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## Grappling with Infidelity: The Experiences of Therapists

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### ABSTRACT

A presentation of infidelity has been described as one of the most challenging issues to work within couple therapy. Yet the subjective experiences of therapists as they engage with couples working through infidelity remains poorly understood. We undertook a grounded theory study building on the Person of The Therapist (POTT) model to explore this phenomenon. Eight therapists with up to 20 years' professional experience who drew on a range of professional theoretical orientations formed our sample. Our analysis led us to conclude that the concept of ambivalence best captured and described therapists' experiences of working with infidelity. We identify three distinct facets of this theme and developed a model of its trajectory over the course of the therapeutic process. In this way, our work contributes to our understanding of how therapists deal with infidelity and provides some much-needed guidance for therapists working in this field.

### KEYWORDS

Infidelity; couple therapy; therapists'; experiences

Infidelity is one of the most frequently occurring and challenging presentations that occurs within couple therapy (Fincham & May, 2017). Although a range of theoretically diverse interventions for working with infidelity has been developed (Baucom et al., 2006; Johnson, 2008; Stamps, 2020; Williams, 2011), many therapists continue to feel inadequate when dealing with this issue (Dahl & Boss, 2016; Klinger et al., 2012). Calls have been made for greater attention to be paid to the development of empirically derived theoretical frameworks to support professional practice for working with infidelity and complement existing guidance based on clinical practice (Wilkinson et al., 2012). As evidence suggests that foregrounding the therapist in research studies yields rich insights for working with complex issues (Levy et al., 2019; Roxburgh & Evenden, 2016;), studies have begun to explore the experiences of therapists as they work in this domain (Irvine & Peluso, 2022; Vossler & Moller, 2014). The current study builds on this

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research platform with the objective of reifying therapists' experiences into meaningful and workable guidance for therapists in this domain.

A number of models for working therapeutically with infidelity has been identified, each with their own particular philosophical stance and theoretical orientation. Some approaches explore the differences between people who do and do not engage in infidelity (Altgelt et al., 2018; Haseli et al., 2019), others focus on behavioral and communication patterns (Vangelisti & Gerstenberger, 2014) or take the meaning that the couple attribute to the infidelity as the focus of intervention (Parker et al., 2010). These divergent approaches may reflect the definitional ambiguity that pervades both empirical and clinical literature on infidelity (Blow & Hartnett, 2005; Reibstein, 2013). While scholars generally identify sexual intercourse with somebody outside of the primary relationship as the dominant characteristic of infidelity (Guitar et al., 2017), clinicians have tended to take a broader approach to its definition, widening the concept to include intimate emotional relationships, internet sex, secretive use of pornography and financial betrayal (Bozoyan & Schmiedeberg, 2023). Perel (2017) suggests a more fluid definition of infidelity that emphasizes the breaching of a contract between two individuals.

One focus of research concerning couple therapy practice with respect to infidelity has concentrated on exploring and enhancing therapists' skills in implementing interventions and their professional behavior (Gordon et al., 2022). While the guidance emanating from such research supports the work of practitioners, one element within this field of study remains under-explored, namely the experiences of the therapists themselves. This invisibility of the person of the therapist within the therapeutic process (Rober, 2017) is incongruent with the identified importance of the therapist's own self within couple therapy (Sandberg & Knestel, 2011). Although couple therapists have been encouraged to acknowledge their role in the therapeutic dynamic (Aponte & Kissil, 2014), and to use the material from their inner worlds as a route for building rich connections with their clients (Vandenberghe et al., 2010; Zeytinoglu-Saydam & Niño, 2019), empirical studies remain limited. Informed by the Person Of The Therapist model (POTT; Aponte & Winter, 2000), we explore the experiences of therapists working with infidelity and thus advance the theoretical and professional literature on this topic.

### ***The Person of the Therapist in Psychotherapy***

Consideration of the person of the therapist in a therapeutic encounter has a long history. Its earliest instantiation lies in Freudian psychoanalysis (Freud, 1910/1959) where the role of the analyst was invoked with respect to countertransference (Epstein & Feiner, 1979). The humanist (Frankl, 1963; Rogers, 1957), family therapy (Bowen, 1993; Satir & Bitter, 1991;

Whitaker & Keith, 1981) and postmodernist traditions (Hoffman, 1990; White & Epsom, 1989) all acknowledge the important role of the person of the therapist in the outcomes of therapy. The intentional use of the self by therapists has been recognized as a vital and valuable ingredient in effective therapeutic relationships (Aponte, 2022; Kissil & Niño, 2018; Woolley et al., 2012) and has been identified as more important than therapeutic techniques (Minuchin, 2017; Sprenkle et al., 2013). Perhaps the earliest attention given to this matter can be found in Reik's (1948) concept of listening with the "third ear", where the therapist listens at a level beyond the spoken word to ascertain the deeper meaning within the words spoken. The therapist is welcomed to heed their inner responses to what is said, and to use the ensuing combination of the client's words and their own reactions as a vehicle in the therapeutic process. Haber (1990) notes the influence of the person of the therapist and maintains that therapists take an active part in the evolutionary process of the therapeutic system. The meaning and function of the therapist's feelings in the context of the therapeutic system, and the triggering of reflections within the therapist by clients' words are considered to be beneficial tools both for understanding the system, intervening in it, and contributing to healing outcomes for the client (Frediani and Rober, 2016; Frediani et al., 2023). This idea finds expression within the tenets of the Person Of The Therapist model (POTT; Aponte & Winter, 2000).

