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## Couples' Process of Healing from Infidelity While in Therapy

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COUPLES' PROCESS OF HEALING FROM INFIDELITY WHILE IN THERAPY

By

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## ABSTRACT

### **COUPLES' PROCESS HEALING FROM INFIDELITY WHILE IN THERAPY**

By

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Infidelity is one of the most common presenting problems for couples and marriage therapists. It is widely acknowledged to be a destructive phenomenon for a couple's relationship and is one of the most difficult presenting problems to treat. Treatment models for infidelity vary and have little empirical testing. The purpose of the proposed study was to investigate the client's perspective of the process for healing from infidelity. Additionally, the proposed study looked to qualitatively assess and amalgamate participants' experience of the healing process for infidelity. Themes and relationships among these themes were identified using open, axial, and selective coding processes. These themes include: rebuilding trust, managing emotions, with four sub-themes: a decision to heal, change in perspective, communication, and role of therapy.

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## CHAPTER 1

### INTRODUCTION

#### **Statement of the Problem**

The aftermath of infidelity in a relationship can leave a couple in a whirlwind of emotion and thoughts. Couples find themselves at the starting line of an arduous ascent to create a new and improved relationship or at a junction where a road of healing separately begins, toward a new destination (Fife, Weeks, & Gambescia, 2007).

Clinicians agree that infidelity is one of the most common presenting issues for couples and ranks second only to physical violence as the most destructive phenomenon to occur between partners (Atkins, Jacobsen, & Baucom, 2001; Blow & Hartnett, 2005; Whisman, Dixon, & Johnson, 1997). Pairing the prevalence of infidelity with the degree of damage it incurs on the marital or couple relationship, it presents as a complex and daunting case for marriage and family therapists.

As infidelity has been around for many ages, one may anticipate a unified body of literature articulating well-tested treatment models for today's clinician. However, the current state of infidelity treatment resembles a chasm with few bridges tied to both sides. On one side is a body of research aimed at understanding predisposing factors, demographics, and definitions; while the other side is a scattered field of theoretical models, with next to no empirical validation (Hertlein & Weeks, 2011). It is not my intent to undervalue existing models for treating infidelity that are without scholarly corroboration or to minimize the literature that illuminates these frameworks. In fact, the aim of this study is to qualitatively contribute a third perspective, that of the client, who

currently stands on the receiving end for both of the aforementioned producers of infidelity literature.

### **Purpose of the Study**

This current study seeks to contribute to a greater understanding of how couples experience treatment and undergo the process of healing. In this study the researcher will attempt to identify commonalities of the experiences shared by participants to create a model of healing from infidelity from the clients' perspective.

One previous study attempted to ascertain the clients' perspective on the treatment of infidelity (Bird, Butler, & Fife, 2007). The results of this study included a model of healing from infidelity from interviews of couples' experience in therapy. Seven phases were detailed as part of the healing experience: 1) exploration of emotions and thoughts surrounding the infidelity, 2) expression of these to their partner, 3) development of empathy, 4) softening of emotions, 5) acceptance of personal responsibility and reduction of blame, 6) establishment of accountability, and 7) restoration of trust. However, this study was limited by a small number of interviews with couples due to the difficulty of recruiting participants (Bird et al., 2007).

Traditionally, clients' self-reports of psychotherapy have been viewed as questionable by the research community and community officials (Strupp, 1996). But Strupp maintains,

Patients may exaggerate benefits or distort their recollections in other ways, but unless they are considered delusional, there seems to be no reason for questioning their reports. To be sure, one would like to obtain collateral information from therapists, clinical evaluators, significant others, as well as standardized tests, but the information from collateral sources is intrinsically no more valid than the patients' self-reports. Nonetheless, society is biased in favor of "objective" data and skeptical of "subjective" data. (p. 1022)



Giorgi (1996) and Helmeke and Sprenkle (2000) each add that many times clients and therapists will identify different moments as pivotal moments in treatment. This adds greater impetus to acquire data from client's when formulating treatment models.

## CHAPTER 2

### LITERATURE REVIEW

#### **Definition**

Variant definitions of infidelity are offered throughout the literature.

Traditionally, infidelity referred to sexual relationships occurring outside the marriage contract. Contemporary definitions go beyond extramarital sexual interaction to include emotional and internet-based interactions and relationships (Drigotas, Safstrom, & Gentilia, 1998; Hertlein et al., 2005). Infidelity may include a wide variety of behaviors such as viewing pornography, online relationships, or extramarital friendships. These extramarital interactions and relationships may involve physical touch, like hand-holding, kissing, and sex. At the heart of all definitions for infidelity is a behavioral violation breaching a stated or implied contract between two individuals (Fife, Weeks, & Gambescia, 2008; Lusterman, 1998). One definition goes as far to include financial betrayal as part of infidelity's definition (Zola, 2007). Shaw (1997) adds that the secretive behaviors associated with infidelity channel intimacy away from the relationship to an exterior outlet.

Infidelity is also conceptualized as an event that occurs beyond a marital relationship to include any two individuals in a committed relationship. What constitutes a breach in fidelity is idiosyncratic and is defined by the individuals in the relationship contract. Historically, the simple definition of infidelity as physical coitus with someone else left little room for ambiguity in the relationship contract. With the emergence of emotional forms of infidelity, however, the contracts in relationships may differ depending on the partner's perspective without each partner realizing that their views are

different. Because the parameters of sexual and emotional exclusivity are not always verbally stated, partner's expectations may differ widely on what is appropriate for their relationship. It is common for couples to disagree on behaviors that do not clearly violate the intimacy in the relationship (Weeks, Gambescia, & Jenkins, 2003). Therefore, it is essential that therapists understand the client's definition(s) of infidelity to help determine what constitutes a contract violation for their specific circumstance.

An interesting issue regarding infidelity's definition is the matter of secrecy. Charny and Parnass (1995) asked clinicians with experience treating infidelity about the betrayed partner's role or lack thereof in the affair. They found that the majority of therapists believed betrayed partners unconsciously allow the affair, explaining that even though they consciously disagree with the affair, they endure the behavior by not dealing with the decrease in intimacy with their partner. Many will not address the infidelity issue to avoid the emotional, marital, familial, and financial ramifications. This raises the question that if the betrayed partner is aware of the affair and does nothing to confront the behavior, is it infidelity? It is my view that the answer to this question is not the clinician's prerogative. What is important is an understanding of each partner's definition, to appropriately address the boundary violation and not the clinician's expectation. Therefore, couples entering treatment with infidelity as the presenting problem can acknowledge that a boundary violation has occurred and whether or not they agree on how, the therapist has a jumping point from which to explore the nature of the violation.

Weeks et al. (2003) define infidelity broadly, "as a violation of the couple's assumed or stated contract regarding emotional and/or sexual exclusivity" (p. xviii). They

explain the reasons for having such a comprehensive definition is first, acknowledging that not all committed relationships occur within a marriage; second, as mentioned earlier, the intricacies of fidelity in a relationship are determined by each couple; and thirdly, infidelity may not involve any physical or sexual contact and still violate the relational contract. It is worth noting that this definition avoids the definitional issue of secrecy, avoiding any accusation from the therapist as to the betrayed partner's unconscious collusion that allowed the infidelity to continue. However, Weeks et al. (2003) are clear that secretive and deceptive behaviors are indicators that a partner has broken the relationship contract. Additionally, Glass (1997) asserts that deception and secrecy, sexual involvement, and emotional investment are all aspects of infidelity. Glass (2003) metaphorically describes deception as the involved partner building walls to exclude their committed partner and building windows to allow the affair partner in.

### **Prevalence**

The prevalence of infidelity has been studied and measured for more than 60 years for clinical and nonclinical populations. As each of these studies varies in type of assessment, population, and timeframe, the results also vary widely. Two of the earliest studies were in 1948 and 1953 posted rates of Extra-Marital Sex (EMS) for husbands at 50% and 26% for wives (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953). Subsequent studies over the next twenty years validated these estimations (Athanasίου, Shaver, & Tavris, 1970; Yablonsky, 1979; Maykovich, 1976).

Throughout the 1990s, however, the prevalence of infidelity reported significantly dropped. Leigh, Temple, and Trocki (1993) reported 1.2% of participants had an extra-dyadic sexual partner in the past 30 days, 3.6% in the last 12 months, and 6.4% within the

last 5 years. Several other studies during this time support these lowered rates (Smith, 1991; Billy, et al., 1993; Forste & Tanfer, 1996). The stark difference between the earliest studies and those of the 1990s may be methodological differences, measuring recent EMS (past 6 months, year) rather than quantity over lifetime (Wiederman, 1997). Thomson (1983) addressed this discrepancy of infidelity estimates, explaining that most studies do not measure incidence across the lifetime of participants. Hence, a study of men between the ages of 35 and 45 may exclude participants who later in life become extra-relationally involved. Therefore, any data collected can be considered a conservative estimate at best (Thompson, 1983).

Nationally representative data reporting the frequency of sexual affairs was published in 1994 estimating 24.5% of husbands and 15% of wives had engaged in an affair at one point in their marriage (Laumann et al., 1994). Weiderman (1997) produced a similarly designed study with slightly lower rates for both men and women, 22.7% and 11.6% respectively. These nationally drawn samples of heterosexual couples, asking exclusively about extramarital sexual intercourse, appear to be the most reliable statistical reports for infidelity prevalence to date (Blow & Hartnett, 2005). However, international prevalence rates of infidelity vary depending on location (Pulerwitz, Izazola-Licea & Gortmaker, 2001; Solstad & Mucic, 1999).

