is sufficient attention in the training programmes dedicated to raising awareness of the how socio-cultural processes are present and influential in the therapy process. Finally, the researcher could have probed more in helping therapists to articulate in a more explicit fashion their

experiences of how socio-cultural processes contributed to their experiences of working with infidelity.

The outcome of the study places a focus on the complexity of the experience of therapists when working with infidelity. It shows how that experience is co-created, multi-layered and circular. This was one of the surprising outcomes of the study, that the therapists' experience was a co-created experience. Therapists brought their own personal and professional premises to the therapy process, but it was their engagement with clients and clients' reciprocal responses that shaped the quality and content of the experience. The extent to which therapists carried the experience of working with infidelity into the personal lives in terms of feeling a disjuncture when arriving home to their private space, being preoccupied with the emotional intensity long after the session, and wondering about the trust basis of their own intimate relationships, testified to the personal cost involved in working with infidelity professionally.

Whilst the study was intended principally to explore and conceptualised the inter-subjective experiences of therapists working with infidelity, it was the hope of the researcher that this would have open up some understanding about the sociocultural influences on their experience. As it transpired, none of the therapists showed any explicit awareness of the wider societal and cultural processes that a social constructionist theoretical orientation assumes shapes human experience (Lock & Strong, 2010). However, therapists did provide descriptions demonstrating an awareness of the influence of socially constructed beliefs regarding gender, patterns of power in intimate relationships, and discourses about infidelity, that constituted the premises and biases they brought to the therapy process, and which were evoked in interactions with clients.

Overall, the study has provided an understanding of the processes involved in therapists constructing their experience when working with infidelity. This experience is primarily inter-subjective, co-created and emergent from the dynamic interactions of therapists and clients in the context of therapy. The study did not explicitly bring out the influences of the wider sociocultural processes on therapists' experience that other researchers have identified (Williams, Galick, Knudson-Martin & Huenergradt, 2013), nevertheless, the findings do support that these influences have a bearing on the therapist's experience and need to be addressed in the training and supervision of therapists working with infidelity.

This research study has produced a theoretical process model of how therapists experience working therapeutically with infidelity, based on therapists' own accounts of their experiences. The model furnishes insights and understanding of the therapeutic process as it pertains to the experiences of the therapist. This is a contribution to the literature that has focused primarily on seeking understanding of the therapeutic process from the experience of therapists. A further contribution of the study to therapeutic working with infidelity is the support that the findings offer to some of the clinical guidance available in the literature, enhanced by the empirical bases of the model. The experiences of therapists as theorised in this model may have greater resonance, correspondence and practice value for other therapists working with infidelity, because they are derived from the actual experiences of therapists as they encountered working with infidelity. The theoretical process model sheds light, on as well as, providing insights into the interactional intricacies that constitute the therapy process from the perspectives of therapists and delivers a textured understanding of the complex and engaging presentation that therapists regard as one of their most challenging presentations (Whisman, Dixon & Johnson, 1997).

Although working with infidelity is viewed by therapists as challenging and fraught with professional and personal dilemmas, the therapists in this study also derived satisfaction and a sense of being helpful to people in severe crisis. This experience of the therapists in the study of absorbing ambivalence and the processes constituting that experience offers to the wider population of couple and relationship therapists a frame of reference to enable them to make sense of their own experiences when working with infidelity as a presentation, and perhaps reframe some of those experiences. Absorbing ambivalence points to both the excitement and challenge, the complexity and frustration, the knowing and not-knowing anxious states of therapists, and the overall sense of being gripped and enthralled by the process of working with a presentation of infidelity. The experiences of therapists in the study constructed in the process model may help cue other therapists about what to expect when working with infidelity or to validate their own experiences when engaging in this type of therapeutic work.

### **Recommendations**

In light of the outcome of this study a number of recommendations or suggestions can be posited in respect of therapeutic work with infidelity. This study has shown the complexity of the therapists' experiencing when working with infidelity. The process model that has been constructed could be used as a heuristic tool in training therapists and counsellors preparing to work with relationships issues and couples. The process model may be useful to therapists and counsellors in undertaking reflexive appraisal of their experience in working with infidelity, and assist them in making sense of their experience so that they can orient themselves constructively in the on-going therapy process. Also, the detail of therapists'

experiences in the study also offers therapists an understanding of what they might expect or a resonance for those who have similar experiences, validating those experiences as associated with this area of work. Clinical supervision with therapists working with infidelity may be rendered more effective with the aid of the process model in assisting supervisor and therapist to understand and appreciate the complexity of the therapist's experience in working with infidelity. The model may also help the supervisor and therapist to locate where the therapist is on the cycle of the process model. This could be helpful in assisting the therapist understand how they are being affected by the encounter with clients and what they are contributing to their experiences. The outcome of this study also indicates that the direction of future research could profit from seeking to understand the influence of the wider societal and cultural structures and discourses on the experience of the therapist. One of the surprising insights from this study was the apparent low level of therapist awareness of the impact of the wider social and cultural processes implicated in constructing their experiences when working with infidelity.