This model advocates for the therapist to bring their awareness of their full self to the therapeutic setting and to use the person they are today in the service of therapeutic goals. It highlights that in bringing their whole selves to the therapeutic relationship, therapists enrich their professional practice and build more meaningful relationships with clients. The model highlights that sophisticated self-mastery is a necessary pre-requisite to this process and identifies three pillars to this endeavor; astute awareness of their '*signature theme*' (Aponte et al., 2009, p. 384) meaning the personal, social, cultural and spiritual narratives that inform their perceptions, interpretations and responses; the ability to notice when reactions to content encountered in the therapeutic space have a personal source; and the ability to actively manage such reactions in both connecting with clients' content, while simultaneously remaining sufficiently detached to support rather than compromise therapeutic goals. The POTT model depicts the therapeutic conversation as a circle of meaning in which both the therapist and client co-create and participate in the therapeutic conversation (Denton et al., 2022; Rober, 2021).

### ***The Role of the Therapist in Working with Infidelity***

Several authors have identified challenges for therapists while working with the presentation of infidelity. The importance of maintaining

emotional balance in the face of the couples' emotional arousal has been noted (Levin & Carleton, 2013) as well as the need to avoid disapproval, rejection, anxiety, endorsement, erotic excitement, and envy (Little, 2018). Avoiding countertransference reactions (Hayes et al., 2018), managing personal biases (Garza, 2020), striking a balance between addressing both partners' needs (Peluso, 2018), and dealing with hostility (Gottman, 2008) have also received attention in the research literature. Reibstein (2013) has cautioned therapists against adopting a moralistic stance in response to infidelity, based on an idealized conception of contemporary coupledness, while Winslade (2013) encourages therapists to adopt a non-judgmental position and regard infidelity as a pattern of behavior with potential for personal and relational growth.

Only two studies to the authors' knowledge have focused on therapists' experiences of working in this domain. Vossler and Moller (2014) examined the experiences of seven couple counselors working with infidelity. They identified three sequential phases to the work. The first phase depicted the experience of balancing the different and at times competing needs of providing a holding space for the release of intense emotion while simultaneously preparing the ground for a constructive therapeutic encounter between the parties concerned. The second phase involved assisting the couple in making sense of the infidelity and why it occurred, drawing on the therapist's own beliefs and views about infidelity. The final phase involved building trust and moving forward. Vossler and Moller (2014) emphasized the need for therapists to maintain an impartial and empathic position in relation to both parties, but also to remain cognizant of how socio-cultural norms may have informed their own perspectives on infidelity. The second study was a mixed-methods study design, which identified a number of factors that impeded therapists' treatment of infidelity (Irvine & Peluso, 2022). The factors identified included managing countertransference reactions, containing or de-escalating the emotionality of the session, and balancing their response to the needs of each party equally. Irvine and Peluso (2022) encouraged researchers to further explore such issues to allow a more comprehensive understanding of them to emerge.

### ***The Current Study***

This study explores how therapists experience working with infidelity, constructed from their own subjective perspective. We seek to add new understanding to the literature from the vantage point of the therapist's engagement with the couple presenting with infidelity. In undertaking this study, our goal is to identify a set of processes that illuminates and

codifies therapists' experiences in a manner that can provide empirically based guidance to other therapists working in this field.

## Method

A constructivist grounded theory (CGT) methodology was chosen for this study, the foundations of which lie in relativism and an appreciation of the multiple truths and realities of subjectivism (Hayes & Oppenheim, 1997). CGT emphasizes the subjective interrelationship between the researcher and participant, and the co-construction of meaning. While holding to the original principles of classic Grounded Theory, CGT seeks to account for the contribution the researcher brings to the research endeavor and views the completed research product as a co-constructed, conceptualized, interpretative presentation of the area of inquiry. It allows a partnership between researcher and participants to emerge such that their stories can be meaningfully reconstructed. The methodology was deemed a good fit with the theoretical orientation of the first author as a systemic family therapist who specialized in couple therapy. The phenomenon of infidelity and the various ways in which it is defined has been described as a socially constructed concept (Moller & Vossler, 2015); thus, a focus on social processes and attention to wider social context in CGT was deemed important in considering the phenomenon of infidelity. The techniques and guidelines of this approach ensured the researchers would remain aware of their underlying assumptions to allow careful and accurate representation of participants' narratives (Charmaz, 2014). Permission for the study was granted by the university Research Ethics Committee and the study complied with all ethical research practices (DCUREC/2016/190).

Participants were sourced through the Family Therapy Association of Ireland (FTAI) which is the professional organization that represents family therapy and therapists in Ireland. The FTAI was contacted and asked to circulate a recruitment advertisement for the study to members. Senior managers of other professional organizations providing relationship therapy were also contacted and asked to display a recruitment advertisement in their premises that described the study and invited therapists to participate. The advertisement, which was posted for 6 wk, described the study and the nature of participating in it. It clarified that the sole inclusion criterion was that therapists had at least two years' professional experience of dealing with relationship and couple infidelity. Exclusion criteria applied to psychotherapists in training, psychotherapists who never worked with couples or had no experience with the presentation of infidelity.