### **Impact of Infidelity**

With a high prevalence, it is important for clinicians to understand the impact of infidelity on the relationship and for the individual partners involved. Following disclosure of the infidelity, each partner can be expected to have quite different emotional, cognitive, and behavioral reactions. Week, Gambescia, and Jenkins (2003)

explain further that with such different experiences, each partner has little empathy for their partner's experience.

### **Injured Partner**

The literature most commonly identifies the experience of the injured partner. Initially, there is a period of turmoil; the injured is flooded with confused thoughts and intense emotions (Thompson, 1984). Frequently, the initial emotions are shock, anger, and denial. This, however, differs by gender: men report initial anger followed by shock, while women first experience shock then anger (Atwood & Seifer, 1997). With this anger, betrayed partners will try to regain power in the relationship (Balswick & Balswick, 1999). Often a self-righteous attitude or threats to leave the relationship will be used as leverage (Humphrey, 1982; Weeks et al., 2003).

Following these initial emotions, the injured partner moves to a period of grief surrounding the disintegration of assumptions and expectations about commitment and trust in their relationship (Weeks et al., 2003). Prior to infidelity, there is an "us against the world" security one receives from the relationship; post-infidelity, there are strong feelings of abandonment and loss of belonging (Boekhout et al., 1999). Furthermore, Weeks et al. (2003) explain that these initial emotions are dissolved with skepticism and pessimism about the relationship, meaning that both partners' attention focuses on the idea of the relationship ending and less focus on their initial emotions of grief and anger.

Spring (1996) discusses the impact of infidelity on the injured partner's sense of self. Loss of one's sense of purpose, uniqueness, and self-respect are all common responses. Far-reaching negative consequences affect the person's sense of adequacy (Balswick & Balswick, 1999; Charny & Parnass, 1995). Other standard feelings are

lowered self-esteem, greater self-doubt, insecurity, lower self-confidence, and worries about physical attractiveness and sexuality (Weeks et al., 2003). Beach, Jouriles, and O’Leary (1985) compared samples of couples in therapy dealing with infidelity and those in couples therapy with no infidelity. They found significantly higher levels of depression for those being treated for infidelity. Furthermore, women are six times more likely to experience a major depressive episode when their husbands had an affair (Cano & O’Leary, 2000).

Commonly, the fallout of discovering infidelity is comparable to symptoms of post-traumatic-stress disorder (PTSD) (Glass, 2003; Lusterman, 2005). PTSD symptoms fall under three clusters: re-experiencing, avoidance, or hyperarousal (DSM-IV-TR, 2000).

Olson et al. (2002) sought to delineate the experience of the betrayed partner, following discovery. They identify three stages: roller coaster, moratorium, and trust building. The first stage, ‘roller coaster,’ is named as such because of the participants’ descriptions of how intensely their emotions vacillated. At times partners reported uncertainty with regard to the decision to divorce while at other moments, some reported a willingness to work it out. The second stage, ‘moratorium,’ occurs after the initial disclosure is coped with, emotional reactivity is down, and meaning of the infidelity is sought out. To do this, individuals will obsess over the details, seek out support, and withdraw physically and emotionally (Olson et al., 2002). Weeks et al., (2003) describe these responses as a reaction to feelings of jealousy, stating the betrayed partner feels “excluded from the loop of intimacy” (p. 68). The third stage, trust building, involves

reengagement, accountability, reassurance, along with increased communication and forgiveness (Olson et al., 2002).

### **Involved Partner**

While the experience of the injured partner is intense, the involved partner is not free from a turbulent, but different experience themselves. Initially, the involved partner endures a mourning period. Just as the injured partner experiences depression, one can expect a certain level of depression from the unfaithful spouse; if depression is not present, most likely, the partner has fallen back into the infidelity (Weeks et al., 2003). Nonetheless, Spring (1996) points out the betrayer has usually acted against his or her own value system and has a significant amount of relief when the infidelity is disclosed.

Weeks et al. (2003) add that on occasion, the involved partner may lack guilt. The extra-marital experience provided a boost to his or her self-worth and breadth to life's experience. As consequence, the betrayer has an increase in ambivalence around conflict resolution, little empathy, and less patience for their partner's experience (Beach, Jouriles, & O'Leary, 1985). This lack of patience and empathy can also be attributed to the betrayer's attention to his or her own response and feelings surrounding the disclosure of infidelity (Weeks et al., 2003).

Nonetheless, most commonly partners feel a great amount of guilt and repugnance about themselves, especially women (Spanier & Margolis, 1983). Botwin (1994) explains that women do not "compartmentalize" their emotions like men do and consider marriage a central part of their self-esteem. Thus, a negative turn in their marriage indirectly harms their self-esteem (Weeks et. al., 2003).

### **Treating Infidelity**



With such a profound impact on the individual and couple, it is important to understand the effective and most widely used treatment models for infidelity. Glass (2002) comments that research on infidelity has fallen short of providing a unified treatment approach. On top of this, there is minimal empirical support for the models published (Blow & Hartnett, 2005). The majority of the models found in the literature were developed from clinical experience and theoretical expertise. It would be fair to say that the number of frameworks for treating infidelity is limitless as each clinician will have his or her own take on any main-stream model used.

### **Integrative Approaches**

Gordon, Baucom, and Snyder (2004) developed an integrative model that incorporates cognitive-behavioral strategies with insight-oriented strategies when treating infidelity. Treatment is described as happening in three stages: (1) dealing with impact, (2) exploring context and finding meaning, and (3) moving on.

In the first stage, dealing with the impact of the extramarital involvement begins by assessing the individual and relational functioning and finding out what the couple needs upfront. The therapist comes up with an initial formulation and treatment plan. Part of this initial stage is establishing boundaries between partners and as a couple interacting with their surroundings. The final aspect of the first stage is dealing with the emotions of both partners. The therapist helps each partner find the appropriate social and spiritual support and how to disengage when emotional tension builds up when interacting with their partner. Appropriate communication is taught and emphasized when a degree of stabilization is reached.

It is in the second stage that the therapist begins exploring the factors surrounding the affair. The couple's relationship, personal characteristics of each partner, and situational factors are all explored. The goals of the second stage are to come up with a comprehensive formulation for the affair's occurrence, increase tolerance of emotional reactivity, and improve problem-solving dynamics.

The final stage is focused on moving on. The therapist evaluates the reconstructed beliefs as a result of stages 1 and 2. Part of moving on is working on forgiveness. Partners learn about forgiveness' three components of having a balanced, realistic view of the relationship, not being controlled by negative emotion, and decreasing the desire to punish one's partner.

Another integrative approach was developed by Fife, Weeks, and Gambescia (2008) and is based on Weeks' (1994) intersystem model. This approach is not focused on resolving problems or restoring the relationship to a former condition but is directed at growth. Infidelity is seen as a problem with intimacy between partners and 5 phases are passed through when treating infidelity. The first two phases are similar to Gordon et al.'s (2005) first two stages. Phase 1 is managing and assessing the crisis. The therapist tries to find some stability and address the emotional reactions, assess the commitment each partner has to therapy and the relationship, and explain accountability and trust processes. In the therapist's assessment all aspects of the affair are considered in order to create as clear a picture as possible from which to begin working. In the second phase the individual, relational, and inter-generational factors are addressed. Techniques like focused genograms and reframes are used to help couples understand these components of the affair and prepare them to move toward healing.

When this groundwork has been laid phase 3 is entered where the therapist facilitates forgiveness. In the process of educating the couple regarding the concept of forgiveness within the context of infidelity, the therapist seeks to help the couple enhance the unifying factors in the relationship (empathy, humility, relational commitment, and hope). The couple begins to understand that forgiveness is not a one-time-event but is a relational process that happens in small steps over time.

The fourth phase involves treating the factors or vulnerabilities surrounding the betrayal. These vulnerabilities typically include an inability to develop intimacy in the relationship, problems with commitment, a lack of passion, ineffective communicating and resolution of conflict or anger, and unmet expectations. As these vulnerabilities are dissolved the therapist works on the couples' communication to enhance intimacy (phase 5).

There is quite a bit of overlap between these two integrative models. Both seek to settle down the emotional volatility that typically occurs around the discovery of an affair. The second phases looked into the circumstances surrounding the affair to improve the couple's insight about how the affair happened. Fife et al. (2008) provide a more comprehensive explanation for treating these vulnerabilities. While each group has a different model of forgiveness, both incorporate the concept into their approach. In summary, both approaches seek to stabilize emotional volatility between partners, understand the contributing factors of the infidelity, and treating these factors to promote healing and forgiveness.

### **Experiential Approach**

Winek and Craven (2003) use an experiential approach when treating infidelity. The first thing they describe a therapist is to do is engage each partner in a verbal agreement of commitment to the relationship. Once the two are committed each partner becomes more sensitive to their partner's emotional responses. In the early stages the therapist also needs to assess the safety of the therapeutic environment and explain to the involved partner that the affair must end for the appropriate level of commitment to be attained for successful recovery of the relationship.