Future research could involve aiming to include a more balanced gender representation in the research participant cohort. This would facilitate the inclusion of gender enrichment in understanding how therapists experience themselves working with infidelity. Further, it would allow deeper exploration of therapists' experiences to be mapped against the prevailing literature concerning gender differences in relation to infidelity and its effects on professional therapeutic work. Another area for future research suggested by the findings would be to examine how therapists use social and cultural discourses in responding to presentations of infidelity. For instance, to what extent therapists are aware of assuming equal power relations between partners when working with infidelity, as suggested by some writers in this

field (Williams & Knudson-Martin, 2013). A thematic analysis approach that seeks to identify connecting themes and narratives might yield understanding regarding how these discourses position therapists vis-à-vis couples presenting with infidelity. Alternatively, a discourse analysis approach could focus on the language therapists employ to respond to infidelity therapeutically and how their language repertoire and techniques influence and contribute to how therapists construct their experiences while working with infidelity. In a related area, the findings of this study indicate that it might be profitable to the practice of psychotherapy to explore to what extent therapists are conscious of the wider or macro social and cultural processes influencing them as therapy practitioners. Arising directly from the findings of this study, future research could explore the concept of ambivalence as an experience that is co-created in the interactional therapeutic space, which therapists can harness and direct to sustain their engagement in the therapeutic process. A better understanding of how therapists use this ambivalence to further the therapeutic work and the challenges therein would be of benefit to the field.

The research findings from this study also point to the professional and personal costs that therapists experience directly from their involvement in this type of therapy. While therapists in this study appeared to be able to use these impacts in a constructive way to benefit the therapeutic work, a study of both the negative and generative effects on therapists working with human tragedy and ensuing crises could highlight how best to support therapists in this work. By focusing on the person of the therapist, and how they experienced themselves when working with infidelity, research contributes to a deeper understanding of the overall therapeutic process when working with this type of presentation. In addition, a focus on the couple's experience of the therapist in this context would add to our understanding of best

practice in this field. A study of the relationship between how therapists experience themselves and how this impacts on the therapeutic work, and how couples experience the therapist and the impact of this on the therapeutic work could contribute to our understanding of the mechanisms and process of change in couples therapy. Future research could also seek to explore how therapists experience themselves when working with other types of presentation such as domestic abuse, sexual abuse, suicide and bereavement, as it is likely that similar themes may emerge in such contexts.

### **Contribution to the Field of Psychotherapy**

The study has produced a process model of how therapists' experience working with infidelity therapeutically. This model complements the work of Vossler and Moller (2014) by focusing exclusively on the process of the therapist while working with infidelity. This focus has yielded an understanding of the therapist's experience as inter-subjective and co-created, and that therapists utilise their experiences to guide the process of therapy. This understanding of the co-created and inter-subjective nature of therapists' experience when working with infidelity connects with the work of Rober and colleagues (2008) who focused on the inner conversations or dialogue that therapists engaged in within a session of relationship therapy. The unique contribution of this study arises from its focus on the therapists' process as constructed from their perspective when working with infidelity, one of the most challenging and frequent presentations in couple and relationship therapy (Whiseman, Dixon & Johnson, 1997). The theoretical process model provides a textured understanding of the processes constructed by therapists as they experienced the complexity, uncertainty and excitement of engaging with the

presentation of infidelity. It illuminates further the therapeutic process from the perspective and experience of the therapist, while offering therapists working in the field of couple and relationship therapy a reference source in relation to what they might expect when working with this type of presentation and a validation of their own experience arising in engaging with infidelity therapeutically.

The process model constructed from this study has potential applications to the practice of couple and relationship therapy, the training of relationship and couple counsellors and psychotherapists, the process of clinical supervision, and in pointing to future direction of research in relation to the therapists' contribution to psychotherapy's response to presentations of infidelity.