Eight therapists, six females and two males, volunteered to participate in the study. No payment was offered for participation. Their ages ranged

from 35 years to 65 years and their professional experience working in couple and relationship therapy extended from 2 years to 20 years. They practice as couple practitioners on the island of Ireland, holding a mix of white Irish and British identities and nationalities. Seven of the eight practitioners received training in working with infidelity as part of their couple relationship training program. While not asked specifically about duration of experience, it was clear from the interviews that all had significant experience in working with the issue of infidelity in line with the inclusion criteria specified in the recruitment advertisement.

Four therapists described their theoretical orientation to therapy as integrative. The fifth therapist identified their practice as operating from a systemic orientation, the sixth described their therapeutic approach as a combination of integrative and systemic ideas, the seventh therapist described her practice modality as psychodynamic, and the last therapist identified her approach as person-centered therapy. All participants, although working for an organization, also had their own independent practice.

Individual semi-structured digitally recorded interviews were conducted, lasting approximately 50 min. The interview schedule comprised open-ended questions that afforded the researcher and participants the opportunity to explore themes, features, or ideas that emerged in the interview (Weller et al., 2018). Theoretically sensitive questions were developed from a review of the literature, the researcher's professional experience and consultation with colleagues in the field (Glaser, 2001). Questions explored the following issues: participants' initial reactions to the presentation of infidelity; descriptions of thoughts and feelings specific to the presentations experienced; views and understandings of infidelity in general and how these influenced reactions to clients; and finally, thoughts and feelings regarding the effects of the therapeutic encounter on therapists themselves (see Table 1).

**Table 1.** Interview questions.

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1.	Tell me about what happens, your reaction, when you realize that you are working with infidelity?
2.	What are your thoughts and feelings?
3.	In what ways do you view/understand infidelity?
4.	How do these views/understandings influence your interactions with clients?
5.	Tell me about an occasion when you felt that you might not be able to work with the issue?
6.	Tell me about a time when you were satisfied with your work in this area?
7.	What effect does working with infidelity have on you?
8.	What sense do you make of your work with infidelity?
9.	When you work with infidelity what informs your thinking?
10.	How would you describe the way you are prior to sessions/post sessions?
11.	What informs your thinking when working with infidelity?
12.	What kinds of questions come to mind when working with infidelity?
13.	What are the most challenging aspects of working with infidelity?
14.	Is there anything else you would want to say about what you experience when working with infidelity?

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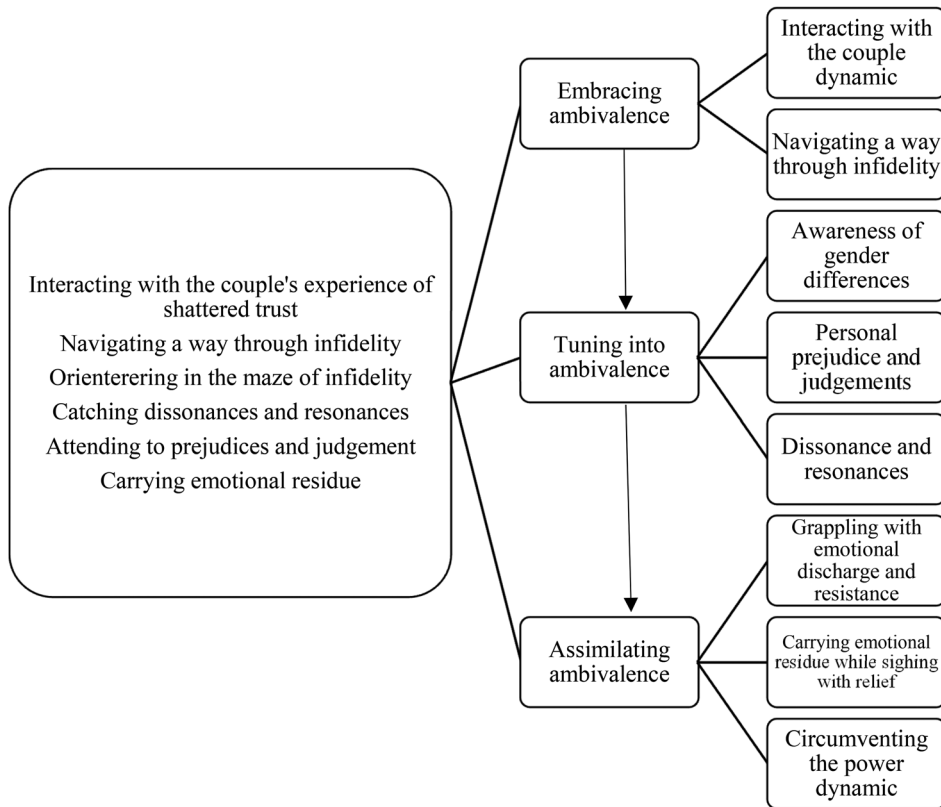
The recordings were transcribed and uploaded to nVivo software package by the first author (QSR International, 2017).