Once this level of commitment is established therapeutic rituals can be created to help couples overcome impasses in recovery of infidelity. These rituals explain, encourage, and enable change (Myerhoff, 1983). In the therapeutic setting, rituals join partners as committed individuals with a common desire for change, connecting one's behaviors to emotion (Winek & Craven, 2003).

There are five stages in treating infidelity in couples where healing rituals are needed (Winek & Craven, 2003). A 'coming clean' ritual is planned and executed with the couple. The purpose is to create a safe but emotionally charged experience where questions can be asked of the involved spouse. Once the ritual is complete, however, the betrayed partner cannot ask any more questions. The next stage where a ritual is needed is in 'releasing the anger', typically for the non-involved partner. Destroying or burning things can be very symbolic and provide an emotional release of anger. Third, rituals around 'showing commitment' are important at the appropriate time. Both large-scale renewal of marital vows or recognition of day-to-day commitment practices enhances emotional availability of each partner. The last two stages are 'rebuilding trust' and 'rebuilding the relationship.' Both rituals happen on a small scale and take time.

Typically, couples rebuild trust within the context of their finances and develop rituals to slowly increase their trust. Rebuilding the relationship usually involves replacing old, dysfunctional rituals with new healthy ones and reestablishing rituals around dating and courtship. Winek and Craven (2003) believe these healing rituals do not need to be exclusively used in symbolic/experiential therapy but are relevant to all models, as rituals constitute a common presence in everyone's lives.

### **Emotion-Focused**

In emotion-focused therapy, adult relationships are viewed through an attachment theory lens (Bowlby, 1969; Johnson, 2001). Thus, infidelity is viewed as an attachment injury that degenerates the bond between partners (Johnson, 2001). A secure attachment includes honoring your partner, being able to depend on them, and knowing they will embrace and respect you as their partner, rather than reject you. Also, the secure bond entails emotional availability and responsiveness. Using an attachment framework the therapist helps the couple make sense of the affair, deal with the emotions, work through forgiveness, recreate trust, and develop a new, more secure bond.

Emotion-focused therapists see change happening in three broad stages: de-escalation of negative cycles, restructuring of the emotional bond, and consolidation. The focus of the EFT therapist is to help each partner become more emotionally available and improve the attachment and bonding of the partners. The approach for treating infidelity is just like any other attachment injury. In the context of attachment, Johnson (2005) suggests addressing infidelity in the initial de-escalation stage. There are seven key stages in dealing with attachment injuries: (1) spouses describe the infidelity with the accompanying strong emotions, (2) the therapist aids the injured spouse to articulate how

the injury impacted him/her, (3) the partner begins to hear and understand the injured partner in terms of attachment, (4) the therapist helps the injured partner articulate him/herself, allowing the other partner to witness their vulnerability, (5) the other partner begins taking responsibility and expresses empathy, regret, and engages emotionally, (6) the injured spouse asks for comfort that wasn't previously available, and (7) the other spouse responds openly with care which works against the attachment injury. The two partners construct new narratives around the attachment injury to which both partners accept how the affair occurred.

### **Social Constructionist**

Conceptually, social constructionists view the meanings we attribute to things as socially constructed (Atwood & Seifer, 1997). We are born into a social scenario, and that particular experience is our reality. The rules present in one's world are not challenged but internalized. From these basic meanings come marital meanings and scripts. Within one's culture, partners develop individual identities, marital scripts, and individual marital meanings. When two individuals come together they begin constructing an identity as a couple based on these individual marital meanings and scripts. The infidelity behavior is viewed as an outcome of incongruent marital scripts that developed over time in the relationship. Thus, the focus of therapy is to concentrate on the clients' marital meanings from the past, present, and future.

There are four parts to therapy from a social constructionist's view: joining the couple's meaning systems, inviting the couple to explore their meaning systems, inviting the couple to expand their meaning systems, amplifying and stabilizing the new meaning system. For the therapist to effectively join the couple system it has been suggested to

mimic the couples' language and behaviors (Minuchin & Fishman, 1974). To understand the couple's meaning system, it is vital for the therapist and couple to explore three stories: the couple's story about their past, their story about the current relationship, and what they see happening in the future. This will help the therapist to understand the couple's meaning system.

The next step invites the couple to explore their current meaning system. The partners look at how they melded their individual marital scripts. The purpose of this phase is to help couples understand that there are multiple ways of understanding different situations and the world around them in general. Gaining insight that their meaning systems are socially constructed enables each partner to deconstruct them.

Next, to help couples expand their meaning systems, the therapist questions alternatives to the predominant description of a problem the couple is having. Amundson (1990) explains that exploring these alternatives loosens the once justified reality, giving new possibilities and new solutions.

The couple's focus is turned to the future. The therapist asks questions that allow each partner to crystallize the new relationship and make it more real. The couple has now learned that they can continuously rewrite their future story.

### **Alternative Approaches**

An inherent assumption of the theoretical foundation of the above mentioned models is the unacceptability of infidelity in committed relationships. None of these models seek to integrate the 'lover' into the family structure or encourage a partner to leave his or her marriage. In fact, Fife et al. (2008) clearly state that "infidelity is wrong... [and is] unacceptable in a committed relationship" (p. 316). In contrast to this

sentiment, Linquist and Negy (2005) argue for therapeutic neutrality on the issue. The authors pose the question that if infidelity is undeniably problematic then why is the prevalence rate so high. Two of the benefits they argue are evolutionary and an inherited need to have multiple partners at one time. Additionally, Linquist (1989) lists possible motives for people having an affair: to escape loneliness in the marriage, seeking excitement, encountering sexual variance, to communicate and receive affection, to be validated, improve your self-esteem, and enhance one's career.

Linquist and Negy (2005) did not articulate a therapeutic framework from which to work but outlined the direction of therapy. Therapists are to help clients find clarity in their intricate and sometimes chaotic feelings. Clients explore with the therapist the pros and cons of this extramarital relationship. Reiterated continuously is the therapist's ability to not deter or encourage the affair. The therapist expresses their stance as neutral.

### **Common Ground Among Models**

The theoretical underpinnings of the models presented have some similarities and stark differences. Strictly comparing and contrasting the treatment process for these approaches provides some insight on overarching themes that clinicians, regardless of theoretical background, agree are part of treating couples that are healing after infidelity.

In the early stages of therapy it is agreed upon that two things must happen: first, the therapist needs to manage and stabilize the emotional reaction to the affair. Second, the therapist needs to come up with a clear picture of the circumstances surrounding the infidelity. In symbolic/experiential and emotion-focused models, the emotions are not extinguished but played out in a safe arena established by the clinician. Social



constructionists don't target the emotional reaction but do seek to understand the story of each partner surrounding the affair.

Looking at the middle phases of therapy, generally clinicians look to understand what factors made the couple vulnerable to infidelity and treat these factors. Whether this is done through restructuring thought processes, deconstructing meaning systems, rebuilding attachment bonds, or teaching communication skills, what was broken or missing is assessed and respectively targeted in treatment.

Whether explicitly outlined in the treatment model or implied in the goals for the later stages of therapy, forgiveness was included in all the models presented. For both the integrative models and the emotion-focused model forgiveness was outlined as a specific phase of treatment. For the social constructionist model, 'expanding their meaning system' had similar undertones of the forgiveness models presented by Fife et al. (2008) and Gordon et al. (2004). Common to all these phases resembling forgiveness are empathy and hope. The development of these characteristics in both partners and as a couple allows for sincere emotion and thoughts to be expressed and a real future form for the couple.

As opportunity for infidelity grows across emerging mediums and for diverse individuals, it is important to note commonalities in these new treatment models. Hertlein (2004) extrapolates commonalities of internet infidelity treatment models across the literature and found the majority of clinicians focus on finding missing components of the couple's relationship. Hertlein and Weeks (2011) emphasize that tailored treatment and corresponding research are critical and needed for couples with diverse backgrounds.

The common ground delineated in this paper is hardly comprehensive or exhaustive for the models referenced. Fundamental commonalities were found between models and summarized here to demonstrate some of the overlap occurring between models from completely different theoretical foundations. The real limitation lies in the lack of empirically validated models for treating infidelity. It seems a general consensus that only two articles have been published to empirically validate infidelity treatment models (Fife et al., 2008): Gordon et al. (2004) and Atkins et al. (2005). Both models were based in cognitive-behavioral theory and found that couples improved when treated in the respective models. The outcome differed in the experience of the offending partner. For one study, the offending partner experienced less distress and did not make as much progress as the partner who was betrayed (Gordon et al., 2004).

Whether the model has been quantitatively or qualitatively studied, Blow and Hartnett (2005) question that defining ‘effective’ treatment is actually achievable. Who decides that the treatment was ‘effective’? Is it effective if only one partner feels that way, or if the couple splits and both express greater happiness? What if they stay together and never overcome doubt, rebuild trust, or experience healing? Regardless of the research method used, measuring effective outcomes of couples having been treated for infidelity is ambiguous at best.