### **Researcher's Reflexive Comment**

The researcher is a married Irish man, with a background in social work, who has been working as a psychotherapist in the field of couple and family therapy for approximately twenty years. His interest in the area of infidelity arose directly from his professional experience of working with largely heterosexual couples coming to therapy to address matters relating to infidelity. He noticed the devastation, confusion and disruption cause by the experience of infidelity. He also noticed that in most instances, the woman in the relationship was most affected by infidelity. Alongside these reflections, the researcher also was aware of how at times he was challenged by his own reactions and feelings evoked while working with clients and couples. At times these feelings were of compassion for one partner or both, at other times he felt frustrated and ineffectual in shifting the couple from blame to the development of a possible future. Based on these professional experiences, what was salient about infidelity for the researcher was the human suffering it ignited and the shattering of

trust as the result of the relational betrayal. In tandem with these experiences, the researcher became conscious of remarks his colleagues made about their experiences when working with infidelity. These comments ranged from excitement at the prospect of such a presentation to frustration, satisfaction and the venting of prejudices and biases about partners. In sum, these experiences stimulated a curiosity in the researcher about how therapist experience themselves when working with infidelity.

These predispositions and sensitivities influenced the researcher to undertake the study in the first instance and were challenged, extended and enhanced during the process of the research. The literature review process heightened the researcher's theoretical sensitivity in terms of seeking to make sense of the data generated by the semi-structured interviews. In undertaking semi-structured interviews, the researcher was able to seek and probe the relevant experiences of the participants using his professional skill and experience of the area as a therapist while at the same time being mindful to hold to the position of a researcher who is curious about the experiences of participants and seeks to elicit their stories and narratives. In analysing the data, the researcher was sensitised by his professional experiences, literature review and the experiences of conducting the semi-structured interviews in interpreting and making sense of the data and ultimately conceptualising how therapists experienced themselves when working with presentations of infidelity.

Adhering to an on-going reflexivity process, the researcher identified a number of influences and challenges emanating from the different positions he assumed during the course of the study. At times he felt that the interviewee was inviting him into a discussion about the content of the clients' stories. On these

occasions, the researcher had to remain alert to the reason why the interview was taking place, and although tempted to join the conversation, he reinforced his efforts to steer the interview in the direction of eliciting how the therapist experienced the engagement with clients. He also found himself considering the possible influence of his male gender. Through engagement with the general literature on infidelity, the prevailing finding in the literature is infidelity is more likely to be among males. The patriarchal structuring of power, privilege and entitlement described by some scholars sensitised the researcher to aspects of his maleness and how gender difference can be ignored, particularly by men (Perel, 2017; Dickerson, 2013; Parker, 2009). Engaging in supervision with two female supervisors enabled the researcher to engage in robust discussions about infidelity and how the researcher's and supervisors' gender could potentially impact on data collection and analysis. Being aware of the potential for gender to be relatively invisible from a male perspective ensured the researcher was open to themes of gender embedded in the data. Another influence on the researcher's engagement with the research process emerges for his professional experience as a social worker. It influenced his consideration of human experiences and dilemmas as emerging from relational interactional processes, as well as being shaped by wider societal and other processes. This attuned him to consider interpersonal processes and macro social and cultural processes in the data that influence both therapists and clients but frequently remain invisible and unattended to in the practice of therapy. The researcher was also influenced in his position as researcher by his systemic approach to therapy that seeks to identify interactive patterns and meanings and amplify the positive aspects of situations. The experience of undertaking the study has heightened the researcher's openness to the multiple levels of influences and processes, interpersonal, historical, societal and cultural when

reflecting on and attempting to describe and understand human experience. In addition, it has given the researcher a better understanding of how these influences and processes structure and pattern experience, contributing to some of these being visible and explicit, while others remain invisible and implicit.

The entire research process was an opportunity for the researcher to have his biases at times confirmed and challenged. The literature search and review exposed him to ideas and discourses that allowed him to see issues from multiple perspectives. The researcher was particularly stuck by the literature on power, gender and the influence of socio-cultural processes on the therapeutic process. Conducting semi-structured interviews was a further opportunity to learn about the world of therapy practitioners working with infidelity as they described it in response to the researcher's questions. These experiences were influential in how the researcher interacted with the data, and the eventual product of the research (Charmaz, 2014). They were also influential in the researcher's own approach to his practice as a psychotherapist, in relationship work generally, and specifically with infidelity. The researcher brings to his practice a more acute awareness of the co-constructed experience of therapy, the relevance of research findings to practice, and a heightened consciousness of his own process when working with infidelity as information about how to respond in more therapeutically helpful ways to clients. Awareness of the presence of socio-cultural processes in the therapy context has also influenced the practice of the researcher as a psychotherapist, shaping his thinking, hypothesising and interventions. During the process of the study the researcher was sensitised by the relevant literature, the data elicited from participating therapists and his own psychotherapeutic practice to the dynamics, interactions and patterns emerging from the analysis of the data

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## Appendices

### Appendix A: Ethical Approval

Ollscoil Chathair Bhaile Átha Cliath  
Dublin City University



Mr Vincent O'Rourke  
School of Nursing and Human Sciences

20 January 2017

**REC Reference:** DCUREC/2016/190  
**Proposal Title:** How do therapists experience working with infidelity in couples therapy?  
**Applicant(s):** Mr Vincent O'Rourke, Dr Melrona Kirrane, Dr Rosaleen McElvaney

Dear Vincent,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

A handwritten signature in blue ink that reads 'Dónal O'Gorman'.