Following Corbin and Strauss' (2008) analytic procedures, all three authors read through the transcripts and line by line open coding of each transcript was conducted by the first author, resulting in a large number of open codes being identified. Open coding was followed by focused coding, whereby recurring patterns, similarities, and differences between codes were identified. In line with the CGT method of analysis, key processes were sought, i.e. what is happening for participants? (Charmaz, 2014). The technique of constant comparative analysis involved comparing and contrasting codes, grouping together similar codes to form higher level themes, examining the dimensions of these themes, and discussing the themes in the research team to identify higher level conceptual themes, focusing all the time on active processes. The aim of this process was to identify themes that illustrated participants' experiences. The following sub-themes were identified: 'Interacting with couple experience of shattered trust', 'Navigating a way through infidelity', 'Orienteering in the maze of infidelity', 'Catching dissonances & resonances', 'Attending to prejudices & judgement', 'Grappling with emotional discharge', and 'Carrying emotional residue'. In reviewing these lower level themes, and reflecting on therapists' experiences of grappling with conflicting emotions, thoughts and experiences, it was agreed by the research team that the concept of ambivalence appeared to be the common thread running through the sub-themes that captured participants' experiences. How therapists in this study managed this ambivalence in their work with the couple, we propose, reflects a sequential process of embracing, then tuning into and finally assimilating ambivalence (See Figure 1).

Charmaz (2014) proposed four criteria to ensure quality in grounded theory studies: credibility, originality, resonance, and usefulness. Detailed guidance on ensuring quality in CGT studies (Charmaz & Thornberg, 2021) was followed. Throughout the process of analysis, in addition to memo writing, the researcher maintained a reflexive journal to explain thought patterns in relation to the data analysis and engaged in regular discussions with the second and third author. These processes assisted in externalizing personal prejudices, clarifying confusing and ambiguous issues, and supported the trustworthiness of the analytic process (White et al., 2012).

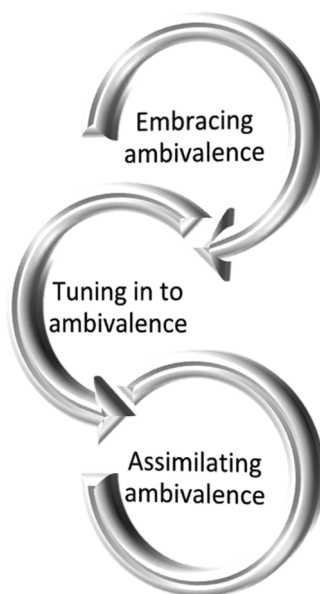
## Results

The data collected from eight therapists with experience of working with couples presenting with infidelity, we suggest, can be conceptualized as



**Figure 1.** Sub-themes and themes.

grappling with infidelity, reflected in three key processes, embracing ambivalence, tuning into ambivalence, and assimilating ambivalence. We conceptualize these as sequential synergetic processes whereby the therapists experienced being split between competing thoughts and feelings (Weingardt, 2000). Embracing ambivalence refers to the therapists experiencing multiple and often contradictory feelings as they learned about the clients' experiences of infidelity and embracing these feelings to inform the therapeutic work. Tuning into ambivalence refers to therapists' awareness of their own prejudices and judgements, gender differences and dissonance and resonances between couples' narratives and their own personal lives. Assimilating ambivalence reflects how therapists used their subjective emotional responses evoked by the couple's narratives as a source of energy to drive and sustain the therapeutic endeavor. We propose that these dynamic and interactive processes capture the core experiences of therapists whereby they simultaneously feel excited, repelled and enthralled, overwhelmed, riveted and consumed, as they engage therapeutically with infidelity. We present this model in Figure 2.



**Figure 2.** The ambivalence dynamic.

### ***Embracing Ambivalence***

Embracing ambivalence describes the process whereby therapists engaged with the conflicting and sometimes contradictory thoughts and feelings about infidelity that arose from their interaction with the couple and used these experiences to navigate their work. From the initial encounter with the couple, therapists used their awareness of ambivalence and sense of self to be present to the couple: “I suppose the initial sessions where you have to sit with this completely contradictory, conflictual views of their world....I have to sit with that... I find I can inhabit the role, make it work and be at home in it, and be me in it” (P1). “I think I am reflecting in some way, or I am absorbing the other person’s anger” (P4). Therapists described how consciously allowing themselves to embrace this ambivalence, they can start to build the therapeutic relationship: “I think you need a lot of self-awareness not to be, not to get too drawn in. But 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” (P5). Therapists described their own emotional reaction to the infidelity and the need to contain that: “Some part of me wants to say, ‘Swine, do you know the damage you have caused here?’ but I have to remain neutral” (P7). Another therapist felt that taking a stand, even if that risked alienating the transgressor, was the way to go: “You can’t really remain neutral, you have to acknowledge the pain of the person who is on the receiving end of the infidelity, even if it means the other person feels like you’re taking sides” (P4).

While therapists characterized their engagement as provoking feelings of uncertainty, frustration, and vulnerability, they simultaneously embraced it as challenging, interesting, and enjoyable: “It is exhilarating and fascinating and frustrating and deskillering” (P5); “Sometimes I am mirroring or reflecting the frustration that is there in the couple, either to move on or stay with the issue.” (P4). Some participants spoke of not wanting to deal with the issue of infidelity and pushing it away, noting how this mirrored the couple dynamic: “I want to brush it away and look at something else instead. I think sometimes some 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.” (P4).