## CHAPTER 3

### METHODOLOGY

#### **Design & Rationale for Methodology**

One of the reasons to conduct qualitative research is to, “allow researchers to get at the inner experience of participants, to determine how meanings are formed through and in culture, and to discover rather than test variables” (Corbin & Strauss, 2008, p. 12). As the aim of this study is to develop a deeper understanding of couples’ experience healing from infidelity as they participate in couples therapy, a phenomenological approach was used to conduct this study. More specifically, phenomenological approaches in qualitative research focus on exploring the ‘lived experience’ of participants of a given phenomenon. According to Husserl (1913), a founding father of phenomenology, asserted that studying another’s experience comes by interpretation of the experience, as they describe and interpret it themselves. Essentially, the participant’s description of the experience and their interpretation of that experience become so entwined that they emerge as the same thing (Patton, 2002). As the experience of the participant of a phenomenon is described, the researcher’s prerogative in the analysis of that interpretation is to capture the essence of their experience. This ties directly to an assumption from which phenomenology takes root: an existence of an essence or essences in shared experience among people (Patton, 2002). These essences are the core qualities and meanings found in the shared experiences of a phenomenon.

In summary, a phenomenological approach to qualitative research is less interested in the objective reality of something such as, “How do children learn science?”, rather, phenomenologists ask, “What is the essence of their learning

experience?” (Van Manen, 1990). The implications of phenomenology’s assumptions are 1) the interpretation and perception of someone’s experience is important; and 2) the only way for one to know or understand the experience of another is to experience, as closely as possible, the phenomenon itself. Thus, arriving at a proximal experience of the phenomenon itself is essential and methodologically occurs through participant observation or in-depth interviews (Patton, 2002).

This study used semi-structured interviews with open-ended questions as couples were interviewed together. To facilitate the idiosyncrasies of each partner’s experience, I sought a response to the questions from each partner; this is in accordance with Helmeke and Sprenkle’s (2000) findings that partners often identify different experiences as pivotal to their treatment. The experiences of each partner and couple were analyzed following guidelines of grounded theory in order to delineate theoretical constructs and the essences of shared phenomena from the data acquired (Corbin & Strauss, 2008).

### **Participants**

In their extensive review of the infidelity literature, Blow and Hartnett (2005) discovered that finding an adequate number of research subjects was one of the most difficult challenges researchers face when studying a topic as sensitive as infidelity. Finding participants was a challenge in the present study. Nevertheless, three couples elected to participate in the study. All ethnicities, ages, and sexual orientations were invited to participate in the study, if available. No limitations were given to qualify for the study except for partners reporting a healing or beneficial experience from participating in couples therapy for infidelity. Even partners who had separated or ended the relationship but reported a healing and positive outcome from their experience were

also invited to participate. All three couples interviewed had continued in the relationship and were working toward termination in couples treatment. Current MFT students, faculty, local therapists, and alumni of the University of Nevada, Las Vegas (UNLV) were contacted to refer participants to the study. Two of the couples that participated were referred by students currently working at the Center for Individual, Couple, and Family Counseling (CICFC) located on UNLV's campus. The third couple was referred to the study by a MFT faculty member from UNLV. All three couples were local residents of Clark County, NV.

The participants consisted of three heterosexual couples whose partners were between the ages of 33 and 48. Each were in a marital relationship with a range of relationship duration between 10 and 22 years. One couple consisted of two African-American partners with the other two couples consisting of Caucasian partners. All six participants identified as Christian. The experiences for two of the couples were the husbands being extra-maritally involved. Both participants in the third couple had participated in extra-marital relations.

Each couple contacted the researcher and selected the date, time, and location of the interview. Two of the three couples elected to be interviewed on campus at the CICFC. The other couple chose their home for the location of the interview. The interview lasted between 45 and 60 minutes, however, no time limit was given to the participants allowing them to comfortably and fully respond to the open-ended questions without the pressure of a time constraint. Each partner read through and signed an informed consent to be interviewed and audio recorded prior to commencement of the

recording. The interview was conducted following the Semi-Structured Interview Guide (see Appendix A) and each couple was given a gift card for participating in the interview.

### **Procedures**

The author met each couple at the appointed time and day they elected to be interviewed at the Center for Individual, Couple, and Family Counseling (CICFC) or in their home. For those interviews at the CICFC, the couple was escorted to a private room in the clinic and received the informed consent paperwork to be filled out prior to the interview or audio recording began. Similarly, the interview conducted in the participants' home, was preceded by the informed consent paperwork. I reviewed the purpose of the study, risks and benefits of participation, and matters of confidentiality with the participants. Following consent by signing the paperwork, I began the digital recording and proceeded to interview the couple according to the Semi-Structured Interview Guide (see Appendix A). Throughout the interview, follow up questions were asked to obtain a thorough description of each partner's experience of the healing process. At the conclusion of the interview, compensation was distributed in the form of a gift card to each couple.

### **Instrumentation**

As previously indicated, the interviews were conducted in the place of the participants' choosing. The Semi-Structured Interview Guide (see Appendix A) was developed from a question guide from a similar study by Bird et al. (2007). Four prominent areas of the healing process were addressed. First, the significant emotions experienced by both partners and how therapy helped soften those emotions initially and throughout treatment. Second, how hope and motivation regarding therapy and their

relationship grew initially and throughout treatment. The third area considers rebuilding trust in the relationship. The final area addresses the importance and process of forgiveness in the couple's process of healing. Each interview was recorded with a digital recording device for later transcription.

### **Role of the Researcher**

In qualitative research, the researcher (interviewer) can be viewed as the instrument by which data is collected, analyzed, and interpreted (Adamsson, 2005). As this is the case, it is important to address the experience, knowledge, and biases I bring to the research that potentially contribute to the outcome of the study.

My experience and knowledge of therapy not only impacted my approach when interacting with these three couples but influences, potentially, the way they interacted with me. Gilgun, Daly, and Handel (1992) warn of an increased potential for participants to confuse the role of the researcher as, instead, the "expert helper" (p. 7). Gilgun et al. (1992) outline four considerations that influenced my approach with the participants of the study: 1) do not expect a one-way retrieval of data from participants, they may seek counsel in the research interview; 2) you can expect participants to ask for advice in a setting where intimate details of sensitive issues are being discussed; 3) if the researcher decides to provide advice, it must be negotiated clearly as a separate from the research protocol; and 4) extended involvement in studying families opens the researcher to the risk of becoming involved in the family system. Prior to the interviews I was prepared to advise partners to seek further counsel from their current therapist if they began interacting with me in a therapist-type role.

Regarding my biases as a human instrument in this research, I believe in the principles of forgiveness and commitment in a relationship. As all three couples decided to stay together and to work toward improving their relationship my bias may not have played into my interaction as much as if I had interviewed a couple who had decided to end the relationship. Another bias that most likely impacted my interactions with all of the participants is a greater sympathy for the injured partners. It was important that I temper that bias by asking questions about forgiveness and difficult emotions felt by the involved partners. Each of the group discussion analysis sessions were audio recorded and a audio journal was maintained for reflection on my independent analysis sessions.

### **Analysis**

After the interview, audio recordings were transcribed and the data was analyzed using a grounded theory protocol. The analysis was conducted by a research team consisting of myself, a faculty member and another graduate student. Prior to the analysis, the faculty member trained myself and the other student on the purposes and procedures of qualitative data analysis. We received literature on qualitative data analysis and participated in practice analysis exercises using sample transcripts to become familiar with the experience.

Open-coding was the first step where we, as a research team, identified concepts, categories, and sub-categories throughout the transcript. Strauss and Corbin (1990, p. 62) described this process: “The data are broken down into discrete parts, closely examined, compared for similarities and differences, and questions are asked about the phenomena reflected in the data.” As this occurs, each researcher will arrive at a point where no new concepts are being generated, achieving theoretical saturation (LaRossa, 2005).



An additional piece to open coding involves categorization of the concepts found. LaRossa (2005) clarifies that not only does this involve grouping similar concepts together but a second phase of dimensionalization is required. Dimensionalization is taking apparently dissimilar concepts and grouping them under a more abstract heading. Identifying dimensions is to find a common property between apparently dissimilar concepts (Strauss & Corbin, 1990).

Each member of the research team individually open coded the transcript for the first couple and then met together to discuss the prominent themes of the couples' healing experience. I led a discussion where each member shared their conceptualization of thematic components of the participants' responses. Throughout the discussion I kept a record of key points shared by each team member.

Next, I proceeded to the next phase of the analysis protocol, axial coding. An earnest analysis is completed for each category (Strauss, 1987). LaRossa (2005) used Glaser's (1978) "theoretical coding" to specify the axial coding process. First, one looks at a selected category for "causes, contexts, contingencies, consequences, covariance's, and conditions" (p. 74). Second, the researcher is looking for processes, stages, and phases. Third, participants' schemes, strategies, and approaches are looked into. This three-step process occurred as I reviewed the open-coding discussion notes and transcript notes from each of the team members, looking at the relationships and contexts for each of the themes.

Once the first two phases were completed for the first transcript, the research team met for another open-coding discussion regarding the second couple interviewed. Each team member again identified prominent themes but additionally considered the themes

of the first transcript. The group discussion revolved around themes displayed in the experience of the second couple and the similarities and differences between the two interviews analyzed.

This moved the analysis into the final phase of selective coding the interview transcripts. This final stage involves identifying a “core variable” from the data that emerged as the most prominent and relevant variable (LaRossa, 2005, p. 851). LaRossa (2005) uses a *Tinkertoy* set to teach this phase to his students. After making a large configuration of spools and sticks, LaRossa explains that the spools are variables and the sticks represent relationships between variables. “A good candidate for core-variable status is the spool that has the most connections to other spools” (p. 851).