**Dr Dónal O'Gorman**  
Chairperson  
DCU Research Ethics Committee



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## **Appendix B: Recruitment Advertisement**

*Your opportunity to contribute to couple therapy/counselling research*

My name is Vincent O'Rourke, I am currently a candidate on the Doctorate of Psychotherapy programme at the School of Nursing and Human Science, Dublin City University. As a couples or relationship therapist/counsellor, I invite you to participate in my research project that aims to explore the experiences of such professionals who have worked with infidelity in the context of couples or relationship counselling/therapy for a period of 2 years.

I am asking you to volunteer for an audio digital recorded conversation on this topic. It will take approximately one hour of your time at a place, date and time of your convenience. This is an opportunity for you as a clinician to contribute to a research project that is directly related to a common and challenging aspect of your work. By your participation in the research study, you will be assisting in the development of knowledge and professional practice in an area that is under researched. The aim of the study is to understand first-hand experiences of working with infidelity. The information collected will be used to develop a deeper understanding of what is involved for therapists when working with infidelity. Participants in the study will be able to have access to the findings either in summary format or the full thesis, according to your preference.

This study has received ethical approval from the Dublin City University Research Ethics Committee.

If you are interested in taking part in this study, please contact me at [Vincent.orourke2@mail.dcu.ie](mailto:Vincent.orourke2@mail.dcu.ie) - for further information.

## **Appendix C: Plain Language Explanation**

My name is Vincent O'Rourke and I am currently a candidate for the Doctorate of Psychotherapy award at Dublin City University, in the School of Nursing and Human Sciences. As a partial requirement of the Doctorate I am required to undertake a research project. Dr Rosaleen McElvaney, Dublin City University, School of Nursing and Human Sciences, and Dr Melrona Kirrane, Dublin City University Business School, are supervising the research. The topic of my research is in the field of couple therapy. Specifically, my research inquiry is focused on how do therapists experience working with presentations of infidelity in couple therapy. The aim of the research is to develop a deeper understanding of the processes involved for therapists when working with infidelity. Little research has been undertaken that focuses on the therapist's experience in relation to this issue and therefore this study seeks to make a contribution at the level of theory and clinical practice. Potential research participants will be recruited via an advertisement. They will be informed of the aims and objectives of the study in the recruitment advertisement and provided with an informed consent form to sign prior to being interviewed.

The researcher intends to recruit therapists who have worked with infidelity and who are willing to talk about their experiences. The researcher will interview participants for approximately one hour, either at Dublin City University, or at a mutually convenient location. The interview will be audio recorded and the participant's anonymity will be protected by the allocation of a reference number and pseudonym. After a period of five years the data in its various forms will be disposed of using the DCU confidential document disposal process and electronic disposal process.

Research participants will be afforded confidentiality within the limits of legal requirements. Anonymity cannot be fully guaranteed because of the small sample of the study. The potential benefits of taking part in the study will be an opportunity to reflect on an important therapeutic issue that could enhance subsequent professional practice, and contribute to extending the knowledge base of clinical practice. The likelihood of risks to participants in this study is minimal, but a participant could feel distressed by recalling an episode of practice which conflicts with their preferred way

of working. In this instance, they will be asked to discuss this in supervision. Participants are free to withdraw from the study, if they so wish. A full copy or summary of the outcome of the study will be available on request at [Vincent.orourke2@mail.dcu.ie](mailto:Vincent.orourke2@mail.dcu.ie).

This research study has received ethical approval from the Dublin City University Research Ethics Committee.

If a participant has a concern or requires further clarification regarding this study, please contact, The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9, Telephone 01 – 700 80000.

## **Appendix D: Semi-structured Interview Schedule**

Tell me about what happens, your reaction, when you realise that you are working with infidelity?

What are your thoughts and feelings?

In what ways do you view/understand infidelity?

How do these views/understandings influence your interactions with clients?

Tell me about an occasion when you felt that you might not be able to work with the issue?

Tell me about a time when you were satisfied with your work in this area?

What effect does working with infidelity have on you?

What sense do you make of your work with infidelity?

When you work with infidelity what informs your thinking?

How would you describe the way you are prior to sessions/post sessions?

What informs your thinking when working with infidelity?

What kinds of questions come to mind when working with infidelity?

What are the most challenging aspects of working with infidelity?

Is there anything else you would want to say about what you experience when working with infidelity?