These contradictory experiences sometimes led to a sense of disjunction: “Even just trying to be a presence, a meaningful presence in the room can be quite difficult. You have these two people; one just wants to run away and the other who just want to spill everything out. I suppose at times I feel a little split (P3). P7 also used this language to depict their experience, “I feel split”, while P4 spoke of feeling pulled apart, “I feel torn, pulled apart sometimes”.

Ambivalence extended to the therapist’s feelings of confidence in themselves in being able to help the couple. As P3 noted, referring to the uncertainty permeating their experience of working with couples presenting with infidelity, “Not knowing what is best...I think that everybody is unsure... I don’t want to make things worse and I find myself wondering, ‘What is the right question?’ ‘How am I to know what the right question is?’” (P3). Such challenges could overwhelm the therapist but at the same time, energized them: “If I’m really tired, I can be thinking ‘I don’t think I can really do this’. But you know what, whenever you sit down in that room, the energy comes.” (P3).

Such experiences, at times, functioned to support therapists in embracing the challenges that lay ahead: “I suppose there is a need for everything to work out, a happy ending, all that stuff... It is ridiculous, but there is a little part of me that is here.” They described how the feeling of “I’m not going to be able to do this” evolved to “I’ve got to make an effort. I remind myself that this is a job that I enjoy, ‘let’s get on with it.” (P3).

### ***Tuning into Ambivalence***

The second theme, tuning into ambivalence, depicts how therapists used their awareness of their experienced dissonances and resonances, contradictions, and conflicts as a signal of personal bias and proceeded to explore, examine, and manage it in the therapeutic environment. At times, this process began prior to meeting the couple:

You have information that a client has been having an affair for the past ten years and you think, '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.' I think it is important to 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. (P5).

Therapists acknowledged their own biases and how these can be used to inform their work: You know, rather than feeling 'I have to be neutral, non-judgmental', no, actually, I have to be impacted by what I hear. And that becomes stuff that I can then work with. I have to think about it, I feel challenged by it (P3).

They also described the effort required to avoid letting personal sentiments infiltrate their professional practice:

You know, you can feel yourself sometime being quite angry. I'm thinking, 'How could you do that?' In my head I was going, 'I can quite understand why he has done this.' The next time what I noticed, and I have worked very hard not to do this, I was asking questions I think that may have excused what he did. I started to ask myself why I had done that. And you feel, 'I have made this worse, I have done something that hasn't helped this situation', and I feel guilty. The feeling is, it is like a little inner shock, and you feel, 'Am I being ethical here?' (P3)

Tuning into ambivalence was evident in how participants described the influence of gender-based prejudices on their work, both their own and those of the couple. "Gender is central to this. Maybe you may find yourself more sympathetic to one than the other. You are constantly asking yourself to just be aware. So, you try to just stay questioning as to where you feel yourself tugged and pulled" (P6, female). One of the male therapists said "Honestly, 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 injured party is a man, I may feel less compassion than when the injured is a woman" (P8).

Some of the female therapists found that female clients expected them to be more sympathetic to them based on their shared gender: "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" (P4). For some, this helped to build alliance: "The message is 'You're a woman, you know what this is like', You allow that to happen to some extent in order to let them feel that you understand what they are going through" (P4). Female therapists described male partners who had been involved in an affair perceiving her as viewing him more harshly because of her gender or accusing his female partner of trying to get the female therapist to align with her: "So whenever that is brought in, you tell them that you are neutral, that you are not there to take a side" (P5).

In addition to awareness of personal prejudices and gender differences, therapists also described tuning into a feeling that something of significance was intangibly exerting an influence in the therapy process. Examples of this were when therapists suspected that full disclosure of infidelity had not occurred: “You’re picking it up, it’s in the body language, something that doesn’t sound right—’Is there a lie?’” (P3). Another therapist described the felt anxiety that the truth would come out within the session:

It’s frustrating. Sometimes, I am going to use this word, it is probably over-egging it but, sometimes I experience fear. Everything is locked down 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 – I will call it, yes, the emotion is fear (P8).

Therapists did not ignore their instinctive feelings 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 (P3).

### ***Assimilating Ambivalence***

Having engaged in processes of embracing and tuning into ambivalence, both their own and the ambivalence presented to them by the couple, participants described a process of assimilating this ambivalence through juggling emotional discharge and resistance within the sessions. They reflected on the emotional residue left with them following sessions, which, at times, was accompanied by a feeling of relief as impasses in the therapeutic work dissolved into possibilities for the future that could be explored. Efforts to self-regulate appropriately were both frustrating and anxiety-provoking for therapists, but also served as a means of supporting their work.

Participants described how they could at times get drawn into the conflict and power dynamic the couple brings: “I’m swinging with them” (P6); “One person will be feeling very guilty, and the other party, the committed one, may be extremely angry. It’s a challenge to manage that without forming a coalition unwittingly” (P1). For some, this was deeply uncomfortable, with one therapist describing it as: “Horrible, horrible. I had to get out of that” (P7). Therapists described juggling states of intense emotional arousal as they facilitated clients in expressing their pain, hurt and fury in parallel with handling their own reactions:

You are sitting there and there are all these emotions plummeting around the place. It can be quite difficult whenever 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 (P3).