Multiple sessions were spent by myself, identifying the core variables of the data. Once a cohesive conceptualization was created of themes, processes, and core variables I sought to triangulate these results by meeting with the other student researcher who had independently conducted axial and selective coding sessions. We collaborated to arrive at a conceptualization we both felt was accurately representative of the data.

Following this analysis, I conducted a third interview that I then coded and analyzed on my own. The analysis included open coding of the interview and comparing and contrasting the data with the themes and core variables developed from the first two interviews. Through this process, The previous conceptualization of the data was expanded to include the experience of the third couple.

This analysis procedure and write up are efforts to ensure rigor by following the procedures identified by Cresswell (1998) for triangulating core variables, categories, processes, and concepts. As explained by Anfara, Brown, and Mangione (2002), ensuring

rigor of qualitative research happens when the research team's actions of triangulation, development of themes, and relationships between data sources and research questions are clearly articulated in the research report. The intent is to create a transparent methodology and include enough detail that will allow any reader opportunity to make his or her own validity judgment (Anfara, Brown, & Mangione, 2002). In addition, member checks were used to limit researcher bias. A faculty member and student researcher contributed to the formation of the themes identified to avoid unilateral results. Also, potential biases from each of the research team members were discussed as a group to check the impact of individual experience and bias.

## CHAPTER 4

### FINDINGS

#### **Results**

The process of healing from infidelity as reported by the participants, involved multiple components. Two main themes and four sub-themes were found in the analysis of these three interviews. The two main themes are: rebuilding trust and managing reactionary emotions. The four sub-themes consist of the decision to forgive, a perspective change, communication, and the role of therapy.

#### **Rebuilding Trust & Managing Emotions**

The structure of the interview questions included inquiries about significant moments towards healing, experience of building trust, managing reactionary emotions, forgiveness, and therapist role. All of the responses given by the participants tied back into two overarching experiences: rebuilding trust and managing reactionary emotions. The assumption in the interviews was the perspective that infidelity in a relationship creates an absence of or compromise in trust between two individuals in a committed relationship. I define trust, as it pertains to human relationships, as a firm belief in the reliability, truth, ability, or strength of someone. I also note that the questions asked and discussion had with the participants carried the assumption that compromising trust in a relationship has negative implications and subsequently a deleterious and perhaps traumatic impact on those relationships. One of the participants described this breach of trust,

For me, it's not so much the infidelity that crushed. It gets a lot of people but it wasn't what it was for me. It was the fact that I'd known [my partner] for years. You know, we were friends and I thought that he was this kind of person with these kind of values and everything. And that's why we were friends for so long

and that's what attracted me to him. And then to have that destroyed, you know, because I would have never ever, even people used to say (we used to get into it), 'Are you sure there is nobody else?' No. He'd never do me that way. I was never ever worried about that. You know, other people I have but with [my partner] I never worried about it. So that's what slammed me.

As previously noted Weeks et al. (2003) define infidelity, "as a violation of the couple's assumed or stated contract regarding emotional and/or sexual exclusivity" (p. xviii). Infidelity is one of many ways to breach this relational contract and to defy the relationship's assumption of trust. Due to the notion, that trust is a foundational piece to a couple's relationship, and the experience of compromising that trust as compromising to the continuation or existence of the relationship itself, the couples' responses to the interview questions centered on the experience of rectifying the damaged trust in the relationship. One injured partner described the start of her experience of rebuilding trust,

I think to get to even to start to trust, once we decided we're making this work, we're getting past this... you have to know that that part of the bad has gotta be behind you. You can't, every time someone would have done something that before you would have questioned, you have to not, you have to try. Because if you don't start to try you just keep in a routine, so you would do a little bit of trust. You just keep building on it... You have to make a pact that once you decide, that's it, you can't, you have to start anew. Just as if you were coming to a new relationship, to build that trust and not always saying something, 'I don't trust you because you did you know...' That was the biggest thing is if you can crush bringing it up all the time and focus on it being like a new, it's the best thing to do.

As the participants described their efforts to rebuild the trust in their relationships, one main obstacle was confronted by all three couples: reactionary emotions felt individually and exchanged between partners. One of the couples had made efforts to rectify their relationship for two years before seeking professional help. The female partner said their effort had only torn them apart. Her male partner, in an attempt to triage the emotional turmoil, reported

I was extremely selective on what we would talk about. She would start talking about things, trying to fix them and I would just shut her down, like, no, no, no, if we're going to work on this then you just gotta not talk about these things. We gotta start brand new and we don't have the ability to deal with these things because I'm just going to yell at you.

The ability for each of these couples to rebuild trust in their relationship following the trauma of infidelity, seemed to be contingent on each partner's ability to manage his/her reactionary emotions regarding their partner and his or her actions. Therefore, the research team understood the ability for couples to rebuild trust whether through behavioral interaction, verbal and nonverbal communication, and over time required the ability for them as individuals and as a couple to manage the heightened level of emotions now present in their relationship. This inverse relationship is exemplified in one man's description of how the negative communication patterns, involving volatile emotions, impeded the progress of healing in his relationship. He likened the experience as gears in a car that initially started to grind and soon thereafter shut down the entire car.

For the couple where both partners had betrayed the trust of the other, each partner's description had similarities to both the injured and involved partners of the other couples. For example, when the dually-involved couple was asked about trust, the husband reported that his wife's infidelity was not discovered until years after it had occurred. Since the time of her infidelity, he had become involved with another woman and upon discovering the history of his wife's affair said, "It had happened so long ago, I just wasn't worried about looking over her shoulder. I just knew she wasn't doing that now." Throughout these results I identify partners as 'injured' or 'involved.' Because each partner in the aforementioned relationship qualify as 'injured' and 'involved,' any

citation from their interview will refer to them using one of these labels as it relates to their response.

An interesting piece to the dually-involved couple was the wife's initial emotional response to her husband's infidelity. She reported when he disclosed the infidelity she was not upset. There had already been a heightened level of reactive emotion in the relationship and she decided to disengage herself from the relationship. She says,

The trust was such that I kinda cut him off, in everything. It was sort of like, okay, I can't trust your judgment. I can't trust you, so I'm going to take over. I cut him out of pretty much anything to do with the kids. I didn't go to him and say what do you think about this? I just did it myself.

She goes on to explain that this effort to distance herself emotionally only escalated her resentment towards him and postponed the healing process.

The participating couples described four components to their healing experience that contributed to rebuilding trust and a greater ability to manage reactionary emotions with their partner: decision to heal, perspective change, communication, and role of therapy. How each of these components emerged from the data and how they relate to the two main themes and to one another will be described here.

### **Decision to Heal**

A common thread for these couples was an initial decision by the injured partner at the beginning of the healing process to forgive the involved partner. When asked if forgiveness was part of an injured partner's healing experience she expressed,

It has to be. If you don't forgive you are never going to heal. But that has to be the first thing. Well, in my opinion, I'll say forgiveness has to be the first thing because if it's not there then all your efforts are in vain.

Additionally, all of the injured partner's agreed that forgiveness was not intended to benefit their partner, but it was meant to be the first step in expunging destructive feelings for their partner. One woman said,

If you don't forgive them you are going to be unhappy. Because you're always harboring all those bad feelings and that's why I said that has to be first so you can get past the bad feelings toward that person. Doesn't make the anger and the disappointment and all go away but it kills my animosity.

She continued to express that forgiveness allowed her to hear her partner and find motivation to pursue healing in her relationship. While the injured partners articulated this initial forgiveness as an event, they each acknowledged that complete forgiveness was gradual and took time. One injured partner said,

It was still a gradual work up to where you are totally forgiving or whatever which it just still takes time which definitely grows with trust. But the forgiveness is just letting it go... The hardest part is once you forgive, knowing you forgave him! You said those words, now that's where it stays.

The responses received from the involved partners were similar to a large extent. Each of the involved partners recounted the experience they went through to forgive themselves. The first part was dealing with the condemning emotions toward themselves. One involved partner expressed how his frustration was with himself where he felt like he was battling himself. The next step facilitated leaving those condemning emotions behind, as the involved partners were accountable to themselves for their actions. This led them to refocus their energy toward change. One man described his self-forgiveness and said,

It took me a while to fully forgive myself and I put it behind me. But I had to realize that I had to come to myself and say, 'you know what, you really dropped the A-bomb on this one, what can you do to make it right?' I buckled down and I did it.



One of the involved partners varied from this self-forgiveness process in one aspect. He struggled to be accountable to himself and his partner to some degree. This involved partner seemed to feel he was a victim to some dynamic in his relationship. He expressed that his trust for his partner was “absent, void completely.” He also talked about all the changes she was making saying, “I didn’t change a bit.” One comment on his part that stood out,

A bond started forming because she was taking care of me and she was talking to God and she was reading the Bible and she was getting right and all the respect was there. It was like we were not talking about negative crap, it was only positive and she had a positive outlook on life that I’d never seen before inside her.

To this man’s credit he did go through a similar self-forgiveness process as the others of self-blame, self-accountability, and actions toward change. One moment in the interview in particular illustrates this man’s battle with self-disclosure and accountability,

Just to give you a background as far as healing goes... She could never get over it because we never actually knew if it happened or not. To this day we don’t know if it happened or not. We don’t know. So that made it extremely difficult on my part and hers but on mine, it was like, “I don’t know.” I don’t know if it happened. So it’s tough to be able to get over something that you’re not sure of. Your fighting something that’s unsure. So, I had to come to terms with maybe I did. There were pictures of this little boy and I mean, I’m looking at this kid and I’m looking at my kids and like for sure. It has to be. And when that happened I could then start to forgive myself because for this whole time I had been being convicted of this. I didn’t agree to it. I had numbed myself to it.”

### **Perspective Change**

Another theme that emerged was a perspective change for both the injured and involved partners regarding their partner, the infidelity, and their relationship. This change in perspective meant broadening the view into a greater context of time and a redirection of focus from blame to accountability and self-needs to other-needs.

### **Injured Partners.**

One consistent experience of the injured partners was arriving at a decision to heal either with or apart from their partner as described previously. In order to make that decision these partners changed the angle from which they were viewing the traumatic actions of their partner. One woman said a scene in a movie she saw spurred this change of viewpoint. She describes a conversation in the film where a daughter asks her mother why she'd stayed with her father after he had cheated on her. The mother replied,

Well I was walking down the halls and I was looking at pictures and all the memories and all the years we've been together and how am I going to condemn him for the rest of his life for one mistake when he's done so many right things.

The woman said she then replayed 8 years of her life with her husband and remembered all of the good things that he had done. She says, "I guess it was a huge mistake but it wasn't worth ruining family and devastating children and infect their lives in such a traumatic way." This woman, like the others, had changed her perspective of her partner, seeing their past and the possibilities of their future together

### **Involved Partners.**

This is where the experience of the involved partners diverges most significantly. Two of the three partners had a significant perspective change toward a focus on their partner's needs. This came on the heels of forgiving themselves and wanting to do something to make things right. One involved partner said of an intervention in therapy,

It started putting into perspective how her thinking process goes. What she wants more than anything is... respect, loyalty, understanding, responsibilities, faithfulness, uh.. encouragement and safety. So I know that she values those the most. So I had to incorporate that. I look at it as an objective.

Just as one of the involved partners expressed a similar sentiment to that of the injured partners regarding forgiveness, this same involved partner's change in perspective was similar to that expressed by the injured partners. He decided to give counseling a

chance because he saw potential in his partner and wanted a future relationship with her. The way he answered the questions gave us the impression that his focus was not as intense on the needs of his injured partner but as he saw her current behavioral changes in the context of negative past experiences to now, that seemed to motivate him to continue working toward healing the relationship. This lack of focus on her needs, as it seemed in the interview, seemed to be made up for in the next two sub-themes that emerged from the data, communication and the role of therapy.

### **Communication & The Role of Therapy**

These next key components for the participants' healing process emerged so intertwined that they will be discussed together.

#### **Communication in Safe Setting.**

As described earlier, the couples' communication patterns were destructive and maintained a state of heightened emotion between them that in turn prevented healing from the infidelity. When asked what helped soften the emotions, one woman said, "being able to sit down and talk about it and actually get a response for it." Four important experiences happened for both injured and involved partners while communicating in therapy:

- 1) They were able to express the things they felt;*
- 2) Their partner listened to and in turn validated what they were communicating;*
- 3) Each of the partners were able to be accountable and hear accountability from their partner;*

- 4) *Patterns of consistent and safe interactions were beginning to happen in these conversations and interactions in therapy that helped reinforce the experiences of trusting their partner outside of therapy.*

An involved partner explained how the safety of therapy allowed him to be accountable and to express how he felt, “She needed answers from me and sometimes in relationships you build walls that the other person can’t break down but a third party has zero walls.” He later continued,

I had this safe place to come to someone non-judgmental and I could just let it out. And I said, ‘Go ahead, ask anything because I want her to hear all of it...’ I was an open book. But that’s how you heal. You have to be able to be a complete open book...

An interesting piece to this quotation is the qualification of therapy as a safe place because of the “non-judgmental” therapist. This was just one of several characteristics of the therapists that facilitated the safety of therapy.

### **Therapist Characteristics Create Safety.**

The experience of safety in therapy was not a given for any of the couples. Each couple had a partner with previous negative experiences which slowed their investment in therapy or the therapists. For example, one man had a history in the air force where he would meet with his superior officers and they would gang up on him for things he was or was not doing. He expressed in the interview that he knew nobody was going to attack him but it took him a while to learn that the therapists were not a threat to him. Certain characteristics and behaviors from the therapists facilitated each of these partners’ overcoming hesitations and everyone experiencing feelings of safety in therapy.

All of the couples reported characteristics of respect, patience, and validation of their feelings and experience as beneficial interpersonal experiences with their therapists.

One woman discussed how at times she would come to session quite upset and not wanting to discuss her feelings. Her therapists would respect this by acknowledging how she felt and not pushing her to change or “get over it.” Additionally, she appreciated how at times they would push her to extend herself emotionally for the better of the relationship. Another common characteristic that both injured and involved partners mentioned was good modeling of communication skills. The couples felt each session was in control, which contributed to the safety in the room. The confidence the therapists had in the communication they were modeling and teaching each partner came as “reassuring” and “helpful.”

### **Applicable Interventions.**

Initially, all of the couples seemed to have a degree of dependency on therapy as a setting for safety in their communication. The more they took advantage of this safe platform for communication, the more it positively impacted the healing experience. The dually-involved couple did not initially invest in therapy or feel there was safety in any environment. It took time for them to build that safety into their relationship and when safety came, it largely happened in the therapeutic context.

As all the couples learned about safety in therapy, they would use these new skills at home to manage the reactive emotions. A common technique was postponing arguments or any extended negative exchange between them and to bring those feelings and conversations back to therapy where they felt structure and support to help minimize destructive interactions but were able to convey valid concerns and feelings. After the initial intense emotions softened, the couples reported an escalation in open communication. One partner reports, “our communication started to open up and we

started to discover these wounds and after we looked at them, the healing process started to take place and our communication started clearing up and the clouds started lifting.”

Not only did the therapeutic setting facilitate a place of safe communication, but, it prepared these couples to maintain this safety outside of therapy.

### **Interaction of Sub-Themes**

The interaction of the sub-themes is a non-linear relationship. At times the research team noticed the experience within one sub-theme facilitated experiences related to another sub-theme and vice-versa.

### **Perspective Change & Decision to Heal.**

One involved partner gives insight into how a perspective change toward his partner's needs positively reinforced his decision to heal with his wife. This husband was asked about significant moments in his healing experience and as he explained the benefit of spending time with his wife he said, “I saw the joy in her face and knew that it was something that helps bond and that's what it's about, spending the time trying to bond with her on her level.” It seemed he had found significance and meaning in being part of the relationship with his wife as he focused on her needs and interests.

Implicit in these couples' decision to heal was a decision to commit to the time the healing process would take. One partner said, “I think for me, I guess there's a healing part and there's a commitment part... And if you've got the commitment to see that through, you'll deal with those little irks or annoyances or pain.”

The concept of commitment to the healing process was important for this woman. Her experience exemplifies the variability in the degree to which these sub-themes play into the overarching experience of building of trust and managing emotions throughout

the healing process. For her, therapy was not as important of an experience as it was for the other two couples we interviewed. She agreed that it played a definite role in the healing process but felt therapy interacted more with communication than her continual decision to heal.

**Communication in Therapy & Decision to Heal.**

Another example of how two sub-themes interacted comes from an earlier example given that referred to an injured partner's decision to forgive and how that allowed her to 'hear' her partner. Prior to her deciding to forgive, she gave an example of how therapy sometimes consisted of her, her husband, and the co-therapists sitting in silence for extended periods of time because her animosity didn't allow her to engage in any type of communication with either the therapists or her partner. However, upon her decision to not seek vengeance through malicious communication and to deal with her reactive feelings in a constructive way, she engaged in the learning process, in therapy, of communicating safely.

## CHAPTER 5

### DISCUSSION AND IMPLICATIONS

#### **Discussion**

The purpose of this study was to better understand the experience of couples as they go through the healing process while participating in couples therapy. More specifically, as a research team, we sought to identify common themes in the experience of different couples going through this experience. Several insights came from the data: first, at the core of each couples' experience was a process of building trust that was mediated by managing strong emotions toward their partners. Any inability to engage in the trust building process or to effectively manage one's emotions came as an obstacle to the healing process for these couples.

Secondly, there were four aspects to the healing experience that facilitated the trust building and emotion-management process: 1) a decision to heal or forgive, 2) a perspective change of one's self and one's partner, 3) safe communication, and 4) the role of therapy. All four of these aspects contributed to all three of the couples' healing process in therapy, however, certain aspects played a greater importance for each couple and each partner. These additional insights both align with and differ not only with previous research regarding healing for couples in therapy but the compatibility of the couples' experience with the models used to treat them.