When therapy sessions involved extreme and opposing emotions, such as where one partner might be feeling shame and regret, while the other is furious, therapists sometimes struggled to manage their own emotional arousal:

Sometimes I think I can become reactive to what's going on and carry this very intense emotional presentation. I'm noticing it, and attending to it, and I'm carrying it. 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 I have to realign myself in some way (P8).

At times, dealing with the emotional burden was described as having physical characteristics: "I remember it being very physical in the room. I mean it was the heart pounding, feeling shaky" (P7); "Yeah, it's heavy work. I sometimes feel those emotions as heavy. There is a weightiness" (P8); "I would always feel it in my stomach. I would feel my stomach clenching." (P5).

Recognizing that they could be drawn to taking sides, they labored to extract themselves and realign their position: "I feel the need to attend to the partner who has the less power. I find myself drawn to that. That is a kind of instinctive response, but I try and balance that" (P8). Leaning into these tensions and regarding them as a resource for the therapeutic process, which is the essence of assimilating ambivalence, was reflected in this therapist's comment,

There is that bit, 'I've done it again', which years ago you would have seen as, 'I can't do this job'. But now you see that there are times that clients have such a need to pull you in. Now I try to think, 'Right what was going on there?' I think about that rather than beating myself up about it' (P5).

Some therapists relied on being a calm therapeutic presence, demonstrating an ability to tolerate ambivalence and use it to progress the therapeutic work: "I manage to be a type of presence for them that allows them to be in conflict and to see things totally differently" (P4). While these dynamics were demanding and frustrating, they were also described as sustaining their interest and engagement with their work. They described themselves being mobilized by these dynamics to make additional efforts in utilizing their skills of bringing clients more deeply into the therapy process: "I mean, on the one hand it is frustrating, and yet on the other there is a little challenge" (P3). Others noted how they enjoyed the challenge of working with this experience of ambivalence, "It's the challenge of knowing that they are in two different positions. And I think that I can see both positions, and I can see why there are two positions, and I can see beyond that to see what they can each do to get through it" (P5). While the uncertainty experiences were a source of anxiety for many, they were also considered to be core

to the work, “The capacity to be with the work is to actually not know” (P6).

The process of assimilating ambivalence also involved therapists being sensitive to their own personal processes as they listened to the narratives of infidelity and reflected on how their work penetrated beyond the professional sphere into their personal lives. Therapists reflected on the state and vulnerability of their own intimate relationships in the light of their work with couples affected by infidelity:

Because you hear of so many ways of people being unfaithful, stuff sticks and you start to look at your own partner and think, ‘Hmm, what’s happening?’ That is difficult to deal with and manage (P3).

When session content reminded therapists of people in their own lives, they were able to tune into their own thoughts and feelings evoked by the client’s narrative of infidelity. One therapist described connecting with the client at a deep emotional and empathic level that delivered to her 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” (P7).

Therapists also described the emotional residue they carried beyond the parameters of therapy sessions: “I feel sad a lot of the time. Part of it is my sadness because I’m looking at people just falling apart” (P4); “They came into the room and threw everything out, they didn’t hold anything back. It was painful and very emotionally searing.” (P7)

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 carrying a lot of stuff (P5).

When therapists accomplished a shift in the therapy process, from being entrenched in solid positions to a fluidity that opened up possibilities for exploration, they referred to sighing with relief as illustrated in the following quote:

The tension builds. It felt that going into that room, I couldn’t breathe with whatever it was, it was heavy. And then it just left, it was brilliant. 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 then it happened, something has broken through. It was like the sun coming out – ‘Yes, they’ve got it!’ (P3).

## Discussion

The aim of this study was to explore and develop an understanding of how therapists experience working with infidelity, using a Constructive Grounded

theory methodology. We position the core experience of therapists to be best captured by the concept of grappling with ambivalence, reflected in three key sequential processes, embracing, tuning into and assimilating ambivalence. We ground this theoretical framework in data that details a stream of conflicting and contradictory emotions and thoughts that prevail over the course of therapeutic work in this domain. Embracing ambivalence refers to the how therapists recognize and openly embrace multiple and often contradictory feelings as they learned about the clients' experiences of infidelity. Tuning into ambivalence refers to therapists attending to their own prejudices and judgements, gender, and dissonances and resonances between couples' narratives and their own personal worlds. Assimilating ambivalence reflects how therapists used the responses evoked in them by couples' narratives as a source of energy to drive and sustain their therapeutic endeavor. Hertlein et al. (2021) have detailed how couples experience ambivalence after internet infidelity is discovered and the couple struggles with conflicting emotions and wishes for the future of the relationship. Our study highlights how the couple therapist experiences this ambivalence, mirroring the experience of the couple, and how their use of self enables them to manage this experience in helping the couple address infidelity in the therapy room. This experience of ambivalence for the therapist has not been elucidated in the literature, to our knowledge, and a better understanding of how this is experienced and managed may assist therapists in this field.