#### **Healing Experience**

Only one study has focused on understanding the couple's experience of healing from infidelity while in couples therapy (Bird et al., 2007). The results suggested a three-phase process of healing that begins with a successful transition into therapy where



particular characteristics and interventions of the therapist enabled each partner to engage in the healing process. Once the couple was committed to the therapeutic process, emotional regulation and trust building were facilitated by the therapist that led to the final phase of forgiveness. The key components identified by Bird et al. (2007) are reflective of what was found in this study. In particular, the description of restoring trust as gradual as each partner made changes in their behavior, gradually allowing their partner to see their commitment to the relationship and evidence of being a trustworthy person. Most importantly, as noted in their article, the early stages of trust building are difficult because of the emotional volatility and require an “increased level of openness and accountability” (Bird et al., 2007, p. 14).

Two major differences arose in the results for the current study compared to Bird et al.'s study (2007). First, Bird et al., (2007) describe the healing experience as a three-phase process with sub-processes within each phase. Although they acknowledge their results presentation as a linear process being less accurate to a “circular, reciprocal process” (p. 10), the varied experiences of the couples participating in the current study suggest a circular process. While I agree that particular aspects of healing occur at greater intensity at different time periods of the experience, I see less of a linear experience and more of a circular experience with each of the identified components playing a stronger or weaker role at different points across time depending on the couple's particular circumstances.

The second major difference was the description of forgiveness. I agree that forgiveness, like trust, is a gradual experience that occurs throughout therapy and even after. However, identifying forgiveness as the final phase did not follow the experience of

this study's participants. As indicated earlier, the injured partners described forgiveness as having to be "the first thing." One partner said, "if you don't forgive first then you can't begin to heal." None of the injured partners indicated that forgiveness was a one-time event happening at the outset of therapy; however, each reported a significant decision on their part to forgive their partner early in the healing process and learned throughout therapy how to maintain that decision to forgive.

### **Difference In Forgiveness Models**

These reports by the participants contradict, to an extent, several of the common treatment models developed for infidelity. For example, Baucom, Gordon, and Snyder (2004) have forgiveness and moving on as their final phase in treating infidelity. These authors define forgiveness as "a process in which partners pursue increased understanding of themselves, each other, and their relationship in order to free themselves from being dominated by negative thoughts, feelings, and behaviors" (Gordon, Baucom, & Snyder, 2008, p. 155). According to the experience of the current study's participants, this process of understanding self, other, and the relationship begins immediately as emotions are learning to be regulated. I agree that arriving at a state of forgiveness (where reactionary emotions cease to be the controlling force in a person's behavior toward their partner) was an achievement that came for our participants after months and years of engaging in the healing process. However, as already emphasized, the process of forgiveness began early in the experiences of this study's participants. Later, I will discuss the implications of this study's results for current treatment models used by clinicians.

### **Emotional Experience**

Leading up to and following the discovery of infidelity in a committed relationship, both partners experience a spectrum of emotions: confusion, denial, anger, shock, self-loathing, self-blame and insecurity (Balswick & Balswick, 1999; Charny & Parnass, 1995; Weeks et al., 2003). Commonly the fallout of infidelity is described as a post-traumatic stress experience (Glass, 2003; Lusterman, 2005). This study agreed with the experience of hyperarousal and of wide ranging emotions. In this study hyperarousal indicated a loss of control in expressing the intense emotions both partners were feeling at the discovery of infidelity or for the involved partner the intense feelings surrounding the destructive patterns in the relationship as a whole.

### **Seeking Professional Help**

Less than 25% of couples whose relationships end in divorce say they sought out professional help (Doss, Atkins, & Christensen, 2003). Common reasons for those divorced couples who never sought out a professional intervention were: an unwilling partner, privacy, or didn't feel there were any problems. However, the most common reason was, it was too late (Doss, Atkins, & Christensen, 2003). Although not recent, one study estimates couples wait an average of 6 years from the time they determine significant issues in their relationships before they pursue professional help (Gottman & Gottman, 1999).

The three couples who participated in the study varied in several ways, in how long they were in their committed relationships and marriages, at what point the infidelity surfaced, and whether the affair was ongoing or a one-time incident. However, they all waited years before seeking out professional counseling. One couple had been married 6 years when the infidelity was discovered and spent another 2 years trying to rectify the

situation on their own. All of the couples used the same words to describe their decision to enter therapy, as a means of “last resort.”

Several studies have indicated that the greater distress there is in a relationship the less effective couples therapy will be toward ameliorating the issues (Snyder, 1997; Snyder, Mangrum, & Willis, 1993). The couples interviewed were a minority, in that they entered therapy at a high distress level and were successful in making significant progress toward healing their relationship. Further discussion on understanding the barriers for couples seeking professional counseling services is recommended as the ability of clinicians to effectively intervene is significantly limited by the timetable of couples’ decision to enter treatment for significant issues such as infidelity.

### **Support to Current Common Treatment Models**

It seems the couples who participated in this study would benefit from any of the variety of treatment models discussed earlier in this paper. Critical to our participants’ healing experience was regaining control of the emotional exchange between partners. Not one of the models neglected this need and all emphasized the need to establish safety. For example, Winek and Craven’s (2003) experiential approach made establishing safety in therapy as a first priority by assessing the commitment of each partner and addressing the involved partner’s accountability in ending any extra-marital interaction. One of the injured partner’s reiterated the necessity of this commitment to healing. She felt her own commitment and seeing and hearing the commitment of her partner kept her going as the battle to navigate the emotional turmoil occurred throughout therapy. Winek and Craven (2003) report that commitment to the relationship early in healing facilitates emotional responsiveness between partners.

Another prominent model, Emotion-focused therapy (EFT), accentuates one of the most important experiences for the couples in this study, the exchange of emotional expression. Sue Johnson (2005) describes key steps that benefited these three couples: first, partners being able to express their strong emotions in a safe place; second, feeling heard by their partner; and third, having their partner sensitively respond to them in a vulnerable way. All of this study's participants cited struggles of feeling heard or even being able to talk about the infidelity and other relationship issues with their partner without a significant negative experience occurring.

Perhaps the model most consistent with the results from this study was the integrative model described by Fife, Weeks, and Gambescia (2008). The model addresses the emotional volatility early as well as the forgiveness and trust processes in the initial stages. This model emphasized progress toward a new and different relationship that coincided with our participants' intentions, one involved partner said, "I was simply trying to close a door in my life and start anew with my wife." An injured partner said, "There was definitely pull backs and shove forwards for a little while but I think when you decide that you are going to work it out and that you want to forgive and try to mend it, you have to make a pact that once you decide that's it, you have to start anew. Just as if you were coming to a new relationship."

### **Limitations of the Study**

One of the limitations to this study is the method of data acquisition using self-report. Throughout the interview responses to questions seemed to evolve. For example, one injured partner indicated she experienced little emotional turmoil upon the discovery of infidelity but as she described her experienced talked about the way she distanced

herself from her partner, fighting strong emotions as they would arise, and eventually being mean and bitter toward her partner.

Another inconsistency seemed to be one partner's experience with trust. He was part of a couple where both he and his wife had been unfaithful for extended periods of time at different points in their marriage. When asked about his experience with trust, he reported never second-guessing his wife or feeling like he couldn't trust her. He explained that he found out so long after the infidelity had occurred that he never felt a need to worry, based on the then current relationship, whether she was engaging in anything extramarital. The contradiction seems to come in his experience of lacking intimacy and loving relationship with his wife. As the interviewer, I noted that this lack of intimacy may have been an outcome of covertly not trusting his wife.

Another significant limitation to the study is the sample size. Only three couples participated in the study. This came as no surprise to me as indicated earlier how difficult recruiting for infidelity studies can be (Blow & Hartnett, 2005). This limitation indicates limited generalizability to the population of couples seeking treatment for infidelity. However, I do believe this study contributes to the findings of Bird et al.'s (2007) report on a couples' experience of healing from infidelity.

### **Implications for Clinical Practice**

Due to the study's limitations, it is important not to overstate the implications of this study. However, there are lessons that can be extracted for a clinician treating couples dealing with infidelity. One way of using this study is considering the helpful characteristics of the therapists discussed and therapeutic interventions and approaches they incorporated treatment. For example, two of the three couples appreciated the

balance of a co-therapy team. Although no studies were found indicating co-therapy was more effective for certain clinical issues in couples therapy, the benefits of co-therapy teams have been studied (Bowers & Gauron, 1981) and might be beneficial in certain cases.

Emotional volatility is not a unique experience for couples dealing with infidelity in their relationship. Clinicians encounter heated and/or ice-cold emotional exchanges in therapy frequently. The ability for this study's participants to manage this emotional exchange successfully, contributed to the outcome of therapy and the overall destination of the relationship. Acknowledging that this is not the only piece to successfully resolve couples issues in therapy, the general applicability and importance of managing the emotional exchange between couples cannot be understated. Perhaps the emergence and success of an emotion-focused approach is evidence toward this claim. While nothing conclusive can be drawn from a discussion of the relative importance of successfully managing emotions in relationships, one implication of this study is a greater need to investigate this component of couples therapy.

Another, and personal implication or impact of the information acquired in this study was the place it found in my current approach with clients trying to heal from infidelity. Recently, I quoted one of the study participants to help normalize the emotional roller-coaster of a client and she followed, questioning if the woman I quoted had in fact successfully recovered from the roller-coaster ride. As I responded in the affirmative she sighed and seemed to garner a bit of hope in her current dilemma. Perhaps less to do with the treatment of infidelity and more so the training of couples therapists,

being able to interview and hear hindsight testimony of the therapeutic experience was an unexpected and enlightening aspect of participating in this research study.