The sequential nature of the processes identified align with Kondrat's (1999) representation of the evolution of professional awareness, which moves from simple conscious awareness to reflective awareness and finally to reflexive awareness. Our work builds on Aponte et al.'s (2017) POTT model in illustrating how therapists in this study used their awareness of self to inform their work. Couples presenting with infidelity have been found to be more distressed than those presenting for couple therapy without infidelity (Atkins et al., 2005) and have been described as presenting with heightened emotion, problems with trust and questions about the future of their relationship (Falconer & Humphreys, 2019). Such dynamics explain why infidelity is one of the most challenging presentations for couple therapists. However, the findings of this study suggest that in the mirroring of clients' experiences, in particular the experience of ambivalence, and the therapist's use of self in managing that ambivalence both within the self and then with the couple, therapists may be better able to manage this challenging work.

Part of the process of embracing ambivalence was enduring considerable tension and feelings of being divided and split by stories of betrayal and deception. Therapists grappled with their own emotional reaction to the couple narratives and presentation, embracing these difficult conflicting

feelings which often mirrored the couple's distress and described how they managed this through reflecting on their emotional responses. They frequently experienced themselves caught up in emotional turmoil as they struggled to keep grounded and present a calm 'unshockable' presence. Their narratives evidence their ability to recognize what Aponte et al. (2009) refer to as personal, social, cultural, and spiritual narratives that influence their reactions. Therapists in this study demonstrated an ability to notice when their reactions related to their own personal stories, how their reactions may be mirroring the clients' experiences, and to reflect on their reactions to determine the source. They offered examples of how they managed these reactions. Aponte et al. note the importance of being able to connect with clients' experiences but maintain detachment to support the therapeutic work. Such challenges to therapists have also been captured by Shamoon et al. (2017) who write about the need for therapists to maintain their emotional balance when encountering the rawness of human emotion in the therapeutic space. Therapists' sensitivity to their own churning feelings and ideas about what the couples' struggles represented was further compounded by resonances that touched their own internal and private worlds. This echoes Levine's (1997) advice for therapists to be mindful of becoming immersed in the pain and emotional struggles of others to avoid triggering their own vulnerabilities. The data from the participants in this study can be taken to encourage practitioners to embrace their emotional reactions, prejudices, and experiences of being drawn into the couple's own experience of ambivalence and use this experience in the service of the therapeutic work.

Therapists' attunement to their own prejudices and judgments, their gender, and how these might affect how they positioned themselves in relation to couples has been highlighted by other authors (Hertlein, 2023; Hogan et al., 2012; Karakurt et al., 2014; Vossler & Moller, 2014; Schweitzer et al., 2015). To work through this issue, therapists in this study engaged in a process similar to Rober's (2017) description of inner conversations about one's prejudices. They actively sought to clarify their prejudices and biases, seeking to maintain congruence and authenticity in the therapeutic relationship. While at times they struggled to contain their reactions, they recognized the need to do so in the service of building and maintaining a therapeutic alliance with both partners and support the continued participation of the couple in the therapeutic work (Bayliss-Conway et al., 2021; Sperry & Peluso, 2018).

Therapists reported strong visceral reactions to content disclosed in therapy sessions. This is not unusual and has been referenced by Rober (2017) who describes relational responses as intuitive and bodily in the first place. Friedman (2010) also discusses the body as the primary site

by which human beings communicate their feelings to each other and understand each other's feelings. Therapists in this study described how they used these emotional experiences to guide their responses; they talked about how reflecting on these experiences helped them to guide their responses; they talked about how reflecting on these experiences helped them to sustain their own engagement with the couple. While both the visceral reactions of therapists and the value of these reactions to the therapeutic endeavor are acknowledged in the clinical guidance literature (Peluso & Spina, 2008), to our knowledge, this is the first study to provide empirical support for such contentions.

Participants in this study highlighted how presentations of infidelity triggered strong emotional reactions toward those who have been unfaithful to their partner and led them to question their own intimate relationships. However, through rendering themselves vulnerable to bearing the professional and personal consequences of working with infidelity, therapists in this study were able to assimilate the ambivalence presented to them through the couples' emotional discharge, experience this within themselves, and use this emotional residue as a resource in the therapeutic work. This aspect of therapists' experiences represents an addition to the prevailing literature on working with infidelity through making explicit the subjective processes therapists construct when engaging with infidelity therapeutically. Although the literature acknowledges that infidelity can evoke personal issues for the therapist (de Lima & Vandenberghe, 2021), less is said about the impact on therapists of working with infidelity, the nature and range of personal issues that may be triggered, and how these experiences may be used by the therapist. Although literature reviews proffer models of intervention in respect of infidelity (Dupree et al. 2007; Stamps, 2020), they do not refer to how therapists use the impact of the work in the service of therapy. Our work sheds light on the experiences of therapists as they enter the 'roller coaster' (Olson et al., 2002, p. 423) of infidelity and sustain therapeutic connection with couples concerned. It also depicts therapists as active agents in utilizing these processes of ambivalence as sources of information, energy, curiosity in the service of therapeutic responding.