Outcome-based learning is a limited component to training marriage family therapists today. A recent study recommended the use of outcome measures to maintain accountability of the therapist to their clients, the profession, and the community (Sparks, Kisler, Adams, & Blumen, 2011). For training programs where clinics are on-site facilities, clients sign an informed consent typically agreeing to be participants in studies by the training program. Frequently, individuals, couples, and families successfully terminate therapy and leave the clinic without any of the trainees, except the clients' own therapist, benefitting from their clinical experience. Oftentimes these people are longtime clients of the clinic and have undergone significant transformations such as healing from infidelity, successfully managing mood disorders, or finding peace from early childhood abuse. Student clinicians may benefit from clinical experiences gained from involvement in and use of outcome-based learning.

### **Future Research**

Future studies in the area of infidelity should seek to qualitatively assess the experience of couples in therapy. However, because of the difficulty in recruiting participants for face-to-face interviews it may be of benefit to assess the experience through open-ended questionnaires the partners could fill out on their own. Even so, the size of the sampling pool may be limited in that few couples successfully emerge from the experience of infidelity even after seeking professional intervention.

Next, only two studies have sought to empirically test treatment models of infidelity. More studies should be pursued in substantiating the cognitive and



behaviorally based models already tested and perhaps assess the effectiveness of emotion-focused treatments. These types of studies may narrow and focus the approaches being used by couples therapists across the profession. As infidelity is one of the most frequent yet daunting presenting problems, experienced and training therapists need further insight on how to intervene effectively and successfully.

Infidelity typically occurs in relationships at a point of crisis in the relationship or for one of the individuals involved. In a preventative effort, helping individuals and couples utilize available resources, such as therapy, to intervene before such trauma emerges in relationships may be a valuable research pursuit. Not only understanding the obstacles to entering therapy but effective ways of eliminating those obstacles needs to be of greater focus of in the field of marriage and family therapy.

Each of the recommendations for future research have the possibility of being studied in on-site clinics of training facilities. Both the university and local clinicians should take advantage of these opportunities and maximize the opportunities for data acquisition at these sites. Two of the three couples recruited in this study came from an on-site clinic at UNLV. As effective treatment models are studied, students can be utilized as ‘implementors’ of these treatments under study. Although concerns may arise at the ability of these new clinicians, it has been my experience that new clinicians may be valuable assets in acquiring data and carrying out research studies especially surrounding infidelity.

## APPENDICES

## Appendix A: Sem-Structured Interview Guide

### **General Questions about change and healing**

Lead in: Many couples describe change and healing as a process or journey, and there are usually specific things or events that help them with healing.

- Will you describe some of the significant moments or steps that helped you individually and as a couple in your healing?
- How did counseling or therapy help you?

### **Questions about emotions**

Lead in: Couples who seek therapy for infidelity usually experience a variety of emotions, such as anger and hurt.

- Were there moment in/out of therapy that helped you begin letting go of the anger or hurt, that softened the emotions toward your partner? Will you describe what happened?
- What did you (or your partner) do that helped with letting go of anger or easing the pain?
- What did the therapist do to help facilitate these changes?

### **Questions about trust**

Lead in: Trust is often an issue that is addressed in cases of infidelity.

- What was your experience with trust?
- Will you describe moment in/out of therapy that helped to rebuild/re-establish trust?
- What did you (or your partner) do to help rebuild trust?
- How did the therapist help with rebuilding trust?

### **Questions about forgiveness**

Lead in: For some couples, forgiveness is part of their healing.

- Was forgiveness an important part of the healing process for you?
- (If yes) How was forgiveness incorporated into the treatment/healing process?
- What things in/out of therapy helped with forgiveness?
- What did the therapist do to help with forgiveness? or What role did the therapist play in helping forgiveness occur?

### **Additional questions to understand the process of change/healing**

- What else took place in counseling/therapy that was helpful or significant in the healing process for you?
- What experiences first indicated to you that therapy was going to be helpful?
- Were there other ways counseling or therapy helped the healing process? Or Were there other ways that the therapist helped you take the steps required for healing your marriage?
  - o Probing: In other words, what additional things, if any, did the therapist do or say that helped change to occur?
- Was there anything that you felt hindered the process?

- Is there anything outside of therapy that we have not discussed that was helpful/significant in the healing process?
  - o Probing: These things could include homework assignments from therapy, individual accomplishments, things you did as a couple, or events that happened outside of therapy that had a significant impact on the healing of the relationship.
- What else did you partner do that helped change and healing take place?

### **Questions about challenges or setbacks**

Lead in: For many couples, healing is not necessarily a smooth process.

- Will you describe any setbacks or negative experiences you experienced over the course of therapy?
- What were the main challenges you faced as an individual as a result of the affair?
- What were the main challenges you faced as a couple?
- What did the therapist do or say to help you meet those challenges successfully?

### **Acquire basic infidelity information**

Lead in: Before we finish, it is helpful to know some basic information about your pre-therapy experiences.

- Could you briefly describe what events initiated your decision to come to therapy?
- Who initiated therapy?
- What were your expectations going into therapy?

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Curriculum Vitae

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### Education:

- **Master of Science:** Marriage Family Therapy- University of Nevada, Las Vegas (Projected December 2012)
  - o Thesis: Client Experience of Healing from Infidelity Using Couples Therapy
- **Bachelor of Science:** Psychology- Brigham Young University (December 2009)
  - o Capstone Project: Parenting Styles and Adolescent Academic Success

### Work Experience:

- **Adjunct Instructor:** Utah Valley University (January 2013)
  - o Undergraduate Instruction: Family Financial Resource Management
- **Graduate Assistantship:** University of Nevada, Las Vegas
  - o Undergraduate Academic Advising (August 2010-January 2012)
  - o Undergraduate Instruction (August 2011-December 2011)
    - Developed course curriculum
    - Taught freshman level college skills course
    - Service learning project: Urban graffiti removal
  - o Urban Affairs Advising Center Recruitment Coordinator (August 2010-August 2011)
- **Mentor & Assistant Supervisor:** Telos Residential Treatment Center (May 2009-June 2010)
  - o Treatment team member for at-risk teenage boys
  - o Assist therapists in recreational, group, and art therapy
  - o Manage mentors and develop intervention skills with students
  - o Transportation Coordinator
- **Applied Behavioral Analysis (ABA) Instructor:** Redwood Learning Center (Pierce Residence- January 2007-December 2007)
  - o Trained in ABA by Redwood Learning Center
  - o Worked one-on-one with autistic child to develop social-cognitive abilities
  - o Treatment team member- assessing progress and needed changes with child's family

### Research Projects

Thesis: Process of Healing from Infidelity using Couples Therapy (Projected December 2012)

- Phenomenological study using a Grounded Theory protocol evaluating three couples' experience of healing from infidelity.

Fife, S., Nemecek, R., Staples, J., Young, T., Hunt, Q., Ellis, A., & Peterson, C. (in preparation). Sexual Addiction in Family Systems Literature: A Content Analysis.

Weeks, G. & Staples, J. (in preparation). Infidelity Treatment Models: Reviews, Comparisons, & Recommendations for Future Research and Clinical Utility.

Media Violence via the Internet (Fall 2009)

- Quantitative study measuring aggressive online game behavior following exposure to violent literature

**Presentations:**

- **NAMFT Mentoring Day Poster Presentation:** Process of Healing from Infidelity Using Couples Therapy (October 2012)
- **Sexual & Pornography Addiction Presentation:**
  - o Emerging Adult Church Group (~120 in attendance)
  - o Parent Church Group (~60 in attendance)
  - o Male Church Group (~300 in attendance)

**Clinical Experience & Training:**

- **Practicum:** Center for Individual, Couple, and Family Counseling (May 2011-December 2011)
- **Intern:** Center for Individual, Couple, and Family Counseling (January 2012-December 2012)
- **Intern:** LifeStar of Las Vegas (October 2011-July 2012)
  - o Curriculum & Research Development
  - o LifeStar Network Annual Trainings (November 2011 & July 2012)

**Professional Organizations/Affiliations:**

- AAMFT Student Member
  - o 2011 AAMFT Annual Conference Student Volunteer
- NAMFT Student Member
- NCFR Student Member
  - o 2012 NCFR Attendee
- Delta Kappa-Zeta Chapter
  - o Student Representative (August 2011-September 2012)

**Family Science Outreach:**

- Counseling For Two (In development): Clinical training website for student MFTs learning couples therapy. (Expected launch date Fall 2013)
  - o Prototype development & Market research (May 2012-November 2012)
  - o Trial launch (Projected February 2013)

**Volunteer Work:**

- Utah Hospital Task Force
  - o Earthquake Relief Effort- Translator (January-February 2010)
- Telos Residential Treatment Center
  - o Student Life Coach (May 2009-June 2010)
- Healing Hands for Haiti
  - o Medical & Educational Humanitarian Aid- Translator (May 2006)

- International Aid Serving Kids (IASK)
  - o Medical Humanitarian Aid- Translator (June 2005)
- The Church of Jesus Christ of Latter-Day Saints
  - o Haiti, Port-au-Prince (November 2001-December 2003)