This portrayal of the personal toll emerging from professional therapeutic commitment echoes Rober et al.'s (2008) study of experienced psychotherapists. Rober and colleagues encapsulated experiences of feeling privileged to have made a contribution; being burdened by engagement with the suffering and destructiveness; feeling the impact for better or worse in their personal lives; and the need to shape a way of living that enabled them to keep working in therapy. The present study builds on Rober et al.'s work and that of Aponte and Kissil (2014) by elucidating how working with

infidelity impacts the therapist and how therapists, through engaging in a process of absorbing ambivalence, navigate this complex area of work.

### **Strengths and Limitations**

This study builds on the small body of work that focuses on couple therapists' experiences of working with infidelity. While guidelines exist for working in this field, many of these are based on clinical experience without the benefit of empirical support. Indeed, it is worthwhile pointing out that none of the participants described their approach to working with infidelity as being aligned with any of the three primary models for treating infidelity and this, in itself, is worthy of consideration in the professional practice of couple therapists. This study provides empirical guidance and support for the work of couple therapists, and additionally elucidates how therapists can use the impact of working in this area on themselves to help couples navigate this difficult terrain. The study is, however, based on a small convenience sample that reflects limited diversity within a limited geographical spread. Negative case sampling was not used, limiting the credibility and relevance of the theoretical framework to the field of couple therapy in general. Future studies, drawing on a wider range of therapists working in different contexts could elucidate these experiences further.

As with all interview studies, participant data may be susceptible to common errors of recall, such as emphasizing vivid, recent, or unusual cases, or simply forgetting to include certain details. Although we consider our detailing of the experience of ambivalence among therapists working with infidelity to richly contribute to the literature, it is possible that additional and alternative interpretations could be made.

We acknowledge that sharing our analysis with the participants, in line with CGT methodology, could have enriched our conclusions further and the absence of this must be identified as a limiting factor in this study. However, re-visiting qualitative data has been identified as risking re-contextualization (Moore, 2006), preference-based cherry-picking (Morse, 2010) and loss of nuance (DuBois et al., 2018) and so is not without its complications. We propose that the diligence with which we undertook this study protects our conclusions from being compromised by this limitation.

### **Clinical Implications**

This study points to the contribution that therapists make in co-constructing the therapeutic dynamic and illuminates key processes that ensue from their engagement. The overarching theme of ambivalence, and the depiction of the three processes of embracing, tuning into, and assimilating ambivalence,

highlights the tensions experienced by therapists that emanates from both the couple dynamic and the thoughts and feelings evoked in the therapist. Building on the work of Aponte et al. (2000, 2009), Aponte and Kissil (2014), we suggest that rather than avoiding or fearing ambivalent responses to working with infidelity, therapists might embrace these responses, reflect on them and use them in working with the couple, using their awareness of the self to inform their response to the couple.

The mapping of this trajectory can inform clinical practice in many ways. In the first instance, as empirically-derived therapeutic models are foundational to clinical practice, our framework provides guidance for working with infidelity that is consistent and based on established principles. In turn, this affords greater confidence to therapists in their treatment, promotes professional competence and protects professional boundaries (Simon, 1992; Weeks and Fife, 2014). Our model provides a language that can be shared between both therapists and clients, thus facilitating better understanding and collaboration (Borelli et al., 2019).

Anticipating the trajectory of working with infidelity as described in our model could heighten a therapist's sensitivity to the encounter and increase the likelihood of positive therapeutic outcomes. Our mapping of the course of therapists' experiences of working with infidelity could serve to calm the prevailing anxiety of feeling ill-equipped to work in this domain (Dahl & Boss, 2020; Klinger et al., 2012). As managing anxiety is a key ingredient in supporting positive therapeutic outcomes, evidence-based expectations could help to stabilize a therapist, reduce their competence-related concerns, and avoid inadvertently damaging their client alliances (Shamoon et al., 2017).

In line with other authors (Bayliss-Conway et al., 2021), we encourage therapists to name their own prejudices and emotional reactions to the infidelity, and challenge themselves and their own beliefs, in the service of the therapeutic work. Attention to gender is also encouraged and how assumptions of both therapist and couples may need to be openly named and addressed. Awareness of one's own reactions may provide useful information about clients' experiences. Attending to the self sensitizes therapists to be alert to what resonances that might otherwise remain implicit. Therapists are human beings; the presentation of infidelity can challenge their beliefs about themselves as therapists (e.g. neutral facilitator) and their morality. While their work can evoke strong reactions, embracing these experiences can allow them to be more present and help them better understand their clients. Awareness of these processes may reassure therapists that ambivalence experienced in the therapeutic work is to be welcomed as a means of enhancing the use of the self in the therapeutic work as is professionally advised (Haber, 1990).

## Conclusion

This study highlights couple therapists' use of the experience ambivalence while working with couples who present with the issue of infidelity. It builds on the extant small body of research to provide understanding therapists' experiences that can inform practice, encouraging therapists to embrace the experience of ambivalence as a means of navigating the difficult terrain of couple therapy. Our work offers further understanding of the tensions that comprise the experience of ambivalence in this work, and demonstrates how therapists can manage those tensions, not by attempting to resolve them but by embracing them, reflecting on them and using this experience to inform their work and further the goals of therapy. While this places additional demands on therapists, it highlights how, through the use of personal and professional resources, the couple therapist is well-positioned to contribute to positive therapeutic outcomes.

## Disclosure statement

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